ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
SEPTEMBER 9, 2021 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS

AGENDA (p.1-3)

I. CALL TO ORDER ..... Bryn Dodd, President

II. INVOCATION ..... Chaplain Doug Herget

III. PLEDGE OF ALLEGIANCE ..... Bryn Dodd

IV. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM .. Kathy Rhodes (p.4)

V. MCH AUXILIARY CHECK PRESENTATION TO ODESSA COLLEGE .....Pam Andrews

VI. AWARDS AND RECOGNITION

A. September 2021 Associates of the Month ..... Russell Tippin
- Nurse
- Clinical
- Non-Clinical

B. Unit HCHAPS High Performer(s) ..... Christin Timmons
- Cath Lab
- 4E Post Partum

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

IX. CONSENT AGENDA .....Bryn Dodd (p.5-34)
(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, August 3, 2021
B. Consider Approval of Emergency Meeting Minutes, August 10, 2021
C. Consider Approval of Joint Conference Committee, August 24, 2021
D. Consider Approval of Federally Qualified Health Center Monthly Report, July 2021

X. COMMITTEE REPORTS

A. Finance Committee ..... Wallace Dunn (p.35-102)
1. Financial Report for Month Ended July 31, 2021
2. Consent Agenda

a. Consider Approval of the Breakaway PromisePoint Access/Community Services Contract Renewal

3. Capital Expenditure Requests
   a. Consider Approval of CER for Data Center Backup Expansion
   b. Consider Approval of CER for Image Mover
   c. Consider Approval of CER for Medtronic's Customer Optimization Plus Program (Covidien) Agreement
   d. Ratification of CER for GE Ultrasound
   e. Consider Approval of CER for Firetrol Alarm Panel
   f. Consider Approval of CER for BioFire FilmArray TORCH Microbiology Analyzer

4. Consider Approval of Cerner Contract for 2015 CHERT Cures Update/Regulatory Advising Engagement
5. Consider Approval of the 15Five Employee Engagement Survey Agreement
6. Consider Approval of DHG Engagement Letter
7. Consider Approval of UKG Kronos Software Agreement
8. Consider Approval of the MCH ProCare Funding Agreement
9. Consider Approval of the Amendment to the Master Coordinating Agreement with Texas Tech University Health Science Center

XI. TTUHSC AT THE PERMIAN BASIN REPORT..... Dr. Timothy Benton

XII. CONSIDER APPROVAL OF INTERLOCAL AGREEMENT FOR JOINT TASK FORCE COMMITTEE ..... Steve Steen (p.103-105)

XIII. REVIEW OF NORTH TEXAS INDIGENT SERVICES INDIGENT CARE AGREEMENT .... Steve Steen

XIV. MEDICAL CENTER HEALTH SYSTEM MASS CRITICAL CARE GUIDELINES..... ..... Christin Timmons

XV. QAPI 2021 GOAL SUMMARY.....Christin Timmons (p.106-110))

XVI. QAPI 2022 APPROVAL GOALS AND SAFETY PLANS .....Christin Timmons (p.111-165)

XVII. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS ..... Russell Tippin(p.166)

A. COVID-19 Update
B. Consider moving the November 2, 2021 Finance Committee Meeting and Regular Board Meeting to November 1, 2021
C. Ad hoc Report(s)

XVIII. 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 exchange, lease, or value of real property pursuant to 551.072 of the Texas Government Code; and.(3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

XIX. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCHS Lease Agreements
B. Consider Approval of MCH ProCare Provider Agreements

XX. ADJOURNMENT ..... Bryn 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.

MISSION

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.

VISION

MCHS will be the premier source for health and wellness.

VALUES

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

Medical Center Health System
Your One Source for Health

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
AUGUST 3, 2021 – 5:30 p.m.

MINUTES OF THE MEETING

MEMBERS PRESENT: Bryn Dodd, President
Wallace Dunn, Vice President
Mary Lou Anderson
David Dunn
Kathy Rhodes
Richard Herrera
Don Hallmark

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
David Chancellor, Vice President of Human Resources
Chaplain Doug Herget
Dr. Donald Davenport, Chief of Staff
Kerstin Connolly, Paralegal
Michaela Johnson, Executive Assistant to 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 5:31 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. ROLL CALL

Bryn Dodd conducted a roll call of the members. A quorum was established.

III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

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

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Mary Lou Anderson presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. August 2021 Associates of the Month

Russell Tippin introduced the 2021 Associates of the Month as follows:

- Clinical – Saul Levario, Radiology Tech – Urgent Care West
- Non-Clinical – Sara Speed, Trauma Services Coordinator
- Nurse – Lizette Anaya, RN – Infusion Services

B. Unit HCAHPS High Performers

Christin Timmons, Chief Nursing and Experience Officer introduced the Unit HCAHPS High Performer(s)

- Emergency Department
- Cardiology – WSMP
- Dr. Kubacak
- Dr. Martinez

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

IX. CONSENT AGENDA

A. Consider Approval of Regular Meeting Minutes, July 8, 2021
B. Consider Approval of Joint Conference Committee, July 27, 2021
C. Consider Approval of Federally Qualified Health Center Monthly Report, June 2021

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

X. COMMITTEE REPORTS

A. Finance Committee

1. Quarterly Investment Report – Quarter 3, FY 2021
2. Quarterly Investment Officer's Certification

3. Financial Report for Month Ended June 30, 2021
4. Consent Agenda
   a. Consider Approval of the Culligan Water Contract Renewal
   b. Consider Approval of the Trane Contract Renewal
   c. Consider Approval of Cornerstone Landscape Contract Renewal
3. Capital Expenditure Request(s)
   a. Consider Approval of CER for Aesculap Casper Head and Neck Rest
   b. Consider Approval of CER for Zeiss Kinevo 900 Microscope (Robotic Visualization System)
   c. Consider Approval of CER for Medtronic Trimline ACDF Self Retaining Retractor Set
   d. Consider Approval of CER for Medtronic METRx II System and METRx Quadrant
   e. Consider Approval of CER for Stryker Stretchers
   f. Consider Approval of CER for Hobart Dishwasher Replacement
   g. Consider Approval of CER for XFERALL mobile application

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

XI. TTUHSC AT THE PERMIAN BASIN REPORT

No report was provided.

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

A. Resolution for MetLife

David Chancellor, Vice President Human Resources, presented a resolution terminating the services of MetLife for the 403(b) Plan and the 457b and approving the acceptance of services with OneAmerica.

Kathy Rhodes moved and Richard Herrera seconded the motion to approve the resolution as presented. The motion carried.

B. COVID-19 Update

Russell Tippin, President/CEO provided a report on Medical Center Hospital and the response to the COVID-19 virus.

There has been a major uptick in the numbers of COVID patients in the last 2 weeks. Currently we have 46 in house patients, and 43 of those are unvaccinated. Between 40 and 50 COVID-19 tests are being done per night. On average there are 7 patients being admitted to the hospital each day. One of the vaccinated physicians has tested positive for COVID-19.

This report was for information only. No action was taken.

C. Review of Certified Property Valuations

The Certification of 2021 Appraisal Roll for Ector County Hospital District was received from the Ector County Appraisal District. The 2021 valuation is at $15.8 billion down from $16 billion last year.

This report was for information only. No action was taken.

D. CMS Visit Update

Russell Tippin reported that MCH had a visit from CMS regarding our mask policy. Both the Hospital and the ECHD Board was cited for the violation. The Hospital went back into masks immediately and restricted the visitor protocol. CMS also visited other area hospitals. They have until the end of September to come back for a validation survey.

This report was for information only. No action was taken.

E. Ad-hoc Reports

The Regional Services Report was provided.

The Odessa American Best in the Basin Leaders were announced, MCH was recognized in several areas, including Best Hospital and Best Emergency Room.

The groundbreaking for Odessa College's new Health Sciences building will take place on September 1, 2021 at 10:00 a.m.

Information on the ECMO treatment from Baylor Scott and White was provided.

We are still in talks with the CMO candidate and an offer is being sent to her. The search is still ongoing.

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

XIII. 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) Discussion of Personnel Matters pursuant to Section 551.074 of the Texas Government Code; and (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

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

Russell Tippin, President and Chief Executive Officer, reported to the Board of Directors regarding a possible behavioral health joint venture with Midland Memorial Hospital.

Adiel Alvarado, President for MCH ProCare, reported to the Board of Directors regarding ProCare provider agreements during Executive Session then was excused.

Russell Tippin, President and Chief Executive Officer, reported to the Board of Directors regarding MCHS Lease Agreement during Executive Session.

Russell Tippin, President and Chief Executive Officer and Christin Timmons, Chief Nursing Officer, led the board in discussions about the hospital's Star Rating, vendor visitation, policy committee, vaccine mandate, Ector County Health Department discussions and the Baylor Scott & White EMCO service line during Executive Session.

Russell Tippin, President and Chief Executive Officer, Christin Timmons, Chief Nursing Officer, Michaela Johnson, Executive Assistant and Kerstin Connolly, Paralegal, were excused from the remainder of Executive Session.

Steve Steen, Chief Legal Counsel, led the board in discussions of the Chief Executive Officer's annual evaluation.

Executive Session began at 6:16 pm.
Executive Session ended at 8:33 p.m.

No action was taken during Executive Session.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCHS Lease Agreement

Bryn Dodd presented the following MCHS Lease Agreement:

- Dr. Dorman. This is 3-year Lease Agreement.

David Dunn moved, and Richard Herrera seconded the motion to approve the MCHS Lease Agreement as presented. The motion carried.

B. Consider Approval of MCH ProCare Provider Agreements

Bryn Dodd presented the following amendments:

- Dr. Adam Farber. This amendment changed the productivity compensation RVU rates.

Bryn Dodd presented the following renewal agreements:

- Dr. Mandeep Othee. This is a 3-year renewal for Pain Management.
- Dr. Tejas Patel. This is a 3-year renewal for Cardiology.
- Dr. Christopher Petr – This is a 3-year renewal for OBGYN.

Bryn Dodd presented the following new agreement:

- Nathaniel Longacre, P.A. This is a 3-year agreement for Orthopedics.

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

C. Chief Executive Officer Annual Evaluation

The Board completed the annual CEO evaluation and a directed Chief Legal Counsel to draft a new 3-year rolling employment agreement similar to the current agreement with a new compensation level of $530,450.00.

Wallace Dunn moved, and Richard Herrera seconded the motion to Amend the Chief Executive Officer's Employment Agreement as presented. The motion carried.

XV. ADJOURNMENT

There being no further business to come before the Board, Bryn Dodd adjourned the meeting at 8:34 p.m.

Respectfully submitted,

Steve Steen, Chief Legal Counsel
Ector County Hospital District

Medical Center Health System
Your One Source for Health

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
EMERGENCY BOARD MEETING
AUGUST 10, 2021 – 1:30 p.m.

MINUTES OF THE MEETING

MEMBERS VIRTUALLY PRESENT:
Bryn Dodd, President
Wallace Dunn, Vice President
Mary Lou Anderson
David Dunn
Kathy Rhodes
Richard Herrera
Don Hallmark

OTHERS VIRTUALLY 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
Kerstin Connolly, Paralegal
Michaela Johnson, Executive Assistant to CEO

OTHERS PRESENT:
Various other interested members of the Medical Staff, employees, and citizens

I. CALL TO ORDER

Bryn Dodd, President, called the special meeting to order at 1:30 p.m. on the virtual TEAMS call. Notice of the meeting was properly posted as required by the Open Meetings Act.

a. Ms. Dodd read the following notice:

Governmental entities are required to comply with the Open Meetings Act, Texas Government Code Chapter 551, when convening a meeting of their governing body. On March 16, 2020, Governor Abbott temporarily suspended certain open meetings requirements imposed by the Open Meetings Act to slow the spread of COVID-19.

COVID-19, also called coronavirus, provides a unique concern in that gathering members of the public and/or entity staff in a physical setting might constitute a public health risk. The Open Meetings Act does not conceptualize an instance where a governing body meeting might be completely virtual to avoid further spread of contagion. However, Governor Abbott's suspension of certain requirements of the Open Meetings Act permits open meetings to occur in a fully virtual setting (e.g. telephonic or videoconference

meeting), provided certain requirements are met. These suspensions are described below.

The Texas Department of Information Resources recommends governing bodies convene in a virtual forum (e.g. webinar, teleconference) to avoid public health risks to employees, members of the governing body, and the public.

A webinar or teleconference of an open meeting provides a fully-virtual forum in which:

- *the public, entity employees, and members of the governing body can engage in self-isolation or social distancing as recommended by the Centers for Disease Control and the State of Texas;*
- *the public can hear open deliberations by an entity's governing body; and*
- *the public can interact with an entity's governing body during public comment*

An emergency meeting of the Ector County Hospital District Board of Directors is scheduled on Tuesday, August 10, 2021 at 1:30 p.m. via TEAMS at the call of the Chief Executive Officer.

II. ROLL CALL

Bryn Dodd conducted a roll call of the members and all members were present. A quorum was established.

III. CONSIDER APPROVAL OF PURCHASE OF VENTILATORS

Christin Timmons, Chief Nursing Officer, presented the request to purchase 40 long term ventilators in the amount of $1,491.520.

Wallace Dunn moved and Richard Herrera seconded the motion to approve the purchase of 40 ventilators as presented. The motion carried unanimously.

IV. CONSIDER APPROVAL OF INCENTIVE PAY PROPOSAL

Steve Ewing, Chief Financial Officer, presented an incentive pay proposal for the critical care nurses. The incentives range from $15,000 - $20,000 per person, payable quarterly over a two-year period. A signed agreement would be required and if the employee terminates employment prior to fulfilling the 2-year commitment the incentive pay funds would be required to be paid back to the Hospital. The amount of incentive pay would be dependent on years of service in critical care. The nurses with 2 years of experience or less would be at $15,000; 5 years or less would be at $16,000; 10 years or less would be at $17,500; and those with 10 years or plus would receive $20,000. Overtime is not calculated into the $991,000 the figure. There is another option – with the 15 open positions in critical care to also make this incentive available after ninety days of service to anyone that transfers into the unit. The incentive pay would only be offered until the end of September 2021, and then it would be off the table. The second option would be an expense of up to $1,216,500.

Wallace Dunn moved to approve the amount up to $1,216,500 and Kathy Rhodes seconded the motion to approve the Incentive Pay Proposal as presented. The motion carried unanimously.

V. DISCUSSION REGARDING COVERNOR ABBOTTS ACTIONS TO MITIGATE THE RISE IN COVID-19 CASES

Russell Tippin, President and Chief Executive Officer reported to the Board of Directors that Governor Abbott has requested hospitals to voluntarily suspend elective surgeries effective immediately. MCH currently has 65 patients in house. MCH is reducing surgeries that require an overnight stay. Patient safety has to come first.

This report was informational only. No action was taken.

VI. EXECUTIVE SESSION

The Board of Directors did not go into Executive Session.

VII. ADJOURNMENT

There being no further business to come before the Board, Bryn Dodd adjourned the meeting at 2:09 p.m.

Respectfully submitted,

Steve Steen, Chief Legal Counsel
Ector County Hospital District

Medical Center Hospital
A Member of Medical Center Health System

September 9, 2021

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
Jordan Abel, MD	Medicine	Infectious Disease	Eagle Telemedicine	09/09/2021- 09/08/2022
*Stace Bradshaw, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Harry Conley, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
Katie Corkill, MD	Family Medicine	Family Medicine	TTUHSC	09/09/2021- 09/08/2022
*Megan Galindo, MD	OB/GYN	OB/GYN	TTUHSC	09/09/2021- 09/08/2022
*Paul Guisler, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Joseph Horner, DO	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Jeffrey Jaindi, DO	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Steven Mszyco, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Jennifer Ngo, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Lawrence Ngo, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Glen Ryan.,MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Anton Shapoval, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*Michael Todora, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023
*David Winger, MD	Radiology	Telemedicine	VRAD	09/09/2021- 09/08/2023

Allied Health:

Applicant	Department	AHP Category	Specialty/ Privileges	Group	Sponsoring Physician(s)	Dates
Janette Garcia, NP	Medicine	AHP	NP		Dr. Dar	09/09/2021- 09/08/2023
Emily Gully, NP	Emergency Medicine	AHP	NP	BEPO	Dr. Diaz	09/09/2021- 09/08/2023

***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 Staff membership for the above listed applicants.

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

Medical Center Hospital
A Member of Medical Center Health System

September 9, 2021

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 Criteria Met	Staff Category	Specialty/ Privileges	Group	Changes to Privileges	Dates
Bharat Kakarala, MD	Radiology	Yes	Active	Diagnostic Radiology	ProCare	None	10/1/2021-09/30/2023
Kolawole Odumusi, MD	Pediatrics	Yes	Active	Pediatrics		None	10/1/2021-09/30/2023
Abbie Schuster, MD	Surgery	Yes	Associate	General Surgery		None	10/1/2021-09/30/2022
Fouzia Tabasam, MD	Hospitalist	Yes	Associate to Active	Hospitalist	ProCare	None	10/1/2021-09/30/2023
John Dorman, MD	Surgery	Yes	Active	Neurosurgery		None	11/1/2021-10/31/2023
James Li, MD	Surgery	Yes	Active	Vascular Surgery		None	11/1/2021-10/31/2023
Zachary Ellis, DDS	Surgery	Yes	Active	Pediatric Dentistry		None	11/1/2021-10/31/2023
Christina Geatrakas, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/1/2021-10/31/2023
Sulekha Parshad, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/1/2021-10/31/2023
Brian Risinger, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/1/2021-10/31/2023
Rai Surinder, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/1/2021-10/31/2023
Joseph Kaczor, MD	Radiology	Yes	Active	Radiation Oncology	Texas Oncology	None	12/1/2021-11/30/2023
Varareddy Reddy, MD	Radiology	Yes	Active	Diagnostic Radiology		None	12/1/2021-11/30/2023

Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Yulia Kubic, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy	None	10/1/2021-09/30/2023
Candy Bowen, NP	Hospitalist	AHP	NP	ProCare	Dr. Elliana Wiesner	None	11/1/2021-10/31/2023
Matthew Sanchez, FNP	Family Medicine	AHP	NP	ProCare	Dr. Auringer	None	11/1/2021-10/31/2023

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 Committee Chair
/MM

Medical Center Hospital
A Member of Medical Center Health System

September 9, 2021

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
Albino Gelera, NP	Hospitalist	**ADD: [Critical Care Only]- Paracentesis; [Critical Care Only]-Thoracentesis; [Critical Care Only]- Central Line**
Atul Poudel, MD	Pediatrics	**ADD: Circumcision with Proctoring**
Nathaniel Wolkenfeld, MD	Surgery	**ADD: DaVinci Surgical System**

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

September 9, 2021

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

Change in Medical Staff or 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. The resignations/lapse 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
John Bauer, MD	Affiliate	Surgery	11/02/2020	Resignation
Angelina McMurray, CRNA	AHP	Anesthesia	08/14/2021	Resignation
Alma Martinez, NP	AHP	OB/GYN	07/30/2021	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
Executive Committee Chair
/MM

September 9, 2021

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
Fouzia Tabasam, MD	Hospitalist	Associate to Active

Proctoring Credentialing:

Applicant	Department	Specialty/Privileges	Group	Comments
None				

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				

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 staff category changes, changes to the credentialing dates, changes of supervising physicians and leave of absence.

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

September 9, 2021

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

CER – Image Mover
CER – GE Ultrasound

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

CER – Image Mover
CER – GE Ultrasound

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 CER(s) Image Mover and GE Ultrasound

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

Family Health Clinic
September 2021
ECHD Board Packet

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 500,409	$ 479,413	4.4%	$ 455,232	9.9%	$ 5,154,836	$ 5,060,832	1.9%	$ 4,875,242	5.7%
TOTAL PATIENT REVENUE	$ 500,409	$ 479,413	4.4%	$ 455,232	9.9%	$ 5,154,836	$ 5,060,832	1.9%	$ 4,875,242	5.7%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 278,700	$ 164,834	69.1%	$ 276,435	0.8%	$ 2,793,173	$ 1,740,014	60.5%	$ 1,618,817	72.5%
Self Pay Adjustments	23,721	46,435	-48.9%	119,836	-80.2%	682,638	490,159	39.3%	460,731	48.2%
Bad Debts	54,772	76,779	-28.7%	(72,449)	-175.6%	248,785	810,494	-69.3%	1,078,429	-76.9%
TOTAL REVENUE DEDUCTIONS	$ 357,193	$ 288,048	24.0%	$ 323,822	10.3%	$ 3,724,596	$ 3,040,667	22.5%	$ 3,157,977	17.9%
	71.38%	60.08%		71.13%		72.25%	60.08%		64.78%	
NET PATIENT REVENUE	$ 143,216	$ 191,365	-25.2%	$ 131,409	9.0%	$ 1,430,240	$ 2,020,165	-29.2%	$ 1,717,265	-16.7%
OTHER REVENUE										
FHC Other Revenue	$ 64,349	$ 26,697	141.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	52.7%	$ 297,202	37.2%
TOTAL OTHER REVENUE	$ 64,349	$ 26,697	141.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	52.7%	$ 297,202	37.2%
NET OPERATING REVENUE	$ 207,565	$ 218,062	-4.8%	$ 175,037	18.6%	$ 1,838,013	$ 2,287,135	-19.6%	$ 2,014,467	-8.8%
OPERATING EXPENSE										
Salaries and Wages	$ 84,377	$ 101,877	-17.2%	$ 89,480	-5.7%	$ 932,491	$ 1,075,474	-13.3%	$ 970,588	-3.9%
Benefits	15,211	26,816	-43.3%	9,491	60.3%	255,039	271,891	-6.2%	240,288	6.1%
Physician Services	138,363	151,471	-8.7%	147,985	-6.5%	1,363,876	1,514,710	-10.0%	1,266,272	7.7%
Cost of Drugs Sold	3,118	8,349	-62.7%	14,938	-79.1%	84,786	88,130	-3.8%	85,401	-0.7%
Supplies	15,158	5,708	165.5%	3,346	353.1%	138,514	59,489	132.8%	50,480	174.4%
Utilities	5,356	5,939	-9.8%	7,637	-29.9%	56,178	59,390	-5.4%	58,818	-4.5%
Repairs and Maintenance	19,232	1,192	1513.4%	575	3244.7%	28,291	11,920	137.3%	7,197	293.1%
Leases and Rentals	468	370	26.6%	427	9.7%	4,944	3,700	33.6%	4,711	5.0%
Other Expense	5,253	1,000	425.3%	1,000	425.3%	41,164	13,118	213.8%	13,117	213.8%
TOTAL OPERATING EXPENSES	$ 286,536	$ 302,722	-5.3%	$ 274,879	4.2%	$ 2,905,284	$ 3,097,822	-6.2%	$ 2,696,872	7.7%
Depreciation/Amortization	$ 32,079	$ 33,130	-3.2%	$ 33,405	-4.0%	$ 329,762	$ 331,929	-0.7%	$ 342,245	-3.6%
TOTAL OPERATING COSTS	$ 318,615	$ 335,852	-5.1%	$ 308,284	3.4%	$ 3,235,046	$ 3,429,751	-5.7%	$ 3,039,117	6.4%
NET GAIN (LOSS) FROM OPERATIONS	**$ (111,050)**	**$ (117,790)**	**-5.7%**	**$ (133,246)**	**-16.7%**	**$(1,397,033)**	**$(1,142,616)**	**22.3%**	**$(1,024,649)**	**36.3%**
Operating Margin	-53.50%	-54.02%	-1.0%	-76.12%	-29.7%	-76.01%	-49.96%	52.1%	-50.86%	49.4%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	1,670	1,375	21.5%	1,346	24.1%	15,404	14,515	6.1%	13,989	10.1%
Average Revenue per Office Visit	299.65	348.66	-14.1%	338.21	-11.4%	334.64	348.66	-4.0%	348.51	-4.0%
Hospital FTE's (Salaries and Wages)	19.2	26.8	-28.2%	21.5	-10.8%	20.5	27.5	-25.4%	24.0	-14.6%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 385,240	$ 330,667	16.5%	$ 288,230	33.7%	$ 4,543,757	$ 3,491,529	30.1%	$ 3,061,809	48.4%
TOTAL PATIENT REVENUE	$ 385,240	$ 330,667	16.5%	$ 288,230	33.7%	$ 4,543,757	$ 3,491,529	30.1%	$ 3,061,809	48.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 218,334	$ 110,543	97.5%	$ 174,046	25.4%	$ 2,463,628	$ 1,167,230	111.1%	$ 982,938	150.6%
Self Pay Adjustments	23,525	29,478	-20.2%	78,967	-70.2%	612,861	311,260	96.9%	262,125	133.8%
Bad Debts	41,155	51,850	-20.6%	(50,148)	-182.1%	278,806	547,483	-49.1%	632,552	-55.9%
TOTAL REVENUE DEDUCTIONS	$ 283,015	$ 191,871	47.5%	$ 202,865	39.5%	$ 3,355,295	$ 2,025,973	65.6%	$ 1,877,614	78.7%
	73.5%	58.0%		70.4%		73.8%	58.0%		61.3%	
NET PATIENT REVENUE	$ 102,226	$ 138,796	-26.3%	$ 85,364	19.8%	$ 1,188,462	$ 1,465,556	-18.9%	$ 1,184,195	0.4%
OTHER REVENUE										
FHC Other Revenue	$ 64,349	$ 26,697	0.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	0.0%	$ 297,202	37.2%
TOTAL OTHER REVENUE	$ 64,349	$ 26,697	141.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	52.7%	$ 297,202	37.2%
NET OPERATING REVENUE	$ 166,574	$ 165,493	0.7%	$ 128,992	29.1%	$ 1,596,234	$ 1,732,526	-7.9%	$ 1,481,397	7.8%
OPERATING EXPENSE										
Salaries and Wages	$ 70,859	$ 73,508	-3.6%	$ 61,264	15.7%	$ 857,702	$ 776,174	10.5%	$ 680,940	26.0%
Benefits	12,774	19,349	-34.0%	6,498	96.6%	234,584	196,225	19.5%	168,580	39.2%
Physician Services	97,533	104,171	-6.4%	104,343	-6.5%	1,131,152	1,041,710	8.6%	789,125	43.3%
Cost of Drugs Sold	3,118	5,909	-47.2%	10,082	-69.1%	65,328	62,389	4.7%	54,815	19.2%
Supplies	8,267	4,351	90.0%	1,931	328.1%	128,269	45,371	182.7%	39,794	222.3%
Utilities	2,649	3,021	-12.3%	3,966	-33.2%	28,370	30,210	-6.1%	29,304	-3.2%
Repairs and Maintenance	19,232	1,073	1692.4%	575	3244.7%	28,291	10,730	163.7%	7,134	296.6%
Leases and Rentals	468	370	26.6%	427	9.7%	4,944	3,700	33.6%	4,711	5.0%
Other Expense	5,253	1,000	425.3%	1,000	425.3%	41,164	13,118	213.8%	13,117	213.8%
TOTAL OPERATING EXPENSES	$ 220,153	$ 212,752	3.5%	$ 190,087	15.8%	$ 2,519,804	$ 2,179,627	15.6%	$ 1,787,519	41.0%
Depreciation/Amortization	$ 3,807	$ 3,806	0.0%	$ 4,081	-6.7%	$ 38,697	$ 38,689	0.0%	$ 46,206	-16.3%
TOTAL OPERATING COSTS	$ 223,960	$ 216,558	3.4%	$ 194,168	15.3%	$ 2,558,500	$ 2,218,316	15.3%	$ 1,833,725	39.5%
NET GAIN (LOSS) FROM OPERATIONS	**$ (57,386)**	**$ (51,065)**	**-12.4%**	**$ (65,175)**	**12.0%**	**$ (962,266)**	**$ (485,790)**	**-98.1%**	**$ (352,328)**	**173.1%**
Operating Margin	-34.45%	-30.86%	11.6%	-50.53%	-31.8%	-60.28%	-28.04%	115.0%	-23.78%	153.5%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	1,286	957	34.4%	868	48.2%	13,417	10,105	32.8%	8,882	51.1%
Average Revenue per Office Visit	299.56	345.52	-13.3%	332.06	-9.8%	338.66	345.52	-2.0%	344.72	-1.8%
Hospital FTE's (Salaries and Wages)	14.8	19.0	-22.2%	14.0	5.3%	17.8	19.5	-8.4%	16.1	10.5%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 100,657	$ 148,746	-32.3%	$ 167,002	-39.7%	$ 596,567	$ 1,569,303	-62.0%	$ 1,813,433	-67.1%
TOTAL PATIENT REVENUE	$ 100,657	$ 148,746	-32.3%	$ 167,002	-39.7%	$ 596,567	$ 1,569,303	-62.0%	$ 1,813,433	-67.1%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 49,864	$ 54,291	-8.2%	$ 102,388	-51.3%	$ 319,042	$ 572,784	-44.3%	$ 635,879	-49.8%
Self Pay Adjustments	195	16,957	-98.8%	40,870	-99.5%	69,777	178,899	-61.0%	198,606	-64.9%
Bad Debts	13,617	24,929	-45.4%	(22,301)	-161.1%	(30,020)	263,011	-111.4%	445,878	-106.7%
TOTAL REVENUE DEDUCTIONS	$ 63,676	$ 96,177	-33.8%	$ 120,957	-47.4%	$ 358,799	$ 1,014,694	-64.6%	$ 1,280,362	-72.0%
	63.26%	64.66%		72.43%		60.14%	64.66%		70.60%	
NET PATIENT REVENUE	$ 36,980	$ 52,569	-29.7%	$ 46,045	-19.7%	$ 237,768	$ 554,609	-57.1%	$ 533,071	-55.4%
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	$ 36,980	$ 52,569	-29.7%	$ 46,045	-19.7%	$ 237,768	$ 554,609	-57.1%	$ 533,071	-55.4%
OPERATING EXPENSE										
Salaries and Wages	$ 10,793	$ 28,369	-62.0%	$ 28,216	-61.7%	$ 72,064	$ 299,300	-75.9%	$ 289,648	-75.1%
Benefits	1,946	7,467	-73.9%	2,993	-35.0%	19,710	75,666	-74.0%	71,708	-72.5%
Physician Services	40,830	47,300	-13.7%	43,642	-6.4%	232,725	473,000	-50.8%	477,147	-51.2%
Cost of Drugs Sold	-	2,440	-100.0%	4,856	-100.0%	19,458	25,741	-24.4%	30,587	-36.4%
Supplies	309	1,357	-77.3%	1,414	-78.2%	3,219	14,118	-77.2%	10,686	-69.9%
Utilities	2,707	2,918	-7.2%	3,671	-26.3%	27,808	29,180	-4.7%	29,514	-5.8%
Repairs and Maintenance	-	119	-100.0%	-	100.0%	-	1,190	-100.0%	63	-100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	$ 56,585	$ 89,970	-37.1%	$ 84,792	-33.3%	$ 374,985	$ 918,195	-59.2%	$ 909,353	-58.8%
Depreciation/Amortization	$ 28,197	$ 29,324	-3.8%	$ 29,324	-3.8%	$ 290,991	$ 293,240	-0.8%	$ 296,039	-1.7%
TOTAL OPERATING COSTS	$ 84,783	$ 119,294	-28.9%	$ 114,116	-25.7%	$ 665,975	$ 1,211,435	-45.0%	$ 1,205,392	-44.8%
NET GAIN (LOSS) FROM OPERATIONS	**$ (47,802)**	**$ (66,725)**	**-28.4%**	**$ (68,071)**	**-29.8%**	**$ (428,207)**	**$ (656,826)**	**-34.8%**	**$ (672,321)**	**-36.3%**
Operating Margin	-129.26%	-126.93%	1.8%	-147.84%	-12.6%	-180.09%	-118.43%	52.1%	-126.12%	42.8%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	337	418	-19.4%	478	-29.5%	1,940	4,410	-56.0%		0.0%
Average Revenue per Office Visit	298.68	355.85	-16.1%	349.38	-14.5%	307.51	355.85	-13.6%	355.09	-13.4%
Hospital FTE's (Salaries and Wages)	3.5	7.8	-54.7%	7.5	-53.1%	2.6	8.0	-67.8%	7.9	-67.3%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 14,512	$ -	0.0%	$ -	100.0%	$ 14,512	$ -	0.0%	$ -	100.0%
TOTAL PATIENT REVENUE	$ 14,512	$ -	0.0%	$ -	100.0%	$ 14,512	$ -	0.0%	$ -	100.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 10,502	$ -	0.0%	$ -	100.0%	$ 10,502	$ -	0.0%	$ -	100.0%
Self Pay Adjustments	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Bad Debts	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
TOTAL REVENUE DEDUCTIONS	$ 10,502	$ -	0.0%	$ -	100.0%	$ 10,502	$ -	0.0%	$ -	100.0%
	72.37%	0.00%		0.00%		72.37%	0.00%		0.00%	
NET PATIENT REVENUE	$ 4,010	$ -	0.0%	$ -	100.0%	$ 4,010	$ -	0.0%	$ -	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	$ 4,010	$ -	0.0%	$ -	100.0%	$ 4,010	$ -	0.0%	$ -	100.0%
OPERATING EXPENSE										
Salaries and Wages	$ 2,725	$ -	0.0%	$ -	100.0%	$ 2,725	$ -	0.0%	$ -	100.0%
Benefits	491	-	0.0%	-	100.0%	745	-	0.0%	-	100.0%
Physician Services	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	100.0%	-	100.0%
Supplies	6,582	-	0.0%	-	100.0%	7,026	-	0.0%	-	100.0%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	$ 9,798	$ -	0.0%	$ -	100.0%	$ 10,496	$ -	0.0%	$ -	100.0%
Depreciation/Amortization	$ 75	$ -	0.0%	$ -	100.0%	$ 75	$ -	0.0%	$ -	100.0%
TOTAL OPERATING COSTS	$ 9,872	$ -	0.0%	$ -	100.0%	$ 10,570	$ -	0.0%	$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	**$ (5,862)**	**$ -**	**0.0%**	**$ -**	**100.0%**	**$ (6,560)**	**$ -**	**0.0%**	**$ -**	**100.0%**
Operating Margin	-146.19%	0.00%	0.0%	0.00%	100.0%	-163.59%	0.00%	0.0%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	47	-	0.0%	-	0.0%	47	-	0.0%	-	0.0%
Total Visits	47	-	0.0%	-	0.0%	47	-	0.0%		0.0%
Average Revenue per Office Visit	308.77	-	0.0%	-	0.0%	308.77	-	0.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.9	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
JULY 2021

	MONTHLY REVENUE					YTD REVENUE				
	Clements	**West**	**JBS**	**Total**	**%**	**Clements**	**West**	**JBS**	**Total**	**%**
Medicare	$ 74,563	$ 38,580	$ -	$ 113,143	22.6%	$ 699,130	$ 179,257	$ -	$ 878,387	17.0%
Medicaid	178,396	29,475	683	208,555	41.7%	1,987,264	158,290	683	2,146,238	41.6%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	72,556	25,513	13,675	111,743	22.3%	678,555	144,013	13,675	836,243	16.2%
Self Pay	50,505	6,778	154	57,438	11.5%	1,022,506	107,653	154	1,130,313	21.9%
Other	9,220	310	-	9,530	1.9%	156,301	7,355	-	163,656	3.2%
Total	**$ 385,240**	**$ 100,657**	**$ 14,512**	**$ 500,409**	**100.0%**	**$ 4,543,757**	**$ 596,567**	**$ 14,512**	**$ 5,154,836**	**100.0%**

	MONTHLY PAYMENTS					YEAR TO DATE PAYMENTS				
	Clements	**West**	**JBS**	**Total**	**%**	**Clements**	**West**	**JBS**	**Total**	**%**
Medicare	$ 12,079	$ 12,062	-	$ 24,141	13.5%	$ 250,415	$ 63,970	$ -	$ 314,385	19.0%
Medicaid	90,750	12,472	-	103,222	57.5%	732,587	60,396	-	792,983	47.9%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	22,235	9,412	-	31,647	17.6%	223,340	81,036	-	304,376	18.4%
Self Pay	12,426	4,348	350	17,124	9.5%	176,175	33,851	350	210,377	12.7%
Other	2,972	269	-	3,241	1.8%	28,951	3,617	-	32,568	2.0%
Total	**$ 140,462**	**$ 38,563**	**$ 350**	**$ 179,375**	**100.0%**	**$ 1,411,468**	**$ 242,871**	**$ 350**	**$ 1,654,689**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 74,563	19.4%	$ 54,776	19.0%	$ 699,130	15.4%	$ 549,256	17.9%
Medicaid	178,396	46.3%	115,910	40.2%	1,987,264	43.8%	1,179,574	38.6%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	72,556	18.8%	34,331	11.9%	678,555	14.9%	503,478	16.4%
Self Pay	50,505	13.1%	80,868	28.1%	1,022,506	22.5%	823,821	26.9%
Other	9,220	2.4%	2,344	0.8%	156,301	3.4%	5,680	0.2%
TOTAL	**$ 385,240**	**100.0%**	**$ 288,230**	**100.0%**	**$ 4,543,757**	**100.0%**	**$ 3,061,809**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 12,079	8.6%	$ 12,231	21.0%	$ 250,415	17.7%	$ 410,448	36.6%
Medicaid	90,750	64.7%	19,116	32.8%	732,587	51.9%	380,290	33.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	22,235	15.8%	10,521	18.0%	223,340	15.8%	142,153	12.7%
Self Pay	12,426	8.8%	15,813	27.1%	176,175	12.5%	182,375	16.3%
Other	2,972	2.1%	622	1.1%	28,951	2.1%	6,703	0.6%
TOTAL	**$ 140,462**	**100.0%**	**$ 58,303**	**100.0%**	**$ 1,411,468**	**100.0%**	**$ 1,121,967**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 38,580	38.4%	$ 35,671	21.4%	$ 179,257	30.3%	$ 427,264	23.6%
Medicaid	29,475	29.3%	$ 56,446	33.8%	158,290	26.5%	483,789	26.7%
PHC	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
Commercial	25,513	25.3%	$ 29,643	17.8%	144,013	24.1%	371,725	20.5%
Self Pay	6,778	6.7%	$ 44,564	26.7%	107,653	17.9%	527,219	29.1%
Other	310	0.3%	$ 677	0.4%	7,355	1.2%	3,435	0.2%
TOTAL	**$ 100,657**	**100.0%**	**$ 167,002**	**100.0%**	**$ 596,567**	**100.0%**	**$ 1,813,433**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 12,062	31.3%	$ 12,119	30.5%	$ 63,970	26.3%	$ 127,509	26.8%
Medicaid	12,472	32.3%	11,174	28.1%	$ 60,396	24.9%	146,014	30.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	9,412	24.4%	8,404	21.1%	81,036	33.4%	106,012	22.3%
Self Pay	4,348	11.3%	7,778	19.6%	33,851	14.1%	94,479	19.8%
Other	269	0.7%	286	0.7%	3,617	1.5%	2,034	0.4%
TOTAL	**$ 38,563**	**100.0%**	**$ 39,760**	**100.0%**	**$ 242,870**	**100.2%**	**$ 476,047**	**100.0%**

