ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
OCTOBER 1, 2019 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS

AGENDA

I. CALL TO ORDER ..... Don Hallmark, President

II. INVOCATION ..... Chaplain Farrell Ard

III. PLEDGE OF ALLEGIANCE ..... Don Hallmark

IV. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM .... Don Hallmark, p.4

V. AWARDS AND RECOGNITION

A. Recognition of Mary Thompson..... Don Hallmark

B. October 2019 Associates of the Month..... Russell Tippin

- Clinical: Raleigh Stahl, Special Imaging Technologist, Diagnostic Radiology
- Non-Clinical: Maggie Marquez, Quality Control Analyst, Purchasing
- Nurse: Daniela Flores, RN Service Coordinator, Operating Room

C. September 2019 Patient Satisfaction Winners ..... Russell Tippin

- Medical Practice: MCH ProCare Cardio Golder, 100th Percentile
- Inpatient: 3 West Inpatient Rehab, 100th Percentile
- Outpatient: Physical / Occupational / Speech Therapy, 100th Percentile

VI. CONSENT AGENDA..... Don Hallmark, p.5-90
(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 Special Meeting Minutes, September 3, 2019
B. Consider Approval of Regular Meeting Minutes, September 3, 2019
C. Consider Approval of Joint Conference Committee, September 24, 2019
D. Consider Approval of Federally Qualified Health Center Monthly Report, August, 2019

E. Consider Approval of January 2020 through January 2021 Board/Finance Committee Meeting Dates

January 7, 2020	*To Be Determined (Board Retreat)*	October 6, 2020
February 4, 2020	June 2, 2020	November 3, 2020
March 3, 2020	July 7, 2020	December 1, 2020
April 7, 2020	August 4, 2020	January 5, 2021
May 5, 2020	September 1, 2020	

VII. COMMITTEE REPORTS

A. Finance Committee ..... Bryn Dodd, p.91-158
1. Financial Report for Month Ended August 31, 2019
2. Consent Agenda
   a. Consider Approval of LifePak Defibrillators and AEDs
3. Capital Expenditure Request
   a. Consider Approval of Cianna Scout System
   b. Consider Approval of Shimadzu RadSpeed ProA80 X-Ray Unit – WSMP

VIII. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS ..... Russell Tippin

A. Consider Authorization for Chief Executive Officer to Enter Into New Power Management Agreement ..... Matt Collins

B. Clinical Perfection C DIFF Team Presentation ..... Charlotte Carr

IX. 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; (3) Deliberation and evaluation of officers and employees of Ector County Hospital District pursuant to Section 551.074 of the Texas Government Code; (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (5) Information that, if released or disclosed, would give advantage to a competitor as per Section 552.104 of the Texas Government Code; and (6) Advice, recommendations, opinions, or other material reflecting the policymaking processes of the Ector County Hospital District as per Section 552.111 of the Texas Government Code.

X. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements

XI. ADJOURNMENT ..... Don Hallmark

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
SPECIAL MEETING
SEPTEMBER 3, 2018 – 5:00 p.m.

MINUTES OF THE MEETING

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

OTHERS PRESENT: Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Christin Timmons, Chief Nursing Officer
Dr. Sari Nabulsi, Chief Medical Officer
Matt Collins, Chief Operating Officer
Dr. Donald Davenport, Vice Chief of Staff
Dr. Gary Ventolini, TTUHSC Permian Basin
Miles Nelson, Legal Counsel
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Don Hallmark called the meeting to order at 5:00 p.m. in the Board Room of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. PUBLIC HEARING

Don Hallmark stated *"As required by Ector County Hospital District Enabling Legislation, the Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed Fiscal Year 2020 Operating and Capital Budget. For those wishing to make public comments and who have not already done so, please sign in with Ms. Ramos, the ECHD Board Secretary. Comments to the Board will be limited to 3 minutes. Each speaker will be given a 1-minute warning prior to the expiration of the 3-minute time limit."*

There were no members of the public who requested to address the ECHD Board of Directors.

III. CONSIDER APPROVAL OF THE FY 2020 OPERATING AND CAPITAL BUDGET

Don Hallmark opened the floor to Steve Ewing, Chief Financial Officer, to provide the review of the FY 2020 Operating and Capital Budget.

Richard Herrera moved and David Dunn seconded the motion to approve the FY 2020 Operating and Capital Budget as presented. The motion carried unanimously.

IV. CONSIDER APPROVAL OF THE FY 2020 MCH PROFESSIONAL CARE FUNDING AGREEMENT

Steve Ewing presented the FY 2020 MCH Professional Care Funding Agreement. In consideration of listed medical services provided by MCH ProCare, Ector County Hospital District agrees to pay MCH ProCare a Support Payment for the covered services not to exceed $23,500,000.00 for the Ector County Hospital District's fiscal year ending September 30, 2020. The Support Payment shall be paid in an amount determined by Ector County Hospital District to approximately equal any anticipated or incurred Pro Care deficiency in operating expenses for medical services.

David Dunn moved and Richard Herrera seconded the motion to approve the FY 2020 MCH Professional Care Funding Agreement as presented. The motion carried unanimously.

V. CONSIDER APPROVAL OF THE 2019 AD VALOREM TAX RATE

Steve Ewing presented the Resolution of the Board of Directors of the Ector County Hospital District as follows:

TAX RESOLUTION OF THE BOARD OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT IN ECTOR COUNTY, TEXAS

On the 3rd day of September 2019, at a Special Meeting of the Board of Directors for the Ector County Hospital District (ECHD), a government entity, held in the City of Odessa, Ector County, Texas with a quorum of the Board Members present, the following Resolution was adopted:

WHEREAS, the ECHD has been duly organized in accordance with the laws of the State of Texas; and

WHEREAS, it is necessary that the ad valorem taxes be levied for the Maintenance and Operations of ECHD for the fiscal year 2020 and tax year 2019;

WHEREAS, the Tax Assessor-Collector has certified and published an effective tax rate for 2019 of $0.112720 on each one hundred dollars ($100) of valuation and a proposed tax rate of $0.112720 on each one hundred dollars ($100) of valuation as required by the Texas Tax Code;

WHEREAS, the Board of Directors of the ECHD has previously adopted and approved a budget for the 2020 fiscal year in compliance with state law;

WHEREAS, the Board of Directors of the ECHD has complied with all procedural requirements for the setting of the 2019 ad valorem tax rate as specified by the Texas Tax Code; and

WHEREAS, upon motion made by David Dunn and seconded by Bryn Dodd to pass, approve and adopt this Resolution setting the ad valorem tax rate for 2019.

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of ECHD to adopt the following ad valorem tax rate:

$0.000 per $100 valuation for debt service and $0.112720 per $100 valuation for Maintenance and Operations with a total tax rate of $0.112720 per $100 valuation for tax year 2019.

THE FOLLOWING VOTE WAS RECORDED:

Bryn Dodd (District 1)	Yes: ____	No:____	Absent:____
Mary Lou Anderson (District 2)	Yes: ____	No:____	Absent:____
Richard Herrera (District 3)	Yes: ____	No:____	Absent:____
David Dunn (District 4)	Yes: ____	No:____	Absent:____
Don Hallmark (District 5)	Yes: ____	No:____	Absent:____
Wallace Dunn (District 6)	Yes: ____	No:____	Absent:____
Ben Quiroz (District 7)	Yes: ____	No:____	Absent:____

THIS TAX RATE WILL RAISE MORE TAXES FOR MAINTENANCE AND OPERATIONS THAN LAST YEAR'S TAX RATE.

BE IT FURTHER RESOLVED that, upon the adoption of this Resolution, the Secretary of the Board of Directors of the ECHD shall certify to a copy of this Resolution and forward to the Ector County Assessor and Collector of Taxes.

This Resolution shall take effect from and immediately upon its adoption.

_____
Don Hallmark, President
Ector County Hospital District
Board of Directors

_____
Jan Ramos, Secretary
Ector County Hospital District
Board of Directors

David Dunn moved and Bryn Dodd seconded the motion to adopt the TAX RESOLUTION OF THE BOARD OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT IN ECTOR COUNTY, TEXAS, as presented. The following vote was recorded:

Bryn Dodd	Yes
Mary Lou Anderson	Yes
Richard Herrera	Yes
David Dunn	Yes
Don Hallmark	Yes
Wallace Dunn	Yes
Ben Quiroz	Yes

There being five votes for and none against, NOW, THEREFORE BE IT RESOLVED AND ORDERED by the Board of Directors of ECHD to adopt the following ad valorem tax rate: $0.000 per $100 valuation for debt service and $0.112720 per $100 valuation for Maintenance and Operations with a total tax rate of $0.112720 per $100 valuation for tax year 2019.

VI. ADJOURNMENT

There being no further business to come before the Board, Don Hallmark adjourned the meeting at 5:07 p.m.

Respectfully submitted,

Jan Ramos, Secretary
Ector County Hospital District Board of Directors

Medical Center Health System
Your One Source for Health

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
SEPTEMBER 3, 2019 – 5:30 p.m.

MINUTES OF THE MEETING

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

OTHERS PRESENT:
Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Christin Timmons, Chief Nursing Officer
Matt Collins, Chief Operating Officer
Dr. Sari Nabulsi, Chief Medical Officer
Dr. Fernando Boccalandro, Chief of Staff
Dr. Donald Davenport, Vice Chief of Staff
Miles Nelson, Legal Counsel
Jan Ramos, ECHD Board Secretary
Various other interested members of the Medical Staff, Employees, and Citizens

I. CALL TO ORDER

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

II. INVOCATION

Chaplain Farrell Ard offered the invocation.

III. PLEDGE OF ALLEGIANCE

Don Hallmark led the Pledge of Allegiance to the United States and Texas flags.

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

V. AWARDS AND RECOGNITIONS

A. September 2019 Associates of the Month

Russell Tippin introduced the September 2019 Associates of the Month as follows:

- Clinical: Cecilia Von Schoettler, Registered Cardiovascular Technologist, Echo Lab
- Non-Clinical: Anusha Donepudi, Software Engineer, IT Works
- Nurse: Yesinia Anzures, Clinical RN, 9 Central

B. August 2019 Patient Satisfaction Winners

The following units were recognized for their Net Promoter scores:

- Medical Practice: Endocrinology, 100th percentile
- Inpatient: 5 Central, 100th percentile
- Outpatient: Infusion Services and Wound Care, 100th percentile

C. NCDR Chest Pain – MI Registry 2019 Silver Performance Achievement Award

Rene Rodriguez, Divisional Director of Cardiovascular Services, reported on Medical Center Hospital receiving the MI Registry 2019 Silver Performance Achievement Award. Only 86 hospitals nationwide received this honor and Medical Center Hospital has demonstrated sustained achievement in the Chest Pain – MI Registry for four consecutive quarters.

This award recognizes Medical Center Hospital's commitment and success in implementing a higher standard of care for heart attack patients as per the ACC and AHA.

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

VI. QUALITY AND PATIENT SAFETY UPDATE

Dr. Sari Nabulsi presented a quality and patient safety update, including statistics for hospital-acquired conditions, patient satisfaction, and projects targeted for focused improvement.

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

VII. CONSENT AGENDA

A. Consider Approval of Regular Meeting Minutes, August 6, 2019
B. Consider Approval of Special Meeting Minutes, August 8, 2019
C. Consider Approval of Special Meeting Minutes, August 22, 2019
D. Consider Approval of Long Range Planning Committee Minutes, August 23, 2019
E. Consider Approval of Special Meeting Minutes, August 26, 2019
F. Consider Approval of Joint Conference Committee, August 27, 2019

VIII. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended July 31, 2019
2. Consent Agenda
   a. Consider Approval of Capital Expenditure Request: Phillips Allura Clarity
3. Capital Expenditure Request
   a. Consider Approval of Cerner Interface Connectivity (for Draeger Anesthesia Machines)
   b. Consider Approval of Firetrol Nurse Call

Bryn Dodd moved and Richard Herrera seconded the motion to approve the Finance Committee report as presented. The motion carried unanimously.

IX. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Gary Ventolini provided the TTUHSC at the Permian Basin Report.

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

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

A. Consider Resolution for the Approval of HRSA's New Access Point Grant Application

David Garcia, Executive Director of the Family Health Clinic, presented a resolution for the approval of HRSA's new Access Point Grant application. This would allow applying for this grant under the current Public Entity Co-Applicant FQHC model. ECHD/Medical Center Hospital and the Family Health Clinic are currently recognized as a Federally Qualified Health Center (FQHC) Look-A-Like under the Public Entity/Co-Applicant model.

Being awarded HRSA's New Access Point 330 grant would transition the Family Health Clinic from a "Look-A-Like" to a full FQHC 330 Grantee. The New Access Point grant is a two year award worth $650,000 annually. Additional ongoing funding opportunities will be available once full FQHC status is granted that are only available to full FQHCs.

Wallace Dunn moved and Mary Lou Anderson seconded the motion to approve the HRSA's new Access Point Grant application as presented. The motion carried unanimously.

B. Consider Resolution Amending MCH Professional Care Funding Agreement for FY 2019

Steve Ewing presented a resolution amending the MCH Professional Care Funding Agreement for FY 2019. The Medical Center Health System FY 2019 budget process included approval of $12,000,000 for the operational needs of MCH Professional Care. Projected operational needs for FY 2019 were $11,985,093, which included

$10,500,000 of supplemental Medicaid Waiver 1115 monies. During the current fiscal year, the anticipated funding did not occur due to changes in state funded components of the program. Consequently, MCH ProCare operational needs exceeded the initial projection and with other incurred operational losses the full year projected needs are $24,599,181. It is necessary to approve funding the anticipated $13,000,000 difference.

Mary Lou Anderson moved and David Dunn seconded the motion to approve the resolution amending the MCH Professional Care Funding Agreement for FY 2019 as presented. The motion carried unanimously.

XI. EXECUTIVE SESSION

Don Hallmark 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 exchange, lease, or value of real property pursuant to 551.072 of the Texas Government Code. (3) Deliberation and evaluation of officers and employees of Ector County Hospital District pursuant to Section 551.074 of the Texas Government Code; (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (5) Information that, if released or disclosed, would give advantage to a competitor as per Section 552.104 of the Texas Government Code; and (6) Advice, recommendations, opinions, or other material reflecting the policymaking processes of the Ector County Hospital District as per Section 552.111 of the Texas Government Code.

The individuals present during the entire Executive Session were Don Hallmark, Bryn Dodd, Mary Lou Anderson, David Dunn, Wallace Dunn, Richard Herrera, Ben Quiroz, Russell Tippin Robert Abernethy, Miles Nelson, and Jan Ramos.

Adiel Alvarado, President MCH ProCare, Gingie Sredanovich, Chief Compliance and Privacy Officer, and Steve Ewing, Chief Financial Officer, reported to the Board of Directors during Executive Session then each was excused.

Executive Session began at 6:19 pm.
Executive Session ended at 8:06 p.m.

No action was taken during Executive Session.

XII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements

Don Hallmark presented the following new contracts:

- Rebecca Mantsch, MD. This is a three year agreement for Pathology.
- Krishnakumari Kanesan, MD. This is a three year agreement for Pediatrics.
- Russell Schroeder, MD. This is a three year professional services agreement for Radiology.
- Rama Mohan Reddy Atla, MD. This is a three year professional services agreement for the Hospitalist group.

- Rami Reddy Bonam, MD. This is a three year agreement for the Hospitalist group.

Don Hallmark presented the following contract renewal:

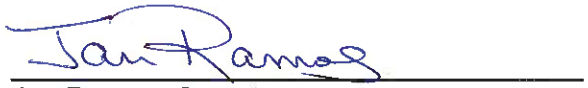
- Karina Rubio, MPAS, PA-C. This is a three year agreement for Family Medicine.

Richard Herrera moved and Bryn Dodd seconded the motion to approve the MCH ProCare provider agreements as presented. The motion carried unanimously.

XIII. ADJOURNMENT

There being no further business to come before the Board, Don Hallmark adjourned the meeting at 8:07 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

October 1, 2019

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
Hector M. Garcia, MD	Pediatrics	Pediatric Hospitalist	Covenant	10/01/2019- 09/30/2020
Jacquelyn Glenn, MD	Surgery	Trauma Surgery	Envision	10/01/2019- 09/30/2020
Rebecca Mantsch, DO	Pathology	Pathology	ProCare	10/01/2019- 09/30/2020
Claudia Molina, MD	Pathology	Pathology	ProCare	10/01/2019- 09/30/2020
*Fouzia Tabasam, MD	Medicine	Internal Medicine	ProCare	10/01/2019- 09/30/2020
Stephanie Villarreal, MD	Pediatrics	Pediatrics	TTUHSC	10/01/2019- 09/30/2020

Allied Health:

Applicant	Department	AHP Category	Specialty /Privileges	Group	Sponsoring Physician(s)	Dates
Amelia Govert, PA	Emergency Medicine	APC	Emergency Medicine	BEPO	Dr. Rolando Diaz	10/01/2019- 09/30/2021
*Daniel Howell, CRNA	Anesthesia	APC	CRNA	Midwest Anesthesia	Dr. Gillala, Dr. Price, Dr. Bhari, and Dr. Bryan	10/01/2019- 09/30/2021
*Diane Moschouris, CRNA	Anesthesia	APC	CRNA	Midwest Anesthesia	Dr. Gillala, Dr. Price, Dr. Bhari, and Dr. Bryan	10/01/2019- 09/30/2021

*Please grant temporary Privileges

Medical Center Hospital
A Member of Medical Center Health System

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.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

Medical Center Hospital
A Member of Medical Center Health System

October 1, 2019

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 Center Hospital
A Member of Medical Center Health System

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/ Privileges	Group	Changes to Privileges	Dates
Sarah Shaw, DO	Surgery	Yes	Associate	Trauma Surgery	Envision	None	11/01/2019- 10/31/2020
Ralph Cepero, MD	Surgery	Yes	Active	Otolaryngology	ProCare	None	11/01/2019- 10/31/2021
Benjamin Cunningham, MD	Surgery	Yes	Active	Orthopedic	Envision	None	11/01/2019- 10/31/2021
Donald Davenport, DO	Surgery	Yes	Active	Surgery		None	11/01/2019- 10/31/2021
Tara Deaver, DPM	Surgery	Yes	Active	Podiatry	TTUHSC	None	11/01/2019- 10/31/2021
Srikanth Deme, MD	Surgery	Yes	Active	Neurosurgery		Yes	11/01/2019- 10/31/2021
Zachary Ellis, DDS	Surgery	Yes	Active	Pediatric Dentistry		None	11/01/2019- 10/31/2021
Matthew Furst, MD	Surgery	Yes	Active	Plastic Surgery		Yes	11/01/2019- 10/31/2021
Orlando T. Garza, MD	Surgery	Yes	Active	Orthopedic		None	11/01/2019- 10/31/2021
James LI, MD	Surgery	Yes	Active	Vascular Surgery		None	11/01/2019- 10/31/2021
Jose Mayans, MD	Surgery	Yes	Active	Opthalmologist		None	11/01/2019- 10/31/2021
James Miller, DDS	Surgery	Yes	Active	Pediatric Dentistry	Pediatric Dentistry	None	11/01/2019- 10/31/2021
Joseph Morgan, DPM	Surgery	Yes	Courtesy to Active	Podiatry	Podiatric Medical	None	11/01/2019- 10/31/2021
Kirit Patel, MD	Surgery	Yes	Active	Surgery	Basin Cardiothoracic & Vascular Surgical Associate	None	11/01/2019- 10/31/2021
Narendra Sajja, MD	Medicine	Yes	Active	Hospitalist	ProCare	None	11/01/2019- 10/31/2021
Harshad Shah, MD	Surgery	Yes	Active	Opthalmologist		Yes	11/01/2019- 10/31/2021
Glenn Stockbridge, DPM	Surgery	Yes	Active	Podiatry			11/01/2019- 10/31/2021
Terry Unruh, MD	Surgery	Yes	Active	Surgery		None	11/01/2019- 10/31/2021

Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Donna Johnson, FNP	Surgery	APC	FNP		Dr. Davenport	None	11/01/2019- 10/31/2021
Jackie Lehr, NP	OB/GYN	APC	NP	ProCare	Dr. Avelino Garcia	None	11/01/2019- 10/31/2021
Matthew Sanchez, NP	Family Medicine	APC	NP	ProCare	Dr. Auringer	None	11/01/2019- 10/31/2021
Mark Varner, CCP	Surgery	Dependent	Perfusionist	Basin Cardiothoracic & Vascular Surgical Associate	Dr. Kirit PAtel	None	11/01/2019- 10/31/2021
Yulia Kubic, CRNA	Anesthesia	APC	CRNA	Midwest Anesthesia	Dr. Gillala, Dr. Price, Dr. Bhari, and Dr. Bryan	None	12/01/2019- 11/30/2021

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.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

Medical Center Hospital
A Member of Medical Center Health System

October 1, 2019

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.

Change in Clinical Privileges:

Staff Member	Department	Privilege
Srikanth Deme, MD	Surgery	**ADD: Neurogenic bladder control, management of** **DELETE: Moderate sedation, administer**
Matthew Furst, MD	Surgery	**ADD: Trunk and genitalia, congenital and acquired defects of - chest and abdominal wall reconstruction - repair of penis deformities - vaginal reconstruction; Fat Transplantation; Orbital Surgery, including: exenteration, exploration by lateral orbitotomy, removal of glove and contents of orbit, rim repairs, tumor removal** **DELETE: Chemical peel, deep - dermal; Chemical peel, superficial - epidermal; Chin implant; Neoplasms of the head and neck, including oropharynx and endoscopy**
Jeffrey Manley, MD	OB/GYN	**ADD: da Vinci Surgical System**
Harshad Shah, MD	Surgery	**DELETE: Moderate sedation, administer**
Peter Wiltse, DO	Surgery	**ADDING- Da Vinci**

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.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

October 1, 2019

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. These 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
Michelle Alexandre, NP	AHP	Surgery	10/31/2019	Lapse in Privileges
Jeffrey Zipparo, CRNA	AHP	Anesthesia	08/23/2019	Resigned

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 and Leave of Absence.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

October 1, 2019

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
Joseph Morgan, DPM	Surgery	Courtesy to Active
Marenda Dent, DO	Family Medicine	Incomplete
Monika Budhathoki, NP	Medicine	Removal of Provisional Status
Sarah Kiani, MD	Medicine	Removal of Provisional Status
Leela Pillarisetty, MD	OB/GYN	Removal of Provisional Status
Suzanne Cearley, NP	Pediatrics	Removal of Provisional Status
Sarah Shaw, DO	Surgery	Removal of Provisional Status
Mark Tucker, MD	Surgery	Removal of Provisional Status

Changes to Credentialing Dates:

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.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

October 1, 2019

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:
Medical Staff Bylaws /Policies / Privilege Criteria

Statement of Pertinent Facts:
The Medical Executive Committee and the Joint Conference Committee recommend approval of the following Medical Staff Bylaws/ Policies / Privilege Criteria. The respective departments determined that the practitioners have complied with all Bylaws requirements and are eligible for the change as noted below.

Medical Staff Bylaws/ Policies / Privilege Criteria

- Updated Infectious Disease Privilege form
- Medical Staff Rules and Regulations

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 policy.

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

October 1, 2019

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

CER: LifePak Defibrillators and AEDs
CER: Shimadzu RadSpeed ProA80 X-Ray Unit
CER: Cianna Scout System

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

- CER: LifePak Defibrillators and AEDs
- CER: Shimadzu RadSpeed ProA80 X-Ray Unit
- CER: Cianna Scout System

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).

Fernando Boccalandro, MD, Chief of Staff
Executive Committee Chair
/MM

Ector County Hospital District - Medical Center

Delineation of Clinical Privileges and Procedures.

Specialty: Infectious Disease
Basic Education: MD or DO

Minimal Formal Training & Experience/Specialty Description

(ECHD approval: 6/07)

Training: Successful completion of a residency or fellowship training program in infectious disease accredited by the ACGME or approved by the AOA.

Experience: Should demonstrate provision of inpatient, outpatient or consultative infectious disease services to 75 patients in the past 12 months. This can be demonstrated in one of the following ways:

An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log.

OR

An applicant who is not applying directly out of residency or fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Certification: Within five years of completion of an approved residency or fellowship in infectious diseases, certification in infectious disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

4.1-2 QUALIFICATIONS FOR MEMBERSHIP The applicant is board certified as that term is defined in the Article 4.1-2(e) of the Medical Staff Bylaws, and pursuant to any other applicable Medical Staff Bylaws provision, by a Board recognized by the American Board of Medical Specialties or the American Bureau of Osteopathic Specialties. 6/11/13

By making a request for privileges, the applicant stipulates that:
He/she is requesting only those privileges for which by education, training, current experience and demonstrated performance is qualified to perform.
He/she is bound by the applicable Bylaws and policies of Medical Center Hospital
He/she meets the minimum threshold criteria for the privileges requested and has no mental or physical condition which would limit his/her clinical abilities

Core Privileges - Infectious Disease

Management Privileges

Requested	Granted Y/N	Privilege Description
		Admit/discharge patients
		Adult and pediatric patients, infectious disease management
		Antibiotic administration management
		Antibiotic levels in blood, interpretation of
		Antimicrobial agents, use and management in variety of clinical settings
		Antiretroviral therapy
		Bone and joint infections, evaluate/manage
		Cardiovascular infections, evaluation and management of
		Central nervous system infections, evaluation and management

		Clinical microbiology, evaluation and management of
		Gastrointestinal and intra-abdominal infections, evaluation and management of
		Geriatric patients, infectious disease management
		Infections in patients with major impairments of host defense, evaluation and management of
		Infections of prosthetic devices, evaluation and management of
		Infections related to trauma, evaluation and management of
		Major parasitic diseases prevention, diagnosis and treatment of
		Mycobacterial infections prevention, diagnosis and treatment of
		Nosocomial infections, evaluation and management
		Pleuropulmonary infections, evaluation and management of
		Reproductive organs infections, evaluation and management of
		Sepsis syndromes, evaluation and management of
		Sexually transmitted diseases, evaluation and management
		Skin and soft tissue infections, evaluation and management of
		Travel-related infections, evaluation and management of
		Urinary tract infections, evaluation and management
		Viral hepatitis, including hepatitis B and C, evaluation and management of

Core Privileges - Infectious Disease

Procedure Privileges

Requested	Granted Y/N	Privilege Description
		Arthrocentesis
		Aspiration of abscess cavities
		General Lumbar Puncture
		Specimen collection procedures relevant to infectious disease
		Thoracentesis

Special Privileges

Requested	Granted Y/N	Privilege Description
		Bone Marrow Aspiration
		Bone Marrow Biopsy
		Moderate sedation, administer
		Percutaneous Liver Biopsy
		Splenic puncture
		Investigational drug therapy for immunologic disorders
		Maggot Debridement Therapy (MDT)
		Stress test interpretation and monitoring
		Ventilator Management
		Telemedicine

Applicant Signature_____ Date_____

Division Assessment:
Approved as Requested: _____
Approved as Amended: _____
Comments:

Division Signature_____ Date_____

Department Assessment:
Approved as Requested: _____
Approved as Amended: _____
Comments:

Department Signature_____ Date_____

The credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented below.

Privileges Reviewed and Recommended By:

Signature_____ Date_____

Exceptions/Conditions:

MEDICAL STAFF BYLAWS, POLICIES, AND RULES AND REGULATIONS OF MEDICAL CENTER HOSPITAL

MEDICAL STAFF RULES AND REGULATIONS

First Discussion Draft
September 23, 2019

Horty, Springer & Mattern, P.C.

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ARTICLE I

DEFINITIONS

Except as specifically defined below, the definitions that apply to the terms used in these Rules and Regulations are set forth in the Medical Staff Credentials Policy:

(a) "Admitting Physician" means the physician who orders the admission of a given patient to the Hospital.

(b) "Ambulatory Care" means non-emergency health care services provided to patients without hospitalization, including, but not limited to, day surgeries (with or without general anesthesia), blood transfusions, and I.V. therapy.

(c) "Ambulatory Care Location" means any department in the Hospital or provider-based site or facility where ambulatory care is provided.

(d) "Attending Physician" means the patient's primary treating physician who shall be responsible for directing and supervising the patient's overall medical care.

(e) "Practitioner" means, unless otherwise expressly limited, any appropriately credentialed physician, dentist, oral surgeon, podiatrist, or Allied Health Professional, acting within his or her clinical privileges or scope of practice.

(f) "Responsible Practitioner" means any practitioner who is actively involved in the care of a patient at any point during the patient's treatment at the Hospital and who has the responsibilities outlined in these Medical Staff Rules and Regulations. These responsibilities include the completion of medical record entries related to the specific care/services he or she provides.

ARTICLE II

ADMISSIONS, ASSESSMENTS AND
CARE, TREATMENT AND SERVICES

2.A. ADMISSIONS

(1) The Hospital shall accept patients for care and treatment and for all disease categories for which adequate treatment and facilities are available.

(2) A patient may only be admitted to the Hospital, or designated as "observation status," by order of a Medical Staff member who is granted admitting privileges.

(3) Except in an emergency, all inpatient medical records will include an admitting diagnosis on the record prior to admission. In the case of an emergency, the admitting diagnosis will be recorded as soon as possible, and no later than ***24 hours*** after admission.

(4) Patients will be admitted based on the following order of priority:

(a) **Emergency** – includes patients in an emergency medical condition or in active labor who require immediate hospitalization.

(b) **Urgent** – includes non-emergency patients whose admission should be within 24 hours and is considered imperative by the Attending Physician.

(c) **Regular Admissions** – includes scheduled elective admissions involving all services.

(5) The Admitting Physician will provide the Hospital with any information concerning the patient that is necessary to protect the patient, other patients or Hospital personnel from infection, disease or other harm, and to protect the patient from self-harm.

2.B. ADMISSIONS THROUGH THE EMERGENCY DEPARTMENT

(1) All emergency cases brought to the Hospital who are assigned or without physician preference shall be assigned to a physician serving on the call schedule for the Emergency Department.

(2) In the case where a patient who is evaluated by the Emergency Department requires admission and does not have an Attending Physician with clinical privileges at the Hospital, the patient will be assigned to the appropriate physician serving on the call schedule.

2.C. OBSERVATION STATUS

(1) Observation status is an outpatient status meant to be used as a period (two midnights) of diagnosis and/or treatment prior to or in lieu of an inpatient admission.

(2) All patients placed in observation status must be seen by the Admitting Physician or a Responsible Practitioner within the observation period and a history and physical examination completed.

2.D. RESPONSIBILITIES OF ATTENDING PHYSICIAN

(1) The Attending Physician will be responsible for the following while in the Hospital:

(a) the medical care and treatment of the patient while in the Hospital, including appropriate communication among the individuals involved in the patient's care (including personal communication with other physicians where possible);

(b) being personally available (or arranging an alternate practitioner who has appropriate clinical privileges to care for the patients) to provide professional care for his or her patients in the Hospital;

(c) rounding on his or her patients on a daily basis either in person or via technology-enabled direct communication and evaluation (i.e., telemedicine);

(d) the prompt and accurate completion of the portions of the medical record for which he or she is responsible;

(e) communicating with the patient's third-party payor, if needed;

(f) providing necessary patient instructions;

(g) responding to inquiries from Utilization Review professionals regarding the plan of care in order to justify the need for continued hospitalization;

(h) responding to Medicare/Medicaid quality of care issues and appeal denials, when appropriate; and

(i) performing all other duties described in these Rules and Regulations.

(2) At all times during a patient's hospitalization, the identity of the Attending Physician (or his or her alternate or covering physician) will be clearly documented in the medical record. Whenever the responsibilities of the Attending Physician are transferred to another physician outside of his or her established call coverage, a

note covering the transfer of responsibility will be entered in the patient's medical record. The Attending Physician will be responsible for verifying the other physician's acceptance of the transfer and updating the Attending Physician screen in the electronic medical record ("EMR").

(3) If the Attending Physician does not participate in an established call coverage schedule with known alternate coverage and will be unavailable to care for a patient for longer than 24 hours, the Attending Physician will document in the medical record the name of the Medical Staff member who will be assuming responsibility for the care of the patient during his or her unavailability. The Attending Physician will be responsible for (i) verifying the other physician's acceptance of the transfer, and (ii) notifying Medical Staff Services and the Emergency Department, if applicable, of his or her absence and who will cover for him or her.

(4) If the Attending Physician is unavailable and alternate coverage has not been arranged, the relevant Department Chair, the Chief of Staff, the CMO, or the administrator on call will have the authority to call on a physician serving on the call schedule or any other member of the Medical Staff to attend the patient.

2.E. VISITATION OF PATIENTS IN THE HOSPITAL

(1) All members of the Medical Staff will comply with the following patient care guidelines regarding visitation of patients:

(a) **Patients Admitted to the ICU** – must be seen by a practitioner with ICU privileges within ***four hours*** of being admitted to the ICU, unless the patient's condition requires that the physician see him or her sooner; and

(b) **All Other Inpatient Admissions/Observation Patients** – must be seen by a practitioner within ***24 hours*** of presentation to the Hospital (or more quickly based upon (i) the acute nature of the patient's condition or (ii) a requirement for a particular specialty as recommended by the MEC and approved by the Board).

(2) Any visit by an Allied Health Professional who is acting on behalf of his or her Admitting Physician will be carried out under the rules outlined in Article 8 of the Medical Staff Credentials Policy.

2.F. CONTINUED HOSPITALIZATION

(1) The Attending Physician will provide whatever information may be requested with respect to the continued hospitalization of a patient, including:

(a) an adequate record of the reason for continued hospitalization (a simple reconfirmation of the patient's diagnosis is not sufficient);

(b) the estimated period of time the patient will need to remain in the Hospital; and

(c) plans for post-hospital care.

This response will be provided within 24 hours of the request. Failure to comply with this requirement will be reported to the Department Chair and/or the Chief of Staff for review and appropriate action.

(2) If a determination is made that a case does not meet the criteria for continued hospitalization, written notification will be given to the Hospital, the patient, and the Attending Physician. If the matter cannot be appropriately resolved, the CMO will be consulted.

ARTICLE III

MEDICAL RECORDS

3.A. GENERAL

A medical record will be prepared for every individual evaluated and treated at the Hospital. Each practitioner who is involved in the care of a patient will be responsible for the timely and accurate completion of the portions of the medical record that pertain to the care he or she provides.

3.B. MEDICAL RECORD ENTRIES

3.B.1. Entries:

(a) The following individuals are authorized to document in the medical record:

(1) Admitting or Consulting physicians and other Responsible Practitioners;

(2) nursing providers, including registered nurses ("RNs") and licensed practical nurses ("LPNs");

(3) other licensed health care professionals involved in patient care, including, but not limited to, physical therapists, occupational therapists, respiratory therapists, pharmacists, social workers, and case managers;

(4) other health care providers who have access to the medical record pursuant to their job description (e.g., aides and assistants);

(5) volunteers, such as chaplains, functioning within their approved roles;

(6) students in an approved professional education program who are involved in patient care as part of their education process (e.g., nursing students) if that documentation is reviewed and countersigned by the student's supervisor, who must also be authorized to document in the medical record; and

(7) non-clinical and administrative staff, as appropriate, pursuant to their job description.

(b) Electronic entries will be entered through the EMR and/or Computerized Provider Order Entry ("CPOE") in accordance with Hospital policy.

(c) Handwritten medical record entries will be legibly recorded in blue or black ink whenever the use of paper-based documentation is appropriate (i.e., an emergency

situation or when the EMR or CPOE function is not available) or has been otherwise approved by the Hospital (e.g., documentation of informed consents).

(d) All entries, including handwritten entries, must be timed, dated and signed.

(e) Any entry in the medical record should be clear, concise, and objective. Practitioners should avoid editorializing in the medical record of a patient or entering extraneous comments or criticisms about a patient, a patient's family, or the care provided by other practitioners or Hospital personnel.

3.B.2. Entries by an Allied Health Professional:

Allied Health Professionals may be granted privileges to make entries in the medical record. Such entries must be co-signed by the Responsible Practitioner within 24 hours of entry.

3.B.3. Entries by Medical Students and Residents:

(a) Entries may be made in the medical record by medical students under the direction of resident physicians or faculty. Such entries shall be made on pages provided and maintained expressly for this purpose, which shall be the same as pages in the medical records prepared by practitioners on the Medical Staff. Such entries may be written legibly or dictated and shall be promptly dated, timed and legibly signed. The signature shall clearly identify the person making the entry as a medical student. The entries shall be countersigned by the appropriate faculty physician.

(b) The Attending Physician will countersign any H&Ps performed by a resident within 24 hours. The Attending Physician will also countersign any notes, orders, or discharge summaries that are entered by a resident within 24 hours.

3.B.4. Authentication:

(a) Authentication means to establish authorship by signature or identifiable initials and may include computer entry using unique electronic signatures for entries entered through the EMR or CPOE.

(b) The Practitioner will provide a signed statement attesting that he or she alone will use his or her unique electronic signature code to authenticate documents in accordance with Hospital policy. Signature stamps may be an acceptable form of authentication for written orders/entries if authorized.

(c) A single signature on the face sheet of a record will not suffice to authenticate the entire record. Entries will be individually authenticated.

3.B.5. Forms:

All printed forms and templates used for medical record documentation shall be approved by the Information Technology Department. The EMR will be used for electronic documentation.

3.B.6. Symbols and Abbreviations:

(a) Only standardized terminology, definitions, abbreviations, acronyms, symbols and dose designations will be used. Symbols and abbreviations designated as unsafe by the Quality Monitoring Committee and/or the MEC shall not be used.

(b) The Medical Staff will periodically review the unapproved abbreviations and/or symbols list and an official record of unapproved abbreviations will be kept on file.

3.B.7. Clarity and Completeness:

All entries in the medical record shall be clear and complete so that other members of the health care team are able to understand the entry and the author's intentions.

3.B.8. Correction of Errors:

(a) When a dictated or electronic entry requires correction, the author shall dictate or enter an electronic addendum to the initial entry. Any error made while entering an order in the CPOE should be corrected by entering another order.

(b) Handwritten entries in the medical record will be corrected by making a single line through the original entry and making any necessary addition/correction. Any addition/correction will be timed, dated and initialed by the author.

3.B.9. Copying and Pasting:

Copying and pasting from a prior note in the EMR is not permissible unless the posted note is properly updated.

3.B.10. Permanent Filing of Medical Records:

A medical record will not be permanently filed until it is completed by the Responsible Practitioner, or it is ordered filed by the Quality Monitoring Committee. The Quality Monitoring Committee may order an incomplete record to be permanently filed when the Responsible Practitioner is deceased, is permanently physically or mentally disabled, is permanently suspended from the Medical Staff or has moved away from the area and reasonable efforts to have him or her complete the record have failed. All such records shall be noted with the reason filed and the date ordered to be filed by the Quality Monitoring Committee.

3.C. OWNERSHIP, RETENTION, AND ACCESS TO RECORDS

3.C.1. Ownership of Records:

Medical records are the physical property of the Hospital. Original medical records may only be removed from the Hospital in accordance with federal or state laws.

3.C.2. Retention of Records:

The Hospital will retain medical records in their original or legally reproduced form for a period of at least 10 years. If the patient is a minor, records shall be kept on file on or after the patient's 20th birthday or on or after the 10th anniversary of the date on which the patient was last treated, whichever date is later.

3.C.3. Access to Records:

(a) Information from, or copies of, records may be released only to authorized individuals or entities (i.e., other health care providers) in accordance with federal and state law and the Hospital's HIPAA Policy.

(b) A patient or his or her duly designated representative may receive copies of the patient's completed medical record, or an individual report, upon presentation of an appropriately signed authorization form, unless the Attending Physician documents that such a release would have an adverse effect on the patient.

(c) Access to all medical records of patients will be afforded to members of the Medical Staff for bona fide study and research consistent with Hospital policy, applicable federal and state law, and preserving the confidentiality of personal information concerning the individual patients. All such projects will be approved by the Institutional Review Board (IRB).

(d) Subject to the discretion of the CEO, former members of the Medical Staff may be permitted access to information from the medical records of their patients covering all periods during which they attended to such patients in the Hospital.

ARTICLE IV

CONTENT AND TIMELINESS OF MEDICAL RECORD DOCUMENTATION

4.A. CONTENT OF MEDICAL RECORD

4.A.1. General Requirements:

All medical records for patients receiving an evaluation or treatment in the Hospital or at an ambulatory care location will document the information outlined in this section, as relevant and appropriate to the patient's care. This documentation will be the joint responsibility of the Responsible Practitioners and the Hospital:

(a) identification data, including the patient's name, sex, address, date of birth, race, ethnicity, and name of authorized representative;

(b) legal status of any patient receiving behavioral health services (i.e., voluntary or involuntary status);

(c) patient's language and communication needs, including preferred language for discussing health care;

(d) evidence of informed consent when required by Hospital policy and, when appropriate, evidence of any known advance directives and/or resuscitation orders (i.e., DNR);

(e) records of communication with the patient regarding care, treatment, and services (e.g., telephone calls or e-mail) and any patient-generated information;

(f) emergency care, treatment, and services provided to the patient before his or her arrival, if any;

(g) admitting history (i.e., date, source and type of admission) and physical examination and conclusions or impressions drawn from the history and physical examination;

(h) allergies and sensitivities;

(i) reason(s) for admission of care, treatment, and services;

(j) diagnosis, diagnostic impression, or symptoms;

(k) goals of the treatment and treatment plan;

(l) diagnostic and therapeutic orders, procedures, tests, and results;

(m) progress notes made by authorized individuals;

(n) medications ordered, prescribed or administered in the Hospital (including the strength, dose, or rate of administration, titration parameter, as applicable, administration devices used, access site or route, known drug allergies, and adverse drug reactions);

(o) consultation reports;

(p) operative procedure reports and/or notes;

(q) any applicable anesthesia evaluations;

(r) response to care, treatment, and services provided;

(s) relevant observations, diagnoses or conditions established during the course of care, treatment, and services;

(t) reassessments and plan of care revisions;

(u) complications, hospital acquired infections, and unfavorable reactions to medications and/or treatments; and

(v) discharge summary with outcome of hospitalization, final diagnosis, discharge plan, discharge planning evaluation, disposition of case, discharge instructions, medications dispensed or prescribed on discharge, and if the patient left against medical advice.

4.A.2. Emergency Care:

In addition to any of the applicable general requirements outlined in Section 4.A.1, the medical records of patients who have received emergency care will contain the information outlined in this section. This documentation will be the joint responsibility of the Responsible Practitioners and the Hospital:

(a) identification data, including the patient's name, sex, address, date of birth, and name of authorized representative;

(b) patient's language and communication needs, including preferred language for discussing health care;

(c) time and means of arrival;

(d) record of care prior to arrival;

(e) known long-term medications, including current medications, over-the-counter drugs, and herbal preparations;

(f) pertinent history of the injury or illness, including details relative to first aid or emergency care given to the patient prior to his or her arrival at the Emergency Department;

(g) results of the medical screening examination, including significant clinical, laboratory, and radiographic findings;

(h) treatment given, if any;

(i) conclusions at termination of treatment, including final disposition, condition, instructions for follow-up care, and any changes in medications;

(j) if the patient left against medical advice; and

(k) a copy of any information made available to the practitioner or facility providing follow-up care, treatment, or services.

4.A.3. Progress Notes:

(a) Progress notes will be entered by the Attending Physician or his or her covering practitioner at least every ***24 hours*** for all hospitalized patients and as needed to reflect changes in the status of a patient in an ambulatory care setting.

(b) Progress notes will be understandable, dated, timed, and authenticated. When appropriate, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatments.

