



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
NOVEMBER 5, 2024 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA (p.1-2)

- I. CALL TO ORDER** Wallace Dunn, President
- II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES** Wallace Dunn
- III. INVOCATION** Chaplain Doug Herget
- IV. PLEDGE OF ALLEGIANCE** Wallace Dunn
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM** .. Kathy Rhodes (p.3)
- VI. AWARDS AND RECOGNITION**
 - A. November 2024 Associates of the Month**..... Russell Tippin
 - Clinical – Virginia Williams
 - Non-Clinical – Lina Lerma
 - Nurse – Dylan Blackburn
 - B. Net Promoter Score Recognition** Russell Tippin
 - Dr. Jeffrey Freyder
 - Dr. Jorge Alamo
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**
- IX. CONSENT AGENDA**..... Wallace Dunn (p.4-98)
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
 - A. Consider Approval of Regular Meeting Minutes, October 1, 2024**
 - B. Consider Approval of Joint Conference Committee, October 29, 2024**
 - C. Consider Approval of Federally Qualified Health Center Monthly Report, September 2024**
- X. COMMITTEE REPORTS**
 - A. Finance Committee** Don Hallmark (p.99-160)
 - 1. Quarterly Investment Report – Quarter 4, FY 2024
 - 2. Quarterly Investment Officer’s Certificate
 - 3. Financial Report for Month Ended September 30, 2024

- 4. Consent Agenda
 - a. Consider Approval of Texas Healthcare Linens Contract Renewal
 - b. Consider Approval of UpToDate – LexiDrug Contract Renewal
 - c. Consider Approval of Everbridge Contract Renewal
 - d. Consider Approval of Elsevier Clinical Skills and Clinical Key Contract Renewal
 - e. Consider Approval of Shimadzu Service Agreement Renewal
 - f. Consider Approval of FairWarning Managed Service and License Agreement Renewal
- 5. Consider Approval of Roche Diagnostics Contract Amendment
- 6. Consider Approval of LS Point Engagement Letter

B. Executive Policy Committee..... Don Hallmark

C. Bylaws Committee Don Hallmark
a. Consider Approval of updated Bylaws

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

XII. DNV SURVEY AND STATE SURVEY RESULTSCourtney Look-Davis

XIII. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS
..... Russell Tippin (p.161-170)

- A. NICU Survey – Kim Leftwich**
- B. Ector County Appraisal District – Director Elections**
- C. Ad hoc Report(s)**

XIV. EXECUTIVE SESSION

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

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. CONSIDER APPROVAL OF MCH PROCARE PROVIDER AGREEMENTS**
- B. CONSIDER APPROVAL OF MCHS PROPERTY LEASES**

XVI. ADJOURNMENTWallace Dunn

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

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
OCTOBER 1, 2024 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

Wallace Dunn, President
Don Hallmark, Vice President
Bryn Dodd
Will Kappauf
David Dunn
Kathy Rhodes

MEMBERS ABSENT:

Richard Herrera

OTHERS PRESENT:

Russell Tippin, Chief Executive Officer
Matt Collins, Chief Operating Officer
Steve Steen, Chief Legal Counsel
Steve Ewing, Chief Financial Officer
Kim Leftwich, Chief Nursing Officer
Dr. Nimat Alam, Vice Chief of Staff
Grant Trollope, Assistant Chief Financial Officer
Kerstin Connolly, Paralegal
Lisa Russell, Executive Assistant to the CEO
Various other interested members of the
Medical Staff, employees, and citizens

I. CALL TO ORDER

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

II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

Wallace Dunn called roll, and there was one member absent: Richard Herrera was unexcused.

III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

Wallace Dunn led the Pledge of Allegiance to the United States and Texas flags.

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Don Hallmark presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. October 2024 Associates of the Month

Russell Tippin, Chief Executive Officer, introduced the October 2024 Associates of the Month as follows:

- Clinical – Jackielyne Cruz
- Non-Clinical – Fanny Huerta
- Nurse – Javier Pavia

B. Net Promoter Score Recognition

Russell Tippin, Chief Executive Officer, introduced the Net Promoter Score High Performer(s).

- Getnet Aberra, M.D.

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

IX. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, September 5, 2024**
- B. Consider Approval of Special Meeting Minutes – Public Hearing on Tax Rate, September 17, 2024**
- C. Consider Approval of Joint Conference Committee, September 24, 2024**
- D. Consider Approval of Special Meeting Minutes to Adopt Tax Rate and Budget, September 24, 2024**
- E. Consider Approval of Federally Qualified Health Center Monthly Report, July 2024**
- F. Consider Approval of 2024 Compliance Program Manual**
- G. Consider Approval of January 2025 - January 2026 Board/Finance Committee Meeting Dates**

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

X. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended August 31, 2024
2. Consent Agenda
 - a. Consider Approval of Additional Funds Request for PACS System - Merge

b. Consider Approval of MCH Professional Care Funding Agreement

Don Hallmark moved, and Kathy Rhodes seconded the motion to approve the Finance Committee report as presented. The motion carried.

B. Executive Policy Committee

The Executive Policy Committee met on September 26, 2024 to review and approve four (4) MCH policies meeting the committee guidelines. The committee recommends approval of the submitted policies as presented.

Don Hallmark moved, and Kathy Rhodes seconded the motion to approve the Executive Policy Committee report as presented. The motion carried.

XI. TTUHSC AT THE PERMIAN BASIN REPORT

No report was provided.

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

A. Resolution to Nominate ECHD Board Member to the Ector County Appraisal District Board

Don Hallmark moved to nominate David Dunn to serve on the Ector County Appraisal District Board, and Kathy Rhodes seconded the motion. The motion carried.

B. Hospital Elevator Update

The report showing hospital elevator data was provided.

This report was informational only. No action was taken.

C. November Election Update

Russell Tippin, CEO, went over the updated information for the November 5, 2024 Election.

This report was informational only. No action was taken.

D. Ad hoc Reports

Russell Tippin, CEO, provided the following updates:

Flu shots have started.

There were 9 Town Halls held last week, with good attendance.

Voter registration was available at the Town Halls and is being offered at the hospital and different locations.

UMC – Lubbock and TTUHSC are dealing with IT issues, and it could be a ransomware attack. MCH has blocked access for TTUHSC to the ECHD network.

MCH is hosting a Cyber Security table top exercise that THA is putting on. That will be held October 2, 2024 in the Board Room.

The Regional Services Update report was provided in the board packet.