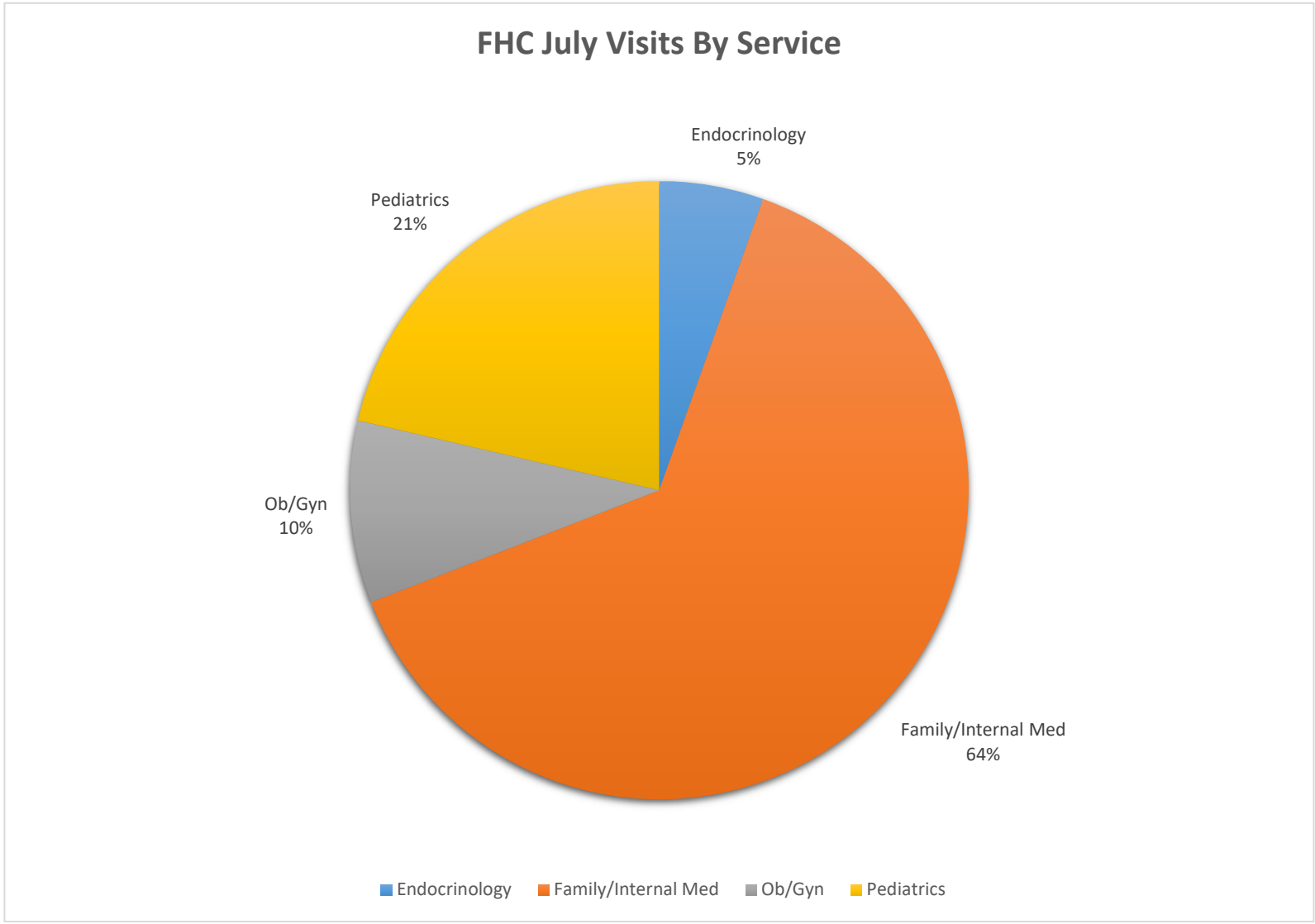
ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
JULY 2021

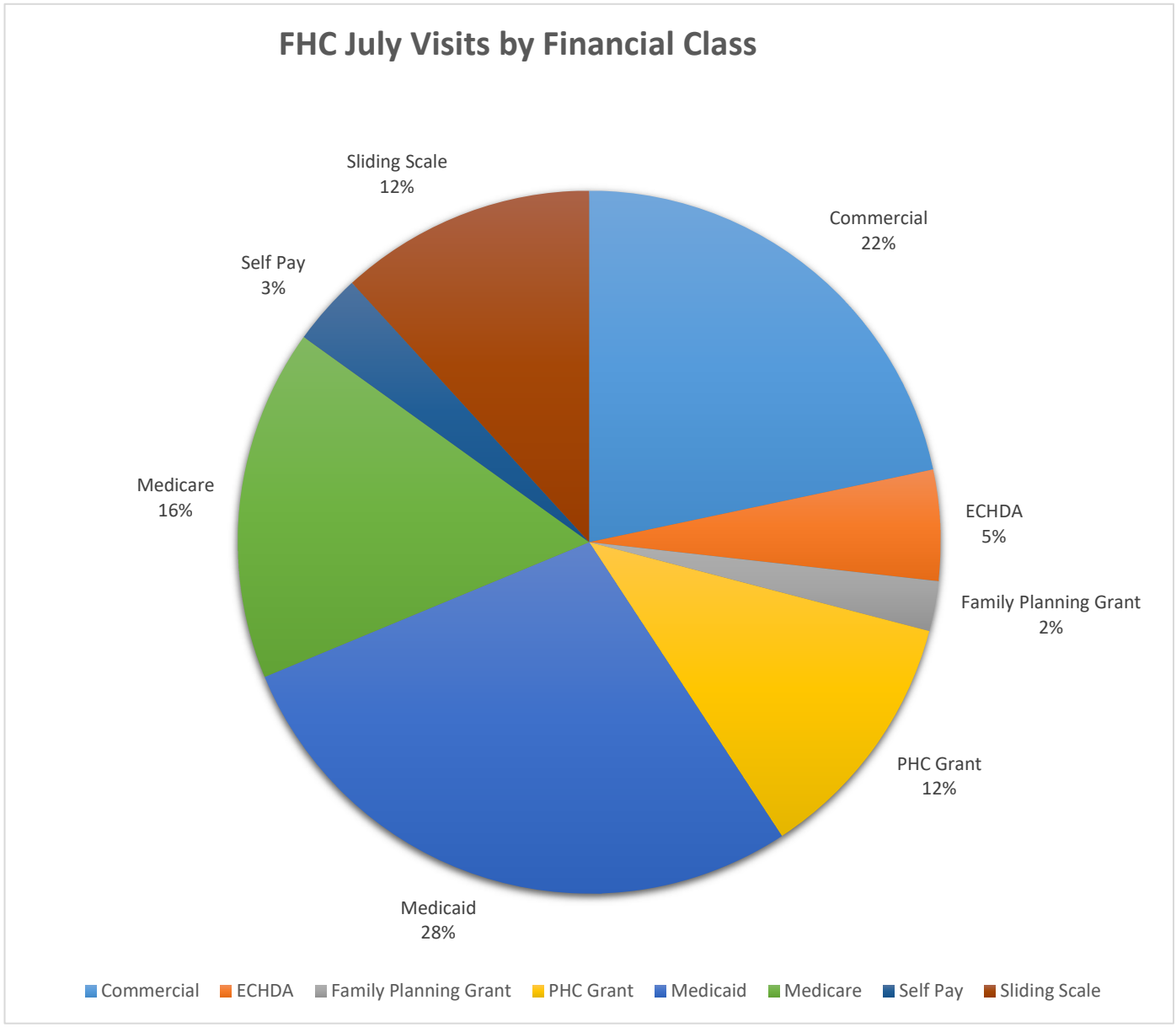
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ -	-0.1%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Medicaid	683	4.8%	$ -	0.0%	683	4.8%	-	0.0%
PHC	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
Commercial	13,675	94.2%	$ -	0.0%	13,675	94.2%	-	0.0%
Self Pay	154	1.1%	$ -	0.0%	154	1.0%	-	0.0%
Other	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
TOTAL	**$ 14,512**	**100.0%**	**$ -**	**0.0%**	**$ 14,512**	**100.0%**	**$ -**	**0.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ -	-0.1%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Medicaid	-	0.0%	-	0.0%	-	0.0%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	350	100.1%	-	0.0%	350	100.0%	-	0.0%
Other	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL	**$ 350**	**100.0%**	**$ -**	**0.0%**	**$ 351**	**100.0%**	**$ -**	**0.0%**


FHC July Visits By Service
Endocrinology
5%
Pediatrics
21%
Ob/Gyn
10%
Family/Internal Med
64%
Endocrinology
Family/Internal Med
Ob/Gyn
Pediatrics


FHC July Visits by Financial Class
Sliding Scale 12%
Commercial 22%
Self Pay 3%
Medicare 16%
ECHDA 5%
Family Planning Grant 2%
PHC Grant 12%
Medicaid 28%
Commercial
ECHDA
Family Planning Grant
PHC Grant
Medicaid
Medicare
Self Pay
Sliding Scale

FHC Executive Director's Report- September 2021

- **Staffing Update**: The Family Health Clinic has the following active open positions: 2 Medical Assistants, and 1 Clinic Supervisor
- **Telehealth Update**: For the month of July, telehealth visits accounted for 3% of the Clinic's total visits. We continue to provide the telehealth option for sick, wellness, and follow up visits.
- **COVID 19 Update:** The Family Health Clinic has implemented the following temporary operational changes: no walk-in patients, patients will be scheduled with same day appointments; implemented telehealth options for remote health services; decreased operating hours to Monday thru Friday 8am-Noon and 1pm-5pm; Patient screening processes at both FHC locations. Patients and employees are required to wear masks.
- **Change in Scope Update-JBS Location:** The Family Health Clinic Clements pediatrics was fully transitioned to the new FHC Healthy Kids Clinic on Monday August 9, 2021.

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JULY 2021

	CURRENT MONTH					YEAR-TO-DATE				
		BUDGET		PRIOR YEAR			BUDGET		PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	1,066	1,040	2.5%	948	12.4%	10,040	10,969	-8.5%	10,524	-4.6%
Neonatal ICU (NICU)	26	27	-3.7%	16	62.5%	228	289	-21.1%	273	-16.5%
Total Admissions	1,092	1,067	2.3%	964	13.3%	10,268	11,258	-8.8%	10,797	-4.9%
Patient Days										
Adult & Pediatric	4,632	3,778	22.6%	3,654	26.8%	42,446	39,864	6.5%	38,294	10.8%
ICU	406	344	18.0%	432	-6.0%	4,390	3,631	20.9%	4,059	8.2%
CCU	393	350	12.3%	364	8.0%	3,891	3,698	5.2%	3,057	27.3%
NICU	368	470	-21.7%	545	-32.5%	3,091	4,959	-37.7%	5,052	-38.8%
Total Patient Days	5,799	4,942	17.3%	4,995	16.1%	53,818	52,152	3.2%	50,462	6.7%
Observation (Obs) Days	517	728	-29.0%	444	16.4%	5,262	7,679	-31.5%	7,008	-24.9%
Nursery Days	298	292	2.1%	272	9.6%	2,664	3,084	-13.6%	2,974	-10.4%
Total Occupied Beds / Bassinets	6,614	5,962	10.9%	5,711	15.8%	61,744	62,915	-1.9%	60,444	2.1%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	5.09	4.30	18.5%	4.69	8.5%	5.05	4.30	17.4%	4.31	17.1%
NICU	14.15	17.41	-18.7%	34.06	-58.4%	13.56	17.16	-21.0%	18.51	-26.7%
Total ALOS	5.31	4.63	14.7%	5.18	2.5%	5.24	4.63	13.1%	4.67	12.1%
Acute / Adult & Pediatric w/o OB	5.78			5.91	-2.1%	5.89			5.25	12.3%
Average Daily Census	187.1	159.4	17.3%	161.1	16.1%	177.0	171.6	3.2%	165.4	7.0%
Hospital Case Mix Index (CMI)	1.5977	1.5944	0.2%	1.6881	-5.4%	1.7239	1.5944	8.1%	1.5810	9.0%
Medicare										
Admissions	399	373	7.0%	330	20.9%	3,699	3,933	-5.9%	3,773	-2.0%
Patient Days	2,420	1,790	35.2%	1,677	44.3%	21,689	18,888	14.8%	18,090	19.9%
Average Length of Stay	6.07	4.80	26.4%	5.08	19.4%	5.86	4.80	22.1%	4.79	22.3%
Case Mix Index	1.8007			1.9831	-9.2%	2.0036			1.8374	9.0%
Medicaid										
Admissions	150	133	12.8%	115	30.4%	1,312	1,408	-6.8%	1,350	-2.8%
Patient Days	807	669	20.6%	656	23.0%	6,144	7,057	-12.9%	6,758	-9.1%
Average Length of Stay	5.38	5.03	7.0%	5.70	-5.7%	4.68	5.01	-6.6%	5.01	-6.5%
Case Mix Index	1.3250			1.1571	14.5%	1.2056			1.1481	5.0%
Commercial										
Admissions	270	289	-6.6%	249	8.4%	2,743	3,047	-10.0%	2,921	-6.1%
Patient Days	1,243	1,269	-2.0%	1,247	-0.3%	12,942	13,391	-3.4%	12,825	0.9%
Average Length of Stay	4.60	4.39	4.8%	5.01	-8.1%	4.72	4.39	7.4%	4.39	7.5%
Case Mix Index	1.6050			1.6797	-4.4%	1.6824			1.4739	14.1%
Self Pay										
Admissions	247	247	0.0%	254	-2.8%	2,243	2,606	-13.9%	2,500	-10.3%
Patient Days	1,169	1,137	2.8%	1,337	-12.6%	11,535	11,997	-3.9%	11,491	0.4%
Average Length of Stay	4.73	4.60	2.8%	5.26	-10.1%	5.14	4.60	11.7%	4.60	11.9%
Case Mix Index	1.3801			1.4998	-8.0%	1.5488			1.4685	5.5%
All Other										
Admissions	26	25	4.0%	16	62.5%	271	264	2.7%	253	7.1%
Patient Days	160	128	25.0%	78	105.1%	1,508	1,354	11.4%	1,298	16.2%
Average Length of Stay	6.15	5.12	20.2%	4.88	26.2%	5.56	5.13	8.5%	5.13	8.5%
Case Mix Index	1.8859			1.7017	10.8%	1.9774			1.9222	2.9%
Radiology										
InPatient	4,602	3,820	20.5%	3,506	31.3%	40,826	40,307	1.3%	39,118	4.4%
OutPatient	7,766	6,769	14.7%	5,965	30.2%	70,382	71,437	-1.5%	70,261	0.2%
Cath Lab										
InPatient	561	419	33.9%	375	49.6%	5,533	4,424	25.1%	4,627	19.6%
OutPatient	564	538	4.8%	586	-3.8%	6,021	5,673	6.1%	5,617	7.2%
Laboratory										
InPatient	76,286	54,328	40.4%	66,367	14.9%	743,233	573,348	29.6%	657,150	13.1%
OutPatient	55,266	54,798	0.9%	54,075	2.2%	540,349	578,268	-6.6%	566,155	-4.6%
Other										
Deliveries	175	173	1.2%	165	6.1%	1,601	1,822	-12.1%	1,778	-10.0%
Surgical Cases										
InPatient	220	252	-12.7%	183	20.2%	2,235	2,652	-15.7%	2,410	-7.3%
OutPatient	579	486	19.1%	310	86.8%	4,777	5,129	-6.9%	4,332	10.3%
Total Surgical Cases	799	738	8.3%	493	62.1%	7,012	7,781	-9.9%	6,742	4.0%
GI Procedures (Endo)										
InPatient	166	139	19.4%	91	82.4%	1,185	1,464	-19.1%	1,320	-10.2%
OutPatient	131	223	-41.3%	90	45.6%	1,199	2,354	-49.1%	1,987	-39.7%
Total GI Procedures	297	362	-18.0%	181	64.1%	2,384	3,818	-37.6%	3,307	-27.9%

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JULY 2021

	CURRENT MONTH					YEAR-TO-DATE				
		BUDGET		PRIOR YEAR			BUDGET		PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	3,619	3,720	-2.7%	3,006	20.4%	33,804	35,570	-5.0%	38,931	-13.2%
Observation Days	517	728	-29.0%	444	16.4%	5,262	7,679	-31.5%	7,008	-24.9%
Other O/P Occasions of Service	19,661	17,148	14.7%	16,170	21.6%	176,026	180,956	-2.7%	176,824	-0.5%
Total O/P Occasions of Svc.	23,797	21,596	10.2%	19,620	21.3%	215,092	224,205	-4.1%	222,763	-3.4%
Hospital Operations										
Manhours Paid	270,459	262,115	3.2%	255,036	6.0%	2,564,662	2,636,751	-2.7%	2,653,636	-3.4%
FTE's	1,526.8	1,479.7	3.2%	1,439.7	6.0%	1,476.4	1,517.9	-2.7%	1,522.6	-3.0%
Adjusted Patient Days	10,543	9,172	14.9%	8,632	22.1%	95,258	95,959	-0.7%	93,082	2.3%
Hours / Adjusted Patient Day	25.65	28.58	-10.2%	29.54	-13.2%	26.92	27.48	-2.0%	28.51	-5.6%
Occupancy - Actual Beds	53.6%	45.7%	17.3%	45.3%	18.4%	50.7%	49.2%	3.2%	47.4%	7.0%
FTE's / Adjusted Occupied Bed	4.5	5.0	-10.2%	5.2	-13.2%	4.7	4.8	-2.0%	5.0	-5.6%
InPatient Rehab Unit										
Admissions	-	30	-100.0%	37	-100.0%	56	313	-82.1%	353	-84.1%
Patient Days	-	394	-100.0%	486	-100.0%	880	4,156	-78.8%	4,699	-81.3%
Average Length of Stay	-	13.1	-100.0%	13.1	-100.0%	15.7	13.3	18.3%	13.3	18.0%
Manhours Paid	-	7,856	-100.0%	4,333	-100.0%	17,073	80,140	-78.7%	56,762	-69.9%
FTE's	-	44.3	-100.0%	24.5	-100.0%	9.8	46.1	-78.7%	32.6	-69.8%
Center for Primary Care - Clements										
Total Medical Visits	1,286	957	34.4%	868	48.2%	13,417	10,105	32.8%	8,882	51.1%
Manhours Paid	2,616	3,365	-22.2%	2,484	5.3%	30,969	33,822	-8.4%	28,124	10.1%
FTE's	14.8	19.0	-22.2%	14.0	5.3%	17.8	19.5	-8.4%	16.1	10.5%
Center for Primary Care - West University										
Total Medical Visits	337	418	-19.4%	478	-29.5%	1,940	4,410	-56.0%	5,107	-62.0%
Manhours Paid	625	1,380	-54.7%	1,333	-53.1%	4,471	13,876	-67.8%	13,716	-67.4%
FTE's	3.5	7.8	-54.7%	7.5	-53.1%	2.6	8.0	-67.8%	7.9	-67.3%
Center for Primary Care - JBS										
Total Medical Visits	47	-	0.0%	-	0.0%	47	-	0.0%	-	0.0%
Manhours Paid	165	-	0.0%	-	0.0%	165	-	0.0%	-	0.0%
FTE's	0.9	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
Total ECHD Operations										
Total Admissions	1,092	1,097	-0.5%	1,001	9.1%	10,324	11,571	-10.8%	11,150	-7.4%
Total Patient Days	5,799	5,336	8.7%	5,481	5.8%	54,698	56,308	-2.9%	55,161	-0.8%
Total Patient and Obs Days	6,316	6,064	4.2%	5,925	6.6%	59,960	63,987	-6.3%	62,169	-3.6%
Total FTE's	1,546.0	1,550.8	-0.3%	1,485.7	4.1%	1,506.7	1,591.5	-5.3%	1,579.2	-4.6%
FTE's / Adjusted Occupied Bed	4.5	4.9	-6.4%	4.9	-6.5%	4.7	4.7	0.6%	4.7	0.0%
Total Adjusted Patient Days	10,543	9,904	6.5%	9,472	11.3%	96,790	102,866	-5.9%	101,777	-4.9%
Hours / Adjusted Patient Day	25.98	27.74	-6.4%	27.79	-6.5%	27.04	26.88	0.6%	27.04	0.0%
Outpatient Factor	1.8181	1.8560	-2.0%	1.7282	5.2%	1.7696	1.8553	-4.6%	1.8451	-4.1%
Blended O/P Factor	2.0183	2.0982	-3.8%	1.9388	4.1%	1.9908	2.0679	-3.7%	2.0649	-3.6%
Total Adjusted Admissions	1,985	2,036	-2.5%	1,730	14.8%	18,328	21,291	-13.9%	20,573	-10.9%
Hours / Adjusted Admisssion	137.95	134.93	2.2%	152.14	-9.3%	142.81	129.85	10.0%	133.78	6.7%
FTE's - Hospital Contract	41.3	33.7	22.6%	10.4	297.7%	36.1	36.2	-0.2%	29.7	21.7%
FTE's - Mgmt Services	61.5	50.4	22.1%	43.0	43.1%	53.2	50.4	5.5%	54.2	-1.9%
Total FTE's (including Contract)	1,648.8	1,634.9	0.9%	1,539.1	7.1%	1,596.0	1,678.1	-4.9%	1,663.1	-4.0%
Total FTE'S per Adjusted Occupied Bed (including Contract)	4.8	5.1	-5.3%	5.0	-3.8%	5.0	5.0	1.1%	5.0	0.6%
ProCare FTEs	215.2	235.6	-8.7%	187.8	14.6%	208.8	237.7	-12.1%	200.7	4.0%
Total System FTEs	1,864.0	1,870.4	-0.3%	1,726.9	7.9%	1,804.8	1,915.7	-5.8%	1,863.8	-3.2%
Urgent Care Visits										
JBS Clinic	1,655	756	118.9%	674	145.5%	7,720	7,977	-3.2%	8,505	-9.2%
West University	1,290	424	204.2%	370	248.6%	8,628	4,473	92.9%	5,260	64.0%
42nd Street	851	453	87.9%	1,049	-18.9%	10,063	4,780	110.5%	8,322	20.9%
Total Urgent Care Visits	3,796	1,633	132.5%	2,093	81.4%	26,411	17,230	53.3%	22,087	19.6%
Wal-Mart Clinic Visits										
East Clinic	319	344	-7.3%	-	0.0%	1,863	4,186	-55.5%	2,480	-24.9%
West Clinic	-	-	0.0%	-	0.0%	-	-	0.0%	2,381	-100.0%
Total Wal-Mart Visits	319	344	-7.3%	-	0.0%	1,863	4,186	-55.5%	4,861	-61.7%

ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JULY 2021

	HOSPITAL	PRO CARE	ECTOR COUNTY HOSPITAL DISTRICT
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	$ 69,420,580	$ 4,450	$ 69,425,030
Investments	63,841,901	-	63,841,901
Patient Accounts Receivable - Gross	220,222,599	26,204,828	246,427,427
Less: 3rd Party Allowances	(136,956,079)	(5,057,088)	(142,013,167)
Bad Debt Allowance	(57,745,806)	(15,479,905)	(73,225,711)
Net Patient Accounts Receivable	25,520,714	5,667,835	31,188,549
Taxes Receivable	7,814,213	-	7,814,213
Accounts Receivable - Other	1,668,128	386,536	2,054,663
Inventories	7,693,901	392,330	8,086,231
Prepaid Expenses	4,422,740	174,752	4,597,492
Total Current Assets	180,382,177	6,625,902	187,008,079
CAPITAL ASSETS:			
Property and Equipment	490,354,962	467,364	490,822,326
Construction in Progress	1,478,996	-	1,478,996
	491,833,959	467,364	492,301,323
Less: Accumulated Depreciation and Amortization	(321,313,972)	(348,825)	(321,662,797)
Total Capital Assets	170,519,987	118,539	170,638,526
INTANGIBLE ASSETS / GOODWILL - NET	-	-	-
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	4,896	-	4,896
Restricted Assets Held in Endowment	6,321,851	-	6,321,851
Restricted TPC, LLC	1,169,753	-	1,169,753
Restricted MCH West Texas Services	2,313,702	-	2,313,702
Pension, Deferred Outflows of Resources	26,550,321	-	26,550,321
Assets whose use is Limited	-	87,570	87,570
Tobacco Settlement Funds	-	-	-
TOTAL ASSETS	$ 387,262,686	$ 6,832,012	$ 394,094,698
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	$ 2,410,146	$ -	$ 2,410,146
Self-Insurance Liability - Current Portion	2,975,092	-	2,975,092
Accounts Payable	17,292,696	551,073	17,843,768
A/R Credit Balances	2,330,896	-	2,330,896
Accrued Interest	545,881	-	545,881
Accrued Salaries and Wages	6,547,020	4,826,611	11,373,631
Accrued Compensated Absences	4,121,340	-	4,121,340
Due to Third Party Payors	1,880,653	-	1,880,653
Deferred Revenue	4,090,774	1,487,159	5,577,933
Total Current Liabilities	42,194,498	6,864,842	49,059,341
ACCRUED POST RETIREMENT BENEFITS	84,045,388	-	84,045,388
SELF-INSURANCE LIABILITIES - Less Current Portion	1,688,420	-	1,688,420
LONG-TERM DEBT - Less Current Maturities	92,067,221	-	92,067,221
Total Liabilities	219,995,527	6,864,842	226,860,370
FUND BALANCE	167,267,159	(32,831)	167,234,328
TOTAL LIABILITIES AND FUND BALANCE	$ 387,262,686	$ 6,832,012	$ 394,094,698

ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JULY 2021

	CURRENT YEAR	PRIOR FISCAL YEAR END HOSPITAL AUDITED	PRIOR FISCAL YEAR END PRO CARE AUDITED	CURRENT YEAR CHANGE
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	$ 69,425,030	$ 83,911,677	$ 4,650	$ (14,491,297)
Investments	63,841,901	37,790,083	-	26,051,818
Patient Accounts Receivable - Gross	246,427,427	229,405,154	28,260,062	(11,237,789)
Less: 3rd Party Allowances	(142,013,167)	(130,246,448)	(6,079,147)	(5,687,572)
Bad Debt Allowance	(73,225,711)	(74,141,620)	(15,966,971)	16,882,880
Net Patient Accounts Receivable	31,188,549	25,017,086	6,213,943	(42,481)
Taxes Receivable	7,814,213	6,690,004	-	1,124,209
Accounts Receivable - Other	2,054,663	7,612,645	1,703,368	(7,261,350)
Inventories	8,086,231	7,585,878	398,279	102,074
Prepaid Expenses	4,597,492	2,891,777	202,921	1,502,794
Total Current Assets	187,008,079	171,499,152	8,523,161	6,985,766
CAPITAL ASSETS:				
Property and Equipment	490,822,326	480,276,838	467,364	10,078,124
Construction in Progress	1,478,996	4,122,443	-	(2,643,446)
	492,301,323	484,399,281	467,364	7,434,678
Less: Accumulated Depreciation and Amortization	(321,662,797)	(307,901,871)	(331,334)	(13,429,592)
Total Capital Assets	170,638,526	176,497,410	136,030	(5,994,914)
INTANGIBLE ASSETS / GOODWILL - NET	-	-	-	-
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	4,896	2,370,723	-	(2,365,827)
Restricted Assets Held in Endowment	6,321,851	6,375,569	-	(53,718)
Restricted TPC, LLC	1,169,753	593,971	-	575,782
Restricted MCH West Texas Services	2,313,702	2,255,728	-	57,974
Pension, Deferred Outflows of Resources	26,550,321	6,438,549	-	20,111,772
Assets whose use is Limited	87,570	-	69,426	18,144
TOTAL ASSETS	$ 394,094,698	$ 366,031,101	$ 8,728,617	$ 19,334,979
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	$ 2,410,146	$ 2,035,380	$ -	$ 374,766
Self-Insurance Liability - Current Portion	2,975,092	2,975,092	-	-
Accounts Payable	17,843,768	24,244,787	3,024,149	(9,425,167)
A/R Credit Balances	2,330,896	4,064,002	-	(1,733,106)
Accrued Interest	545,881	32,015	-	513,866
Accrued Salaries and Wages	11,373,631	3,550,931	4,346,323	3,476,378
Accrued Compensated Absences	4,121,340	4,182,624	-	(61,284)
Due to Third Party Payors	1,880,653	1,880,653	-	-
Deferred Revenue	5,577,933	1,970,161	1,390,977	2,216,795
Total Current Liabilities	49,059,341	44,935,644	8,761,448	(4,637,751)
ACCRUED POST RETIREMENT BENEFITS	84,045,388	57,229,923	-	26,815,465
SELF-INSURANCE LIABILITIES - Less Current Portion	1,688,420	1,688,420	-	-
LONG-TERM DEBT - Less Current Maturities	92,067,221	91,045,386	-	1,021,835
Total Liabilities	226,860,370	194,899,372	8,761,448	23,199,549
FUND BALANCE	167,234,328	171,131,729	(32,831)	(3,864,570)
TOTAL LIABILITIES AND FUND BALANCE	$ 394,094,698	$ 366,031,101	$ 8,728,618	$ 19,334,979

ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	$ 55,157,702	$ 50,022,266	10.3%	$ 47,513,735	16.1%	$ 536,300,201	$ 515,674,568	4.0%	$ 488,722,262	9.7%
Outpatient Revenue	56,165,858	53,560,291	4.9%	44,607,478	25.9%	531,376,341	550,713,148	-3.5%	520,457,660	2.1%
TOTAL PATIENT REVENUE	$ 111,323,560	$ 103,582,557	7.5%	$ 92,121,213	20.8%	$ 1,067,676,543	$ 1,066,387,716	0.1%	$ 1,009,179,922	5.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 70,926,039	$ 59,288,290	19.6%	$ 46,605,462	52.2%	$ 656,885,092	$ 617,717,598	6.3%	$ 588,343,125	11.6%
Policy Adjustments	(3,064,120)	1,315,712	-332.9%	944,992	-424.2%	18,521,014	13,180,956	40.5%	13,139,291	41.0%
Uninsured Discount	15,404,419	12,974,309	18.7%	11,674,186	32.0%	100,331,808	135,267,293	-25.8%	128,594,478	-22.0%
Indigent	1,329,359	1,291,516	2.9%	1,651,406	-19.5%	17,426,310	13,493,500	29.1%	12,741,701	36.8%
Provision for Bad Debts	6,736,019	7,739,065	-13.0%	13,138,825	-48.7%	57,798,894	70,940,143	-18.5%	66,388,319	-12.9%
TOTAL REVENUE DEDUCTIONS	$ 91,331,716	$ 82,608,892	10.6%	$ 74,014,871	23.4%	$ 850,963,117	$ 850,599,490	0.0%	$ 809,206,913	5.2%
	82.04%	79.75%		80.35%		79.70%	79.76%		80.18%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 1,813,563	$ 1,752,244	3.5%	$ 2,154,375	-15.8%	$ 18,198,327	17,522,440	3.9%	$ 20,991,124	-13.3%
DSRIP	3,078,056	547,173	462.5%	479,459	542.0%	8,002,613	5,471,730	46.3%	4,794,590	66.9%
TOTAL OTHER PATIENT REVENUE	$ 4,891,619	$ 2,299,417	112.7%	$ 2,633,834	85.7%	$ 26,200,940	$ 22,994,170	13.9%	$ 25,785,714	1.6%
NET PATIENT REVENUE	$ 24,883,462	$ 23,273,082	6.9%	$ 20,740,175	20.0%	$ 242,914,366	$ 238,782,396	1.7%	$ 225,758,724	7.6%
OTHER REVENUE										
Tax Revenue	$ 6,051,971	$ 5,013,566	20.7%	$ 4,625,888	30.8%	$ 53,339,539	$ 52,424,298	1.7%	$ 49,917,658	6.9%
Other Revenue	996,203	930,279	7.1%	978,387	1.8%	9,140,602	8,444,115	8.2%	8,464,025	8.0%
TOTAL OTHER REVENUE	$ 7,048,175	$ 5,943,845	18.6%	$ 5,604,275	25.8%	$ 62,480,140	$ 60,868,413	2.6%	$ 58,381,683	7.0%
NET OPERATING REVENUE	$ 31,931,637	$ 29,216,927	9.3%	$ 26,344,450	21.2%	$ 305,394,506	$ 299,650,809	1.9%	$ 284,140,407	7.5%
OPERATING EXPENSES										
Salaries and Wages	$ 13,525,075	$ 12,712,514	6.4%	$ 12,697,145	6.5%	$ 128,325,958	$ 129,492,874	-0.9%	$ 129,189,423	-0.7%
Benefits	2,051,278	2,675,628	-23.3%	1,283,822	59.8%	28,405,073	26,428,392	7.5%	26,519,623	7.1%
Temporary Labor	1,037,916	635,500	63.3%	287,270	261.3%	8,780,664	6,640,464	32.2%	8,279,144	6.1%
Physician Fees	1,390,892	1,205,671	15.4%	1,445,638	-3.8%	14,038,049	12,948,640	8.4%	14,820,067	-5.3%
Texas Tech Support	817,623	820,236	-0.3%	1,078,587	-24.2%	8,552,809	8,202,360	4.3%	10,235,909	-16.4%
Purchased Services	4,370,479	3,658,806	19.5%	3,966,071	10.2%	39,805,582	37,776,278	5.4%	46,508,435	-14.4%
Supplies	4,978,019	4,706,566	5.8%	4,437,709	12.2%	49,562,702	49,299,791	0.5%	45,610,027	8.7%
Utilities	295,635	332,021	-11.0%	342,664	-13.7%	3,135,048	3,320,210	-5.6%	3,245,287	-3.4%
Repairs and Maintenance	810,398	734,156	10.4%	908,571	-10.8%	7,636,621	7,354,262	3.8%	6,905,468	10.6%
Leases and Rent	132,417	158,744	-16.6%	147,676	-10.3%	1,605,834	1,587,440	1.2%	1,492,800	7.6%
Insurance	217,730	155,616	39.9%	163,690	33.0%	1,513,931	1,554,362	-2.6%	1,489,396	1.6%
Interest Expense	107,715	150,449	-28.4%	244,980	-56.0%	1,075,409	1,504,490	-28.5%	2,477,467	-56.6%
ECHDA	284,107	317,389	-10.5%	134,298	111.6%	2,256,754	3,173,890	-28.9%	2,865,329	-21.2%
Other Expense	143,625	113,512	26.5%	131,657	9.1%	1,400,737	1,886,837	-25.8%	1,385,775	1.1%
TOTAL OPERATING EXPENSES	$ 30,162,908	$ 28,376,808	6.3%	$ 27,269,778	10.6%	$ 296,095,171	$ 291,170,290	1.7%	$ 301,024,149	-1.6%
Depreciation/Amortization	$ 1,628,578	$ 1,605,190	1.5%	$ 1,575,124	3.4%	$ 15,908,563	$ 15,896,825	0.1%	$ 15,430,666	3.1%
(Gain) Loss on Sale of Assets	-	-	0.0%	123	-100.0%	8,173	-	0.0%	7,905	3.4%
TOTAL OPERATING COSTS	$ 31,791,486	$ 29,981,998	6.0%	$ 28,845,024	10.2%	$ 312,011,908	$ 307,067,115	1.6%	$ 316,462,719	-1.4%
NET GAIN (LOSS) FROM OPERATIONS	**$ 140,151**	**$ (765,071)**	**118.3%**	**$ (2,500,574)**	**105.6%**	**$ (6,617,402)**	**$ (7,416,306)**	**-10.8%**	**$ (32,322,312)**	**-79.5%**
Operating Margin	0.44%	-2.62%	-116.8%	-9.49%	-104.6%	-2.17%	-2.47%	-12.5%	-11.38%	-81.0%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 6,780	$ 33,519	-79.8%	$ 65,650	-89.7%	$ 47,706	$ 335,190	-85.8%	$ 642,872	-92.6%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,171,633	1,206,091	-2.9%	1,274,529	-8.1%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	21,084	-100.0%	-		141,275	210,840	-33.0%	253,000	-44.2%
COVID-19 Stimulus	-	-	0.0%	2,000,000	-100.0%	-	-	0.0%	25,869,749	-100.0%
Underwriter Discount & Bond Costs	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Build America Bonds Subsidy	-	-	0.0%	79,530	-100.0%	-	-	0.0%	792,714	-100.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ 146,930	$ (710,468)	120.7%	$ (355,394)	141.3%	$ (5,256,788)	$ (5,664,185)	7.2%	$ (3,489,447)	-50.6%
Unrealized Gain/(Loss) on Investments	$ 33,736	$ 14,285	0.0%	$ (22,236)	-251.7%	$ (39,215)	$ 142,850	0.0%	$ 102,286	-138.3%
Investment in Subsidiaries	4,151	1,613	157.3%	52,156	-92.0%	1,431,433	768,718	86.2%	834,319	71.6%
CHANGE IN NET POSITION	**$ 184,817**	**$ (694,570)**	**126.6%**	**$ (325,474)**	**156.8%**	**$ (3,864,570)**	**$ (4,752,617)**	**18.7%**	**$ (2,552,841)**	**-51.4%**

ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	$ 55,157,702	$ 50,022,266	10.3%	$ 47,513,735	16.1%	$ 536,300,201	$ 515,674,568	4.0%	$ 488,722,262	9.7%
Outpatient Revenue	45,122,281	43,114,926	4.7%	34,598,186	30.4%	412,756,882	441,072,572	-6.4%	413,014,407	-0.1%
TOTAL PATIENT REVENUE	$ 100,279,983	$ 93,137,192	7.7%	$ 82,111,921	22.1%	$ 949,057,083	$ 956,747,140	-0.8%	$ 901,736,669	5.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 65,126,259	$ 54,799,277	18.8%	$ 41,406,803	57.3%	$ 599,673,226	$ 572,979,060	4.7%	$ 540,231,917	11.0%
Policy Adjustments	(3,489,757)	130,983	-2764.3%	38,284	-9215.5%	7,719,562	1,369,132	463.8%	1,290,921	498.0%
Uninsured Discount	15,082,594	12,260,310	23.0%	11,334,840	33.1%	93,656,860	128,149,059	-26.9%	121,741,309	-23.1%
Indigent Care	1,326,153	1,266,848	4.7%	1,654,105	-19.8%	17,259,609	13,246,820	30.3%	12,487,173	38.2%
Provision for Bad Debts	5,532,771	6,701,164	-17.4%	12,574,616	-56.0%	47,990,884	60,596,089	-20.8%	57,095,876	-15.9%
TOTAL REVENUE DEDUCTIONS	$ 83,578,021	$ 75,158,582	11.2%	$ 67,008,647	24.7%	$ 766,300,141	$ 776,340,160	-1.3%	$ 732,847,195	4.6%
	83.34%	80.70%		81.61%		80.74%	81.14%		81.27%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 1,813,563	$ 1,752,244	3.5%	$ 2,154,375	-15.8%	$ 18,198,327	$ 17,522,440	3.9%	$ 20,991,124	-13.3%
DSRIP	3,078,056	547,173	462.5%	479,459	542.0%	8,002,613	5,471,730	46.3%	4,794,590	66.9%
TOTAL OTHER PATIENT REVENUE	$ 4,891,619	$ 2,299,417	112.7%	$ 2,633,834	85.7%	$ 26,200,940	$ 22,994,170	13.9%	$ 25,785,714	1.6%
NET PATIENT REVENUE	$ 21,593,581	$ 20,278,027	6.5%	$ 17,737,108	21.7%	$ 208,957,882	$ 203,401,150	2.7%	$ 194,675,189	7.3%
OTHER REVENUE										
Tax Revenue	$ 6,051,971	$ 5,013,566	20.7%	$ 4,625,888	30.8%	$ 53,339,539	$ 52,424,298	1.7%	$ 49,917,658	6.9%
Other Revenue	815,242	625,237	30.4%	709,524	14.9%	7,091,310	6,121,685	15.8%	6,321,611	12.2%
TOTAL OTHER REVENUE	$ 6,867,214	$ 5,638,803	21.8%	$ 5,335,412	28.7%	$ 60,430,849	$ 58,545,983	3.2%	$ 56,239,268	7.5%
NET OPERATING REVENUE	$ 28,460,794	$ 25,916,830	9.8%	$ 23,072,520	23.4%	$ 269,388,731	$ 261,947,133	2.8%	$ 250,914,457	7.4%
OPERATING EXPENSE										
Salaries and Wages	$ 9,417,083	$ 8,688,513	8.4%	$ 9,087,601	3.6%	$ 88,977,959	$ 89,152,792	-0.2%	$ 92,089,441	-3.4%
Benefits	1,697,651	2,287,006	-25.8%	963,819	76.1%	24,335,740	22,538,783	8.0%	22,798,555	6.7%
Temporary Labor	737,209	419,833	75.6%	118,872	520.2%	6,514,166	4,483,794	45.3%	4,098,847	58.9%
Physician Fees	1,190,475	1,060,530	12.3%	1,298,586	-8.3%	12,723,889	11,497,230	10.7%	13,117,533	-3.0%
Texas Tech Support	817,623	820,236	-0.3%	1,078,587	-24.2%	8,552,809	8,202,360	4.3%	10,235,909	-16.4%
Purchased Services	4,348,938	3,666,828	18.6%	3,924,833	10.8%	40,052,591	37,839,347	5.8%	45,167,391	-11.3%
Supplies	4,857,741	4,566,722	6.4%	4,302,022	12.9%	48,379,114	47,864,265	1.1%	44,339,916	9.1%
Utilities	294,544	331,206	-11.1%	342,296	-14.0%	3,127,982	3,312,060	-5.6%	3,223,939	-3.0%
Repairs and Maintenance	810,398	733,989	10.4%	908,434	-10.8%	7,635,745	7,346,942	3.9%	6,903,918	10.6%
Leases and Rentals	(33,184)	(7,258)	357.2%	(18,660)	77.8%	(53,623)	(72,580)	-26.1%	(183,114)	-70.7%
Insurance	182,135	109,297	66.6%	116,122	56.8%	1,030,521	1,092,970	-5.7%	1,007,685	2.3%
Interest Expense	107,715	150,449	-28.4%	244,980	-56.0%	1,075,409	1,504,490	-28.5%	2,477,467	-56.6%
ECHDA	284,107	317,389	-10.5%	134,298	111.6%	2,256,754	3,173,890	-28.9%	2,865,329	-21.2%
Other Expense	58,741	50,476	16.4%	50,065	17.3%	792,579	1,176,841	-32.7%	804,301	-1.5%
TOTAL OPERATING EXPENSES	$ 24,771,176	$ 23,195,216	6.8%	$ 22,551,855	9.8%	$ 245,401,633	$ 239,113,184	2.6%	$ 248,947,118	-1.4%
Depreciation/Amortization	$ 1,622,056	$ 1,597,705	1.5%	$ 1,566,829	3.5%	$ 15,840,821	$ 15,821,975	0.1%	$ 15,288,138	3.6%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	123	-100.0%	8,173	-	100.0%	1,772	361.1%
TOTAL OPERATING COSTS	$ 26,393,232	$ 24,792,921	6.5%	$ 24,118,807	9.4%	$ 261,250,628	$ 254,935,159	2.5%	$ 264,237,028	-1.1%
NET GAIN (LOSS) FROM OPERATIONS	**$ 2,067,562**	**$ 1,123,909**	**84.0%**	**$ (1,046,288)**	**297.6%**	**$ 8,138,104**	**$ 7,011,974**	**16.1%**	**$ (13,322,571)**	**-161.1%**
Operating Margin	7.26%	4.34%	67.5%	-4.53%	-260.2%	3.02%	2.68%	12.9%	-5.31%	-156.9%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 6,780	$ 33,519	-79.8%	$ 65,650	-89.7%	$ 47,706	$ 335,190	-85.8%	$ 642,872	-92.6%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,171,633	1,206,091	-2.9%	1,274,529	-8.1%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	21,084	-100.0%	-	0.0%	141,275	210,840	-33.0%	253,000	-44.2%
COVID-19 Stimulus	-	-	0.0%	2,000,000	-100.0%	-	-		24,711,430	-100.0%
Underwriter Discount & Bond Costs	-	-	0.0%	-	0.0%	-	-		-	0.0%
Build America Bonds Subsidy	-	-		79,530	-100.0%	-	-		792,714	-100.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	$ 2,074,342	$ 1,178,512	76.0%	$ 1,098,893	88.8%	$ 9,498,718	$ 8,764,095	8.4%	$ 14,351,974	-33.8%
Procare Capital Contribution	(1,927,412)	(1,888,980)	2.0%	(1,454,287)	32.5%	(14,755,505)	(14,428,280)	2.3%	(17,841,421)	-17.3%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ 146,930	$ (710,468)	120.7%	$ (355,394)	141.3%	$ (5,256,788)	$ (5,664,185)	7.2%	$ (3,489,447)	-50.6%
Unrealized Gain/(Loss) on Investments	$ 33,736	$ 14,285	136.2%	$ (22,236)	-251.7%	$ (39,215)	$ 142,850	-127.5%	$ 102,286	-138.3%
Investment in Subsidiaries	4,151	1,613	157.3%	52,156	-92.0%	1,431,433	768,718	86.2%	834,319	71.6%
CHANGE IN NET POSITION	**$ 184,817**	**$ (694,570)**	**126.6%**	**$ (325,474)**	**156.8%**	**$ (3,864,570)**	**$ (4,752,617)**	**18.7%**	**$ (2,552,841)**	**-51.4%**

ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 11,043,577	$ 10,445,365	5.7%	$ 10,009,291	10.3%	$ 118,619,460	$ 109,640,576	8.2%	$ 107,443,254	10.4%
TOTAL PATIENT REVENUE	$ 11,043,577	$ 10,445,365	5.7%	$ 10,009,291	10.3%	$ 118,619,460	$ 109,640,576	8.2%	$ 107,443,254	10.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 5,799,780	$ 4,489,013	29.2%	$ 5,198,659	11.6%	$ 57,211,866	$ 44,738,538	27.9%	$ 48,111,208	18.9%
Policy Adjustments	425,637	1,184,729	-64.1%	906,709	-53.1%	10,801,451	11,811,824	-8.6%	11,848,370	-8.8%
Uninsured Discount	321,825	713,999	-54.9%	339,346	-5.2%	6,674,948	7,118,234	-6.2%	6,853,169	-2.6%
Indigent	3,206	24,668	-87.0%	(2,699)	-218.8%	166,702	246,680	-32.4%	254,528	-34.5%
Provision for Bad Debts	1,203,247	1,037,901	15.9%	564,209	113.3%	9,808,010	10,344,054	-5.2%	9,292,443	5.5%
TOTAL REVENUE DEDUCTIONS	$ 7,753,695	$ 7,450,310	4.1%	$ 7,006,224	10.7%	$ 84,662,976	$ 74,259,330	14.0%	$ 76,359,718	10.9%
	70.21%	71.33%		70.00%		71.37%	67.73%		71.07%	
NET PATIENT REVENUE	$ 3,289,882	$ 2,995,055	9.8%	$ 3,003,067	9.6%	$ 33,956,483	$ 35,381,246	-4.0%	$ 31,083,535	9.2%
						28.6%				
OTHER REVENUE										
Other Income	$ 180,961	$ 305,042	-40.7%	$ 268,863	-32.7%	$ 2,049,291	$ 2,322,430	-11.8%	$ 2,142,415	-4.3%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	$ 3,470,843	$ 3,300,097	5.2%	$ 3,271,930	6.1%	$ 36,005,775	$ 37,703,676	-4.5%	$ 33,225,950	8.4%
						-				
OPERATING EXPENSE										
Salaries and Wages	$ 4,107,992	$ 4,024,001	2.1%	$ 3,609,544	13.8%	$ 39,347,999	$ 40,340,082	-2.5%	$ 37,099,981	6.1%
Benefits	353,627	388,622	-9.0%	320,003	10.5%	4,069,334	3,889,609	4.6%	3,721,069	9.4%
Temporary Labor	300,706	215,667	39.4%	168,398	78.6%	2,266,498	2,156,670	5.1%	4,180,297	-45.8%
Physician Fees	200,417	145,141	38.1%	147,052	36.3%	1,314,161	1,451,410	-9.5%	1,702,534	-22.8%
Purchased Services	21,541	(8,022)	-368.5%	41,238	-47.8%	(247,009)	(63,069)	291.6%	1,341,044	-118.4%
Supplies	120,277	139,844	-14.0%	135,687	-11.4%	1,183,588	1,435,526	-17.6%	1,270,111	-6.8%
Utilities	1,091	815	33.8%	368	196.7%	7,066	8,150	-13.3%	21,348	-66.9%
Repairs and Maintenance	-	167	-100.0%	137	-100.0%	876	7,320	-88.0%	1,550	-43.5%
Leases and Rentals	165,601	166,002	-0.2%	166,336	-0.4%	1,659,457	1,660,020	0.0%	1,675,914	-1.0%
Insurance	35,595	46,319	-23.2%	47,569	-25.2%	483,410	461,392	4.8%	481,711	0.4%
Other Expense	84,884	63,036	34.7%	81,592	4.0%	608,158	709,996	-14.3%	581,474	4.6%
TOTAL OPERATING EXPENSES	$ 5,391,732	$ 5,181,592	4.1%	$ 4,717,923	14.3%	$ 50,693,538	$ 52,057,106	-2.6%	$ 52,077,031	-2.7%
Depreciation/Amortization	$ 6,522	$ 7,485	-12.9%	$ 8,294	-21.4%	$ 67,742	$ 74,850	-9.5%	$ 142,528	-52.5%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	6,132	0.0%
TOTAL OPERATING COSTS	$ 5,398,254	$ 5,189,077	4.0%	$ 4,726,218	14.2%	$ 50,761,280	$ 52,131,956	-2.6%	$ 52,225,691	-2.8%
NET GAIN (LOSS) FROM OPERATIONS	**$ (1,927,412)**	**$ (1,888,980)**	**-2.0%**	**$ (1,454,287)**	**32.5%**	**$ (14,755,505)**	**$ (14,428,280)**	**-2.3%**	**$ (18,999,741)**	**22.3%**
Operating Margin	-55.53%	-57.24%	-3.0%	-44.45%	24.9%	-40.98%	-38.27%	7.1%	-57.18%	-28.3%
COVID-19 Stimulus	$ -	$ -		$ -	0.0%	$ -	$ -	0.0%	$ 1,158,320	0.0%
MCH Contribution	$ 1,927,412	$ 1,888,980	2.0%	$ 1,454,287	32.5%	$ 14,755,505	$ 14,428,280	2.3%	$ 17,841,421	-17.3%
CAPITAL CONTRIBUTION	**$ -**	**$ -**	**0.0%**	**$ -**	**0.0%**	**$ -**	**$ -**	**0.0%**	**$ -**	**0.0%**

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	8,884	8,873	0.12%	8,281	7.28%	84,574	94,959	-10.94%	88,074	-3.97%
Total Hospital Visits	5,978	4,556	31.21%	4,492	33.08%	54,386	50,605	7.47%	49,900	8.99%
Total Procedures	12,438	11,516	8.01%	9,093	36.79%	119,227	118,098	0.96%	106,617	11.83%
Total Surgeries	749	746	0.40%	641	16.85%	7,056	8,623	-18.17%	7,583	-6.95%
Total Provider FTE's	92.9	95.0	-2.18%	93.9	-1.05%	91.9	94.7	-2.88%	85.0	8.22%
Total Staff FTE's	108.9	127.9	-14.82%	82.1	32.64%	104.4	130.0	-19.68%	103.5	0.85%
Total Administrative FTE's	13.4	12.8	4.89%	11.8	13.06%	12.4	13.0	-4.34%	12.3	1.60%
Total FTE's	215.2	235.6	-8.66%	187.8	14.57%	208.8	237.7	-12.15%	200.7	4.02%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 385,240	$ 330,667	16.5%	$ 288,230	33.7%	$ 4,543,757	$ 3,491,529	30.1%	$ 3,061,809	48.4%
TOTAL PATIENT REVENUE	$ 385,240	$ 330,667	16.5%	$ 288,230	33.7%	$ 4,543,757	$ 3,491,529	30.1%	$ 3,061,809	48.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 218,334	$ 110,543	97.5%	$ 174,046	25.4%	$ 2,463,628	$ 1,167,230	111.1%	$ 982,938	150.6%
Self Pay Adjustments	23,525	29,478	-20.2%	78,967	-70.2%	612,861	311,260	96.9%	262,125	133.8%
Bad Debts	41,155	51,850	-20.6%	(50,148)	-182.1%	278,806	547,483	-49.1%	632,552	-55.9%
TOTAL REVENUE DEDUCTIONS	$ 283,015	$ 191,871	47.5%	$ 202,865	39.5%	$ 3,355,295	$ 2,025,973	65.6%	$ 1,877,614	78.7%
	73.5%	58.0%		70.4%		73.8%	58.0%		61.3%	
NET PATIENT REVENUE	$ 102,226	$ 138,796	-26.3%	$ 85,364	19.8%	$ 1,188,462	$ 1,465,556	-18.9%	$ 1,184,195	0.4%
OTHER REVENUE										
FHC Other Revenue	$ 64,349	$ 26,697	0.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	0.0%	$ 297,202	37.2%
TOTAL OTHER REVENUE	$ 64,349	$ 26,697	141.0%	$ 43,628	47.5%	$ 407,773	$ 266,970	52.7%	$ 297,202	37.2%
NET OPERATING REVENUE	$ 166,574	$ 165,493	0.7%	$ 128,992	29.1%	$ 1,596,234	$ 1,732,526	-7.9%	$ 1,481,397	7.8%
OPERATING EXPENSE										
Salaries and Wages	$ 70,859	$ 73,508	-3.6%	$ 61,264	15.7%	$ 857,702	$ 776,174	10.5%	$ 680,940	26.0%
Benefits	12,774	19,349	-34.0%	6,498	96.6%	234,584	196,225	19.5%	168,580	39.2%
Physician Services	97,533	104,171	-6.4%	104,343	-6.5%	1,131,152	1,041,710	8.6%	789,125	43.3%
Cost of Drugs Sold	3,118	5,909	-47.2%	10,082	-69.1%	65,328	62,389	4.7%	54,815	19.2%
Supplies	8,267	4,351	90.0%	1,931	328.1%	128,269	45,371	182.7%	39,794	222.3%
Utilities	2,649	3,021	-12.3%	3,966	-33.2%	28,370	30,210	-6.1%	29,304	-3.2%
Repairs and Maintenance	19,232	1,073	1692.4%	575	3244.7%	28,291	10,730	163.7%	7,134	296.6%
Leases and Rentals	468	370	26.6%	427	9.7%	4,944	3,700	33.6%	4,711	5.0%
Other Expense	5,253	1,000	425.3%	1,000	425.3%	41,164	13,118	213.8%	13,117	213.8%
TOTAL OPERATING EXPENSES	$ 220,153	$ 212,752	3.5%	$ 190,087	15.8%	$ 2,519,804	$ 2,179,627	15.6%	$ 1,787,519	41.0%
Depreciation/Amortization	$ 3,807	$ 3,806	0.0%	$ 4,081	-6.7%	$ 38,697	$ 38,689	0.0%	$ 46,206	-16.3%
TOTAL OPERATING COSTS	$ 223,960	$ 216,558	3.4%	$ 194,168	15.3%	$ 2,558,500	$ 2,218,316	15.3%	$ 1,833,725	39.5%
NET GAIN (LOSS) FROM OPERATIONS	**$ (57,386)**	**$ (51,065)**	**-12.4%**	**$ (65,175)**	**12.0%**	**$ (962,266)**	**$ (485,790)**	**-98.1%**	**$ (352,328)**	**173.1%**
Operating Margin	-34.45%	-30.86%	11.6%	-50.53%	-31.8%	-60.28%	-28.04%	115.0%	-23.78%	153.5%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	1,286	957	34.4%	868	48.2%	13,417	10,105	32.8%	8,882	51.1%
Average Revenue per Office Visit	299.56	345.52	-13.3%	332.06	-9.8%	338.66	345.52	-2.0%	344.72	-1.8%
Hospital FTE's (Salaries and Wages)	14.8	19.0	-22.2%	14.0	5.3%	17.8	19.5	-8.4%	16.1	10.5%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 100,657	$ 148,746	-32.3%	$ 167,002	-39.7%	$ 596,567	$ 1,569,303	-62.0%	$ 1,813,433	-67.1%
TOTAL PATIENT REVENUE	$ 100,657	$ 148,746	-32.3%	$ 167,002	-39.7%	$ 596,567	$ 1,569,303	-62.0%	$ 1,813,433	-67.1%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 49,864	$ 54,291	-8.2%	$ 102,388	-51.3%	$ 319,042	$ 572,784	-44.3%	$ 635,879	-49.8%
Self Pay Adjustments	195	16,957	-98.8%	40,870	-99.5%	69,777	178,899	-61.0%	198,606	-64.9%
Bad Debts	13,617	24,929	-45.4%	(22,301)	-161.1%	(30,020)	263,011	-111.4%	445,878	-106.7%
TOTAL REVENUE DEDUCTIONS	$ 63,676	$ 96,177	-33.8%	$ 120,957	-47.4%	$ 358,799	$ 1,014,694	-64.6%	$ 1,280,362	-72.0%
	63.26%	64.66%		72.43%		60.14%	64.66%		70.60%	
NET PATIENT REVENUE	$ 36,980	$ 52,569	-29.7%	$ 46,045	-19.7%	$ 237,768	$ 554,609	-57.1%	$ 533,071	-55.4%
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	$ 36,980	$ 52,569	-29.7%	$ 46,045	-19.7%	$ 237,768	$ 554,609	-57.1%	$ 533,071	-55.4%
OPERATING EXPENSE										
Salaries and Wages	$ 10,793	$ 28,369	-62.0%	$ 28,216	-61.7%	$ 72,064	$ 299,300	-75.9%	$ 289,648	-75.1%
Benefits	1,946	7,467	-73.9%	2,993	-35.0%	19,710	75,666	-74.0%	71,708	-72.5%
Physician Services	40,830	47,300	-13.7%	43,642	-6.4%	232,725	473,000	-50.8%	477,147	-51.2%
Cost of Drugs Sold	-	2,440	-100.0%	4,856	-100.0%	19,458	25,741	-24.4%	30,587	-36.4%
Supplies	309	1,357	-77.3%	1,414	-78.2%	3,219	14,118	-77.2%	10,686	-69.9%
Utilities	2,707	2,918	-7.2%	3,671	-26.3%	27,808	29,180	-4.7%	29,514	-5.8%
Repairs and Maintenance	-	119	-100.0%	-	100.0%	-	1,190	-100.0%	63	-100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	$ 56,585	$ 89,970	-37.1%	$ 84,792	-33.3%	$ 374,985	$ 918,195	-59.2%	$ 909,353	-58.8%
Depreciation/Amortization	$ 28,197	$ 29,324	-3.8%	$ 29,324	-3.8%	$ 290,991	$ 293,240	-0.8%	$ 296,039	-1.7%
TOTAL OPERATING COSTS	$ 84,783	$ 119,294	-28.9%	$ 114,116	-25.7%	$ 665,975	$ 1,211,435	-45.0%	$ 1,205,392	-44.8%
NET GAIN (LOSS) FROM OPERATIONS	**$ (47,802)**	**$ (66,725)**	**-28.4%**	**$ (68,071)**	**-29.8%**	**$ (428,207)**	**$ (656,826)**	**-34.8%**	**$ (672,321)**	**-36.3%**
Operating Margin	-129.26%	-126.93%	1.8%	-147.84%	-12.6%	-180.09%	-118.43%	52.1%	-126.12%	42.8%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	337	418	-19.4%	478	-29.5%	1,940	4,410	-56.0%		0.0%
Average Revenue per Office Visit	298.68	355.85	-16.1%	349.38	-14.5%	307.51	355.85	-13.6%	355.09	-13.4%
Hospital FTE's (Salaries and Wages)	3.5	7.8	-54.7%	7.5	-53.1%	2.6	8.0	-67.8%	7.9	-67.3%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 14,512	$ -	0.0%	$ -	100.0%	$ 14,512	$ -	0.0%	$ -	100.0%
TOTAL PATIENT REVENUE	$ 14,512	$ -	0.0%	$ -	100.0%	$ 14,512	$ -	0.0%	$ -	100.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 10,502	$ -	0.0%	$ -	100.0%	$ 10,502	$ -	0.0%	$ -	100.0%
Self Pay Adjustments	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Bad Debts	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
TOTAL REVENUE DEDUCTIONS	$ 10,502	$ -	0.0%	$ -	100.0%	$ 10,502	$ -	0.0%	$ -	100.0%
	72.37%	0.00%		0.00%		72.37%	0.00%		0.00%	
NET PATIENT REVENUE	$ 4,010	$ -	0.0%	$ -	100.0%	$ 4,010	$ -	0.0%	$ -	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	$ 4,010	$ -	0.0%	$ -	100.0%	$ 4,010	$ -	0.0%	$ -	100.0%
OPERATING EXPENSE										
Salaries and Wages	$ 2,725	$ -	0.0%	$ -	100.0%	$ 2,725	$ -	0.0%	$ -	100.0%
Benefits	491	-	0.0%	-	100.0%	745	-	0.0%	-	100.0%
Physician Services	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	100.0%	-	100.0%
Supplies	6,582	-	0.0%	-	100.0%	7,026	-	0.0%	-	100.0%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	$ 9,798	$ -	0.0%	$ -	100.0%	$ 10,496	$ -	0.0%	$ -	100.0%
Depreciation/Amortization	$ 75	$ -	0.0%	$ -	100.0%	$ 75	$ -	0.0%	$ -	100.0%
TOTAL OPERATING COSTS	$ 9,872	$ -	0.0%	$ -	100.0%	$ 10,570	$ -	0.0%	$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	**$ (5,862)**	**$ -**	**0.0%**	**$ -**	**100.0%**	**$ (6,560)**	**$ -**	**0.0%**	**$ -**	**100.0%**
Operating Margin	-146.19%	0.00%	0.0%	0.00%	100.0%	-163.59%	0.00%	0.0%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	47	-	0.0%	-	0.0%	47	-	0.0%	-	0.0%
Total Visits	47	-	0.0%	-	0.0%	47	-	0.0%		0.0%
Average Revenue per Office Visit	308.77	-	0.0%	-	0.0%	308.77	-	0.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.9	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%

ECTOR COUNTY HOSPITAL DISTRICT
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 40,745,130	40.7%	$ 32,854,344	39.9%	$ 376,199,175	39.5%	$ 343,437,122	38.0%
Medicaid	13,573,266	13.5%	8,583,865	10.5%	115,313,898	12.2%	106,288,611	11.8%
Commercial	28,306,895	28.2%	22,954,564	28.0%	272,947,227	28.8%	261,541,640	29.0%
Self Pay	14,726,109	14.7%	15,358,865	18.7%	117,582,767	12.4%	161,996,489	18.0%
Other	2,928,583	2.9%	2,360,284	2.9%	67,014,016	7.1%	28,472,807	3.2%
TOTAL	**$ 100,279,983**	**100.0%**	**$ 82,111,921**	**100.0%**	**$ 949,057,083**	**100.0%**	**$ 901,736,669**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 6,408,950	38.7%	$ 6,995,016	40.7%	$ 70,464,040	39.6%	$ 68,956,221	38.8%
Medicaid	1,892,654	11.4%	1,966,764	11.4%	20,424,562	11.4%	22,807,474	12.8%
Commercial	6,544,729	39.5%	6,481,266	37.7%	65,619,998	36.7%	66,543,821	37.4%
Self Pay	1,030,464	6.2%	932,902	5.4%	10,418,819	5.8%	11,442,680	6.4%
Other	703,170	4.2%	822,634	4.8%	11,635,968	6.5%	8,140,030	4.6%
TOTAL	**$ 16,579,968**	**100.0%**	**$ 17,198,583**	**100.0%**	**$ 178,563,388**	**100.0%**	**$ 177,890,226**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 74,563	19.4%	$ 54,776	19.0%	$ 699,130	15.4%	$ 549,256	17.9%
Medicaid	178,396	46.3%	115,910	40.2%	1,987,264	43.8%	1,179,574	38.6%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	72,556	18.8%	34,331	11.9%	678,555	14.9%	503,478	16.4%
Self Pay	50,505	13.1%	80,868	28.1%	1,022,506	22.5%	823,821	26.9%
Other	9,220	2.4%	2,344	0.8%	156,301	3.4%	5,680	0.2%
TOTAL	**$ 385,240**	**100.0%**	**$ 288,230**	**100.0%**	**$ 4,543,757**	**100.0%**	**$ 3,061,809**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 12,079	8.6%	$ 12,231	21.0%	$ 250,415	17.7%	$ 410,448	36.6%
Medicaid	90,750	64.7%	19,116	32.8%	732,587	51.9%	380,290	33.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	22,235	15.8%	10,521	18.0%	223,340	15.8%	142,153	12.7%
Self Pay	12,426	8.8%	15,813	27.1%	176,175	12.5%	182,375	16.3%
Other	2,972	2.1%	622	1.1%	28,951	2.1%	6,703	0.6%
TOTAL	**$ 140,462**	**100.0%**	**$ 58,303**	**100.0%**	**$ 1,411,468**	**100.0%**	**$ 1,121,967**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 38,580	38.4%	$ 35,671	21.4%	$ 179,257	30.3%	$ 427,264	23.6%
Medicaid	29,475	29.3%	$ 56,446	33.8%	158,290	26.5%	483,789	26.7%
PHC	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
Commercial	25,513	25.3%	$ 29,643	17.8%	144,013	24.1%	371,725	20.5%
Self Pay	6,778	6.7%	$ 44,564	26.7%	107,653	17.9%	527,219	29.1%
Other	310	0.3%	$ 677	0.4%	7,355	1.2%	3,435	0.2%
TOTAL	**$ 100,657**	**100.0%**	**$ 167,002**	**100.0%**	**$ 596,567**	**100.0%**	**$ 1,813,433**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 12,062	31.3%	$ 12,119	30.5%	$ 63,970	26.3%	$ 127,509	26.8%
Medicaid	12,472	32.3%	11,174	28.1%	$ 60,396	24.9%	146,014	30.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	9,412	24.4%	8,404	21.1%	81,036	33.4%	106,012	22.3%
Self Pay	4,348	11.3%	7,778	19.6%	33,851	14.1%	94,479	19.8%
Other	269	0.7%	286	0.7%	3,617	1.5%	2,034	0.4%
TOTAL	**$ 38,563**	**100.0%**	**$ 39,760**	**100.0%**	**$ 242,870**	**100.2%**	**$ 476,047**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
JULY 2021

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ -	-0.1%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Medicaid	683	4.8%	$ -	0.0%	683	4.8%	-	0.0%
PHC	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
Commercial	13,675	94.2%	$ -	0.0%	13,675	94.2%	-	0.0%
Self Pay	154	1.1%	$ -	0.0%	154	1.0%	-	0.0%
Other	-	0.0%	$ -	0.0%	-	0.0%	-	0.0%
TOTAL	**$ 14,512**	**100.0%**	**$ -**	**0.0%**	**$ 14,512**	**100.0%**	**$ -**	**0.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ -	-0.1%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Medicaid	-	0.0%	-	0.0%	-	0.0%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	350	100.1%	-	0.0%	350	100.0%	-	0.0%
Other	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL	**$ 350**	**100.0%**	**$ -**	**0.0%**	**$ 351**	**100.0%**	**$ -**	**0.0%**

ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
JULY 2021

Cash and Cash Equivalents	Frost	Hilltop	Total
Operating	$ 28,954,253	$ -	$ 28,954,253
Mission Fitness	430,057	-	430,057
Petty Cash	8,900	-	8,900
Dispro	-	54,815	54,815
General Liability	-	16,847	16,847
Professional Liability	-	15,426	15,426
Funded Worker's Compensation	-	93,129	93,129
Funded Depreciation	-	7,818,100	7,818,100
Designated Funds	-	58,093	58,093
Total Cash and Cash Equivalents	$ 29,393,209	$ 8,056,411	**$ 37,449,621**

Investments	Other	Hilltop	Total
Dispro	$ -	$ 5,350,000	$ 5,350,000
Funded Depreciation	-	27,000,000	27,000,000
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	23,622	23,200,000	23,223,622
Allowance for Change in Market Values		(31,721)	(31,721)
Total Investments	$ 23,622	$ 63,818,279	**$ 63,841,901**
Total Unrestricted Cash and Investments			**$ 101,291,521**

Restricted Assets	Reserves	Prosperity	Total
Assets Held By Trustee - Bond Reserves	$ 4,896	$ -	$ 4,896
Assets Held In Endowment-Board Designated	-	6,321,851	6,321,851
Advanced Medicare Payment	31,970,959	-	31,970,959
Restricted TPC, LLC-Equity Stake	1,169,753	-	1,169,753
Restricted MCH West Texas Services-Equity Stake	2,313,702	-	2,313,702
Total Restricted Assets	$ 35,459,309	$ 6,321,851	**$ 41,781,161**
Total Cash & Investments			**$ 143,072,682**

ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
JULY 2021

	Hospital	Procare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	$ (3,864,570)	-	$ (3,864,570)
Noncash Expenses:			
Depreciation and Amortization	13,412,101	17,491	13,429,592
Unrealized Gain/Loss on Investments	(39,215)	-	(39,215)
Accretion (Bonds)	(349,127)	-	(349,127)
Changes in Assets and Liabilities			
Patient Receivables, Net	(503,628)	546,109	42,481
Taxes Receivable/Deferred	996,404	96,182	1,092,586
Inventories, Prepaids and Other	4,305,532	1,350,950	5,656,483
Accounts Payable	(8,685,196)	(2,473,076)	(11,158,273)
Accrued Expenses	3,448,672	462,144	3,910,816
Due to Third Party Payors	-	-	-
Accrued Post Retirement Benefit Costs	6,703,693	-	6,703,693
Net Cash Provided by Operating Activities	$ 15,424,667	(200)	$ 15,424,467
Cash Flows from Investing Activities:			
Investments	$ (26,012,603)	-	$ (26,012,603)
Acquisition of Property and Equipment	(7,434,678)	-	(7,434,678)
Net Cash used by Investing Activities	$ (33,447,281)	-	$ (33,447,281)
Cash Flows from Financing Activities:			
Current Portion Debt	$ 374,766	-	$ 374,766
Intercompany Activities	-	-	-
Net Repayment of Long-term Debt/Bond Issuance	1,370,962	-	1,370,962
Net Cash used by Financing Activities	1,745,728	-	1,745,728
Net Increase (Decrease) in Cash	(16,276,886)	(200)	(16,277,086)
Beginning Cash & Cash Equivalents @ 9/30/2020	95,507,668	4,650	95,512,318
Ending Cash & Cash Equivalents @ 7/31/2021	$ 79,230,781	$ 4,450	$ 79,235,231
Balance Sheet			
Cash and Cash Equivalents	$ 37,449,621	4,450	$ 37,454,071
Restricted Assets	41,781,161	-	41,781,161
Ending Cash & Cash Equivalents @ 7/31/2021	$ 79,230,781	4,450	$ 79,235,231

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2021

	ACTUAL COLLECTIONS	BUDGETED COLLECTIONS	VARIANCE	PRIOR YEAR COLLECTIONS	VARIANCE
AD VALOREM					
OCTOBER	$ 251,630	$ 2,025,971	$ (1,774,341)	$ 357,473	$ (105,843)
NOVEMBER	1,075,295	2,025,971	(950,676)	1,151,010	(75,715)
DECEMBER	6,840,747	2,025,971	4,814,776	3,300,400	3,540,347
JANUARY	7,131,638	2,025,971	5,105,667	4,845,249	2,286,389
FEBRUARY	4,756,484	2,025,971	2,730,513	6,455,075	(1,698,591)
MARCH	2,415,426	2,025,971	389,455	1,361,450	1,053,976
APRIL	464,788	2,025,971	(1,561,183)	271,564	193,224
MAY	239,559	2,025,971	(1,786,412)	254,701	(15,143)
JUNE	322,185	2,025,971	(1,703,786)	177,064	145,121
JULY	107,495	2,025,971	(1,918,476)	106,473	1,022
TOTAL	$ 23,605,246	$ 20,259,710	$ 3,345,536	$ 18,280,458	$ 5,324,788
SALES					
OCTOBER	$ 2,929,377	$ 3,282,683	$ (353,306)	$ 4,204,814	$ (1,275,437)
NOVEMBER	3,099,131	3,443,239	(344,108)	4,143,047	(1,043,916)
DECEMBER	2,855,097	3,230,027	(374,930)	4,251,049	(1,395,953)
JANUARY	2,796,371	3,139,626	(343,255)	3,763,912	(967,541)
FEBRUARY	4,354,021	3,453,266	900,755	3,771,703	582,318
MARCH	2,721,819	3,081,486	(359,667)	3,855,612	(1,133,793)
APRIL	2,650,606	3,148,751	(498,145)	4,710,736	(2,060,131)
MAY	3,668,808	3,500,841	167,967	4,055,799	(386,991)
JUNE	3,276,521	2,897,074	379,447	2,958,862	317,659
JULY	3,406,244	2,987,595	418,649	2,762,363	643,881
SUB TOTAL	31,757,995	32,164,588	(406,593)	38,477,896	(6,719,902)
ACCRUAL	1,321,834	-	1,321,834	-	1,321,834
TOTAL	$ 33,079,829	$ 32,164,588	$ 915,241	$ 38,477,896	$ (5,398,068)
TAX REVENUE	**$ 56,685,075**	**$ 52,424,298**	**$ 4,260,777**	**$ 56,758,355**	**$ (73,280)**

ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2021

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	$ (1,315,030)	$ 4,110,753		$ 2,795,723
2nd Qtr	(1,065,780)	3,331,602		2,265,823
3rd Qtr	-	-		-
4th Qtr	(2,317,291)	7,243,797		4,926,506
DSH TOTAL	$ (4,698,100)	$ 14,686,152		$ 9,988,052
UC				
1st Qtr	$ (16,099)	$ 38,376		22,278
2nd Qtr	(2,752,574)	8,549,558		5,796,984
3rd Qtr	(199,682)	455,686		256,004
4th Qtr	-	-		-
UC TOTAL	$ (2,968,355)	$ 9,043,620		$ 6,075,265
DSRIP				
1st Qtr	$ -	$ -		$ -
2nd Qtr	(826,293)	2,354,855		1,528,562
3rd Qtr	-	-		-
4th Qtr	(6,463,335)	20,017,523		13,554,188
DSRIP UPL TOTAL	$ (7,289,628)	$ 22,372,378		$ 15,082,750
UHRIP				
1st Qtr	$ (1,916,564)	$ -		$ (1,916,564)
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	$ (1,916,564)	$ -		$ (1,916,564)
GME				
1st Qtr	$ -	$ -		$ -
2nd Qtr	(236,659)	739,789		503,131
3rd .	-	-		-
4th Qtr	(236,659)	739,789		503,131
GME TOTAL	$ (473,317)	$ 1,479,578		$ 1,006,261
CHIRP				
1st Qtr	$ -	$ -		$ -
2nd Qtr	-	-		-
3rd .	(2,667,259)	-		(2,667,259)
4th Qtr	-	-		-
CHIRP TOTAL	$ (2,667,259)	$ -		$ (2,667,259)
MCH Cash Activity	**$ (20,013,223)**	**$ 47,581,728**		**$ 27,568,505**
ProCare Cash Activity	$ -	$ -	$ -	**$ -**
Blended Cash Activity	**$ (20,013,223)**	**$ 47,581,728**	**$ -**	**$ 27,568,505**

INCOME STATEMENT ACTIVITY:	**BLENDED**
FY 2021 Accrued / (Deferred) Adjustments:	
DSH Accrual	$ 10,244,140
Uncompensated Care Accrual	10,794,090
URIP	(3,131,573)
GME	291,670
CHIRP	-
Regional UPL Benefit	-
Medicaid Supplemental Payments	18,198,327
DSRIP Accrual	8,002,613
Total Adjustments	**$ 26,200,940**

ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF JULY 31, 2021

ITEM	CIP BALANCE AS OF 6/30/2021	JULY "+" ADDITIONS	JULY "-" ADDITIONS	JULY TRANSFERS	CIP BALANCE AS OF 7/31/2021	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) APRVD/BUDGET
RENOVATIONS									
REGIONAL LAB	18,888	34,812	-	-	53,700	-	53,700	150,000	96,300
SUB-TOTAL	$ 18,888	$ 34,812	$ -	$ -	$ 53,700	$ -	$ 53,700	$ 150,000	$ 96,300
MINOR BUILDING IMPROVEMENT									
REFRACTORY BOILER UPGRADE	20,765	-	-	-	20,765	-	20,765	30,000	9,235
ER TUBE STATION	97,555	-	-	-	97,555	-	97,555	48,000	(49,555)
TENNENT IMPROVEMENT - 750 W 5TH	50,950	-	-	-	50,950	-	50,950	25,000	(25,950)
TUBE SYSTEM UPGRADE	1,473	-	-	-	1,473	-	1,473	10,000	8,527
3W OBS UNIT	8,607	-	-	-	8,607	-	8,607	49,000	40,393
BADGE ACCESS UPGRADE	21,230	2,275	-	-	23,505	-	23,505	45,000	21,495
SUB-TOTAL	$ 200,579	$ 2,275	$ -	$ -	$ 202,854	$ -	$ 202,854	$ 207,000	$ 4,146
EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE									
VARIOUS CAPITAL EXPENDITURE PROJECTS	$ 2,194,099	$ 828,272	$ (1,799,929)	$ -	$ 1,222,442	$ -	$ 1,222,442	$ 2,250,000	$ 1,027,558
SUB-TOTAL	$ 2,194,099	$ 828,272	$ (1,799,929)	$ -	$ 1,222,442	$ -	$ 1,222,442	$ 2,250,000	$ 1,027,558
TOTAL CONSTRUCTION IN PROGRESS	**$ 2,413,566**	**$ 865,359**	**$ (1,799,929)**	**$ -**	**$ 1,478,996**	**$ -**	**$ 1,478,996**	**$ 2,607,000**	**$ 1,128,004**

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
JULY 2021

ITEM	CLASS	BOOKED AMOUNT
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS		
None		$ -
TOTAL PROJECT TRANSFERS		**$ -**
EQUIPMENT PURCHASES		
None		$ -
TOTAL EQUIPMENT PURCHASES		**$ -**
TOTAL TRANSFERS FROM CIP/EQUIPMENT PURCHASES		**$ -**

ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2021 CAPITAL EQUIPMENT
CONTINGENCY FUND
JULY 2021