(c) Progress notes may also be entered by Allied Health Professionals as permitted by their clinical privileges or scope of practice and will be countersigned, as applicable, in accordance with Section 3.B.2 of these Rules and Regulations.

4.A.4. History and Physical:

The requirements for histories and physicals, including general documentation and timing requirements, are outlined in Article 9 of the Medical Staff Bylaws.

4.A.5. Consultative Reports:

(a) Consultative reports will be completed in a timely manner and documented in an EMR-generated note or, when the EMR is unavailable, a dictated or legibly written note. The note will contain opinions and recommendations by the consultant that reflect, when appropriate, an actual examination of the patient and the patient's

medical record. A statement such as "I concur" will not constitute an acceptable consultative report. The consultative report will be made a part of the patient's medical record.

(b) When non-emergency operative procedures are involved, the consultant's report will be recorded in the patient's medical record prior to the surgical procedure. The consultative report will contain the date and time of the consultation, an opinion based on relevant findings and reasons, and the authentication of the consultant.

4.A.6. Medical Orders:

Medical orders will be entered/written and documented in the medical record in accordance with Article 5 of these Rules and Regulations.

4.A.7. Informed Consent:

An informed consent shall be obtained in compliance with Hospital policy MCH-2004 and applicable Texas and federal law and regulation and signed, timed and dated prior to the administration of any pre-operative medication or mind-altering drugs. Appropriate forms may be secured from the Hospital.

4.A.8. Operative Procedure Reports:

An operative procedure report must be dictated or written in accordance with Article 7 of these Rules and Regulations.

4.A.9. Anesthesia Care Record:

Appropriate notes regarding the anesthesia care provided will be inserted into the patient's medical record on appropriate paper or electronic forms in accordance with Article 8.

4.A.10. Diagnostic Reports:

All diagnostic reports shall be included in the completed medical record. These reports may be filed in the medical record or may appear in an electronic version in the EMR.

4.B. TIMELINESS OF DOCUMENTATION

(1) General Requirements. Medical records shall be completed within ***30 days*** following discharge. A medical record is considered complete when all patient information has been entered and signed. It is the responsibility of any practitioner involved in the care of a patient to prepare and complete medical records in accordance with this time frame, as well as the other provisions of these Rules and Regulations and any other relevant policies of the Hospital.

(2) Notification. If a medical record is incomplete 15 days after discharge, the practitioner will be given notice of the delinquency and that he or she has

15 additional days to complete the record. If the medical record remains incomplete 30 days following a patient's discharge, the practitioner will be notified of the continuing delinquency and that his or her clinical privileges have been automatically relinquished in accordance with (3) below. If the medical record remains incomplete 60 days following a patient's discharge, the practitioner will be notified that his or her Medical Staff appointment and all clinical privileges have been automatically resigned in accordance with (4) below.

(3) Automatic Relinquishment Procedures. In the event that an automatic relinquishment occurs, the HIM Department will notify the practitioner that his or her clinical privileges have been relinquished. The Chief of Staff, emergency department and nursing administration will also be notified. The relinquishment will take effect immediately and the practitioner will be responsible for cancelling any cases scheduled at the Hospital and for transferring the care of any patients in the Hospital to a practitioner who has appropriate clinical privileges. The relinquishment will remain in effect until the delinquent records are completed or until his or her appointment and clinical privileges are resigned in accordance with (4) below.

(4) Automatic Resignation Procedures. A practitioner who automatically relinquishes his or her privileges will be given 30 additional days to complete the delinquent records. Failure to do so indicates an inability or unwillingness to fulfill the standards in these Rules and Regulations. Accordingly, that practitioner will automatically resign his or her Medical Staff appointment and all clinical privileges.

(5) Rejoining the Medical Staff After Resignation. Any practitioner who resigns his or her appointment and clinical privileges as a result of medical record delinquencies may subsequently apply to the Medical Staff as an initial applicant, provided that all delinquent medical records have been completed.

(6) Former Practitioners. When a practitioner is no longer a member of the Medical Staff or granted the permission to practice as an Allied Health Professional, and his or her medical records are filed as permanently inadequate, this will be recorded in the practitioner's credentials file and divulged in response to any future credentialing inquiry concerning the practitioner.

(7) Exceptions. Any requests for special exceptions to the above requirements will be submitted by the practitioner and considered by the MEC.

ARTICLE V

MEDICAL ORDERS

5.A. GENERAL

(1) Orders will be entered directly into the EMR by the ordering practitioner utilizing the CPOE, except when the use of written or paper-based orders has been approved by the Hospital (e.g., an emergency situation or when the EMR or CPOE function is not available). Written or paper-based orders should be documented on appropriate forms as approved by the Hospital. Any such written or paper-based orders will be scanned and entered into the patient's EMR after discharge.

(2) All orders (including verbal/telephone orders) must be:

(a) dated and timed when documented or initiated;

(b) authenticated by the ordering practitioner, with the exception of a verbal order which may be countersigned by another practitioner who is responsible for the care of a patient. Authentication must include the time and date of the authentication*; and

(c) documented clearly and completely. Orders which are improperly entered will not be carried out until they are clarified by the ordering practitioner and are understood by the appropriate health care provider.

* Orders entered into the EMR are electronically authenticated, dated, and timed.

(3) All orders must be reconciled when a patient is transferred from one level of care to another (e.g., from a procedural area to the floor, the floor to the ICU, etc.). In addition, medication orders will be reconciled in accordance with Section 5.C below.

(4) No order will be discontinued without the knowledge of the Attending Physician or his or her designee, unless subject to protocols or where the circumstances causing the discontinuation constitute an emergency.

(5) Orders issued by an Allied Health Professional will be countersigned/authenticated by his or her supervising physician in accordance with Section 3.B.2 of these Rules and Regulations.

5.B. ORDERS FOR TESTS AND THERAPIES

(1) Orders for tests and therapies will be accepted only from:

(a) members of the Medical Staff; and

(b) Allied Health Professionals to the extent permitted by their licenses and clinical privileges.

(2) Orders for "daily" tests will state the number of days, except as otherwise specified by protocol, and will be reviewed by the ordering practitioner at the expiration of this time frame unless warranted sooner. At the end of the stated time, any order that would be automatically discontinued will be reentered in the same format in which it was originally recorded if it is to be continued.

(3) Outpatient orders for physical therapy, rehabilitation, laboratory, radiology, or other diagnostic services may also be ordered by practitioners who are not affiliated with the Hospital in accordance with Hospital policy.

5.C. ORDERS FOR MEDICATIONS

(1) All medication orders will clearly state the administration times or the time interval between doses and the indications for use when appropriate. Each dose of medication shall be recorded in the medical record of the patient and properly signed after the medication has been administered. If not specifically prescribed as to time or number of doses, the medications will be controlled by protocols or by automatic stop orders as described in Section 5.G of these Rules and Regulations.

(2) All orders for medications administered to patients will be:

(a) periodically reviewed by the prescriber to assure appropriateness;

(b) reviewed when the patient goes to surgery, is transferred to a different level of care, or when care is transferred to another clinical service; and

(c) reviewed by the pharmacist before the initial dose of medication is dispensed (except in an emergency when time does not permit). In cases when the medication order is issued when the pharmacy is "closed" or the pharmacist is otherwise unavailable, the medication order will be reviewed by the nursing supervisor and then by the pharmacist as soon thereafter as possible, preferably within 24 hours.

(3) The use of the summary (blanket) orders (e.g., "renew," "repeat," "resume," and "continue") to resume previous medication orders is not acceptable.

(4) All PRN orders (i.e., as necessary medication orders) must be qualified by either specifying time intervals or the limitation of quantity to be given in a 24-hour period. All PRN medications must specify the indications for use.

(5) Allied Health Professionals may be authorized to issue medication orders as specifically delineated in their clinical privileges. If required by the Allied Health Professional's written supervision agreement, any such order will be countersigned in accordance with Section 3.B.2 of these Rules and Regulations.

5.D. VERBAL ORDERS

(1) A verbal order (via telephone or in person) for medication, biological, or treatment will be accepted only under circumstances when it is impractical for such order to be entered by the ordering practitioner or if a delay in accepting the order could adversely affect patient care.

(2) All verbal orders will include the date and time of entry into the medical record, identify the names and titles of the individuals who gave, received, and implemented the order, and include the full signature of the individual who accepted the order. Verbal orders will then be authenticated with date and time by the ordering practitioner or another practitioner who is responsible for the care of the patient, as authorized by Hospital policy and state law.

(3) The ordering practitioner, or another practitioner who is responsible for the patient's care in the Hospital, will countersign the verbal order (i) before the ordering practitioner leaves the patient care area for urgent or emergent verbal orders given in person, and (ii) within ***48 hours*** after the order was given for telephone orders at the Hospital.

(4) For verbal orders, the complete order will be verified by having the person receiving the information record and "read-back" the complete order as the order is entered and alert checking is completed in the EMR. This will serve to eliminate any errors related to sound-alike drugs and other common discrepancies in transmission and acceptance of verbal orders.

(5) The following are the personnel authorized to receive and record verbal orders within their scope of practice and delineation of privileges:

(a) M.D./D.O.;

(b) a Nurse Practitioner, Physician Assistant ("PA"), Certified Nurse Midwife, or CRNA;

(c) a Registered Nurse ("RN");

(d) a pharmacist who may transcribe a verbal order pertaining to drugs;

(e) a physical therapist who may transcribe a verbal order pertaining to physical therapy treatments;

(f) a respiratory therapist who may transcribe a verbal order pertaining to respiratory therapy treatments;

(g) a speech therapist who may transcribe a verbal order pertaining to speech therapy;

(h) an occupational therapist who may transcribe a verbal order pertaining to occupational treatments;

(i) a licensed dietician who may transcribe a telephone/verbal order pertaining to diet and nutrition; and

(j) a radiologic technologist who may transcribe a verbal order pertaining to diagnostic imaging studies.

5.E. STANDING ORDERS, ORDER SETS, AND PROTOCOLS

(1) The MEC and the Hospital's nursing and pharmacy departments must review and approve any standing orders, order sets, and protocols (collectively, "standing orders") that permit treatment to be initiated by an individual (for example, a nurse) without a prior specific order from the Attending Physician. All standing orders will identify well-defined clinical scenarios for when the order is to be used.

(2) The MEC will confirm that all approved standing orders are consistent with nationally recognized and evidence-based guidelines. The MEC will also ensure that such standing orders are reviewed at least annually.

(3) If the use of a standing order has been approved by the MEC, treatment may be initiated (i) by a nurse or other authorized individual acting within his or her scope of practice who activates the order; or (ii) when a nurse enters documentation into the medical record that triggers the standing order.

(4) When used, standing orders must be dated, timed, and authenticated promptly in the patient's medical record by the individual who activates the order or by another Responsible Practitioner.

(5) The Attending Physician must authenticate the initiation of each standing order after the fact, with the exception of those for influenza and pneumococcal vaccines, which may be administered per Hospital policy after an assessment for contraindications.

5.F. SELF-ADMINISTRATION OF MEDICATIONS

(1) The self-administration of medications (either hospital-issued or those brought to the Hospital by a patient) will not be permitted unless:

(a) the patient (or the patient's caregiver) has been deemed capable of self-administering the medications;

(b) a Practitioner responsible for the care of the patient has issued an order permitting self-administration;

(c) in the case of a patient's own medications, the medications are visually evaluated by a pharmacist to ensure integrity; and

(d) the patient's first self-administration is monitored by nursing staff personnel to determine whether additional instruction is needed on the safe and accurate administration of the medications and to document the administration in the patient's medical record.

(2) The self-administration of medications will be documented in the patient's medical record as reported by the patient (or the patient's caregiver).

(3) All self-administered medications (whether hospital-issued or the patient's own) will be kept secure in accordance with Storage and Access provisions of these Rules and Regulations.

(4) If the patient's own medication is available on the Hospital formulary, the medication will be provided using MCH inventory without exception.

(5) If the patient's own medications brought to the Hospital are not allowed to be self-administered, the patient (or the patient's caregiver) will be informed of that decision and the medications will be packaged, sealed, and returned to the patient or given to the patient's representative at the time of discharge from the Hospital.

5.G. STOP ORDERS

(1) Medication stop orders shall be implemented as indicated except for those orders which have:

(a) a specified number of total doses to be administered; or

(b) a specified time period for doses to be administered.

(2) The medication stop order policy shall apply to those drugs as defined by the Pharmacy and Therapeutics Committee.

(3) The ordering practitioner shall be notified in advance of the impending expiration of an order through the patient's medical record. The Practitioner shall renew as a continuing order, renew with indicated stop time or number of doses, change the order by completely rewriting, or discontinue the order.

(4) Drug orders shall not be stopped until there is documented evidence that the ordering practitioner has been contacted, is aware of the impending expiration of the order, and has had an opportunity to determine if administration of the drug is to be stopped, continued, or altered. Orders may be renewed by telephone.

5.H. ORDERS FOR DRUGS AND BIOLOGICALS

(1) Orders for drugs and biologicals may only be ordered by Medical Staff members and other authorized individuals with clinical privileges at the Hospital.

(2) All orders for medications and biologicals will be dated, timed and authenticated by the Responsible Practitioner, with the exception of influenza and pneumococcal vaccines, which may be administered per Hospital policy after an assessment for contraindications. Verbal or telephone orders will only be used in accordance with these Rules and Regulations.

5.I. ORDERS FOR RADIOLOGY AND DIAGNOSTIC IMAGING SERVICES

(1) Radiology and diagnostic imaging services may only be provided on the order of an individual who has been granted privileges to order the services by the Hospital or in accordance with the Hospital's policy on accepting orders for outpatient services from practitioners who are not affiliated with the Hospital.

(2) Orders for radiology services and diagnostic imaging services must include: (i) the patient's name; (ii) the name of the ordering individual; (iii) the radiological or diagnostic imaging procedure orders; and (iv) the reason for the imaging service.

5.J. ORDERS FOR RESPIRATORY CARE SERVICES

(1) Respiratory care services may be ordered by a qualified and licensed practitioner who is responsible for the care of the patient, either independently or working in conjunction with a member of the Medical Staff.

(2) Orders for respiratory care services must include: (i) the patient's name; (ii) the name and electronic or written signature of the ordering individual; (iii) the type, frequency, and, if applicable, duration of treatment; (iv) the type and dosage of medication and diluents; and (v) the oxygen concentration or oxygen liter flow and method of administration.

5.K. RESUSCITATION ORDERS

(1) Resuscitation orders (e.g., DNR) shall be documented in the patient's medical record by the patient's Attending Physician.

(2) All resuscitation orders should be accompanied by a progress note justifying the appropriateness of such order and documenting discussions with the patient and/or his or her family resulting in this decision.

5.L. DISCHARGE ORDER

Patients shall be discharged in accordance with Article 11.

ARTICLE VI

CONSULTATIONS

6.A. REQUESTING CONSULTATIONS

(1) The Attending Physician shall be responsible for requesting a consultation when indicated and for contacting a qualified consultant.

(2) Requests for consultations shall be entered in the patient's medical record. For urgent consults, the Attending Physician must personally speak with the consultant to provide the patient's clinical history and the specific reason for the consultation request.

6.B. RESPONDING TO CONSULTATION REQUESTS

(1) Any individual with clinical privileges can be asked for consultation within his or her area of expertise. The individual, or a member of his or her coverage group, will respond to the request either in person or via technology-enabled direct communication and evaluation (i.e., telemedicine). In either case, the individual responding to a request ("Consulting Physician") is expected to respond in accordance with the following patient care guidelines:

(a) **Urgent Consults** – must be completed within ***two hours*** of the request, unless the patient's condition requires that the physician complete the consultation sooner (all such requests for critical care consults – e.g., "stat," "urgent," "today," or similar terminology – must also include personal contact by the requesting individual to the Consulting Physician); and

(b) **Routine Consults** – must be completed within ***24 hours*** of the request or within a time frame as agreed upon by the requesting and consulting physicians.

(2) Allied Health Professionals may not independently provide patient consultations in lieu of the practitioner's Supervising Physician. If the Allied Health Professional sees the patient, the Allied Health Professional must discuss the patient with his or her Supervising Physician immediately. An Allied Health Professional may gather data and order tests; however, the Supervising Physician must personally perform the requested consultation within 24 hours (or more timely in the case of any emergency consultation request).

(3) When providing a consult, the Consulting Physician will review the patient's medical record, brief the patient on his or her role in the patient's care, and examine the patient in a manner consistent with the requested consult. Any plan of ongoing

involvement by the Consulting Physician will be directly communicated to the Attending Physician.

(4) Failure to respond to a request for a consultation in a timely and appropriate manner will be reviewed under the appropriate Medical Staff policy unless one of the following exceptions applies to the physician asked to provide a consultation:

(a) the requested physician has a valid justification for his or her unavailability;

(b) the patient has previously been discharged from the practice of the requested physician;

(c) the requested physician has previously been dismissed by the patient;

(d) the patient indicates a preference for another consultant; or

(e) any other factors indicate that there is a conflict between the requested physician and the patient (i.e., the patient in question has previously initiated a lawsuit against the physician) such that the requested physician should not provide consultation.

To the extent possible, if the requested physician is unable to provide a consultation based on the aforementioned criteria (paragraphs (a)-(e)), then the requesting physician should find an alternate consultant. If the requesting physician is unable to do so, then the Chief of Staff or the appropriate Department Chair can appoint an alternate consultant.

(5) Once the Consulting Physician is involved in the care of the patient, the Attending Physician and Consulting Physician are expected to review each other's notes in both the electronic and paper charts on a daily basis until such time as the consultant has signed off on the case or the patient is discharged.

(6) A Practitioner who believes that an individual has not responded in a timely and appropriate manner to a request for a consultation may discuss the issue with the CMO, the Chief of Staff, or the appropriate Department Chair.

6.C. RECOMMENDED CONSULTATIONS

(1) Consultations are recommended in all cases in which, in the judgment of the Attending Physician:

(a) the patient is a poor candidate for the operation or treatment;

(b) the diagnosis is obscure after ordinary diagnostic procedures have been completed;

(c) there is doubt as to the best therapeutic measures to be used;

(d) unusually complicated situations are present that may require specific skills of other practitioners;

(e) the patient exhibits severe symptoms of mental illness or psychosis;

(f) they are requested by the patient or family, or the patient's representative if the patient is incompetent; or

(g) they are indicated for the clinical specialty in admission to special care units.

(2) The Chief of Staff, the CMO, and the appropriate Department Chair shall each also have the right to call in a consultant where a consultation is determined to be in the patient's best interest.

6.D. MENTAL HEALTH CONSULTATIONS

A mental health consultation and treatment will be requested for and offered to all patients who have engaged in self-destructive behavior (e.g., attempted suicide, chemical overdose) or who are determined to be a potential danger to others. If psychiatric care is recommended, evidence that such care has at least been offered and/or an appropriate referral made will be documented in the patient's medical record.

6.E. SURGICAL CONSULTATIONS

Whenever a consultation (medical or surgical) is requested prior to surgery, a notation from the consultant, including relevant findings and reasons, must appear in the patient's medical record. If a relevant consultation has not been communicated, surgery and anesthesia will not proceed, unless the surgeon states in writing that an emergency situation exists.

ARTICLE VII

SURGICAL SERVICES

7.A. PRE-PROCEDURAL PROCEDURES

Except in an emergency situation, the following will occur before an operative procedure or the administration of anesthesia occurs:

(1) the Attending Physician (i.e., surgeon) is in the Hospital;

(2) the Attending Physician will thoroughly document in the medical record:

(a) the provisional diagnosis and the results of any relevant diagnostic tests;

(b) the consent of the patient or his/her legal representative; and

(c) a complete and appropriately updated history and physical examination (or completed short-stay form, as appropriate) prior to transport to the operating room;

(3) the anticipated needs of the patient are assessed to plan for the appropriate level of post-procedural care;

(4) pre-procedural education, treatments, and services are provided according to the plan for care, treatment, and services;

(5) a pre-anesthesia evaluation is performed in accordance with Section 8.B of these Rules and Regulations; and

(6) the procedure site is marked prior to the patient entering the operating room and a "time out" is conducted immediately before starting the procedure, as described in the Operative Procedure Site Verification and Time Out Protocol.

7.B. POST-PROCEDURAL PROCEDURES

(1) An operative procedure report must be dictated or written within one hour or a reasonable amount of time after an operative procedure and entered into the record before the patient is transferred to the next level of care. The operative procedure report shall include:

(a) the patient's name and hospital identification number;

(b) pre- and post-operative diagnoses;

(c) date and time of the procedure;

(d) the name of the Attending Physician(s) and assistant surgeon(s) responsible for the patient's operation;

(e) procedure(s) performed and description/technique of the procedure(s);

(f) description of the specific surgical tasks that were conducted by practitioners other than the Attending Physician;

(g) findings, where appropriate, given the nature of the procedure;

(h) estimated blood loss, where applicable;

(i) any unusual events or any complications, including blood transfusion reactions and the management of those events;

(j) the type of anesthesia/sedation used and name of the Practitioner providing anesthesia;

(k) specimen(s) removed, if any;

(l) prosthetic devices, grafts, tissues, transplants, or devices implanted (if any); and

(m) the signature of the Attending Physician.

(2) If a full operative procedure report cannot be entered into the record within a reasonable amount of time after the operation or procedure, a progress note must be entered by the Attending Physician in the medical record before the patient is transferred to the next level of care. In such situations, the full operative procedure report must be entered or dictated within ***24 hours***. The progress note will include:

(a) the names of the physician(s) responsible for the patient's care and physician assistants;

(b) the name and description/technique of the procedure(s) performed;

(c) findings, where appropriate, given the nature of the procedure;

(d) estimated blood loss, when applicable or significant;

(e) specimens removed; and

(f) post-operative diagnosis.

7.C. PATHOLOGY REPORTS AND DISPOSITION OF SURGICAL SPECIMENS

(1) All significant surgical specimens removed during an operative procedure shall be properly labeled, packaged in preservative as designated, identified in the operating room or operating suite as to patient and source, and sent to the Hospital pathologist, who will determine the extent of examination necessary for diagnosis. The specimen must be accompanied by pertinent clinical information, including the pre-operative and post-operative surgical diagnoses.

(2) The pathologist will document the receipt of all surgically removed specimens and sign the pathology report, which shall become part of the patient's medical record. The pathology report will be filed in the medical record within 24 hours of completion.

(3) The disposition of surgical specimens, whether discarded or submitted to pathology, will be recorded in the operative record.

ARTICLE VIII

ANESTHESIA SERVICES

8.A. GENERAL

(1) Anesthesia may only be administered by the following qualified practitioners:

(a) an anesthesiologist;

(b) an M.D. or D.O. who has been granted clinical privileges to administer anesthesia in a specific patient care area or for a specific procedure (e.g., Emergency Department and GI procedures);

(c) a CRNA under the supervision of an anesthesiologist who is immediately available, if needed; or

(d) an anesthesiologist's assistant under the supervision of an anesthesiologist who is immediately available, if needed.

(2) "Anesthesia" means general or regional anesthesia, monitored anesthesia care or deep sedation. "Anesthesia" does not include topical or local anesthesia, minimal or moderate ("conscious") sedation, or analgesia via epidurals/spinals for labor and delivery.

(3) Because it is not always possible to predict how an individual patient will respond to minimal or conscious sedation, a qualified practitioner with expertise in airway management and advanced life support must be available to return a patient to the originally intended level of sedation when the level of sedation becomes deeper than initially intended.

8.B. PRE-ANESTHESIA PROCEDURES

(1) A pre-anesthesia evaluation will be performed for each patient who receives anesthesia by an individual qualified to administer anesthesia.

(2) The following elements of the pre-anesthesia evaluation must be performed within the 48 hours immediately prior to an inpatient or outpatient surgery or procedure requiring anesthesia services:

(a) a review of the medical history, including anesthesia, drug and allergy history; and

(b) an interview, if possible, preprocedural education, and examination of the patient.

(3) The following additional elements of the pre-anesthesia evaluation may be performed up to 30 days prior to an inpatient or outpatient surgery or procedure requiring anesthesia services, but must be reviewed and updated as necessary within 48 hours of the surgery or procedure:

(a) notation of any anesthesia risks according to established standards of practice (e.g., ASA classification of risk);

(b) identification of potential anesthesia problems that may suggest complications or contraindications to the planned procedure (e.g., difficult airway as identified through an airway examination, any ongoing infections, limited intravascular access);

(c) development of a plan for the patient's anesthesia care (i.e., discussion of risks and benefits, type of medications for induction, post-operative care); and

(d) any additional pre-anesthesia data or information that may be appropriate or applicable (e.g., stress tests, additional specialist consultations).

Per the Centers for Medicare & Medicaid Services Conditions of Participation, under no circumstances may these elements be performed more than 30 days prior to surgery or a procedure requiring anesthesia services.

(4) The patient will be reevaluated immediately before induction in order to confirm that the patient remains able to proceed with care and treatment.

8.C. MONITORING DURING PROCEDURE

(1) All patients will be monitored during the administration of anesthesia at a level consistent with the potential effect of the anesthesia. Appropriate methods will be used to continuously monitor the patient per current ASA standards.

(2) All events taking place during the induction and maintenance of, and the emergence from, anesthesia will be documented in an intraoperative anesthesia record, including at least the following:

(a) the name and Hospital identification number of the patient;

(b) the name of the Practitioner who administered anesthesia and, as applicable, any supervising practitioner;

(c) the name, dosage, route time, and duration of all anesthetic agents;

(d) the technique(s) used and patient position(s), including the insertion or use of any intravascular or airway devices;

(e) the name and amounts of IV fluids, including blood or blood products, if applicable;

(f) time-based documentation of vital signs, as well as oxygenation and ventilation parameters; and

(g) any complications, adverse reactions or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment, and the patient's status upon leaving the operating room.

8.D. POST-ANESTHESIA EVALUATIONS

(1) In all cases, a post-anesthesia evaluation will be completed and documented in the patient's medical record by an individual qualified to administer anesthesia as soon as possible and no later than 48 hours after the patient has been moved into the designated recovery area.

(2) The post-anesthesia evaluation should not begin until the patient is sufficiently recovered so as to participate in the evaluation, to the extent possible, given the patient's medical condition. If the patient is unable to participate in the evaluation for any reason, the evaluation will be completed within the 48-hour time frame and a notation documenting the reasons for the patient's inability to participate will be made in the medical record (e.g., intubated patient).

(3) The elements of the post-anesthesia evaluation will conform to current standards of anesthesia care, including:

(a) respiratory function, including respiratory rate, airway patency, and oxygen saturation;

(b) cardiovascular function, including pulse rate and blood pressure;

(c) mental status;

(d) temperature;

(e) pain;

(f) nausea and vomiting; and

(g) post-operative hydrations.

(4) Patients will be discharged from the recovery area by a qualified practitioner according to criteria approved by the American Society of Anesthesiologists ("ASA"), using a post-anesthesia recovery scoring system. Post-operative documentation will record the patient's discharge from the post-anesthesia care area and record the name of the individual responsible for discharge.

(5) Patients who have received anesthesia in an outpatient setting will be discharged to the company of a responsible, designated adult.

(6) When anesthesia services are performed on an outpatient basis, the patient will be provided with written instructions for follow-up care that include information about how to obtain assistance in the event of post-operative problems. The instructions will be reviewed with the patient or the individual responsible for the patient.

8.E. MODERATE SEDATION

All patients receiving moderate sedation will be monitored and evaluated before, during, and after the procedure by a trained practitioner in accordance with applicable Hospital policies. However, such procedures are not subject to the requirements regarding pre-anesthesia evaluations, intraoperative anesthesia reports or post-anesthesia evaluations described in this Article.

8.F. DIRECTION OF ANESTHESIA SERVICES

Anesthesia services will be under the direction of a qualified doctor of medicine (M.D.) or doctor of osteopathy (D.O.) with the appropriate clinical privileges and who is responsible for the following:

- planning, directing and supervising all activities of the anesthesia service; and
- evaluating the quality and appropriateness of anesthesia patient care.

ARTICLE IX

PHARMACY

9.A. GENERAL RULES

(1) Orders for drugs and biologicals are addressed in the Medical Orders Article.

(2) Adverse medication reactions and errors in administration of medications will be immediately documented in the patient's medical record and reported to the Attending Physician, the director of pharmaceutical services, and, if appropriate, to the Hospital's quality assessment and performance improvement program.

(3) The pharmacy may substitute an alternative equivalent product for a prescribed brand name when the alternative is of equal quality and ingredients, and is to be administered for the same purpose and in the same manner.

(4) All drugs and medications will be administered in accordance with the Policies and Procedures of the Pharmacy and Therapeutics Committee. A Hospital Formulary shall be developed by the Pharmacy and Therapeutics Committee. All investigational drugs must be reviewed and approved in accordance with the Policies and Procedures of the Institutional Review Committee and shall only be used in full accordance with the Statement of Principles Involved in the Use of Investigational Drugs in Hospitals and all regulations of the Federal Drug Administration.

(5) Information relating to medication interactions, therapy, side effects, toxicology, dosage, indications for use, and routes of administration will be readily available to members of the Medical Staff, Allied Health Professionals, and other Hospital personnel.

9.B. PATIENT'S OWN MEDICATION

If a patient brings his or her own medications to the Hospital, these medications shall not be administered unless the Attending Physician has entered an order for their administration or if the medication is not available from the Hospital pharmacy. If the patient's own medication is available on the Hospital formulary, the medication will be provided using MCH inventory without exception. If the medications are not ordered by the Attending Physician, they shall be packaged, sealed and sent home with the patient's next of kin on admission. Otherwise, such medications will be kept in a secure area such as the Hospital pharmacy or in Security for 30 days or until the patient's discharge, at which time such medications will be returned to the patient or given to the patient's legal representative. Controlled substances as listed in the Controlled Substances, Drug, Device and Cosmetic Act shall not be returned to the patient without approval of the Attending Physician.

9.C. STORAGE AND ACCESS

(1) In order to facilitate the delivery of safe care, medications and biologicals will be controlled and distributed in accordance with Hospital policy, consistent with federal and state law.

(a) All medications and biologicals will be kept in a secure area, and locked unless under the immediate control of authorized staff.

(b) Medications listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 will be kept locked within a secure area.

(c) Only authorized personnel may have access to locked or secure areas.

(2) Abuses and losses of controlled substances will be reported, in accordance with applicable federal and state laws, to the individual responsible for the pharmaceutical service, and to the CEO.

ARTICLE X

EMERGENCY SERVICES

10.A. GENERAL

Emergency services and care will be provided to any person who comes to the emergency department, as that term is defined in the EMTALA regulations, whenever there are appropriate facilities and qualified personnel available to provide such services or care. Such emergency services and care will be provided without regard to the patient's insurance status, economic status, or ability to pay for medical services.

10.B. MEDICAL SCREENING EXAMINATIONS

(1) Medical screening examinations, within the capability of the Hospital, will be performed on all individuals who come to the Hospital requesting examination or treatment to determine the presence of an emergency medical condition. Qualified Medical Personnel ("QMP") who can perform medical screening examinations within applicable Hospital policies and procedures are defined as:

(a) Emergency Department:

(i) members of the Medical Staff with clinical privileges in Emergency Medicine;

(ii) other Active Staff members; and

(iii) appropriately credentialed Allied Health Professionals.

(b) Labor and Delivery:

(i) members of the Medical Staff with OB/GYN privileges;

(ii) Certified Registered Nurse Midwives with OB privileges; and

(iii) Registered Nurses who have achieved competency in Labor and Delivery and who have validated skills to provide fetal monitoring and labor assessment.

(2) The results of the medical screening examination must be dictated within ***48 hours*** of the conclusion of an Emergency Department visit.

10.C. EMERGENCY CARE

(1) Any person presenting at the Emergency Department who has not been referred by or is not the patient of a specific Medical Staff member, and who does not express a desire for the medical services of a particular member, shall be assigned to the appropriate physician serving on the call schedule for unassigned patients.

(2) The Emergency Department physician shall attend to the patient as necessary until the physician serving on the call schedule is notified and available to assume care of the patient.

(3) Nothing in this provision shall interfere with the patient's right to request his or her own physician if such a choice is expressed.

10.D. UNASSIGNED CALL

(1) The Hospital will coordinate and maintain a roster of Medical Staff members serving on the call schedule for primary coverage and specialty consultation. A monthly call schedule will be available listing Medical Staff members serving on the call schedule. The roster will be updated on an ongoing basis and made available online to all Medical Staff members and Hospital departments.

(2) The Emergency Department physician or his or her designee shall be responsible for contacting the physician serving on the call schedule concerning the patient he or she wants the physician on call to see.

(3) When paged by the Hospital, the physician serving on the call schedule must respond to the Emergency Department by telephone or text message within the time frames required.

(4) Failure of the assigned physician serving on the call schedule to respond to an emergency call may result in a professional review action and shall be reported immediately to the Leadership Council.

(5) If a Medical Staff member is unable to take his or her call assignment as scheduled, it shall be that individual's responsibility to arrange for a qualified substitute and communicate such change to the Hospital.

10.E. MEDICAL RECORDS FOR PATIENTS RECEIVING EMERGENCY SERVICES

In accordance with Section 4.A.2 of these Medical Staff Rules and Regulations, a medical record will be maintained for patients who have received emergency care at the Hospital.

ARTICLE XI

DISCHARGE PLANNING AND DISCHARGE SUMMARIES

11.A. WHO MAY DISCHARGE

(1) Patients will be discharged only upon the order of the Attending Physician or another physician acting as his or her designee.

(2) At the time of discharge, the discharging physician will review the patient's medical record for completeness, state the principal and secondary diagnoses (if one exists) and authenticate the entry.

(3) Should a patient leave the Hospital against the advice of the Attending Physician, or without proper discharge, a notation of the incident shall be made in the patient's medical record, and the patient shall be asked to sign an "Against Medical Advice" form.

11.B. DISCHARGE PLANNING

(1) Discharge planning will be an integral part of the hospitalization of each patient and an assessment will commence as soon as possible after admission. The discharge plan and assessment, which includes an evaluation of the availability of appropriate services to meet the patient's needs after hospitalization, will be documented in the patient's medical record. The Responsible Practitioner is expected to participate in the discharge planning process.

(2) Discharge planning will include determining the need for continuing care, treatment, and services after discharge or transfer.

11.C. DISCHARGE SUMMARY

(1) A concise, dictated discharge summary will be prepared by the Practitioner discharging the patient unless alternative arrangements are made (and are documented in the medical record) with another practitioner who agrees to assume this responsibility. All discharge summaries will include the following and must be completed within ***30 days*** of discharge:

(a) reason for hospitalization;

(b) significant findings;

(c) procedures performed and care, treatment, and services provided;

(d) final diagnosis and the patient's condition and disposition at discharge;

(e) information provided to the patient and family, as appropriate;

(f) provisions for follow-up care; and

(g) discharge medication reconciliation.

(2) An H&P and discharge summary form may be used to document the discharge summary for routine obstetrics admissions, a patient discharged from antepartum service, a patient admitted for less than 48 hours, and a newborn services short admission for less than 48 hours. A final summary progress note, antepartum discharge summary, or newborn discharge summary will be completed.

(3) A discharge summary is required in any case in which the patient dies in the Hospital, regardless of length of admission.

(4) If the discharge summary is prepared by a nurse practitioner or physician's assistant, the Attending Physician will authenticate and date the discharge summary to verify its content.

11.D. DEATH SUMMARIES

A death summary shall be dictated in the event of an inpatient death, regardless of the length of the patient's stay in the Hospital. The death summary shall include date of admission, admitting and final diagnoses, reason for hospitalization, significant findings, course of treatment, events leading to death, and the date and exact time of death.

11.E. DISCHARGE OF MINORS AND INCAPACITATED PATIENTS

Any individual who cannot legally consent to his or her own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis, or another responsible party unless otherwise directed by the parent or guardian or court of competent jurisdiction. If the parent or guardian directs that discharge be made otherwise, he or she shall so state in writing and the statement shall become a part of the permanent medical record of the patient.

ARTICLE XII

TRANSFERS TO AND FROM OTHER FACILITIES

12.A. EMTALA TRANSFERS

(1) Accepting Patient Transfers.

The Hospital (including the Emergency Department physician and staff physicians) shall not refuse to accept requests for transfers if the patient is in need of the specialized capabilities or facilities available at the Hospital. The only exception to this prohibition is if the Hospital lacks the capacity to safely treat the patient.

(2) Transferring Patients to Another Facility.

The transfer of a patient with an emergency medical condition from the Emergency Department to another hospital will be made in accordance with the Hospital's applicable policy and in compliance with all applicable state and federal laws, such as EMTALA. Before any such transfer occurs, a physician must see the patient and enter a certification in the patient's medical record indicating that the medical benefits to be received at another medical facility outweigh the risk to the patient of being transferred (including, in the case of a woman in labor, the risks to the unborn child).

12.B. NON-EMTALA PATIENT TRANSFERS

12.B.1. Procedures:

Patients will be transferred to another hospital or facility based on the patient's needs and the Hospital's capabilities. The Responsible Practitioner will take the following steps as appropriate under the circumstances:

(a) identify the patient's need for continuing care in order to meet the patient's physical and psychosocial needs;

(b) inform patients and their family members (as appropriate), in a timely manner, of the need to plan for a transfer to another organization;

(c) involve the patient and all appropriate practitioners, Hospital staff, and family members involved in the patient's care, treatment, and services in the planning for transfer;

(d) provide the following information to the patient whenever the patient is transferred:

(1) the reason for the transfer;

(2) the risks and benefits of the transfer; and

(3) available alternatives to the transfer; and

(e) provide the receiving facility with the information outlined in Section 12.B.3.

12.B.2. Patient Requests:

When a patient requests a transfer to another facility, the Responsible Practitioner will:

(a) explain to the patient his or her medical condition;

(b) inform the patient of the benefits of additional medical examination and treatment;

(c) inform the patient of the reasonable risks of transfer;

(d) request that the patient sign the transfer form acknowledging responsibility for his or her request to be transferred; and

(e) provide the receiving facility with the information outlined in Section 12.B.3.

A patient will not be transferred to another facility unless prior arrangements for admission have been made.

12.B.3. Provision of Information:

When patients are transferred, the Responsible Practitioner will provide appropriate information to the accepting practitioner/facility, including:

(a) reason for transfer;

(b) significant findings;

(c) a summary of the procedures performed and care, treatment and services provided;

(d) condition at discharge;

(e) information provided to the patient and family, as appropriate; and

(f) working diagnosis.

ARTICLE XIII

HOSPITAL DEATHS AND AUTOPSIES

13.A. DEATH CERTIFICATES

(1) In the event of a patient death in the Hospital, the deceased will be pronounced dead by the Attending Physician or his or her designee within a reasonable time frame. Death certificates are the responsibility of the Attending Physician and will be completed within ***24 hours*** of when the certificate is available to the Attending Physician and in accordance with state law.

(2) The body of a deceased patient can be released only with the consent of the parent, legal guardian, or responsible person, and only after an entry has been made in the deceased patient's medical record by the Attending Physician or other designated member of the Medical Staff.

(3) The Attending Physician (or his or her designee) will notify the coroner/medical examiner of any cases considered by law to be a coroner/medical examiner's case.

13.B. AUTOPSIES

(1) The Medical Staff should attempt to secure autopsies in accordance with state and local laws. No autopsy shall be performed without written consent of a relative or legally authorized agent. Such consent must be documented in the medical record.

(2) Authorization for autopsy must be obtained from the parent, legal guardian, or responsible person after the patient's death. The Attending Physician must document in the medical record if permission for an autopsy was granted. If permission is refused by the authorized individual or if, in the opinion of the Attending Physician, an autopsy should not be requested (e.g., the health and welfare of the next of kin or religious proscription), this must be documented in the medical record.

(3) The Attending Physician must be notified when an autopsy is to be performed. All autopsies shall be performed by the Hospital pathologist or by a Practitioner delegated this responsibility by the Hospital pathologist. Provisional anatomic diagnoses shall be recorded on the medical record within 72 hours and the complete protocol shall be made a part of the record within 60 days, unless exception for special studies are established by the Medical Staff.

(4) The Medical Staff shall be actively involved in the assessment of the use of developed criteria for autopsies.

13.C. POTENTIAL ORGAN AND TISSUE DONORS

It is the policy of the Hospital to identify potential organ and tissue donors and to offer the next of kin of every medically suitable deceased patient the opportunity to donate. All Medical Staff members and residents will cooperate fully in this effort.

ARTICLE XIV

MISCELLANEOUS

14.A. ORIENTATION

All new members of the Medical Staff will be provided an overview of the Hospital and its operations. As a part of this orientation, the Medical Records Department and nursing service will orient new members as to their respective areas, detailing those activities and/or procedures that will help new staff members in the performance of their duties.

14.B. SELF-TREATMENT AND TREATMENT OF FAMILY MEMBERS, COLLEAGUES, AND CO-WORKERS

14.B.1. Self-Treatment:

(a) Members of the Medical Staff are strongly discouraged from treating themselves, except in an emergency situation or where no viable alternative treatment is available.

(b) Members of the Medical Staff should never write prescriptions for controlled substances for themselves.

14.B.2. Guidelines for Treatment of Immediate Family Members, Colleagues, and Co-Workers:

(a) Generally, members of the Medical Staff should refrain from the following activities in the Hospital:

(1) admitting or consulting on immediate family members (i.e., a parent, spouse, child, or anyone else residing in the same household); or

(2) being involved in the care of a family member with complex or potentially serious symptoms or diagnoses.

When considering these guidelines, factors such as the availability of other physicians to provide the needed care, patient acuity, and the patient's right to direct his/her own medical care should also be considered.

(b) Members of the Medical Staff should never write prescriptions for controlled substances for family members.

(c) As it relates to colleagues and co-workers in the Hospital, Medical Staff members should refrain from:

(1) treating any individual without first performing an appropriate assessment and creating a proper medical record; or

(2) writing a prescription for any individual in the absence of a formal physician-patient relationship.

14.C. INFECTION PRECAUTIONS

All Medical Staff members and Allied Health Professionals will abide by Hospital infection control policies.

14.D. HIPAA REQUIREMENTS

All members of the Medical Staff and Allied Health Professionals will:

(1) adhere to the security and privacy requirements of HIPAA, meaning that only a Responsible Practitioner may access, utilize, or disclose protected health information; and

(2) complete any applicable HIPAA compliance and privacy training that is required by the Hospital.

ARTICLE XV

AMENDMENTS

These Medical Staff Rules and Regulations may be amended pursuant to Article 8 of the Medical Staff Bylaws.

ARTICLE XVI

ADOPTION

These Rules and Regulations are adopted and made effective upon approval of the Board of Directors, superseding and replacing any and all other bylaws, rules and regulations, policies, manuals of the Medical Staff, or the Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Executive Committee on:

Date: _____

_____
Chief of Staff

Approved by the Board of Directors on:

Date: _____

_____
Chair

Family Health Clinic
October 2019
ECHD Board Packet

Medical Center Health System
Your One Source for Health

Date: September 27, 2019

To: Board of Directors-Family Health Clinic

From: Grant Trollope, Assistant Chief Financial Officer

Subject: Combined Financial Report for the Month Ended August 31, 2019

Visits

Combined clinic visits for August were 1,850 comparing unfavorably to the budgeted total of 2,087 and unfavorably to the prior year's 2,130 by 11.4% and 13.1% respectively. Combined medical visits for August totaled 1,850 favorable to the budgeted amount of 1,797 and favorable to the prior year 1,842 visits.

Revenues and Revenue Deductions

Combined patient revenue for August totaled $602,646 comparing unfavorably to the combined budget of $701,376 by 14.1% and unfavorably to prior year's total of $732,567 by 17.7%.