These reports were informational only. No action was taken.

XIII. EXECUTIVE SESSION

Wallace Dunn 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) Discussion of Personnel Matters pursuant to Section 551.074 of the Texas Government Code; (3) Deliberation regarding Real Property pursuant to Section 551.072 and (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code..

ATTENDEES for the entire Executive Session: ECHD Board members, Bryn Dodd, Will Kappauf, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes and Russell Tippin, Chief Executive Officer Steve Steen, Chief Legal Counsel, and Kerstin Connolly, Paralegal.

Adiel Alvarado, President of ProCare, presented the ProCare provider agreement to the ECHD Board of Directors during Executive Session.

Russell Tippin, Chief Executive Officer, led the board in discussions about possibly selling the property at 42nd Street during Executive Session.

Steve Steen, Chief Legal Counsel, reported to the board about a compliance issue

Adiel Alvarado and Matt Collins were excused from Executive Session.

Wallace Dunn, ECHD Board President, led the board in discussions about the Certified Healthcare Trustee changes that THT will be implementing in January.

Russell Tippin, Chief Executive Officer, led the board in discussions about the establishment of a PAC – Friends of MCH, for the up-coming election.

Wallace Dunn, ECHD Board President, reported to the board that the revised MCHS Bylaws will be ready to approval at the next board meeting.

Executive Session began at 6:15 p.m.

Executive Session ended at 7:31 p.m.

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No action was taken during Executive Session.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements.

Wallace Dunn presented the following renewal:

- Reyna Barrera, PA. – This a three (3) year Cardiology Contract.
- Nathanael Longacre, PA – This is three (3) year Orthopedics Contract.
- Suzanne Cearley, APRN – This is three (3) year Pediatrics Contract.

Wallace Dunn presented the following amendments:

- Chittur Ramanathan, M.D. – This is an amendment to a Family Medicine Contract.
- Angela Green, N.P. - This is an amendment to a Walk-in Clinic Contract.

Wallace Dunn presented the following new contracts:

- Nancy Baquirin, N.P. – This a three (3) year Urgent Care Contract.

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

B. Consider Approval of Compliance Confidentiality Agreement

Will Kappauf moved, and Kathy Rhodes seconded the motion to approve the Compliance Confidentiality Agreement as presented. The motion carried. All board members present signed the confidentially agreement.

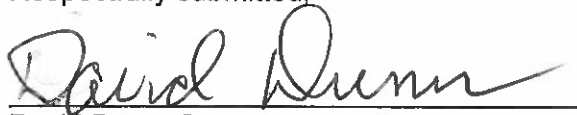
C. Consider Approval to Sell Real Estate – 42nd Street

No action was taken.

XV. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 7:32 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District Board of Directors



November 5, 2024

**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 7 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
James Fletcher, MD	Radiology	Telemedicine	VRAD	11/05/2024-11/04/2026
Jennifer Foley, MD	Radiology	Telemedicine	VRAD	11/05/2024-11/04/2026
Ravi Jayavarapu, MD	Radiology	Telemedicine	VRAD	11/05/2024-11/04/2026
Sandeep Mehta, MD	Surgery	Urology		11/05/2024-11/04/2025
Sergio Moreira, MD	Surgery	Urology		11/05/2024-11/04/2025
Randall Raziano, MD	Radiology	Telemedicine	VRAD	11/05/2024-11/04/2026
Vani Selvan, MD	Family Medicine	Family Medicine	TTUHSC	11/05/2024-11/04/2025
Adeloa Tomi-Olugbodi, MD	Pathology	Pathology	ProCare	11/05/2024-11/04/2025
Vicky Bakhos Webb, MD	Family Medicine	Family Medicine	TTUHSC	11/05/2024-11/04/2025

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
Ryan Davis, CRNA	Anesthesia	AHP	Nurse Anesthetist	Midwest	Dr. Putta Bangalore, Dr. Bhari Jayadevappa, Dr. Marlys Munnell, Dr. Sung Hwang, Dr. P. Reddy, Dr. Skip Batch, Dr. Joe Bryant, Dr. Jannie Tang, Dr. Meghan Gillala	11/05/2024-11/04/2026
Ashley O'Blanis, PA	Cardiology	AHP	Physician Assistant		Dr. Raja Naidu	11/05/2024-11/04/2026



*Please grant temporary Privileges

Advice, Opinions, Recommendations and Motions:

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

Jeffrey Pinnow, MD Chief of Staff
Executive Committee Chair
/MM



November 5, 2024

**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's submitted. These reappointment recommendations are made pursuant to and in accordance with Article 5 of the Medical Staff Bylaws.

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/Privileges	Group	Changes to Privileges	Dates
Timothy Braatz, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	02/01/2025-01/31/2027
Karen Caldemeyer, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	12/01/2024-11/30/2026
Daniel Garvin, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	12/01/2024-11/30/2026
Sung Hwang, MD	Anesthesia	Yes	Active	Anesthesia	ProCare	None	02/01/2025-01/31/2027
Omer Kineish, MD	Surgery	Yes	Associate	Urology		None	12/01/2024-11/30/2025
Jonathon Lee, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	01/01/2025-12/31/2026
Dawood Malik, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	01/01/2025-12/31/2026
Glen Ryan, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	12/01/2024-11/30/2026
Tamara Trella, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	12/01/2024-11/30/2026
Jose Vilario, MD	Surgery	Yes	Associate	Urology		None	12/01/2024-11/31/2025

Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Ghenima Cherid, NP	Family Medicine	AHP	Nurse Practitioner	ProCare	Dr. Edwardo Salcedo	None	01/01/2025-12/31/2026
Chineme Chima-Nlewem, PA	Medicine	AHP	Physician Assistant	ProCare	Dr. Mandeep Othee	None	12/01/2024-11/30/2026
Bianca Lenzy, NP	Pediatrics	AHP	Nurse Practitioner	TTUHSC	Dr. Robert Bennett, Dr. Sethuraman	None	02/01/2025-01/31/2027
Sabino Lopez, CRNA	Anesthesia	AHP	CRNA	Midwest	Dr. Putta Bangalore, Dr. Bhari Jayadevappa, Dr. Marlys Munnell, Dr. Sung Hwang, Dr. P. Reddy, Dr. Skip Batch, Dr. Joe Bryant, Dr. Jannie Tang, Dr. Meghan Gillala	None	12/01/2024-11/30/2026
Kelly Mattimoe, NP	Surgery	AHP	Nurse Practitioner		Dr. James Li	None	02/01/2025-01/31/2027

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.