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget		**$ 600,000**	**$ -**	**$ -**	**$ 600,000**
Oct-20	UltraLite 500 Series	6850	-	-	8,827	(8,827)
Oct-20	CombiM 84	7410	-	-	18,294	(18,294)
Oct-20	Giraffe Warmer	6550	-	-	15,562	(15,562)
Nov-20	Rockhouse Renovation	8200	48,500	-	108,169	(59,669)
Nov-20	Jaco Mobile Carts	8700	-	-	20,790	(20,790)
Nov-20	Ipads	9290	-	-	3,553	(3,553)
Nov-20	Isoflex	7460	-	-	28,676	(28,676)
Nov-20	Lab Refrigerator	7040	-	-	6,915	(6,915)
Nov-20	Car 13 ER	8200	-	-	168,198	(168,198)
Nov-20	V-Pro Max 2 Sterilizer	6790	-	-	148,840	(148,840)
Nov-20	iNtuition Gold Suite Software	7230	-	-	49,007	(49,007)
Dec-21	RENTAL PROPERTY REPAIRS - CASA ORTI	8200	25,000	-	55,004	(30,004)
Dec-20	Prescott Omni Plus Ceiling Mount	9300	-	-	12,500	(12,500)
Dec-20	Prescott Omni Plus Ceiling Mount	9300	-	-	25,000	(25,000)
Dec-20	Trinzic	9100	-	-	9,940	(9,940)
Dec-20	Prec 5820 and Monitor	9100	-	-	2,227	(2,227)
Dec-20	Jaco Mobile Carts	9100	-	-	56,896	(56,896)
Dec-20	Cisco MDS 9100 Fabric Switches	9100	-	-	68,539	(68,539)
Dec-20	Aruba 6300M	9100	-	-	289,331	(289,331)
Dec-20	Belmont Rapid Infufer	6850	-	-	28,260	(28,260)
Dec-20	Surgical Instruments	6620	-	-	463,381	(463,381)
Jan-21	Uroskop Omnia Max	6620	-	-	378,591	(378,591)
Jan-21	4 Replacement Tele	6140	-	-	10,350	(10,350)
Jan-21	Cisco ASR	9100	-	-	30,356	(30,356)
Jan-21	Outdoor Eyeball Dome and LCD Monitor	8420	-	-	3,853	(3,853)
Jan-21	Prime Big Wheel Stretcher	8390	-	-	13,774	(13,774)
Jan-21	Prime Big Wheel Stretcher	7310	-	-	21,273	(21,273)
Jan-21	Telemedicine Cart	9100	-	-	38,860	(38,860)
Jan-21	Motorized Stock Cart	7330	-	-	4,203	(4,203)
Jan-21	Barcode Scanners	9100	-	-	14,175	(14,175)
Jan-21	Blanket Warming Cabinet	6870	-	-	3,197	(3,197)
Feb-21	ER Triage Renovation	6850	75,000	-	139,926	(64,926)
Feb-21	Central Station Monitor	6550	-	-	41,470	(41,470)
Feb-21	Cardiac Monitor	6850	-	-	35,033	(35,033)
Feb-21	Pyxis Anesthesia System	7330	-	-	374,463	(374,463)
Feb-21	Versapulse Powersuite 60W	6620	-	-	87,900	(87,900)
Feb-21	Matrix T5X-08 Treadmill	6350	-	-	4,060	(4,060)
Feb-21	Falcon IT Mount for Anesthesia	6700	-	-	3,187	(3,187)
Feb-21	Ford Ecosport 2020	7090	-	-	19,471	(19,471)
Feb-21	BK5000 Ultrasound System	6620	-	-	145,777	(145,777)
Feb-21	Microscope	7050	-	-	9,114	(9,114)
Mar-21	Securview DX 600	7240	-	-	26,130	(26,130)
Mar-21	Nexus Software	8200	-	-	151,090	(151,090)
Mar-21	Perseus A500 Anesthesia Machine	6700	-	-	98,622	(98,622)
Mar-21	Software for Perseus A500	6700	-	-	1,825	(1,825)
Mar-21	Protector Echo Filtered Fume Hood	7040	-	-	9,273	(9,273)
Mar-21	Giraffe Resuscitation System	6550	-	-	6,176	(6,176)
Apr-21	Panda Ires Bedded Warmer	6700	-	-	15,268	(15,268)
Apr-21	Dual Tier Cart and Holder	7240	-	-	9,067	(9,067)
Apr-21	(50) iPod Touch	9100	-	-	9,930	(9,930)
Apr-21	Stand on Scale	6190	-	-	3,070	(3,070)
Apr-21	Urine Analyzer Aution Eleven	7050	-	-	4,500	(4,500)
Apr-21	Transport Monitors	6850	-	-	14,942	(14,942)
Apr-21	Bilicocoon Bag System	6550	-	-	14,985	(14,985)
Apr-21	16 Bedside Monitors	6130	-	-	188,362	(188,362)
Apr-21	Cardiac Ablation Maestro 400 POD	7220	-	-	6,000	(6,000)
Apr-21	Zebra Blood Bank Printer	7100	-	-	2,215	(2,215)
May-21	CT Scan Renovation	7230	175,000	-	199,621	(24,621)
May-21	Pharmacy Pyxis Renovation	7330	15,000	-	22,667	(7,667)
May-21	Generator G11	6620	-	-	7,878	(7,878)
May-21	Water Booster Pump System	8200	-	-	27,800	(27,800)
May-21	Ice Maker Cube Style	8020	-	-	10,756	(10,756)
May-21	MyoMaps	7210	-	-	10,000	(10,000)
May-21	S3 PX4-3005 Stryker Beds	7460	-	-	1,745,812	(1,745,812)
May-21	Ford EcoSport 2021	7090	-	-	22,767	(22,767)
May-21	Under Counter Refrigerator	8380	-	-	2,473	(2,473)
May-21	Wireless Packs for Monitors	6200	-	-	3,098	(3,098)
May-21	Refrigerator	7050	-	-	4,725	(4,725)
May-21	Vacuum Curettage System	6700	-	-	6,395	(6,395)
May-21	Blood Pressure Machine w/Temp	6200	-	-	11,182	(11,182)
Jun-21	MRI Chair	7210	-	-	3,132	(3,132)
Jun-21	Transport Chair	6850	-	-	5,569	(5,569)
Jun-21	Mobile Dart Evolution MX8	7260	-	-	254,900	(254,900)
Jun-21	Software House C-Cure 9000	8410	-	-	448,850	(448,850)
Jun-21	Giraffe Omnibed Care Station	6550	-	-	54,008	(54,008)
Jun-21	Complete CuddleCot System	6700	-	-	7,028	(7,028)
Jul-21	Medication Dispenser	7330	-	-	3,472	(3,472)
Jul-21	Telemetry	6200	-	-	540,319	(540,319)
Jul-21	Ice Maker Cube Style	8020	-	-	6,061	(6,061)
Jul-21	Dell PowerEdge Servers	9100	-	-	90,092	(90,092)
Jul-21	Freezer and Refrigerator	9000	-	-	8,982	(8,982)
Jul-21	Stat Temperature Management System	6310	-	-	235,300	(235,300)
Jul-21	Temporary Pacemakers	6330	-	-	17,147	(17,147)
Jul-21	Incubator	7060	-	-	14,815	(14,815)
Jul-21	2021 Ford Ecosport	7090	-	-	24,282	(24,282)
			$ 938,500	**$ -**	**$ 7,317,525**	**$ (6,379,025)**

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
JULY 2021

	CURRENT YEAR	PRIOR YEAR HOSPITAL AUDITED	PRIOR YEAR PRO CARE AUDITED	CURRENT YEAR CHANGE
AR DISPRO/UPL	$ -	$ -	$ -	$ -
AR UNCOMPENSATED CARE	4,718,825	-	-	4,718,825
AR DSRIP	(5,299,015)	1,436,786	-	(6,735,801)
AR NURSING HOME UPL	2,677,259	-	-	2,677,259
AR UHRIP	319,427	1,601,876	-	(1,282,448)
AR GME	(714,591)	-	-	(714,591)
AR BAB REVENUE	-	-	-	-
AR PHYSICIAN GUARANTEES	476,361	358,963	-	117,398
AR ACCRUED INTEREST	7,350	99,784	-	(92,433)
AR OTHER:	(1,216,824)	1,770,860	1,703,368	(4,691,053)
Procare On-Call Fees	-	-	-	-
Procare A/R - FHC	-	-	-	-
Other Misc A/R	(1,216,824)	1,770,860	1,703,368	(4,691,053)
AR DUE FROM THIRD PARTY PAYOR	2,557,935	2,371,598	-	186,337
TOTAL ACCOUNTS RECEIVABLE - OTHER	$ 2,054,663	$ 7,612,645	$ 1,703,368	$ (7,261,350)

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
TEMPORARY LABOR DEPARTMENT	**ACTUAL**	**BUDGET**	**BUDGET VAR**	**PRIOR YR**	**PRIOR YR VAR**	**ACTUAL**	**BUDGET**	**BUDGET VAR**	**PRIOR YR**	**PRIOR YR VAR**
Intensive Care Unit (CCU) 4	4.6	5.6	-17.4%	-	0.0%	7.2	6.0	18.8%	1.4	411.5%
Cardiopulmonary	10.8	2.2	390.4%	1.3	748.9%	6.9	2.4	190.9%	2.2	213.7%
Intensive Care Unit (ICU) 2	3.3	5.6	-40.9%	-	0.0%	3.2	6.1	-47.5%	0.1	5683.4%
5 Central	3.3	1.9	77.6%	2.1	58.1%	2.5	2.0	22.9%	2.4	3.4%
Operating Room	2.3	1.9	25.7%	-	0.0%	2.1	2.0	3.9%	1.7	24.2%
8 Central	0.6	0.9	-31.1%	1.0	-38.8%	1.4	1.0	39.3%	1.2	13.8%
9 Central	1.8	2.6	-31.2%	0.1	1173.4%	1.4	2.8	-49.8%	2.8	-49.7%
7 Central	2.1	4.4	-52.3%	0.7	223.1%	1.4	4.8	-71.5%	1.2	13.1%
4 Central	1.6	1.5	6.5%	0.1	1028.8%	1.3	1.6	-19.5%	1.0	32.0%
Labor & Delivery	-	0.8	-100.0%	-	0.0%	1.1	0.9	24.0%	1.2	-4.7%
Imaging - Diagnostics	1.0	0.9	8.4%	-	0.0%	1.0	1.0	-1.8%	1.2	-19.3%
6 Central	1.4	1.4	-1.6%	0.9	50.1%	1.0	1.5	-36.0%	1.8	-47.7%
2 Central	-	-	0.0%	-	0.0%	0.6	-	0.0%	-	0.0%
3 West Observation	3.4	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
NURSING ORIENTATION	0.9	-	0.0%	0.7	36.8%	0.4	-	0.0%	0.3	33.2%
Disaster & Emergency Operations	-	-	0.0%	0.2	-100.0%	0.2	-	0.0%	0.1	95.7%
Cath Lab	-	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
6 West	0.2	0.3	-25.8%	0.1	47.8%	0.2	0.3	-41.1%	0.2	-13.9%
Human Resources	0.2	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
Emergency Department	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.1	-76.9%
5 West	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	2.8%
3 West - Observation	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
4 EAST	-	-	0.0%	-	0.0%	-	-	0.0%	0.8	-100.0%
Sterile Processing	-	-	0.0%	-	0.0%	-	-	0.0%	1.3	-100.0%
Imaging - CVI	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%
Imaging - Nuclear Medicine	-	-	0.0%	-	0.0%	-	-	0.0%	0.1	-100.0%
Laboratory - Chemistry	-	3.1	-100.0%	-	0.0%	-	3.3	-100.0%	0.4	-100.0%
Imaging - Ultrasound	-	0.5	-100.0%	-	0.0%	-	0.6	-100.0%	0.3	-100.0%
PM&R - Speech	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Imaging - Cat Scan	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
PM&R - Physical	-	-	0.0%	-	0.0%	-	-	0.0%	1.7	-100.0%
Medical Staff	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
SUBTOTAL	**37.7**	**33.7**	**12.1%**	**7.3**	**416.2%**	**32.4**	**36.2**	**-10.5%**	**23.9**	**35.6%**
TRANSITION LABOR										
Laboratory - Chemistry	3.5	-	0.0%	3.1	15.7%	3.7	-	0.0%	3.0	22.2%
Intensive Care Unit (CCU) 4	-	-	0.0%	-	0.0%	-	-	0.0%	0.7	-100.0%
Inpatient Rehab - Therapy	-	-	0.0%	-	0.0%	-	-	0.0%	0.6	-100.0%
7 Central	-	-	0.0%	-	0.0%	-	-	0.0%	0.5	-100.0%
Neonatal Intensive Care	-	-	0.0%	-	0.0%	-	-	0.0%	0.4	-100.0%
PM&R - Occupational	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
Intensive Care Unit (ICU) 2	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
4 EAST	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
9 Central	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
SUBTOTAL	**3.5**	**-**	**0.0%**	**3.1**	**15.7%**	**3.7**	**-**	**0.0%**	**5.8**	**-35.7%**
GRAND TOTAL	**41.3**	**33.7**	**22.6%**	**10.4**	**297.7%**	**36.1**	**36.2**	**-0.2%**	**29.7**	**21.7%**

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
JULY 2021

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	$ VAR	% VAR	PRIOR YR	% VAR
RT TEMPORARY LABOR	$ 214,281	$ 12,418	$ 201,863	1625.6%	$ 14,219	1407.0%	$ 1,292,791	$ 131,046	$ 1,161,745	886.5%	$ 363,716	255.4%
ICU4 TEMPORARY LABOR	92,135	77,149	14,986	19.4%	-	100.0%	1,592,678	815,357	777,321	95.3%	191,250	732.8%
8C TEMPORARY LABOR	11,075	964	10,111	1048.9%	13,367	-17.1%	240,872	62,285	178,587	286.7%	158,002	52.4%
TEMPORARY LABOR	-	-	-	100.0%	-	100.0%	140,407.90	-	140,408	100.0%	-	100.0%
TEMPORARY LABOR	61,741.92	-	61,742	100.0%	-	100.0%	74,619.41	-	74,619	100.0%	-	100.0%
Temp Labor - Productive Salaries	15,042.80	-	15,043	100.0%	9,399	60.0%	67,977.98	-	67,978	100.0%	42,143	61.3%
L & D TEMPORARY LABOR	-	13,525	(13,525)	-100.0%	-	100.0%	182,042	142,440	39,602	27.8%	183,505	-0.8%
6C TEMPORARY LABOR	26,560.64	19,928	6,633	33.3%	12,369	114.7%	157,875.69	210,603	(52,727)	-25.0%	249,596	-36.7%
IMCU9 TEMPORARY LABOR	31,732	38,120	(6,388)	-16.8%	2,060	1440.7%	239,839	402,086	(162,247)	-40.4%	389,625	-38.4%
7C TEMPORARY LABOR	34,132	62,075	(27,943)	-45.0%	9,715	251.3%	236,972	655,551	(418,579)	-63.9%	163,360	45.1%
ALL OTHER	161,630	170,405	(8,775)	-5.1%	6,598	2349.7%	1,552,545	1,797,627	(245,082)	-13.6%	1,513,950	2.5%
TOTAL TEMPORARY LABOR	$ 707,132	$ 419,833	$ 287,299	68.4%	$ 94,225	650.5%	$ 6,187,691	$ 4,483,794	$ 1,703,897	38.0%	$ 3,566,313	73.5%
CHEM TRANSITION LABOR	$ 30,077.42	$ -	$ 30,077	100.0%	$ 24,647	22.0%	$ 326,475	$ -	$ 326,475	100.0%	$ 249,917	30.6%
ALL OTHER	-	-	-	100.0%	-	100.0%	-	-	-	100.0%	282,617	-100.0%
TOTAL TRANSITION LABOR	$ 30,077	$ -	$ 30,077	0%	$ 24,647	22.0%	$ 326,475	$ -	$ 326,475	0.0%	$ 532,534	-38.7%
GRAND TOTAL TEMPORARY LABOR	$ 737,209	$ 419,833	$ 317,376	75.6%	$ 118,872	520.2%	$ 6,514,166	$ 4,483,794	$ 2,030,372	45.3%	$ 4,098,847	58.9%
MISSION FITNESS CONTRACT PURCH SVC	$ 56,368	$ 5,775	$ 50,593	876.1%	$ 55,413	1.7%	$ 611,361	$ 57,396	$ 553,965	965.2%	$ 557,211	9.7%
ADM CONSULTANT FEES	24,199	18,500	5,699	30.8%	85,095	-71.6%	880,980	381,500	499,480	130.9%	526,584	67.3%
OTHER PURCH SVCS	951.32	-	951	100.0%	132,930	-99.3%	466,881.67	-	466,882	100.0%	279,340	67.1%
CONSULTANT FEES	12,256.00	-	12,256	100.0%	-	100.0%	188,893.00	-	188,893	100.0%	-	100.0%
OR FEES (PERFUSION SERVICES)	29,214	34,166	(4,952)	-14.5%	30,160	-3.1%	503,261	341,660	161,601	47.3%	329,795	52.6%
ADM PHYS RECRUITMENT	42,337.02	9,500	32,837	345.7%	-	100.0%	281,853.06	123,000	158,853	129.1%	222,558	26.6%
COMM HEALTH OTHER PURCH SVCS	11,257.49	1,560	9,697	621.6%	366	2980.0%	169,033.44	15,600	153,433	983.5%	12,884	1212.0%
REF LAB ARUP PURCH SVCS	73,696	45,279	28,417	62.8%	63,811	15.5%	630,895	478,919	151,976	31.7%	638,018	-1.1%
ADM APPRAISAL DIST FEE	84,487	-	84,487	100.0%	31,659	166.9%	325,465	182,814	142,651	78.0%	212,476	53.2%
MED ASSETS CONTRACT	24,159	-	24,159	100.0%	31,516	-23.3%	261,920	141,249	120,671	85.4%	343,416	-23.7%
PT ACCTS COLLECTION FEES	58,551	56,946	1,605	2.8%	65,900	-11.2%	680,513	569,460	111,053	19.5%	2,343,593	-71.0%
COMM REL ADVERTISMENT PURCH SVCS	18,705	27,542	(8,837)	-32.1%	22,802	-18.0%	386,401	275,420	110,981	40.3%	401,417	-3.7%
OBLD OTHER PURCH SVCS	16,315	7,438	8,877	119.3%	7,009	132.8%	177,298	74,380	102,918	138.4%	73,520	141.2%
COMM REL MEDIA PLACEMENT	58,677	34,808	23,869	68.6%	50,339	16.6%	438,651	348,080	90,571	26.0%	344,701	27.3%
FA AUDIT FEES - INTERNAL	10,480.00	7,687	2,793	36.3%	8,870	18.2%	153,750.00	76,870	76,880	100.0%	84,470	82.0%
CREDIT CARD FEES	31,239	23,866	7,373	30.9%	29,125	7.3%	310,537	234,040	76,497	32.7%	235,858	31.7%
FHC PHC OTHER PURCH SVCS	7,783.16	-	7,783	100.0%	-	100.0%	68,127.28	-	68,127	100.0%	-	100.0%
TS OTHER PURCH SVCS	15,259.66	4,318	10,942	253.4%	4,067	275.2%	109,673.33	45,560	64,113	140.7%	46,338	136.7%
COMP PURCH SVCS CONTRACT	8,587.63	-	8,588	100.0%	-	100.0%	61,015.72	-	61,016	100.0%	-	100.0%
AMBULANCE FEES	17,291.58	-	17,292	100.0%	29,334	-41.1%	57,242.94	-	57,243	100.0%	302,422	-81.1%
HR RECRUITING FEES	13,441	15,750	(2,309)	-14.7%	5,017	167.9%	236,383	187,700	48,683	25.9%	272,206	-13.2%
CVS CONTRACT PURCH SVC	9,098.50	3,498	5,601	160.1%	3,553	156.1%	82,758.78	34,980	47,779	136.6%	35,094	135.8%
NSG ED OTHER PURCH SVCS	9,576.54	2,850	6,727	236.0%	8,812	8.7%	97,759.44	64,827	32,932	50.8%	105,052	-6.9%
FOUNDATION ADVERTISING FEES	17,321.00	6,000	11,321	188.7%	11,432	51.5%	71,473.55	60,000	11,474	19.1%	28,292	152.6%
LAB ADMIN OTHER PURCH SVCS	3,955.52	5,000	(1,044)	-20.9%	3,193	23.9%	57,660.63	50,000	7,661	15.3%	72,713	-20.7%
4E OTHER PURCH SVCS	10,376.90	12,155	(1,778)	-14.6%	14,899	-30.4%	91,401.24	121,550	(30,149)	-24.8%	120,348	-24.1%
NSG OTHER PURCH SVCS	4,460.25	7,326	(2,866)	-39.1%	4,124	8.2%	51,319.10	92,352	(41,033)	-44.4%	124,735	-58.9%
ADMIN OTHER FEES	16,242.24	4,500	11,742	260.9%	19,951	-18.6%	137,014.41	195,000	(57,986)	-29.7%	255,763	-46.4%
MED STAFF REVIEW FEES	13,399.99	13,833	(433)	-3.1%	6,338	111.4%	77,427.14	138,330	(60,903)	-44.0%	65,897	17.5%
PH CONTRACT PURCH SVC	7,065.17	16,108	(9,043)	-56.1%	18,325	-61.4%	81,332.60	161,080	(79,747)	-49.5%	94,351	-13.8%
ADM CONTRACT STRYKER	29,396.52	39,417	(10,020)	-25.4%	21,077	39.5%	188,528.84	275,300	(86,771)	-31.5%	220,140	-14.4%
PI FEES (TRANSITION NURSE PROGRAM)	13,444.37	21,650	(8,206)	-37.9%	28,532	-52.9%	162,157.66	253,480	(91,322)	-36.0%	427,617	-62.1%
UC-CPC JBS PARKWAY PURCH SVCS-OTHER	57,418.46	51,431	5,987	11.6%	45,893	25.1%	506,836	542,681	(35,845)	-6.6%	482,103	5.1%
HISTOLOGY SERVICES	35,579	35,743	(164)	-0.5%	23,040	54.4%	279,335	377,123	(97,788)	-25.9%	352,110	-20.7%
LD OTHER PURCH SVCS	77,661.43	91,667	(14,006)	-15.3%	76,784	1.1%	769,448.85	916,670	(147,221)	-16.1%	812,305	-5.3%
HK SVC CONTRACT PURCH SVC	91,251	98,911	(7,660)	-7.7%	85,067	7.3%	764,800	921,238	(156,438)	-17.0%	894,757	-14.5%
PHARMACY SERVICES	24,488.91	10,478	14,011	133.7%	16,015	52.9%	212,944.44	391,090	(178,146)	-45.6%	122,573	73.7%
PRIMARY CARE WEST OTHER PURCH SVCS	40,830.43	47,300	(6,470)	-13.7%	43,642	-6.4%	232,724.62	473,000	(240,275)	-50.8%	477,147	-51.2%
MISSION FITNESS OTHER PURCH SVCS	10,209.43	73,981	(63,772)	-86.2%	9,836	3.8%	103,963.42	739,810	(635,847)	-85.9%	89,075	16.7%
ALL OTHERS	2,074,093	2,121,740	(47,647)	-2.2%	2,074,800	0.0%	20,879,102	21,424,509	(545,407)	-2.5%	27,306,480	-23.5%
TOTAL PURCHASED SERVICES	$ 4,348,938	$ 3,666,828	$ 682,110	18.6%	$ 3,924,833	10.8%	$ 40,052,591	$ 37,839,347	$ 2,213,244	5.8%	$ 45,167,391	-11.3%

Financial Presentation

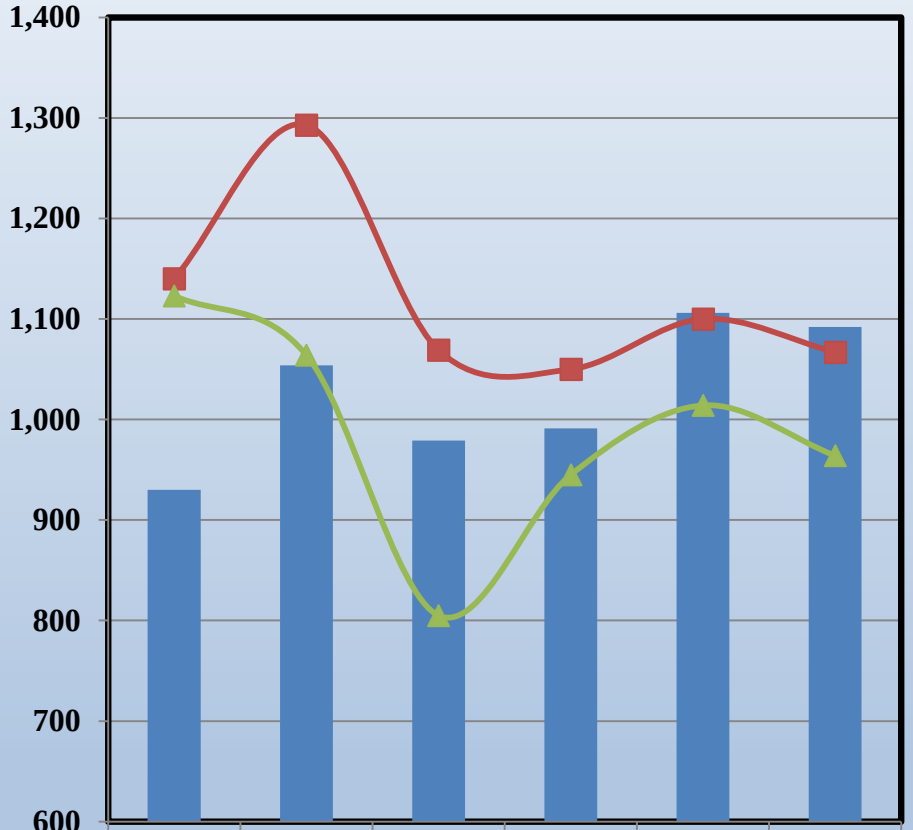
For the Month Ended

July 31, 2021

Volume

Admissions

Total – Adults and NICU

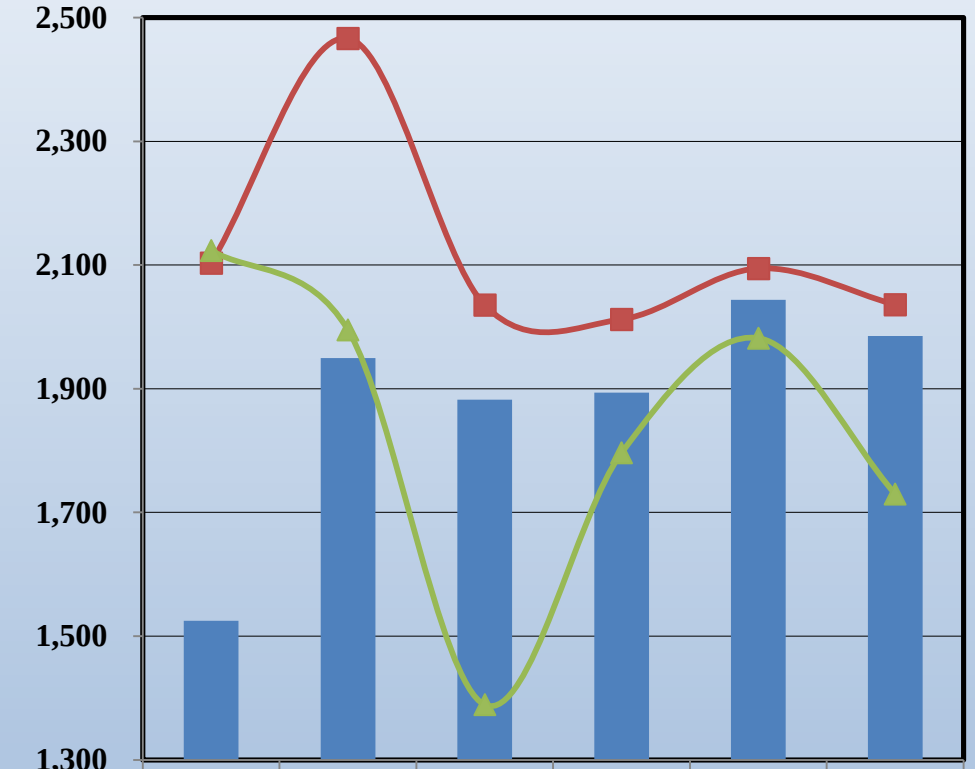


	Feb	Mar	Apr	May	Jun	Jul
Act	930	1,054	979	991	1,106	1,092
Bud	1,140	1,293	1,069	1,050	1,100	1,067
Prior	1,123	1,064	805	945	1,014	964

	Actual	Budget	Prior Year
Month	1,092	1,067	964
Var %		2.3%	13.3%
Year-To-Date	10,268	11,258	10,797
Var %		-8.8%	-4.9%
Annualized	12,359	13,561	13,086
Var %		-8.9%	-5.6%

Adjusted Admissions

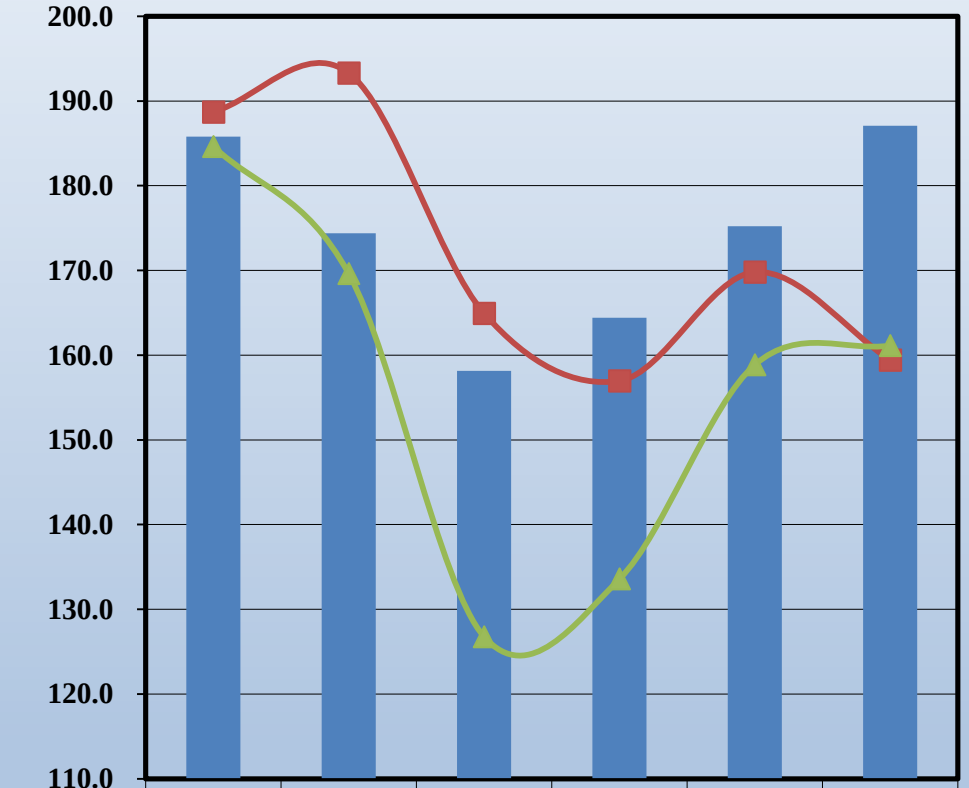
Including Acute & Rehab Unit



	Feb	Mar	Apr	May	Jun	Jul
Act	1,525	1,950	1,883	1,894	2,044	1,985
Bud	2,103	2,467	2,035	2,012	2,095	2,036
Prior	2,124	1,995	1,389	1,796	1,982	1,730

	Actual	Budget	Prior Year
Month	1,985	2,036	1,730
Var %		-2.5%	14.8%
Year-To-Date	18,328	21,291	20,573
Var %		-13.9%	-10.9%
Annualized	22,158	25,735	25,169
Var %		-13.9%	-12.0%

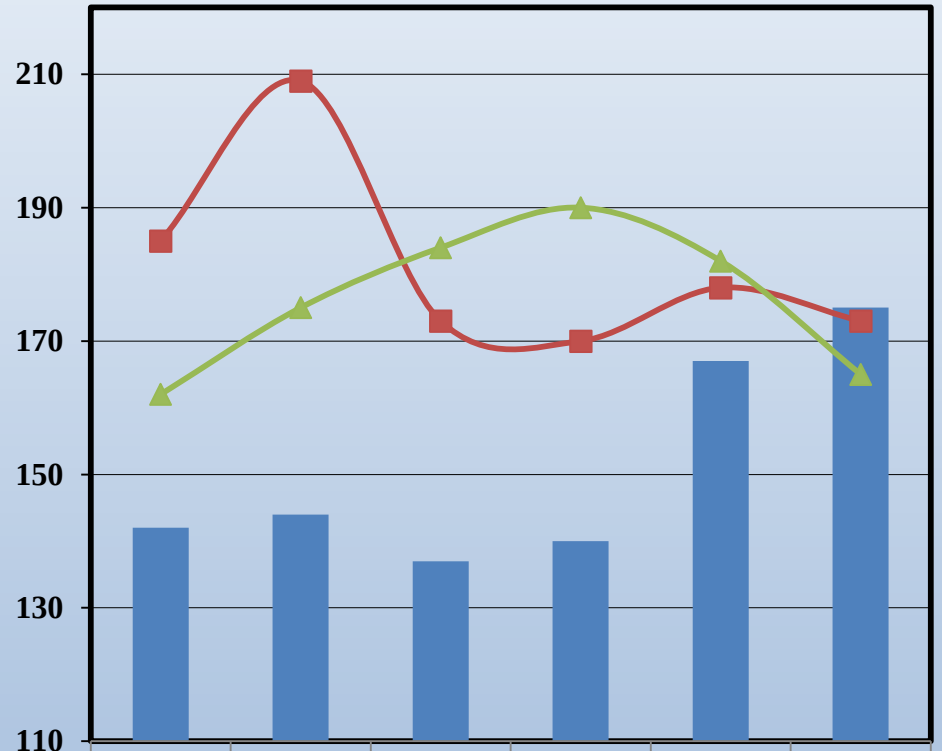
Average Daily Census



	Feb	Mar	Apr	May	Jun	Jul
Act	185.8	174.4	158.1	164.4	175.2	187.1
Bud	188.7	193.3	164.9	157.0	169.8	159.4
Prior	184.6	169.6	126.8	133.6	158.9	161.1

	Actual	Budget	Prior Year
Month	187.1	159.4	161.1
Var %		17.3%	16.1%
Year-To-Date	177.0	171.6	165.4
Var %		3.2%	7.0%
Annualized	174.6	172.9	166.3
Var %		1.0%	5.0%

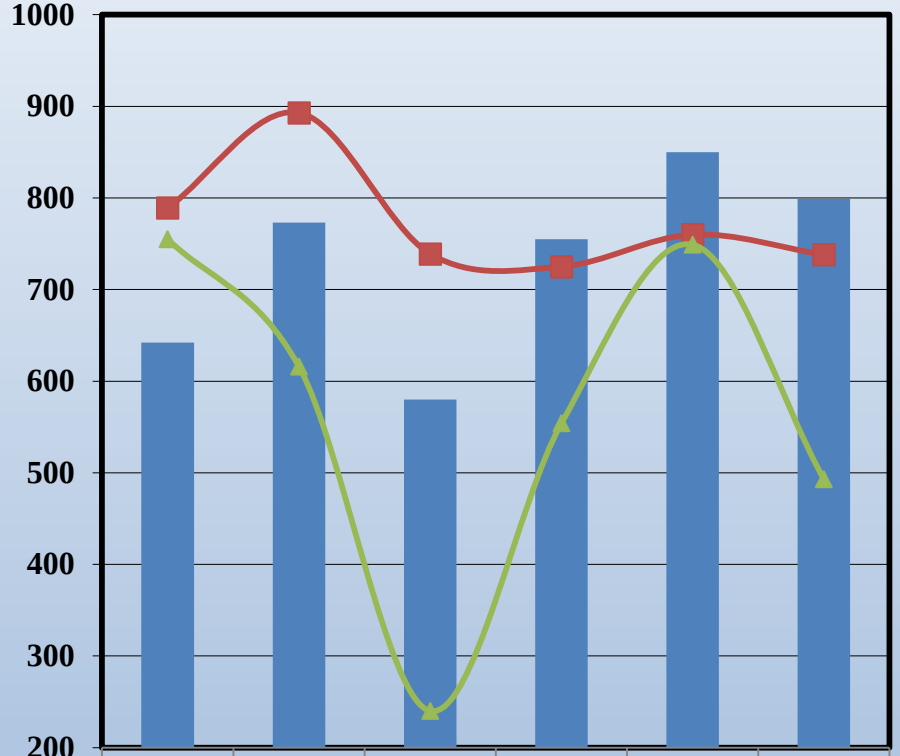
Deliveries



	Feb	Mar	Apr	May	Jun	Jul
Act	142	144	137	140	167	175
Bud	185	209	173	170	178	173
Prior	162	175	184	190	182	165

	Actual	Budget	Prior Year
Month	175	173	165
Var %		1.2%	6.1%
Year-To-Date	1,601	1,822	1,778
Var %		-12.1%	-10.0%
Annualized	1,957	2,148	2,191
Var %		-8.9%	-10.7%

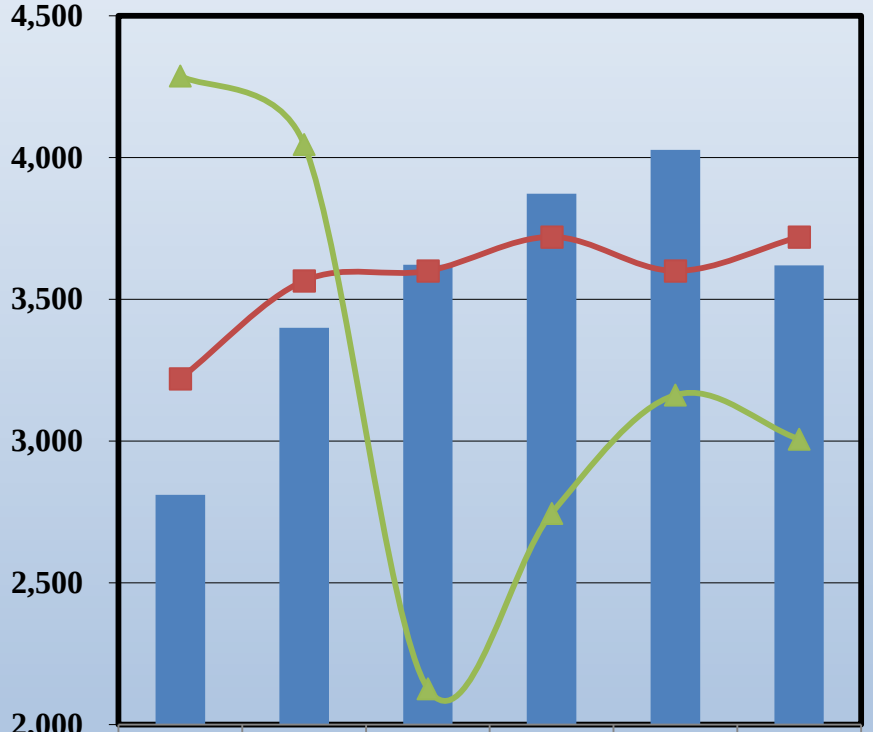
Total Surgical Cases



	Feb	Mar	Apr	May	Jun	Jul
Act	642	773	580	755	850	799
Bud	789	893	739	725	760	738
Prior	755	616	240	554	749	493

	Actual	Budget	Prior Year
Month	799	738	493
Var %		8.3%	62.1%
Year-To-Date	7,012	7,781	6,742
Var %		-9.9%	4.0%
Annualized	8,423	9,390	8,498
Var %		-10.3%	-0.9%

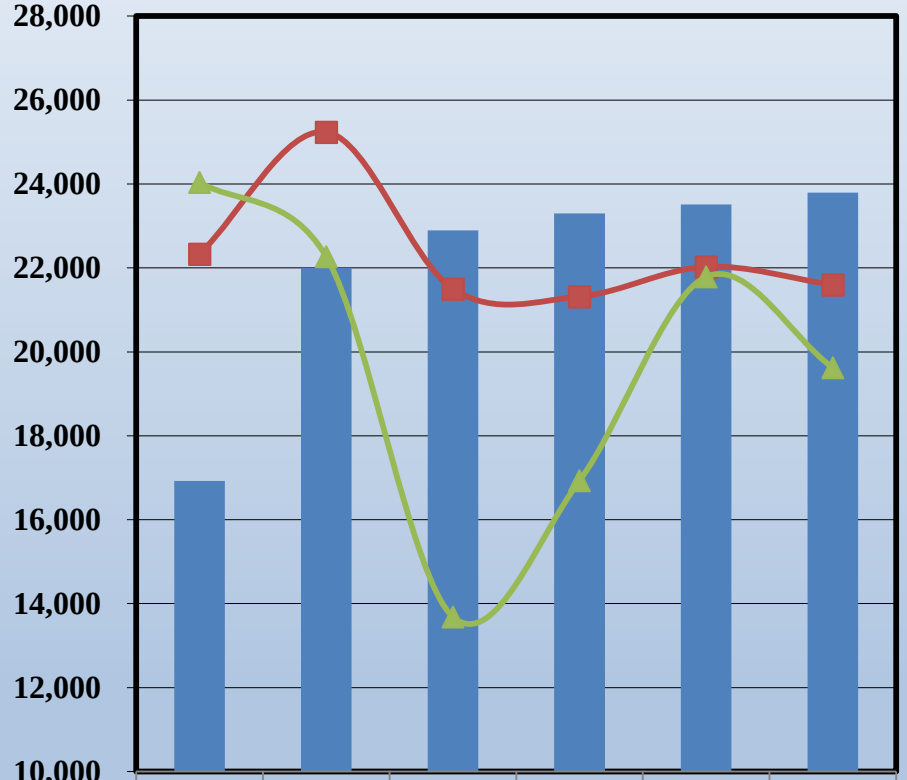
Emergency Room Visits



	Feb	Mar	Apr	May	Jun	Jul
Act	2,810	3,399	3,622	3,872	4,027	3,619
Bud	3,220	3,565	3,600	3,720	3,600	3,720
Prior	4,288	4,046	2,126	2,745	3,162	3,006

	Actual	Budget	Prior Year
Month	3,619	3,720	3,006
Var %		-2.7%	20.4%
Year-To-Date	33,804	35,570	38,931
Var %		-5.0%	-13.2%
Annualized	39,991	44,601	47,869
Var %		-10.3%	-16.5%