Combined revenue deductions for August were $358,589 comparing favorably to the combined budgeted amount of $469,749 and favorably to prior year's total of $603,665.

Combined net operating revenue for August was $256,335, comparing favorably to the combined budget amount of $232,951 and favorably to the prior year amount of $137,364.

Operating Expenses

Combined operating expenses for August totaled $344,599, comparing favorably to a combined budget of $403,754 and unfavorably to prior year's expenses of $282,464.

Combined salaries and wages expense for August were $125,543, comparing favorably to a combined budget of $128,824 and unfavorably to prior year's $112,140. Trends in salaries, wages, and benefits resulted from operations, which are now running with 32.0, Full Time Equivalents (FTEs) for August, compared to a budget of 35.9 FTEs and prior year's 30.0 FTEs.

Combined physician services (Provider salaries) for August totaled $155,092, comparing favorably to a budgeted amount of $204,890 and unfavorably to prior year's amount of $131,838.

Combined supplies expense for August totaled $10,852 comparing unfavorably to budgeted supply expense of $9,142 and favorably to the prior year's amount of $13,535.

Combined Repairs and Maintenance expense for August totaled $638, comparing favorably to a budgeted amount of $4,451 and favorably prior year amount of $855.

Operating Results

Combined operating results for the month of August resulted in a Net Loss of $133,204, comparing favorably to the combined budgeted deficit of $215,745, and to prior year loss of $188,618.

Revenue and Payments by Payor

For the month of August, Medicaid patients represented the largest revenue financial class, followed by Self-Pay, and Commercial. Clinics combined, Medicaid revenue accounted for 37.3%, Self-Pay 24.6%, Commercial 21.6%, Medicare 15.8%, FAP 0.0%, and Other for 0.7% of the Clinic's monthly revenue.

Combined payments for the month of August year to date totaled $1,578,474 compared to the prior year YTD amount of $1,158,237.

ECTOR COUNTY HOSPITAL DISTRICT
CENTERS FOR PRIMARY CARE COMBINED - OPERATIONS SUMMARY
AUGUST 2019

	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	$ 602,646	$ 701,376	-14.1%	$ 732,567	-17.7%	$ 6,780,011	$ 7,578,523	-10.5%	$ 7,441,390	-8.9%
TOTAL PATIENT REVENUE	$ 602,646	$ 701,376	-14.1%	$ 732,567	-17.7%	$ 6,780,011	$ 7,578,523	-10.5%	$ 7,441,390	-8.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ (46,514)	$ 138,821	-133.5%	$ (103,214)	-54.9%	$ 233,972	$ 1,422,450	-83.6%	$ 932,497	-74.9%
Self Pay Adjustments	(4,244)	28,103	-115.1%	(17,210)	-75.3%	2,539	287,965	-99.1%	202,307	-98.7%
Bad Debts	409,347	302,825	35.2%	724,089	-43.5%	3,407,269	3,102,945	9.8%	5,052,226	-32.6%
TOTAL REVENUE DEDUCTIONS	$ 358,589	$ 469,749	-23.7%	$ 603,665	-40.6%	$ 3,643,780	$ 4,813,360	-24.3%	$ 6,187,030	-41.1%
	59.50%	66.98%		82.40%		53.74%	63.51%		83.14%	
NET PATIENT REVENUE	$ 244,057	$ 231,627	5.4%	$ 128,902	89.3%	$ 3,136,231	$ 2,765,163	13.4%	$ 1,254,360	150.0%
OTHER REVENUE										
FHC Other Revenue	$ 12,278	$ 1,324	827.3%	$ 8,462	45.1%	$ 136,294	$ 14,564	835.8%	$ 19,057	615.2%
TOTAL OTHER REVENUE	$ 12,278	$ 1,324	827.3%	$ 8,462	45.1%	$ 136,294	$ 14,564	835.8%	$ 19,057	615.2%
NET OPERATING REVENUE	$ 256,335	$ 232,951	10.0%	$ 137,364	86.6%	$ 3,272,526	$ 2,779,727	17.7%	$ 1,273,417	157.0%
OPERATING EXPENSE										
Salaries and Wages	$ 125,543	$ 128,824	-2.5%	$ 112,140	12.0%	$ 1,309,670	$ 1,391,981	-5.9%	$ 859,392	52.4%
Benefits	21,001	39,107	-46.3%	(163)	-12984.0%	322,147	436,626	-26.2%	226,640	42.1%
Physician Services	155,092	204,890	-24.3%	131,838	17.6%	1,589,411	2,579,853	-38.4%	2,275,012	-30.1%
Cost of Drugs Sold	22,760	9,178	148.0%	12,637	80.1%	101,715	99,172	2.6%	84,470	20.4%
Supplies	10,852	9,142	18.7%	13,535	-19.8%	110,167	99,117	11.1%	91,319	20.6%
Utilities	7,258	6,356	14.2%	10,106	-28.2%	60,497	69,142	-12.5%	77,921	-22.4%
Repairs and Maintenance	638	4,451	-85.7%	855	-25.5%	7,432	48,961	-84.8%	41,560	-82.1%
Leases and Rentals	457	380	20.1%	365	25.0%	4,850	4,180	16.0%	4,133	17.4%
Other Expense	1,000	1,426	-29.9%	1,150	-13.0%	16,507	17,406	-5.2%	12,687	30.1%
TOTAL OPERATING EXPENSES	$ 344,599	$ 403,754	-14.7%	$ 282,464	22.0%	$ 3,522,396	$ 4,746,438	-25.8%	$ 3,673,134	-4.1%
Depreciation/Amortization	$ 44,940	$ 44,942	0.0%	$ 43,518	3.3%	$ 496,391	$ 496,412	0.0%	$ 496,360	0.0%
TOTAL OPERATING COSTS	$ 389,539	$ 448,696	-13.2%	$ 325,982	19.5%	$ 4,018,787	$ 5,242,850	-23.3%	$ 4,169,494	-3.6%
NET GAIN (LOSS) FROM OPERATIONS	**$ (133,204)**	**$ (215,745)**	**-38.3%**	**$ (188,618)**	**-29.4%**	**$ (746,261)**	**$(2,463,123)**	**-69.7%**	**$(2,896,078)**	**-74.2%**
Operating Margin	-51.96%	-92.61%	-43.9%	-137.31%	-62.2%	-22.80%	-88.61%	-74.3%	-227.43%	-90.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	1,850	1,797	2.9%	1,842	0.4%	18,201	17,018	7.0%	17,386	4.7%
Optometry Visits	-	290	-100.0%	288	-100.0%	1,115	2,820	-60.5%	2,798	-60.2%
Total Visits	1,850	2,087	-11.4%	2,130	-13.1%	19,316	19,838	-2.6%	20,184	-4.3%
Average Revenue per Office Visit	325.75	336.07	-3.1%	343.93	-5.3%	351.00	382.02	-8.1%	368.68	-4.8%
Hospital FTE's (Salaries and Wages)	32.0	35.9	-11.0%	29.0	10.2%	31.3	35.9	-12.9%	19.4	61.4%
Clinic FTE's - (Physician Services)	-	-	0.0%	1.0	-100.0%	-	-	0.0%	13.9	-100.0%

ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
AUGUST 2019

	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	$ 392,810	$ 367,974	6.7%	$ 420,859	-6.7%	$ 4,650,928	$ 3,976,109	17.0%	$ 4,016,685	15.8%
TOTAL PATIENT REVENUE	$ 392,810	$ 367,974	6.7%	$ 420,859	-6.7%	$ 4,650,928	$ 3,976,109	17.0%	$ 4,016,685	15.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ (63,162)	$ 78,235	-180.7%	$ (22,926)	175.5%	$ 296,718	$ 801,648	-63.0%	$ 645,424	-54.0%
Self Pay Adjustments	(12,954)	18,056	-171.7%	(5,969)	117.0%	23,978	185,015	-87.0%	149,311	-83.9%
Bad Debts	288,388	135,775	112.4%	361,376	-20.2%	1,967,452	1,391,238	41.4%	2,409,666	-18.4%
TOTAL REVENUE DEDUCTIONS	$ 212,271	$ 232,066	-8.5%	$ 332,480	-36.2%	$ 2,288,149	$ 2,377,901	-3.8%	$ 3,204,401	-28.6%
	54.0%	63.1%		79.0%		49.2%	59.8%		79.8%	
NET PATIENT REVENUE	$ 180,539	$ 135,908	32.8%	$ 88,380	104.3%	$ 2,362,779	$ 1,598,208	47.8%	$ 812,284	190.9%
OTHER REVENUE										
FHC Other Revenue	$ 12,278	$ 1,324	0.0%	$ 8,462	45.1%	$ 136,294	$ 14,564	0.0%	$ 19,057	615.2%
TOTAL OTHER REVENUE	$ 12,278	$ 1,324	827.3%	$ 8,462	45.1%	$ 136,294	$ 14,564	835.8%	$ 19,057	615.2%
NET OPERATING REVENUE	$ 192,816	$ 137,232	40.5%	$ 96,842	99.1%	$ 2,499,073	$ 1,612,772	55.0%	$ 831,341	200.6%
OPERATING EXPENSE										
Salaries and Wages	$ 88,618	$ 83,983	5.5%	$ 76,814	15.4%	$ 959,774	$ 907,473	5.8%	$ 602,787	59.2%
Benefits	14,824	25,495	-41.9%	(112)	-13335.7%	236,081	284,649	-17.1%	158,968	48.5%
Physician Services	96,105	122,968	-21.8%	105,967	-9.3%	1,137,802	1,563,132	-27.2%	1,365,374	-16.7%
Cost of Drugs Sold	14,071	6,031	133.3%	7,428	89.4%	72,895	65,169	11.9%	52,907	37.8%
Supplies	9,471	3,172	198.6%	6,784	39.6%	63,203	34,489	83.3%	37,654	67.8%
Utilities	3,712	3,681	0.8%	5,255	-29.4%	31,920	40,489	-21.2%	44,334	-28.0%
Repairs and Maintenance	638	3,974	-84.0%	855	-25.5%	7,432	43,714	-83.0%	37,746	-80.3%
Leases and Rentals	457	380	20.1%	365	25.0%	4,850	4,180	16.0%	4,133	17.4%
Other Expense	1,000	1,416	-29.4%	1,150	-13.0%	16,507	17,296	-4.6%	12,606	30.9%
TOTAL OPERATING EXPENSES	$ 228,895	$ 251,100	-8.8%	$ 204,507	11.9%	$ 2,530,463	$ 2,960,591	-14.5%	$ 2,316,510	9.2%
Depreciation/Amortization	$ 4,823	$ 4,824	0.0%	$ 5,121	-5.8%	$ 55,102	$ 55,114	0.0%	$ 56,764	-2.9%
TOTAL OPERATING COSTS	$ 233,719	$ 255,924	-8.7%	$ 209,627	11.5%	$ 2,585,565	$ 3,015,705	-14.3%	$ 2,373,274	8.9%
NET GAIN (LOSS) FROM OPERATIONS	**$ (40,902)**	**$ (118,692)**	**-65.5%**	**$ (112,786)**	**-63.7%**	**$ (86,491)**	**$ (1,402,933)**	**-93.8%**	**$ (1,541,933)**	**-94.4%**
Operating Margin	-21.21%	-86.49%	-75.5%	-116.46%	-81.8%	-3.46%	-86.99%	-96.0%	-185.48%	-98.1%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	1,214	1,115	8.9%	1,181	2.8%	12,872	9,931	29.6%	10,517	22.4%
Dental Visits	-	-	0.0%	-	0.0%	-	-	0.0%	350	-100.0%
Total Visits	1,214	1,115	8.9%	1,181	2.8%	12,872	9,931	29.6%		0.0%
Average Revenue per Office Visit	323.57	330.02	-2.0%	356.36	-9.2%	361.32	400.36	-9.7%	369.62	-2.2%
Hospital FTE's (Salaries and Wages)	21.5	21.9	-1.8%	18.3	17.7%	22.2	21.9	1.3%	12.1	83.2%
Clinic FTE's - (Physician Services)	-	-	0.0%	-	0.0%	-	-	0.0%	7.8	-100.0%

ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 2019

	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	$ 209,836	$ 333,402	-37.1%	$ 311,707	-32.7%	$ 2,129,084	$ 3,602,414	-40.9%	$ 3,424,705	-37.8%
TOTAL PATIENT REVENUE	$ 209,836	$ 333,402	-37.1%	$ 311,707	-32.7%	$ 2,129,084	$ 3,602,414	-40.9%	$ 3,424,705	-37.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 16,648	$ 60,586	-72.5%	$ (80,288)	-120.7%	$ (62,746)	$ 620,802	-110.1%	$ 287,074	-121.9%
Self Pay Adjustments	8,710	10,047	-13.3%	(11,241)	-177.5%	(21,439)	102,950	-120.8%	52,996	-140.5%
Bad Debts	120,959	167,050	-27.6%	362,713	-66.7%	1,439,817	1,711,707	-15.9%	2,642,559	-45.5%
TOTAL REVENUE DEDUCTIONS	$ 146,318	$ 237,683	-38.4%	$ 271,185	-46.0%	$ 1,355,631	$ 2,435,459	-44.3%	$ 2,982,629	-54.5%
	69.73%	71.29%		87.00%		63.67%	67.61%		87.09%	
NET PATIENT REVENUE	$ 63,518	$ 95,719	-33.6%	$ 40,522	56.7%	$ 773,452	$ 1,166,955	-33.7%	$ 442,076	75.0%
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	$ 63,518	$ 95,719	-33.6%	$ 40,522	56.7%	$ 773,452	$ 1,166,955	-33.7%	$ 442,076	75.0%
OPERATING EXPENSE										
Salaries and Wages	$ 36,925	$ 44,841	-17.7%	$ 35,326	4.5%	$ 349,896	$ 484,508	-27.8%	$ 256,604	36.4%
Benefits	6,177	13,612	-54.6%	(51)	-12211.8%	86,066	151,977	-43.4%	67,672	27.2%
Physician Services	58,986	81,922	-28.0%	25,871	128.0%	451,609	1,016,721	-55.6%	909,638	-50.4%
Cost of Drugs Sold	8,689	3,147	176.1%	5,209	66.8%	28,821	34,003	-15.2%	31,563	-8.7%
Supplies	1,381	5,970	-76.9%	6,751	-79.5%	46,964	64,628	-27.3%	53,665	-12.5%
Utilities	3,546	2,675	32.6%	4,852	-26.9%	28,578	28,653	-0.3%	33,587	-14.9%
Repairs and Maintenance	-	477	-100.0%	-	100.0%	-	5,247	-100.0%	3,814	-100.0%
Other Expense	-	10	-100.0%	-	0.0%	-	110	-100.0%	81	-100.0%
TOTAL OPERATING EXPENSES	$ 115,703	$ 152,654	-24.2%	$ 77,957	48.4%	$ 991,934	$ 1,785,847	-44.5%	$ 1,356,625	-26.9%
Depreciation/Amortization	$ 40,117	$ 40,118	0.0%	$ 38,397	4.5%	$ 441,289	$ 441,298	0.0%	$ 439,596	0.4%
TOTAL OPERATING COSTS	$ 155,820	$ 192,772	-19.2%	$ 116,354	33.9%	$ 1,433,222	$ 2,227,145	-35.6%	$ 1,796,221	-20.2%
NET GAIN (LOSS) FROM OPERATIONS	**$ (92,302)**	**$ (97,053)**	**-4.9%**	**$ (75,832)**	**21.7%**	**$ (659,770)**	**$(1,060,190)**	**-37.8%**	**$(1,354,145)**	**-51.3%**
Operating Margin	-145.32%	-101.39%	43.3%	-187.14%	-22.3%	-85.30%	-90.85%	-6.1%	-306.31%	-72.2%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	636	682	-6.7%	661	-3.8%	5,329	7,087	-24.8%	6,869	-22.4%
Optometry Visits	-	290	-100.0%	288	-100.0%	1,115	2,820	-60.5%	2,798	-60.2%
Total Visits	636	972	-34.6%	949	-33.0%	6,444	9,907	-35.0%		0.0%
Average Revenue per Office Visit	329.93	343.01	-3.8%	328.46	0.4%	330.40	363.64	-9.1%	354.27	-6.7%
Hospital FTE's (Salaries and Wages)	10.4	14.0	-25.3%	10.7	-2.6%	9.1	14.0	-35.1%	7.3	24.9%
Clinic FTE's - (Physician Services)	-	-	0.0%	1.0	-100.0%	-	-	0.0%	6.2	-100.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
AUGUST 2019

	MONTHLY REVENUE				YTD REVENUE			
	Clements	**West**	**Total**	**%**	**Clements**	**West**	**Total**	**%**
Medicare	$ 49,104	$ 46,303	$ 95,406	15.8%	$ 650,918	$ 437,869	$ 1,088,788	16.1%
Medicaid	174,986	49,711	224,697	37.3%	2,017,669	690,121	2,707,790	39.9%
FAP	-	-	-	0.0%	-	-	-	0.0%
Commercial	80,710	49,536	130,246	21.6%	892,009	428,774	1,320,783	19.5%
Self Pay	85,875	62,498	148,373	24.6%	1,077,371	569,056	1,646,426	24.3%
Other	2,135	1,788	3,923	0.7%	12,961	3,264	16,224	0.2%
Total	**$ 392,810**	**$ 209,836**	**$ 602,646**	**100.0%**	**$ 4,650,928**	**$ 2,129,084**	**$ 6,780,011**	**100.0%**

	MONTHLY PAYMENTS				YEAR TO DATE PAYMENTS			
	Clements	**West**	**Total**	**%**	**Clements**	**West**	**Total**	**%**
Medicare	$ 7,632	$ 14,588	$ 22,220	14.1%	$ 72,946	$ 104,857	$ 177,804	11.3%
Medicaid	47,131	8,548	55,679	35.3%	509,317	176,190	685,507	43.4%
FAP	-	-	-	0.0%	-	-	-	0.0%
Commercial	34,142	19,163	53,305	33.8%	297,464	145,456	442,921	28.1%
Self Pay	17,131	8,310	25,441	16.2%	195,779	74,682	270,461	17.1%
Other	663	209	871	0.6%	1,576	206	1,782	0.1%
Total	**$ 106,698**	**$ 50,818**	**$ 157,515**	**100.0%**	**$ 1,077,083**	**$ 501,392**	**$ 1,578,474**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 2019

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	$ 49,104	12.5%	$ 61,469	14.6%	$ 650,918	14.0%	$ 549,224	13.7%
Medicaid	174,986	44.6%	164,614	39.1%	2,017,669	43.3%	1,499,771	37.2%
PHC	-	0.0%	-	0.0%	-	0.0%	26,528	0.7%
Commercial	80,710	20.5%	77,493	18.4%	892,009	19.2%	762,089	19.0%
Self Pay	85,875	21.9%	116,090	27.6%	1,077,371	23.2%	1,172,246	29.2%
Other	2,135	0.5%	1,194	0.3%	12,961	0.3%	6,827	0.2%
TOTAL	**$ 392,810**	**100.0%**	**$ 420,859**	**100.0%**	**$ 4,650,928**	**100.0%**	**$ 4,016,685**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 7,632	7.2%	$ 7,214	7.4%	$ 72,946	6.8%	$ 35,037	5.0%
Medicaid	47,131	44.1%	38,708	39.9%	509,317	47.3%	234,401	33.1%
PHC	-	0.0%	-	0.0%	-	0.0%	5,674	0.8%
Commercial	34,142	32.0%	29,488	30.4%	297,464	27.6%	229,597	32.5%
Self Pay	17,131	16.1%	21,609	22.3%	195,779	18.2%	201,548	28.5%
Other	663	0.6%	-	0.0%	1,576	0.1%	740	0.1%
TOTAL	**$ 106,698**	**100.0%**	**$ 97,019**	**100.0%**	**$ 1,077,083**	**100.0%**	**$ 706,998**	**100.0%**
TOTAL NET REVENUE	180,539		88,380		2,362,779		812,284	
% OF GROSS REVENUE	46.0%		21.0%		50.8%		20.2%	
VARIANCE	(73,841)		8,640		(1,285,696)		(105,286)	
% VARIANCE TO CASH COLLECTIONS	-40.9%		9.8%		-54.4%		-13.0%	

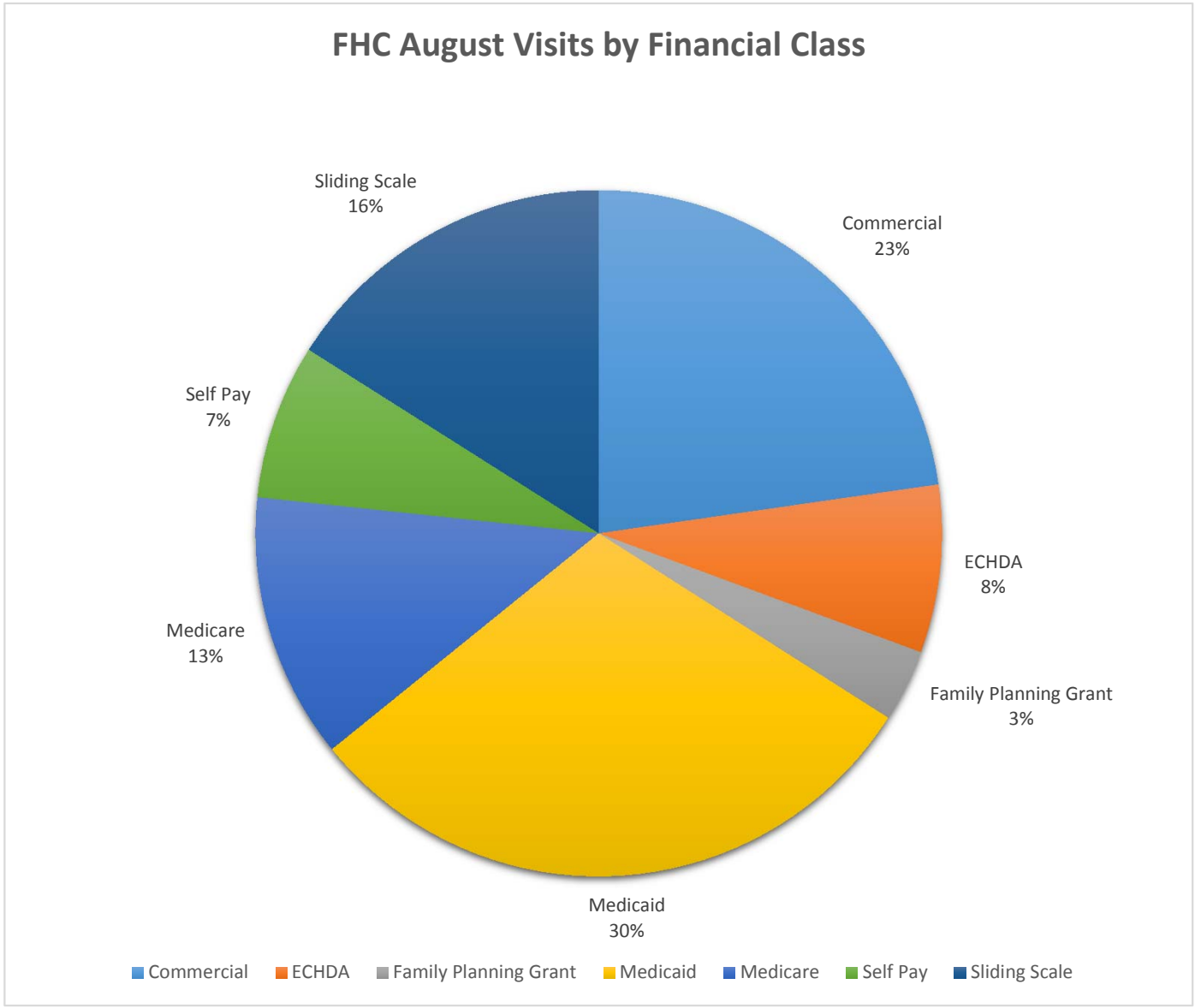
ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 2019

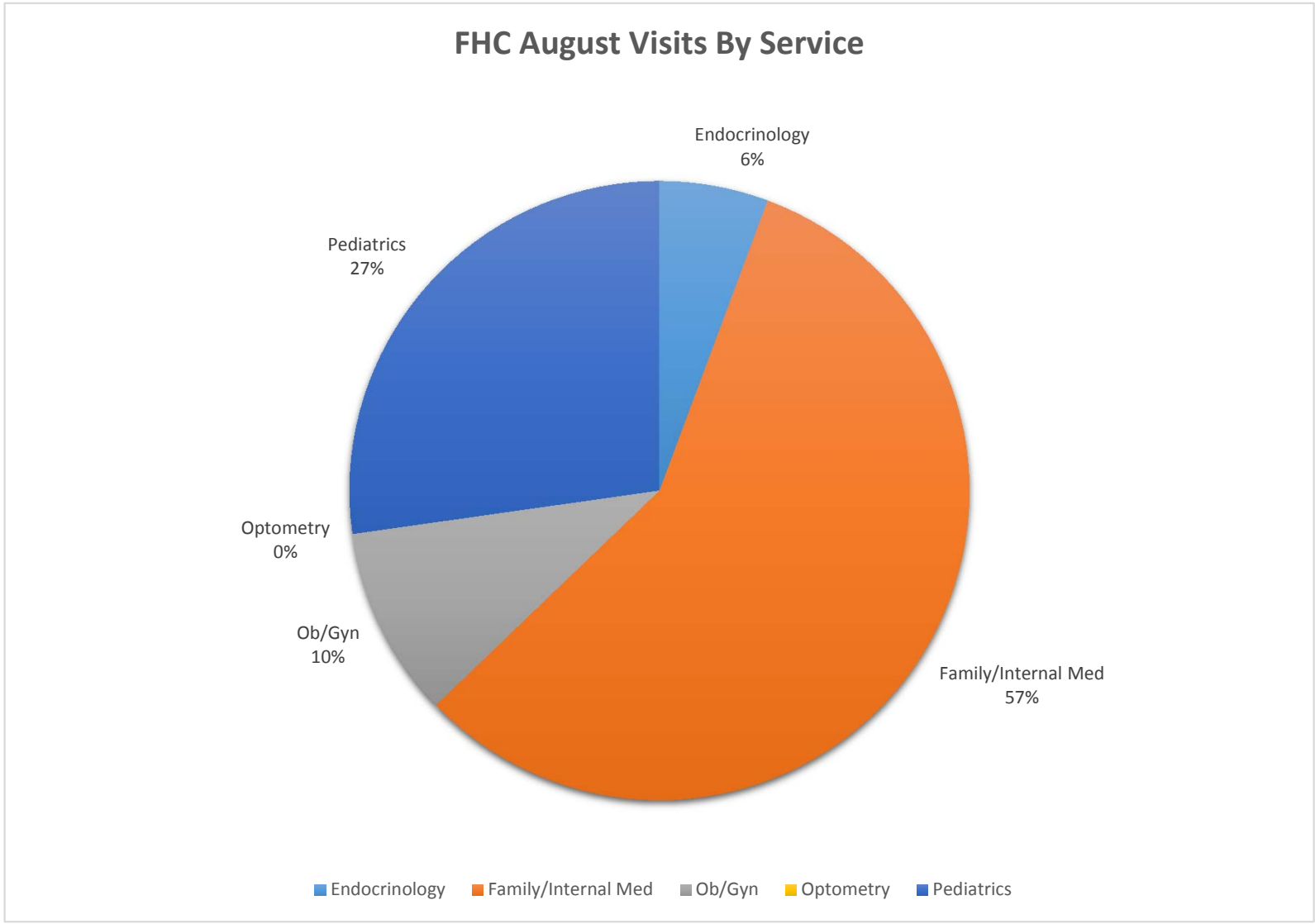
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	$ 46,303	22.1%	$ 37,626	12.1%	$ 437,869	20.6%	$ 468,480	13.7%
Medicaid	49,711	23.7%	$ 145,656	46.7%	690,121	32.4%	1,551,918	45.3%
PHC	-	0.0%	$ -	0.0%	-	0.0%	62,298	1.8%
Commercial	49,536	23.6%	$ 57,944	18.6%	428,774	20.1%	635,257	18.5%
Self Pay	62,498	29.7%	$ 70,481	22.6%	569,056	26.7%	700,636	20.5%
Other	1,788	0.9%	$ -	0.0%	3,264	0.2%	6,117	0.2%
TOTAL	**$ 209,836**	**100.0%**	**$ 311,707**	**100.0%**	**$ 2,129,084**	**100.0%**	**$ 3,424,705**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 14,588	28.7%	$ 45,698	43.3%	$ 104,857	20.9%	$ 66,016	14.6%
Medicaid	8,548	16.8%	29,067	27.5%	176,190	35.2%	149,353	33.1%
PHC	-	0.0%	-	0.0%	-	0.0%	3,392	0.8%
Commercial	19,163	37.7%	21,265	20.1%	145,456	29.0%	120,265	26.7%
Self Pay	8,310	16.4%	9,562	9.1%	74,682	14.9%	111,651	24.7%
Other	209	0.4%	-	0.0%	206	0.0%	561	0.1%
TOTAL	**$ 50,818**	**100.0%**	**$ 105,593**	**100.0%**	**$ 501,392**	**100.0%**	**$ 451,239**	**100.0%**
TOTAL NET REVENUE	63,518		40,522		773,452		442,076	
% OF GROSS REVENUE	30.3%		13.0%		36.3%		12.9%	
VARIANCE	(12,700)		65,070		(272,060)		9,162	
% VARIANCE TO CASH COLLECTIONS	-20.0%		160.6%		-35.2%		2.1%	


FHC August Visits by Financial Class
Sliding Scale
16%
Commercial
23%
Self Pay
7%
ECHDA
8%
Medicare
13%
Family Planning Grant
3%
Medicaid
30%
Commercial
ECHDA
Family Planning Grant
Medicaid
Medicare
Self Pay
Sliding Scale


FHC August Visits By Service
Endocrinology
6%
Pediatrics
27%
Optometry
0%
Ob/Gyn
10%
Family/Internal Med
57%
Endocrinology
Family/Internal Med
Ob/Gyn
Optometry
Pediatrics

FHC Executive Director's Report-October 2019

- **Provider Update**: The Family Health Clinic is currently searching for the following provider: Pediatric Nurse Practitioner. Merritt Hawkins is the search firm that is assisting us with recruiting for our open position. Dr Kanesan, Pediatrician, has signed her letter of intent. We look forward to her coming onboard and will have more details in the upcoming weeks.
- **Staffing Update**: The Family Health Clinic has the following open positions: 2 LVNs.
- **FQHC September Workplan**: During the September FHC Board meeting that was held September 12, 2019, the FHC Board approved the following workplan items as required by HRSA: 2020 Annual Operating and Capital Budgets; FQHC Governance Polices; FHC/MCH Operating Policies; and FHC Charge Structure and Policy.

Board/Finance Committee Dates for 2020

January 7, 2020
February 4, 2020
March 3, 2020
April 7, 2020
May 5, 2020
To Be Determined (Board Retreat)
June 2, 2020
July 7, 2020
August 4, 2020
September 1, 2020
October 6, 2020
November 3, 2020
December 1, 2020
January 5, 2021

Medical Center Health System
Your One Source for Health

DATE: September 27, 2019

TO: Board of Directors
Ector County Hospital District

FROM: Steve Ewing
Senior Vice President / Chief Financial Officer

Subject: Financial Report for the month ended August 31, 2019

Attached are the Financial Statements for the month ended August 31, 2019 and a high level summary of the months activity.

Operating Results - Hospital Operations:
For the month ended August, the change in net position was a loss of $1,393,813 comparing unfavorably to the budgeted surplus of $231,155 by 703.0%. Inpatient (I/P) revenue was below budget by $1,493,938 or 2.7% driven primarily by decreased patient days with associated ancillary tests and surgical procedures. Outpatient (O/P) revenue was above budget by $3,888,392 or 8.5% due to increased observation days, cath lab procedures, emergency department visits, and outpatient volumes. Net patient revenue was $345,487 or 1.7% below the budget of $20,917,737. Net operating revenue was $895,447 or 3.2% below budget due decreased net patient receipts and decreased sales tax receipts.

Operating expenses for the month were over budget by $1,226,341 due primarily to unfavorable salaries including temporary labor, physician fees and purchased services. $877,279 unfavorable salaries and wages expenses were caused by increased inpatient and outpatient volumes combined with 4% unbudgeted across the board salary increase given in January 2019. Actual FTEs per EEOB were 4.8 vs. budgeted 4.9. Physician fees unfavorable variance was caused by $175,731 in call pay to ProCare physicians that was previously paid by the Permian Basin Clinical Servicing Partnership and $92,081 in additional trauma fees. Purchased services unfavorable variances include $157,792 for healthcare expenses for Ector County Jail Inmates, $493,020 in additional collection fees, $566,625 in additional coding fees, and $253,709 service contract for biomedical engineering that was previously paid under repairs and maintenance. Large favorable variances include benefits, due primarily to decreased GASB 68 accrual. Supplies were also under budget by $202,249 due to decreased total joint procedures ($148,156) and cost of drugs sold ($67,725) during the month.

Operating Results - ProCare (501a) Operations:
For the month of August the net loss from operations before capital contributions was $775,830 compared to a budgeted loss of $1,019,516. Net operating revenue was above budget by $671,408 due primarily to a one time net revenue adjustment to recognize $1,181,919 in additional patient net revenue based on an updated analysis of collection percentages on zero balance patient accounts. There were also $875,000 in unpaid Medicaid Supplemental Payments from the Permian Basin Clinical Servicing Partnership during the month. Total operating costs were over budget by $427,993. The unfavorable expense variance was due to increased temporary labor due to increased contract CRNA and usage of $239,123,123 and ENT Locums of $83,722.

Operating Results - Family Health Center Operations:
For the month of August the net loss from operations by location:

- Clements: $40,902 loss compared to a budgeted loss of $118,692. Net revenue was favorable by $55,584 due to increased volume. Operating costs were $22,205 favorable to budget due primarily to a decreased physician salary allocation from ProCare.
- West University: $92,302 loss compared to a budgeted loss of $97,053. Net revenue was unfavorable by $32,201 due to decreased volumes. Operating costs were favorable by $36,951 driven by decreased physican allocation from ProCare.

Blended Operating Results - Ector County Hospital District:
The Change in Net Position for the month of August was a deficit of $1,393,813 comparing unfavorably to a budgeted surplus of $231,155. The Change in Net Position year to date is a deficit of $5,877,211 comparing favorably to a budgeted deficit of $6,632,959.

Volume:
Total admissions for the month were 1,192 or 0.8% above budget and 0.1% below last year. Year to date admissions were 13,005 or 4.9% above budget and 2.3% above last year. Patient days for the month were were 5,432 or 4.2% below budget and 0.4% above last year. Year to date patient days were 61,298 or 0.6% above budget and 0.9% above last year. Due to the preceding, total average length of stay (ALOS) was 4.56 for the month and 4.71 year to date. Observation days were above budget by 21.7% and above prior year by 41.1%.

Emergency room visits for the month were 4,552 resulting in an increase compared to budget of 3.4% and an increase compared to last year of 9.0%. Year to date emergency room visits were 50,116 or 2.9% above budget and 3.8% above prior year. Total O/P occasions of service for the month were 5.2% above budget for the month and 3.7% above last year. Year to date OP occasions of service were 8.7% above budget and 6.1% above last year.

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2019

	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	1,165	1,150	1.3%	1,162	0.3%	12,689	12,073	5.1%	12,199	4.0%
Neonatal ICU (NICU)	27	32	-16.1%	31	-12.9%	316	321	-1.5%	309	2.3%
Total Admissions	1,192	1,182	0.8%	1,193	-0.1%	13,005	12,394	4.9%	12,508	4.0%
Patient Days										
Adult & Pediatric	4,251	4,278	-0.6%	4,304	-1.2%	46,841	46,585	0.5%	46,981	-0.3%
ICU	374	420	-11.0%	405	-7.7%	4,512	4,260	5.9%	4,474	0.8%
CCU	409	443	-7.7%	337	21.4%	4,526	4,476	1.1%	4,202	7.7%
NICU	398	527	-24.5%	367	8.4%	5,419	5,637	-3.9%	5,113	6.0%
Total Patient Days	5,432	5,668	-4.2%	5,413	0.4%	61,298	60,958	0.6%	60,770	0.9%
Observation (Obs) Days	851	699	21.7%	603	41.1%	8,593	7,152	20.1%	6,961	23.4%
Nursery Days	347	238	45.8%	261	33.0%	2,967	2,618	13.3%	2,630	12.8%
Total Occupied Beds / Bassinets	6,630	6,605	0.4%	6,277	5.6%	72,858	70,728	3.0%	70,361	3.5%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.32	4.47	-3.3%	4.34	-0.5%	4.40	4.58	-3.9%	4.56	-3.5%
NICU	14.74	16.38	-10.0%	11.84	24.5%	17.15	17.57	-2.4%	16.55	3.6%
Total ALOS	4.56	4.79	-5.0%	4.54	0.4%	4.71	4.92	-4.2%	4.86	-3.0%
Acute / Adult & Pediatric w/o OB	5.18			5.00	3.6%	5.22			5.39	-3.1%
Average Daily Census	175.2	182.8	-4.2%	174.6	0.4%	183.0	182.0	0.6%	181.4	0.9%
Hospital Case Mix Index (CMI)	1.4782	1.5166	-2.5%	1.4759	0.2%	1.5660	1.5166	3.3%	1.5166	3.3%
Medicare										
Admissions	423	419	0.9%	429	-1.4%	4,965	4,729	5.0%	4,891	1.5%
Patient Days	2,124	2,216	-4.2%	2,020	5.1%	24,878	24,701	0.7%	24,674	0.8%
Average Length of Stay	5.02	5.29	-5.0%	4.71	6.6%	5.01	5.22	-4.1%	5.04	-0.7%
Case Mix Index	1.6831			1.5503	8.6%	1.7194			1.6438	4.6%
Medicaid										
Admissions	132	131	0.8%	143	-7.7%	1,582	1,511	4.7%	1,501	5.4%
Patient Days	553	577	-4.2%	617	-10.4%	8,320	8,259	0.7%	7,788	6.8%
Average Length of Stay	4.19	4.40	-4.9%	4.31	-2.9%	5.26	5.47	-3.8%	5.19	1.4%
Case Mix Index	1.0091			1.2330	-18.2%	1.1993			1.1827	1.4%
Commercial										
Admissions	326	323	0.9%	327	-0.3%	3,594	3,424	5.0%	3,314	8.4%
Patient Days	1,353	1,412	-4.2%	1,461	-7.4%	15,160	15,098	0.4%	15,204	-0.3%
Average Length of Stay	4.15	4.37	-5.1%	4.47	-7.1%	4.22	4.41	-4.3%	4.59	-8.1%
Case Mix Index	1.3492			1.5619	-13.6%	1.5315			1.5257	0.4%
Self Pay										
Admissions	289	287	0.7%	261	10.7%	2,615	2,493	4.9%	2,523	3.6%
Patient Days	1,251	1,305	-4.1%	1,141	9.6%	11,589	11,541	0.4%	11,577	0.1%
Average Length of Stay	4.33	4.55	-4.8%	4.37	-1.0%	4.43	4.63	-4.3%	4.59	-3.4%
Case Mix Index	1.5046			1.3506	11.4%	1.4763			1.3948	5.8%
All Other										
Admissions	22	22	0.0%	33	-33.3%	249	237	5.1%	279	-10.8%
Patient Days	151	158	-4.4%	174	-13.2%	1,351	1,359	-0.6%	1,527	-11.5%
Average Length of Stay	6.86	7.18	-4.4%	5.27	30.2%	5.43	5.73	-5.4%	5.47	-0.9%
Case Mix Index	2.0478			1.5092	35.7%	2.0140			1.8170	10.8%
Radiology										
InPatient	4,357	4,997	-12.8%	4,327	0.7%	48,616	50,626	-4.0%	48,601	0.0%
OutPatient	8,465	8,271	2.3%	8,079	4.8%	86,777		0.0%	82,299	5.4%
Cath Lab										
InPatient	692	622	11.3%	569	21.6%	5,631	6,309	-10.7%	6,078	-7.4%
OutPatient	887	637	39.2%	612	44.9%	6,978	6,457	8.1%	6,038	15.6%
Laboratory										
InPatient	67,984	76,515	-11.1%	68,348	-0.5%	783,795	776,125	1.0%	762,078	2.8%
OutPatient	63,520	60,291	5.4%	60,428	5.1%	665,022	612,865	8.5%	609,735	9.1%
Other										
Deliveries	209	174	20.1%	165	26.7%	1,843	1,760	4.7%	1,721	7.1%
Surgical Cases										
InPatient	309	329	-6.1%	322	-4.0%	3,218	3,352	-4.0%	3,138	2.6%
OutPatient	633	688	-8.0%	655	-3.4%	6,097	6,971	-12.5%	6,534	-6.7%
Total Surgical Cases	942	1,017	-7.4%	977	-3.6%	9,315	10,323	-9.8%	9,672	-3.7%
GI Procedures (Endo)										
InPatient	172	116	48.3%	128	34.4%	1,690	1,176	43.7%	1,128	49.8%
OutPatient	253	309	-18.1%	349	-27.5%	2,608	3,132	-16.7%	2,990	-12.8%
Total GI Procedures	425	425	0.0%	477	-10.9%	4,298	4,308	-0.2%	4,118	4.4%