Jeffrey Pinnow, MD Chief of Staff
Executive Committee Chair
/MM



November 5, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Clinical Privileges

Statement of Pertinent Facts:

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

Additional Privileges:

Staff Member	Department	Privilege
Sudip Sheth, MD	Pediatrics	ADD: Moderate Sedation

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.

Jeffrey Pinnow, MD Chief of Staff
Executive Committee Chair
/MM



November 5, 2024

**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/lapses of privileges are recommendations made pursuant to and in accordance with Article 4 of the Medical Staff Bylaws.

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Evangelina Santiago, LVN	Research	Medicine	09/30/2024	Resignation

Advice, Opinions, Recommendations and Motion:

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

Jeffrey Pinnow, MD Chief of
Staff
Executive Committee Chair
/MM



November 5, 2024

**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 changes noted below.

Staff Category Change:

Staff Member	Department	Category
None		

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				



November 5, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Donna Hernandez, NP	Emergency Department	Removal of I-FPPE
Michael Gonzales, NP	Emergency Department	Removal of I-FPPE
Kyungho Scott Choi, MD	Emergency Department	Removal of I-FPPE

Change in Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

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

Jeffrey Pinnow, MD Chief of Staff
Executive Committee Chair
/MM



November 5, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following new delineation of privilege forms:

- Obstetrics and Gynecology
- Emergency Medicine
- Pathology
- Gastroenterology
- Infectious Disease
- Psychiatry
- Medical Oncology
- Rheumatology
- Nephrology
- Critical Care Medicine
- Physical Medicine & Rehabilitation
- Physician Assistant Critical Care
- Nurse Practitioner Critical Care
- Radiology

Advice, Opinions, Recommendations and Motion:

- Obstetrics and Gynecology
- Emergency Medicine
- Pathology
- Gastroenterology
- Infectious Disease
- Psychiatry
- Medical Oncology
- Rheumatology
- Nephrology
- Critical Care Medicine
- Physical Medicine & Rehabilitation
- Physician Assistant Critical Care
- Nurse Practitioner Critical Care
- Radiology



November 5, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Advice, Opinions, Recommendations and Motion:

- If the Joint Conference Committee concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee to approve the Delineation of Privilege forms and forward this recommendation to the Ector County Hospital District Board of Directors.

Jeffrey Pinnow, MD, Chief of Staff
Executive Committee Chair
/MM



Medical Center Health System

Your One Source for Health

Obstetrics and Gynecology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion of a residency training program in obstetrics and gynecology accredited by the ACGME or approved by the AOA with emphasis on the full range of medical and surgical gynecology.
Certification	<p>Current certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology or in Obstetrics and Gynecology by the American Osteopathic Board of Obstetrics & Gynecology or its equivalent.</p> <p>OR Within six years of completion of an approved residency, certification by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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</p>
Clinical Experience - Initial Privileges	<p>Should demonstrate performance of at least 120 deliveries in the past 24 months. This can be demonstrated in one of the following ways: An applicant who has just completed a residency shall provide his/her residency log. The Accreditation Council for Graduate Medical Education (ACGME), and this hospital, require a minimum of 200 Spontaneous Vaginal Deliveries and 145 Cesarean Deliveries of the course of four years of residency training.</p> <p>OR An applicant who is two or more years removed from their residency 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.</p> <p>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.</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session</p>
Clinical Experience - Reappointment of Privileges	Applicant must provide documentation of provision of obstetrics and/or gynecology services as applicable representative of the scope and complexity of privileges requested during the past 24 months.

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AND Must provide ongoing continuing education specific to maternal care, pregnant and postpartum patients including complicated and critical conditions. Must participate annually in team-based training for maternal designation requirements.

Request for
Additional
Privileges

Before granting privileges for a new or additional procedure, individuals will need to: a) Show proof of completion of a postgraduate training course b) A review of the National Practitioner Data Bank c) Have a minimum number of procedures (to be determined by the department head) proctored by a staff member already credentialed for that procedure

Primary Privileges

The specialty of Obstetrics and Gynecology is focused on the health of women before, during and after childbearing years, diagnosing, treating, and managing conditions of the reproductive system and associated disorders.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Admit and/or Discharge to inpatient or appropriate level of care
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically and/or surgically manage, and provide surgical and/or non-surgical treatment to female patients presenting with diseases, disorders, or conditions of the reproductive system and before, during and after childbearing years including any disease, disorder, or condition that complicates pregnancy.
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Amniocentesis, diagnostic or therapeutic
<input type="checkbox"/>	Assisted (operative) vaginal delivery utilizing forceps, vacuum device, or other instrumentation to extract fetus
<input type="checkbox"/>	Breech delivery
<input type="checkbox"/>	Breech version and extraction
<input type="checkbox"/>	Cerclage of cervix
<input type="checkbox"/>	Cesarean section, including post delivery hysterectomy and/or tubal ligation
<input type="checkbox"/>	Circumcision of newborn
<input type="checkbox"/>	External version of breech presentation
<input type="checkbox"/>	First trimester elective abortion by dilation and curettage and/or evacuation, intra-amniotic injections, or vaginal suppositories
<input type="checkbox"/>	Induction or augmentation of labor
<input type="checkbox"/>	Insertion and management of arterial and central venous catheters for hemodynamic monitoring
<input type="checkbox"/>	Management of normal labor and uncomplicated vaginal delivery with or without episiotomy

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<input type="checkbox"/>	Management and delivery of multiple gestation/pregnancy
<input type="checkbox"/>	Obstetrical ultrasound (i.e., fetal ultrasound)
<input type="checkbox"/>	Pudendal or paracervical (uterine) nerve block
<input type="checkbox"/>	Repair of obstetrical lacerations
<input type="checkbox"/>	Tubal ligation post vaginal delivery
<input type="checkbox"/>	Vaginal births after previous cesarean delivery
	Specialized Obstetrical Procedures
<input type="checkbox"/>	Fetal demise, delivery
<input type="checkbox"/>	Induced abortion by intra-amniotic injections (i.e. amniocentesis injection)
<input type="checkbox"/>	Second trimester elective abortion by dilation and curettage or evacuation

Primary Privileges in Gynecology

The specialty of Obstetrics and Gynecology is focused on the health of women before, during and after childbearing years, diagnosing, treating, and managing conditions of the reproductive system and associated disorders.