Total Outpatient Occasions of Service

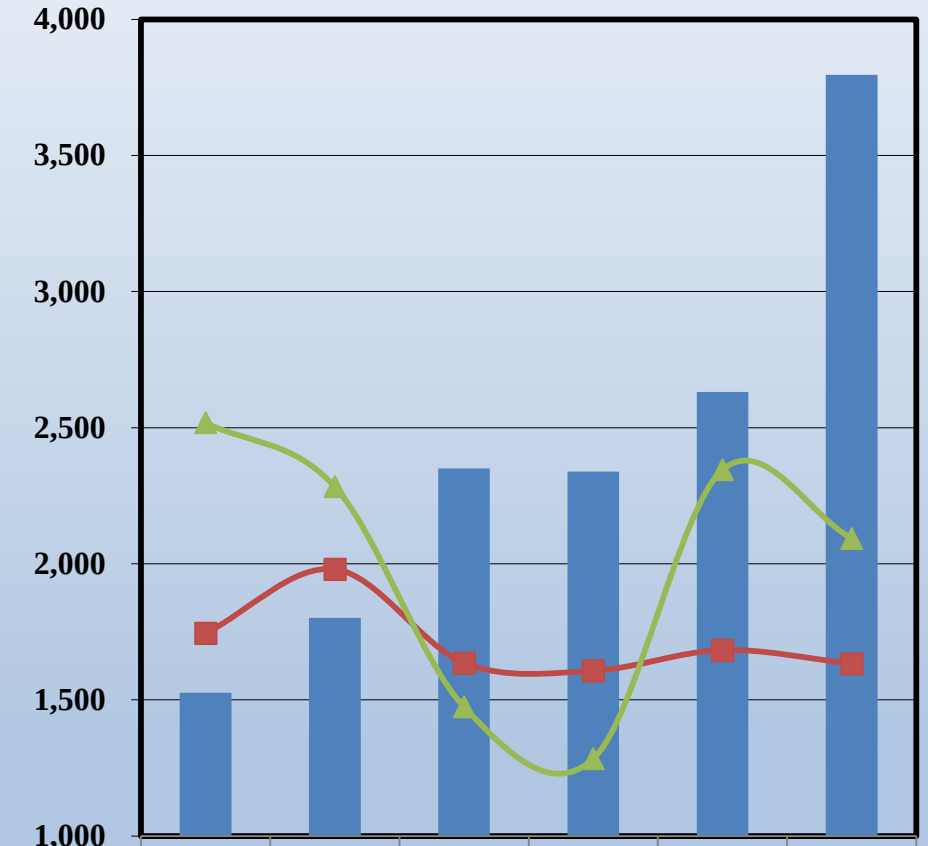


	Feb	Mar	Apr	May	Jun	Jul
Act	16,924	22,001	22,894	23,295	23,513	23,797
Bud	22,332	25,237	21,499	21,317	22,028	21,596
Prior	24,037	22,266	13,686	16,931	21,788	19,620

	Actual	Budget	Prior Year
Month	23,797	21,596	19,620
Var %		10.2%	21.3%
Year-To-Date	215,092	224,205	222,763
Var %		-4.1%	-3.4%
Annualized	254,910	271,693	272,993
Var %		-6.2%	-6.6%

Urgent Care Visits

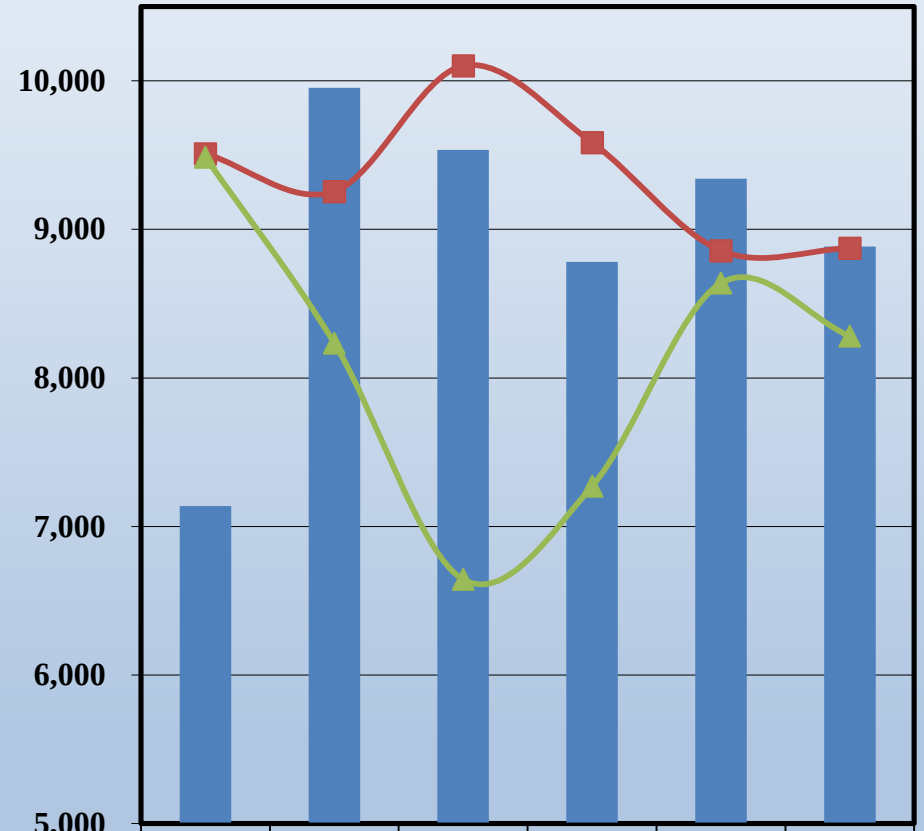
(JBS Clinic, West University & 42nd Street)



	Feb	Mar	Apr	May	Jun	Jul
Act	1,526	1,801	2,350	2,338	2,631	3,796
Bud	1,745	1,980	1,636	1,607	1,683	1,633
Prior	2,518	2,283	1,474	1,284	2,345	2,093

	Actual	Budget	Prior Year
Month	3,796	1,633	2,093
Var %		132.5%	81.4%
Year-To-Date	26,411	17,230	22,087
Var %		53.3%	19.6%
Annualized	29,590	21,770	25,954
Var %		35.9%	14.0%

Total ProCare Office Visits



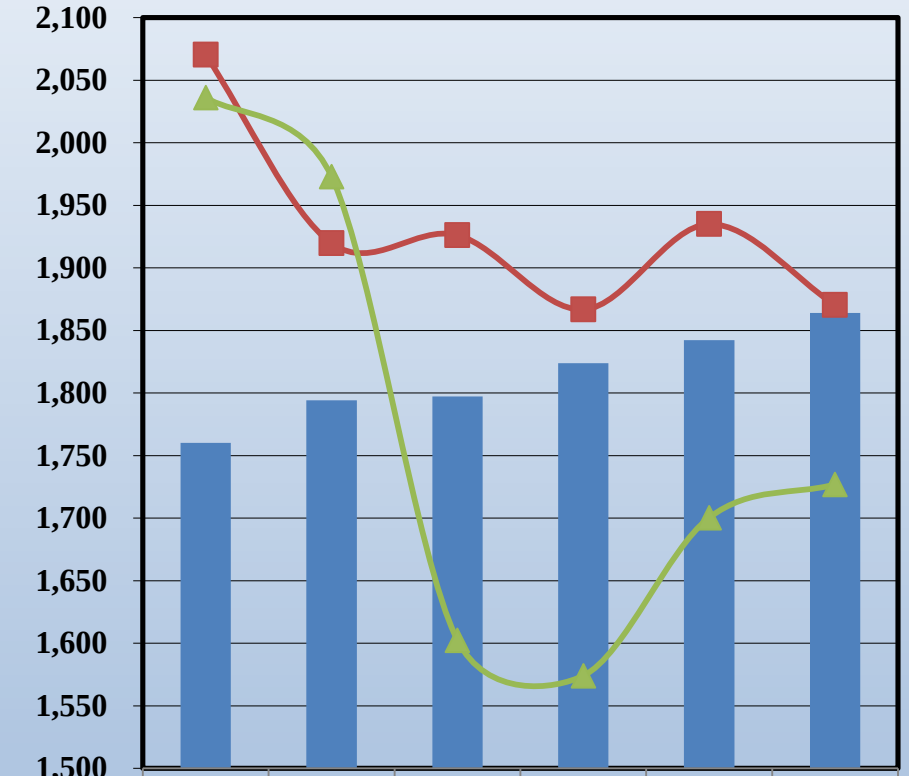
	Feb	Mar	Apr	May	Jun	Jul
Act	7,138	9,952	9,535	8,780	9,341	8,884
Bud	9,509	9,255	10,101	9,584	8,857	8,873
Prior	9,486	8,234	6,644	7,271	8,638	8,281

	Actual	Budget	Prior Year
Month	8,884	8,873	8,281
Var %		0.1%	7.3%
Year-To-Date	84,574	94,959	88,074
Var %		-10.9%	-4.0%
Annualized	101,623	113,794	108,063
Var %		-10.7%	-6.0%

Staffing

Blended FTE's

Including Contract Labor and Management Services

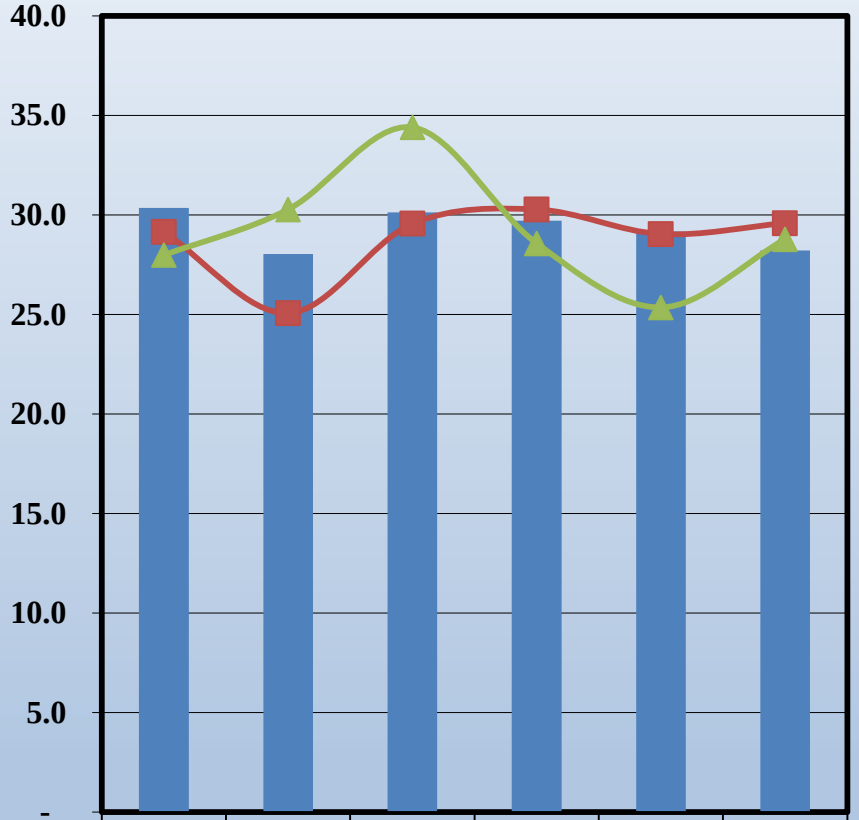


	Feb	Mar	Apr	May	Jun	Jul
Act	1,760	1,794	1,797	1,824	1,842	1,864
Bud	2,070	1,920	1,926	1,867	1,935	1,870
Prior	2,036	1,973	1,602	1,574	1,700	1,727

	Actual	Budget	Prior Year
Month	1,864	1,870	1,727
Var %		-0.3%	7.9%
Year-To-Date	1,805	1,916	1,864
Var %		-5.8%	-3.2%
Annualized	1,800	1,940	1,882
Var %		-7.2%	-4.3%

Paid Hours per Adjusted Patient Day

(Ector County Hospital District)



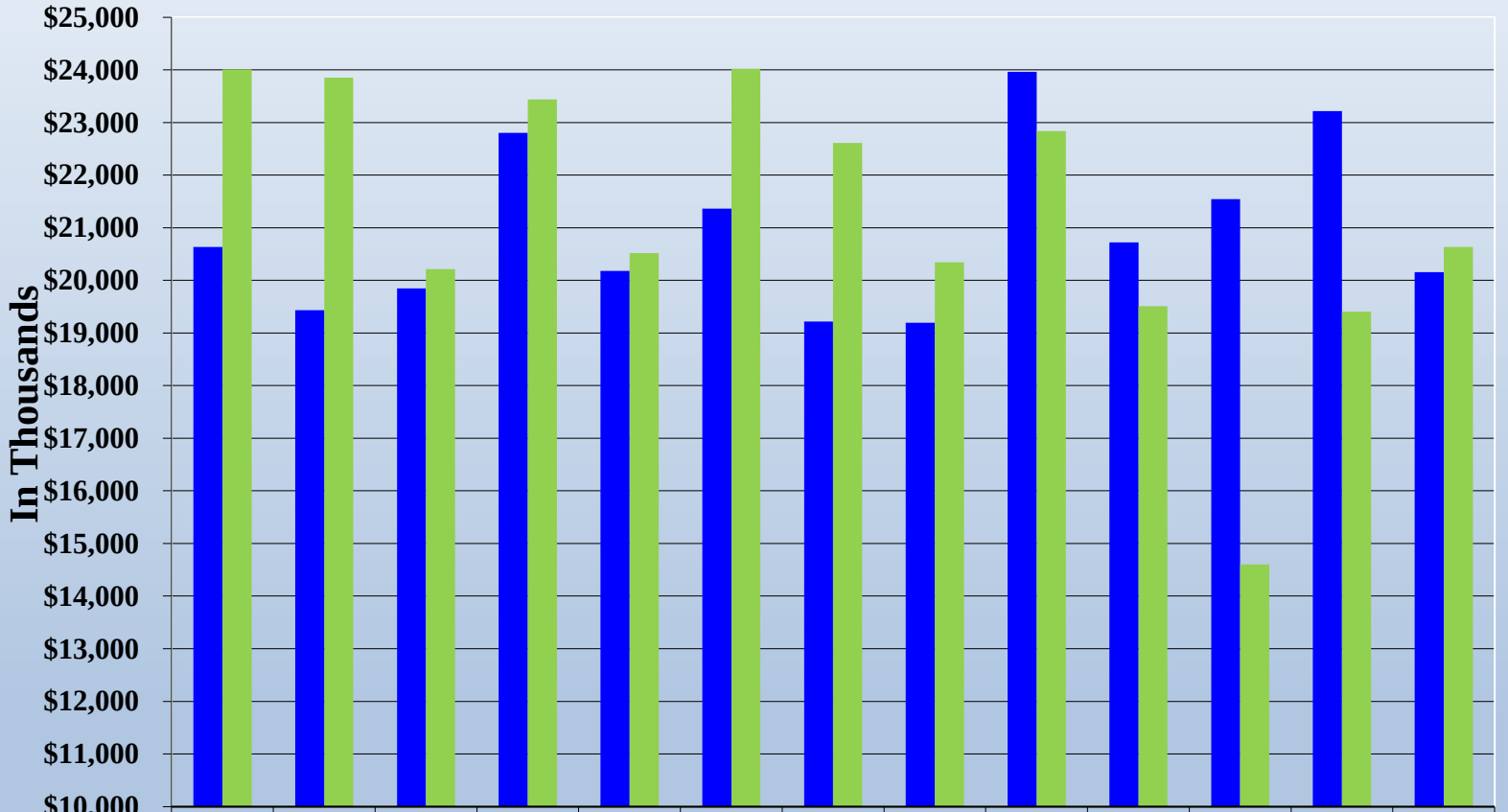
	Feb	Mar	Apr	May	Jun	Jul
Act	30.4	28.0	30.1	29.7	29.2	28.2
Bud	29.2	25.1	29.6	30.3	29.0	29.6
Prior	28.0	30.3	34.4	28.6	25.4	28.8

	Actual	Budget	Prior Year
Month	28.2	29.6	28.8
Var %		-4.7%	-2.0%
Year-To-Date	29.0	28.7	28.7
Var %		1.0%	1.0%
Annualized	28.8	28.7	28.6
Var %		0.3%	0.7%


Accounts Receivable

Total AR Cash Receipts

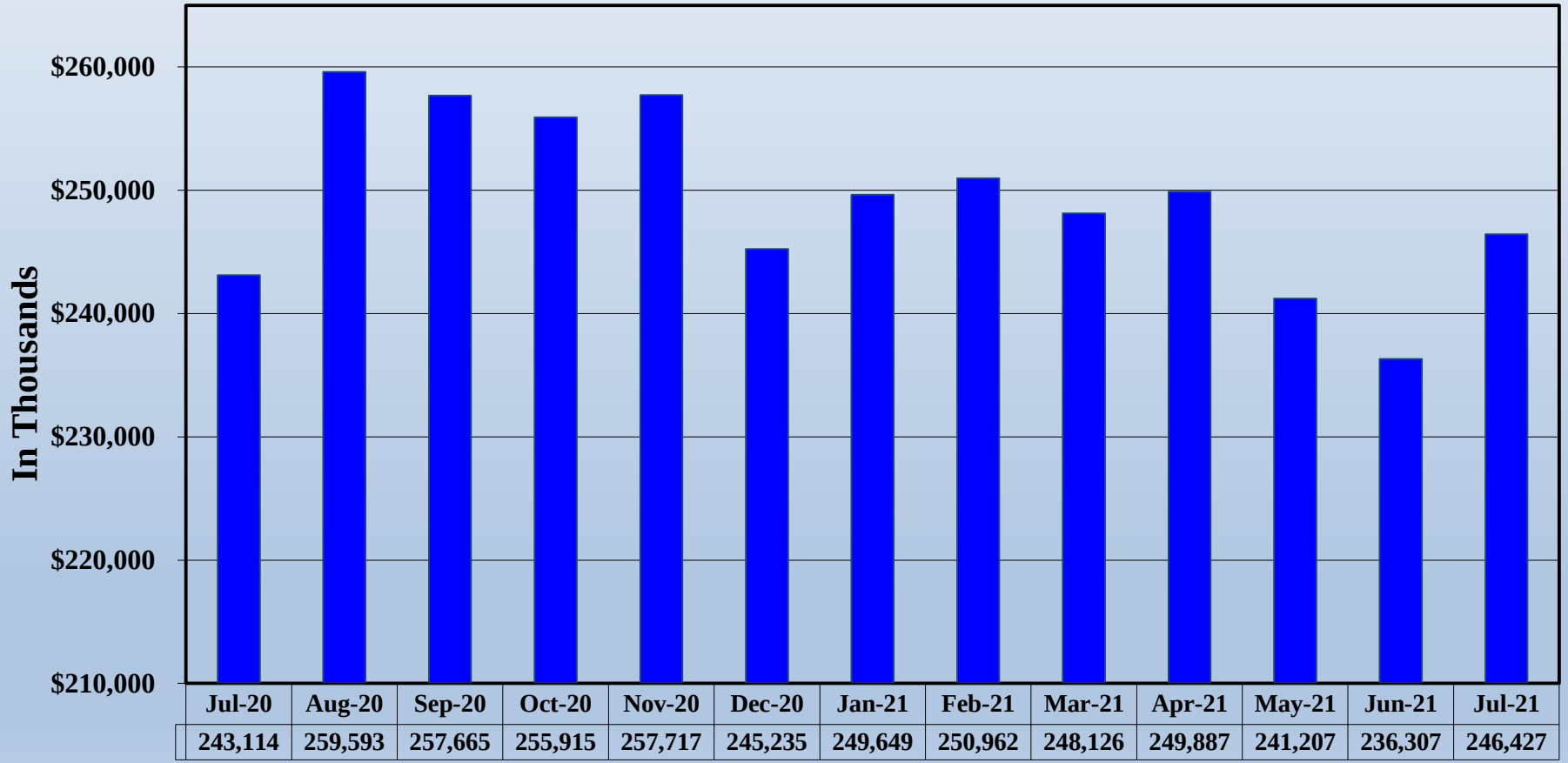
13 Month Trending



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
CY	20,633	19,435	19,850	22,802	20,182	21,363	19,218	19,197	23,960	20,724	21,546	23,214	20,154
PY	24,007	23,850	20,215	23,438	20,519	24,019	22,609	20,345	22,838	19,510	14,600	19,405	20,633

Total Accounts Receivable – Gross

Thirteen Month Trending

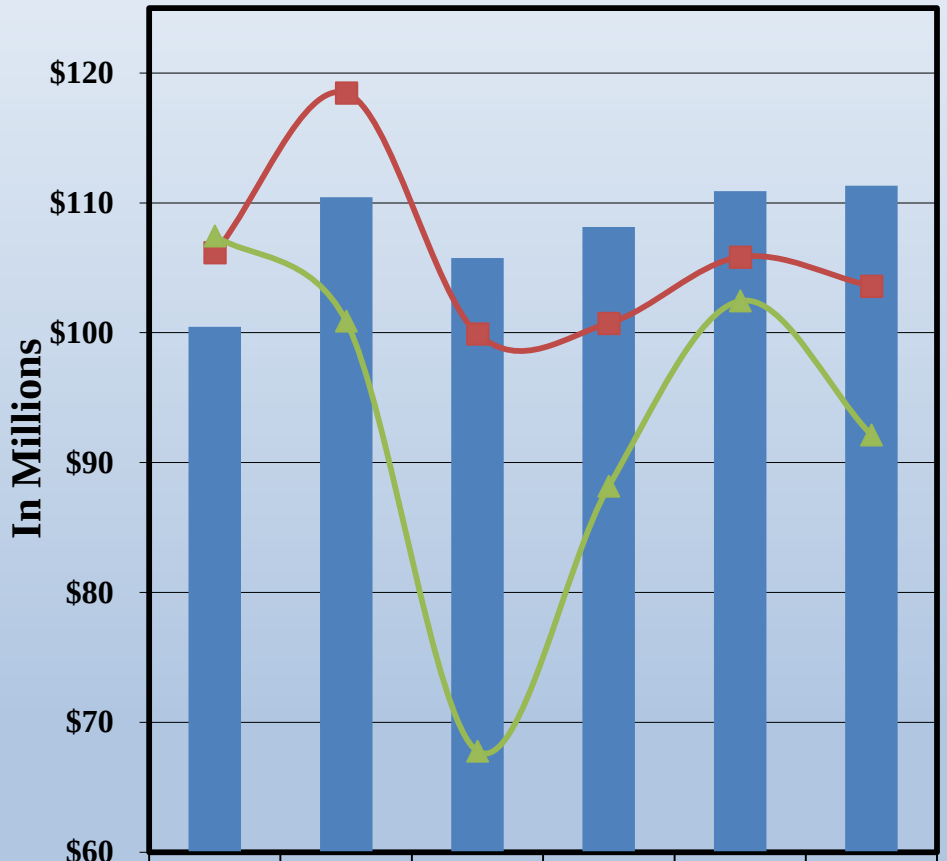


Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
243,114	259,593	257,665	255,915	257,717	245,235	249,649	250,962	248,126	249,887	241,207	236,307	246,427

Revenues & Revenue Deductions

Total Patient Revenues

(Ector County Hospital District)



	Feb	Mar	Apr	May	Jun	Jul
Act	$100.4	$110.4	$105.7	$108.1	$110.9	$111.3
Bud	$106.2	$118.5	$99.9	$100.7	$105.8	$103.6
Prior	$107.4	$100.9	$67.8	$88.2	$102.4	$92.1

	Actual	Budget	Prior Year
Month	$ 111.3	$ 103.6	$ 92.1
Var %		7.5%	20.8%
Year-To-Date	$ 1,067.7	$ 1,066.4	$ 1,009.2
Var %		0.1%	5.8%
Annualized	$ 1,268.5	$ 1,287.0	$ 1,230.7
Var %		-1.4%	3.1%

Total Net Patient Revenues

	Feb	Mar	Apr	May	Jun	Jul
Act	$22.9	$25.4	$23.7	$24.1	$24.4	$24.9
Bud	$23.4	$25.9	$22.1	$22.8	$23.7	$23.3
Prior	$24.3	$26.3	$12.1	$18.4	$22.7	$20.7

	Actual	Budget	Prior Year
Month	$ 24.9	$ 23.3	$ 20.7
Var %		6.9%	20.0%
Year-To-Date	$ 242.9	$ 238.8	$ 225.8
Var %		1.7%	7.6%
Annualized	$ 297.1	$ 292.1	$ 274.0
Var %		1.7%	8.4%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income

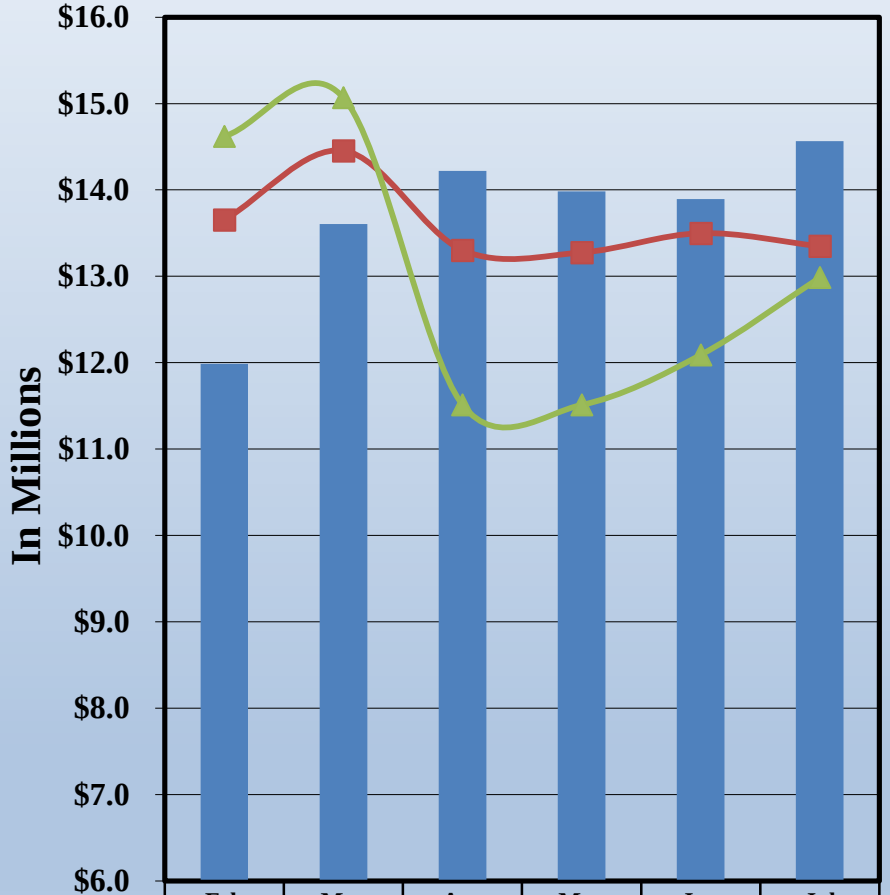
	Feb	Mar	Apr	May	Jun	Jul
Act	$5.7	$5.7	$7.9	$6.1	$6.5	$7.1
Bud	$6.3	$6.0	$7.4	$6.4	$5.9	$6.0
Prior	$6.1	$6.4	$5.8	$5.9	$5.0	$5.7

	Actual	Budget	Prior Year
Month	$ 7.1	$ 6.0	$ 5.7
Var %		17.6%	22.7%
Year-To-Date	$ 63.8	$ 62.6	$ 61.3
Var %		1.9%	4.1%
Annualized	$ 75.1	$ 78.6	$ 74.5
Var %		-4.4%	0.8%

Operating Expenses

Salaries, Wages & Contract Labor

(Ector County Hospital District)

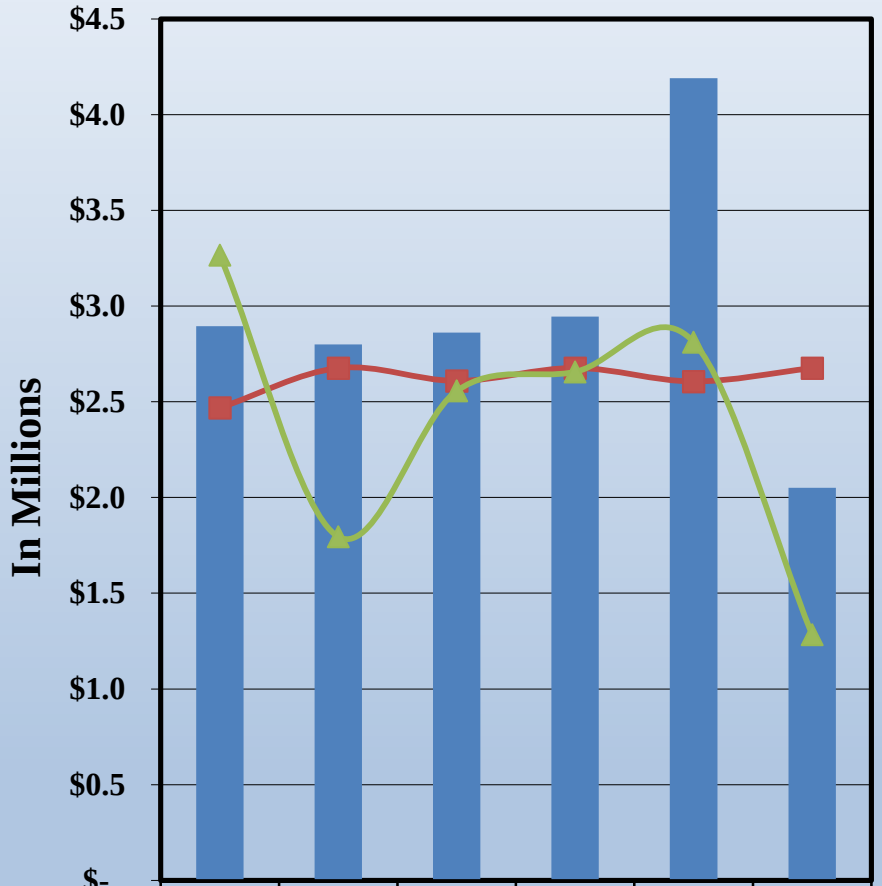


	Feb	Mar	Apr	May	Jun	Jul
Act	$12.0	$13.6	$14.2	$14.0	$13.9	$14.6
Bud	$13.7	$14.5	$13.3	$13.3	$13.5	$13.3
Prior	$14.6	$15.1	$11.5	$11.5	$12.1	$13.0

	Actual	Budget	Prior Year
Month	$ 14.6	$ 13.3	$ 13.0
Var %		9.8%	12.3%
Year-To-Date	$ 137.1	$ 136.1	$ 137.5
Var %		0.7%	-0.3%
Annualized	$ 163.7	$ 165.3	$ 166.8
Var %		-1.0%	-1.9%

Employee Benefit Expense

(Ector County Hospital District)

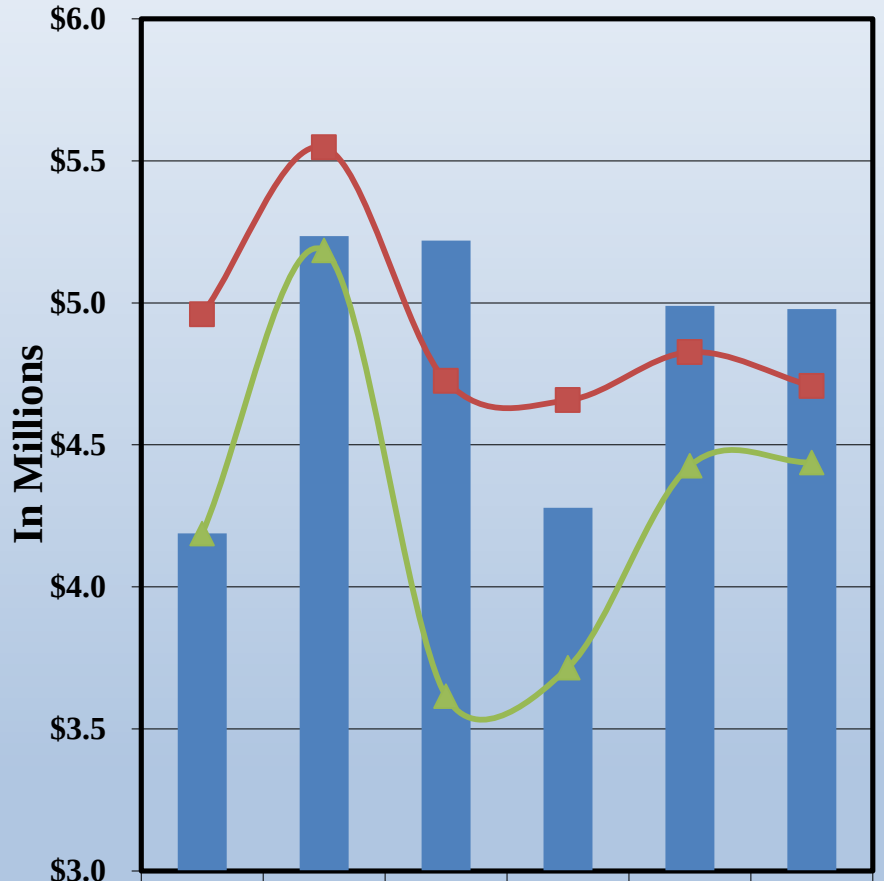


	Feb	Mar	Apr	May	Jun	Jul
Act	$2.9	$2.8	$2.9	$2.9	$4.2	$2.1
Bud	$2.5	$2.7	$2.6	$2.7	$2.6	$2.7
Prior	$3.3	$1.8	$2.6	$2.7	$2.8	$1.3

	Actual	Budget	Prior Year
Month	$ 2.1	$ 2.7	$ 1.3
Var %		-23.3%	59.8%
Year-To-Date	$ 28.4	$ 26.4	$ 26.5
Var %		7.5%	7.1%
Annualized	$ 32.1	$ 32.4	$ 31.9
Var %		-0.9%	0.6%

Supply Expense

(Ector County Hospital District)

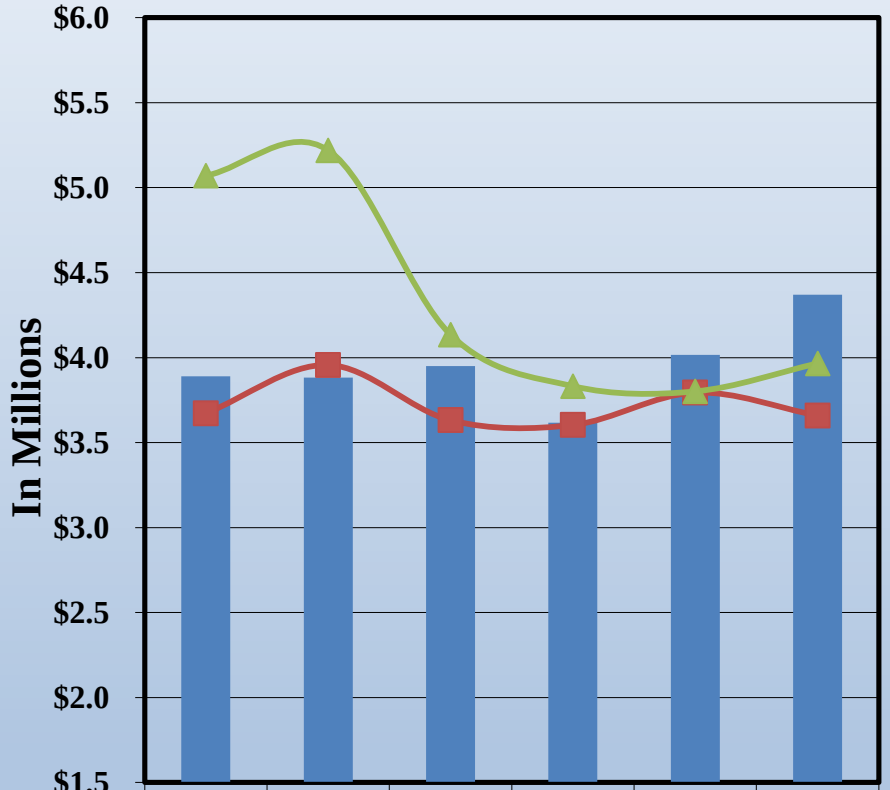


	Feb	Mar	Apr	May	Jun	Jul
Act	$4.2	$5.2	$5.2	$4.3	$5.0	$5.0
Bud	$5.0	$5.5	$4.7	$4.7	$4.8	$4.7
Prior	$4.2	$5.2	$3.6	$3.7	$4.4	$4.4

	Actual	Budget	Prior Year
Month	$ 5.0	$ 4.7	$ 4.4
Var %		5.8%	12.2%
Year-To-Date	$ 49.6	$ 49.3	$ 45.6
Var %		0.5%	8.7%
Annualized	$ 58.4	$ 59.6	$ 54.5
Var %		-2.0%	7.2%

Purchased Services

(Ector County Hospital District)

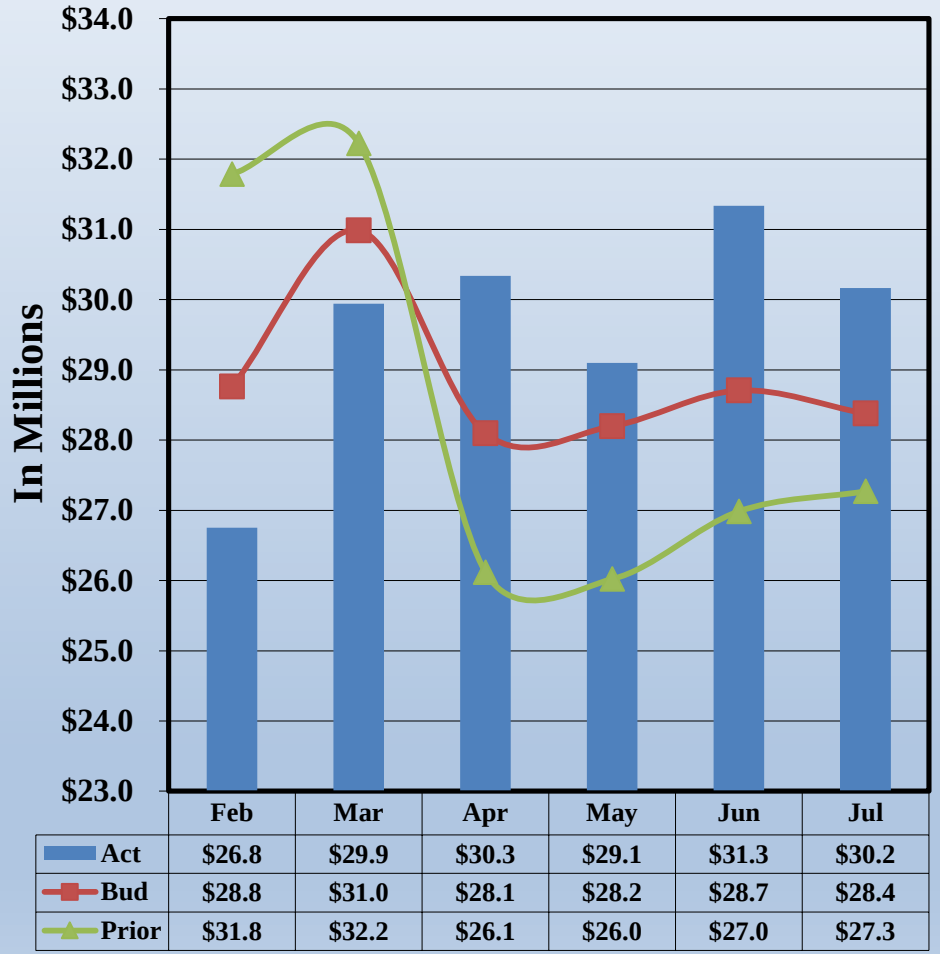


	Feb	Mar	Apr	May	Jun	Jul
Act	$3.9	$3.9	$4.0	$3.6	$4.0	$4.4
Bud	$3.7	$4.0	$3.6	$3.6	$3.8	$3.7
Prior	$5.1	$5.2	$4.1	$3.8	$3.8	$4.0

	Actual	Budget	Prior Year
Month	$ 4.4	$ 3.7	$ 4.0
Var %		19.5%	10.2%
Year-To-Date	$ 39.8	$ 37.8	$ 46.5
Var %		5.4%	-14.4%
Annualized	$ 46.5	$ 47.4	$ 58.1
Var %		-1.9%	-20.0%

Total Operating Expense

(Ector County Hospital District)