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2019

	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	4,552	4,402	3.4%	4,175	9.0%	50,116	48,682	2.9%	48,300	3.8%
Observation Days	851	699	21.7%	603	41.1%	8,593	7,152	20.1%	6,961	23.4%
Other O/P Occasions of Service	20,271	19,297	5.0%	19,982	1.4%	211,717	192,849	9.8%	199,690	6.0%
Total O/P Occasions of Svc.	25,674	24,398	5.2%	24,760	3.7%	270,426	248,683	8.7%	254,951	6.1%
Hospital Operations										
Manhours Paid	278,872	289,066	-3.5%	277,006	0.7%	2,990,751	3,083,877	-3.0%	3,016,196	-0.8%
FTE's	1,574.3	1,631.8	-3.5%	1,563.7	0.7%	1,562.3	1,611.0	-3.0%	1,575.6	-0.8%
Adjusted Patient Days	10,487	10,398	0.9%	10,272	2.1%	114,101	111,873	2.0%	111,843	2.0%
Hours / Adjusted Patient Day	26.59	27.80	-4.3%	26.97	-1.4%	26.21	27.57	-4.9%	26.97	-2.8%
Occupancy - Actual Beds	50.2%	52.4%	-4.2%	50.0%	0.4%	52.4%	52.1%	0.6%	52.0%	0.9%
FTE's / Adjusted Occupied Bed	4.7	4.9	-4.3%	4.7	-1.4%	4.6	4.8	-4.9%	4.7	-2.8%
InPatient Rehab Unit										
Admissions	35	50	-29.7%	41	-14.6%	438	442	-0.9%	364	20.3%
Patient Days	476	559	-14.8%	466	2.1%	5,499	6,013	-8.5%	4,763	15.5%
Average Length of Stay	13.6	11.2	21.1%	11.4	19.7%	12.6	13.6	-7.7%	13.1	-4.1%
Manhours Paid	8,664	8,571	1.1%	6,779	27.8%	88,215	92,618	-4.8%	71,566	23.3%
FTE's	48.9	48.4	1.1%	38.3	27.8%	46.1	48.4	-4.8%	37.4	23.3%
Center for Primary Care - Clements										
Total Medical Visits	1,214	1,115	8.9%	1,181	2.8%	12,872	9,931	29.6%	10,517	22.4%
Manhours Paid	3,815	3,887	-1.8%	3,241	17.7%	42,534	42,001	1.3%	23,219	83.2%
FTE's	21.5	21.9	-1.8%	18.3	17.7%	22.2	21.9	1.3%	12.1	83.2%
Center for Primary Care - West University										
Total Medical Visits	636	682	-6.7%	661	-3.8%	5,329	7,087	-24.8%	6,869	-22.4%
Total Optometry	-	290	-100.0%	288	-100.0%	1,115	2,820	-60.5%	2,798	-60.2%
Manhours Paid	1,849	2,474	-25.3%	1,899	-2.6%	17,361	26,731	-35.1%	13,902	24.9%
FTE's	10.4	14.0	-25.3%	10.7	-2.6%	9.1	14.0	-35.1%	7.3	24.9%
Total ECHD Operations										
Total Admissions	1,227	1,232	-0.4%	1,234	-0.6%	13,443	12,836	4.7%	12,872	4.4%
Total Patient Days	5,908	6,227	-5.1%	5,879	0.5%	66,797	66,971	-0.3%	65,533	1.9%
Total Patient and Obs Days	6,759	6,926	-2.4%	6,482	4.3%	75,390	74,123	1.7%	72,494	4.0%
Total FTE's	1,653.8	1,716.1	-3.6%	1,631.0	1.4%	1,639.6	1,695.3	-3.3%	1,632.4	0.4%
FTE's / Adjusted Occupied Bed	4.5	4.7	-3.5%	4.5	-0.8%	4.4	4.7	-5.1%	4.5	-2.5%
Total Adjusted Patient Days	11,406	11,424	-0.2%	11,156	2.2%	124,334	121,991	1.9%	120,650	3.1%
Hours / Adjusted Patient Day	25.69	26.61	-3.5%	25.90	-0.8%	25.24	26.60	-5.1%	25.90	-2.5%
Outpatient Factor	1.9306	1.8346	5.2%	1.8976	1.7%	1.8618	1.8355	1.4%	1.8410	1.1%
Blended O/P Factor	2.1673	2.0688	4.8%	2.1402	1.3%	2.0730	2.0833	-0.5%	2.0938	-1.0%
Total Adjusted Admissions	2,369	2,260	4.8%	2,342	1.2%	25,045	23,562	6.3%	23,698	5.7%
Hours / Adjusted Admisssion	123.67	134.50	-8.1%	123.39	0.2%	125.32	137.73	-9.0%	131.86	-5.0%
FTE's - Hospital Contract	52.3	52.1	0.5%	47.4	10.3%	47.6	50.6	-6.1%	57.2	-16.8%
FTE's - Mgmt Services	52.6	50.1	4.9%	23.2	126.3%	61.3	50.1	22.3%	27.1	126.4%
Total FTE's (including Contract)	1,758.7	1,818.3	-3.3%	1,701.7	3.4%	1,748.5	1,796.0	-2.6%	1,716.7	1.9%
Total FTE'S per Adjusted Occupied Bed (including Contract)	4.8	4.9	-3.1%	4.7	1.1%	4.7	4.9	-4.5%	4.8	-1.2%
ProCare FTEs	217.3	241.1	-9.9%	220.6	-1.5%	213.4	241.1	-11.5%	228.3	-6.5%
Total System FTEs	1,976.0	2,059.4	-4.0%	1,922.3	2.8%	1,961.9	2,037.1	-3.7%	1,945.0	0.9%
Urgent Care Visits										
JBS Clinic	921	1,122	-17.9%	940	-2.0%	10,544	12,126	-13.0%	11,232	-6.1%
West University	481	733	-34.4%	618	-22.2%	6,232	7,920	-21.3%	7,419	-16.0%
42nd Street	541	838	-35.4%	499	8.4%	6,821	9,056	-24.7%	7,267	-6.1%
Total Urgent Care Visits	1,943	2,693	-27.8%	2,057	-5.5%	23,597	29,102	-18.9%	25,918	-9.0%
Wal-Mart Clinic Visits										
East Clinic	564	573	-1.6%	1,195	-52.8%	5,034	5,189	-3.0%	5,453	-7.7%
West Clinic	529	652	-18.9%	592	-10.6%	4,040	3,986	1.4%	3,899	3.6%
Total Wal-Mart Visits	1,093	1,225	-10.8%	1,787	-38.8%	9,074	9,175	-1.1%	9,352	-3.0%

ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
AUGUST 2019

	HOSPITAL	PRO CARE	ECTOR COUNTY HOSPITAL DISTRICT
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	$ 17,253,490	$ 4,900	$ 17,258,390
Investments	46,422,213	-	46,422,213
Patient Accounts Receivable - Gross	214,105,506	24,409,236	238,514,742
Less: 3rd Party Allowances	(90,889,762)	(4,894,608)	(95,784,370)
Bad Debt Allowance	(84,256,468)	(14,285,353)	(98,541,821)
Net Patient Accounts Receivable	38,959,276	5,229,275	44,188,551
Taxes Receivable	9,745,045	-	9,745,045
Accounts Receivable - Other	16,223,456	35,034	16,258,491
Inventories	6,671,692	348,851	7,020,543
Prepaid Expenses	3,428,900	165,162	3,594,062
Total Current Assets	138,704,072	5,783,222	144,487,295
CAPITAL ASSETS:			
Property and Equipment	466,095,137	467,364	466,562,501
Construction in Progress	2,008,166	-	2,008,166
	468,103,303	467,364	468,570,667
Less: Accumulated Depreciation and Amortization	(289,713,063)	(301,569)	(290,014,633)
Total Capital Assets	178,390,239	165,795	178,556,034
INTANGIBLE ASSETS / GOODWILL - NET	6,036	76,733	82,769
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	6,152,624	-	6,152,624
Restricted Assets Held in Endowment	6,241,247	-	6,241,247
Restricted TPC, LLC	519,579	-	519,579
Restricted MCH West Texas Services	2,219,562	-	2,219,562
Pension, Deferred Outflows of Resources	46,454,787	-	46,454,787
Assets whose use is Limited	-	18,725	18,725
TOTAL ASSETS	$ 378,688,147	$ 6,044,475	$ 384,732,622
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	$ 4,773,979	$ -	$ 4,773,979
Self-Insurance Liability - Current Portion	3,493,156	-	3,493,156
Accounts Payable	19,293,747	2,551,635	21,845,382
A/R Credit Balances	5,914,958	-	5,914,958
Accrued Interest	1,261,015	-	1,261,015
Accrued Salaries and Wages	3,240,508	5,070,762	8,311,270
Accrued Compensated Absences	3,797,481	-	3,797,481
Due to Third Party Payors	1,002,006	-	1,002,006
Deferred Revenue	2,056,248	530,195	2,586,443
Total Current Liabilities	44,833,098	8,152,592	52,985,690
ACCRUED POST RETIREMENT BENEFITS	90,528,280	-	90,528,280
SELF-INSURANCE LIABILITIES - Less Current Portion	2,409,871	-	2,409,871
LONG-TERM DEBT - Less Current Maturities	41,989,465	-	41,989,465
Total Liabilities	179,760,714	8,152,592	187,913,306
FUND BALANCE	198,927,433	(2,108,117)	196,819,316
TOTAL LIABILITIES AND FUND BALANCE	$ 378,688,147	$ 6,044,475	$ 384,732,622

ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
AUGUST 2019

	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	$ 17,258,390	$ 35,063,275	$ 5,200	$ (17,810,084)
Investments	46,422,213	20,681,168	-	25,741,045
Patient Accounts Receivable - Gross	238,514,742	233,801,086	50,818,982	(46,105,325)
Less: 3rd Party Allowances	(95,784,370)	(96,357,975)	(14,361,289)	14,934,894
Bad Debt Allowance	(98,541,821)	(106,436,913)	(30,938,698)	38,833,790
Net Patient Accounts Receivable	44,188,551	31,006,197	5,518,995	7,663,359
Taxes Receivable	9,745,045	9,874,752	-	(129,707)
Accounts Receivable - Other	16,258,491	20,607,851	1,919,795	(6,269,156)
Inventories	7,020,543	6,668,788	207,786	143,969
Prepaid Expenses	3,594,062	3,915,303	361,509	(682,750)
Total Current Assets	144,487,295	127,817,334	8,013,284	8,656,676
CAPITAL ASSETS:				
Property and Equipment	466,562,501	461,430,074	520,697	4,611,730
Construction in Progress	2,008,166	194,727	-	1,813,439
	468,570,667	461,624,800	520,697	6,425,169
Less: Accumulated Depreciation and Amortization	(290,014,633)	(273,018,611)	(325,258)	(16,670,764)
Total Capital Assets	178,556,034	188,606,190	195,439	(10,245,595)
INTANGIBLE ASSETS / GOODWILL - NET	82,769	28,354	190,863	(136,448)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	6,152,624	4,731,764	-	1,420,860
Restricted Assets Held in Endowment	6,241,247	6,105,800	-	135,448
Restricted MCH West Texas Services	2,219,562	2,121,628	-	97,934
Pension, Deferred Outflows of Resources	46,454,787	6,725,511	-	39,729,276
Assets whose use is Limited	18,725	-	61,843	(43,118)
TOTAL ASSETS	$ 384,732,622	$ 336,519,221	$ 8,461,429	$ 39,751,972
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	$ 4,773,979	$ 4,773,979	$ -	$ -
Self-Insurance Liability - Current Portion	3,493,156	3,493,156	-	-
Accounts Payable	21,845,382	16,840,141	2,485,674	2,519,567
A/R Credit Balances	5,914,958	4,449,515	-	1,465,443
Accrued Interest	1,261,015	42,618	-	1,218,397
Accrued Salaries and Wages	8,311,270	6,378,073	6,008,586	(4,075,389)
Accrued Compensated Absences	3,797,481	3,936,690	-	(139,209)
Due to Third Party Payors	1,002,006	335,256	-	666,750
Deferred Revenue	2,586,443	353,553	-	2,232,890
Total Current Liabilities	52,985,690.45	40,602,981.94	8,494,259	3,888,449
ACCRUED POST RETIREMENT BENEFITS	90,528,280	45,849,123	-	44,679,157
SELF-INSURANCE LIABILITIES - Less Current Portion	2,409,871	2,409,871	-	-
LONG-TERM DEBT - Less Current Maturities	41,989,465	44,929,369	-	(2,939,905)
Total Liabilities	187,913,306	133,791,345	8,494,259	45,627,702
FUND BALANCE	196,819,316	202,727,876	(32,831)	(5,875,730)
TOTAL LIABILITIES AND FUND BALANCE	$ 384,732,622	$ 336,519,221	$ 8,461,429	$ 39,751,972

ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
AUGUST 2019

	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	$ 53,482,163	$ 54,976,101	-2.7%	$ 50,324,513	6.3%	$ 593,588,361	$ 569,200,880	4.3%	$ 552,650,124	7.4%
Outpatient Revenue	62,428,654	58,760,053	6.2%	57,381,044	8.8%	636,937,494	616,593,614	3.3%	604,474,540	5.4%
TOTAL PATIENT REVENUE	$ 115,910,817	$ 113,736,154	1.9%	$ 107,705,558	7.6%	$ 1,230,525,855	$ 1,185,794,494	3.8%	$ 1,157,124,665	6.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 63,957,944	$ 73,297,148	-12.7%	$ 46,805,520	36.6%	$ 748,063,680	$ 753,001,716	-0.7%	$ 719,880,587	3.9%
Policy Adjustments	502,545	1,784,881	-71.8%	1,661,424	-69.8%	18,475,735	18,524,788	-0.3%	16,856,013	9.6%
Uninsured Discount	11,329,961	7,499,630	51.1%	5,513,815	105.5%	104,083,003	87,518,567	18.9%	84,229,598	23.6%
Indigent	1,479,212	1,851,772	-20.1%	5,089,632	-70.9%	15,373,595	19,029,263	-19.2%	10,629,940	44.6%
Provision for Bad Debts	15,037,479	6,520,138	130.6%	27,790,376	-45.9%	84,426,843	69,382,885	21.7%	105,388,245	-19.9%
TOTAL REVENUE DEDUCTIONS	$ 92,307,141	$ 90,953,569	1.5%	$ 86,860,766	6.3%	$ 970,422,856	$ 947,457,219	2.4%	$ 936,984,382	3.6%
	79.64%	79.97%		80.65%		78.86%	79.90%		80.98%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 624,861	$ 1,156,242	-46.0%	$ 1,156,242	-46.0%	$ 3,505,476	12,718,662	-72.4%	$ 12,718,667	-72.4%
DSRIP	971,658	971,658	0.0%	1,000,000	-2.8%	10,688,238	10,688,238	0.0%	10,773,262	-0.8%
Medicaid Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Medicare Meaningful Use Subsidy	26,554	-	0.0%	-	0.0%	26,554	-	0.0%	132,051	-79.9%
TOTAL OTHER PATIENT REVENUE	$ 1,623,073	$ 2,127,900	-23.7%	$ 2,156,242	-24.7%	$ 14,220,267	$ 23,406,900	-39.2%	$ 23,623,980	-39.8%
NET PATIENT REVENUE	$ 25,226,749	$ 24,910,485	1.3%	$ 23,001,034	9.7%	$ 274,323,266	$ 261,744,175	4.8%	$ 243,764,262	12.5%
OTHER REVENUE										
Tax Revenue	$ 5,568,054	$ 6,221,053	-10.5%	$ 6,314,108	-11.8%	$ 64,764,338	$ 63,956,583	1.3%	$ 61,219,962	5.8%
Other Revenue	1,057,216	944,520	11.9%	986,385	7.2%	9,648,503	9,891,029	-2.5%	9,045,227	6.7%
TOTAL OTHER REVENUE	$ 6,625,270	$ 7,165,573	-7.5%	$ 7,300,493	-9.2%	$ 74,412,842	$ 73,847,612	0.8%	$ 70,265,189	5.9%
NET OPERATING REVENUE	$ 31,852,019	$ 32,076,058	-0.7%	$ 30,301,526	5.1%	$ 348,736,108	$ 335,591,787	3.9%	$ 314,029,451	11.1%
OPERATING EXPENSES										
Salaries and Wages	$ 13,647,497	$ 13,162,685	3.7%	$ 13,125,231	4.0%	$ 146,007,778	$ 140,770,427	3.7%	$ 141,204,427	3.4%
Benefits	1,972,277	3,179,709	-38.0%	287,206	586.7%	29,889,517	35,565,578	-16.0%	30,576,099	-2.2%
Temporary Labor	1,260,391	841,019	49.9%	920,169	37.0%	12,054,918	9,398,833	28.3%	10,297,586	17.1%
Physician Fees	1,486,003	1,187,247	25.2%	1,034,712	43.6%	14,200,762	12,705,368	11.8%	12,532,298	13.3%
Texas Tech Support	1,118,881	1,001,417	11.7%	1,086,956	2.9%	11,127,947	11,015,587	1.0%	10,022,650	11.0%
Purchased Services	5,312,841	3,655,356	45.3%	3,883,456	36.8%	51,759,903	41,439,934	24.9%	31,473,100	64.5%
Supplies	5,029,755	5,248,615	-4.2%	4,860,891	3.5%	54,496,780	53,812,690	1.3%	51,641,175	5.5%
Utilities	375,342	403,411	-7.0%	369,716	1.5%	3,575,821	3,673,289	-2.7%	45,580	7745.2%
Repairs and Maintenance	647,631	649,355	-0.3%	1,098,610	-41.0%	8,391,226	6,764,304	24.1%	10,435,049	-19.6%
Leases and Rent	140,413	136,445	2.9%	146,428	-4.1%	1,411,209	1,154,265	22.3%	1,401,730	0.7%
Insurance	175,250	136,760	28.1%	169,244	3.5%	1,484,029	1,492,990	-0.6%	1,556,684	-4.7%
Interest Expense	256,969	262,727	-2.2%	271,212	-5.3%	2,843,506	2,857,239	-0.5%	3,010,951	-5.6%
ECHDA	294,221	253,230	16.2%	205,015	43.5%	3,057,685	2,737,890	11.7%	2,718,094	12.5%
Other Expense	222,326	167,486	32.7%	279,353	-20.4%	1,783,783	2,108,147	-15.4%	1,959,253	-9.0%
TOTAL OPERATING EXPENSES	$ 31,939,797	$ 30,285,462	5.5%	$ 27,738,198	15.1%	$ 342,084,866	$ 325,496,541	5.1%	$ 308,874,677	10.8%
Depreciation/Amortization	$ 1,523,822	$ 1,660,354	-8.2%	$ 1,652,128	-7.8%	$ 17,354,976	$ 18,755,072	-7.5%	$ 18,745,134	-7.4%
(Gain) Loss on Sale of Assets	-	-	0.0%	(1,500)	-100.0%	11,357	-	0.0%	(3,452)	-429.0%
TOTAL OPERATING COSTS	$ 33,463,619	$ 31,945,816	4.8%	$ 29,388,826	13.9%	$ 359,451,199	$ 344,251,613	4.4%	$ 327,616,360	9.7%
NET GAIN (LOSS) FROM OPERATIONS	**$ (1,611,600)**	**$ 130,242**	**1337.4%**	**$ 912,701**	**276.6%**	**$ (10,715,091)**	**$ (8,659,826)**	**23.7%**	**$ (13,586,909)**	**-21.1%**
Operating Margin	-5.06%	0.41%	-1346.1%	3.01%	-268.0%	-3.07%	-2.58%	19.1%	-4.33%	-29.0%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 58,695	$ 25,351	131.5%	$ 104,012	-43.6%	$ 1,232,961	$ 259,812	374.6%	$ 377,681	226.5%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,408,658	935,087	50.6%	935,087	50.6%
Donations	-	-		-		486,675	786	61817.9%	67,429	621.8%
Build America Bonds Subsidy	82,117	82,117	0.0%	84,413	-2.7%	900,993	903,287	-0.3%	928,818	-3.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ (1,470,787)	$ 237,710	-718.7%	$ 1,101,126	-233.6%	$ (6,685,804)	$ (6,560,854)	1.9%	$ (11,277,895)	-40.7%
Unrealized Gain/(Loss) on Investments	$ 65,901	$ (12,484)	0.0%	$ -		$ 236,611	$ (137,324)	0.0%	$ (119,060)	-298.7%
Investment in Subsidiaries	11,073	5,929	86.8%	16,150	-31.4%	571,982	65,219	777.0%	694,491	-17.6%
CHANGE IN NET POSITION	**$ (1,393,813)**	**$ 231,155**	**-703.0%**	**$ 1,117,276**	**-224.8%**	**$ (5,877,211)**	**$ (6,632,959)**	**11.4%**	**$ (10,702,465)**	**45.1%**

ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
AUGUST 2019

	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 Routine Revenue	$ 53,482,163	$ 54,975,883	-2.7%	$ 50,324,513	6.3%	$ 593,588,361	$ 569,198,521	4.3%	$ 552,651,191	7.4%
Outpatient Revenue	49,770,195	45,881,803	8.5%	45,169,987	10.2%	511,551,720	475,564,148	7.6%	464,806,282	10.1%
TOTAL PATIENT REVENUE	$ 103,252,357	$ 100,857,904	2.4%	$ 95,494,500	8.1%	$ 1,105,140,081	$ 1,044,765,028	5.8%	$ 1,017,456,406	8.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 57,470,319	$ 66,624,800	-13.7%	$ 41,490,950	38.5%	$ 685,965,745	$ 680,375,850	0.8%	$ 648,666,799	5.8%
Policy Adjustments	67,594	1,571,619	-95.7%	146,998	-54.0%	2,177,685	16,182,298	-86.5%	11,969,888	-81.8%
Uninsured Discount	10,634,974	7,383,645	44.0%	5,376,448	97.8%	97,795,858	86,269,052	13.4%	82,789,447	18.1%
Indigent Care	1,472,278	1,772,322	-16.9%	5,009,240	-70.6%	15,254,198	18,165,301	-16.0%	10,024,994	52.2%
Provision for Bad Debts	14,658,015	3,840,681	281.7%	26,940,464	-45.6%	81,629,725	40,067,696	103.7%	80,992,395	0.8%
TOTAL REVENUE DEDUCTIONS	$ 84,303,180	$ 81,193,067	3.8%	$ 78,964,100	6.8%	$ 882,823,210	$ 841,060,197	5.0%	$ 834,443,521	5.8%
	81.65%	80.50%		82.69%		79.88%	80.50%		82.01%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 624,861	$ 281,242	122.2%	$ 281,242	122.2%	$ 3,505,476	$ 3,093,662	13.3%	$ 3,093,667	13.3%
DSRIP	971,658	971,658	0.0%	1,000,000	-2.8%	10,688,238	10,688,238	0.0%	10,773,262	-0.8%
Medicaid Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Medicare Meaningful Use Subsidy	26,554	-	0.0%	-	0.0%	26,554	-	0.0%	132,051	-79.9%
TOTAL OTHER PATIENT REVENUE	$ 1,623,073	$ 1,252,900	29.5%	$ 1,281,242	26.7%	$ 14,220,267	$ 13,781,900	3.2%	$ 13,998,980	1.6%
NET PATIENT REVENUE	$ 20,572,250	$ 20,917,737	-1.7%	$ 17,811,642	15.5%	$ 236,537,139	$ 217,486,731	8.8%	$ 197,011,864	20.1%
OTHER REVENUE										
Tax Revenue	$ 5,568,054	$ 6,221,053	-10.5%	$ 6,314,108	-11.8%	$ 64,764,338	$ 63,956,583	1.3%	$ 61,219,962	5.8%
Other Revenue	907,514	804,476	12.8%	840,419	8.0%	7,957,685	8,368,779	-4.9%	7,473,564	6.5%
TOTAL OTHER REVENUE	$ 6,475,569	$ 7,025,529	-7.8%	$ 7,154,527	-9.5%	$ 72,722,023	$ 72,325,362	0.5%	$ 68,693,526	5.9%
NET OPERATING REVENUE	$ 27,047,819	$ 27,943,266	-3.2%	$ 24,966,169	8.3%	$ 309,259,162	$ 289,812,093	6.7%	$ 265,705,391	16.4%
OPERATING EXPENSE										
Salaries and Wages	$ 9,907,305	$ 9,376,050	5.7%	$ 9,223,966	7.4%	$ 104,798,735	$ 100,119,056	4.7%	$ 99,367,788	5.5%
Benefits	1,657,269	2,846,302	-41.8%	(13,414)	-12454.7%	25,777,914	31,404,579	-17.9%	26,205,469	-1.6%
Temporary Labor	720,153	603,118	19.4%	529,816	35.9%	6,075,170	6,336,104	-4.1%	7,220,396	-15.9%
Physician Fees	1,254,798	1,070,630	17.2%	917,167	36.8%	12,371,297	11,537,870	7.2%	10,877,437	13.7%
Texas Tech Support	1,118,881	1,001,417	11.7%	1,086,956	2.9%	11,127,947	11,015,587	1.0%	10,022,650	11.0%
Purchased Services	5,076,623	3,440,899	47.5%	3,655,677	38.9%	49,076,838	39,046,157	25.7%	30,458,623	61.1%
Supplies	4,886,905	5,089,154	-4.0%	4,750,665	2.9%	52,881,900	52,171,161	1.4%	50,117,441	5.5%
Utilities	368,926	398,222	-7.4%	364,797	1.1%	3,529,558	3,625,099	-2.6%		0.0%
Repairs and Maintenance	646,767	648,315	-0.2%	1,098,411	-41.1%	8,387,085	6,752,864	24.2%	10,426,698	-19.6%
Leases and Rentals	(40,463)	(36,884)	9.7%	(38,503)	5.1%	(516,903)	(746,932)	-30.8%	(689,398)	-25.0%
Insurance	106,207	87,358	21.6%	125,622	-15.5%	932,558	960,938	-3.0%	1,006,945	-7.4%
Interest Expense	256,969	262,727	-2.2%	271,212	-5.3%	2,843,506	2,857,239	-0.5%	3,010,951	-5.6%
ECHDA	294,221	253,230	16.2%	205,015	43.5%	3,057,685	2,737,890	11.7%	2,718,094	12.5%
Other Expense	124,856	112,537	10.9%	194,485	-35.8%	1,089,821	1,383,930	-21.3%	1,199,243	-9.1%
TOTAL OPERATING EXPENSES	$ 26,379,416	$ 25,153,075	4.9%	$ 22,371,872	17.9%	$ 281,433,112	$ 269,201,542	4.5%	$ 251,942,338	11.7%
Depreciation/Amortization	$ 1,504,172	$ 1,640,433	-8.3%	$ 1,631,696	-7.8%	$ 17,136,834	$ 18,540,718	-7.6%	$ 18,503,366	-7.4%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	(1,500)	-100.0%	11,357	-	100.0%	(3,452)	-429.0%
TOTAL OPERATING COSTS	$ 27,883,588	$ 26,793,508	4.1%	$ 24,002,068	16.2%	$ 298,581,304	$ 287,742,260	3.8%	$ 270,442,252	10.4%
NET GAIN (LOSS) FROM OPERATIONS	**$ (835,770)**	**$ 1,149,758**	**-172.7%**	**$ 964,101**	**186.7%**	**$ 10,677,858**	**$ 2,069,833**	**415.9%**	**$ (4,736,862)**	**-325.4%**
Operating Margin	-3.09%	4.11%	-175.1%	3.86%	-180.0%	3.45%	0.71%	383.4%	-1.78%	-293.7%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 58,695	$ 25,351	131.5%	$ 104,012	-43.6%	$ 1,232,961	$ 259,812	374.6%	$ 377,681	226.5%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,408,658	935,087	50.6%	935,087	50.6%
Donations	-	-	0.0%	-	0.0%	486,675	786	61817.9%	67,429	621.8%
Build America Bonds Subsidy	82,117	82,117	0.0%	84,413	-2.7%	900,993	903,287	-0.3%	928,818	-3.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	$ (694,957)	$ 1,257,226	-155.3%	$ 1,152,527	-160.3%	$ 14,707,146	$ 4,168,805	252.8%	$ (2,427,847)	-705.8%
Procare Capital Contribution	(775,830)	(1,019,516)	-23.9%	(672,647)	15.3%	(21,392,949)	(10,729,659)	99.4%	(10,133,361)	111.1%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ (1,470,787)	$ 237,710	-718.7%	$ 479,880	-406.5%	$ (6,685,803)	$ (6,560,854)	1.9%	$ (12,561,208)	-46.8%
Unrealized Gain/(Loss) on Investments	$ 65,901	$ (12,484)	-627.9%	$ -	0.0%	$ 236,611	$ (137,324)	-272.3%	$ (119,060)	-298.7%
Investment in Subsidiaries	11,073	5,929	86.8%	16,150	-31.4%	571,982	65,219	777.0%	694,491	-17.6%
CHANGE IN NET POSITION	**$ (1,393,813)**	**$ 231,155**	**703.0%**	**$ 496,030**	**381.0%**	**$ (5,877,210)**	**$ (6,632,959)**	**11.4%**	**$ (11,985,777)**	**51.0%**

ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
AUGUST 2019

	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	$ 12,658,460	$ 12,878,250	-1.7%	$ 12,211,057	3.7%	$ 125,385,774	$ 141,029,466	-11.1%	$ 139,668,258	-10.2%
TOTAL PATIENT REVENUE	$ 12,658,460	$ 12,878,250	-1.7%	$ 12,211,057	3.7%	$ 125,385,774	$ 141,029,466	-11.1%	$ 139,668,258	-10.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 6,487,625	$ 6,672,348	-2.8%	$ 5,314,570	22.1%	$ 62,097,935	$ 72,625,866	-14.5%	$ 71,213,789	-12.8%
Policy Adjustments	434,951	213,262	104.0%	1,514,425	-71.3%	16,298,050	2,342,490	595.8%	4,886,125	233.6%
Uninsured Discount	694,988	115,985	499.2%	137,367	405.9%	6,287,146	1,249,515	403.2%	1,440,151	336.6%
Indigent	6,933	79,450	-91.3%	80,392	-91.4%	119,398	863,962	-86.2%	604,946	-80.3%
Provision for Bad Debts	379,464	2,679,457	-85.8%	849,912	-55.4%	2,797,118	29,315,189	-90.5%	24,395,850	-88.5%
TOTAL REVENUE DEDUCTIONS	$ 8,003,961	$ 9,760,502	-18.0%	$ 7,896,666	1.4%	$ 87,599,646	$ 106,397,022	-17.7%	$ 102,540,861	-14.6%
	63.23%	75.79%		64.67%		69.86%	75.44%		73.42%	
Medicaid Supplemental Payments	$ -	$ 875,000	-100.0%	$ 875,000	-100.0%	-	9,625,000	-100.0%	$ 9,625,000	-100.0%
NET PATIENT REVENUE	$ 4,654,499	$ 3,992,748	16.6%	$ 5,189,391	-10.3%	$ 37,786,127	$ 44,257,444	-14.6%	$ 46,752,398	-19.2%
OTHER REVENUE										
Other Income	$ 149,701	$ 140,044	6.9%	$ 145,966	2.6%	$ 1,690,819	$ 1,522,250	11.1%	$ 1,571,663	7.6%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	$ 4,804,200	$ 4,132,792	16.2%	$ 5,335,357	-10.0%	$ 39,476,946	$ 45,779,694	-13.8%	$ 48,324,060	-18.3%
						-				
OPERATING EXPENSE										
Salaries and Wages	$ 3,740,192	$ 3,786,635	-1.2%	$ 3,901,265	-4.1%	$ 41,209,043	$ 40,651,371	1.4%	$ 41,836,639	-1.5%
Benefits	315,008	333,407	-5.5%	300,620	4.8%	4,111,603	4,160,999	-1.2%	4,370,630	-5.9%
Temporary Labor	540,238	237,901	127.1%	390,352	38.4%	5,979,748	3,062,729	95.2%	3,077,190	94.3%
Physician Fees	231,205	116,617	98.3%	117,545	96.7%	1,829,465	1,167,498	56.7%	1,654,861	10.6%
Purchased Services	236,219	214,457	10.1%	227,779	3.7%	2,683,065	2,393,777	12.1%	1,014,477	164.5%
Supplies	142,850	159,461	-10.4%	110,226	29.6%	1,614,881	1,641,529	-1.6%	1,523,734	6.0%
Utilities	6,416	5,189	23.7%	4,919	30.4%	46,264	48,190	-4.0%	45,580	1.5%
Repairs and Maintenance	863	1,040	-17.0%	199	333.9%	4,141	11,440	-63.8%	8,351	-50.4%
Leases and Rentals	180,876	173,329	4.4%	184,931	-2.2%	1,928,112	1,901,197	1.4%	2,091,129	-7.8%
Insurance	69,043	49,402	39.8%	43,622	58.3%	551,471	532,052	3.6%	549,739	0.3%
Other Expense	97,470	54,949	77.4%	84,868	14.8%	693,962	724,217	-4.2%	760,009	-8.7%
TOTAL OPERATING EXPENSES	$ 5,560,380	$ 5,132,387	8.3%	$ 5,366,326	3.6%	$ 60,651,754	$ 56,294,999	7.7%	$ 56,932,339	6.5%
Depreciation/Amortization	$ 19,650	$ 19,921	-1.4%	$ 20,432	-3.8%	$ 218,142	$ 214,354	1.8%	$ 241,768	-9.8%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	$ 5,580,030	$ 5,152,308	8.3%	$ 5,386,758	3.6%	$ 60,869,896	$ 56,509,353	7.7%	$ 57,174,108	6.5%
NET GAIN (LOSS) FROM OPERATIONS	**$ (775,830)**	**$ (1,019,516)**	**23.9%**	**$ (51,401)**	**1409.4%**	**$ (21,392,949)**	**$ (10,729,659)**	**-99.4%**	**$ (8,850,048)**	**-141.7%**
Operating Margin	-16.15%	-24.67%	-34.5%	-0.96%	1576.2%	-54.19%	-23.44%	131.2%	-18.31%	195.9%
MCH Contribution	$ 775,830	$ 1,019,516	-23.9%	$ 672,647	15.3%	$ 21,392,949	$ 10,729,659	99.4%	$ 10,133,361	111.1%
CAPITAL CONTRIBUTION	**$ -**	**$ -**	**0.0%**	**$ 621,246**	**-100.0%**	**$ -**	**$ -**	**0.0%**	**$ 1,283,313**	**-100.0%**

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	10,451	11,129	-6.09%	11,170	-6.44%	109,692	110,599	-0.82%	109,935	-0.22%
Total Hospital Visits	5,417	5,082	6.59%	4,890	10.78%	59,689	54,955	8.61%	54,034	10.47%
Total Procedures	12,326	10,801	14.12%	12,211	0.94%	130,696	130,732	-0.03%	129,228	1.14%
Total Surgeries	1,046	754	38.73%	994	5.23%	10,016	8,305	20.60%	9,576	4.59%
Total Provider FTE's	88.9	86.8	2.38%	84.4	5.33%	83.2	87.2	-4.64%	85.6	-2.80%
Total Staff FTE's	118.3	142.3	-16.85%	124.2	-4.75%	118.8	141.9	-16.25%	126.1	-5.79%
Total Administrative FTE's	10.1	12.0	-15.83%	12.0	-15.83%	11.4	12.0	-5.00%	16.6	-31.33%
Total FTE's	217.3	241.1	-9.87%	220.6	-1.50%	213.4	241.1	-11.49%	228.3	-6.53%

ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
AUGUST 2019

	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	$ 392,810	$ 367,974	6.7%	$ 420,859	-6.7%	$ 4,650,928	$ 3,976,109	17.0%	$ 4,016,685	15.8%
TOTAL PATIENT REVENUE	$ 392,810	$ 367,974	6.7%	$ 420,859	-6.7%	$ 4,650,928	$ 3,976,109	17.0%	$ 4,016,685	15.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ (63,162)	$ 78,235	-180.7%	$ (22,926)	175.5%	$ 296,718	$ 801,648	-63.0%	$ 645,424	-54.0%
Self Pay Adjustments	(12,954)	18,056	-171.7%	(5,969)	117.0%	23,978	185,015	-87.0%	149,311	-83.9%
Bad Debts	288,388	135,775	112.4%	361,376	-20.2%	1,967,452	1,391,238	41.4%	2,409,666	-18.4%
TOTAL REVENUE DEDUCTIONS	$ 212,271	$ 232,066	-8.5%	$ 332,480	-36.2%	$ 2,288,149	$ 2,377,901	-3.8%	$ 3,204,401	-28.6%
	54.0%	63.1%		79.0%		49.2%	59.8%		79.8%	
NET PATIENT REVENUE	$ 180,539	$ 135,908	32.8%	$ 88,380	104.3%	$ 2,362,779	$ 1,598,208	47.8%	$ 812,284	190.9%
OTHER REVENUE										
FHC Other Revenue	$ 12,278	$ 1,324	0.0%	$ 8,462	45.1%	$ 136,294	$ 14,564	0.0%	$ 19,057	615.2%
TOTAL OTHER REVENUE	$ 12,278	$ 1,324	827.3%	$ 8,462	45.1%	$ 136,294	$ 14,564	835.8%	$ 19,057	615.2%
NET OPERATING REVENUE	$ 192,816	$ 137,232	40.5%	$ 96,842	99.1%	$ 2,499,073	$ 1,612,772	55.0%	$ 831,341	200.6%
OPERATING EXPENSE										
Salaries and Wages	$ 88,618	$ 83,983	5.5%	$ 76,814	15.4%	$ 959,774	$ 907,473	5.8%	$ 602,787	59.2%
Benefits	14,824	25,495	-41.9%	(112)	-13335.7%	236,081	284,649	-17.1%	158,968	48.5%
Physician Services	96,105	122,968	-21.8%	105,967	-9.3%	1,137,802	1,563,132	-27.2%	1,365,374	-16.7%
Cost of Drugs Sold	14,071	6,031	133.3%	7,428	89.4%	72,895	65,169	11.9%	52,907	37.8%
Supplies	9,471	3,172	198.6%	6,784	39.6%	63,203	34,489	83.3%	37,654	67.8%
Utilities	3,712	3,681	0.8%	5,255	-29.4%	31,920	40,489	-21.2%	44,334	-28.0%
Repairs and Maintenance	638	3,974	-84.0%	855	-25.5%	7,432	43,714	-83.0%	37,746	-80.3%
Leases and Rentals	457	380	20.1%	365	25.0%	4,850	4,180	16.0%	4,133	17.4%
Other Expense	1,000	1,416	-29.4%	1,150	-13.0%	16,507	17,296	-4.6%	12,606	30.9%
TOTAL OPERATING EXPENSES	$ 228,895	$ 251,100	-8.8%	$ 204,507	11.9%	$ 2,530,463	$ 2,960,591	-14.5%	$ 2,316,510	9.2%
Depreciation/Amortization	$ 4,823	$ 4,824	0.0%	$ 5,121	-5.8%	$ 55,102	$ 55,114	0.0%	$ 56,764	-2.9%
TOTAL OPERATING COSTS	$ 233,719	$ 255,924	-8.7%	$ 209,627	11.5%	$ 2,585,565	$ 3,015,705	-14.3%	$ 2,373,274	8.9%
NET GAIN (LOSS) FROM OPERATIONS	**$ (40,902)**	**$ (118,692)**	**-65.5%**	**$ (112,786)**	**-63.7%**	**$ (86,491)**	**$ (1,402,933)**	**-93.8%**	**$ (1,541,933)**	**-94.4%**
Operating Margin	-21.21%	-86.49%	-75.5%	-116.46%	-81.8%	-3.46%	-86.99%	-96.0%	-185.48%	-98.1%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	1,214	1,115	8.9%	1,181	2.8%	12,872	9,931	29.6%	10,517	22.4%
Dental Visits	-	-	0.0%	-	0.0%	-	-	0.0%	350	-100.0%
Total Visits	1,214	1,115	8.9%	1,181	2.8%	12,872	9,931	29.6%		0.0%
Average Revenue per Office Visit	323.57	330.02	-2.0%	356.36	-9.2%	361.32	400.36	-9.7%	369.62	-2.2%
Hospital FTE's (Salaries and Wages)	21.5	21.9	-1.8%	18.3	17.7%	22.2	21.9	1.3%	12.1	83.2%
Clinic FTE's - (Physician Services)	-	-	0.0%	-	0.0%	-	-	0.0%	7.8	-100.0%

ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 2019

	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	$ 209,836	$ 333,402	-37.1%	$ 311,707	-32.7%	$ 2,129,084	$ 3,602,414	-40.9%	$ 3,424,705	-37.8%
TOTAL PATIENT REVENUE	$ 209,836	$ 333,402	-37.1%	$ 311,707	-32.7%	$ 2,129,084	$ 3,602,414	-40.9%	$ 3,424,705	-37.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 16,648	$ 60,586	-72.5%	$ (80,288)	-120.7%	$ (62,746)	$ 620,802	-110.1%	$ 287,074	-121.9%
Self Pay Adjustments	8,710	10,047	-13.3%	(11,241)	-177.5%	(21,439)	102,950	-120.8%	52,996	-140.5%
Bad Debts	120,959	167,050	-27.6%	362,713	-66.7%	1,439,817	1,711,707	-15.9%	2,642,559	-45.5%
TOTAL REVENUE DEDUCTIONS	$ 146,318	$ 237,683	-38.4%	$ 271,185	-46.0%	$ 1,355,631	$ 2,435,459	-44.3%	$ 2,982,629	-54.5%
	69.73%	71.29%		87.00%		63.67%	67.61%		87.09%	
NET PATIENT REVENUE	$ 63,518	$ 95,719	-33.6%	$ 40,522	56.7%	$ 773,452	$ 1,166,955	-33.7%	$ 442,076	75.0%
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	$ 63,518	$ 95,719	-33.6%	$ 40,522	56.7%	$ 773,452	$ 1,166,955	-33.7%	$ 442,076	75.0%
OPERATING EXPENSE										
Salaries and Wages	$ 36,925	$ 44,841	-17.7%	$ 35,326	4.5%	$ 349,896	$ 484,508	-27.8%	$ 256,604	36.4%
Benefits	6,177	13,612	-54.6%	(51)	-12211.8%	86,066	151,977	-43.4%	67,672	27.2%
Physician Services	58,986	81,922	-28.0%	25,871	128.0%	451,609	1,016,721	-55.6%	909,638	-50.4%
Cost of Drugs Sold	8,689	3,147	176.1%	5,209	66.8%	28,821	34,003	-15.2%	31,563	-8.7%
Supplies	1,381	5,970	-76.9%	6,751	-79.5%	46,964	64,628	-27.3%	53,665	-12.5%
Utilities	3,546	2,675	32.6%	4,852	-26.9%	28,578	28,653	-0.3%	33,587	-14.9%
Repairs and Maintenance	-	477	-100.0%	-	100.0%	-	5,247	-100.0%	3,814	-100.0%
Other Expense	-	10	-100.0%	-	0.0%	-	110	-100.0%	81	-100.0%
TOTAL OPERATING EXPENSES	$ 115,703	$ 152,654	-24.2%	$ 77,957	48.4%	$ 991,934	$ 1,785,847	-44.5%	$ 1,356,625	-26.9%
Depreciation/Amortization	$ 40,117	$ 40,118	0.0%	$ 38,397	4.5%	$ 441,289	$ 441,298	0.0%	$ 439,596	0.4%
TOTAL OPERATING COSTS	$ 155,820	$ 192,772	-19.2%	$ 116,354	33.9%	$ 1,433,222	$ 2,227,145	-35.6%	$ 1,796,221	-20.2%
NET GAIN (LOSS) FROM OPERATIONS	**$ (92,302)**	**$ (97,053)**	**-4.9%**	**$ (75,832)**	**21.7%**	**$ (659,770)**	**$(1,060,190)**	**-37.8%**	**$(1,354,145)**	**-51.3%**
Operating Margin	-145.32%	-101.39%	43.3%	-187.14%	-22.3%	-85.30%	-90.85%	-6.1%	-306.31%	-72.2%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	636	682	-6.7%	661	-3.8%	5,329	7,087	-24.8%	6,869	-22.4%
Optometry Visits	-	290	-100.0%	288	-100.0%	1,115	2,820	-60.5%	2,798	-60.2%
Total Visits	636	972	-34.6%	949	-33.0%	6,444	9,907	-35.0%		0.0%
Average Revenue per Office Visit	329.93	343.01	-3.8%	328.46	0.4%	330.40	363.64	-9.1%	354.27	-6.7%
Hospital FTE's (Salaries and Wages)	10.4	14.0	-25.3%	10.7	-2.6%	9.1	14.0	-35.1%	7.3	24.9%
Clinic FTE's - (Physician Services)	-	-	0.0%	1.0	-100.0%	-	-	0.0%	6.2	-100.0%

ECTOR COUNTY HOSPITAL DISTRICT
AUGUST 2019

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	$ 39,397,132	38.2%	$ 33,650,998	35.3%	$ 429,813,275	38.9%	$ 379,427,953	37.2%
Medicaid	8,031,146	7.8%	9,677,504	10.1%	106,219,585	9.6%	97,187,238	9.6%
Commercial	28,170,847	27.3%	28,965,395	30.3%	316,550,494	28.6%	297,767,978	29.3%
Self Pay	23,282,962	22.5%	18,675,970	19.6%	207,232,941	18.8%	194,487,597	19.1%
Other	4,370,269	4.2%	4,524,633	4.7%	45,323,787	4.1%	48,585,640	4.8%
TOTAL	**$ 103,252,357**	**100.0%**	**$ 95,494,500**	**100.0%**	**$ 1,105,140,081**	**100.0%**	**$ 1,017,456,406**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 7,867,718	39.0%	$ 7,316,795	36.4%	$ 83,376,808	38.8%	$ 74,416,639	37.0%
Medicaid	2,288,930	11.4%	2,413,314	12.0%	24,378,115	11.4%	19,632,547	9.8%
Commercial	7,909,034	39.3%	8,548,665	42.5%	82,715,096	38.5%	79,428,802	39.5%
Self Pay	1,374,832	6.8%	1,530,662	7.6%	15,629,436	7.3%	14,573,173	7.3%
Other	695,253	3.5%	305,350	1.5%	8,621,179	4.0%	12,884,438	6.4%
TOTAL	**$ 20,135,766**	**100.0%**	**$ 20,114,786**	**100.0%**	**$ 214,720,634**	**100.0%**	**$ 200,935,598**	**100.0%**
TOTAL NET REVENUE	18,949,177		16,530,400		222,316,871		183,012,885	
% OF GROSS REVENUE	18.4%		17.3%		20.1%		18.0%	
VARIANCE	1,186,589		3,584,386		(7,596,237)		17,922,713	
% VARIANCE TO CASH COLLECTIONS	6.3%		21.7%		-3.4%		9.8%	