Qualifications

Additional Qualifications

for
Laparoscopic
Radiofrequency
Ablation of
Leiomyoma

Practitioners who want to qualify for laparoscopic removal of uterine leiomyoma with radiofrequency ablation must complete manufacturer designated or sponsored training that included or was followed by supervised cases on human subjects.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically and/or surgically manage, and provide surgical and/or non-surgical treatment to female patients presenting with injuries, diseases, disorders, or conditions of the female reproductive system and the genitourinary system and provide non-surgical treatment of injuries, diseases, disorders, or conditions of the mammary glands
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Abdominal paracentesis (diagnostic or therapeutic), with or without imaging guidance

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<input type="checkbox"/>	Bartholin's gland abscess incision and drainage or cyst marsupialization; excision of Bartholin's gland or cyst
<input type="checkbox"/>	Basic hysteroscopic procedures: endometrial biopsy, polypectomy, lysis of adhesions, leiomyomata removal, impacted foreign body removal, endometrial ablation, fallopian tube cannulation for occlusion
<input type="checkbox"/>	Basic laparoscopic procedures: myomectomy, vaginal hysterectomy with or without bilateral salpingectomy and/or oophorectomy, lysis of adhesions, salpingectomy and/or oophorectomy alone, ovarian cystectomy, or salpingostomy
<input type="checkbox"/>	Biopsy of soft tissue lesions or lesions on reproductive system structures identified during routine gynecological exams or procedures
<input type="checkbox"/>	Conization of cervix, with or without fulguration, dilation and curettage, or repair using cold knife or loop electrode excision (LEEP)
<input type="checkbox"/>	Colpocleisis (Le Fort type)
<input type="checkbox"/>	Colpotomy for exploration or pelvic abscess drainage and colpocentesis
<input type="checkbox"/>	Colposcopy, with or without biopsy
<input type="checkbox"/>	Colporrhaphy, including cystocele, urethrocele, or rectocele repair
<input type="checkbox"/>	da Vinci Surgical System
<input type="checkbox"/>	Dilation and curettage, diagnostic or therapeutic
<input type="checkbox"/>	Diagnostic hysteroscopy
<input type="checkbox"/>	Diagnostic laparoscopy, with or without collection of specimen(s)
<input type="checkbox"/>	Endometrial ablation
<input type="checkbox"/>	Excision or ablation (excluding laser) of lesion on the external genitalia, vagina or cervix
<input type="checkbox"/>	First trimester elective abortion by dilation and curettage and/or evacuation, intra-amniotic injections, or vaginal suppositories
<input type="checkbox"/>	Fistula repair; uterovaginal, rectovaginal, or vesicovaginal, abdominal or vaginal approach
<input type="checkbox"/>	Hymenotomy
<input type="checkbox"/>	Incidental appendectomy
<input type="checkbox"/>	Incidental bladder repair
<input type="checkbox"/>	Incidental hernia repair (umbilical, incisional, ventral)
<input type="checkbox"/>	Manchester-Fothergill repair (i.e., cervical amputation followed by anterior colporrhaphy and colpoperineorrhaphy)
<input type="checkbox"/>	Myomectomy, excision of fibroid tumor(s) of uterus, abdominal or vaginal
<input type="checkbox"/>	Pudendal or paracervical (uterine) nerve block
<input type="checkbox"/>	Placement of suprapubic catheter
<input type="checkbox"/>	Repair of enterocele, vaginal or abdominal approach
<input type="checkbox"/>	Simple vulvectomy, partial or complete

<input type="checkbox"/>	Salpingectomy, salpingo-oophorectomy, salpingostomy, ovarian wedge resection, ovarian cystectomy, or oophorectomy
<input type="checkbox"/>	Tension free vaginal tape (TVT)
<input type="checkbox"/>	Total or supracervical (subtotal) abdominal hysterectomy, with or without bilateral salpingectomy and/or oophorectomy
<input type="checkbox"/>	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
<input type="checkbox"/>	Urethral suspension procedures (i.e., Marshall-Marchetti-Krantz, Burch type), including anterior vesicourethropexy performed alone or colpo-urethrocystopexy performed at time of hysterectomy
<input type="checkbox"/>	Use of cystoscopy in a gynecological procedure where the applicant is a concurrent privilege holder
<input type="checkbox"/>	Utero-sacral
<input type="checkbox"/>	Vaginal hysterectomy with or without bilateral salpingectomy and/or oophorectomy
<input type="checkbox"/>	Vaginectomy (i.e., colpectomy), partial or complete vaginal wall removal
	Advanced Laparoscopy and Hysteroscopy
<input type="checkbox"/>	Advanced laparoscopy, surgical, including urethropexy (Burch); enterocele repair; vaginal vault suspension (sacrocolpopexy, utero-sacral ligament fixation); total/subtotal hysterectomy; assisted vaginal hysterectomy of uteri anticipated to be greater than 12 weeks gestational size; myomectomy (intramural, subserosal); presacral neurectomy; and tubal reanastomosis
<input type="checkbox"/>	Advanced laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
<input type="checkbox"/>	Advanced hysteroscopy, surgical; with lysis of intrauterine adhesions (any method), or with division or resection of intrauterine septum (any method)

Privilege Cluster: Urogynecology and Reconstructive Pelvic Surgery

The subspecialty of Urogynecology and Reconstructive Pelvic Surgery is focused on the provision of specialized services and comprehensive management of women with pelvic floor disorders. Comprehensive management includes the preventive, diagnostic, and therapeutic procedures necessary for the total care of the female patient, including complications and sequelae resulting from pelvic floor disorders.

Qualifications

Education/Training	Completion of a Fellowship program in Female Pelvic Medicine and Reconstructive Surgery approved by the American Board of Obstetrics and Gynecology (ABOG), ACGME or by the AOA.
Certification	Current certification in Female Pelvic Medicine or Reconstructive Surgery by the ABOG or ABOG.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed fellowship training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Applicant must be granted primary privileges in Gynecology.