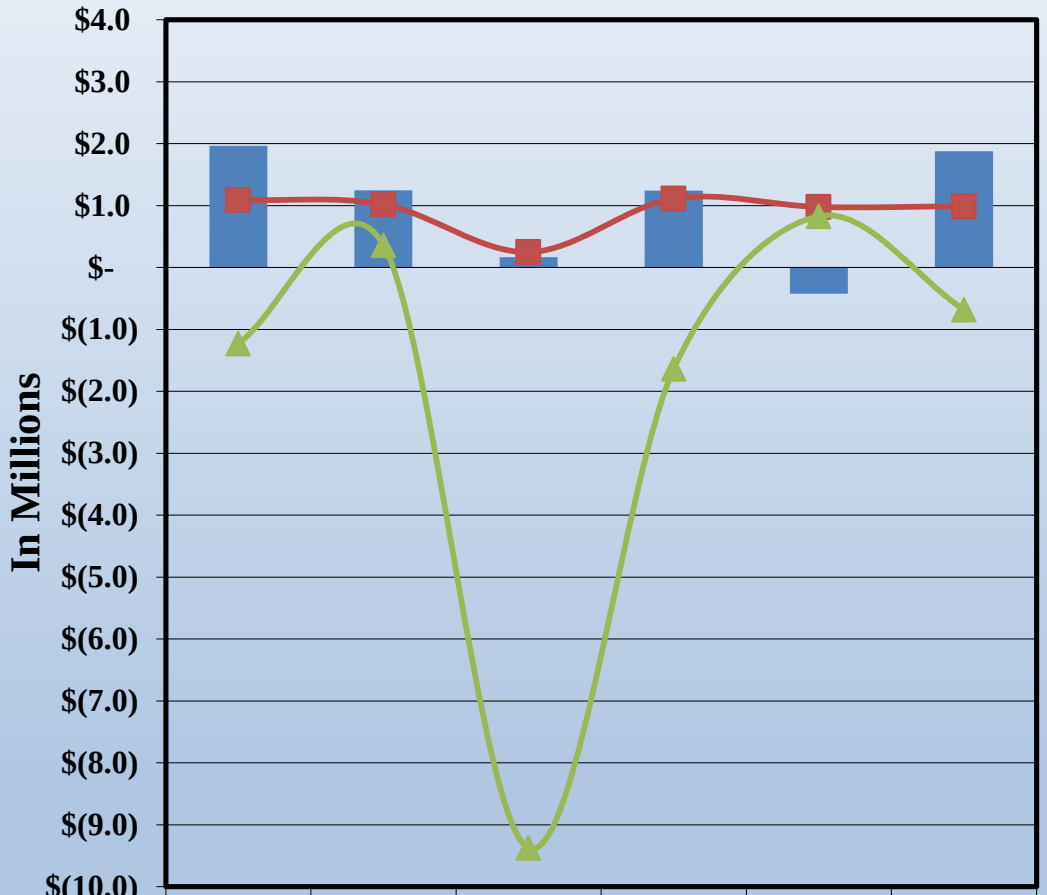


	Feb	Mar	Apr	May	Jun	Jul
Act	$26.8	$29.9	$30.3	$29.1	$31.3	$30.2
Bud	$28.8	$31.0	$28.1	$28.2	$28.7	$28.4
Prior	$31.8	$32.2	$26.1	$26.0	$27.0	$27.3

	Actual	Budget	Prior Year
Month	$ 30.2	$ 28.4	$ 27.3
Var %		6.3%	10.6%
Year-To-Date	$ 296.1	$ 291.2	$ 301.0
Var %		1.7%	-1.6%
Annualized	$ 350.6	$ 355.6	$ 365.1
Var %		-1.4%	-4.0%

Operating EBIDA

Ector County Hospital District Operations



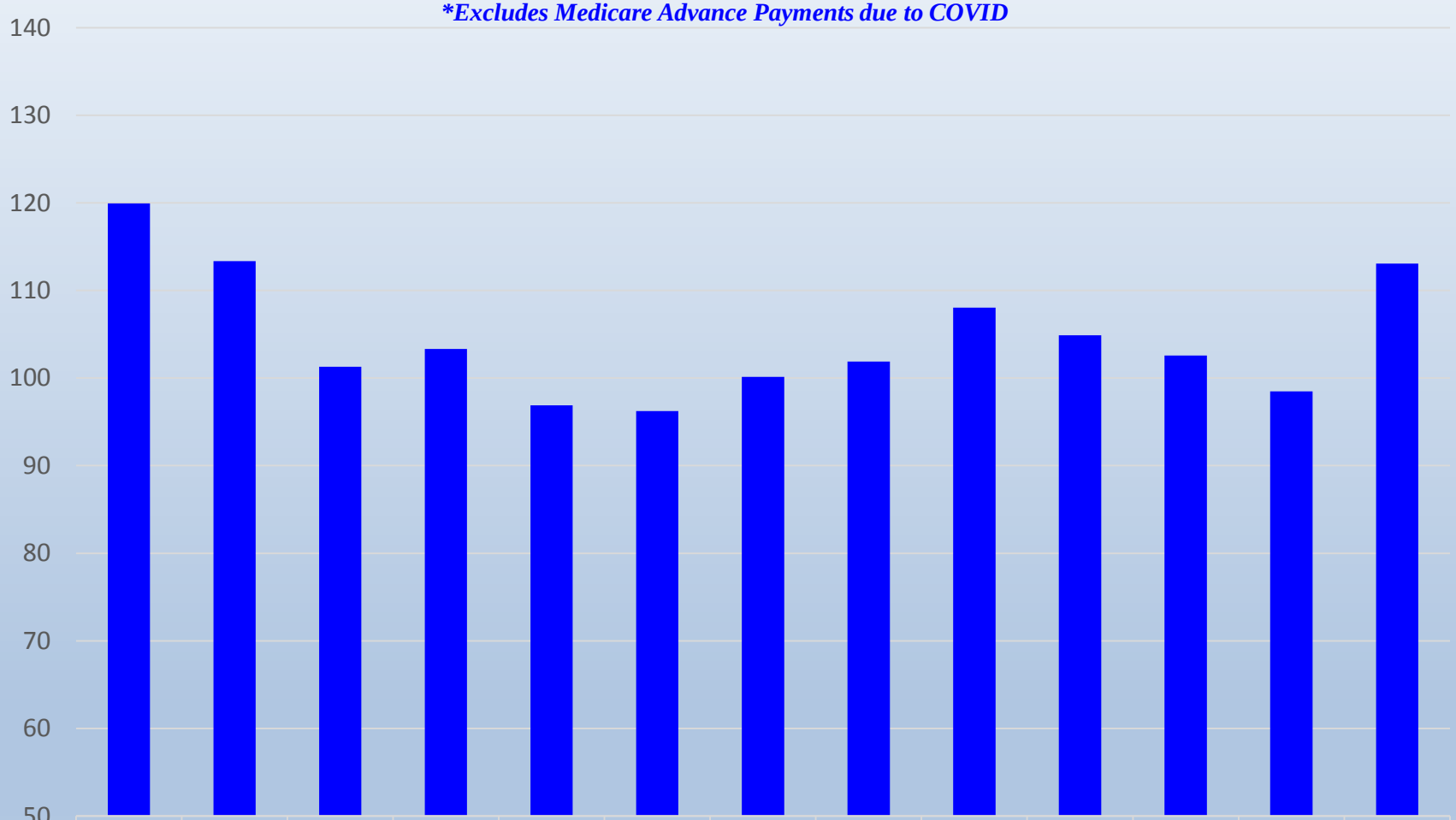
	Feb	Mar	Apr	May	Jun	Jul
Act	$2.0	$1.2	$0.2	$1.2	$(0.4)	$1.9
Bud	$1.1	$1.0	$0.2	$1.1	$1.0	$1.0
Prior	$(1.2)	$0.4	$(9.4)	$(1.6)	$0.8	$(0.7)

	Actual	Budget	Prior Year
Month	$ 1.9	$ 1.0	$ (0.7)
Var		0.90	2.60
Var %		90.0%	-371.4%
Year-To-Date	$ 10.4	$ 10.0	$ (14.4)
Var %		4.0%	-172.2%
Annualized	$ 21.8	$ 14.9	$ (17.3)
Var %		46.3%	-226.0%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Days	119.94	113.34	101.3	103.3	96.9	96.2	100.1	101.9	108.1	104.9	102.6	98.5	113.1


mch
mch

Medical Center Health System
Your One Source for Health

MEMORANDUM

TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Breakaway PromisePoint Access/Community Services - (Term Extension)

DATE: September 1, 2021

Cost:

Breakaway PromisePoint Access/Community Services *(1-yr Term Extension)*	$60,000.00

Budget Reference:

Operational Budget	$60,000.00

Background:

Breakaway Adoption Solutions, a Division of Atos, provides Medical Center Health System (MCHS) with PromisePoint access and a suite of online learning simulations for new hires and transfers. This is used to assign specific role based training for the MCHS Electronic Medical Record (EMR). It promotes consistent and effective use of technology, equipment, and processes across MCHS facilities. Along with, customized training to enhance the patient experience and patient outcomes through the most effective use of our clinical applications.

Extending Breakaway contract will retain PromisePoint access and online learning.

Staffing:

No additional FTE's will be required.

Implementation Time Frame:

N/A

Funding:

Breakaway PromisePoint Access/Community Services with annual fee of $60,000 from Atos, will come from operational budgeted funds for this project.

Medical Center Health System
Your One Source for Health

MEMORANDUM

TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Data Center Backup Expansion

DATE: September 1, 2021

Cost:

Data Center Backup Expansion $117,044.66

1-year Hardware Support Cost $13,359.60 (Operational Budget)

Budget Reference:

FY2021 Capital Funds $117,066.66

Background:

As Medical Center Health System (MCHS) continues to enhance and grow our solutions to provide better outcomes for our patients, additional investment is necessary for continued support of backups and recovery for those solutions. Currently, the MCHS data center backup hardware is quickly nearing maximum storage capacity. This hardware provides the primary and replica backup storage to maintain full backups of all locally hosted clinical and infrastructure servers and applications. New data center hardware will expand the existing backup infrastructure to accommodate the recent initiatives and allow continued success backing up all data and providing space for additional growth. The hardware expansion is industry standard and required to continue providing recoverability for business and patient data in the event of hardware failures or other means of data loss.

Objective:

Data center expansion will help protect against data loss and allow for recovery as well as the ability to expand our storage space in the future. The current solution is non-expandable and end of support/end of life.

Staffing:

No additional FTE's will be required.

Implementation Time Frame:

30 to 60 days upon delivery - backups will be added weekly once solution is in place until all data in the data center is being backed up.

Funding:

Data Center Backup Expansion in the amount of $117,044.66 from Cerner/Dell, with annual operational fees of $13,359.60 will come from budgeted funds for this project.

Medical Center Hospital
A Member of Medical Center Health System

FY 2021 CAPITAL CONTINGENCY EQUIPMENT REQUEST

Date: March 25th, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Christin Timmons, CNO
Kimberly Leftwich, ACNO
Linda Carpenter, CIO

From: Melanie Conant, RN, Director of LD/Postpartum

Re: Purchase of Image Mover Modality for Ultrasound Images

Total Cost… (Unbudgeted) **$50,062.50**

OBJECTIVE

In an effort to have a system that would allow for the physicians/anesthesiologists to store images from the ultrasound units, Linda Carpenter and the Director of Labor and Delivery have been looking for solutions to move images into patient charts. All scans that were currently in our ultrasound units are being stored on a hard drive that is kept in HIM. If any of these scans were ever requested someone would have to look through over 1000 scans in an attempt to find the correct one. To avoid legality issues moving forward we would like to implement ImageMover to help store patient scans in the patient's chart.

HISTORY

Historically all scans performed in Labor and Delivery (bedside ultrasounds), have been stored on the ultrasound system's hard drives, causing slowness issues with the machines and storage issues with HIM. There is no current way to take the images from the hard drive off to place in the chart.

PURCHASE CONSIDERATIONS

This system was demonstration to multiple parties who concluded its usage would be a benefit to patients, physicians, and Medical Center Health System. There are two costs, the initial hardware and a two-year subscription in the amount of $36,000. These installments can be paid in the amount of $1,500 over the 24-month period.

WARRANTY AND SERVICE CONTRACT

N/A

DISPOSITION OF EXISTING EQUIPMENT

N/A

COMMITTEE APPROVAL

FY 2021 CAPITAL CONTINGENCY EQUIPMENT REQUEST

Date: August 31, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Christin Timmons, CNO

Re: Purchase of Medtronic's Customer Optimization Plus Program

Total Cost… (Unbudgeted) $ 275,000

Consumable Volume Commitments
Total Annual Commitment: $275,000.00

Award Credit
Award Credit Percentage: 6.00%
Annual Award Credit Eligibility: $16,500.00
Total Award Credit Eligibility (over Contract Period): $82,500.00

OBJECTIVE

Participation in the Co-OP Program allows you to earn discounts on the purchase of certain consumable products in the form of Award Credits for long term commitments to the use of Medtronic's products. In addition, the Co-OP program allows for the acquisition of capital equipment covered by the purchase of the consumable products.

HISTORY

The Co-op allows us to receive product up front with no cash down, (for example-the 980 ventilator). We will also be receiving a discount on the pulse oximetry products to include the standard sensors as well at the specialty sensors, such as Maxfast.

PURCHASE CONSIDERATIONS

MCHS will have to purchase 85% of the consumables through Medtronic. The total annual commitment is %275,000. The total award credit eligibility is $82,500 over the contract period.

WARRANTY AND SERVICE CONTRACT

Reconcile Award Credits earned and equipment installment payments on a quarterly basis to ensure that credits and payments have been appropriately applied

FY 2021 CAPITAL CONTINGENCY EQUIPMENT REQUEST

Date: August 19, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Christin Timmons, CNO

Re: Purchase of GE Ultrasound

Total Cost… (Unbudgeted) **$150,880.00**

OBJECTIVE

Purchase ultrasound to assist with guided placement of lines in the surgical and critical care units. Ultrasound purchase to allow physicians to quickly assess the patients' medical status during critical encounters

Clinical Benefits:

- **Needle Recognition Software** – An embedded algorithm which helps locate and more accurately drive needles during procedures.
- **Auto Tissue Optimization** – Automatically adjusts gain/contrast to give the best possible image quality.
- **Usability** – 5sec bootup from standby mode ensures the ultrasound is ready when it is needed
- Comes stock with Color Flow Doppler, Pulsed Wave Doppler, M-Mode, etc.

Hospital Benefits:

- **Helps Reduce Hospital Acquired Infections** – Full touchscreen makes for easy and quick cleaning. Also probes are situation on top of the machine which prevents dragging on the floor.
- **Cross-functional** – Can be used for simple point-and-shoot procedures to full bedside echo's

HISTORY

Critical Care only had one old unit up to the point of the COVID surge and as we expanded the need with critical care patients the desire was to have one additional.

PURCHASE CONSIDERATIONS

Venue GO-15.6 inch articulating monitor with three probe ports

WARRANTY AND SERVICE CONTRACT

5 Year Warranty

Medical Center Health System
Your One Source for Health

FY 2021 CAPITAL EQUIPMENT REQUEST

Date: September 9, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Matt Collins, Vice-President / COO

From: Carlos Aguilar, Director of Engineering

Re: Firetrol - Fire Alarm Panel Replacement

Total Cost… (Unbudgeted) **$200,000**

OBJECTIVE

Many of MCH's Fire Alarm Panels are thirty plus years old. Replacement parts are obsolete. This is a planned replacement of the panel that serves the OR and CCU areas. Operable alarm systems are required by Life Safety Code

HISTORY

N/A

PURCHASE CONSIDERATIONS

N/A

FTE IMPACT

No additional FTE(s) will be required.

INSTALLATION & TRAINING

Provided by vendor.

WARRANTY AND SERVICE CONTRACT

DISPOSITION OF EXISTING EQUIPMENT

N/A

LIFE EXPECTANCY OF EQUIPMENT
20 years

MD BUYLINE INFORMATION
N/A

COMMITTEE APPROVAL

Medical Center Health System
Your One Source for Health

MEMORANDUM

TO: ECHD Board of Directors

FROM: Tara Ward, Divisional Director of Laboratory Services
Through Matt Collins, Chief Operating Officer
Through Christin Timmons, Chief Nursing Officer

SUBJECT: BioFire FilmArray TORCH Microbiology Analyzer

DATE: August 24, 2021

Cost:

FILMARRAY TORCH 2 MODULES *(Capital budget)*	**$49,500.00**
Cerner Interface *(capital budget)*	**$4,500.00**
ME Verification Kit (operational budget)	**$5980.00**
FILMARRAY ME PANEL, 30 TESTS (operational, annualized)	**$49,504.50**
QC Kit-Meningitis Panel (operational, annualized)	**$1137.00**
Project Total (Year 1)	**$110,121.50**

Background:
Dr. Kadir and Dr. Singh have requested that our laboratory implement the BioFire FilmArray TORCH analyzer so that we may quickly test patients who present with symptoms of meningitis. Currently, these patients are placed on prophylactic antiviral and antibiotic medications until results from the CSF panels are completed. One of these tests is for herpes simplex virus, which is a common cause of viral meningitis. This test is currently a referral test to ARUP, our main reference lab. Due to the time it takes for specimens to travel to ARUP and the testing turnaround time, results are delayed for this test by an average of 2-3 days. This leads to longer stays in either critical care units or inpatient units while the physicians wait for the result and either discontinue the medications or continue with the current treatment plan. By implementing the BioFire TORCH analyzer with the meningitis panel in our microbiology lab, we estimate that we will cut at least 2 days from length of stay for patients. This will be due to faster turnaround time for the meningitis panel performed in-house, which in turn allows the physicians to modify treatment plans sooner and place the patient on the correct medication.

Staffing:
No additional FTEs required

Implementation Time Frame:
6 months

Funding:
Capital expense for equipment and operational expenses for reagent and QC kits

FY 2022 Contract Renewal Request

Date: September 1, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Christin Timmons, CNO

Re: Cerner Contract for 2015 CHERT Cures Update/Regulatory Advising Engagement

Total Cost… (Budgeted FY 2022) $ 278,600
Cerner is requesting this to be paid in two installments with the 50% due on the following dates: 01/01/2022 and 04/01/2022.

OBJECTIVE

2015 CEHRT Cures Update: (9 Week Project)

- Cerner to provide consultants to design, build, and validate the 2015 CEHRT Cures Update Modifications for Certified EHR Technology in Millennium as specified by CMS and ONC for the 21st Century Cures Act. The following changes/upgrades to the Electronic Health Record will be included in this contract: new ontology mappings, configuration of new clinical reporting templates, configuration and implementation of vital sign charting component, update workflow MPages, and configuration of CCDA and USCDI data elements.

Regulatory Advising Engagement: (2 Year Project)

- Provide expertise on governance, organizational eligibility, and federal policy/ regulations, and regulatory programs, and identify potential risks.
- Provides recommendations on governance for federal regulatory programs such as Promoting Interoperability, by providing gap analysis and guidance through the new federal requirements as they are issued by CMS.

HISTORY

In 2017 MCHS Quality/Performance Improvement Department began a contract with Cerner Regulatory Advising to maneuver through the many new and upcoming federal policies/ regulations necessary to stay compliant with Medicare standards and receive payment. Since the contract was initiated in 2017, we have continued with this service and have renewed every two years.

Medical Center Hospital
A Member of Medical Center Health System

FY 2021 CAPITAL REQUEST

Date: August 30, 2021

To: Ector County Hospital District Board of Directors

From: David Chancellor, Vice President of Human Resources

Re: Employee Engagement Survey

Total Cost (unbudgeted) **$ 123,778.80**

OBJECTIVE

15Five will provide an employee engagement survey for all MCH staff, encompassing ProCare Medical Providers.

Proposal

MCHS desires to provide an employee engagement survey and a partnership with 15Five Inc. 15Five Inc. will provide MCHS employees specific engagement questions to measure our organization's employees level of engagement. 15Five engagement consultants will help MCHS create change by educating the executive team on results, providing manager's with tools and actionable insights, and empowering our employees to build engagement for employees and ProCare Medical Providers.

Deliverables

- Provide an important tool that drives employee engagement and results across the organization aligned with MCHS five-star journey
- Provide an employee engagement survey to increase employee satisfaction and increase employee retention
- Provide input from the employee engagement survey for the development of actions to address areas of growth
- To effectively trend and compare results across survey cycles and develop actions plans
- Develop a partnership with 15Five Inc. and MCHS Management with emphasis on areas that require more attention and growth

Medical Center Health System
Your One Source for Health

MEMORANDUM

TO: ECHD Board of Directors

FROM: Steve Ewing, Chief Financial Officer

SUBJECT: Dixon Hughes Goodman Medicare Special Designation Assistance

DATE: September 9, 2021

Cost:

Professional Fee for the year 2021 *(Operational Budget)*	**$ 85,000**
Contract Total	**$ 85,000**

Background:
DHG Healthcare will assist MCH in its pursuit of obtaining Medicare Rural Status and a Medicare Special Designation of Rural Referral Center status for purposes of receiving increased indirect Medical Education payments.

Staffing:
No additional FTE.

Disposition of Existing Equipment:
N/A

Implementation Time Frame:
N/A

Funding: budgeted operational expense

Medical Center Health System
Your One Source for Health

FY 2022 NEW SOFTWARE REQUEST

Date: September 1, 2021

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Steve Ewing, Vice-President / CFO

From: David Chancellor, Vice President of Human Resources

Re: UKG Software and Implementation

UKG Software (annual contract)	$700,000
Current Annual Contract Expense	$380,000
Incremental Expense	$320,000
UKG Implementation (billed over two fiscal years)	$260,000
Healthcare IT Leaders Implementation (time & materials)	$279,000

OBJECTIVE

Existing Payroll, Workplace Scheduling and Human Resources software is a 20+ year version. Upgrading to the most current version with UKG provides managerial tools to achieve a higher level of workplace scheduling, reductions in premium pays and improved recruiting/retention.

The proposed implementation fees are under negotiations but will not exceed $559,000. Vendors have agreed to extend pay outs of fees.

PURCHASE CONSIDERATIONS

N/A

FTE IMPACT

No additional FTE(s) will be required.

INSTALLATION & TRAINING

Provided by vendor.

WARRANTY AND SERVICE CONTRACT

N/A

LIFE EXPECTANCY OF EQUIPMENT
N/A

MD BUYLINE INFORMATION
N/A

COMMITTEE APPROVAL
ECHD Board September 9, 2021 Pending

INTERLOCAL AGREEMENT FOR JOINT TASK FORCE COMMITTEE

WHEREAS, the ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT, hereinafter referred to as "School District", is a Political Subdivision of the State of Texas whose governing board has seven (7) publicly elected officials; and

WHEREAS, the ECTOR COUNTY HOSPITAL DISTRICT, hereinafter referred to as "Hospital District", is a Political Subdivision of the State of Texas whose governing board has seven (7) publicly elected officials; and

WHEREAS, ODESSA JUNIOR COLLEGE DISTRICT, hereinafter referred to as "College District", is a Political Subdivision of the State of Texas whose governing board has nine (9) publicly elected officials; and

WHEREAS, ECTOR COUNTY, hereinafter referred to as "County", is a Political Subdivision of the State of Texas, whose governing board has five (5) publicly elected officials; and

WHEREAS, the CITY OF ODESSA, hereinafter referred to as "City", is a Political Subdivision of the State of Texas, whose governing board has seven (7) publicly elected officials; and

WHEREAS, each of the respective Entities anticipate that there may be changes in the population and demographics since the official 2020 U.S. Census; and

WHEREAS, each Entity believes it is the responsibility and obligation of the Entity to review the present population and demographics for purposes of determining whether any change or modification should be implemented in the method its governing board is elected; and

WHEREAS, the U.S. Bureau of Census is completing the official U.S. Census for 2020 and will be publishing the official results in the near future; and

WHEREAS, to properly determine the present population and voting demographics of each District, it will be necessary to employ certain experts in the areas of demographics, statistics and voting rights, and

WHEREAS, it is the belief of each Entity that it will be more economical to form a Joint Task Force Committee for the purpose of compiling the information, studies and proposals to be utilized by all Entities at an economy of cost and savings to the taxpayers of each Entity; and

NOW, THEREFORE, in consideration of the mutual benefits to be delivered by each Entity, the financial and cost savings to the voters and taxpayers in each Entity and to provide for full public awareness, information and input from the Community for determining the means and methods of electing the governing body of each respective Entity and pursuant to the authority of Chapter 791 of the Texas Government Code, the School District, Hospital District, College District, County and City agree to form a Joint Task Force Committee for the purpose of jointly considering the hiring of a demographer and legal expert in the area of redistricting; and to consider the information provided by such population, demographic, statistical and voting

rights experts retained by the Entities and make recommendations to each respective Entity on the matters referred to herein, all on the following terms and conditions:

1. The JTC shall be composed of 10 members, being:

   (a) The Superintendent/Chief Executive Officer of the School District;

   (b) The Administrator/Chief Executive Officer of the Hospital District;

   (c) The President /Chief Executive Officers of the College District;

   (d) The County Judge;

   (e) The City Manager of the City;

   (f) One (1) member of the Board of Trustees of the School District to be selected and appointed by the President of the Board of Trustees of the School District;

   (g) One (1) member of the Board of Directors of the Hospital District to be selected and appointed by the President of the Board of Directors of the Hospital District;

   (h) One (1) member of the Board of Trustees of the College District to be selected and appointed by the President of the Board of Trustees of the College District;

   (i) One (1) member of the Commissioners Court to be selected and appointed by the County Judge.

   (j) One (1) member of the City Council selected and appointed by the Mayor of the City of Odessa.

2. The JTC shall elect from its own committee members, a chairperson, a vice-chairperson, and secretary. In the absence of the secretary, the chairperson or vice-chairperson shall appoint any member of the JTC present to act as secretary for that meeting.

3. The purposes of the JTC shall be to research the hiring of experts, and with the assistance of experts retained by each Entity in regards to population and demographics, statistical and voting rights areas of expertise, to study the present population and demographics of Ector County, Texas, and to assist and facilitate each Entity in the study process. The JTC shall not have the authority to obligate or bind any Entity.

4. The term shall be the time required for the JTC to perform its assigned purposes or until a majority of the Entities, by affirmative vote of their respective governing boards, shall vote to terminate this Agreement.

5. All costs and expenses incurred by the JTC in the performance of its duties and responsibilities shall be shared equally among the respective Entities, except each Entity shall bear the cost of its own respective attorneys. Members shall receive no compensation or remuneration for their services. A member may be reimbursed for actual expenses incurred in the performance of their official duties

provided all required receipts and invoices are presented with request for payment.

6. All meetings of the JTC shall be governed by the Open Meetings Act and reasonable efforts will be made by the JTC to notify representative groups of the community of each meeting.

7. All documents, records and minutes of the JTC shall be governed by the Public Information Act of the State of Texas.

THIS Agreement constitutes the agreement and understanding of the respective parties with regard to the information and purposes of the JTC and this Agreement may not be altered, changed or modified without the written consent of the majority vote of the governing boards of the Entities being a party to this Agreement.

EXECUTED this 17 day of August, 2021.

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

By: _____
Superintendent

ECTOR COUNTY HOSPITAL DISTRICT

By: _____
Chief Executive Officer

ODESSA JUNIOR COLLEGE DISTRICT

By: Gary D Johnson
President of the Board of Trustees

ECTOR COUNTY

By: _____
County Judge

CITY OF ODESSA

By: _____
City Manager

Department	Lead	Ideas for Measure	FY 2021 Metric	FY 2021 Goal	Goal Met?	Keep Goal?
Administration	M. Johnson		Increase administrative leader rounding throughout the facility.	95%	×	✓
Biomedical/ Clinical Engineering	Trimedx	Repair TAT/Critical/non-critical equipment%/ATP Testing	Verify and enter equipment age in inventory records.	75%	✓	×
Business Office	M. Kirby-Davis	Billing Errors, Billing TAT	Improve clean claim rate.	96%	×	✓
Cardiac Rehab	R. Rodriquez		Heart Failure education will be completed for patients being discharged home.	100%	×	×
Care Management	L. Duncan	LOS/Observation LOS-rate	Reduce overall 30 day readmissions by 15%	< 15%	×	×
CDI	J. Sosa		Improving provider response to queries	<3 Days	✓	×
			Increase or maintain percentage of targeted admissions reviewed.	85%	✓	×
			Increase or maintain percentage of response rate to queries.	20%	×	✓
Clinical Nutrition	M. Gibson		To meet 90% of the caloric/protein needs of NICU infants by DOL 4.	50%	✓	✓
CMN/Foundation	H. Howey		Increase overall funding by 15%.	15%	✓	×
Communications	Trevor		Increase average of social media posts.	20 per month	✓	×
Compliance	G. Sredanovich		Compliance with Performance Tolls on all contracts.	80%	×	✓
Dialysis	K. Alexander	contract QA/culture reports	Improve crash cart check compliance.	1		
ED	S. Bagwell	Patient wait time/medication	Decrease the number of patients	<2%	✓	×
Endoscopy	T. Carroll M. Sullivan		Increase Endo utilization by 5%.	0.05	×	×

Engineering/Facilities	C. Aguilar	Service call completion/service call rework	Close HEMs dispatch work orders within 24 hours.	0.8	×	✓
Family Health Clinic (All 3)	D. Garcia		Improve Medicaid reimbursement.	0.4	✓	×
Financial Accounting	G. Trollope	GL Errors/days in AR/days of unbilled AR/Late financial reports	Complete month end close in 8 business days with reports sent to CFO within 10 business days.	8 days	✓	×
Housekeeping/ Environmental Services	J. Montes	HH dispenser audit-battery&solution/room TAT time/Bed delays	Track and Improve out Quality Assessment Surveys of patient Isolation Rooms (Covid).	0.97	✓	×
Human Resources	D. Chancelor		Decrease termination turnover rate by 4%. (Not including reduction in force, contract employees, and transfers)	45 per month	×	×
Infection Control	B. Dalrymple	Keep reporting same	Increase IP compliance by completing a minimum of 12 IP rounds per month above and beyond EOC and ICRA rounding.	12	✓	×
			Improve Hospital Wide Hand Hygiene compliance by 20%.	0.649	✓	✓
			Decrease COLO, HPRO, KPRO surgical sire infections rate by 20%.	0.086	✓	✓
			Decrease CAUTI rate by 20%.	0.0062	×	✓
			Decrease VAE rate by 20%.	0.0246	×	×
Information Technology	Karl Kiessling	MU objectives/network downtime/open tickets	Decrease the amount of time to isolate our network from the internet in the event of a cyber attack.	30 minutes	✓	✓
Infusion Services	V. Lucero	Patient wait time/order errors	Decrease wait time.	<15 Minutes	✓	×

Laboratory	T. Ward		Increase Compliance with inpatient Stat CMP turnaround time.	88%		
Marketing	Tonya Coke	Website hits/social media/PR campaign rates	Increase social media posts.	20 per month	✓	×
Materials Management	Magaly Duran/ Cheryl McQueen	Backorders/inventory TAT/late deliveries	Increase contract compliance from 60.7% to 80%.	80%	✓	
Materials Management-Storeroom	Javier Vizcaino/ C. McQueen		Increase turn rates on storeroom stock.	14 turns	×	✓
Medical Staff Services	M. Mendoza	Surgeon SSI Surveillance Return letter rate	Increase the number of auditing credential files.	75%	✓	✓
Nursing Unit - 3W	L. Duncan		Increase total conversions from observations to inpatient stays.	50%	×	✓
Nursing Unit- 5C Medical/Oncology	K. Pierce		Reduce inpatient falls to meet the 40% reduction.	<10 falls yearly	×	✓
Nursing Unit- 5W Pedi	T. Watson		Staff will meet all 7 core measures within asthma action plan.	100%	✓	×
Nursing Unit- 7C DEU/Tele	K. Pierce		Reduce inpatient falls to meet the 40% reduction.	<6 Falls	×	✓
Nursing Unit- LD and Post-Partum	M. Conant		Patients who have a blood pressure greater than or equal to 160/110 will be treated in less than 60 minutes from the time the patient arrived.	90%	×	✓
Nursing Unit- NICU	T. Watson		NICU initial temps for admits less than or equal to 1500 g will be >= 97.7		✓	×
Nutrition Services	T. Crowe	Temperature of food/nutritional supplement errors/	Increase temperature log compliance.	97%	×	✓
Patient Access	R. Leatch	Face sheet Errors	Ensure patients with scheduled procedures are pre-registered 3+ days in advance.	1		
Patient Experience	C. Look	Keep reporting same	Increase HCAHPS overall rating as measured by NRC Health.	80%	×	×

Performance Improvement/ Quality	K. Bairrington		Decrease all cause readmissions by 15%.		×	✓
Pharmacy	M. Hong	Medication errors/critical time med/anticoagulant	Achieve the highest leap frog standard for medical history process.	Higher Achievement	×	✓
Radiology Services	C. Evans	Results TAT/patient wait time	Develop a patient safety tool to be used in mammography.		✓	×
Rehabilitation Services: Acute IP Physical Therapy	E. Garcia	percent pt goals met/pt wait time	Increase the IP patients seen percentage from 77% to 85%.	85%	✓	✓
Rehabilitation Services: OP Physical Therapy	E. Garcia		Increase the OP patients seen percentage from 82% to 87%.	87%	×	×
Respiratory Services	R. Galindo	therapy order-completion rate/TAT/ adherence to provider order	Critical value reporting ABG >90%.	90%	×	✓
Risk Management	M. Gallegos	number of claims/risk incidents/risk payout/falls	Increase system wide ORTs reporting.	1099	×	✓
Safety	B. Timmons	Keep reporting same	Decrease exterior lighting outage 1%	1%	×	✓
Sterile Processing	L. Redfern	instrument TAT/Flash rates	Decrease case conflict by 50% by utilizing resource cards to prepare for cases.		✓	×
Day Surgery/Pre-Op	T. Carroll		Decrease patient wait times by 20%.	0.2	×	✓
OR Ambulatory	Jade	On time starts/Returns to surgery w/in 48 hours/adverse drug incidents/Post-op infections	Decrease turnover times to below 15 minutes or less. (not including 21 min air exchange)	15 Minutes	×	✓
OR Main	Jade	On time starts/Returns to surgery w/in 48 hours/adverse drug incidents/Post-op infections	Decrease turnover times below 25 minutes. (not including 21 min air exchange)	25 Minutes	×	✓
OR PACU	T. Carroll		Decrease average wait to transfer times.	<15 Min	×	✓

Transport Services	C. Evans	Delivery/transport delays	Reduce average time from transport job assignment to accepted .	<=2 Minutes	✓	×
Trauma Services	J. Key	Main quality measure following	Will implement TSN program for admitted trauma patients who meet criteria for ASD.	0.8	×	✓
Wound Care	V. Lucero	Heal Rate	Decrease Hospital Wide HAPI Rate	0%	×	✓

Annual Plan Summary Sheet FY 2022	
Annual Plan	**Summary**
Emergency Management Plan	The Emergency Management program continues to be successful as it builds on the following achievements of the past year: Emergency Operations Plan, Staff Education and Training and Emergency Exercise Dates. A review of Hazard Vulnerability Analysis for 20 and 21. Objectives and goals for 21 and 22. No changes from 21 to 22.
Fire Safety Management Plan	The Life Safety Management Plan are to protect occupants in the organization's facilities from fire and related hazards minimize the risk of fire in the organization's facilities. The goals were reviewed and remained appropriate throughout the evaluation period. No changes from 21 to 22.
Clinical Equipment Management Plan	The Clinical Equipment Management Plan is designed to operate and maintain Manage the Medical Equipment Management program to assure compliance with DNV requirements, insure availability of safe, operational medical devices through a program of planned maintenance, timely repair, ongoing education and training, and evaluation of adverse events. The objectives Include Performance Objectives for 2020 that were met and Performance Objectives for 2022 that are being brought over from 2021. No changes from 21 to 22.
Safety Management Plan	The Safety Management Plan seeks to identify inherent safety risks associated with providing services to patients, the performance of daily activities by staff, and the physical environment in which services occur Plan and implement processes to minimize the likelihood of identified risks causing actual incidence. The goals include Performance Objectives for 2020 that were met and Performance Objectives for 2022 that are being brought over from 2021. No changes from 21 to 22.

Infection Control Plan	FY 22 High priority areas identified by Annual Risk Assessment (The following will be main focuses for 2022): • Increase hand hygiene for non-compliance • Increased potential for community spread of infectious diseases due to spread of COVID-19 • Increased potential for CAUTIs • Increased potential for CLABSIs • Increased potential for VAEs • Increased potential for SSIs • Increased potential for lack of Surgical Instrumentation HLD/Sterility Monitoring • Increased potential for blood culture contamination Plan also includes Medium Risk Priority Areas and emerging/reemerging problems in the healthcare community that will be of focus. MCH's goal for FY22 is to further align with Evidence Based Best Practice Guidelines to reduce Post-Operative Surgical Site Infections, CAUTI, CLABSI, and VAE. To improve Device Utilization through collaboration with Nursing Units and Providers and improve Hand Hygiene Performance with additional Secret Shoppers and Hand Hygiene Awareness with Behavior Modifications.
Risk Management Plan	There are no changes to this plan for the FY22 year. The Medical Center Heath System (MCHS) Risk Management Program's function is to maintain an organized program of loss prevention and loss control. The purpose is also to establish a framework for addressing a broad range of integrated administrative and clinical functions to reduce losses associated with patients, employees, visitors, property loss or damage or other potential sources of liability. The plan reviews the following categories: Mission, Purpose, Policy Statement, Obligation to Report, Leadership, Authority and Scope, Roles and Responsibilities of all involved parties, and key elements of the Risk Management Program.
Pharmacy & Therapeutics Annual Plan	There are no changes to this plan for the FY22 year. The P&T committee has a Multi-Year Strategic Plan: perform full drug class review of all current formulary medication drug classes (~150) by end of FY 2024 (Sept 2023) starting with highest priority first, review all medication-related power plans (177) by end of FY 2023 (Sept 2022). This plan includes Fiscal Year Priorities, Overall Program Effectiveness, responsibilities of all involved parties and processes/methodology.

Case Management Plan	The Medical Center Hospital Case Management Plan explains the process by which Case Management will assess and improve the delivery of care to patients in an efficient and effective manner, regardless of payment source. The plan describes methods for conducting utilization review on the appropriateness of admissions, continued stays, extended stays, supportive services and discharge planning. This plan includes the details about the committee and their responsibilities, Physician's Plan of Care, the Review Process, Conduct of Reconsideration, when the hospital administration should provide assistance, and discharge planning/Social Services details.
QAPI Plan	This plan has been updated for FY 2022. The purpose of the QAPI plan is that Medical Center Health System develops, implements, evaluates, and maintains an effective, ongoing, hospital-wide data driven QAPI program. The program reflects the complexity of the hospital and all services provided, focuses on indicators related to improved outcomes, proactively identify areas of risk, and takes actions that address the hospital's performance across the spectrum of care. Performance improvement projects are implemented, monitored, and revised as necessary to achieve success, and assure that improvements are sustained over time. <u>Updates the FY 2022 Plan:</u> QAPI Committee: Per CMS: "The QAPI Committee is an interdisciplinary team chosen to oversee the Quality Assurance Performance Improvement activities throughout MCHS. The members shall include representation from the following areas: Administration, Nursing, Pharmacy, Ancillary Services, Health Information Management, Information Risk/Safety Management, Quality Facilitator/Management Representative, and Medical Staff Members." **FY 2022 QAPI Council Members:** Committee Facilitator: Nicole Hays (Non-Voting) Administration: Steve Ewing Nursing: Christin Timmons Ancillary: Eva Garcia Pharmacy Services: James Palmer Health Information Management: Amanda Mancha Information Technology: Karl Kissinger Risk/Safety Management: Mary Gallegos Quality Facilitator/Management: Courtney Look Medical Staff Member: Chief of Staff or designee • Members shall be present at monthly QAPI meetings or designate an alternate in their place. (Alternates shall be briefed prior to meeting according to previous QAPI minutes)

Nurse Staffing Plan	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. Policy dates have been updated and the policy will be updated in Policy Manager. No other changes were made to the policy/plan at this time. The Nurse Staffing Plan reviews the entire procedure including: Ensuring an adequate number of staff, enforcing a written staffing plan, details of the staffing plan, what to consider and guidelines to follow when determining staffing levels, reviewing staffing reports, mandatory overtime needs and the report process for nursing personnel when they have a staffing concern.

FY 22 Annual Evaluation of the Emergency Management Program

I. ACHIEVEMENTS

The Emergency Management program continues to be successful as it builds on the following achievements of the past year, including:

A. Emergency Operations Plan (EOP)

Reviewed the Emergency Operations Plan (EOP)/Emergency Management Program; developed gap analysis to revise and improve both the program and EOP to enhance effectiveness and TJC compliance.