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 2019

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	$ 49,104	12.5%	$ 61,469	14.6%	$ 650,918	14.0%	$ 549,224	13.7%
Medicaid	174,986	44.6%	164,614	39.1%	2,017,669	43.3%	1,499,771	37.2%
PHC	-	0.0%	-	0.0%	-	0.0%	26,528	0.7%
Commercial	80,710	20.5%	77,493	18.4%	892,009	19.2%	762,089	19.0%
Self Pay	85,875	21.9%	116,090	27.6%	1,077,371	23.2%	1,172,246	29.2%
Other	2,135	0.5%	1,194	0.3%	12,961	0.3%	6,827	0.2%
TOTAL	**$ 392,810**	**100.0%**	**$ 420,859**	**100.0%**	**$ 4,650,928**	**100.0%**	**$ 4,016,685**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 7,632	7.2%	$ 7,214	7.4%	$ 72,946	6.8%	$ 35,037	5.0%
Medicaid	47,131	44.1%	38,708	39.9%	509,317	47.3%	234,401	33.1%
PHC	-	0.0%	-	0.0%	-	0.0%	5,674	0.8%
Commercial	34,142	32.0%	29,488	30.4%	297,464	27.6%	229,597	32.5%
Self Pay	17,131	16.1%	21,609	22.3%	195,779	18.2%	201,548	28.5%
Other	663	0.6%	-	0.0%	1,576	0.1%	740	0.1%
TOTAL	**$ 106,698**	**100.0%**	**$ 97,019**	**100.0%**	**$ 1,077,083**	**100.0%**	**$ 706,998**	**100.0%**
TOTAL NET REVENUE	180,539		88,380		2,362,779		812,284	
% OF GROSS REVENUE	46.0%		21.0%		50.8%		20.2%	
VARIANCE	(73,841)		8,640		(1,285,696)		(105,286)	
% VARIANCE TO CASH COLLECTIONS	-40.9%		9.8%		-54.4%		-13.0%	

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 2019

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	$ 46,303	22.1%	$ 37,626	12.1%	$ 437,869	20.6%	$ 468,480	13.7%
Medicaid	49,711	23.7%	$ 145,656	46.7%	690,121	32.4%	1,551,918	45.3%
PHC	-	0.0%	$ -	0.0%	-	0.0%	62,298	1.8%
Commercial	49,536	23.6%	$ 57,944	18.6%	428,774	20.1%	635,257	18.5%
Self Pay	62,498	29.7%	$ 70,481	22.6%	569,056	26.7%	700,636	20.5%
Other	1,788	0.9%	$ -	0.0%	3,264	0.2%	6,117	0.2%
TOTAL	**$ 209,836**	**100.0%**	**$ 311,707**	**100.0%**	**$ 2,129,084**	**100.0%**	**$ 3,424,705**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 14,588	28.7%	$ 45,698	43.3%	$ 104,857	20.9%	$ 66,016	14.6%
Medicaid	8,548	16.8%	29,067	27.5%	176,190	35.2%	149,353	33.1%
PHC	-	0.0%	-	0.0%	-	0.0%	3,392	0.8%
Commercial	19,163	37.7%	21,265	20.1%	145,456	29.0%	120,265	26.7%
Self Pay	8,310	16.4%	9,562	9.1%	74,682	14.9%	111,651	24.7%
Other	209	0.4%	-	0.0%	206	0.0%	561	0.1%
TOTAL	**$ 50,818**	**100.0%**	**$ 105,593**	**100.0%**	**$ 501,392**	**100.0%**	**$ 451,239**	**100.0%**
TOTAL NET REVENUE	63,518		40,522		773,452		442,076	
% OF GROSS REVENUE	30.3%		13.0%		36.3%		12.9%	
VARIANCE	(12,700)		65,070		(272,060)		9,162	
% VARIANCE TO CASH COLLECTIONS	-20.0%		160.6%		-35.2%		2.1%	

ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
AUGUST 2019

Cash and Cash Equivalents	Frost	Hilltop	Total
Operating	$ 5,404,878	$ -	$ 5,404,878
Payroll	-	-	-
Worker's Comp Claims	-	-	-
Group Medical	-	-	-
Flex Benefits	(10,353)	-	(10,353)
Mission Fitness	373,352	-	373,352
Petty Cash	9,100	-	9,100
Dispro	0.20	1,817,054	1,817,054
Debt Service	-	-	-
Tobacco Settlement	-	-	-
General Liability	-	1,175,018	1,175,018
Professional Liability	-	50,893	50,893
Funded Worker's Compensation	-	1,061,153	1,061,153
Funded Depreciation	-	5,160,161	5,160,161
Designated Funds	-	2,212,234	2,212,234
Total Cash and Cash Equivalents	$ 5,776,978	$ 11,476,513	**$ 17,253,491**

Investments	Other	Hilltop	Total
Dispro	$ -	$ 3,500,000	$ 3,500,000
Funded Depreciation	-	36,000,000	36,000,000
Funded Worker's Compensation	-	1,200,000	1,200,000
General Liability	-	1,800,000	1,800,000
Professional Liability	-	3,000,000	3,000,000
Designated Funds	30,802	1,000,000	1,030,802
Allowance for Change in Market Values		(108,589)	(108,589)
Total Investments	$ 30,802	$ 46,391,411	**$ 46,422,213**
Total Unrestricted Cash and Investments			**$ 63,675,704**

Restricted Assets	Reserves	Prosperity	Total
Assets Held By Trustee - Bond Reserves	$ 3,812,038	$ -	$ 3,812,038
Assets Held By Trustee - Debt Payment Reserves	2,340,586	-	2,340,586
Assets Held In Endowment-Board Designated	-	6,241,247	6,241,247
Restricted TPC, LLC-Equity Stake	519,579	-	519,579
Restricted MCH West Texas Services-Equity Stake	2,219,562	-	2,219,562
Total Restricted Assets	$ 8,891,765	$ 6,241,247	**$ 15,133,013**
Total Cash & Investments			**$ 78,808,716**

ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
AUGUST 2019

	Hospital	Procare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	$ (5,877,210)	$ -	$ (5,877,210)
Noncash Expenses:			
Depreciation and Amortization	16,716,771	90,441	16,807,212
Unrealized Gain/Loss on Investments	236,611	-	236,611
Accretion (Bonds)	-	-	-
Changes in Assets and Liabilities			
Patient Receivables, Net	(7,953,078)	289,720	(7,663,359)
Taxes Receivable/Deferred	1,832,401	530,195	2,362,597
Inventories, Prepaids and Other	4,867,894	1,940,042	6,807,936
Accounts Payable	3,920,529	65,961	3,986,490
Accrued Expenses	(2,058,377)	(894,706)	(2,953,083)
Due to Third Party Payors	666,750	-	666,750
Accrued Post Retirement Benefit Costs	4,949,881	-	4,949,881
Net Cash Provided by Operating Activities	$ 17,302,173	$ 2,021,654	$ 19,323,826
Cash Flows from Investing Activities:			
Investments	$ (25,977,657)	$ -	$ (25,977,657)
Acquisition of Property and Equipment	(6,478,502)	53,333	(6,425,169)
Net Cash used by Investing Activities	$ (32,456,159)	$ 53,333	$ (32,402,826)
Cash Flows from Financing Activities:			
Intercompany Activities	2,075,287	(2,075,287)	-
Net Repayment of Long-term Debt/Bond Issuance	$ (2,939,905)	$ -	$ (2,939,905)
Net Cash used by Financing Activities	$ (864,618)	$ (2,075,287)	$ (2,939,905)
Net Increase (Decrease) in Cash	$ (16,018,604)	$ (300)	$ (16,018,904)
Beginning Cash & Cash Equivalents @ 9/30/2018	$ 48,405,107	$ 5,200	$ 48,410,307
Ending Cash & Cash Equivalents @ 8/31/2019	$ 32,386,503	$ 4,900	$ 32,391,403

Balance Sheet

Cash and Cash Equivalents	$ 17,253,491	$ 4,900	$ 17,258,391
Restricted Assets	15,133,013	-	15,133,013
Ending Cash & Cash Equivalents @ 8/31/2019	$ 32,386,503	$ 4,900	$ 32,391,404

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2019

	ACTUAL COLLECTIONS	BUDGETED COLLECTIONS	VARIANCE	PRIOR YEAR COLLECTIONS	VARIANCE
AD VALOREM					
OCTOBER	$ 347,199	$ 1,324,858	$ (977,659)	$ 276,462	$ 70,737
NOVEMBER	863,534	1,324,858	(461,324)	584,006	279,527
DECEMBER	3,052,335	1,324,858	1,727,477	1,135,578	1,916,757
JANUARY	4,374,472	1,324,858	3,049,614	5,479,301	(1,104,829)
FEBRUARY	5,039,715	1,324,858	3,714,857	3,286,610	1,753,105
MARCH	1,683,658	1,324,858	358,800	3,496,754	(1,813,096)
APRIL	315,850	1,324,858	(1,009,008)	791,566	(475,717)
MAY	163,395	1,324,858	(1,161,463)	336,130	(172,735)
JUNE	122,536	1,324,858	(1,202,322)	209,881	(87,345)
JULY	117,348	1,324,858	(1,207,510)	81,348	36,000
AUGUST	76,544	1,324,858	(1,248,314)	74,034	2,510
TOTAL	$ 16,156,583	$ 14,573,438	$ 1,583,145	$ 15,751,670	$ 404,913
SALES					
OCTOBER	$ 4,584,041	$ 4,248,207	$ 335,834	$ 3,753,619	$ 830,423
NOVEMBER	4,601,483	4,563,509	37,974	3,777,148	824,335
DECEMBER	4,814,865	4,336,372	478,493	3,829,080	985,785
JANUARY	4,940,411	4,504,342	436,069	3,865,539	1,074,872
FEBRUARY	4,702,958	4,532,577	170,381	4,197,093	505,865
MARCH	4,472,410	4,594,896	(122,486)	4,263,080	209,330
APRIL	4,682,192	4,445,370	236,822	4,415,242	266,950
MAY	4,727,670	4,323,006	404,664	4,896,195	(168,525)
JUNE	4,245,339	4,390,972	(145,633)	4,179,812	65,527
JULY	4,297,275	4,547,699	(250,424)	4,729,048	(431,772)
AUGUST	4,243,196	4,896,195	(652,999)	5,014,108	(770,911)
TOTAL	$ 50,311,841	$ 49,383,145	$ 928,696	$ 46,919,962	$ 3,391,879
TAX REVENUE	**$ 66,468,424**	**$ 63,956,583**	**$ 2,511,841**	**$ 62,671,632**	**$ 3,796,792**

ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2019

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	$ (2,108,131)	$ 5,042,169		$ 2,934,038
2nd Qtr	(948,218)	2,267,921		1,319,703
3rd Qtr	(3,975,903)	9,509,455		5,533,552
4th Qtr	(235,798)	570,801		335,003
DSH TOTAL	$ (7,268,050)	$ 17,390,347		$ 10,122,297
UC				
1st Qtr	$ (894,033)	$ 2,073,361		1,179,328
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	$ (894,033)	$ 2,073,361		$ 1,179,328
Regional UPL (Community Benefit)				
1st Qtr	$ (4,805,375)	$ -		$ (4,805,375)
2nd Qtr	(1,202,741)	-		(1,202,741)
3rd Qtr	-	-		-
4th Qtr	-	-		-
REGIONAL UPL TOTAL	$ (6,008,116)	$ -		$ (6,008,116)
DSRIP				
1st Qtr	$ -	$ -		$ -
2nd Qtr	(7,632,806)	18,330,182		10,697,375
3rd Qtr	-	-		-
4th Qtr	(2,552,070)	6,006,713		3,454,643
DSRIP UPL TOTAL	$ (10,184,877)	$ 24,336,895		$ 14,152,019
UHRIP				
1st Qtr	$ (1,801,944)	$ -		$ (1,801,944)
2nd Qtr	-	-		-
3rd Qtr	(2,656,558)	-		(2,656,558)
4th Qtr	-	-		-
UHRIP TOTAL	$ (4,458,502)	$ -		$ (4,458,502)
GME				
1st Qtr	$ -	$ -		$ -
2nd Qtr	(254,281)	254,281		-
3rd .	-	-		-
4th Qtr	(106,315)	254,281		147,966
GME TOTAL	$ (360,596)	$ 508,562		$ 147,966
MCH Cash Activity	**$ (29,174,174)**	**$ 44,309,165**		**$ 15,134,991**
ProCare Cash Activity			$ -	**$ -**
Blended Cash Activity	**$ (29,174,174)**	**$ 44,309,165**	**$ -**	**$ 15,134,991**

INCOME STATEMENT ACTIVITY:	MCH	PROCARE	BLENDED
FY 2019 Accrued / (Deferred) Adjustments:			
DSH Accrual	$ 8,343,794	$ -	$ 8,343,794
Uncompensated Care Accrual	4,500,450	-	4,500,450
Regional UPL Accrual	(5,799,082)	-	(5,799,082)
URIP	(3,687,653)	-	(3,687,653)
GME	147,966	-	147,966
Regional UPL Benefit	-	-	-
Medicaid Supplemental Payments	3,505,476	-	3,505,476
DSRIP Accrual	10,688,238	-	10,688,238
Total Adjustments	**$ 14,193,714**	**$ -**	**$ 14,193,714**

ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF AUGUST 31, 2019

ITEM	CIP BALANCE AS OF 7/31/2019	AUGUST "+" ADDITIONS	AUGUST "-" ADDITIONS	AUGUST TRANSFERS	CIP BALANCE AS OF 8/31/2019	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) APRVD/BUDGET
RENOVATIONS									
ISOLATION ROOM RENOVATIONS	33,053	127,613	-	-	160,667	-	160,667	151,650	(9,017)
CAFETERIA RENOVATION	191,366	4,134	-	(195,499)	-	-	-	150,000	150,000
PROCARE ADMIN RENOVATION	79,251	39,129	-	-	118,380	-	118,380	298,800	180,420
ER RENOVATION	77,149	7,369	-	-	84,518	-	84,518	125,000	40,482
NURSING EDUCATION	65,867	2,513	-	-	68,380	-	68,380	125,000	56,620
ICU/CCU UPGRADES	125	43,610	-	-	43,734	-	43,734	500,000	456,266
SUB-TOTAL	$ 446,810	$ 224,367	$ -	$ (195,499)	$ 475,678	$ -	$ 475,678	$ 1,350,450	$ 874,772
MINOR BUILDING IMPROVEMENT									
FURNITURE UPDATE: PHASE 3	95,367	-	-	-	95,367	-	95,367	45,000	(50,367)
OUTDOOR COMMON AREA IMPROVEMENTS	28,416	13,876	-	-	42,292	-	42,292	45,000	2,708
9C TELEMETRY UPGRADE	19,099	2,497	-	-	21,597	-	21,597	45,000	23,403
DRAINAGE REPAIRS	-	1,845	-	-	1,845	-	1,845	45,000	43,155
SECURITY FENCING	-	-	-	-	-	-	-	45,000	45,000
ER RESTROOMS	-	2,853	-	-	2,853	-	2,853	45,000	42,147
9 CENTRAL 4 CENTRAL RESTROOMS	-	-	-	-	-	-	-	30,000	30,000
PATHOLOGY RENOVATION	-	-	-	-	-	-	-	10,000	10,000
L&D SLEEP ROOM	-	-	-	-	-	-	-	45,000	45,000
SUB-TOTAL	$ 142,882	$ 21,072	$ -	$ -	$ 163,954	$ -	$ 163,954	$ 355,000	$ 191,046
EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE									
VARIOUS CAPITAL EXPENDITURE PROJECTS	$ 582,208	$ 1,234,301	$ (447,975)	$ -	$ 1,368,534	$ -	$ 1,368,534	$ 2,250,000	$ 881,466
SUB-TOTAL	$ 582,208	$ 1,234,301	$ (447,975)	$ -	$ 1,368,534	$ -	$ 1,368,534	$ 2,250,000	$ 881,466
TOTAL CONSTRUCTION IN PROGRESS	**$ 1,171,901**	**$ 1,479,740**	**$ (447,975)**	**$ (195,499)**	**$ 2,008,166**	**$ -**	**$ 2,008,166**	**$ 3,955,450**	**$ 1,947,284**

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
AUGUST 2019

ITEM	CLASS	BOOKED AMOUNT
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS		
CAFETERIA RENOVATION	BUILDING	$ 195,499
TOTAL PROJECT TRANSFERS		**$ 195,499**
EQUIPMENT PURCHASES		
None		$ -
TOTAL EQUIPMENT PURCHASES		**$ -**
TOTAL TRANSFERS FROM CIP/EQUIPMENT PURCHASES		**$ 195,499**

ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2019 CAPITAL EQUIPMENT
CONTINGENCY FUND
AUGUST 2019

MONTH/ YEAR	PO #	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
		Available funds from budget		**$ 600,000**	**$ -**	**$ -**	**$ 600,000**
Oct-18	C190012	Birthing Bed	6700	-		33,000	(33,000)
Nov-18	C190003	SmartPump	6620	-	-	8,207	(8,207)
Nov-18	C190022	Endoscope	6790	-	-	17,664	(17,664)
Dec-18	RE18-1323	Trauma / OR Upgrades	8200	30,000		18,496	11,504
Dec-18	RE17-1314	Golder Site Signage	8200	20,000		8,107	11,893
Jan-19	C190024	Infusion Pump	6700			41,860	(41,860)
Jan-19	C190036	Laryngoscope	7370			29,475	(29,475)
Jan-19	C190031	Laparoscope	6620			10,000	(10,000)
Jan-19	RE18-1329	Dialysis	7440	45,000		176,414	(131,414)
Feb-19	C190040	CO2 Endoscopic Insufflator	6600			4,995	(4,995)
Feb-19	C190056	Utility Cart	8200			3,095	(3,095)
Feb-19	RE18-1322	Fire System Upgrade	8200	125,000		121,500	3,500
Feb-19	RE18-1327	Furniture Update: Phase 2	Various	50,000		46,228	3,772
Mar-19	C190052	Print to Mail Endeavour	7240			5,289	(5,289)
Mar-19	C190070	BTH400 Cyclone Heater	8200			19,940	(19,940)
Apr-19	C190055	S5 Heart Lung Perfusion System	6620			159,879	(159,879)
May-19	C190054	Hemotherm	6620			34,980	(34,980)
May-19	I190005	Premier	9100			193,492	(193,492)
May-19	I190006	Kronos WF Scheduler	9100			70,000	(70,000)
Jun-19	C190068	Digital Scale	6150			2,380	(2,380)
Jun-19	C190059	60 Mil Fleece Back TPO	8200			49,710	(49,710)
Jun-19	C190073	Fetal Monitor	6850			4,595	(4,595)
Jun-19	C190075	Procedure Cart	6850			5,885	(5,885)
Jun-19	C190074	Cart	6850			4,775	(4,775)
Jun-19	C190076	Supply Cart	6850			5,178	(5,178)
Jun-19	C190067	Digital Scale	6190			2,380	(2,380)
Jun-19	C190069	Digital Scale	6140			2,380	(2,380)
Jun-19	C190066	Imaging Injector	7220			27,870	(27,870)
Jun-19	C190077	Stress Test System	7290			21,002	(21,002)
Jun-19	C190065	Endoscope Video System	9300			16,707	(16,707)
Jul-19	C190072	Articulating Examination Chair	9300			35,236	(35,236)
Jul-19	C190071	Cubicle Curtains	6330			9,131	(9,131)
Jul-19	C190079	Vital Signs Monitor	7250			3,729	(3,729)
Jul-19	C190063	Evolve Base Cabinet	7310			2,499	(2,499)
Jul-19	C190082	Treatment Recliner	6850			10,212	(10,212)
Jul-19	C190078	Fetal Monitor	6700			4,600	(4,600)
Jul-19	C190083	Endoscope	6700			13,300	(13,300)
Jul-19	C190085	Surgery Hush Slush Machine	6620			60,000	(60,000)
Jul-19	RE18-1324	ICU Logistics Management Space	6310	45,000		36,157	8,843
Jul-19	RE19-1330	Radiology Scheduling Office Renovatio	7250	25,000		14,107	10,893
Jul-19	RE19-1333	Casa Ortiz Roof	8200	35,000		32,301	2,700
Jul-19	RE19-1335	One Doctor Place/Trauma	Various	45,000		80,708	(35,708)
Jul-19	RE19-1338	Dietary Flooring	8020	150,000		55,658	94,342
Jul-19	RE19-1340	First Level Flooring	8200	150,000		166,411	(16,411)
Aug-19	C190086	Da Vinci Dual Console System	6620			2,433,000	(2,433,000)
Aug-19	C190087	TruSystem 7000dV	6620			99,035	(99,035)
Aug-19	C190089	Dodge Grand Caravan	9300			29,362	(29,362)
Aug-19	C190091	Nurse Call System	8200			52,500	(52,500)
Aug-19	RE18-1328	Cafeteria Renovation	8020	150,000		195,499	(45,499)
				$ 1,470,000	**$ -**	**$ 4,478,927**	**$ (3,008,927)**

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
AUGUST 2019

	CURRENT YEAR	PRIOR YEAR HOSPITAL AUDITED	PRIOR YEAR PRO CARE AUDITED	CURRENT YEAR CHANGE
AR DISPRO/UPL	$ (1,778,503)	$ -	$ -	$ (1,778,503)
AR UNCOMPENSATED CARE	7,779,794	770,249	-	7,009,545
AR DSRIP	1,320,508	8,472,711	-	(7,152,203)
AR NURSING HOME UPL	-	-	-	-
AR UHRIP	3,103,239	2,332,390	-	770,850
AR GME	(147,966)	-	-	(147,966)
AR BAB REVENUE	-	84,413	-	(84,413)
AR PHYSICIAN GUARANTEES	242,017	568,942	-	(326,925)
AR ACCRUED INTEREST	240,956	46,923	-	194,032
AR OTHER:	1,845,158	5,923,220	1,919,795	(5,997,857)
Procare On-Call Fees	-	-	51,000	(51,000)
Procare A/R - FHC	-	-	-	-
Other Misc A/R	1,845,158	5,923,220	1,868,795	(5,946,857)
AR DUE FROM THIRD PARTY PAYOR	2,843,669	1,599,384	-	1,244,284
TOTAL ACCOUNTS RECEIVABLE - OTHER	$ 16,258,491	$ 20,607,851	$ 1,919,795	$ (6,269,156)

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
AUGUST 2019

	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**
STERILE PROCESSING	3.7	0.6	548.4%	1.5	136.6%	3.9	0.5	629.6%	0.6	550.9%
9 CENTRAL	4.9	0.9	475.3%	3.0	66.0%	3.0	0.9	248.0%	1.8	62.8%
FINANCIAL ACCOUNTING	1.0	-	0.0%	0.9	13.8%	1.3	-	0.0%	0.3	309.5%
INTENSIVE CARE UNIT 4 (CCU)	3.1	0.3	959.0%	-	0.0%	0.9	0.3	235.8%	0.5	86.9%
6 Central	2.7	0.0	48289.0%	0.1	3889.2%	0.9	0.0	15330.6%	0.0	6587.8%
5 CENTRAL	2.6	-	0.0%	-	0.0%	0.9	-	0.0%	-	0.0%
PM&R - PHYSICAL	2.9	0.2	1100.3%	-	0.0%	0.8	0.2	272.3%	0.2	415.5%
IT OPERATIONS	-	-	0.0%	1.6	-100.0%	0.7	-	0.0%	1.5	-52.4%
TRAUMA SERVICE	0.5	-	0.0%	0.4	18.7%	0.7	-	0.0%	0.8	-20.6%
4 EAST	1.3	0.9	43.4%	0.1	1736.8%	0.6	0.9	-26.3%	0.9	-28.9%
IMAGING - NUCLEAR MEDICINE	1.1	-	0.0%	-	0.0%	0.6	-	0.0%	-	0.0%
PM&R - OCCUPATIONAL	1.0	0.7	44.0%	1.0	-6.1%	0.5	0.6	-17.1%	0.7	-23.7%
IMAGING - ULTRASOUND	-	-	0.0%	-	0.0%	0.5	-	0.0%	-	0.0%
7 CENTRAL	2.5	-	0.0%	-	0.0%	0.5	-	0.0%	-	0.0%
8 CENTRAL	1.3	0.0	7715.3%	-	0.0%	0.4	0.0	2409.2%	0.0	2085.9%
INPATIENT REHAB - THERAPY	-	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
CARDIOPULMONARY	0.7	0.8	-15.2%	-	0.0%	0.4	0.8	-48.7%	1.2	-68.6%
PM&R - SPEECH	0.9	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
6 West	1.0	0.0	2053.6%	-	0.0%	0.4	0.0	706.3%	-	0.0%
INPATIENT REHAB	-	1.8	-100.0%	2.3	-100.0%	0.4	1.8	-79.9%	1.7	-78.6%
4 CENTRAL	0.4	0.0	1498.3%	0.1	351.8%	0.4	0.0	1465.8%	0.0	1160.6%
FOOD SERVICE	-	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
INTENSIVE CARE UNIT 2	0.4	0.4	12.4%	0.2	89.2%	0.2	0.3	-31.6%	0.6	-60.6%
MEDICAL STAFF	1.5	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
OPERATING ROOM	1.1	0.9	25.3%	-	0.0%	0.2	0.8	-77.7%	0.7	-74.3%
ADMINISTRATION	-	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
PATIENT ACCOUNTING	-	0.3	-100.0%	0.9	-100.0%	0.2	0.3	-48.8%	0.5	-64.6%
CHW - SPORTS MEDICINE	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
NEO-NATAL INTENSIVE CARE	-	0.6	-100.0%	0.4	-100.0%	0.1	0.6	-82.6%	0.9	-88.0%
IMAGING - DIAGNOSTICS	0.8	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
EMERGENCY DEPARTMENT	0.3	0.3	14.7%	-	0.0%	0.1	0.3	-80.8%	0.2	-77.5%
LABOR AND DELIVERY	-	0.8	-100.0%	-	0.0%	0.0	0.8	-95.1%	1.0	-95.9%
PHARMACY DRUGS/I.V. SOLUTIONS	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%
5 WEST	-	0.1	-100.0%	-	0.0%	-	0.1	-100.0%	0.1	-100.0%
CARDIOPULMONARY - NICU	-	0.1	-100.0%	-	0.0%	-	0.1	-100.0%	0.1	-100.0%
ENGINEERING	-	-	0.0%	-	0.0%	-	-	0.0%	0.1	-100.0%
PERFORMANCE IMPROVEMENT (QA)	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
HUMAN RESOURCES	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
OP SURGERY	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
CERNER	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
RECOVERY ROOM	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - CHEMISTRY	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - MICROBIOLOGY	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - TRANFUSION SERVICES	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
SUBTOTAL	**35.7**	**9.8**	**264.9%**	**12.4**	**188.0%**	**20.2**	**9.5**	**111.7%**	**14.7**	**37.2%**
TRANSITION LABOR										
NEO-NATAL INTENSIVE CARE	1.5	3.9	-61.3%	4.1	-63.2%	5.2	3.9	35.3%	3.8	35.8%
LABORATORY - CHEMISTRY	3.3	2.4	38.1%	2.4	38.5%	4.3	2.3	91.2%	2.3	86.5%
7 CENTRAL	2.4	5.5	-56.0%	5.2	-53.6%	3.3	5.5	-39.1%	5.2	-36.4%
INTENSIVE CARE UNIT 4 (CCU)	2.2	6.7	-66.6%	4.4	-49.8%	2.8	6.2	-55.9%	7.8	-64.9%
4 EAST	2.3	2.7	-15.6%	2.1	10.6%	2.1	2.7	-22.4%	2.4	-14.2%
INTENSIVE CARE UNIT 2	1.7	2.6	-34.6%	2.4	-29.8%	1.7	2.4	-28.3%	3.2	-47.0%
8 CENTRAL	0.1	3.4	-95.9%	2.1	-93.4%	1.5	3.5	-58.0%	3.1	-52.7%
OPERATING ROOM	-	2.3	-100.0%	3.0	-100.0%	1.2	2.2	-44.9%	2.2	-45.9%
INPATIENT REHAB	0.9	3.8	-76.2%	2.9	-69.2%	1.1	3.8	-69.8%	3.0	-62.2%
INPATIENT REHAB - THERAPY	1.0	-	0.0%	-	0.0%	1.0	-	0.0%	-	0.0%
PM&R - OCCUPATIONAL	0.9	0.5	59.9%	1.2	-24.8%	1.0	0.5	86.8%	0.7	42.9%
6 Central	0.1	2.8	-97.5%	1.3	-94.5%	0.8	2.8	-71.5%	2.4	-67.0%
LABORATORY - HEMATOLOGY	-	1.3	-100.0%	1.3	-100.0%	0.7	1.3	-41.0%	1.3	-41.7%
EMERGENCY DEPARTMENT	-	0.6	-100.0%	1.1	-100.0%	0.3	0.6	-55.1%	1.5	-81.5%
5 CENTRAL	-	1.1	-100.0%	1.1	-100.0%	0.3	1.1	-75.8%	1.4	-81.1%
9 CENTRAL	-	0.3	-100.0%	0.1	-100.0%	0.1	0.3	-66.1%	0.3	-60.2%
4 CENTRAL	-	0.4	-100.0%	0.1	-100.0%	0.0	0.4	-90.2%	0.3	-87.5%
LABOR AND DELIVERY	0.1	0.1	10.5%	0.1	-52.4%	0.0	0.1	-38.5%	0.1	-67.3%
6 West	0.1	0.1	126.0%	0.1	95.0%	0.0	0.1	-39.4%	0.1	-35.2%
5 WEST	-	0.0	-100.0%	-	0.0%	0.0	0.0	13.6%	0.0	25.0%
OP SURGERY	-	1.1	-100.0%	-	0.0%	-	1.0	-100.0%	0.7	-100.0%
CHW - SPORTS MEDICINE	-	0.3	-100.0%	-	0.0%	-	0.3	-100.0%	0.3	-100.0%
PM&R - PHYSICAL	-	0.4	-100.0%	-	0.0%	-	0.4	-100.0%	0.3	-100.0%
CERNER	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TRAUMA SERVICE	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
SUBTOTAL	**16.6**	**42.3**	**-60.7%**	**35.0**	**-52.5%**	**27.4**	**41.1**	**-33.3%**	**42.5**	**-35.5%**
GRAND TOTAL	**52.3**	**52.1**	**0.5%**	**47.4**	**10.3%**	**47.6**	**50.6**	**-6.1%**	**57.2**	**-16.8%**

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
AUGUST 2019

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	$ VAR	% VAR	PRIOR YR	% VAR
SP TEMPORARY LABOR	$ 47,821	$ 5,425	$ 42,396	781.5%	$ 11,226	326.0%	$ 495,638	$ 54,961	$ 440,677	801.8%	$ 61,264	709.0%
IMCU9 TEMPORARY LABOR	75,562	9,273	66,289	714.9%	35,899	110.5%	425,326	99,955	325,371	325.5%	230,194	84.8%
PT TEMPORARY LABOR	51,668	2,490	49,178	1975.0%	-	100.0%	157,914	25,227	132,687	526.0%	18,193	768.0%
6C TEMPORARY LABOR	35,668	94	35,574	37845.2%	594	5901.1%	126,907	1,016	125,891	12390.9%	1,456	8618.4%
5C TEMPORARY LABOR	36,209	-	36,209	100.0%	-	100.0%	121,218	-	121,218	100.0%	-	100.0%
ICU4 TEMPORARY LABOR	42,989	3,879	39,110	1008.2%	(4,490)	-1057.5%	142,085	39,292	102,793	261.6%	72,140	97.0%
NM TEMPORARY LABOR	17,783	-	17,783	100.0%	-	100.0%	99,503	-	99,503	100.0%	-	100.0%
TELECOM TEMPORARY LABOR	-	-	-	100.0%	15,896	-100.0%	98,790	-	98,790	100.0%	160,213	-38.3%
TRAUMA TEMPORARY LABOR	6,566	-	6,566	100.0%	4,481	46.5%	97,013	-	97,013	100.0%	108,048	-10.2%
US TEMPORARY LABOR	-	-	-	100.0%	-	100.0%	89,804	-	89,804	100.0%	-	100.0%
FA TEMPORARY LABOR	6,344	-	6,344	100.0%	4,678	35.6%	87,554	-	87,554	100.0%	20,783	321.3%
7C TEMPORARY LABOR	34,049	-	34,049	100.0%	-	100.0%	74,847	-	74,847	100.0%	-	100.0%
MED STAFF TEMPORARY LABOR	44,880	-	44,880	100.0%	-	100.0%	74,758	-	74,758	100.0%	-	100.0%
ST TEMPORARY LABOR	15,569	-	15,569	100.0%	-	100.0%	65,540	-	65,540	100.0%	-	100.0%
8C TEMPORARY LABOR	18,368	176	18,192	10336.2%	-	100.0%	62,653	1,910	60,743	3180.3%	2,376	2536.5%
IMCU4 TEMPORARY LABOR	4,905	255	4,650	1823.5%	891	450.2%	58,995	2,755	56,240	2041.4%	3,989	1379.1%
ORTHO/NEURO TEMPORARY LABOR	13,368	318	13,050	4103.6%	-	100.0%	55,913	3,495	52,418	1499.8%	2,966	1785.4%
ADM TEMPORARY LABOR	-	-	-	100.0%	-	100.0%	52,001	-	52,001	100.0%	-	100.0%
4E TEMPORARY LABOR	19,105	12,625	6,480	51.3%	597	3101.1%	96,866	133,710	(36,844)	-27.6%	137,638	-29.6%
RT TEMPORARY LABOR	2,610	15,236	(12,626)	-82.9%	2,665	-2.1%	50,976	154,349	(103,373)	-67.0%	227,068	-77.6%
REHAB TEMPORARY LABOR	-	16,176	(16,176)	-100.0%	25,025	-100.0%	61,281	174,000	(112,719)	-64.8%	177,917	-65.6%
ALL OTHER	74,153	44,214	29,939	67.7%	25,868	186.7%	325,882	464,723	(138,841)	-29.9%	650,076	-49.9%
TOTAL TEMPORARY LABOR	$ 547,617	$ 110,161	$ 437,456	397.1%	$ 123,332	344.0%	$ 2,921,464	$ 1,155,393	$ 1,766,071	152.9%	$ 1,874,320	55.9%
NICU TRANSITION LABOR	$ 15,306	$ 43,143	$ (27,837)	-64.5%	$ 45,719	-66.5%	$ 644,363	$ 461,397	$ 182,966	39.7%	$ 463,045	39.2%
CHEM TRANSITION LABOR	26,076	20,370	5,706	28.0%	20,395	27.9%	366,489	206,350	160,139	77.6%	213,936	71.3%
REHAB TRANSITION LABOR	10,122	-	10,122	100.0%	-	100.0%	94,623	-	94,623	100.0%	-	100.0%
OT TRANSITION LABOR	11,307	6,023	5,284	87.7%	14,793	-23.6%	128,153	60,927	67,226	110.3%	81,058	58.1%
HEMA TRANSITION LABOR	-	11,392	(11,392)	-100.0%	8,449	-100.0%	66,431	115,409	(48,978)	-42.4%	116,123	-42.8%
4E TRANSITION LABOR	25,551	29,676	(4,125)	-13.9%	23,209	10.1%	245,950	314,300	(68,350)	-21.7%	286,320	-14.1%
ICU2 TRANSITION LABOR	17,522	30,423	(12,901)	-42.4%	47,727	-63.3%	214,110	307,577	(93,467)	-30.4%	441,487	-51.5%
OR TRANSITION LABOR	-	30,136	(30,136)	-100.0%	25,494	-100.0%	180,232	305,286	(125,054)	-41.0%	282,352	-36.2%
7C TRANSITION LABOR	26,979	58,109	(31,130)	-53.6%	56,676	-52.4%	389,088	627,898	(238,810)	-38.0%	603,524	-35.5%
6C TRANSITION LABOR	1,436	32,109	(30,673)	-95.5%	14,127	-89.8%	94,681	348,207	(253,526)	-72.8%	299,526	-68.4%
8C TRANSITION LABOR	3,209	42,789	(39,580)	-92.5%	25,983	-87.7%	166,922	463,757	(296,835)	-64.0%	410,233	-59.3%
REHAB TRANSITION LABOR	10,436	51,817	(41,381)	-79.9%	31,108	-66.5%	151,434	557,379	(405,945)	-72.8%	422,729	-64.2%
ICU4 TRANSITION LABOR	22,397	83,341	(60,944)	-73.1%	59,458	-62.3%	299,158	844,198	(545,040)	-64.6%	1,047,713	-71.4%
ALL OTHER	2,195	53,629	(51,434)	-95.9%	33,346	-93.4%	112,074	568,026	(455,952)	-80.3%	678,030	-83.5%
TOTAL TRANSITION LABOR	$ 172,536	$ 492,957	$ (320,421)	-65.0%	$ 406,484	-57.6%	$ 3,153,706	$ 5,180,711	$ (2,027,005)	-39.1%	$ 5,346,076	-41.0%
GRAND TOTAL TEMPORARY LABOR	$ 720,153	$ 603,118	$ 117,035	19.4%	$ 529,816	35.9%	$ 6,075,170	$ 6,336,104	$ (260,934)	-4.1%	$ 7,220,396	-15.9%
PT ACCTS COLLECTION FEES	$ 654,959	$ 161,939	$ 493,020	304.4%	$ 424,985	54.1%	$ 5,454,087	$ 1,733,689	$ 3,720,398	214.6%	$ 2,442,708	123.3%
HIM CODING SERVICES	621,962	55,337	566,625	1024.0%	660,561	-5.8%	4,136,245	1,060,296	3,075,949	290.1%	3,222,705	28.3%
CE OTHER PURCH SVCS	317,211	63,502	253,709	399.5%	63,750	397.6%	2,620,895	698,522	1,922,373	275.2%	699,267	274.8%
ADM CONSULTANT FEES	42,481	40,119	2,362	5.9%	285,316	-85.1%	1,400,636	441,309	959,327	217.4%	799,511	75.2%
ECHDA OTHER PURCH SVCS	300,000	142,208	157,792	111.0%	190,052	57.9%	2,364,732	1,564,288	800,444	51.2%	1,050,371	125.1%
PA E-SCAN DATA SYSTEM	122,162	121,506	656	0.5%	41,769	192.5%	1,714,929	1,336,566	378,363	28.3%	1,809,300	-5.2%
IT INFORMATION SOLUTIONS SVCS	18,618	-	18,618	100.0%	15,386	21.0%	277,468	-	277,468	100.0%	296,417	-6.4%
HR RECRUITING FEES	94,644	58,194	36,450	62.6%	19,717	380.0%	551,260	285,526	265,734	93.1%	344,389	60.1%
COMM REL ADVERTISMENT PURCH SVCS	9,684	13,027	(3,343)	-25.7%	9,646	0.4%	371,685	224,600	147,085	65.5%	264,609	40.5%
PA ELIGIBILITY FEES	(510)	26,987	(27,497)	-101.9%	32,196	-101.6%	401,984	269,674	132,310	49.1%	317,402	26.6%
ADMIN OTHER FEES	28,178	14,038	14,140	100.7%	11,683	141.2%	267,957	154,418	113,539	73.5%	146,243	83.2%
PH CONTRACT PURCH SVC	7,124	-	7,124	100.0%	21,384	-66.7%	83,713	-	83,713	100.0%	64,415	30.0%
CREDIT CARD FEES	23,039	20,043	2,996	14.9%	22,775	1.2%	263,115	191,658	71,457	37.3%	190,706	38.0%
DIET OTHER PURCH SVCS	10,659	4,440	6,219	140.1%	9,847	8.3%	117,987	48,840	69,147	141.6%	62,626	88.4%
INFECTION CONTROL OTHER PURCH SVCS	798	-	798	100.0%	-	100.0%	94,977	28,215	66,762	236.6%	-	100.0%
OR FEES (PERFUSION SERVICES)	33,383	42,772	(9,389)	-22.0%	25,870	29.0%	341,527	294,256	47,271	16.1%	300,749	13.6%
UOM (EHR FEES)	29,640	7,573	22,067	291.4%	18,632	59.1%	204,028	161,100	42,928	26.6%	163,360	24.9%
REHAB OTHER PURCH SVCS	9,500	7,320	2,180	29.8%	8,900	6.7%	116,683	80,520	36,163	44.9%	86,888	34.3%
OBLD OTHER PURCH SVCS	13,256	3,021	10,235	338.8%	6,128	116.3%	85,860	49,668	36,192	72.9%	65,280	31.5%
ECHD POLICE DEPT OTHER PURCH SVCS	20,281	15,725	4,556	29.0%	17,413	16.5%	201,401	172,975	28,426	16.4%	177,805	13.3%
CL OTHER PURCH SVCS	16,440	13,336	3,104	23.3%	15,449	6.4%	174,995	147,421	27,574	18.7%	144,904	20.8%
FIN ACCT COST REPORT/CONSULTANT FEES	123	23,491	(23,368)	-99.5%	2,592	-95.2%	156,512	135,387	21,125	15.6%	128,419	21.9%
MISSION FITNESS OTHER PURCH SVCS	11,347	10,411	936	9.0%	14,209	-20.1%	136,260	118,093	18,167	15.4%	132,804	2.6%
NSG ED OTHER PURCH SVCS	13,229	11,265	1,964	17.4%	6,709	97.2%	114,902	98,875	16,027	16.2%	79,703	44.2%
340B CONTRACT PURCH SVC	7,379	7,338	41	0.6%	1,858	297.1%	95,228	80,718	14,510	18.0%	32,858	189.8%
DC AM HEALTHWAYS MGMT FEE	2,875	8,705	(5,830)	-67.0%	8,493	-66.1%	76,854	95,755	(18,901)	-19.7%	94,514	-18.7%
NSG OTHER PURCH SVCS	6,944	7,939	(995)	-12.5%	13,594	-48.9%	60,810	87,329	(26,519)	-30.4%	85,993	-29.3%
AMBULANCE FEES	7,029	10,778	(3,749)	-34.8%	6,873	2.3%	84,146	110,809	(26,664)	-24.1%	179,804	-53.2%
COMM REL MEDIA PLACEMENT	1,464	5,275	(3,811)	-72.3%	5,941	-75.4%	55,808	105,500	(49,692)	-47.1%	72,869	-23.4%
COMM REL WELLNESS WORKS	-	21,954	(21,954)	-100.0%	21,960	-100.0%	183,779	241,494	(57,715)	-23.9%	217,001	-15.3%
UC-WEST CLINIC - PURCH SVCS-OTHER	31,293	28,407	2,886	10.2%	34,482	-9.2%	317,486	379,007	(61,521)	-16.2%	368,541	-13.9%
FA AUDIT FEES - INTERNAL	-	28,845	(28,845)	-100.0%	38,040	-100.0%	63,760	157,669	(93,909)	-59.6%	183,080	-65.2%
PRO OTHER PURCH SVCS	3,460	5,602	(2,142)	-38.2%	27,730	-87.5%	85,660	193,163	(107,503)	-55.7%	230,158	-62.8%
PHARMACY SERVICES	10,848	35,619	(24,771)	-69.5%	30,531	-64.5%	266,277	392,623	(126,346)	-32.2%	267,169	-0.3%
PI FEES (TRANSITION NURSE PROGRAM)	37,363	57,336	(19,973)	-34.8%	64,541	-42.1%	478,883	630,696	(151,813)	-24.1%	493,576	-3.0%
MED ASSETS CONTRACT	17,987	45,444	(27,457)	-60.4%	50,632	-64.5%	81,841	320,258	(238,417)	-74.4%	363,958	-77.5%
UC-CPC 42ND STREET PURCH SVCS-OTHER	36,462	59,775	(23,313)	-39.0%	40,849	-10.7%	405,353	659,138	(253,785)	-38.5%	634,332	-36.1%
COMM REL MEDIA PLACEMENT	10,681	32,885	(22,204)	-67.5%	35,382	-69.8%	196,543	474,999	(278,456)	-58.6%	398,381	-50.7%
FHC OTHER PURCH SVCS	95,580	120,968	(25,388)	-21.0%	105,467	-9.4%	1,129,065	1,541,132	(412,067)	-26.7%	1,354,912	-16.7%
PRIMARY CARE WEST OTHER PURCH SVCS	58,986	81,922	(22,936)	-28.0%	25,871	128.0%	451,609	1,016,721	(565,112)	-55.6%	909,638	-50.4%
ALL OTHERS	2,345,010	2,021,684	323,326	16.0%	1,214,016	93.2%	23,300,659	23,223,807	76,852	0.3%	11,529,540	102.1%
TOTAL PURCHASED SERVICES	$ 5,076,623	$ 3,440,899	$ 1,635,724	47.5%	$ 3,655,677	38.9%	$ 49,076,838	$ 39,046,157	$ 10,030,681	25.7%	$ 30,458,623	61.1%