Request	
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Procedures
<input type="checkbox"/>	Abdominal suspension of the vaginal vault (Sacrocolpopexy)
<input type="checkbox"/>	Anal sphincteroplasty
<input type="checkbox"/>	Closure of vesico-vaginal or rectovaginal fistulas
<input type="checkbox"/>	Cystourethroscopy, including ureteral catheterization
<input type="checkbox"/>	Cystotomy, including drainage
<input type="checkbox"/>	Endoscopy, including cystourethroscopy, proctosigmoidoscopy, or anoscopy
<input type="checkbox"/>	Fascial grafts
<input type="checkbox"/>	Implantation and management of neuromodulation device (e.g. Interstim) for bladder control
<input type="checkbox"/>	Laparoscopic reconstructive surgery in an area where the applicant has concurrent privileges for open procedures
<input type="checkbox"/>	Sling operation for stress incontinence
<input type="checkbox"/>	Urodynamic testing procedures
<input type="checkbox"/>	Urethral procedures for stress incontinence, including urethrolysis and urethral bulking
<input type="checkbox"/>	Urinary diversion, including pouch
<input type="checkbox"/>	Vaginal suspension of the vault (sacrospinous, high utero-sacral, vaginal mesh)
<input type="checkbox"/>	Vaginal reconstructive surgery

Privilege Cluster: Gynecologic Oncology

The subspecialty of Gynecologic Oncology is focused on the comprehensive treatment and management of patients with malignancies of the female reproductive organs such as ovarian, cervical, or uterine cancer, including performing the diagnostic and therapeutic procedures necessary for the total care of a woman at risk for or diagnosed with gynecologic cancer or precursors, and complications resulting therefrom.

Qualifications

Education/Training	Completion of a Fellowship program in Gynecologic Oncology approved by the American Board of Obstetrics and Gynecology (ABOG), ACGME or by the AOA.
Certification	Current certification in Gynecologic Oncology by the ABOG or AOBG.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed fellowship training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Applicant must be granted primary privileges in Gynecology.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Procedures

- ☐ Abdominal suspension of the vaginal vault (Sacrocolpopexy)
- ☐ Creation, revision, relocation or closure of colostomy or cecostomy
- ☐ Colectomy or enterectomy, including ileostomy or colostomy creation
- ☐ Creation, revision, relocation, or closure of ileostomy
- ☐ Endoscopy of colon, rectum, or anus, with or without biopsy
- ☐ Gastroduodenostomy or gastrojejunostomy with or without vagotomy
- ☐ Ileal conduit or continent urinary diversion
- ☐ Incision and drainage of peritoneal or retroperitoneal abscess
- ☐ Intercavitary brachytherapy insertion
- ☐ Placement of loading devices into the uterus, vagina, or surrounding pelvic organs for brachytherapy, including use of interstitial perineal template

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<input type="checkbox"/>	Lymphadenectomy, inguino-femoral
<input type="checkbox"/>	Lymphadenectomy, limited or radical, of the inguinal, femoral, pelvic or para-aortic areas
<input type="checkbox"/>	Neo-vaginoplasty and vulvar reconstruction
<input type="checkbox"/>	Placement of intraperitoneal access catheters
<input type="checkbox"/>	Pelvic exenteration (anterior, posterior or total)
<input type="checkbox"/>	Presacral sympathectomy
<input type="checkbox"/>	Radical hysterectomy with or without lymphadenectomy, with or without laparoscopic assistance
<input type="checkbox"/>	Resection of metastatic tumors involving the abdominal wall or skin
<input type="checkbox"/>	Resection of ovarian, tubal, or primary peritoneal malignancy, including debulking, and resection of other organs and structures affected by metastasis, such as the diaphragm, omentum, spleen, or liver
<input type="checkbox"/>	Select, initiate, and administer chemotherapy agents and biological response modifiers via all therapeutic routes
<input type="checkbox"/>	Thoracic drainage, including chest tube placement, thoracentesis, placement of indwelling catheter
<input type="checkbox"/>	Ureteral anastomosis
<input type="checkbox"/>	Use of laparoscopy in a procedural area where the applicant is a concurrent privilege holder
<input type="checkbox"/>	Ureteral resection and reconstruction
<input type="checkbox"/>	Ureterolysis
<input type="checkbox"/>	Vaginectomy (simple or radical) or vulvectomy (skinning, simple, partial, or radical)
<input type="checkbox"/>	Vascular access, including insertion and management of central venous lines and arterial lines

Privilege Cluster: Maternal-Fetal Medicine

The subspecialty of Maternal-Fetal Medicine is focused on complicated pregnancies, including the diagnosis and treatment of obstetrical, medical, genetic, and surgical complications of pregnancy and their effects on the mother and fetus. Also, the diagnosis and treatment of pre-existing medical conditions that may be affected by pregnancy, and medical conditions that affect pregnancy.

Qualifications

Education/Training	Successful completion of a residency and fellowship in maternal-fetal medicine accredited by the ACGME or approved by the AOA.
Certification	<p>Current certification in Maternal-Fetal Medicine by the ABOG or AOBG.</p> <p>OR Within five years of completion of an approved fellowship, certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience - Initial Privileges	<p>An applicant who has just completed a fellowship shall provide his/her fellowship log.</p> <p>OR An applicant who is not applying directly out of a 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.</p> <p>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, certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session</p>
Clinical Experience - Renewal of Privileges	<p>Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.</p> <p>AND Must provide ongoing continuing education specific to maternal care, pregnant and postpartum patients including complicated and critical conditions.</p>
Additional Qualifications	Applicant must be granted primary privileges in Obstetrics and Gynecology.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Anticoagulant therapy
<input type="checkbox"/>	Antigen and antibody detection test
<input type="checkbox"/>	Antibiotic therapy
<input type="checkbox"/>	Arrhythmias, electrocardiographic diagnosis of
<input type="checkbox"/>	Cardioversion drugs, treatment with
<input type="checkbox"/>	Chorion villus sampling
<input type="checkbox"/>	Coagulopathies (inherited/acquired), evaluation and management