B. Staff Education and Training

1. Hospital Orientation – Provided program that includes an introduction to the Emergency Operations Plan (EOP), Emergency Codes and Fire Response to a total of 523 staff.

2. System Wide Education – An overall education was developed and deployed to teach the fundamentals of Emergency Management and specifics to MCHS. This was deployed through the net learning system and required to be completed by all staff members for their annual evaluation. 2,077 Staff members have completed this training.

3. Annual Refresher Training – 1,675 staff participated in refresher training on Net Learning that addressed the Emergency Operations Plan (EOP), Emergency Codes and Fire Safety.

4. Hospital Incident Command System (HICS) Training – conducted HICS training for staff designated to fill Hospital Incident Management Team (HIMT) – HICS Command Staff and General Staff positions. The course addressed a review of HICS principal concepts and features – focusing on the use of appropriate HICS forms including purpose, origination, completion and distribution during activation of the Hospital Command Center (HCC). Attendees received guidance on using HICS documents during the Incident Action Planning process.

5. NIMS (100, 200, 700, 800) – offered to staff. Ten (10) participants completed each of the four the courses.

C. Emergency Exercises/Actual Events

1. Actual Events

a. On 02/4/2020, there was a winter storm with 6-8 inches of snow and blizzard like conditions. The snow and ice lasted for 2-3 days and there was a disruption in normal hospital operations.

b. On 03/02/2020, a declaration of disaster was activated for the COVID-19 worldwide Pandemic in the state of Texas. MCHS opened our

Incident Command as we started to prepare for an influx of patients that last well into 2021.

c. On 03/21/2020, a disruption in the electrical feed from Oncor caused an 800-amp breaker to malfunction that feed the ER, OR, ICU, Radiology, and CT areas.

2. Exercises

a. Due to the Pandemic MCHS participated in the waiver that allowed the hospital to forgo exercises during the period of the disaster declaration.

D. Community Partners

The Emergency Management Coordinator continued to represent MCH at regular meetings of community emergency management groups including the Regional Advisory Council (RAC), Healthcare Coalition meetings, as well as the Ector County EMC group.

II. HAZARD VULNERABILITY ANALYSIS (HVA)

Reviewed and updated the annual Hazard Vulnerability Analysis to comply with The Joint Commission (TJC). There were some changes between the 2020 HVA and the 2021 HVA.

2020			2021	
Event	**Rating**		**Event**	**Rating**
Ice/Winter Storm	(78)		MCI Medical/Infectious Disease	(72)
Wildfire	(67)		Wildfire	(67)
HVAC Failure	(67)		HVAC Failure	(67)
IT Failure	(67)		Epidemic	(67)
MCI Medical/Infectious Disease	(67)		Electrical Fire	(61)
Extreme Temperature	(56)		Communications Failure	(61)

III. OBJECTIVES AND GOALS FOR 2021

The goal of the MCH Emergency Management Program is to ensure an effective response to community and regional disasters that may occur and involve the hospital and clinics or surrounding area and to maintain a safe and functional environment for all patients, visitors, employees, volunteers, and medical staff and to provide clear access to treatment areas during a disaster. To that end, the following goals and objectives were accomplished in 2020.

Objectives and Goals for 2022	Status
A. Readiness - • Ready the hospital for the influx of COVID 19 patients that we expected with the Pandemic. • Establish a scale up and a scale down plan for hospital bed capacity	Accomplished
B. Communications – • Created and maintained a cache of handheld radios, ready for deployment in the event of loss of phones or communication	Accomplished
C. Resources and Assets – <u>Hospital Command Center (HCC)</u> • Inventory HCC equipment and supplies <u>Emergency Management Inventory</u> • Update Emergency Management Equipment & Supplies Inventory <u>Emergency Guides</u> • Further education on the emergency guides and how each department has the opportunity to individualize their guide	Accomplished
D. System wide education Development and Deployment – • Education to explain the foundation of emergency management, the specific procedures that MCHS has, and the explanation the emergent management is an evolving and living program that is constantly changing.	Accomplished

IV. SCOPE

The Emergency Management Program implements the organization's mission, vision, management framework, and strategic goals and objectives related to emergencies and disasters. It uses a comprehensive approach to emergency management as a conceptual framework, combining mitigation, preparedness, response and recovery into a fully integrated set of activities in compliance with the DNV emergency management standards; and the National Incident Management System (NIMS) Guidelines. The program encompasses the medical center and all clinics.

V. INVENTORY

A. The Emergency Management Coordinator collaborated with managers and physicians with inventory management responsibilities to determine resources and assets to be added to the emergency preparedness equipment and supply checklist.

- Throughout 2020 the PPE Committee met on a weekly basis discussing shortages in the PPE and supply industry as well as conservation plans for the staff that were both safe and effective on conversation.

VI. OBJECTIVES AND GOALS FOR 2022

A. Emergency Operations Plan (EOP)

1. Add new and revised procedures to EOP needed to address 2021 HVA Top Threats:

- MCI Medical/ Infectious Disease
- Wildfire
- HVAC Failure
- Epidemic
- Electrical Fire
- Communication Failure

2. Train and drill new procedures and revised procedures that have been added to the EOP in response to corrective actions identified in 2020 After-Action Reports/Improvement Plans.

Safety and Security

- Document and educate staff on the policies and procedures that have been put in place after the COVID 19 event
- Document and educate staff on the evolving visitor management plans during COVID event

Staff Responsibilities

- Continue to educate staff on the signs and symptoms of not only the COVID 19 but other infectious diseases as in Ebola
- Continue to educate and practice using safe donning and doffing techniques

Communications

- Develop the procedure and elements to deploy the MCHS hotline during events.
- Train different staff members on the use of the 800 radio

Resource and Asset Mobilization (Supplies, Equipment, etc.)

- Utilize the Everbridge program to design call back programs.
- Develop “go boxes” for each department

Utilities

- Train staff members on the Extreme Heat plan and resources
- Continue development of protocol for IT disruption/failure and document in the EOP.

Patient Clinical Support Activities (Patient Management)

- Develop protocol for patient tracking during a disaster/emergency incident. Document in EOP.
- Restructure of the IDRU team

B. Training – Staff Roles and Responsibilities

Provide training in response to corrective actions identified in 2018 After-Action Reports/Improvement Plans:

- Provide in-depth HICS training to staff and their alternates pre-designated to fill HIMT positions on a quarterly basis.
- Providing ongoing staff training to reinforce donning and doffing protocol.
- Provide ongoing training for all staff members on the use of the emergency guides and the roles and responsibilities of staff members during events.
- Provide training to essential staff on the procedures involved in the COOP plan

C. Resources and Assets

Procure and maintain additional resources in response to corrective actions identified in 2020 After-Action Reports/Improvement Plans:

- Procure additional MCI resources. Including vests and triage blankets/flags.

Reviewed by Executive Team:

Date: _____

Signature: _____

Matt Collins, Chief of Operations

Medical Center Health System

Medical Center Health System
Your One Source for Health

FIRE SAFETY MANAGEMENT PLAN
2022

Purpose

The purpose of this document is to evaluate the scope, objectives, and effectiveness of the above referenced plan

Plan Objectives

The Life Safety Management Plan are to protect occupants in the organization's facilities from fire and related hazards minimize the risk of fire in the organization's facilities. The goals were reviewed and remained appropriate throughout the evaluation period.

Scope

The scope of this program includes all activities related to Life Safety management at Medical Center Hospital. The scope of the Life Safety Management Plan remains appropriate to the services provided by the organization.

Applicability

The Life Safety Management Plan is applicable to staff, physicians, and volunteers. There has been no change to this aspect of the program during the evaluation period.

Performance Objectives for 2020

The table below outlines the objectives (performance metrics) established for the Life Safety Management Plan in 2018, and the organization's performance in each of these areas:

Performance Metric	Performance Assessment
Fire drill performance – 1 per shift per quarter	Continue monitoring fire drills. Increase/decrease based on ILSM in the facility. **Met:** All required drill performed and completed by evidence of documentation
Staff knowledge, skill and participation in Life Safety management	Monitor employee engagement during fire drills and survey rounds. **Met:** Completed by evidence of documentation and participation during fire drills.

Continue the education on roles and responsibilities during a fire and other events.	Testing and Drills, along with a fire "awareness" program in the month of October. **Not Met**
Life safety support systems are inspected and maintained to ensure the safety of all patients, visitors, physicians, and staff.	Continue inspections. Report problems as needed. EOC Committee will oversee the testing process every two weeks. **Met:** EOC discussed all projects in 2020, Implemented ILSM's if required at 100% as evidence from documentation.
A system of Interim Life Safety inspections and reports is established. Risk ranking is completed before all projects.	Continue monitoring the ILSM program to ascertain we are maintaining a safe environment during construction. Report to EOC Committee **Met:** EOC discussed all projects in 2020, Implemented ICRA's if required at 100% as evidence from documentation.
Complete annual LS building assessment	Completion of action plans **Met**: Assessment on file. Action plan completed

Evaluation of Effectiveness

Based on the performance metrics noted above, the Life Safety Management Plan is effective in meeting its stated goals.

Performance Metrics (Objectives) for 2022

Based on a review of data, performance measures, and regulatory / accreditation standards, the following performance activities will be undertaken in 2022:

Objective	How Performance Will be Determined
Implement Fire Drill Team	Work with leadership to identity 15 employees to assist in fire drills for 2022 to increase observations.
Replace damaged ceiling tiles	Specifically Identify damaged ceiling tiles during EOC rounding and increase replacement rate. Will monitor volume of replaced ceiling tiles for baseline.

--- END ---

Medical Center Health System
Your One Source for Health

CLINICAL EQUIPMENT MANAGEMENT PLAN
2022

Purpose

The purpose of this document is to evaluate the scope, objectives, and effectiveness of the above referenced plan and the effectiveness of the total medical equipment management process.

Plan Objectives

Design, operate and maintain Manage the Medical Equipment Management program to assure compliance with DNV requirements, insure availability of safe, operational medical devices through a program of planned maintenance, timely repair, ongoing education and training, and evaluation of adverse events.

These objectives have been reviewed and remained appropriate throughout this evaluation period.

Scope

The Medical Equipment Management Plan is designed to assure selection and continued availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff at Medical Center Hospital. Service for the medical equipment is managed through Clinical Engineering.

Applicability

The Medical Equipment Management Plan is applicable to staff, physicians, and volunteers. The plan reporting was enhanced during 2020 to reflect participation in DNV inspection formats.

Performance Objectives for 2020

The table below outlines the objectives (performance metrics) established for the Medical Equipment Management Plan in 2020, and the organization's performance in each of these areas:

Performance Metric	Performance Assessment
Reduce corrective turnaround time for work completion.	Open work orders were reduced by 35% to an average turn around time for actual repairs of 8 days average down from 12 days average
Reduction of Could not Locate by 5%	Could not locate reduced from 22% to less than 8%

Ensure availability of all equipment brought in for COVID support within 24 hours	All equipment assembled, tested, and dispatched in under 24 hours

Evaluation of Effectiveness

Based on the performance metrics noted above and overall performance monitoring of the plan through EOC, the Medical Equipment Management Plan is assessed to be effective in meeting its stated goals.

Performance Metrics (Objectives) for 2022

Based on a review of data, performance measures, and regulatory / accreditation standards, the following performance activities will be undertaken in 2021:

CE Goal One Reduce turnaround time for bed repairs by 15% will be an improvement goal for 2022. It was identified that bed repairs were received in waves versus steady need. Part of these influxes were attributed to failure of predictable components. Those components are identified and will have a continuous back stock for 2022. We will measure if these back stocked items will improve TAT. Components will be further tracked down to non-controllable repairs due to physical damage and mattress repairs (outside normal scope).

CE Goal Two Reduce missed communications of temperature monitoring VersaTrak by 15% in targeted areas. Identify and replace aging Versa Trak communication Beacons. Areas targeted are Family Health Clinic Clemens, West Clinic, L&D, Morgue, and surgery.

Measurements for both goals will be tracked quarterly to the EOC committee 2022.

Continuous Improvement Clinical Engineering MCH

Objective	How Performance Will be Determined
Turnaround time. Reduce turnaround time for bed repairs. It was identified that bed repairs were received in waves versus steady need. Part of these influxes were attributed to failure of predictable components. Those components are identified and will have a continuous back stock for 2021.	Goal is to improve TAT 15%
Reduce missed communications of temperature monitoring VersaTrak in targeted areas.	Areas targeted are Family Health Clinic Clemens, West Clinic, L&D, Morgue, and surgery. Goal is reduce by 15%

Medical Center Health System
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SAFETY MANAGEMENT PLAN
2022

Purpose

The purpose of this document is to evaluate the scope, objectives, and effectiveness of the above referenced plan

Plan Objectives

The Safety Management Plan seeks to identify inherent safety risks associated with providing services to patients, the performance of daily activities by staff, and the physical environment in which services occur
Plan and implement processes to minimize the likelihood of identified risks causing actual incidence.
The goals have been reviewed and remained appropriate during the evaluation period.

Scope

The scope of this program includes all activities related to safety management at Medical Center Hospital. The scope of the Safety Management Plan remains appropriate to the services provided by the organization.

Applicability

The Safety Management Plan is applicable to staff, Physicians, and volunteers. There has been no change to this aspect of the program during the evaluation period.

Performance Objectives for 2020

The table below outlines the objectives (performance metrics) established for the Safety Management Plan and the organization's performance in each of these areas:

Performance Metric	Performance Assessment
Forensic Patient Policy Book Retention	Officer/Staff Feedback (Huddles) **Met:** Sergeants met with forensic staff each time they arrived to explain the importance of leaving the policy/sign in book with ECHD PD. Sergeants reviewed forensic cases monthly and are currently 100% compliance.

Third Party to Conduct LS Building Assessment	Third Party reports **Met:** Don Roush with CIHQ conducted building assessment in February 2020. Action plan developed and completed to correct findings and recommendations for improvement. Action plan maintained by Derek in Engineering.
Implement Hot Work Permit	EOC Committee **Not Met:** Will move to 2021 goals

Evaluation of Effectiveness

Based on the performance metrics noted above, the Safety Management Plan is effective in meeting its stated goals.

Performance Metrics (Objectives) for 2022

Based on a review of data, performance measures, the annual hazard vulnerability assessment, and regulatory / accreditation standards, the following performance activities will be undertaken in 2022:

Objective	How Performance Will be Determined
Implement Hot Work Permit	Discuss requirements with EOC and research permits via NFPA
Conduct monthly external safety light check	Officers to document nighttime light checks. Work with facilities to repair non-working lights and improve greater that 1% each month.
Wet floor signs	Safety will round monthly to observe the use of wet floor signs to reduce slips.falls.

--- END ---

MEDICAL CENTER HEALTH SYSTEM
ANNUAL EVALUATION OF THE INFECTION CONTROL PROGRAM
FY2022

PURPOSE

To evaluate the effectiveness of the infection control program to identify those activities that are effective, as well as those activities which require modification so our facilities may continue with Medical Center Health System's commitment to excellence and service.

PROGRAM GOALS

The goals of the infection prevention and control program are:

- To identify high priority areas within the Medical Center Health System and the community environment served.
- Evaluate, develop, and implement specific strategies to address the prioritized risks. These strategies may take the form of
    - Policy and procedure establishment
    - Surveillance and monitoring activities
    - Limit the transmission of infections associated with medical equipment, devices, and supplies
    - Education and training programs.
    - Environmental and engineering controls
    - Combinations of the above

PROGRAM SCOPE

The scope of the infection prevention and control program addresses all pertinent services and sites of care within Medical Center Health System.

INFECTION CONTROL RISK ASSESSMENT

The organization conducts a periodic assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.

    - Medical Center Health System (MCHS) is a 402-bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principle industry is oil and gas related service. The population of Ector County is approximately 166,000 (United States Census Bureau 2019). Medical Center Hospital (MCH) serves a seventeen (17) county, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico, therefor patients could possibly be from out of the country. MCHS services multiple prisons in Ector and surrounding counties. Patients are received via private transport, ground medical transport, and medical flight services.

2. The results of the organization's infection prevention and control data as evidenced by but not limited to:

    - The CERNER Electronic Health Record was implemented on April 1, 2017 and provides the data base for all patient information. This allows Infection Prevention and other departments to retrieve reports and provide clinical data to assist with management and reporting of infectious diseases.
    - The Cerner system provides customized reports for management of significant hospital trends.
    - These reports require collaboration with the Cerner support team, IT, and Infection Prevention to ensure customization of reports for surveillance and reporting.
    - NHSN Data upload and reports are also utilized for tracking and trending HAIs.

3. The care, treatment, and services provided:

    - 20-bed Medical-Surgical ICU2
    - 20 bed Cardiac ICU4
    - 30 bed Level 3 NICU
    - 19 bed pediatric unit
    - In and out-patient Endoscopy
    - Surgery on the main campus and at Wheatley Stewart Medical Pavilion
    - Inpatient hemodialysis and peritoneal dialysis
    - In and out-patient Cardiac Rehabilitation
    - Family Health Clinics
    - MCH Urgent Care sites
    - Extensive Radiology services
    - Laboratory services
    - 24-hour inpatient Pharmacy.
    - Emergency Room
    - The Center for Health and Wellness (outpatient services)
    - Women and Infant Services

The risk assessment is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The most recent risk assessment required the following changes in the infection control program:

- ***Any unresolved goals for fiscal year ending September 30, 2021 maybe continued as priorities for Infection Prevention or other departments with periodic evaluation of performance to determine any continued unresolved issues.***

- **FY22 high priority areas identified by the Annual Risk Assessment include:**

    1. **Increasing potential for Hand Hygiene Non-Compliance:** Additional Hand Hygiene Secret Shoppers and training classes implemented. Hand hygiene education for all staff via new employee orientation, yearly Net Learning and

ongoing on the spot training. Hallway sinks added for availability. Exploring Hand Hygiene vendor/products for optimal use. Hand hygiene policy revised to include latest Leap Frog standards. Hand Hygiene Committee reinstated and implementing EBBP to improve compliance.

2. **Increased potential for community spread of infectious diseases due to community spread of COVID-19:** Staff education on community spread, high risk activities, s/s and prevention strategies. Employee symptom monitoring and attestation. Universal mask policy. Ongoing implementation of CDC guidance for COVID-19 emergency. Ongoing education to staff and updates on CDC guidance. COVID-19 vaccine clinics for community and staff.

3. **Increasing potential for Catheter Associated Urinary Tract Infections:** The CAUTI team achieved sustainment after achieving and sustaining an NHSN SIR below national benchmark in FY20. As CAUTI rates have started to trend upward in FY21, the CAUTI committee has reconvened and is working on implementing EBBP to decrease CAUTIs including a daily focused review of indwelling urinary catheter device utilization and appropriate indication for use. Nurse driven protocol for foley catheter removal implemented. Education for nurses and physicians completed on CAUTI prevention.

4. **Increased potential for Central Line Associated Blood Stream Infections:** Daily focus review of central line utilization and appropriate use. IP will collaborate with providers for appropriate use and appropriateness of culture collection. Surveillance and review central line insertion and maintenance bundles. Lab will be providing additional culture collection education for staff found to have more than 3 contaminated blood culture per month.

5. **Increased potential for Ventilator Associated Events:** We are experiencing an increase in COVID -19 admissions requiring mechanical ventilation. We have also seen an increase in VAE with these patients and an increase in ventilator utilization days. We will continue VAP bundle surveillance during ICU/CCU rounds. Daily review of potential VAE with respiratory and nursing. We will encourage early ambulation and weaning trials.

6. **Increasing potential for Surgical Site Infections**. SSI Deployment team to address and implement EBBP guidelines for prevention of Post-op Surgical Site Infections. Pre-op nasal decolonization of Staph aureus approved and will be implemented in FY2022.

7. **Increasing potential for lack of Surgical Instrumentation HLD/Sterility Monitoring:** Documentation and monitoring of OR Temp and Humidity. Re-Education of Sterility results and validation with skills check off, 2-person validation, and limited access to Sterile Processing Department. Added temp and humidity monitored cabinets for sterile supplies. IUUS reduction by adding more

one-of-a-kind sets, and quantity of one-of-a-kind instruments. Daily communication between OR and SPD to prioritize next day instruments.

8. **Increased potential for blood culture contamination:** Surveillance and reporting via micro department with report out to clinical leaders monthly. Additional education to staff on appropriate culture collection. Lab will complete ono-on-one education with staff found to have more than 3 contaminated cultures in one month.

- **FY22 medium risk priority areas identified by the Annual Risk Assessment include:**

1. **Increased potential for transmission of multi-drug resistant organisms that carry the potential for increased transmission among patients and staff (MRSA, VRE, CDI, ESBL, CRE):** Daily surveillance of isolation patients. Protocol in CPOE for ordering isolation. EMR surveillance and automatic isolation orders placed for patients with MDROs or ESBLs. Surveillance of hand hygiene and isolation precaution compliance. Additional PPE and Hand Hygiene education to staff.

2. **Unprotected exposure to pathogens throughout the organization through potential non-compliance with policies addressing category/ disease specific isolation and precautions:** Daily surveillance of isolation patients. Protocol in CPOE for ordering isolation. EMR surveillance and automatic isolation orders placed for patients with C. Diff and TB testing, MDROs or ESBLs positive lab results. Surveillance of hand hygiene and isolation precaution compliance. Additional PPE and Hand Hygiene education to staff.

3. **Potential for infection due to potential prolonged wait times in common areas and potential exposure to infectious individuals:** MCHS is currently screening all patients and visitors and has implemented a universal mask policy for source control. The seating in our waiting areas has been modified to allow for social distancing. Patients are required to wear a mask and those with COVID like symptoms are asked to wait in car until rooms are available for examination.

4. **Increasing potential for non-compliance of Employee Health Annual requirements:** Revision of policy to address requirements based on Employee Occupational Exposure Risk. Provided extra respirator fit testing opportunities for all staff in exposure risk areas. Providing free immunization clinics to all MCHS employees.

5. **Potential for non-compliance of influenza immunization program:** Several free influenza vaccine clinics offered by health and wellness to MCHS employees, medical staff, volunteers, and employee's family members. We will re-evaluate current immunization policy and revise as necessary before each flu season.

6. **Failure to identify construction and renovation risk:** Construction/Renovation plans are an ongoing part of operations, increasing the need for ICRA collaboration,

surveillance and monitoring during the construction/renovation activity. Weekly meeting with engineering and construction team. ICRAs addressed and signed prior to start of construction. Ongoing surveillance of construction projects as needed. Open ICRAs reviewed during EOC Committee meetings.

7. **Increasing potential for exposure to airborne infectious diseases due to limited PPE:** CAPRs ordered and implemented in COVID areas. ENVO mask ordered for direct patient care staff. PPE committee meeting routinely to mitigate adequate supply of PPE.

EMERGING / REEMERGING PROBLEMS IN THE HEALTHCARE COMMUNITY

The organization keeps abreast of infection control related issues occurring in the healthcare community. This is accomplished by the following:

1. Notices from the public health department

    - Located within the Department of State Health Services (DSHS) Region 9/10 with the main office being in El Paso, TX and a satellite office located 30 miles east of Odessa in Midland, TX. Ector County has a county funded Health Department and most notifiable conditions are reported directly to the ECHD (Ector County Health Department) with occasional special surveillances (i.e. seasonal flu) reported directly to DSHS. The Infection Prevention Coordinator(s) are in frequent contact with both DSHS and ECHD. MCH transmits data to DSHS via ECHD by syndromic surveillance or NEDS which is a statewide surveillance system that runs at ECHD.
    - Notices and recommendations from the Center for Disease Control, includes COID-19 emergency guidance, continuation of Influenza Vaccine Administration to support HERD immunity. Identification and control of the spread of Measles and education on vaccination as recommended by CDC.

2. Current literature and recommendations from professional organization's as well as accrediting and regulatory agencies.

    - The Infection Prevention and Control Department consists of three-FTEs-with membership to professional organizations such as TSICP (Texas Society of Infection Control Professionals and APIC (Association for Professionals in Infection Control).

SUCCESS OF INFECTION CONTROL INTERVENTIONS

The organization undertook several initiatives to prevent and control infection during the evaluation period of FY21. A summary of the effectiveness of significant interventions is noted below.

- Antimicrobial Stewardship Program has become more fine-tuned within the healthcare organization and recent development of the organizations antibiogram.

Antimicrobial Stewardship will meet monthly and collaborate with the Infection Control Committee.

- Significant reduction in C Diff HAI due to the development of C Diff Deployment Team and education on EBBP guidelines for C Diff testing. C Diff HAI rate per 10,000 pt. days went from 7.12% in FY18 to 5.08% in FY19 to 1.6% in FY20 and maintaining at 1.16% for FY21.

- MCHS Infection Prevention and Control Department received commendation from the DSHS for dedication to Influenza reporting.

MCH's goal for FY22 is to further align with Evidence Based Best Practice Guidelines to reduce Post-Operative Surgical Site Infections, CAUTI, CLABSI, and VAE. To improve Device Utilization through collaboration with Nursing Units and Providers and improve Hand Hygiene Performance with additional Secret Shoppers and Hand Hygiene Awareness with Behavior Modifications.

INFECTION PREVENTION AND CONTROL GUIDELINES

The organization evaluates relevant infection prevention and control guidelines that are based on evidence or, in the absence of evidence, expert consensus. This is accomplished by reviewing:

1. Notices from the public health department

2. Notices and recommendations from the Center for Disease Control and Prevention

3. Current literature and recommendations from professional organizations as well as accrediting and regulatory agencies.

    - MCH continues with required continuous monitoring and reporting to appropriate regulatory agencies regarding incidence of MDRO and C-difficile, communicable diseases without appropriate precautions and regulatory compliance with Texas HAI Reporting via NHSN (National Health Safety Network) of Surgical Site Infections (SSI), CLABSIs in all units within facility, Total Knee Prosthesis, Total Hip Prosthesis, CBGB and CBGC, hysterectomies (total abdominal/vaginal), Colon surgeries, CEAs, and AAA.

    - CMS regulatory compliance via reporting through NHSN for CLABSIs in all units within the facility, CAUTI in all adult in patient units, SSI in colon procedures, SSI in hysterectomies, MRSA Bacteremia and C-difficile LABID events facility wide and reporting of H&W Influenza vaccination compliance.

    - CMS and DSHS regulatory compliance reporting of COVID-19 cases.

    - ECHD reporting of all COVID-19 cases.

- DSHS Texas notifiable conditions to appropriate heath departments.

DETERMINATION OF EFFECTIVENESS

Based on the information noted above, the Infection Control Program was determined to be effective in implementing its activities during the evaluation period. Activities which require improvement will be addressed by the program during the upcoming evaluation period.

In the event of outbreaks or other unanticipated developments, the Infection Prevention Committee will respond using science based and best practice evidence-based interventions.

This report will be submitted to the organization's entity charged with overseeing the infection prevention and control program, as well as the entity charged with overseeing the organization's patient safety program.

Infection Prevention Committee: Scheduled for review 11/2021
QAPI Committee: Scheduled for review 08/ 2021

Infection Prevention Director: Completed by Brenda Dalrymple RN, BSN
Infection Prevention Medical Director: Approved by Dr. Krishna Ayyagari:
Approved by IP Committee:
Approved by QAPI Committee:

Risk Management Plan FY 2022
POLICY MEMORANDUM

POLICY TITLE:	Risk Management Plan
POLICY NUMBER:	MCH- 5001
FUNCTION AREA:	Performance Improvement
POLICY APPLICABLE TO:	Organization Wide
POLICY EFFECTIVE DATE:	06/2019
POLICY REVIEWED:	07/01/2021
POLICY REVISED:	07/01/2021

ALTERNATE WORD SEARCH: Risk plan, Risk Management, Never events, Patient Safety, ORTS, Root Cause Analysis, RCA, FMEA,

Mission:
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.
Medical Center Health System is committed to providing a safe environment by assuring a high quality patient centered experience for our patients by maintaining acceptable standards of care, minimizing the risk of injury to patients and visitors and minimizing financial loss to the institution as a result of patient and/or visitor injury.

The Patient Safety and Risk Management Programs support the Medical Center Health System philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through the coordination of multiple organizational functions and the activities of multiple departments.

Purpose:
The Medical Center Heath System (MCHS) Risk Management Program's function is to maintain an organized program of loss prevention and loss control. The purpose is also to establish a framework for addressing a broad range of integrated administrative and

clinical functions to reduce losses associated with patients, employees, visitors, property loss or damage or other potential sources of liability.
The Risk Management Plan supports this function by:

- Identifying areas of risk in the clinical aspect of patient care and safety and/or visitor safety.
- Establishing the investigative and evaluation process applied to cases with identified or reported risk potential.
- Assuring timely investigation and intervention (as appropriate) into occurrences that are considered not meeting the standards of care and/or have resulted or could have resulted in patient harm.
- Developing policies and programs to reduce risk in clinical aspects of patient care and safety.
- Endorsing the National Patient Safety Goals as outlined by regulatory, licensing, and/or accrediting organizations and facilitates adoption of programs and protocols designed to achieve those goals.
- Establishing mechanisms to report risk management activities to the appropriate regulatory, licensing, and/or accrediting organizations as mandated by law.
- Promoting collaboration between risk management and performance improvement functions throughout the organization to decrease risk and identify opportunities for improvement.
- Participating in staff education programs focusing on topics relevant to patient safety, compliance, and other loss prevention areas.

Policy Statement:

Risk management activities are a part of Medical Center Health System quality management process and operates with the support and under the authority of the President and Chief Executive Administer and the Board of Directors through its annual approval of this plan. Risk events are those occurrences that are not consistent with the routine care of the patient, of a department, or of the facility. The investigation of the event affords the means for Performance Improvement in patient care, staff performance, and hospital processes/procedures. In order to meet its commitment and to provide quality health care and assure the continuing human, physical and financial integrity, the facility will maintain a comprehensive Risk Management Program in accordance with the provisions of applicable federal regulations, state standards, and The DNV GL Healthcare and other regulatory agencies.

Obligation to Report:

All employees and health care providers of MCHS directly or indirectly involved in the delivery of health care services are required to report any occurrence, act, or condition whether actual or a “near miss” that they believe:

- Is an actual error or holds potential for error
- May not meet the applicable standard of care
- Caused actual harm or injury to a patient
- Has reasonable probability of causing injury to a patient
- May be grounds for disciplinary action by the appropriate licensing agency

- Anything not normally expected to occur.

All occurrences must be reported prior to the end of the reporter's workday/shift but at a minimum within 24 hours of the discovery of the occurrence. The person with direct knowledge of the occurrence or the person discovering the occurrence must report the occurrence by completing and submitting the Occurrence Reporting and Trending System (ORTS) report form or via email to the Risk Management Office. "Knowledge of the Occurrence" means familiarity because of direct involvement *or* observation of the occurrence. After hours the occurrence must be reported to the Administrative Coordinator. See policy # MCH-4012.

A willful and knowing failure to make a required report may be subject to disciplinary action. All individuals reporting occurrences will be considered to be acting appropriately and in the interest of safety. The system will not discharge or otherwise discriminate against an employee for making a required report in good faith. All investigations and corrective actions will be handled discreetly and in a just and equitable manner for all parties concerned.

All interested parties also have the right to report directly to the Department of State Health Services at 1-888-963-7111 or if unable to resolve or diffuse an issue with an organization's patient advocate and would like to take further action, may contact DNV GL by calling 1-800-994-6610 or dnvglhealthcare.com/patient-complaint-report.

Leadership, Authority, and Scope:

In alignment with the top strategic organizational goal to provide a High Quality Evidence Based Practice MCHS follows the 5 essential principles of a High Reliability Organization:

- Preoccupation with failure
- Reluctance to simplify interpretations
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise

Hospital, Clinic and Medical Staff leaders have an integral role in promoting and fostering risk management activities and controls. These leaders include the Ector County Hospital District Board of Directors, MCHS Executive Staff, Elected Medical Staff Officers and Chairpersons, Quality & Patient Safety Leadership, and all MCHS Department Directors/Managers. The leaders foster and promote risk management through planning, educating, prioritizing challenges and solutions, analyzing resources, defining accountability, empowering staff, celebrating achievements and securing and safe-guarding protected information. The Risk Management Program shall include all departments, services and health care professionals. It shall be ongoing and include effective mechanisms to monitor patient care as well as identify, evaluate and resolve problems that impact the quality of services offered.

Roles and Responsibilities:

The ECHD Board of Directors has the ultimate responsibility and authority for the Risk Management Program of Medical Center Health System. Responsibility for implementation of the plan is delegated to the President/CEO, Chief Medical Officer, Chief Legal Counsel, and Director of Risk Management.

The Director of Risk Management is charged with the responsibility for the implementation and coordination of the Risk Management Program and is empowered with the authority and responsibility from the Board, Medical Staff, and Executive Staff that is necessary to carry out the functions and activities of the Risk Management Program.

The Director of Risk Management is qualified by education, training and/or experience to coordinate the functions and activities of the Risk Management Program.

In order to carry out the functions and activities and meet the responsibilities of the program, the Director of Risk Management shall have access to all necessary and relevant hospital and medical staff data, including but not limited to committee minutes, medical records, and medical staff and personnel files.

Executive Leadership and the Board of Directors' commitment to the Risk Management Program, including allocation of human and financial resources necessary to implement and maintain the daily functions of the program, is evidenced in writing by its approval of the Risk Management Plan.

In the absence of the Director of Risk Management, these functions may be performed/implemented by Chief Legal Counsel, Chief Executive Officer, Chief Operating Officer, or designee.

The Risk Management Program involves the interaction of the Board of Directors, the Medical Staff, Executive Leadership, and professional, technical and support services.

Board of Directors:

A. Review report findings, actions, and results of the risk management program activities and approves the actions taken and recommends further action and/or follow up.
B. Reviews the results of the annual evaluation and effectiveness of the risk management program.
C. Reviews and approves the Risk Management Plan annually.

Executive Leadership:

The Chief Executive Officer and Chief Legal Counsel are responsible for providing qualified personnel and adequate funding to support the proper functioning and operation of the risk management program. Executive Leadership will participate in assignment of

priorities for the investigation of problems, and, as appropriate, shall study and act upon problems that are identified through risk management activities.

Medical Staff:

The Medical Staff is responsible for the review and evaluation of patient care. The Medical Staff reviews and acts upon, as necessary, reports relating to risk management activities. The Medical Staff participates in the identification and resolution of problems affecting the delivery of quality patient care. The Chief Medical Officer will be notified of all risk management activities involving Medical Staff members.

Management/Leadership:

The department managers/directors are responsible for loss control and safety activities within their area and may designate other individuals within their area to perform specific exposure identification and evaluation activities, maintaining communication with the Director of Risk Management so that activities may be coordinated within the facility-wide program. Findings of risk management activities shall be used, as appropriate, in departmental educational program policy and procedure development, and in the evaluation of individual staff performance.

Staff:

All health care providers, employees, and volunteers for the facility are responsible for:

A. Reporting incidences, adverse or unusual occurrences, with or without injuries, to the Director of Risk Management.
B. Complying with safety and health standards and with the policies and procedures that apply to their job responsibilities in an effort to provide quality patient care and maintain a safe environment.

Director of Risk Management:

The Director of Risk Management has the authority and the responsibility to administer the facility Risk Management Program. The Director of Risk Management is responsible for developing and implementing appropriate measures to minimize the risk of injuries to patients, visitors, and staff, and management with the ability to cross lines of accountability and to influence and/or change behavior or all individuals within the facility. The Director of Risk Management's responsibilities include (but not limited to):

A. Review all occurrence and investigative reports, investigation of serious incidences, trending of data, recommending corrective action and continued monitoring to evaluate the actions taken.
B. Report specific occurrences with all federal, state, and other appropriate facility committee, departments and individuals.
C. Coordinate an ongoing program to educate Board members, Medical Staff, employees, and volunteers in risk management, safety and loss control matters at their initial orientation and at least annually thereafter.

D. Co-Manage with the Patient Experience/Service Excellence Director the patient/visitor complaint/grievance process to ensure that complaints and/or grievances are referred to the appropriate individual or committee for action, and that they are resolved in a timely manner. To work with the Director of Patient Experience/Service Excellence and/or Patient Advocate or designee(s) accordingly relating to all patient experience concerns therein.
E. Assist Executive Leadership as requested.
F. Participate in the process to review ethical issues.
G. Participate in the process for planning new services.
H. Act in an advisory capacity to all facility departments identifying and correcting unsafe conditions and/or practices.
I. Monitor the facility's risk financing program and report unprotected/under protected assets and new exposures to insurance carrier/provider and Chief Legal Counsel.
J. Maintain professional relationships necessary to stay knowledgeable in current regulations and standards to keep the Risk Management Program up-to-date.
K. Serve as liaison with the insurance carriers/provider for the purpose of reporting potential claims (including but not limited to professional liability, general liability, property and auto damage, etc.) and participate in the management of claims with Chief Legal Counsel and in accordance with current insurance carrier/provider guidelines.
L. The Director of Risk Management has authority to settle patient claims up to $2,500/per claim. Claims greater than $2,500 and less than $50,000 require Chief Legal Counsel, and/or CFO and President/CEO approval. Claims greater than $50,000 require Chief Legal Counsel, President/CEO and ECHD Board of Directors approval.

Key Elements of the Risk Management Program:

A. Claims Management

1. Claims management involves management of both actual or potential losses and litigation situations. It includes reporting serious occurrences and probable claims, general and professional liability losses, automobile and property losses and other types of losses, according to the procedures defined by Chief Legal Counsel and by the insurance carrier.
2. The claims management processes include investigation of potential and/or actual claims and the defense of claims and lawsuits in an effective manner as expeditiously and cost efficiently as possible.
3. Activities included, but are not limited to, interviewing and scheduling staff or witnesses, security medical records and/or imaging films, sequestering equipment, attending depositions and representing the facility at trial.

B. Risk Control and Risk Identification

Risk control, identification and reduction consists of developing, eliminating, minimizing or reducing exposures through education, pattern and trending occurrences, implementing projects to counteract high risk issues. The Director of Risk Management is responsible for identifying property, human and financial risk to the facility as well as implementing mechanisms to control and reduce risk.

C. Risk Analysis

Risk analysis consists of determining the potential severity of the loss associated with an identified risk and the probability that such a loss will occur.

D. Occurrence/Incident Reporting

The occurrence reporting system is part of the overall risk management program. The occurrence reporting system is a mechanism utilized to assist in risk reduction, risk identification and risk analysis. An ongoing evaluation and analysis of the reported occurrences is conducted, and appropriate action instituted when opportunities for improvement are identified.

1. Any occurrence with results in a potential for an actual injury to a patient, visitor, or employee or damage to the facility property or reputation will be reported through completion of appropriate occurrence reporting system.

2. Employees, volunteers, and medical staff members have an affirmative duty to report occurrences/incidents to the Director of Risk Management. The individual most directly involved or finding the occurrence/incident will be responsible for initiating and completing the report.

3. The report must be completed and submitted to the Director of Risk Management as soon after the occurrence as possible and must be completed and submitted during the shift that the occurrence is discovered.
4. The report is a factual description of the occurrence. Conclusions and subjective information should not be entered in the report.

5. The Director of Risk Management will be responsible for regular and systematic review of all occurrence/incident reports for the purpose of identifying exposures, trends and/or patterns. If an exposure trend or pattern is identified, the Director of Risk Management will develop recommendations for corrective actions or make a referral to the appropriate committee, department chairman, and/or manager/director.

6. The Director of Risk Management will prepare and submit occurrence trending reports to the Board of Directors, Executive Leadership, Medical Executive Committee, Environment of Care Committee, and the facility's designated Performance Improvement and/or Patient Safety Committee(s) at least twice annually but more frequently as directed or as information becomes available. Serious occurrences will be reported to the appropriate bodies immediately.

E. Education

Risk Management education/orientation for the Medical Staff, employees and volunteers is aimed toward methods of decreasing risk and controlling liability. It includes education resulting from evaluation of risk findings. Education can occur both formally and informally, at department or facility-wide levels.