Ector County Hospital District
Debt Service Coverage Calculation
AUGUST 2019

Average Annual Debt Service Requirements of 110%:

	FYTD			Annualized
	ProCare	ECHD	Consolidated	Consolidated
Change in net position	-	(5,877,210)	(5,877,210)	(6,411,502)
Deficiency of revenues over expenses	-	(5,877,210)	(5,877,210)	(6,411,502)
Depreciation/amortization	218,142	17,136,834	17,354,976	18,932,701
GASB 68	-	4,949,881	4,949,881	5,399,870
Interest expense	-	2,843,506	2,843,506	3,102,007
(Gain) or loss on fixed assets	-	-	-	-
Unusual / infrequent / extraordinary items	-	-	-	-
Unrealized (gains) / losses on investments	-	(236,611)	(236,611)	(258,122)
Consolidated net revenues	218,142	18,816,400	19,034,542	20,764,955

Note: Average annual debt service requirements is defined to mean the greater of the following 2 calculations:

1.) Average annual debt service of future maturities

	Bonds	BAB Subsidy	Total	110%
2019	3,704,003.09	1,050,540.12	4,754,543.21	5,229,997.53
2020	3,703,513.46	1,014,199.56	4,717,713.02	5,189,484.33
2021	3,703,965.62	975,673.80	4,679,639.42	5,147,603.37
2022	3,703,363.82	930,657.44	4,634,021.26	5,097,423.38
2023	3,704,094.49	883,666.27	4,587,760.76	5,046,536.84
2024	3,703,936.71	834,581.31	4,538,518.02	4,992,369.83
2025	3,703,757.92	783,331.19	4,487,089.11	4,935,798.02
2026	3,703,381.35	729,820.73	4,433,202.08	4,876,522.29
2027	3,702,861.24	670,848.36	4,373,709.60	4,811,080.56
2028	3,703,256.93	609,138.35	4,312,395.28	4,743,634.81
2029	3,702,288.56	544,540.00	4,246,828.56	4,671,511.42
2030	3,701,769.56	476,952.84	4,178,722.40	4,596,594.64
2031	3,701,420.06	406,226.18	4,107,646.24	4,518,410.86
2032	3,701,960.19	332,209.33	4,034,169.52	4,437,586.47
2033	3,701,063.45	254,726.47	3,955,789.92	4,351,368.91
2034	3,700,496.62	173,652.02	3,874,148.64	4,261,563.50
2035	3,700,933.18	88,810.18	3,789,743.36	4,168,717.70
	3,702,709.78	632,916.13	4,335,625.91	

OR

2.)
Next Year Debt Service - sum of principal and interest due in the next fiscal year:

	Bonds	
Debt Service	4,754,543	*higher of the two*

Covenant Computation	**Current FYTD**		**Annualized**
	400.3%	(needs to be 110% or higher)	**436.7%**

Liquidity Requirement

Cash on Hand Requirement	
2019	60
2020	80
2021+	100

	AUGUST 2019
Consolidated operating costs	359,451,199
Less depreciation and amortization	(17,354,976)
Less other non cash expenses:	
GASB 68 - from above	(4,949,881)
GASB 75 - from above	-
Adjusted expenses	337,146,342
Expenses per day	**1,006,407**
Unrestricted cash and cash equivalents	17,258,390
Internally designated noncurrent cash and investments	46,422,213
Assets held in endowment, board designated	6,241,247
Total cash for calculation	**69,921,851**
Days cash on hand	**69.48**

Financial Presentation

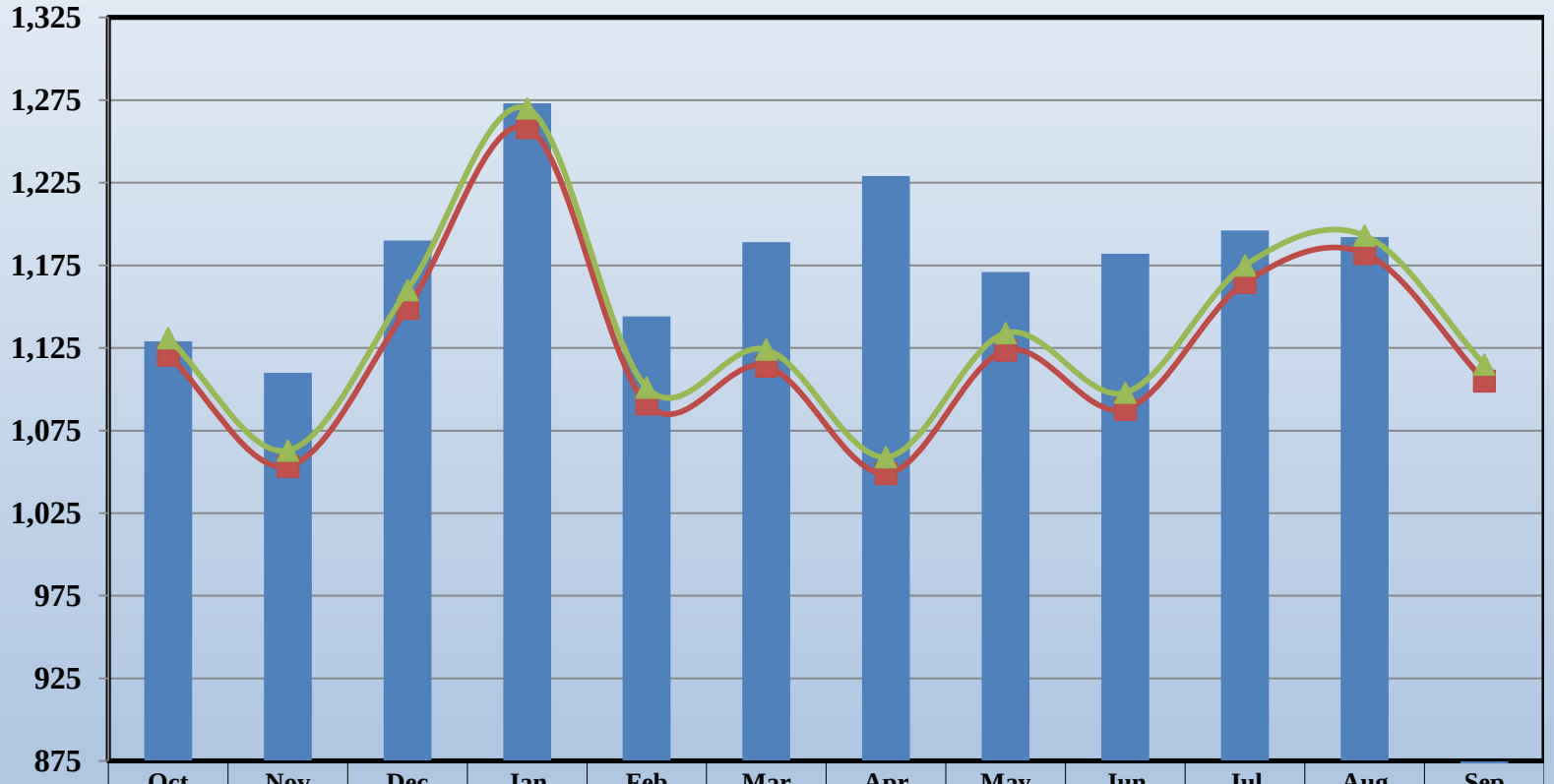
For the Month Ended

August 31, 2019


Volume
mch

Admissions

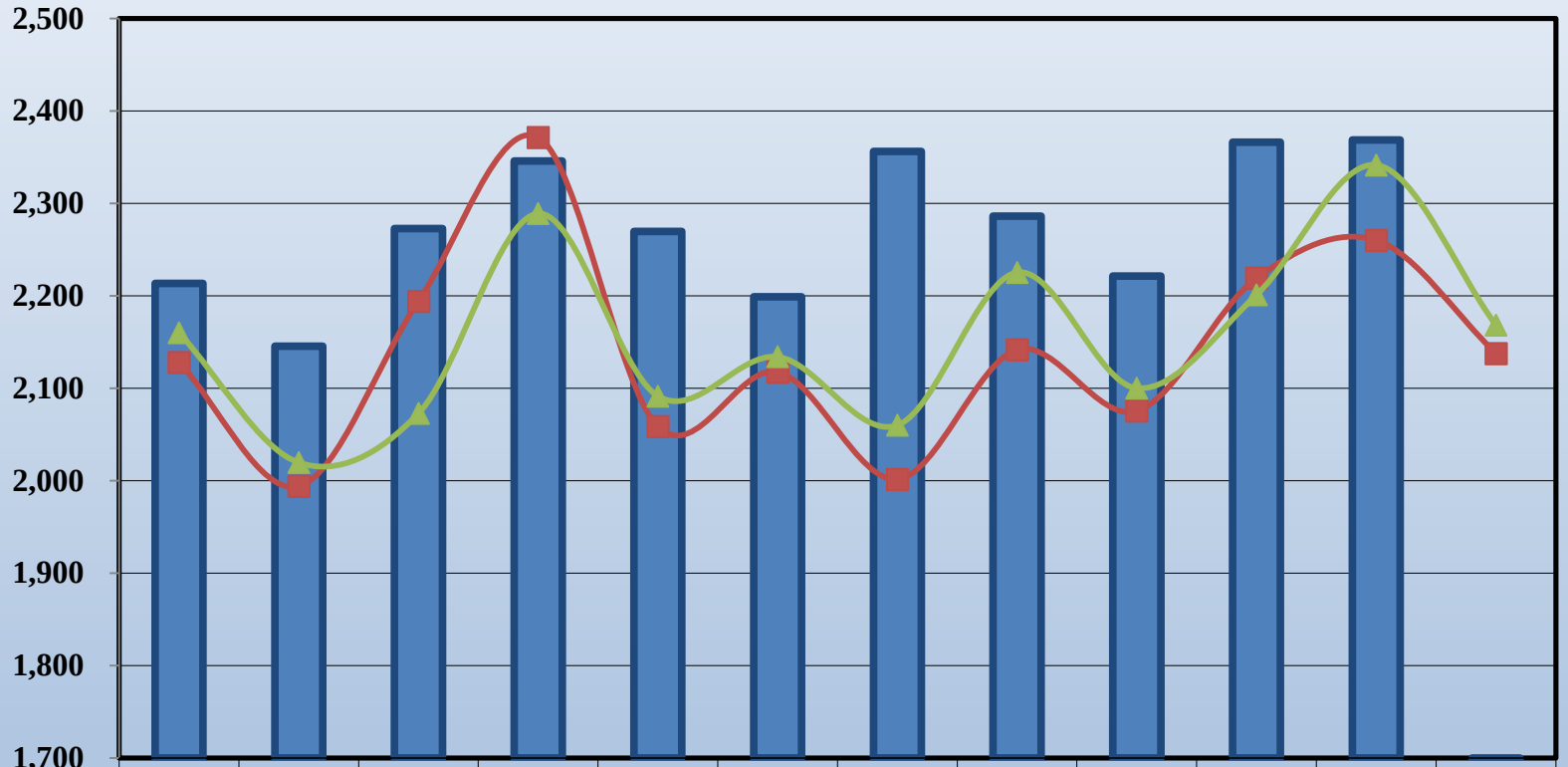
Total – Adults and NICU



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	1,129	1,110	1,190	1,273	1,144	1,189	1,229	1,171	1,182	1,196	1,192	-
FY 2019 Budget	1,121	1,053	1,149	1,258	1,091	1,114	1,049	1,124	1,088	1,165	1,182	1,105
FY 2018	1,131	1,063	1,160	1,270	1,101	1,124	1,059	1,134	1,098	1,175	1,193	1,115

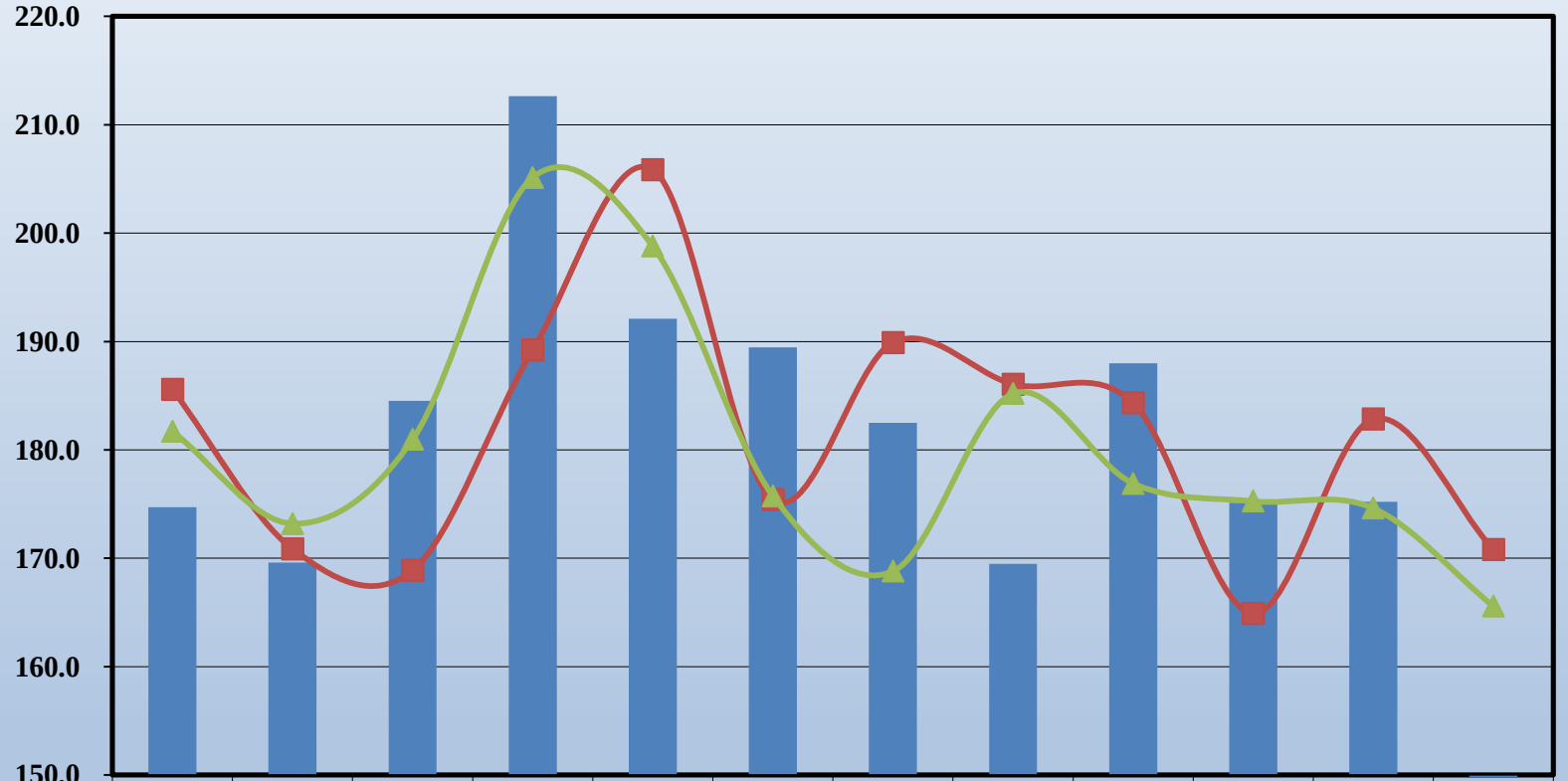
Adjusted Admissions

Including Acute & Rehab Unit



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	2,214	2,146	2,273	2,346	2,270	2,199	2,356	2,286	2,221	2,366	2,369	-
FY 2019 Budget	2,128	1,994	2,194	2,372	2,058	2,118	2,001	2,142	2,075	2,219	2,260	2,138
FY 2018	2,160	2,020	2,073	2,289	2,092	2,134	2,060	2,225	2,100	2,201	2,342	2,168

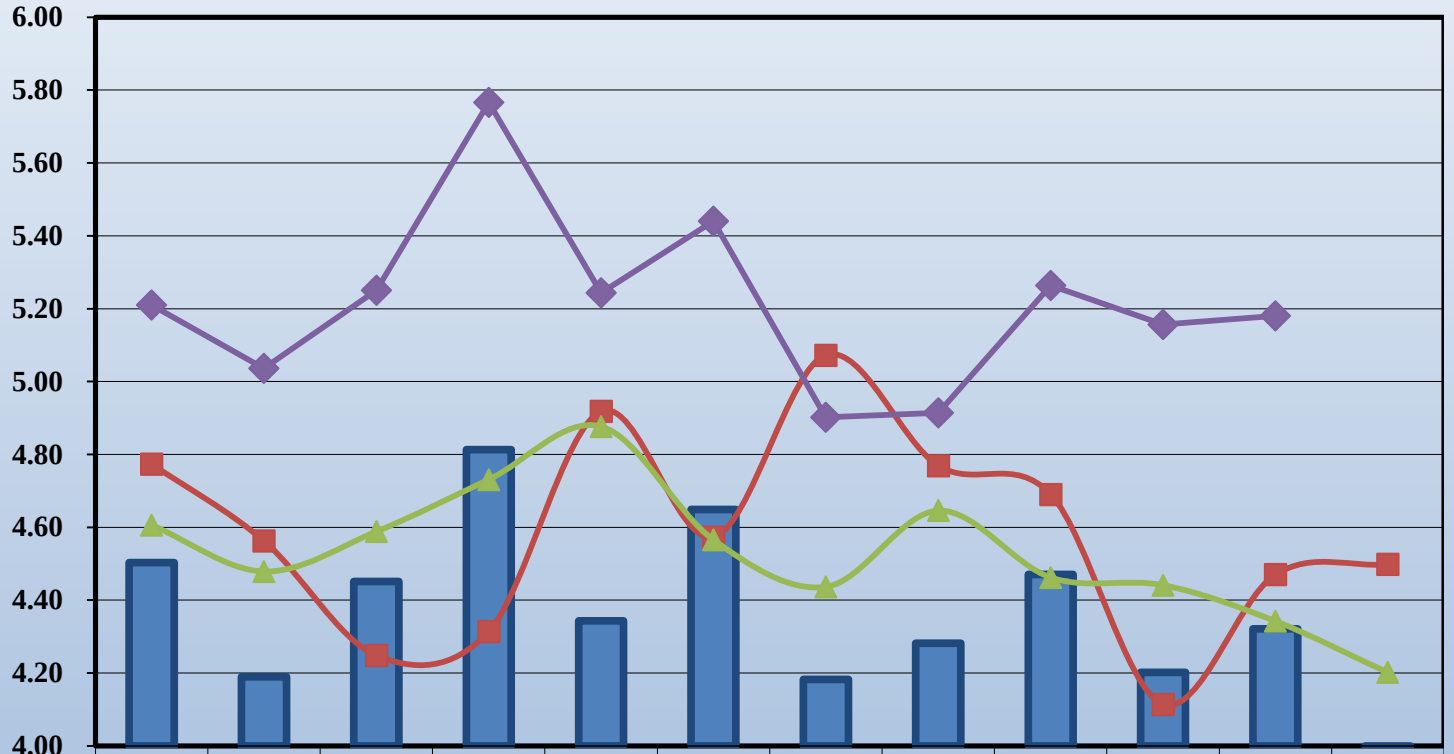
Average Daily Census



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	174.7	169.6	184.5	212.6	192.1	189.5	182.5	169.5	188.0	175.1	175.2	-
FY 2019 Budget	185.6	170.9	168.9	189.2	205.9	175.4	189.9	186.1	184.3	164.9	182.8	170.8
FY 2018	181.7	173.2	181.0	205.1	198.8	175.7	168.8	185.2	176.9	175.3	174.6	165.6

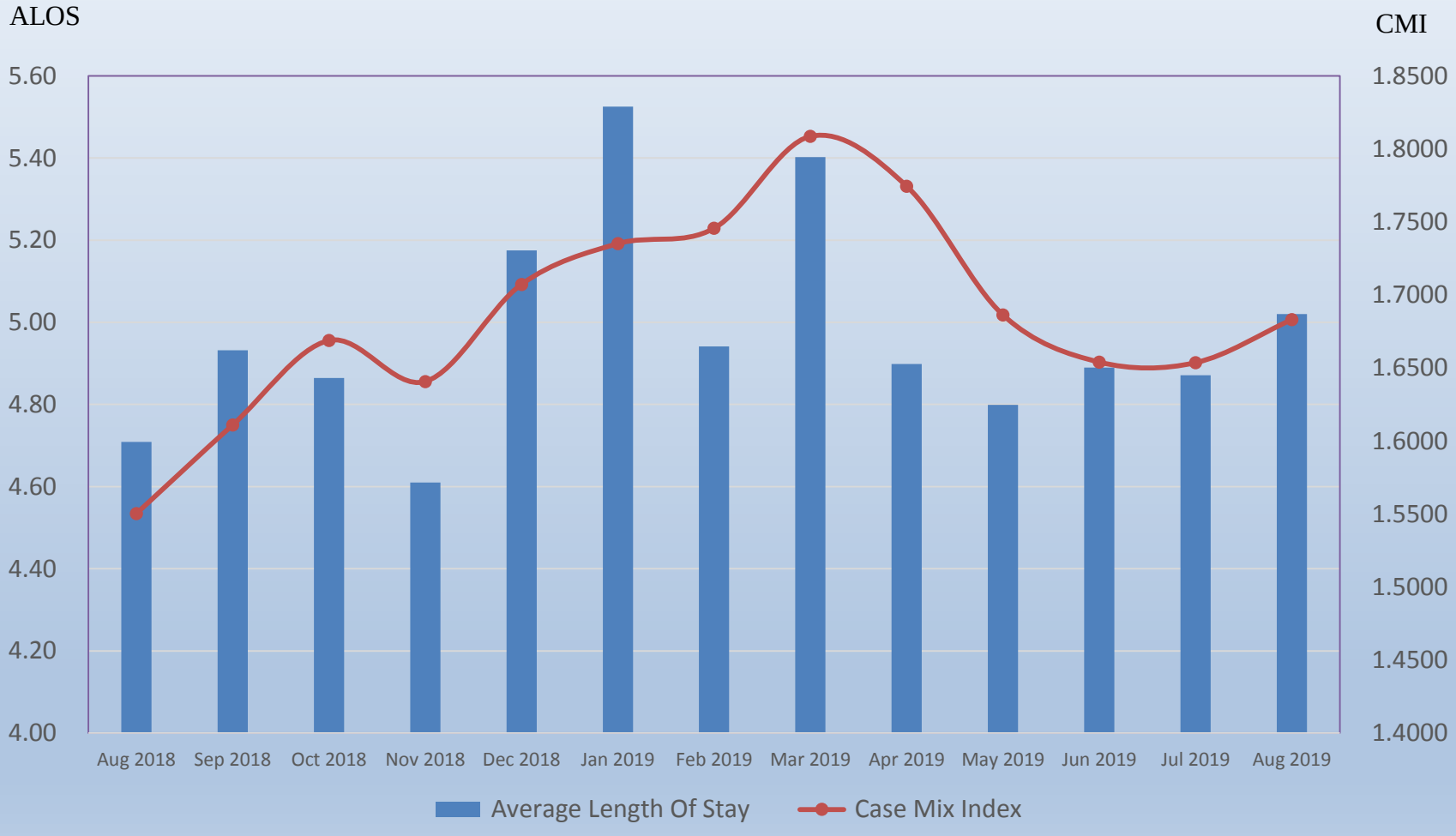
Average Length of Stay

Total – Adults and Pedi

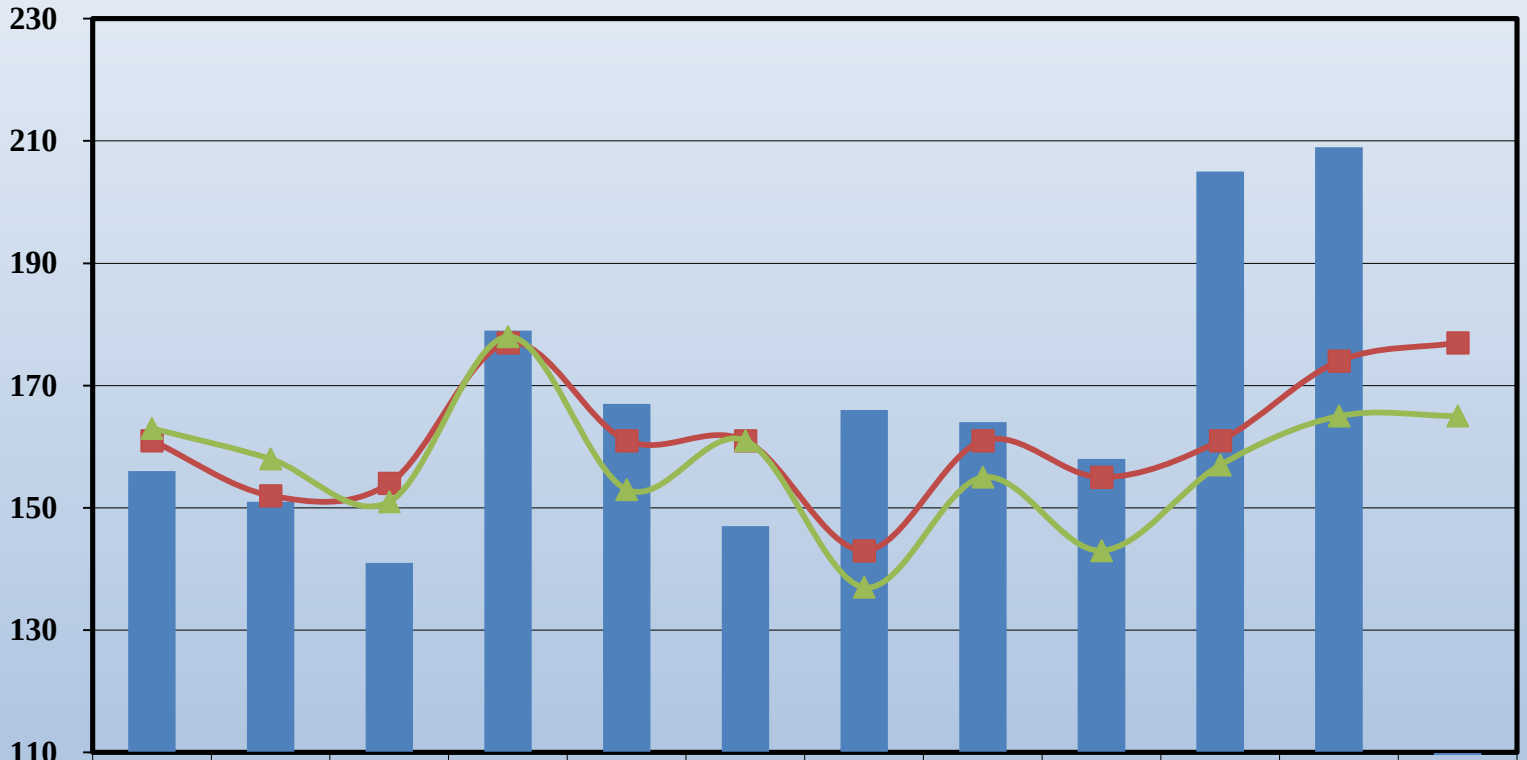


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	4.50	4.19	4.45	4.81	4.34	4.65	4.18	4.28	4.47	4.20	4.32	-
FY 2019 Budget	4.77	4.56	4.25	4.31	4.92	4.57	5.07	4.77	4.69	4.11	4.47	4.50
FY 2018	4.61	4.48	4.59	4.73	4.88	4.57	4.44	4.65	4.46	4.44	4.34	4.20
FY 2019 Excluding OB	5.21	5.04	5.25	5.77	5.24	5.44	4.90	4.91	5.26	5.16	5.18	

Medicare ALOS and CMI
13 Month Trending

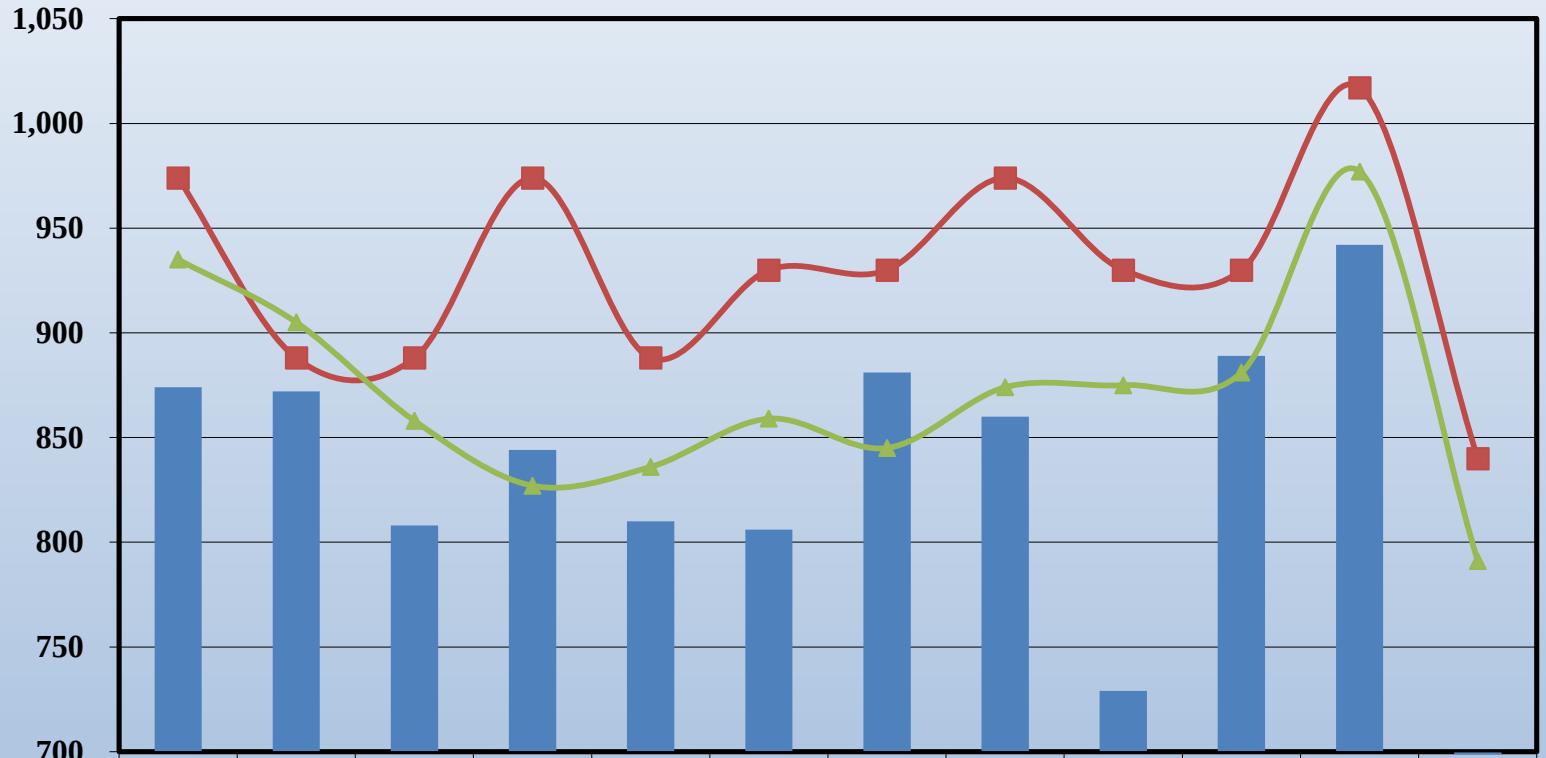


Deliveries



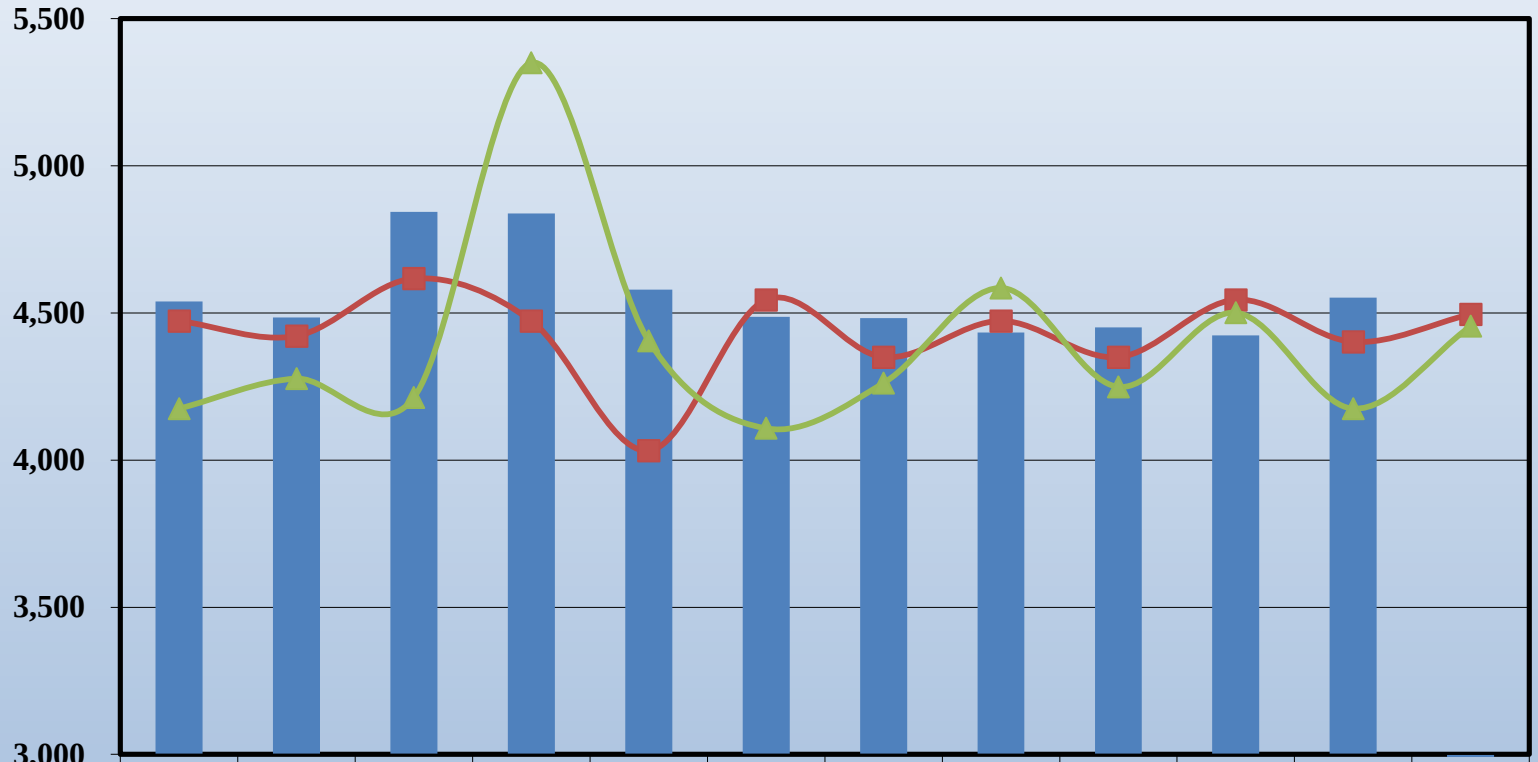
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	156	151	141	179	167	147	166	164	158	205	209	-
FY 2019 Budget	161	152	154	177	161	161	143	161	155	161	174	177
FY 2018	163	158	151	178	153	161	137	155	143	157	165	165

Total Surgical Cases



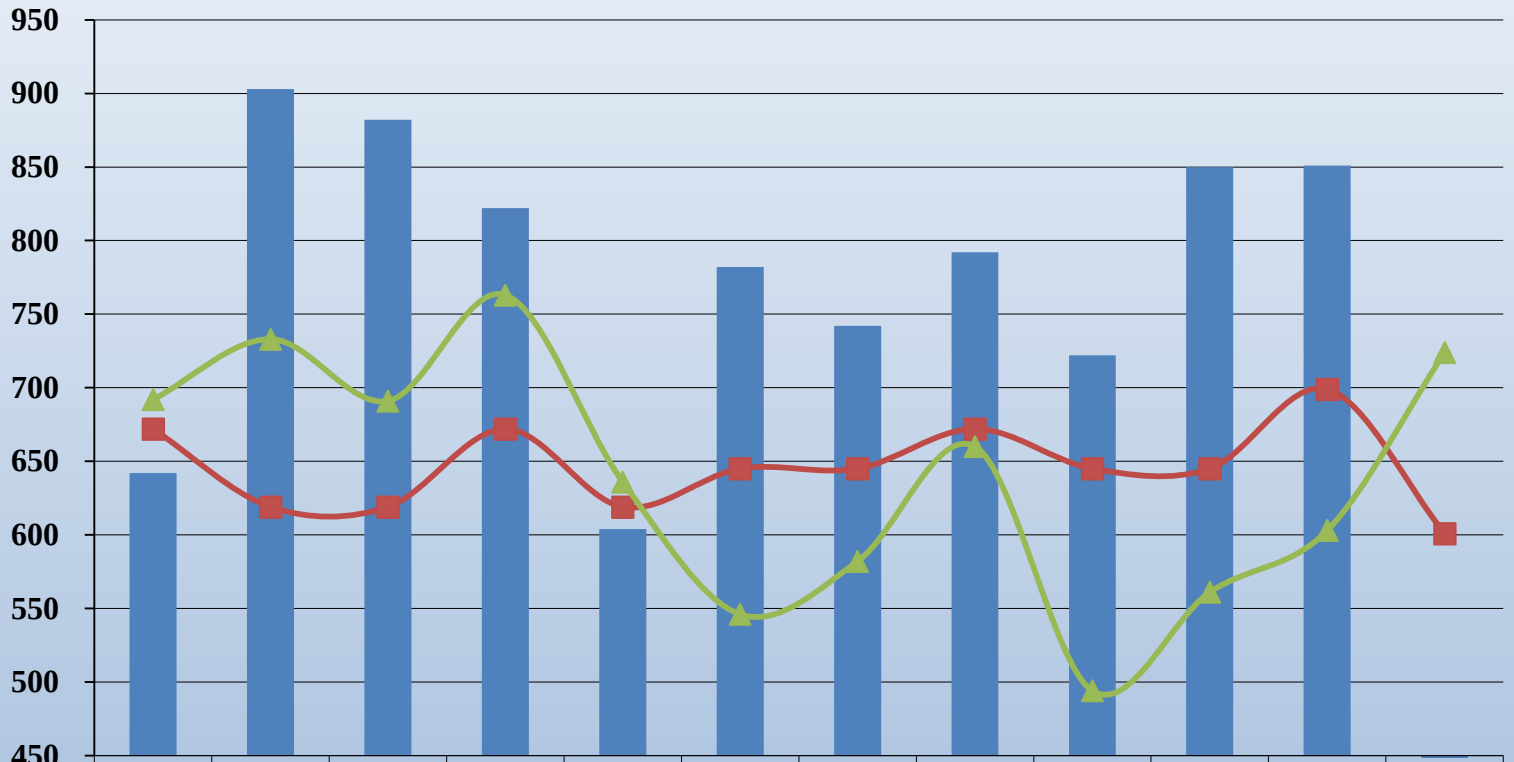
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	874	872	808	844	810	806	881	860	729	889	942	-
FY 2019 Budget	974	888	888	974	888	930	930	974	930	930	1,017	840
FY 2018	935	905	858	827	836	859	845	874	875	881	977	791

Emergency Room Visits



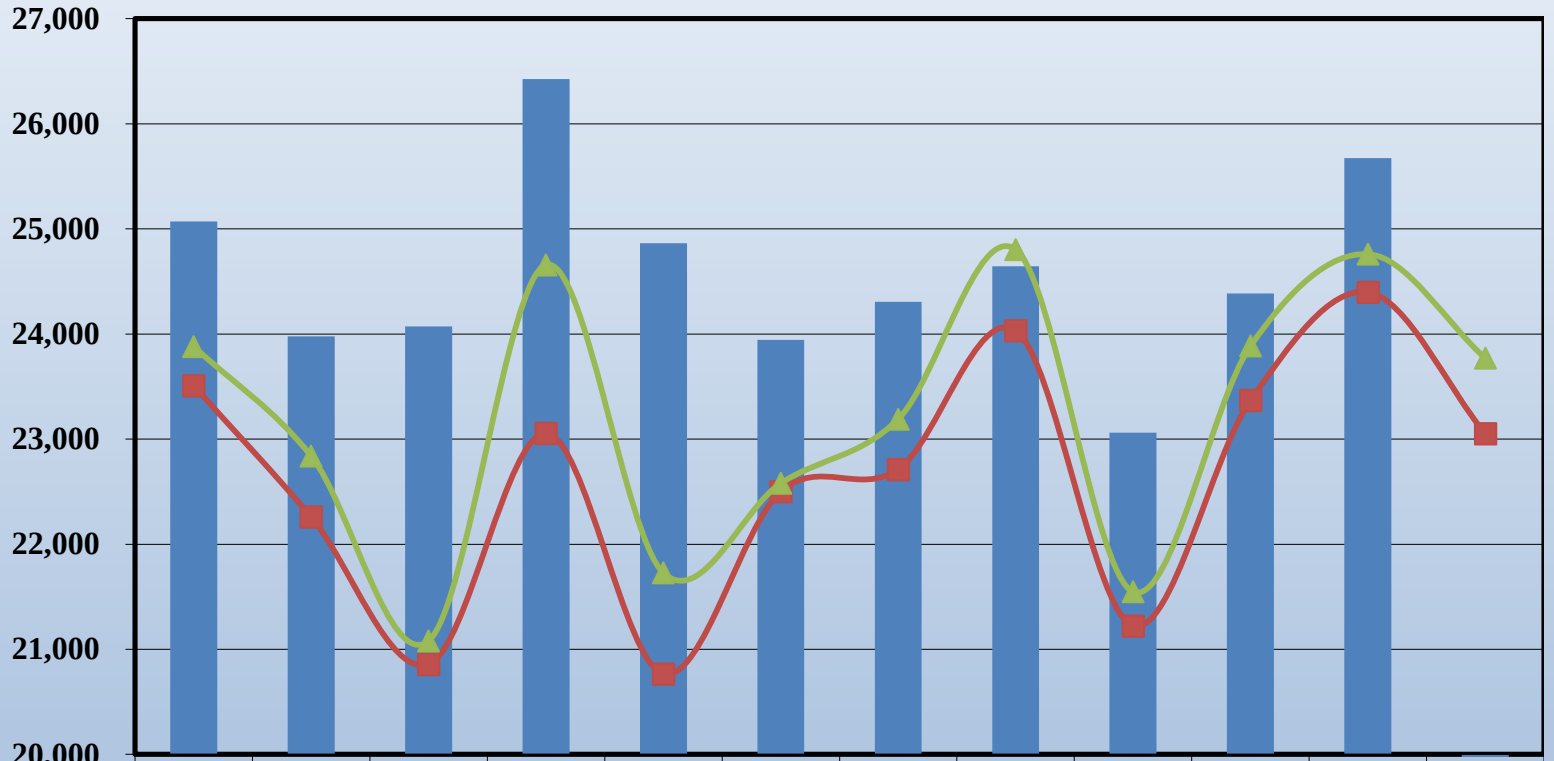
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	4,539	4,485	4,844	4,838	4,579	4,487	4,483	4,434	4,451	4,424	4,552	-
FY 2019 Budget	4,473	4,422	4,617	4,473	4,032	4,545	4,350	4,473	4,350	4,545	4,402	4,496
FY 2018	4,175	4,277	4,213	5,350	4,405	4,108	4,262	4,585	4,249	4,501	4,175	4,455