<input type="checkbox"/>	Complicated high-risk patients, management of
<input type="checkbox"/>	Critical care obstetrics
<input type="checkbox"/>	Diabetes mellitus, diagnose and management of
<input type="checkbox"/>	Digitalis preparations and diuretics, treatment with
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to female patients presenting with complications of pregnancy, including the effects of such complications on both the mother and the fetus such as genetic, or potentially genetically linked diseases, disorders or birth defects
<input type="checkbox"/>	Fetal heart monitoring, antepartum and intrapartum
<input type="checkbox"/>	HIV prophylaxis and management of
<input type="checkbox"/>	Invasive fetal diagnostic and therapeutic procedures
<input type="checkbox"/>	Molecular and microbiologic culture test
<input type="checkbox"/>	Multiple endocrine neoplasias (MEN), diagnose and management of
<input type="checkbox"/>	Neoplasms, management of
<input type="checkbox"/>	Pituitary disorders, diagnose and management of
<input type="checkbox"/>	Provide genetic counseling for commonly recognized disorders
<input type="checkbox"/>	Plasma BUN, creatinine, uric acid, interpretation of
<input type="checkbox"/>	Preeclampsia, management of
<input type="checkbox"/>	Pulmonary function tests, interpretation of
<input type="checkbox"/>	Serologic test
<input type="checkbox"/>	Shoulder dystocia, management of
<input type="checkbox"/>	Sickle cell disease, diagnose and management of
<input type="checkbox"/>	Substance abuse, management of
<input type="checkbox"/>	Teratogen exposure, counseling for
<input type="checkbox"/>	Thalassemias, diagnose and management of
<input type="checkbox"/>	Thrombocytopenias, diagnose and management of
<input type="checkbox"/>	Thromboembolism, diagnose and management of
<input type="checkbox"/>	Thyroid disorders, diagnose and management of
<input type="checkbox"/>	Umbilical vein sampling
<input type="checkbox"/>	Urinalysis, interpretation of
<input type="checkbox"/>	Vaginal delivery/multiple gestations management
<input type="checkbox"/>	Vasoactive drugs, treatment with
	Procedures
<input type="checkbox"/>	Abdominal cervicoisthmus cerclage
<input type="checkbox"/>	Abortions, induced

<input type="checkbox"/>	Amniocentesis at fewer than 24 weeks gestation
<input type="checkbox"/>	Chorionic villus sampling
<input type="checkbox"/>	External cephalic version
<input type="checkbox"/>	External or internal version of second twin
<input type="checkbox"/>	Fetal echocardiography
<input type="checkbox"/>	Hemorrhage control techniques
<input type="checkbox"/>	Hysterectomy, open
<input type="checkbox"/>	Intrauterine fetal therapy (fetal thoracentesis, paracentesis and administration of fetal medications, intrauterine umbilical vessel aspiration or injection)
<input type="checkbox"/>	Placenta, manual removal of
<input type="checkbox"/>	Sterilization procedures
<input type="checkbox"/>	Ultrasound examination including, standard and detailed Level I (first trimester), standard and detailed Level II (second trimester), and specialized, detailed or "targeted" Level III (third trimester) examination, including fetal and cardiac evaluation, 3-D and 4-D ultrasound, and Doppler (color and velocimetry)

Privilege Cluster: Reproductive Endocrinology and Infertility

The subspecialty of Reproductive Endocrinology and Infertility is focused on the provision of consultative services and comprehensive management of patients with reproductive endocrinology with infertility problems throughout the life cycle. This includes preventive, diagnostic, and therapeutic procedures necessary for the total care of patients with endocrine, structural, genetic, and fertility problems.

Qualifications	
Education/Training	Completion of a Fellowship program in Reproductive Endocrinology/Infertility approved by the American Board of Obstetrics and Gynecology (ABOG), ACGME or by the AOA.
Certification	Current certification in Reproductive Endocrinology by the ABOG or AOBOG.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed fellowship training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Applicant must be granted primary privileges in Obstetrics and Gynecology.

Request

<input type="checkbox"/>	- Newly Requested privileges	<input type="checkbox"/>	- Currently Granted privileges
Procedures			
<input type="checkbox"/>	Gamete, zygote, or embryo intrafallopian transfer		
<input type="checkbox"/>	Hysteroplasty (Strassman type)		
<input type="checkbox"/>	Hysteroscopic fallopian tube cannulation		
<input type="checkbox"/>	Laparoscopic oocyte retrieval		
<input type="checkbox"/>	Oocyte culture and fertilization		
<input type="checkbox"/>	Sterilization reversal procedures		
<input type="checkbox"/>	Tubal re-anastomosis or tubouterine implantation, including use of microsurgical technique		
<input type="checkbox"/>	Transabdominal or transvaginal oocyte retrieval and intrauterine or intrafallopian embryo transfer		
<input type="checkbox"/>	Transvaginal ovarian cyst drainage		
<input type="checkbox"/>	Use of pelvic microsurgery techniques in a procedure where the applicant is a concurrent privilege holder		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege

Condition/Modification/Deletion/Explanation



Medical Center Health System

Your One Source for Health

Emergency Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a *Privilege Cluster*.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Successful completion of a residency training program in emergency medicine accredited by the ACGME or approved by the AOA.

OR For applicants who began emergency medicine training before July 1, 1987, successful completion of 36 months of post-medical school training, at least 24 months of which were under an ACGME/AOA-accredited emergency medicine residency program at the post-graduate year (PGY) II level and above.

Certification Within five years of completion of an approved residency in Emergency Medicine, certification by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

AND If applicant is not able to demonstrate the minimum requirements the file will be reviewed by the department in Executive Session.

Clinical Experience - Initial Privileges An applicant who has just completed a residency shall provide his/her residency log.

OR An applicant who is not applying directly out of a residency 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

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

Clinical Experience - Renewal of Privileges Applicant must provide evidence of ongoing clinical practice representative of the scope and complexity of privileges requested during the past 24 months.

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Primary Privileges

Emergency Medicine is the medical specialty concerned with diagnosing and treating unforeseen illness or injury. It encompasses a unique body of knowledge as set forth in the Model of Clinical Practice of Emergency Medicine. The practice of Emergency Medicine includes the initial evaluation, diagnosis, treatment, coordination of care among multiple clinicians or community resources, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Evaluate, diagnose, perform initial medical management and provide treatment to patients presenting to the Emergency Department with any symptom, illness, injury or condition and provide the services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and assessment to determine the disposition of the patient and if additional care is indicated/necessary.
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Administration and management of moderate and deep sedation
<input type="checkbox"/>	Administration of local and regional anesthetics
<input type="checkbox"/>	Diagnostic procedures including arthrocentesis, anoscopy, arterial blood gas sampling and analysis, lumbar puncture, slit lamp examination, tonometry, pulse oximetry, EKG, and preliminary x-ray interpretation
<input type="checkbox"/>	Emergent thoracotomy with or without cardiac massage and/or thoracic cavity drainage, including thoracostomy, thoracentesis, or pericardiocentesis
<input type="checkbox"/>	Epistaxis management (posterior), including nasal packs and/or cautery
<input type="checkbox"/>	Excision of thrombosed hemorrhoids
<input type="checkbox"/>	Gastrostomy and G.I. tube replacement
<input type="checkbox"/>	General Cardiac procedures for stabilization
<input type="checkbox"/>	Gynecological and obstetric care, including pelvic exam, fetal heart monitoring, and emergent delivery of newborn, including peri-mortem cesarean section
<input type="checkbox"/>	Paracentesis and peritoneal lavage
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound
<input type="checkbox"/>	Skeletal procedures, including, fracture or dislocation stabilization, immobilization and reduction techniques, and spinal and cervical immobilization techniques
<input type="checkbox"/>	Stroke; diagnose, evaluate, treat, including administering thrombolytic therapy
<input type="checkbox"/>	Suprapubic bladder tap and catheterization/ urethral catheterization