Topics for education in risk education should include, but is not limited to, the following:

1. Patient safety
2. Risk Management notification and investigation processes
3. Legal aspects of medical care such as informed consent, confidentiality, EMTALA, etc.
4. Effective documentation and provider responsibilities
5. Professional liability and accountability
6. Any topic relating to findings from risk analysis which may help eliminate and reduce risk

F. Product Recall

The product recall program consists of implementing and tracking product recalls that occur that effect the facility. The Materials Management Director is responsible for oversight of the product recall program. The Director of Clinical Engineering will manage any recalled patient care equipment per policy. The Director of Risk Management will coordinate with the Director of Materials Management, Director of Safety and other Management Staff and the Director of Clinical Engineering will act as the liaison for physicians when circumstances are required.

G. Contract Review

All contracts involving clinical care will be reviewed by Chief Legal Counsel or designee to ensure adequate liability coverage from contracting parties, as well as any other issues which might place the facility at risk. The Director of Risk Management will act as directed by Chief Legal Counsel.

H. External Reporting

Incidents involving medical devices and other "reportable" occurrences are required to be reported to bodies outside of the facility, to comply with state and federal statutes and regulatory requirements. The Director of Clinical Engineering and the Director of Risk Management will be jointly responsible for ensuring that these incidents are reported in a timely and appropriate manner, and when appropriate, after consultation with Chief Legal Counsel and other Executive Leadership. Required external report includes the following (but is not limited to):

1. Safe Medical Device Action of 1990
   The Medical Device Reporting (MDR) regulation requires that device user facilities report to the device manufacturer when the facility determines that the device has or may have cause or contributed to the patient death or serious injury.
   There are three (3) types of serious injuries and they are not mutually exclusive: 1) Life threatening injuries; 2) Injuries that result in permanent damage or impairment, and 3) Injuries that require medical intervention to prevent permanent damage or impairment.

In the case of death, the facility must also send a copy of the report to the FDA. All reports of death or serious injury are to be submitted on FDA form 3500A within 10 working days from the time that any medical personnel employed by or affiliated with the facility becomes aware that the device may have cause or contributed to the death or injury.

Device user facilities include hospitals, outpatient diagnostic or treatment facilities, nursing homes and ambulatory surgical facilities. Outpatient treatment facilities include ambulance providers, rescue services, and home health groups. Nursing homes include hospice care for the terminally ill and services for the rehabilitation of the injured, disabled, or sick. Private physician offices and private office of other health care professionals are not considered to be device user facilities.

It is the joint responsibility of the Director of Clinical Engineering, Director of Safety and Director of Risk Management to report any incident in which there is information that reasonably suggest that a device has or "may have" caused or contributed to a death or serious injury of a patient.

(Follow/See Policy – Safe Medical Device Act)

I. Patient Grievances

A patient grievance is a written or verbal complaint by a patient, relative, or other representative relating to patient care or the quality of medical services provided. All efforts are undertaken to resolve each concern as quickly and effectively as possible (see Patient Grievance policy). An ongoing analysis of the reported occurrences is conducted, and appropriate action instituted when opportunities for improvement are identified. When required the Risk Manager will work jointly with the Patient Experience Director.

J. Additional Elements of the Risk Management Program

Additional elements of the Risk Management Program includes the Patient Satisfaction Program, Employee Health Program, Patient Safety Program, and the Environmental Health and Safety Program, which are governed by policies and procedures, and the Medical Staff credentialing activities, which are governed by the Medical Staff Bylaws.

K. Operational Linkages

The operational linkage between Risk Management, Safety, Resource/Case Management, and Infection Prevention/Control is accomplished through the following mechanisms:

1. Referral from concurrent review will be made to the appropriate department and/or committee.
2. Any identified occurrences related to clinical aspects of patient care and safety will be referred to the appropriate committee or department for investigation, analysis and process improvement.

3. Sentinel events, near miss evaluations and/or identified trends will be referred to the appropriate committee for evaluation and action.
4. If an opportunity to improve care is identified, the appropriate staff/department/committee will be notified and appropriate action developed, initiated, and monitored for effectiveness.

L. Record Retention

1. Copies of minutes of the Medical Staff committee meetings will be permanently maintained in the Medical Staff Office. Risk Management reports submitted to committees will be kept permanently with those committee minutes.
2. Probable claim reports and claim files will be secured in the Risk Management Department and/or Chief Legal Counsel offices until statute of limitations has expired and/or the claim is closed. Closed claims files will be kept permanently.

M. Confidentiality

1. Occurrence reports are prepared in good faith for the purpose of improving patient safety through thorough and credible evaluation of systems, processes and human factors involved in adverse occurrences.
2. Peer Review is conducted to improve care and services, provide oversight of caregivers and establish credible preventative programs. All those participating in Risk Management and/or Peer Review activities are bound to confidentiality of information both for the protection of patient privacy and to promote open and honest dialogue in an effort to prevent future occurrences. All reports, statements, memoranda, proceedings, findings and records of such proceedings shall be confidential and privileged, and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action.
3. Data collected for the purposes of risk management and performance improvement shall be considered confidential information and not discoverable in a court of law.
4. Committee members recognize that any and all data reviewed by them shall be held in strict confidence. Any breach of this confidence will result in disciplinary action, including, if applicable, termination.
5. All requests and/or subpoenas from attorneys or regulatory agencies for information pertaining to Risk Management and/or Performance Improvement activities or copies of related patient records therein must be reviewed by the Director of Risk Management and Chief Legal Counsel prior to release and/or response as directed therein.
6. Any photographic or videotaped recording, other than that deemed necessary for patient care or educational purposes must first be approved by the Director of Risk Management (who will validate appropriateness of release through Chief Legal Counsel) to ensure that the rights of patients and employees to confidentiality and privacy will not be breached.
7. Risk Management reports will be copied only for the purpose of communicating with appropriate committees, individuals or leadership, to evaluate the effectiveness of the facility's Risk Management Program.

Preliminary Investigation of Occurrences:

As soon as practical after receiving an occurrence report, the Director of Risk Management will notify the appropriate Department Director. The Department Director and/or supervisor/manager will conduct a preliminary investigation and complete a written summary of findings in accordance with *policy MCH-4012.* The Director of Risk Management will ensure that all affected Department Directors and/or supervisors/managers are made aware of the occurrence. *See policy MCH 4012.*

A statistical summary of occurrences shall be compiled by the Director of Risk Management and reported at least quarterly to the Quality and Patient Safety Council which is designated as the Patient Safety Committee of the hospital. Occurrences involving individual members of the Medical Staff will be forwarded to the Chief Medical Officer, the Medical Staff Peer Review Coordinator, and (as applicable) the appropriate Medical Staff Department Chairperson for executive session peer review. Occurrences involving individual members of the nursing staff will be forwarded to the Vice President/CNO, Nursing Peer Review for executive session peer review.

Root Cause Analysis (RCA):

In response to all Sentinel Events or near miss events, a Root Cause Analysis and resulting Performance Improvement Action Plan will be completed. *See Never Events, Sentinel Events, and Adverse Events Policy MCH-4024.* The Director of Risk Management will be responsible for ensuring compliance and ensuring monitoring of the improvement actions is occurring using the PDSA/PDCA (plan, do study act or plan, do check act) methodology.

Failure Mode and Effect Analysis (FMEA) or Process Hazard Analysis:

FMEA or Process Hazard Analysis are the methodology for proactive risk assessment. A FMEA or Process Hazard Analysis shall be conducted at least every 18 months on an organization-wide high-risk activity facilitated by the Risk, Quality and Patient Safety Leadership under the direction of the Quality and Patient Safety Council. Outcome measures will be included in all FMEA or Hazard analysis processes and monitored for at least one year to validate improvements. Results of the organization wide FMEAs or Hazard analysis processes will be reviewed by the Quality and Patient Safety Council and reported to the hospital's Governing Board. See FMEA policy.

Patient Safety:

The ECHD Board of Directors has ultimate responsibility for the adequacy of the Patient Safety Plan. Responsibility for implementation and maintenance of the plan is delegated to the President/CEO. As part of that delegation, the Director of Risk Management are responsible for facilitating, directing and monitoring patient safety initiatives in compliance with the National Patient Safety Goals and as outlined by the MCHS Patient Safety Program. *See Medical Center Health Organizational Culture of Safety Policy MCH-1109.*

Resource Allocation:

Medical Center Health System shall provide for a Director of Risk Management, clerical and staff support, and such other resources as are necessary to fulfill the provisions of this plan.

***Medical Center Health System Patient Safety Program* Policies:**

- Occurrence Reporting and Trending System (ORTS) Policy MCH-4012
- Legal Claim Processing-Notice of Claim/Lawsuit Policy PI-1017
- Depositions/Briefing Scheduling Policy PI-1018
- Product Recall Procedure Policy MCH -4041
- Personal Injury Occurrence and Emergency Care Policy MCH-4029 (Non-patient, non-employee)
- Patient Complaints and Grievances Policy MCH-2049
- Non-Punitive Reporting Policy MCH-4046
- Never Events, Sentinel Events and Adverse Events Policy MCH-4024
- Management of Patient Property Policy MCH-4031
- Medication Monitoring and Error Occurrence Reporting MCH-2063

Annual Program Evaluation:

The purpose, scope, organization, and effectiveness of the Organizational Risk Management Plan will be reviewed and evaluated annually and revised if necessary.

Status of Risk Management:

The Risk Management function of Medical Center Health System provided for in this plan and related policies, is intended to be and is a Professional Review Body (See Section 151.002(8), Texas Occupations Code) and an integral part of the Hospital's peer review process. The Director of Risk Management and all employees of or working with the Department are authorized by the Board of Directors of the Ector County Hospital District to evaluate and assist in the evaluation of the quality of medical and health care services provided by MCHS including but not limited to those services included in an occurrence report.

AUTHOR'S SIGNATURE	Director of Risk Management
This will be authorized electronically	
AUTHORIZING SIGNATURE(S)	Associate Chief Patient Experience Officer
This will be authorized electronically	
	Chief Nursing Officer/Chief Patient Experience Officer
	Chief Medical Officer
	Vice President Chief Legal Counsel
	President-ECHD Board of Directors
END OF POLICY	

Pharmacy & Therapeutics Committee
2022 Annual Plan

Purpose:

The Pharmacy and Therapeutics (P&T) Committee will:

1. Assist in the formulation of policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and other matters relating to drugs in the Hospital, including review of drug utilization;
2. Advise the Medical Staff and the Hospital's pharmaceutical department on matters pertaining to the choice of available drugs;
3. Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
4. Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs; and
5. Perform such other duties as assigned by the Chief of Staff or the Medical Executive Committee.

Multi-Year Strategic Plan: perform full drug class review of all current formulary medication drug classes (~150) by end of FY 2024 (Sept 2023) starting with highest priority first, review all medication-related powerplans (177) by end of FY 2023 (Sept 2022)

2022 Fiscal Year Organization Priorities: Complete at least 15 full drug class reviews by end of FY 2021 (Sept 2021), complete optimization of all high and medium-utilized medication-related powerplans (69) by end of FY 2021 (Sept 2021)

Scope: All physician groups, nursing, pharmacy, dietary, respiratory therapy and administration or anyone needing to be associated with policy, procedure, or formulary management related to medications may participate in MCHS P&T committee.

Overall Program Effectiveness: The P&T chairmen and P&T Pharmacy representative will assume responsibility for the overall integrity and effectiveness of the P&T committee. The P&T chairmen and P&T pharmacy representative in collaboration with the committee members, Quality Monitoring Committee (QMC), Medical Executive Committee (MEC), department leaders, physicians, and pharmacy and nursing staff will plan, coordinate, and improve medication management at MCHS.

Program effectiveness is ensured by the following:

1. Appropriate formulary and non-formulary medication use maintained
2. Appropriate non-formulary medication request for addition to formulary maintained
3. Standard process followed for medication review for addition or removal to/from formulary

4. Standard process for full formulary drug review established and maintained including evaluating effectiveness, safety, and financial considerations
5. Policies reviewed and approved in a timely manner
6. All improvement actions are evaluated for effectiveness

Medical Staff Responsibility: Medical staff participates as members of P&T, QMC, and MEC and serve as chairs for these committees. Medical staff also participate in initiatives and policy and formulary discussions regarding medications of their areas of expertise. Medical staff will also be asked to attend P&T on occasion to speak regarding topics specific to their areas of expertise.

Pharmacy Staff Responsibility: Pharmacists on staff often play a pivotal role in performing drug class reviews, literature reviews, reviewing and updating policies and procedures and providing this back to Pharmacy Clinical Manager. The Pharmacy Clinical Manager coordinates or participates in the review of all formulary requests, policy review or creation, EMR updates, and patient care initiatives that require medical staff approval. The Pharmacy Clinical Manager is responsible for preparing agenda and minutes associated with all P&T meetings. The Pharmacy Clinical Manager also prepares and presents agenda items at the monthly QMC meetings and prepares agenda for MEC regarding forwarded items from P&T and QMC.

Pharmacy & Therapeutics Committee: The members of P&T consists of at least five members of active medical staff. In addition to medical staff, a representative from pharmacy service, a representative from the nursing service, and a representative from hospital administration will serve as *ex officio* members of the committee. From time to time, other members or representatives of other hospital departments may be appointed to serve as ad hoc members to assist in review of particular issues.

The members of the P&T Committee are responsible for: reviewing agenda items and attachments before meeting starts, attending meetings and providing input and voting on items as appropriate, providing education back to their departments if appropriate

Communication: The Pharmacy and Therapeutics Committee will meet at least quarterly (or more often if necessary to fulfill its duties), will maintain a permanent record of its activities, and will submit reports and recommendations to the Medical Executive Committee. After items are approved at MEC each month, approved items are sent out as updates to appropriate staff via the following means:

- *Pharmacy:* monthly email regarding MEC updates, department newsletter, updates to pharmacy department page, announcement at huddle meetings
- *Physicians:* physician memos via email, individual discussions with providers in person/over email/messaging

- *Nurses or other departments*: email, medication safety committee agenda

Processes and Methodology:

1. Perform drug class review of all medications asked to be added or removed from formulary including (but not limited) to the following: indications, mechanism of action, dosing and administration, storage, pharmacokinetics, safety and tolerability, contraindications, drug interactions, clinical literature review, cost and pharmacoeconomics, recommendations
2. Strive to provide evidence-based medication therapy to MCHS patients
3. Efficacy and safety are top priority but pharmacoeconomics also considered in all medication therapy decisions
4. Use a multi-disciplinary approach to policy and medication therapy and formulary decisions
5. Ongoing formulary and medication ordering procedure improvement

Approved by P&T Committee: _____

Approved by QAPI Committee: _____

Case Management Plan
FY 2022

Purpose:

The Medical Center Hospital Case Management Plan explains the process by which Case Management will assess and improve the delivery of care to patients in an efficient and effective manner, regardless of payment source. The plan describes methods for conducting utilization review on the appropriateness of admissions, continued stays, extended stays, supportive services and discharge planning.

Policy:

The Case Management Plan contains reference to case management and utilization review. The case management component reflects the responsibility for the program to effectively manage resource utilization and assist with discharge planning. Utilization review refers to the actual process of reviewing patient care. This plan has been developed by the Care Management Department.

Authority:

The Ector County Hospital District Board, Administration, and the Medical Staff have delegated the responsibility and authority to the Care Management Department to monitor appropriate utilization of hospital services and resources.

Departmental Organization:

Hospital representatives from Administration, Health Information Management (medical records), Care Management, Quality Management, Social Service, and other disciplines as needed, will serve as ex-officio members of the Utilization/Care Management Committee.

At least two members of the UR committee will be Doctors of Medicine or Osteopathy. Physician members will be appointed to the UR committee by the Medical Executive Committee.

Upon invitation of the Chair, Co-Chair **or** Chief Medical Officer, other representatives of the hospital medical staff may attend the Utilization/Case Management Committee work sessions.

The committee or group's reviews may not be conducted by any individual who has a direct financial interest or was professionally involved in the care of the patient whose case is being reviewed.

The Utilization/Care Management Committee:

The Utilization/Care Management Committee (UM/CM Committee) will meet quarterly or more often as needed.

Membership is as per Medical Staff Office –Medical Staff By-Laws.

The responsibilities of the UM/CM Committee will be carried out by the whole committee, a subcommittee, or by delegated agents, such as the Physician Advisor or Designee, or the Utilization Review Nurses.

The responsibilities include:

- Assuring the development, maintenance and execution of an effective Care Management plan that will be reviewed and revised annually as necessary;
- Collaborating in monitoring and analyzing the review activities of the Utilization Review Nurses, RN Case Managers/Care Coordinators, Social Workers, Discharge Planners, the Director of Case Management and the Physician Advisor;
- Receiving reports from Compliance Department regarding CMS Recovery Audit activities;
- Monitoring the appropriate utilization of beds and support services through concurrent and retrospective reviews of the medical necessity for inpatient admissions, appropriate duration of stays and timely and appropriate professional services;
- Implementing action plans based on reported data, when necessary;
- Collaborating in the establishment and approval of criteria, standards, and norms for admission reviews; and to assist in continuing modification of such criteria, standards and norms;
- Recommending changes in patient care delivery, if indicated, by an analysis of review findings;
- Promoting the delivery of quality patient care, according to criteria set by physician peers, in an efficient and cost-effective manner. Any quality concerns identified during the review process will be referred to the Chief Medical Officer for evaluation and action;
- Report and/or refer, and provide education, with regard to UM/CM Committee findings, to the appropriate Medical, Surgical, or Hospital Based Services Section Chief.

Physician's Individual Plan of Care

Upon admission to the hospital, the attending physician and other personnel involved in the care of the patient will establish a written plan of care. The plan may include, but **is** not necessarily limited to the following:

- Diagnosis, symptoms, complaints, and/or complications indicating the need for admission;
- Current history and physical examination of the patient;
- Orders including, but not limited to, medications, treatments, diagnostic tests, activity and diet;
- Orders and activities which must be developed in accordance with the physician's instructions

All personnel involved in the care of any patient must review orders and activities as appropriate.

Method of Review/Review Process

Performance Review

The reviews falling under this Care Management Plan shall be conducted concurrently and/or retrospectively by the Director of Care Management, the Utilization Review (UR) Nurses, the Physician Advisor, and/or a member of the UM/CM Committee.

If the patient is in-house, reviewers must work in conjunction with the Care Management Department on those patients.

Utilization Review

The following information will be made available in order to perform utilization review:

- Patient's name;
- Attending physician's name;
- Date of admission;
- Ordered admission status;
- Plan of care;
- Initial and subsequent continued stay reviews;
- Date of operative procedure;
- Justification for emergency admission;
- Reasons for continued stay; and
- Other supporting data as defined by the Utilization/Care Management Committee.

Patients to be reviewed concurrently include:

- All inpatients regardless of payor source;
- Any patient with an identified utilization management concern brought to the attention of Care Management from any source;
- Transfers;

- Outpatient in a bed and Observation patients;
- Patients identified by peer review organizations and individual insurance companies.

Admission Review

Identification of all admissions will be made via Electronic Medical Record (EMR). Each new admission will include the patient's name, room number, physician, admission date, third party payor, admission diagnosis, and precertification number if required. The designated UR Nurse will generate a worklist of patients admitted the previous day from the EMR.

A UR Nurse will review each admission. This first level of review will consist of screening admissions and applying the appropriate acute care hospital level of care criteria to determine medical necessity for the ordered status of each admission.

A second level review occurs for a questionable case identified which cannot be approved by the UR Nurse. The UR Nurse will contact the attending physician for more information. If the UR Nurse cannot determine medical necessity, the case is referred to the Physician Advisor. The Physician Advisor will contact the attending physician when necessary to discuss the case.

If the Physician Advisor determines that inpatient hospitalization is not required, and the attending physician does not concur, a second physician may be consulted. This second opinion may be used, but is not necessary, to deny the admission.

The Business Office will issue a notification of denial to the patient in the form of a Hospital Issued Notice of Noncoverage (HINN) letter. Copies are given to the attending physician, the Business Office, the Case Management Department and the peer review organization. This notice includes a statement of the patient's right to appeal and the method to file such an appeal.

The UR Nurse will initiate a utilization management review and will document such review findings within the UM component of the electronic medical record (EMR). The UR Nurse will assign the first continued stay review date. All admission, subsequent continued stay, and extended stay reviews will be documented on this record.

When there is an avoidable delay in care, this will be noted in the EMR by the UR Nurse as an Avoidable Day. The UR Nurse will make verbal contact with the involved department or provider to expedite appropriate utilization. The Physician Advisor or Chief Medical Officer may be asked to intervene if necessary.

Continued Stay Concurrent Review

Once admission is approved, continued stay reviews will be performed by the UR Nurses as they deem necessary, when problems or trends are identified which warrant a more focused review, or as requested or required by regulatory agencies and/or commercial insurance.

The Center for Medicare and Medicaid Services (CMS) geometric mean length of stay (GMLOS) by MS-DRG as published in the Federal Register will be used as a guideline for length of stay comparisons. This may vary depending upon the age/disability of the group of the patients.

The UR Nurse will review patient records for the level of service provided and the need for continued hospitalization.

If it becomes apparent that further inpatient hospitalization is not justified, the UR Nurse will contact the attending physician. If the physician agrees, the patient will be discharged. If there are undocumented factors which result in the criteria not being met, the attending physician concurs that further hospitalization is not justified, but the patient objects to the discharge, the UR Nurse will contact the Physician Advisor to review the case and authorize the issue of a Hospital Issued Notice of Noncoverage (HINN) letter. Notification of denial is issued to the patient by the Business Office in the form of a Hospital Issued Notice of Noncoverage (HINN) letter, with copies given to the attending physician, the Business Office, the Care Management Department and the peer review organization. This notice includes a statement of the patient's right to appeal and the method to file such an appeal. The Business Office will complete the notice letter after the Physician Advisor determines that the inpatient stay is not justified. The letter shall contain sufficient documentation of reconsideration of the determination. The right of the reconsideration shall exist even though the patient has left the hospital before filing the reconsideration request. The notice shall specify time frames for reconsideration and the procedures for requesting reconsideration.

If discharge screens are met but the attending physician does not agree to discharge the patient, the process for referral to the Physician Advisor is the same as for admission review. If the Physician Advisor agrees that continued stay is not justified, and the attending physician is not in agreement, the case may be referred to Chief Medical Officer for a second opinion. This second opinion may be used, but is not necessary, to deny the continued stay.

Medical Center Hospital will follow procedures described in CMS rules for patients serviced with Hospital Issued Notice of Noncoverage Letters.

Extended Stay Concurrent Review

An extended stay is defined as any patient with a hospital length of stay (LOS) greater than 4 days and exceeding the assigned working DRG GLOS.

Monthly Discharged accounts with greater than 4-day LOS and exceeding the final DRG GLOS will be report to the UM/CM Committee. The report will include the identified contributing factors that led to the Extended Stay.

Review of the Individual Days of Care

Utilization-related concerns, e.g., underutilization of services, avoidable days, inefficient scheduling of resources, and appropriateness of services, are identified through both the referral of the review of case management pattern analysis and the performance improvement process.

During the concurrent review process, the UR Nurse will also identify possible avoidable days, due to delays/unavailability of hospital services, delays in test results, social or placement problems, missed orders or delays attributed to patient or physician convenience that lead to unnecessary days of hospitalization. These Avoidable days will be documented in the EMR. The Avoidable Days will be tracked, and trends will be reported *ad hoc* to the UM/CM Committee and discussed with the departments, providers, or agencies involved.

The UR Nurses will screen for underutilization of services during the concurrent review process.

- Patient records will be screened for patient care services not ordered and/or provided. Records will also be reviewed for appropriate utilization of critical and intermediate care beds, as well as following up on abnormal test results. When concerns are identified, the Physician Advisor or Chief Medical Officer will be notified for possible immediate intervention.
- The UR Nurses review medical records concurrently to ascertain that discharge screens are met prior to the patient's discharge. If discharge screens are not met and the discharge order is written, the UR Nurse will contact the attending physician. If necessary, the Physician Advisor or Chief Medical Officer will be notified for immediate intervention.

- Review for the appropriateness of care of designated high volume, high cost, and high-risk services in areas such as radiology, GI lab, surgery and laboratory will be reported at the UM/CM Committee as trends are identified.

Preventable Readmission review

- **Readmission** is defined as a patient having an unplanned inpatient admission to Medical Center Hospital within 30 days of discharge from a previous inpatient admission at Medical Center Hospital.

Readmissions will be identified from a daily report generated by the EMR. A readmission review will be performed, and a notation will be made of whether the readmission was avoidable. This information will be addressed and discussed with any provider or facility involved with the readmission. The information will be utilized to improve the post-acute care of the patient to prevent further readmission to an acute care hospital. Monthly readmission data will be reported to the UM/CM Committee.

Medical Care Evaluation Studies

The UM/CM Committee shall assist in selecting and conducting patient care review studies within the hospital. The committee shall determine when a focused review is needed on areas identified as problematic, through pattern analysis of DRGs, practitioners or services. The results of the study shall be documented and recommendations for corrective action to improve identified areas will be made to the appropriate medical staff or hospital committee. Recommendations made as a result of these studies may include continuing education or corrective action to provide more efficient use of hospital services.

Medical care evaluation studies may include analysis of admissions, length of stay, the provision of ancillary services, including medications, and professional services performed. Sources of data used to conduct these

studies include the medical record, data profiles from hospital information systems and cooperative endeavors with the peer review organizations, fiscal intermediaries and other appropriate agencies.

Conduct of Reconsideration

The conduct of reconsideration is the procedure for requesting an appeal. This function will be performed by the peer review organization.

Exchange of information regarding the reconsideration will be between the hospital, peer review organization and/or the fiscal intermediary.

The hospital shall furnish to the peer review organization and the fiscal intermediary the written notice of adverse initial determination made by the hospital with regard to services to a beneficiary. The written notice will be in the form of the Hospital Advance Beneficiary Notice (HABN) letter advising the patient that benefits will cease after a specified date.

Hospital Administration

The hospital administration shall provide assistance to assure proper functioning of the Case Management Program to assure that the information is appropriately assembled, to provide secretarial assistance, and to provide meeting space. Administration shall be responsible for considering and acting upon decisions and recommendations stemming from the case management functions with respect to hospital policy, procedures and staffing.

Physician Advisor and Review Personnel

The Physician Advisor will be consulted whenever:

- The UR Nurse has reason to believe that an admission, continued stay, or service lacks medical necessity based on established criteria;
- The UR Nurse cannot make a decision as to medical necessity for acute care;
- A question exists regarding the quality of care being provided; or
- Assistance is needed in the implementation of discharge planning either by the patient, family or attending physician.

The Physician Advisor has the authority to initiate denial of preadmission, admission, or continued stay pending the peer review organization's review. Any physician member of the UM/CM Committee or Chief Medical Officer or section chief may serve as Physician Advisor if the usual Physician Advisor is unavailable or clinically participating in the case under discussion.

Discharge Planning/ Social Services

The process of discharge planning begins prior to, or at the time of, admission for all patients. The UR Nurses and/or Case Managers screen patients to assess their potential post hospitalization needs and identify hospital readmissions. The Case Manager, Social Worker, and/or Discharge Planner work with the attending physician, the patient and the patient's family to promote continuity of care post discharge without delaying the initiation of discharge planning until the physician writes the discharge order. Input regarding the need for continued post-hospital care is sought from nursing as well as ancillary departments. The Case Manager and/or Social Worker assess discharge planning needs regarding nursing home, home health care, hospice or transportation. Discharge planning activities include provisions for, or referral to, services required to improve or maintain health status post discharge.

Revision and Review

The Case Management Plan will be reviewed annually by the Care Management Department and revised as necessary. The Medical Executive Committee and the Ector County Hospital District Board will approve any revision of the plan.

References:

Medical Staff Office – Medical Staff Bylaws, Medical Center Hospital, Odessa Texas

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

Quality Assurance, Performance Improvement (QAPI) Plan FY 2022

Purpose: Medical Center Health System develops, implements, evaluates, and maintains an effective, ongoing, hospital-wide data driven QAPI program. The program reflects the complexity of the hospital and all services provided, focuses on indicators related to improved outcomes, proactively identify areas of risk, and takes actions that address the hospital's performance across the spectrum of care. Performance improvement projects are implemented, monitored, and revised as necessary to achieve success, and assure that improvements are sustained over time.

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

Vision: MCHS will be the premier source for health and wellness

Multi-year Strategic Plan: Impact all organization pillars, People, Finance, Quality, Experience and Growth, to achieve a 5-Star CMS Rating by 2023.

QAPI Scope: To achieve the goal of delivering high quality care, all departments - both clinical and non-clinical, are given the responsibility and authority to participate in MCHS QAPI.

Governing Board Responsibility: The MCHS Board of Directors of Medical Center Hospital is ultimately responsible for assuring that high quality care is provided to our patients. The Board delegates the responsibility for implementing this plan to the Quality and Patient Safety Division through its QAPI plan, and to the committees and departments working under the authorization of the QAPI Committee, and to the hospital's Executive Leadership Team.

Overall Program Effectiveness: The Director of Quality & Patient Safety and Quality Improvement Officer assumes responsibility for the overall integrity and effectiveness of the QAPI program. The Director of Quality & Patient Safety and Quality Improvement Officer will collaborate with the QAPI Committee, leadership team, department heads, Clinical Managers, CEO, Governing Body, and all other organization staff as appropriate to plan, direct, coordinate, and improve MCHS quality and safety of care, services provided, and organizational operations.

Program effectiveness is ensured by the following:

1. An ongoing program for quality improvement and patient safety is defined, implemented, and maintained.
2. The program reflects the complexity of Medical Center Health System and all services provided, focuses on indicators related to improved outcomes, and takes actions that address the agency's performance across the spectrum of care.
3. QAPI efforts address priorities for improved quality of care, and patient safety.
4. All improvement actions are evaluated for effectiveness.
5. Clear expectations for patient quality/safety are established, implemented, and maintained.
6. Findings of waste are appropriately addressed.

Leadership Responsibility: CEO and Senior leadership are responsible for developing the quality objectives included in this QAPI Plan. CEO and Senior leadership set priorities, provide leader emphasis,

and allocate necessary resources to support the plan. Leadership will ensure that quality actions are based upon strategic plan therefore ensuring the future of quality health care for our patients and community. CEO and Senior leadership are responsible for monitoring outcomes of performance improvement and assisting with key processes when the need arises.

Medical Staff Responsibility: The medical staff at Medical Center Health System participates in surgical case review; blood usage review; medical record review; infection control; pharmacy and therapeutics review; mortality review; utilization management, including denials issued by payers; review of transfers to other facilities; credentialing and will serve, from time to time, as liaisons to Quality and Performance Improvement activities. Identified medical staff leaders and subject experts may serve on additional committees and project teams under the authorization of the QAPI Committee. The goal is to improve the quality and safety of care that is provided to the patients at MCHS.

Manager/Department Staff Responsibility: Every department, both clinical and non-clinical, within MCHS is responsible for implementing quality assurance and performance improvement activities. Each department manager/director is responsible for setting goals that give direction for process improvement. Managers and department staff identify quality indicators, collect and analyze data, develop and implement changes to improve experience, quality of care and service delivery. Ongoing monitoring and presentation to the QAPI Committee assures that improvement is made and sustained. The goal is to improve the quality and safety of care that is routinely provided to the patients at MCHS. (Please see appendix A for tentative QAPI report schedule)

QAPI Committee: The QAPI Committee is an interdisciplinary team chosen to oversee the Quality Assurance Performance Improvement activities throughout MCHS. The members shall include representation from the following areas: Administration, Nursing, Pharmacy, Ancillary Services, Health Information Management, Information Risk/Safety Management, Quality Facilitator/Management Representative, and Medical Staff Members.

FY 2022 QAPI Council Members	
Roll	**Member**
Committee Facilitator	Nicole Hays (Non-Voting)
Administration	Steve Ewing
Nursing	Christin Timmons
Ancillary	Eva Garcia
Pharmacy Services	James Palmer
Health Information Management	Amanda Mancha
Information Technology	Karl Kissinger
Risk/Safety Management	Mary Gallegos
Quality Facilitator/Management	Courtney Look
Medical Staff Member	Chief of Staff or designee

The members of the QAPI Committee are responsible for:

- Members shall be present at monthly QAPI meetings or designate an alternate in their place. (Alternates shall be briefed prior to meeting according to previous QAPI minutes)
- Assuring that the review functions outlined in this plan are completed.
- Prioritizing issues referred to the QAPI Committee for review.
- Assuring that the data obtained through QAPI activities are analyzed, recommendations made and appropriate follow up of problem resolution is done; Incorporating internal and external sources of benchmarking data, Hospital Compare data, HCAHPs data, Leapfrog data, etc.
- Identifying other sources, such as the DNV NIAHO and ISO standards, for incorporation into the hospital's overall quality improvement efforts.
- Reporting on ongoing findings, studies, recommendations, and trends to the Governing Board at minimum annually; reporting to QMC annually; and reporting to hospital staff as appropriate.
- Identifying educational needs and assuring that staff education for quality improvement takes place.
- Recommending further action, as necessary, by appointing sub committees or teams to work on specific issues or to send projects through the Alignment Room Process.
- Assuring that the necessary resources are available.

Communication: QAPI Council provides oversight of performance improvement activities. The Director of Quality and Patient Safety and Quality Improvement Officer facilitate performance improvement activities and functions as the central clearing house for quality data and information collected throughout the facility. Data tracking, trending and aggregates from a variety of sources will be used to prepare reports for the governing board, quality council and the medical staff when requested. Communication on organizational and departmental performance is ongoing via Balanced Score Cards.

Quality Improvement Processes and Methodology: The Quality Assurance and Performance Improvement plan is a framework for the organized, ongoing and systematic measurement, assessment and performance improvement activities.

Outside sources/comparative databases, such as professional practice standards, national and state benchmarks, etc., will be used to compare our outcomes and processes with others, identifying areas to focus quality improvement efforts.

Our methodology/process includes (but not limited to):

- Ongoing monitoring and data collection
- Problem identification and data analysis
- Identification/implementation of action plans
- Evaluation/enhancement of actions
- Measures to improve quality on a continuous basis and sustain excellence
- Performance improvement teams, which may be inter or intradepartmental, that look at issues to identify opportunities to improve processes and outcomes using the following methods.
    - Lean
    - Plan, Do, Study, Act (PDSA)
    - Rapid Cycle Improvement

- Six Sigma (DMAIC)
- Benchmarking
- Dashboards and/or Scorecards
- Etc.

_____
Associate Chief Patient Experience Officer

_____
Chief Nursing Officer

_____
Chief Medical officer

_____
Chief Executive Officer

NURSING SERVICES

POLICY MEMORANDUM

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

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:

1. 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.
2. The hospital shall adopt, implement, and enforce a written staffing plan. A. The Staffing

   Plan will:

   1) Be consistent with standards established by the Nurse Practice Act, Texas Board of Nurse Examiners, and the Texas Hospital Safe Staffing law.
   2) Be developed based upon a review of the code of ethics developed by the nursing profession through national nursing organizations.
   3) Utilize outcomes and nurse-sensitive indicators as an integral role in establishing and evaluating the adequacy of the staffing plan.

a. Patient outcomes may include, but not limited to, patient falls, adverse drug events, injuries to patients, skin breakdown, pneumonia, infection rate, upper gastrointestinal bleeding, shock, cardiac arrest, length of stay, or patient readmissions.

b. Operational outcomes include, but not limited to, work related injury or illness, vacancy and turnover rates, nursing care hours per patient day, on-call use, or overtime rates.

c. Valid patient complaints related to staffing levels.

B. A Staffing Advisory Committee will evaluate patient and operational-related outcomes, valid patient complaints, and nurse-sensitive indicators on at least a quarterly basis.

C. This evaluation and any recommendations will be documented in the committee minutes and will be forwarded to the Hospital Board semi-annually. Results will be communicated back to the Staffing Advisory Committee.

3. The Staffing Plan

A. The Plan will be reviewed at least annually by the Staffing Advisory Committee.

B. The Plan will be retained for a period of 2 years.

C. 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. This process should include:

1) A prohibition on retaliation for reporting concerns.
2) An ability of nurses to report concerns in a timely manner through appropriate channels.
3) Orientation of nurses on how to report concerns, to whom, and when.
4) A process for providing feedback on concerns addressed by the Staffing Advisory Committee.
5) The use of the nurse safe harbor peer review process, with communication provided to the Staffing Advisory Committee.

D. The staffing levels described in Section 4 below will be used to establish the staffing plan.

4. At a minimum, the following factors shall be considered in the determination of staffing levels:

A. Patient characteristics and number of patients for whom care is provided, including number of admissions, discharges, and transfers.

B. Intensity and variability of the patient care being provided.

C. Scope of services.

D. Context within which care is provided, including architecture and geography of the environment and the availability of technology.

E. Nursing staff characteristics, which include staff consistency and tenure, preparation and experience, and the number and competencies of clinical and non-clinical support staff the nurse must collaborate with or supervise.

5. Guidelines in determining nursing staffing levels will include but not limited to the following:

   A. Establishing presumptive or initial staffing levels that are recalculated at least annually or as necessary.

   B. Establishing staffing levels on a unit-by-unit basis or by alternative means, as appropriate.

   C. A review of staffing levels is completed every 4 hours including the acuity of the patient and any other necessary factors as needed by Charge Nurses and Administrative Coordinators. Levels are adjusted according to staffing matrix, patient acuity, and availability of staff.

6. Variances between desired and actual staffing levels are documented including the explanation. Reports will be reviewed daily by a Unit Director and as needed by the Staffing Advisory Committee. Patient care assignments will be congruent with documented competency. Medical Center Health System does not require the use of mandatory overtime. Mandatory overtime is defined as being required to work beyond hours or days scheduled, but does not include time before or after a shift.

7. However, certain circumstances might necessitate the usage of mandatory overtime on a temporary basis in circumstances such as:

   A. Severe weather in which one shift would have to wait for another shift to report to work.

   B. Internal/External disasters in which you would need to call in staff.

8. Report process for nursing personnel when they have a concern about staffing issues.

   A. Nursing personnel may call extension 1138. Information required:

      1) Unit
      2) Date/Time
      3) Concerns

   B. Performance Improvement department will forward any ORTS report where a staffing issue was identified to the Staffing Advisory Chairperson for discussion in the Committee.

   C. The concern will then be investigated by the Staffing Advisory Chairperson and reported to Staffing Advisory Committee for evaluation, recommendations and possible solutions.

   D. Staffing Advisory Suggestion Box placed outside of the cafeteria for the allowance of anonymous concerns to be addressed by Staffing Advisory Committee and results/findings communicated out to appropriate staff.

AUTHOR'S SIGNATURE	
	Divisional Director of Nursing Administration

AUTHORIZING SIGNATURE(S)	
	Vice President/Chief Nursing Officer
	President/Chief Executive Officer
	Board President Ector County Hospital District

September Board Report 2021

Regional Services

Site Visits

Reeves- Met with Brenda CEO, discussed current caseloads and resources available while MCH remains on diversion. Brenda stated they are seeing an increase in ED visits and are having issues getting patients transferred. I have let her know we will be keeping a triage list in the transfer and accept patients as quickly as possible. I have let them know we will be using a new system soon for transfers and more to come on that.

Ft Stockton- Met with Betsey, discussed current caseloads and resources available while MCH remains on diversion. Betsey stated they are seeing an increase in volume in all areas and still looking for RT at this time. I have provided her with our RT department information for resources as needed.

Crane- Met with Dianne, Pat, and nursing staff. We discussed current caseloads and resources available while MCH remains on diversion. Dianne stated she is very thankful for the help MCH has provided them recently and glad to have such a great regional partnership.

McCamey- Spoke with staff and physicians. They are seeing an uptick of people requesting vaccines in the area, they are giving more and more out daily. She stated they might need more very soon. I have let her know I can connect her with Amanda to arrange if they are needed. I provided Dr Addison information about the Regeneron clinic, he was able to refer patient the same day. He was glad to know we are doing that in our area.

Rankin- met with CEO and CNO, discussed current caseloads and resources available while MCH remains on diversion. They stated they are willing to help with less acute patients if needed. Discussed their oxygen capabilities and the type of patients they can assist with if needed. I have let them know I will really this information back to our team. No needs at this time.

Community Outreach

Introduced Trudian Lester NP to all Urgent Cares in Odessa. I will take back for follow up in the next upcoming months. All physicians were pleased to know we are continuing to add to our primary care as they have patients daily needing to establish primary care in the community.

Clinic Rounds:

Dr Casanova

Dr Prasad

Rhonda White

Telehealth

MCH Procare- 306 visits

MCH employees- 17 visits