Observation Days



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	642	903	882	822	604	782	742	792	722	850	851	-
FY 2019 Budget	672	619	619	672	619	645	645	672	645	645	699	601
FY 2018	692	733	691	763	636	546	582	660	494	561	603	724

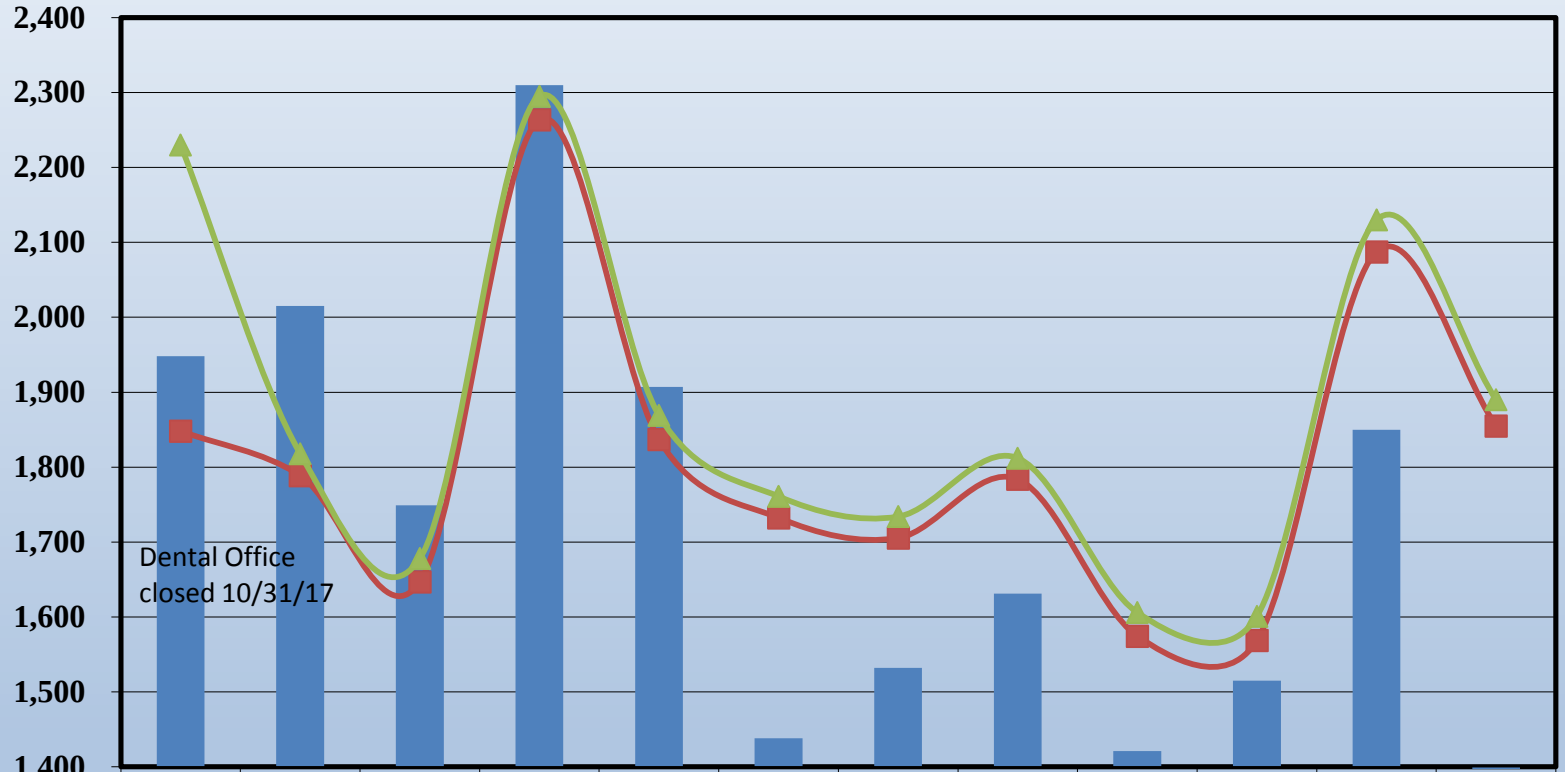
Total Outpatient Occasions of Service



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	25,070	23,979	24,072	26,425	24,865	23,943	24,305	24,644	23,062	24,386	25,674	-
FY 2019 Budget	23,508	22,259	20,858	23,055	20,765	22,502	22,712	24,034	21,223	23,368	24,398	23,051
FY 2018	23,881	22,839	21,080	24,658	21,727	22,580	23,190	24,804	21,547	23,885	24,760	23,770

Center for Primary Care Total Visits

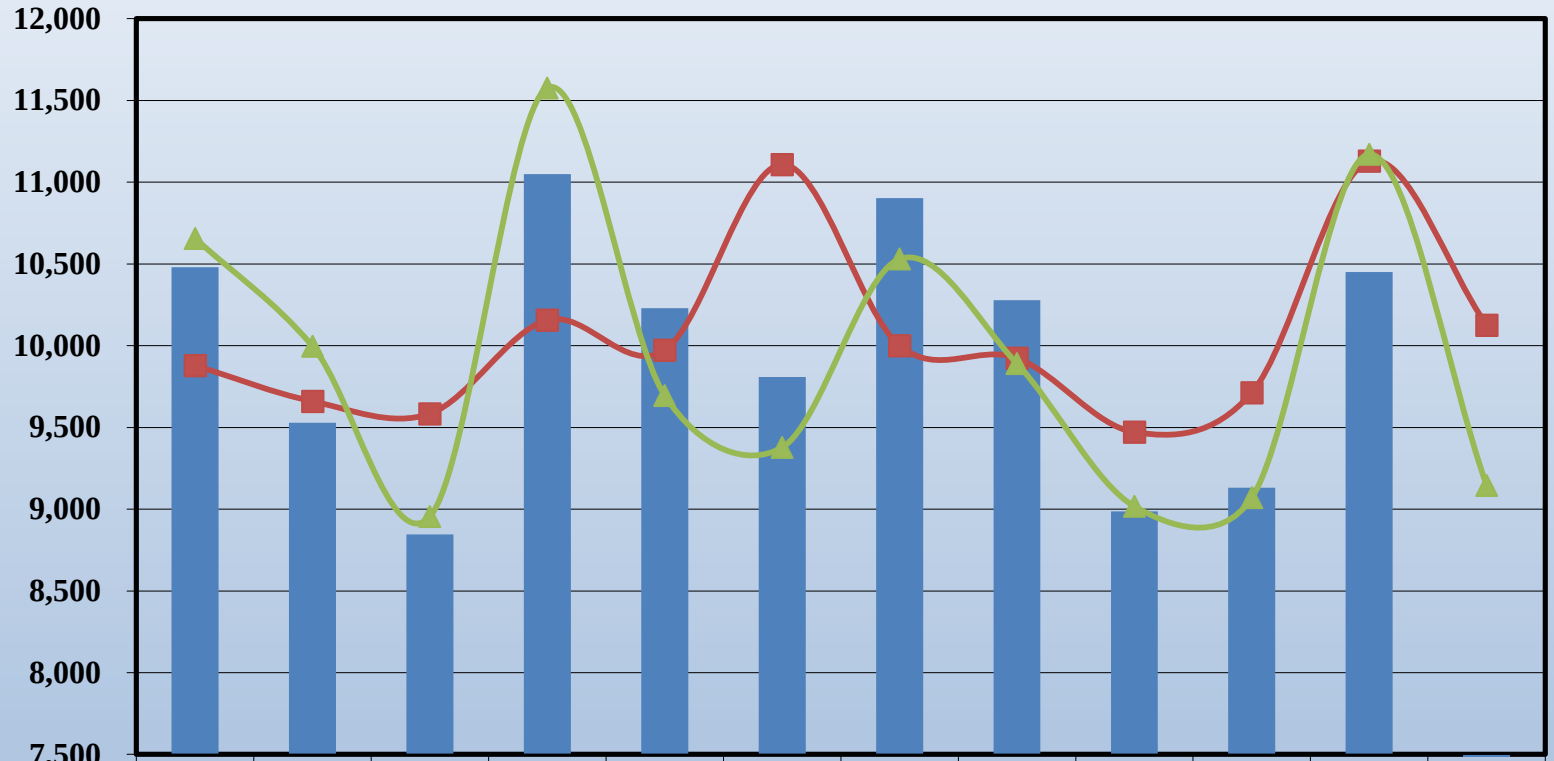
(FQHC - Clements & West University)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	1,948	2,015	1,749	2,310	1,907	1,438	1,532	1,631	1,421	1,515	1,850	-
FY 2019 Budget	1,848	1,789	1,647	2,264	1,837	1,732	1,705	1,784	1,575	1,569	2,087	1,855
FY 2018	2,230	1,818	1,678	2,295	1,869	1,761	1,734	1,812	1,606	1,601	2,130	1,890

FY 2018 excludes Dental Clinic after 10/31/2017

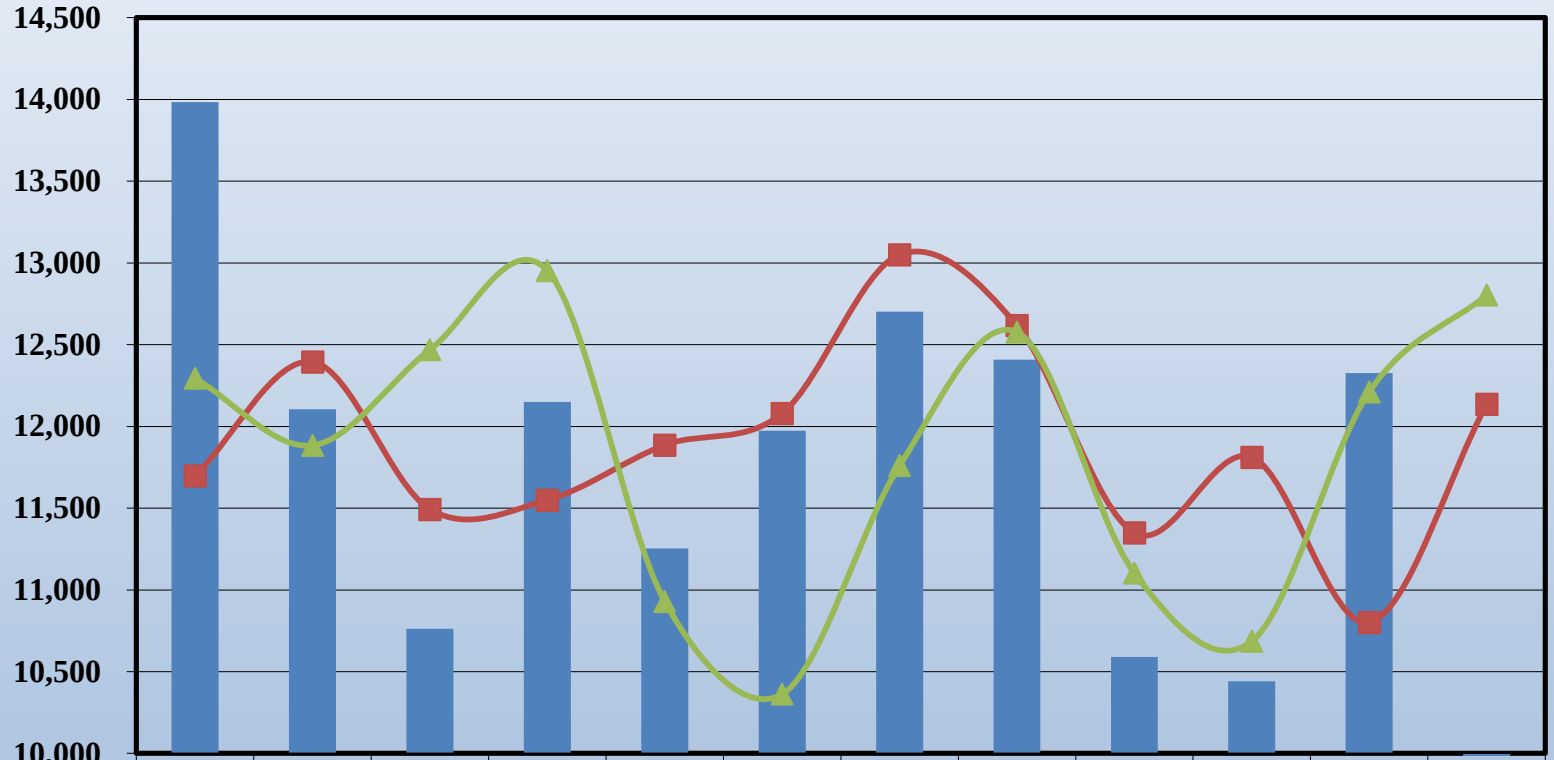
Total ProCare Office Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	10,479	9,529	8,846	11,050	10,229	9,809	10,902	10,278	8,987	9,132	10,451	-
FY 2019 Budget	9,879	9,660	9,584	10,157	9,973	11,109	10,000	9,924	9,471	9,713	11,129	10,126
FY 2018	10,657	9,997	8,955	11,576	9,695	9,378	10,530	9,890	9,017	9,070	11,170	9,145

Total ProCare Procedures

Excluding Pathology and Radiology Procedures

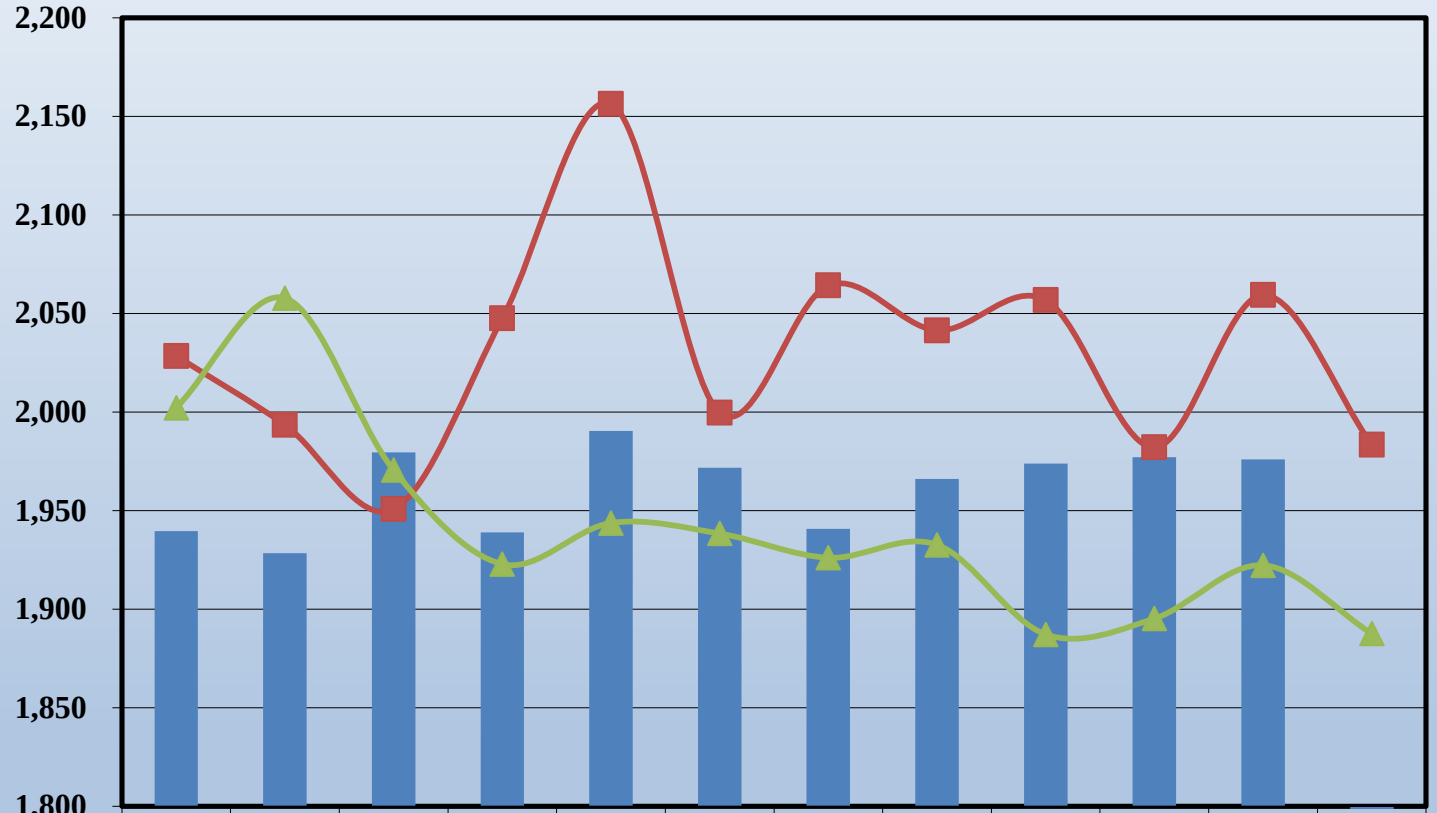


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	13,984	12,104	10,763	12,149	11,254	11,973	12,702	12,409	10,590	10,442	12,326	-
FY 2019 Budget	11,698	12,395	11,493	11,550	11,886	12,080	13,051	12,617	11,349	11,812	10,801	12,136
FY 2018	12,294	11,884	12,469	12,953	10,929	10,362	11,760	12,577	11,103	10,686	12,211	12,803

Staffing

Blended FTE's

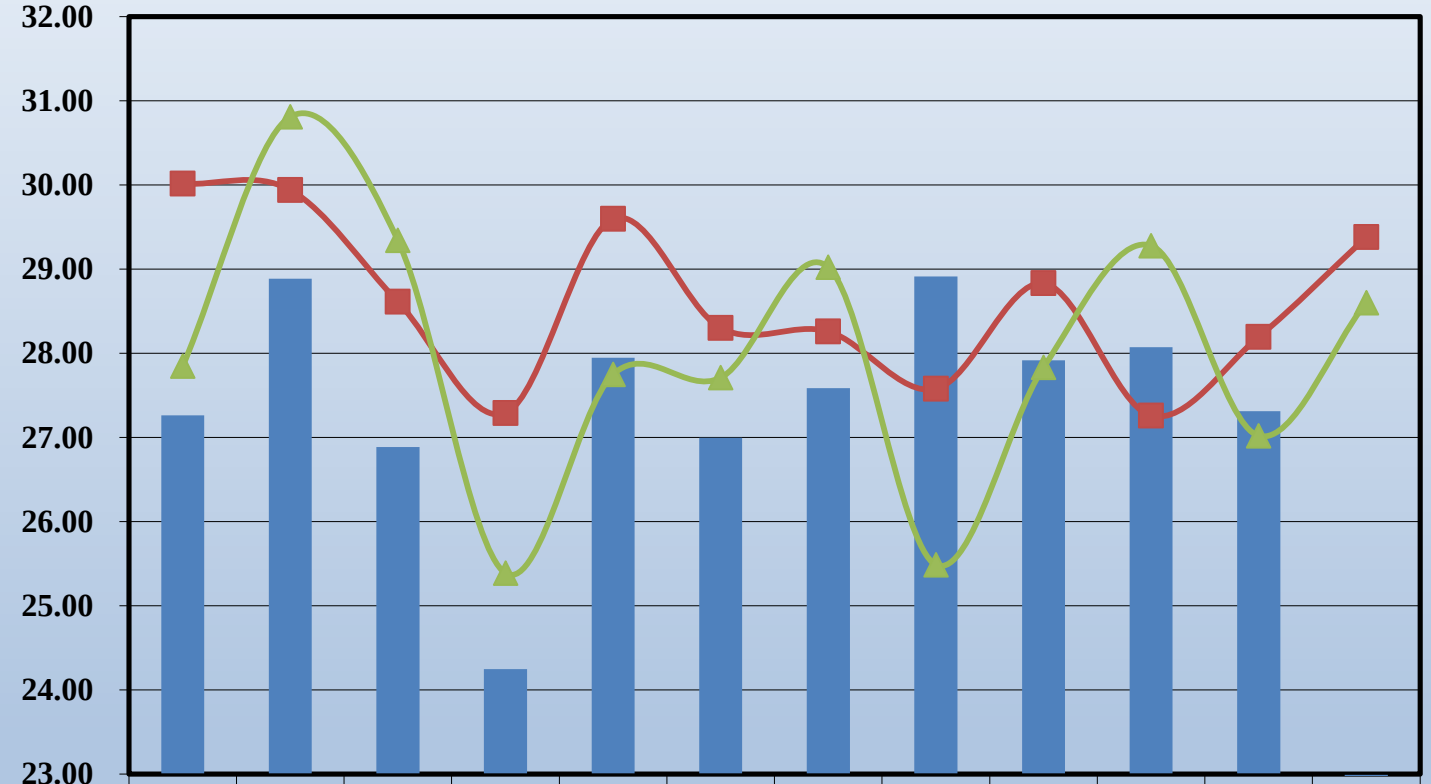
Including Contract Labor and Management Services



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	1,940	1,928	1,980	1,939	1,990	1,972	1,941	1,966	1,974	1,977	1,976	-
FY 2019 Budget	2,028	1,993	1,951	2,047	2,156	2,000	2,064	2,041	2,057	1,982	2,059	1,983
FY 2018	2,002	2,058	1,971	1,923	1,944	1,938	1,926	1,933	1,887	1,895	1,922	1,888

Paid Hours per Adjusted Patient Day

(Medical Center Hospital)

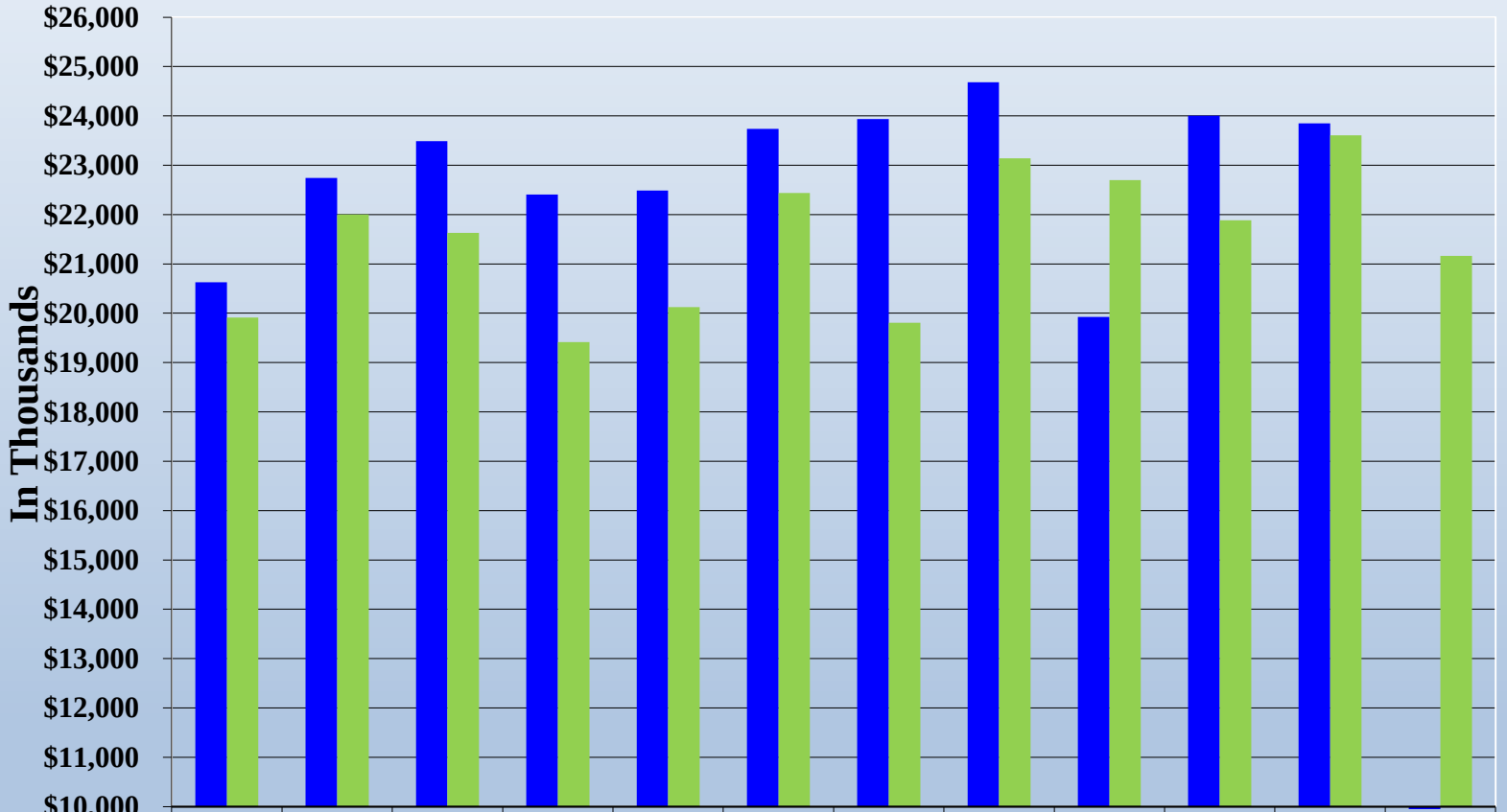


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	27.26	28.89	26.88	24.25	27.95	27.00	27.59	28.91	27.92	28.07	27.31	-
FY 2019 Budget	30.01	29.94	28.61	27.29	29.60	28.30	28.26	27.58	28.83	27.26	28.20	29.38
FY 2018	27.85	30.81	29.34	25.39	27.75	27.71	29.02	25.49	27.83	29.28	27.02	28.60


Accounts Receivable

Total AR Cash Receipts

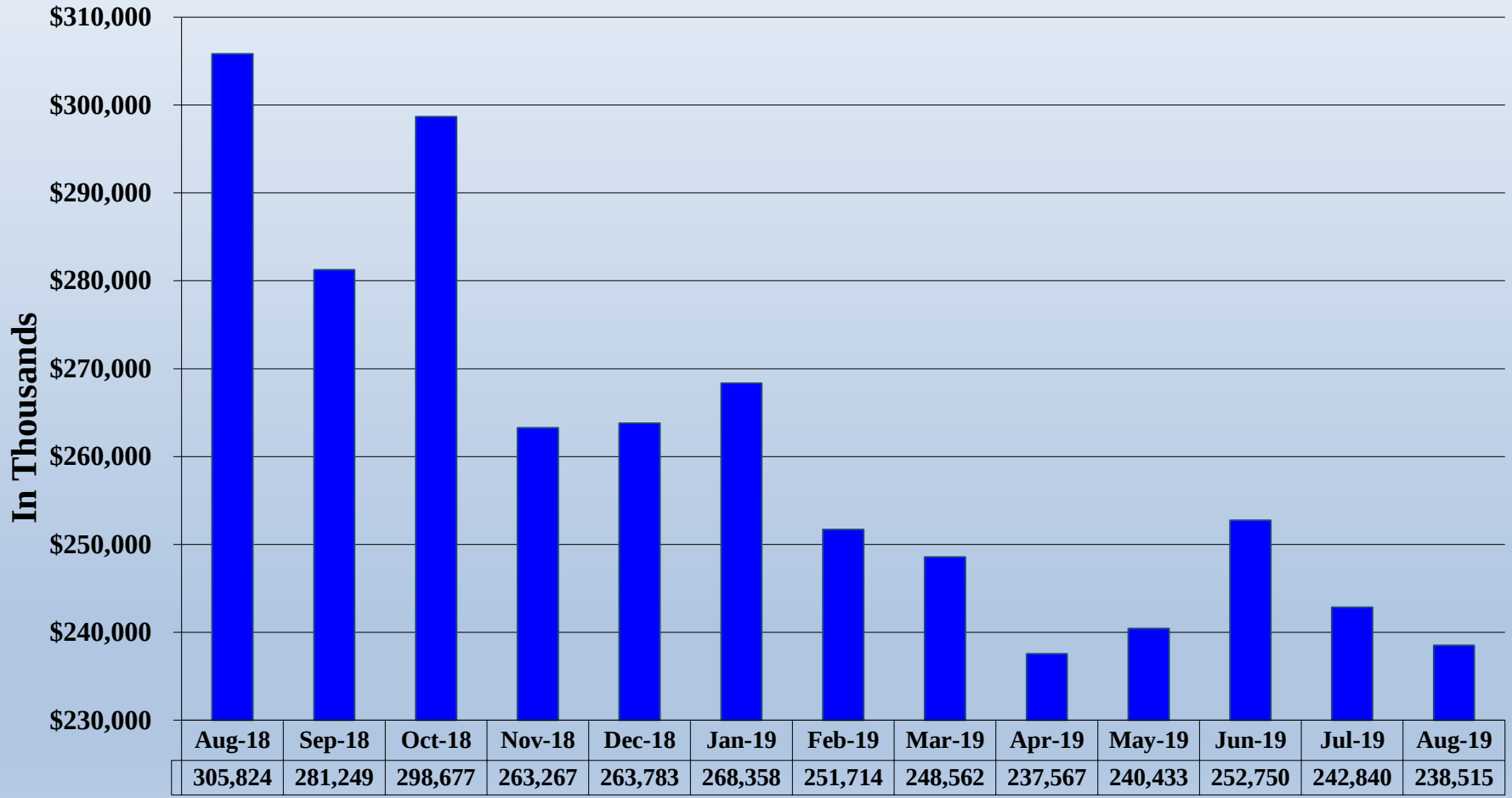
Compared to Prior Year



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	20,631	22,739	23,486	22,410	22,485	23,739	23,935	24,683	19,923	24,007	23,850	-
FY 2018	19,914	22,005	21,626	19,414	20,123	22,436	19,808	23,138	22,700	21,887	23,609	21,160

Total Accounts Receivable – Gross

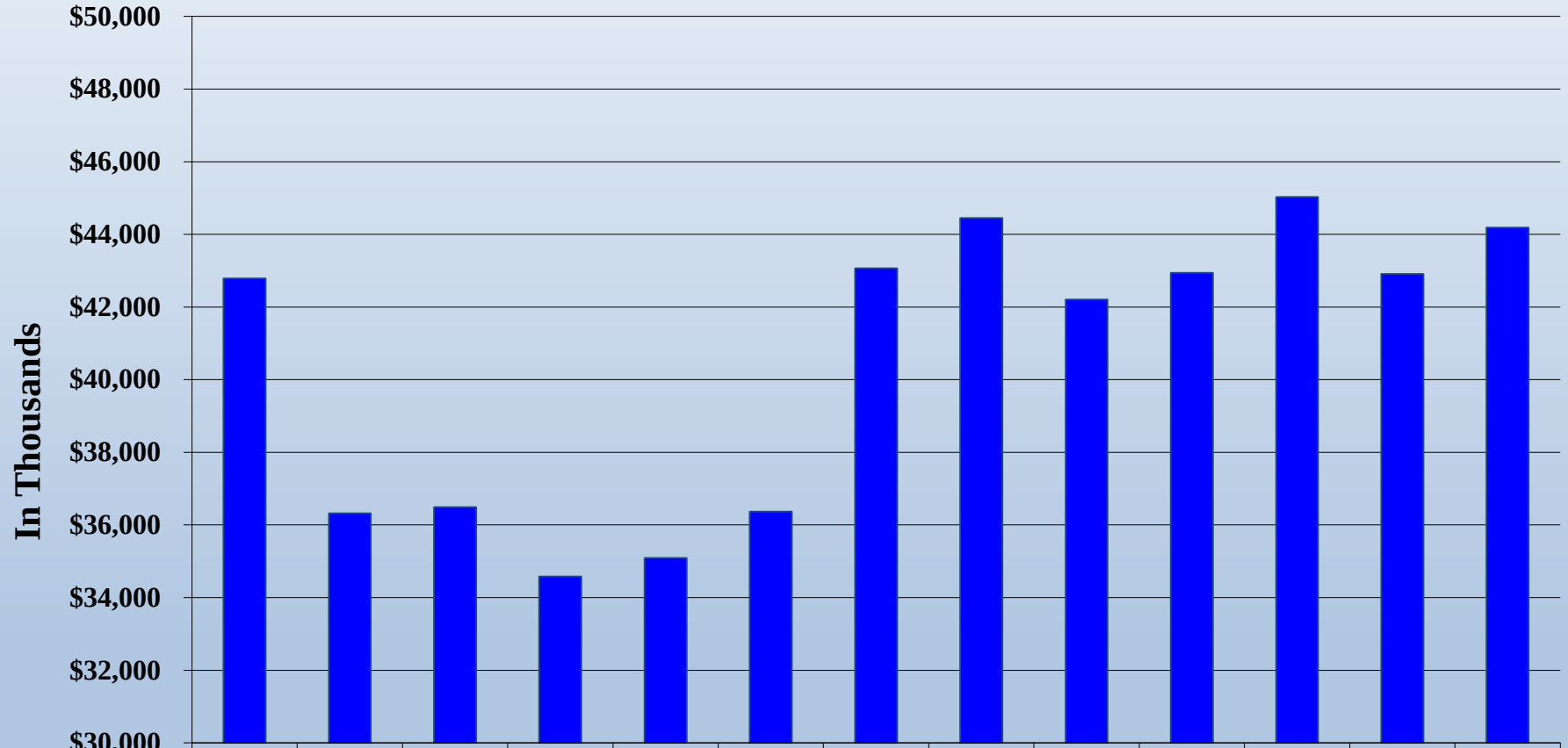
Thirteen Month Trending



Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
305,824	281,249	298,677	263,267	263,783	268,358	251,714	248,562	237,567	240,433	252,750	242,840	238,515

Total Net Accounts Receivable

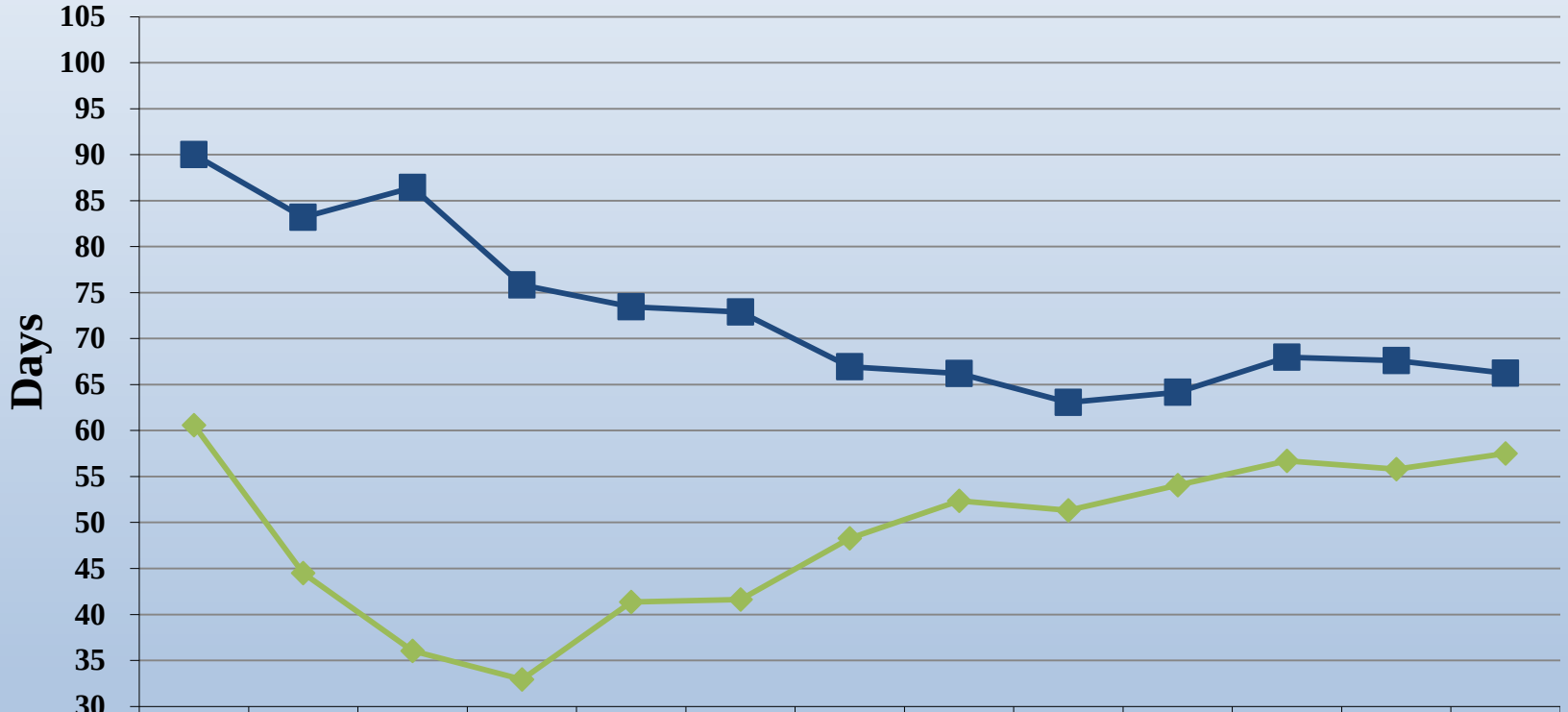
Thirteen Month Trending



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Net A/R	42,786	36,323	36,490	34,579	35,092	36,369	43,065	44,448	42,204	42,941	45,030	42,907	44,189

Days in Accounts Receivable

Ector County Hospital District

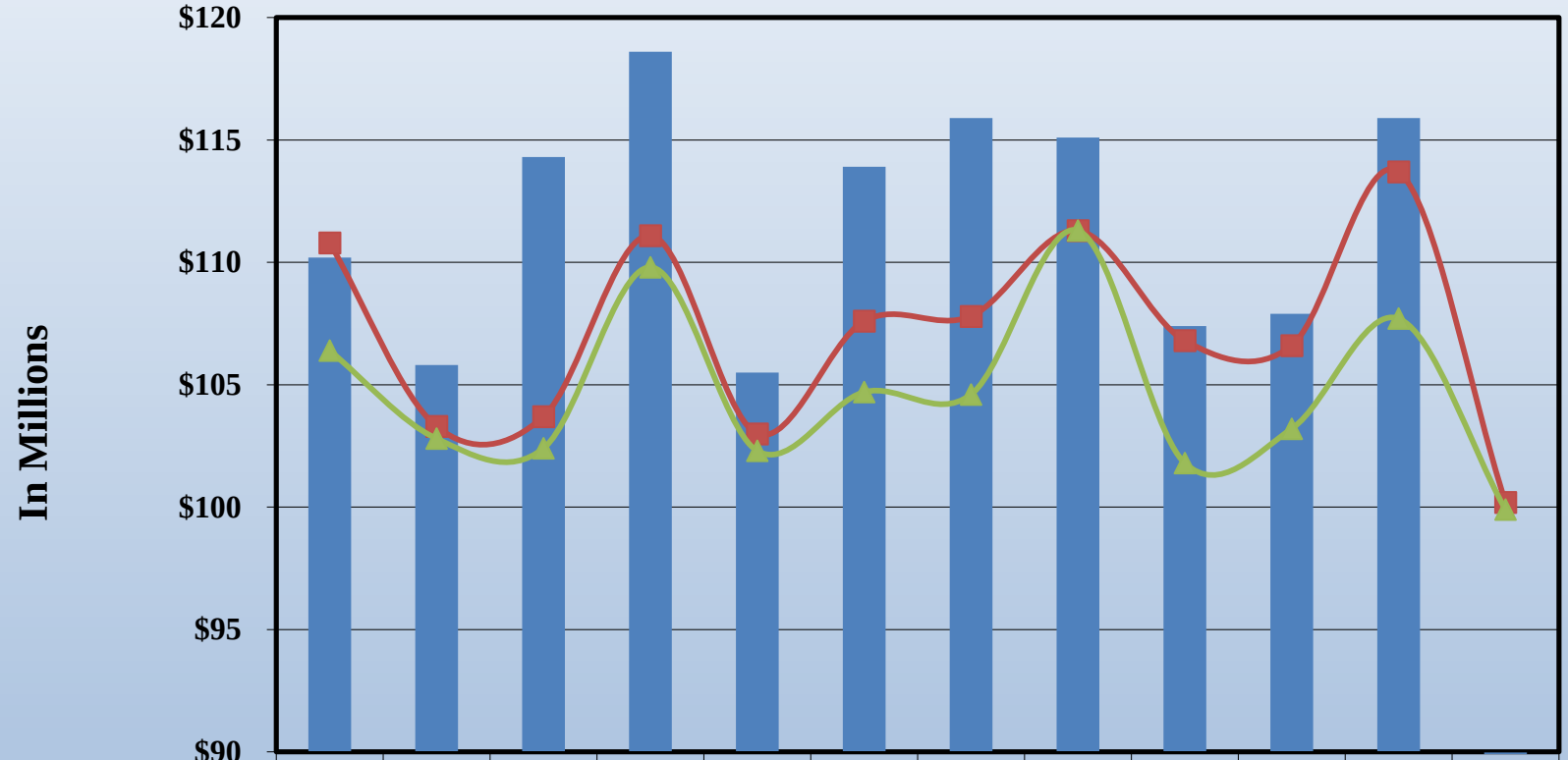


	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Gross pt AR	90	83.2	86.4	75.8	73.5	72.9	66.9	66.2	63.1	64.1	68.0	67.6	66.2
Net pt AR	60.6	44.5	36.0	32.9	41.4	41.6	48.3	52.4	51.3	54.1	56.7	55.8	57.5