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<input type="checkbox"/>	Use of the following airway techniques to stabilize the airway (including the use of paralytic agents); capnometry, cricothyrotomy, intubation, mechanical ventilation, non-invasive ventilatory management, and image-guided or video-assisted laryngoscopy
<input type="checkbox"/>	Use of external pacing and elective cardioversion
<input type="checkbox"/>	Vascular access, including insertion and management of central venous catheters, and arterial lines
<input type="checkbox"/>	Wound management and closure including incision and drainage of abscess, evacuation of hematoma, nail removal procedures, foreign body removal and escharotomy (management of burns)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Pathology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Completion of an ACGME or AOA accredited Residency training program in Pathology - Anatomic and Clinical.

Certification Current certification in Anatomic Pathology and Clinical Pathology by the American Board of Pathology or in Anatomic Pathology and Laboratory Medicine by the American Osteopathic Board of Pathology.

OR Within five years of completion of an approved residency, certification in anatomic pathology and clinical pathology by the American Board of Pathology, or in anatomic pathology and laboratory medicine by the American Osteopathic Board of Pathology.

2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

Clinical Experience - Initial Privileges An applicant who has just completed a residency shall provide his/her residency log.

OR An applicant who is not applying directly out of a 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

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.

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

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Clinical Experience - Renewal of Privileges Applicant must provide documentation of provision of clinical services (full or part time) representative of the scope and complexity of privileges requested during the past 24 months.

Additional Qualifications Applicant must have a contract with the organization to provide services in this specialty.

Primary Privileges

Pathologists practice medicine by establishing diagnoses, monitoring disease progression and treatment, determining disease risk and cause of death, and overseeing blood and cellular transfusions. They direct the clinical laboratory, provide established analyses, and develop new testing methods using patient tissues, blood, cells, and body fluid specimens. Pathologists serve as expert consultants to other physicians and are integral to patient care decision-making processes.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Anatomic Pathology: General anatomical and surgical pathology.
<input type="checkbox"/>	Anatomic Pathology (Autopsy)
<input type="checkbox"/>	Cytopathology
<input type="checkbox"/>	Dermatopathology
<input type="checkbox"/>	Immunopathology
<input type="checkbox"/>	Neuropathology
<input type="checkbox"/>	Surgical Pathology
	Clinical Pathology: General clinical pathology including microbiology, clinical chemistry, immunology and serology, hematology, and transfusion medicine
<input type="checkbox"/>	Chemical Pathology
<input type="checkbox"/>	Medical Microbiology
<input type="checkbox"/>	Hematopathology
<input type="checkbox"/>	Immunology and Serology
<input type="checkbox"/>	Molecular Genetic Pathology
<input type="checkbox"/>	Blood Banking/Transfusion Medicine
	Procedures
<input type="checkbox"/>	Bone marrow aspiration and/or biopsy
<input type="checkbox"/>	Fine-needle aspiration (FNA) of palpable soft tissue mass

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Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical

privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Gastroenterology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Successful completion of a residency or fellowship training in gastroenterology accredited by the ACGME or approved by the AOA.

Certification Current certification in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or its equivalent.
AND Current certification in Gastroenterology by the American Board of Internal Medicine or in Gastroenterology by the American Osteopathic Board of Internal Medicine or its equivalent.
2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

Clinical Experience - Initial Privileges Should demonstrate provision of inpatient, outpatient or consultative services to at least 50 patients in the last 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 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.

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

All Endoscopy privileges must be reviewed by Endoscopy Subcommittee.

Clinical Experience - Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.

Primary Privileges

Gastroenterology is the subspecialty of internal medicine that focuses on the evaluation and treatment of disorders of the gastrointestinal tract. Gastroenterology requires an extensive understanding of the entire gastrointestinal tract, including the esophagus, stomach, small intestine, liver, gall bladder, pancreas, colon, and rectum.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Admit and/or Discharge to inpatient or appropriate level of care
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage and provide treatment to patients presenting with diseases, disorders, or conditions of the gastrointestinal tract, including the esophagus, stomach, small intestine, liver, gall bladder, pancreas, colon, and rectum. Privileges include medical management of general medical conditions which are encountered in the course of care for gastroenterology patients and management of liver transplant patients.
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Capsule endoscopy(must demonstrate a minimum of 5 within 24 months)
<input type="checkbox"/>	Colonoscopy, with or without biopsy; polyp removal, any method; and colonic dilation with or without stent placement. (must demonstrate a minimum of 50 within 24 months)
<input type="checkbox"/>	Complete enteroscopy with or without biopsy, including single or double balloon enteroscopy
<input type="checkbox"/>	Diagnostic proctosigmoidoscopy or sigmoidoscopy, including collection of specimen(s) by brushing or washing (must demonstrate a minimum of 10 within 24 months)
<input type="checkbox"/>	Esophagoscopy or esophagogastroduodenoscopy with or without biopsy, including hemostasis (injection, electrosurgical or ligation); esophageal or gastric varices sclerotherapy or banding; and esophageal or pyloric dilation (must demonstrate a minimum of 50 within 24 months)
<input type="checkbox"/>	Esophagoscopy or esophagogastroduodenoscopy with endoscopic stent or Bravo (pH monitoring system) device placement
<input type="checkbox"/>	Moderate Sedation
<input type="checkbox"/>	Percutaneous Endoscopic Gastrostomy (PEG) tube placement (must demonstrate a minimum of 10 within 24 months)
<input type="checkbox"/>	Polypectomy (must demonstrate a minimum of 15 within 24 months)
<input type="checkbox"/>	Use of energy sources (excluding lasers) during an endoscopic procedure to include APC, ablation

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Privilege Cluster: ERCP Procedures

An endoscopic retrograde cholangiopancreatogram (ERCP) is a procedure that combines the use of a flexible, lighted scope (endoscope) with X-ray pictures to examine the tubes that drain the liver, gallbladder and pancreas.