Revenues & Revenue Deductions

Total Patient Revenues

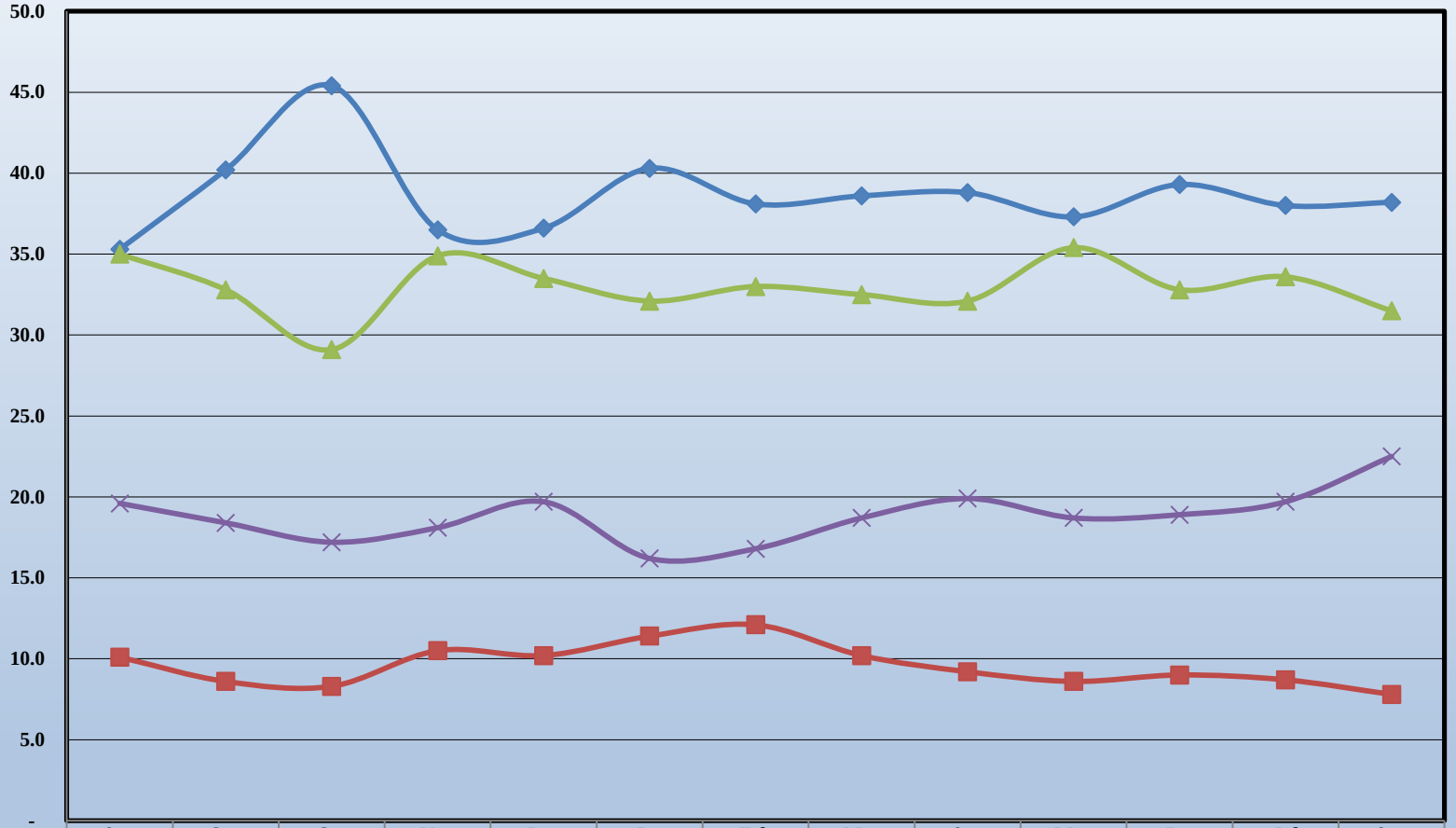
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	110.2	105.8	114.3	118.6	105.5	113.9	115.9	115.1	107.4	107.9	115.9	-
FY 2019 Budget	110.8	103.3	103.7	111.1	103.0	107.6	107.8	111.3	106.8	106.6	113.7	100.2
FY 2018	106.4	102.8	102.4	109.8	102.3	104.7	104.6	111.3	101.8	103.2	107.7	99.9

Hospital Revenue Payor Mix

13 Month Trend

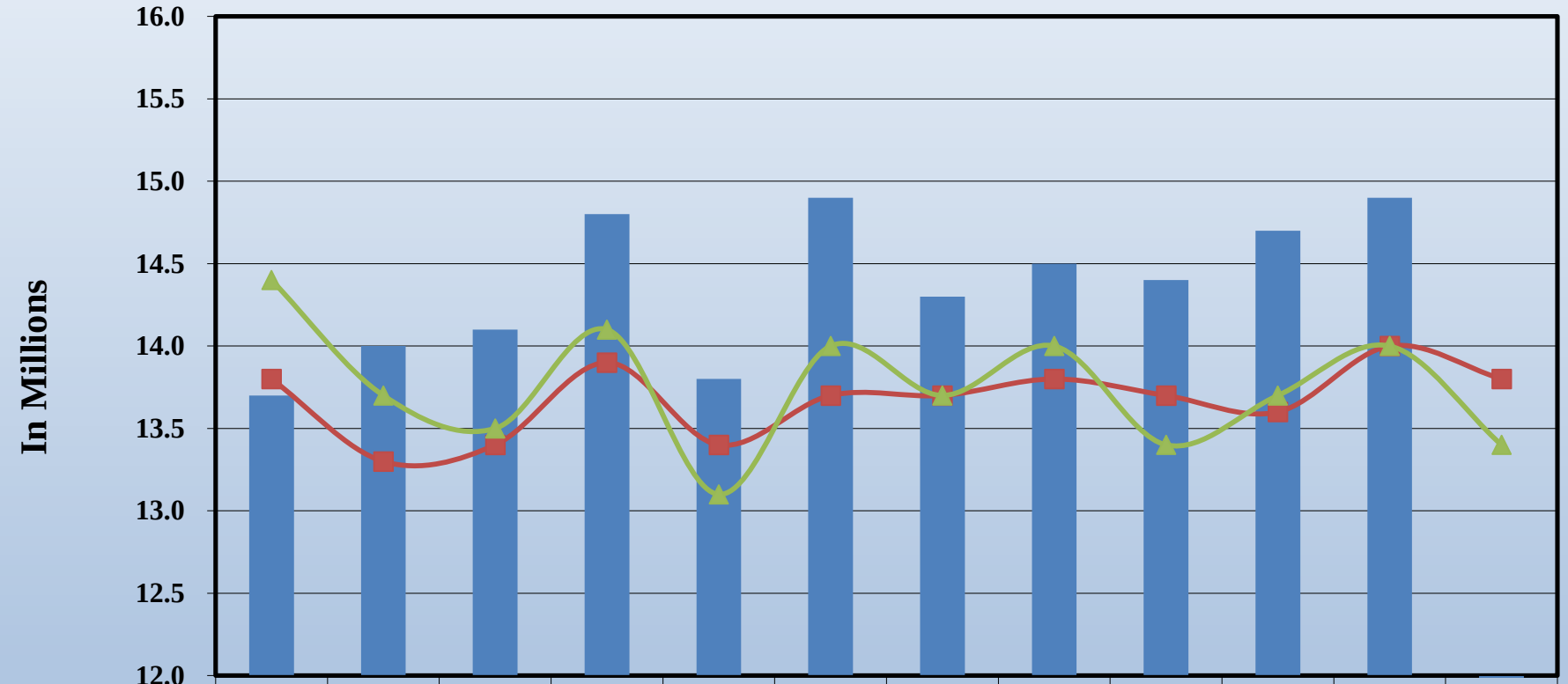


	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Medicare	35.3	40.2	45.4	36.5	36.6	40.3	38.1	38.6	38.8	37.3	39.3	38.0	38.2
Medicaid	10.1	8.6	8.3	10.5	10.2	11.4	12.1	10.2	9.2	8.6	9.0	8.7	7.8
Third Party	35.0	32.8	29.1	34.9	33.5	32.1	33.0	32.5	32.1	35.4	32.8	33.6	31.5
Private	19.6	18.4	17.2	18.1	19.7	16.2	16.8	18.7	19.9	18.7	18.9	19.7	22.5

Operating Expenses

Salaries, Wages & Contract Labor

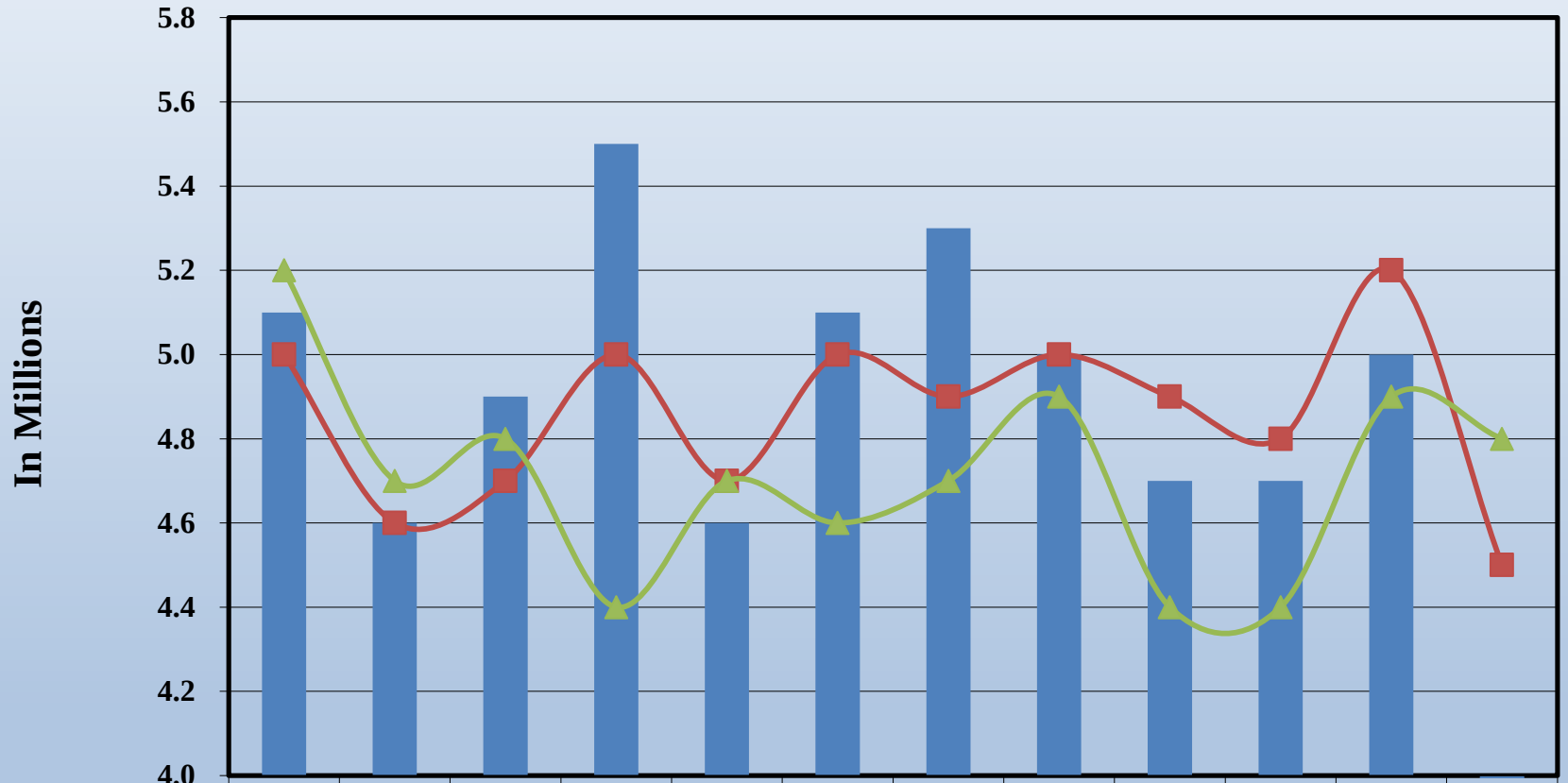
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	13.7	14.0	14.1	14.8	13.8	14.9	14.3	14.5	14.4	14.7	14.9	-
FY 2019 Budget	13.8	13.3	13.4	13.9	13.4	13.7	13.7	13.8	13.7	13.6	14.0	13.8
FY 2018	14.4	13.7	13.5	14.1	13.1	14.0	13.7	14.0	13.4	13.7	14.0	13.4

Supply Expense

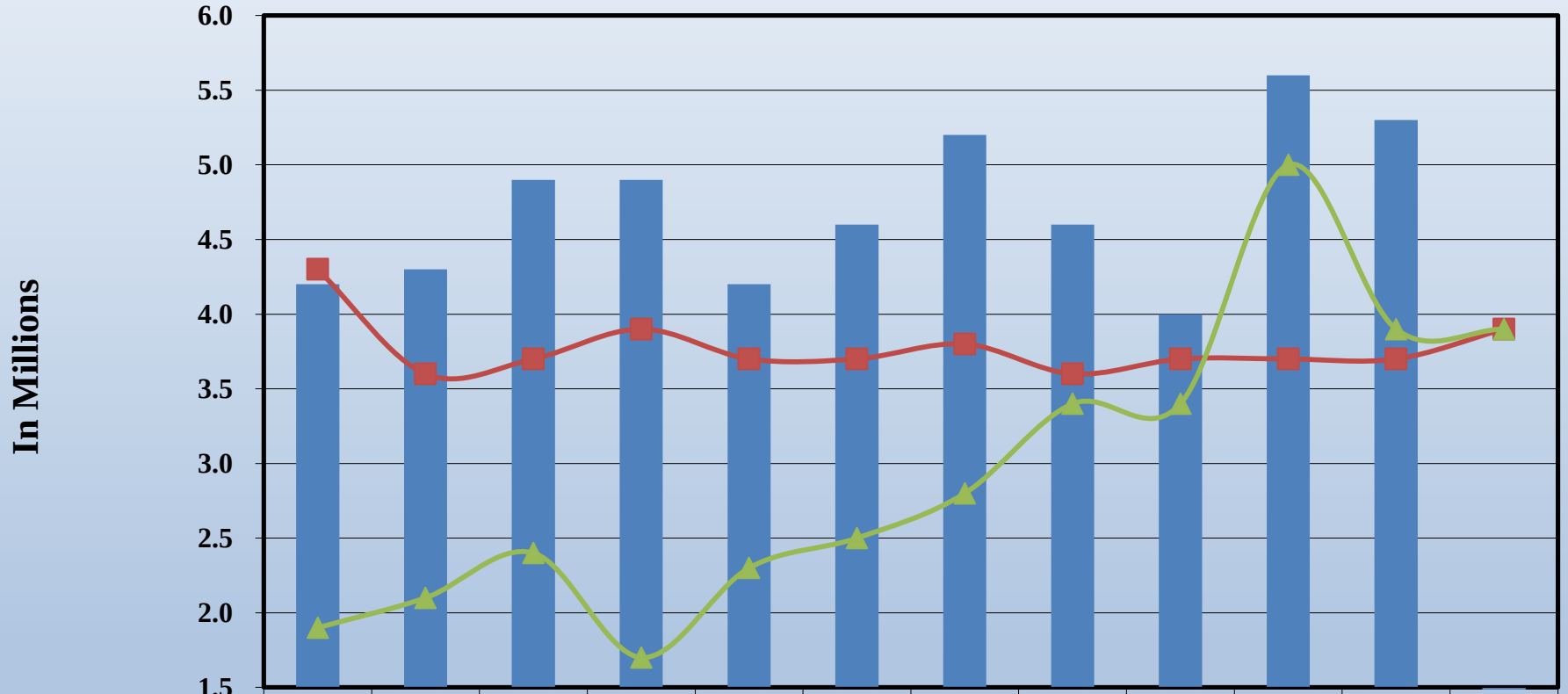
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	5.1	4.6	4.9	5.5	4.6	5.1	5.3	5.0	4.7	4.7	5.0	-
FY 2019 Budget	5.0	4.6	4.7	5.0	4.7	5.0	4.9	5.0	4.9	4.8	5.2	4.5
FY 2018	5.2	4.7	4.8	4.4	4.7	4.6	4.7	4.9	4.4	4.4	4.9	4.8

Purchased Services

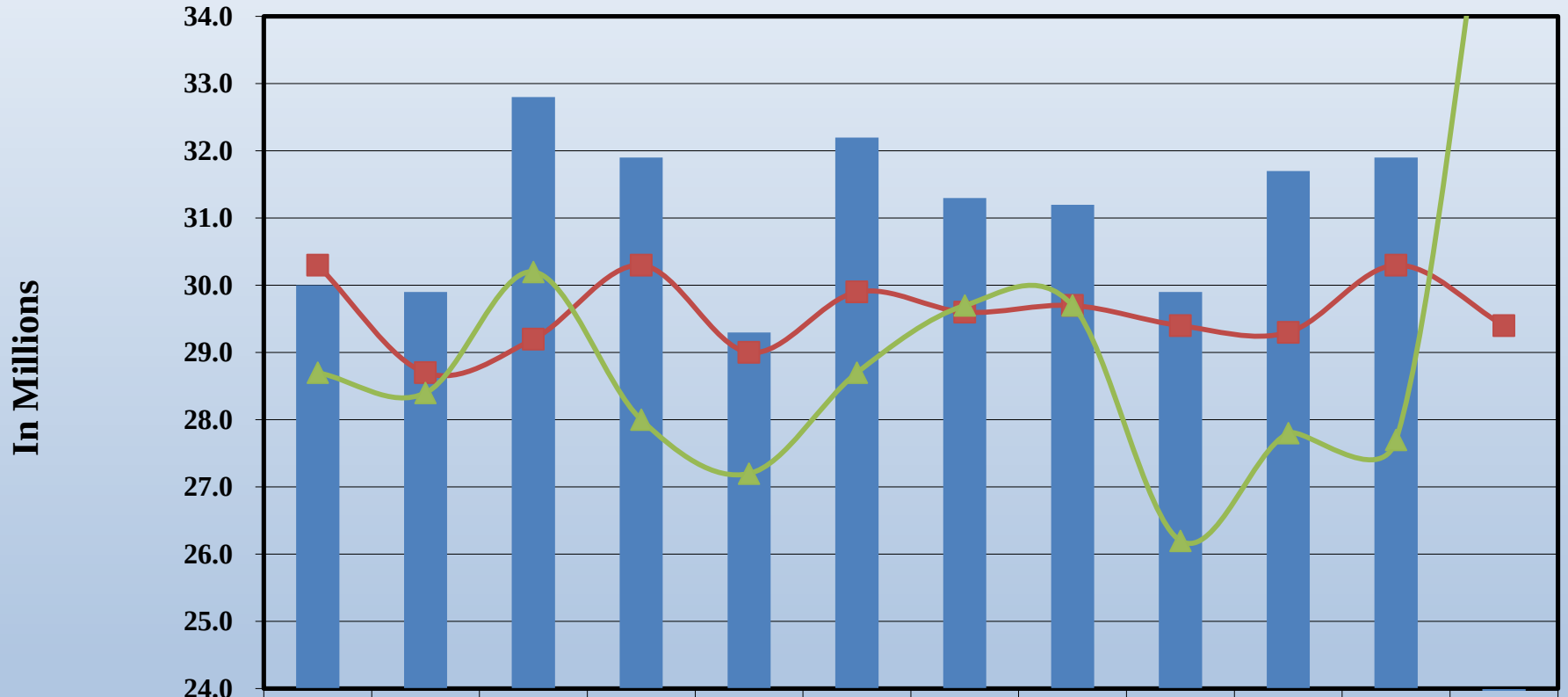
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	4.2	4.3	4.9	4.9	4.2	4.6	5.2	4.6	4.0	5.6	5.3	-
FY 2019 Budget	4.3	3.6	3.7	3.9	3.7	3.7	3.8	3.6	3.7	3.7	3.7	3.9
FY 2018	1.9	2.1	2.4	1.7	2.3	2.5	2.8	3.4	3.4	5.0	3.9	3.9

Total Operating Expense

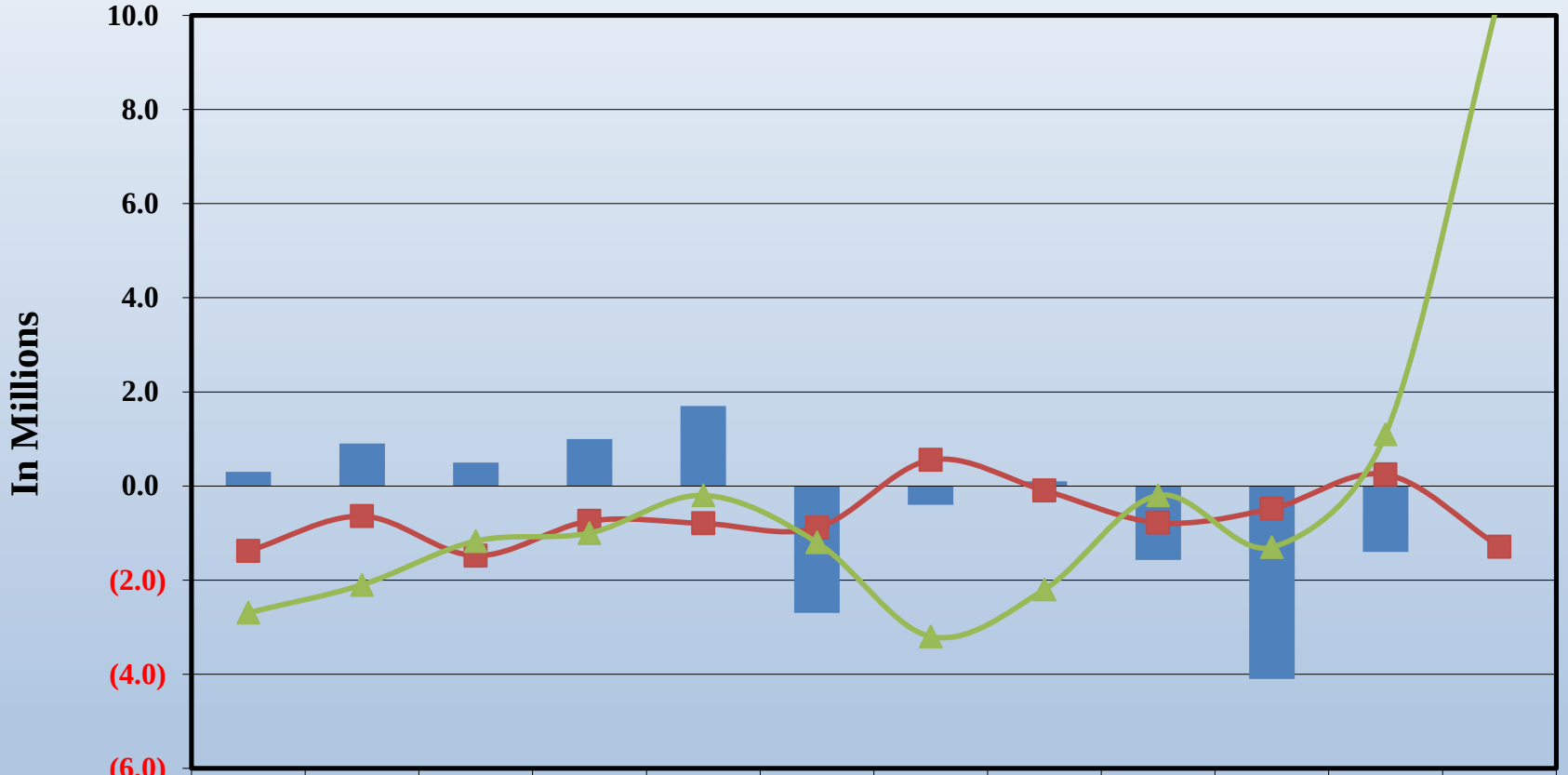
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	30.0	29.9	32.8	31.9	29.3	32.2	31.3	31.2	29.9	31.7	31.9	-
FY 2019 Budget	30.3	28.7	29.2	30.3	29.0	29.9	29.6	29.7	29.4	29.3	30.3	29.4
FY 2018	28.7	28.4	30.2	28.0	27.2	28.7	29.7	29.7	26.2	27.8	27.7	38.0

Change in Net Position

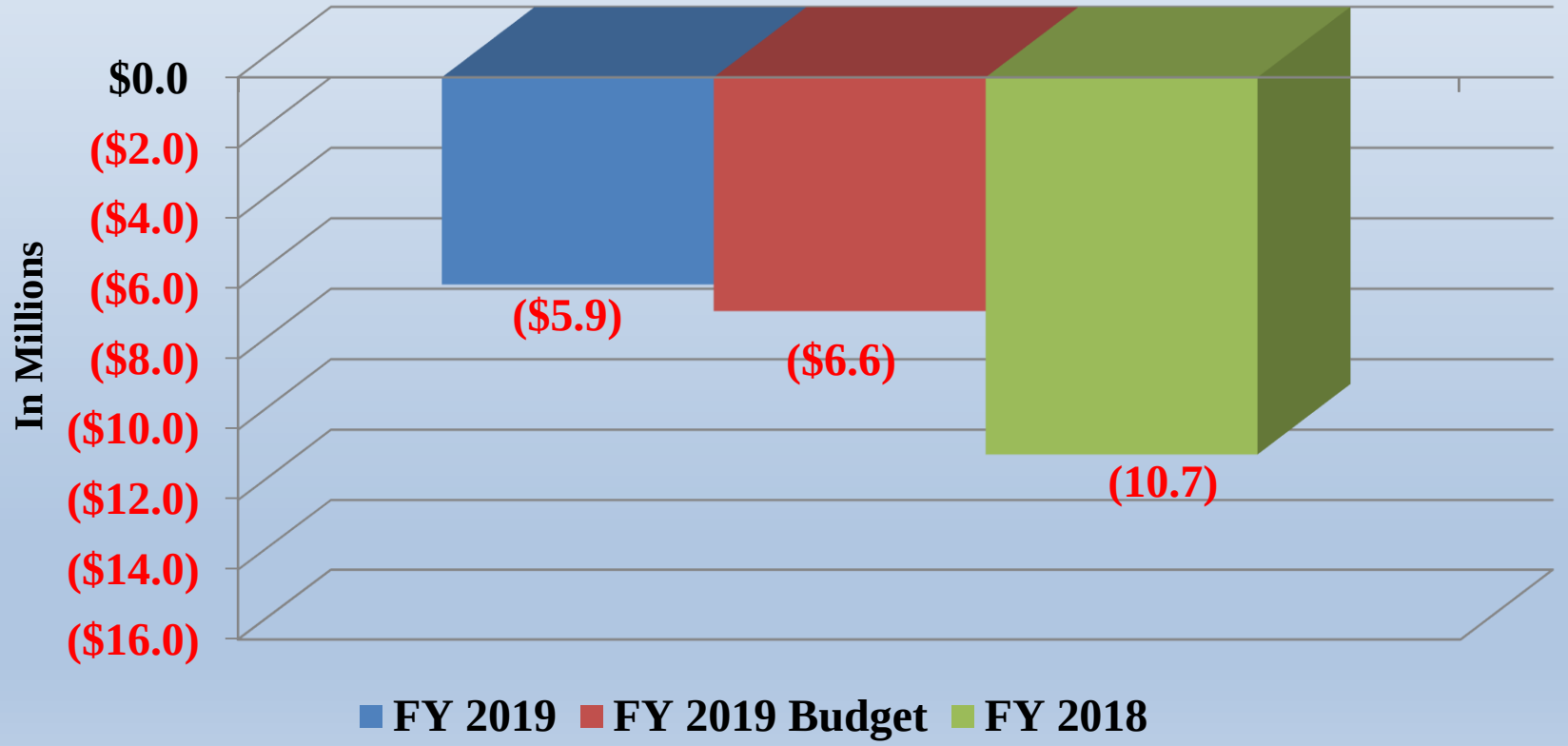
Ector County Hospital District Operations



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2019	0.3	0.9	0.5	1.0	1.7	(2.7)	(0.4)	0.1	(1.6)	(4.1)	(1.4)	
FY 2019 Budget	(1.4)	(0.6)	(1.5)	(0.7)	(0.8)	(0.9)	0.6	(0.1)	(0.8)	(0.5)	0.2	(1.3)
FY 2018	(2.7)	(2.1)	(1.2)	(1.0)	(0.2)	(1.2)	(3.2)	(2.2)	(0.2)	(1.3)	1.1	10.4

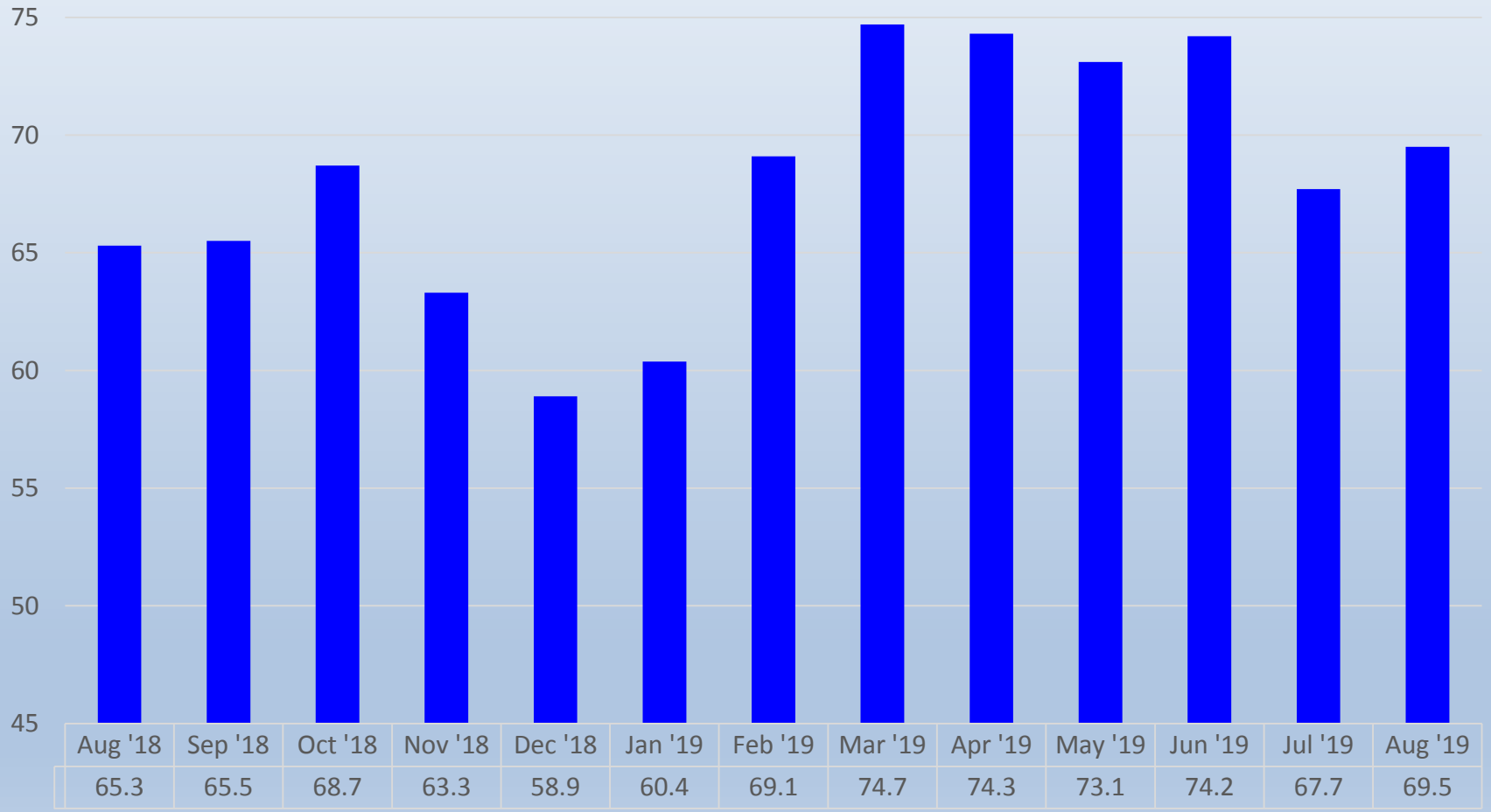
Change in Net Position

Ector County Hospital District Operations – Year to Date



Days Cash on Hand

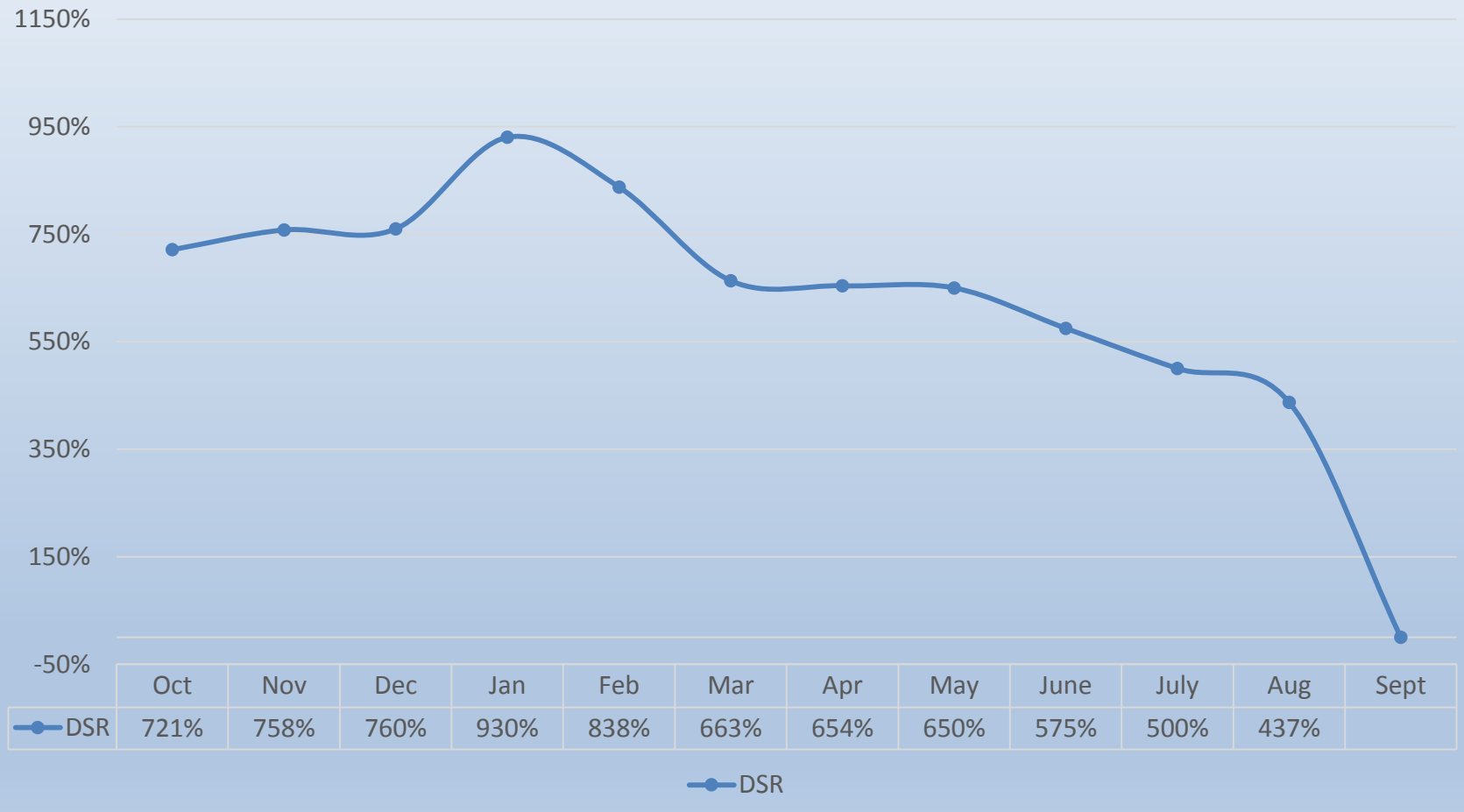
Thirteen Month Trending



Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19
65.3	65.5	68.7	63.3	58.9	60.4	69.1	74.7	74.3	73.1	74.2	67.7	69.5

Year-to-Date Debt Service Ratio

Must be Greater Than 110%



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
DSR	721%	758%	760%	930%	838%	663%	654%	650%	575%	500%	437%	


mch
mch

Medical Center Health System
Your One Source for Health

To:	ECD Board of Directors
Through:	Russell Tippin, President/Chief Executive Officer
Through:	Christin Timmons, Chief Nursing Officer
From:	David Graham, RN, Divisional Director of Emergency and Trauma Services
	Lisa Mota, RN, Director of Intensive Care Services
Date:	September 11, 2019
Re:	LifePak Defibrillators and AEDs

Total Cost… **$748,048.69**

OBJECTIVE

Current Phillips Defibrillators are end-of-life as well as end-of-service. The defibrillators and AEDs can no longer be repaired if inoperable. In addition, our current end-of-life defibrillators do not offer the capability for end tidal CO2 monitoring which is the gold standard in monitoring adequate tissue perfusion during cardiopulmonary resuscitation. This equipment is required to provide safe care for patients and visitors throughout the organization.

HISTORY

Current Phillips purchased in 2004.

PURCHASE CONSIDERATIONS

Compared with Zoll from a cost and clinical standpoint. Providers (ED, ICU, Cardiology, OB, NICU) and nursing staff chose LifePak as the vendor due to cost savings and clinical preference.

FTE IMPACT

No additional FTE(s) will be required.

INSTALLATION & TRAINING

Provided by vendor.

WARRANTY AND SERVICE CONTRACT

5 year warranty

DISPOSITION OF EXISTING EQUIPMENT

End-of-life (trade in)

LIFE EXPECTANCY OF EQUIPMENT

8 -10 years

MD BUYLINE INFORMATION

Meets MD Buyline recommended pricing

COMMITTEE APPROVAL

Code Blue	July 19	Approved
FCC		Pending
MEC		Pending
Joint Conference Committee		Pending
ECHD Board of Directors		Pending

To:	ECHD Board of Directors
Through:	Russell Tippin, President/Chief Executive Officer
Through:	Matt Collins, Chief Operating Officer
From:	Carol Evans, Divisional Director - Imaging Services
	Don Owens, Divisional Director – Surgical Services
	Cody McKee, Director of Surgical Operations
Date:	August 29, 2019
RE:	Cianna Scout System

Cianna Scout System	$60,000
From Contingency	$60,000

REQUEST
At the request of MCH surgeons, the Departments of Radiology and Surgical Services are presenting the Cianna Medical Scout System for purchase consideration for a total cost of $60,000. Funds for purchase would need to come from contingency as this is not a budgeted acquisition.

OBJECTIVE
The Cianna Scout System offers a new methodology to localize breast tumors that need resection. Currently these are located via wire localization (WL) where a wire is placed in the breast to localize the tumor. As the wire protrudes from the breast, the wire must be placed the same day as the surgical procedure.

The Cianna Scout System is a wire-free, radar localization system. It allows a radiologist to implant the Scout device (reflector), which is about the size of a grain of rice, into the breast under imaging guidance. This can be done up to 30 days prior to surgery. At the time of surgery, the surgeon scans the breast using a magic marker-sized Scout guide that emits a radar signal to locate the reflector. Real-time audible and visual indicators help the surgeon to accurately locate and remove the reflector along with the target tissue in which it has been placed.

ADVANTAGES
Advantages to the Cianna Scout System as compared to WL:

- Because the wire protrudes out of the breast, there is the potential for it to move out of position between the localization and surgery. This can make it difficult for the surgeon to accurately locate the tumor and increases the chance that additional surgery may be needed.

- The ability to place the reflector up to 30 days prior to surgery uncouples the radiology and surgery schedules, enabling greater flexibility in coordination of patient, radiologist and surgeon schedules. WL is performed the same day as surgery requiring close coordination of the radiology and surgery schedules. Logistical problems in either department can cause delays in the start time of breast surgeries.
- Scout system is becoming a standard of care due to increased patient and physician satisfaction over traditional WL procedure.

  Current Scout customers in our region include:

  - High Plains Surgery Center, Lubbock
  - Hendrick, Abilene
  - Midland Memorial Hospital, Midland

  The Scout system is also in use at Baylor Scott & White facilities and Presbyterian facilities throughout Texas; MD Anderson, Houston Methodist facilities and many others.

FINANCIAL CONSIDERATIONS

Radiology Revenues from Scout Procedure			
Procedure/Supply	Supply Cost	Reimbursement	Net Reimbursement
Wire Localization - Wire	$30	$0	-$30
Scout Localization - Reflector	$539	$579	$40

As the table above reflects the cost of the reflector is greater than the wire. However, as the WL has to be performed the same day as surgery, payment is bundled with the surgical procedure and Radiology receives no revenue for the procedure.

The reflector placement will be performed a separate day from surgery and will receive estimated reimbursement for the reflector of $579. With the savings of the previous $30 loss and the $40 over cost reimbursement, this procedure provides a value of $70 per case. Approximately 48 of these cases are performed per year.

Reimbursement for surgical cases whether WL or reflector will remain the same. There are potential cost savings for the reduction of late surgical starts as these procedures will no longer be performed on the same day.

IT REQUIREMENTS
None.

FTE IMPACT
No additional FTEs are needed.

WARRANTY & SERVICE COVERAGE
Cianna provides a one year manufacturer's warranty for both the surgical guidance console and the radiology check console.

MD BUYLINE
MDB recommended a purchase price of $59,250. Our quote was originally $67,000 but with Vizient pricing the vendor was able to bring the cost down to $60,000.

COMMITTEE APPROVALS
Radiology Section Meeting
Surgery Section Meeting
FCC
MEC
Joint Conference Committee
ECHD Board of Directors

Medical Center Health System
Your One Source for Health

To: ECHD Board of Directors
Through: Russell Tippin, President/Chief Executive Officer
Through: Matt Collins, Chief Operating Officer
From: Carol Evans, Divisional Director - Imaging Services
Date: September 4, 2019
RE: Shimadzu RadSpeed ProA80 X-Ray Unit - WSMP

Shimadzu RadSpeed ProA80	$186,900
Room Preparation	5,000
Total	$191,900
From Contingency	$191,900

REQUEST
The Department of Radiology is requesting approval to purchase a Shimdzu RadSpeed ProA80 x-ray unit and perform needed room preparation for a total cost of $191,900. This is an unbudgeted emergency acquisition; therefore, funds for purchase would come from contingency.

OBJECTIVE
The Philips unit located in the WSMP Pre-Op Express unit is currently nonfunctional. This unit went down on 7/22/19 and has been determined to be unrepairable by Trimedx and Philips.

It is recommended that this unit be replaced in order to meet pre-surgical patient needs. Currently when patients arrive for their pre-op testing at Pre-Op Express the patient can undergo all testing except for imaging. The patient then has to come to the main facility Radiology Department for imaging. This is an inefficient process and inconvenient to the patient, especially when considering the volume of x-ray performed. Pre-Op has averaged 590 x-rays per month for 04/19-06/19.

VENDOR CONSIDERATION
Three vendors were considered as reflected in the table below.

Vendor	Cost	Delivery
Philips	$246,159	22 Weeks
Shimadzu	$186,900	2 weeks
Siemens	$189,999	End of September if PO is issued by 9/15/19

The recommended vendor is Shimadzu due to lowest pricing and delivery time.

IT REQUIREMENTS
Equipment will need network access in order to receive demographics and send images to Cerner/DR. This is standard for all radiology equipment.

FTE IMPACT
No additional FTEs are needed.

WARRANTY & SERVICE COVERAGE
Shimadzu provides a one year manufacturer's warranty. Service after the warranty year would be overseen by Trimedx.

MD BUYLINE
MCH has received the recommended MDB discount.