Qualifications

Education/Training	Successful completion of a residency or fellowship training in gastroenterology accredited by the ACGME or approved by the AOA.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year). Must provide Case logs demonstrating a minimum of 35 ERCP performed within the 24 months
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Applicants must qualify for and be granted primary privileges in gastroenterology.

Request	
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Procedures
	<input type="checkbox"/> ERCP with sphincterotomy and stone extraction or destruction
<input type="checkbox"/> ERCP with biliary or pancreatic duct stent placement, replacement, or removal	

Privilege Cluster: Diagnostic and Therapeutic Endoscopic Ultrasonography (EUS)

Endoscopic Ultrasound (EUS) is a minimally invasive procedure to assess diseases of the gastrointestinal tract and other nearby organs and tissues.

Qualifications

Education/Training	Current certification in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or its equivalent. OR Documentation of completion of a "hands on" CME training program that included hands experience on human subjects that is acceptable to the department chair.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested with a minimum of 35 during the previous 24 months.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Applicants must qualify for and be granted primary privileges in gastroenterology.

Request	<input type="checkbox"/> - Newly Requested privileges <input checked="" type="checkbox"/> - Currently Granted privileges
	<input type="checkbox"/> Diagnostic EUS - Pancreas
	<input type="checkbox"/> Diagnostic EUS - Esophagus, stomach, and rectum
	<input type="checkbox"/> Therapeutic EUS - Mucosal resection esophagus, stomach, and rectum
	<input type="checkbox"/> Therapeutic EUS - Mucosal resection small intestine and colon
	<input type="checkbox"/> EUS guided fine needle aspiration (FNA) or biopsy
	<input type="checkbox"/> EUS guided fine needle injection (FNI) of diagnostic or therapeutic substance(s) (anesthetic, neurolytic agent) or fiducial marker(s)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Infectious Disease

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

- 1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
- 2. Uncheck any privileges you do not want to request in that group.
- 3. Check off any special privileges you want to request.
- 4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion of a residency or fellowship training program in infectious disease accredited by the ACGME or approved by the AOA.
Certification	<p>Current certification in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or its equivalent.</p> <p>OR 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.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience - Initial Privileges	<p>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:</p> <p>OR An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log.</p> <p>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.</p> <p>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.</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience - Renewal of Privileges	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Primary Privileges

The subspecialty of Infectious Disease is the subspecialty of Internal Medicine that focuses on the prevention, evaluation, diagnosis, treatment and management of infections, including those caused by bacteria, viruses, fungi, and parasites.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
	<input type="checkbox"/> Admit and/or Discharge to inpatient or appropriate level of care
	<input type="checkbox"/> Evaluate, diagnose, provide consultation, medically manage and provide treatment to patients presenting with acute and chronic infectious diseases, disorders and conditions of all types and in all organ systems, including underlying predisposing diseases. Privileges include medical management of general medical conditions which are encountered in the course of care for infectious disease patients.
	<input type="checkbox"/> Perform history and physical examination
	<input type="checkbox"/> Telemedicine
	Procedures
	<input type="checkbox"/> Administration of antimicrobial and biological products via all therapeutic routes, management/removal of I.V. access (peripheral)
	<input type="checkbox"/> Arthrocentesis, aspiration and/or injection, with or without image guidance
	<input type="checkbox"/> Incision and drainage or aspiration of palpable, superficial soft tissue mass
<input type="checkbox"/> Lumbar puncture, diagnostic or therapeutic with drainage, with or without imaging guidance	
<input type="checkbox"/> Specimen collection procedures relevant to infectious disease	
<input type="checkbox"/> Wound care management, including local anesthetic techniques, superficial debridement, placement and removal of drains, selection of specialized dressings, including liquid or spray occlusive materials as well as soft or rigid immobilizing dressings, and wound closure	

Acknowledgment of Applicant

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I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Psychiatry

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Successful completion of a residency training program in psychiatry accredited by the ACGME or approved by the AOA.

Certification Current certification in Psychiatry by the American Board of Psychiatry and Neurology or in Psychiatry by the American Osteopathic Board of Neurology & Psychiatry or its equivalent.
OR Within five years of completion of an approved residency, certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

Clinical Experience - Initial Privileges Should demonstrate provision of inpatient, outpatient, or consultative psychiatric services for 30 patients during the past 12 months.

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

OR An applicant who is not applying directly out of a residency 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.

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.

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

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Clinical Experience - Renewal of Privileges Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Primary Privileges

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of behavioral, addictive, and emotional disorders. Graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders that relate to the practice of psychiatry.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Admit and/or Discharge to inpatient or appropriate level of care

☐ Perform history and physical examination, including mental status and neurological examination

☐ Evaluate, diagnose, provide consultation, medically manage, and provide treatment to adolescent and adult patients presenting with behavioral, addictive and emotional disorders, including providing pharmacotherapy, psychotherapy, behavior modification and biofeedback therapy

☐ Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)

Privilege Cluster: Child and Adolescent Psychiatry

Child and adolescent psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of disorders of thinking, feeling, and behavior affecting children, adolescents, and their families.

Qualifications

Education/Training Completion of an ACGME or AOA accredited Fellowship training program in Child and Adolescent Psychiatry.

Certification Current certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology or in Child/Adolescent Psychiatry by the American Osteopathic Board of Neurology & Psychiatry or its equivalent.

Clinical Experience - Initial Privileges Applicant must provide documentation of provision of child and adolescent psychiatric services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).

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Clinical Experience - Renewal of Privileges Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Admit to inpatient or appropriate level of care

☐ Perform history and physical examination, including mental status and neurological examination

☐ Evaluate, diagnose, provide consultation, medically manage, and provide treatment to children and adolescent patients presenting with mental, emotional and behavioral disorders including providing pharmacotherapy, biofeedback, behavior modification and psychotherapy (individual, family, couples and play therapy)

Privilege Cluster: Addiction Psychiatry

Addiction psychiatry focuses on the prevention, evaluation, and treatment of substance-related disorders as well as related education and research. The addiction psychiatrist is proficient in techniques required in the treatment of the larger group of patients with dual diagnoses of addictive disorders and other psychiatric disorders.

Qualifications

Education/Training Completion of an ACGME or AOA accredited Fellowship training program in Addiction Psychiatry

Certification Current certification in Addiction Psychiatry by the American Board of Psychiatry and Neurology or in Addiction Medicine by the American Osteopathic Board of Neurology & Psychiatry or its equivalent.

Clinical Experience - Initial Privileges Applicant must provide documentation of provision of addiction psychiatry services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).

Clinical Experience - Renewal of Privileges Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

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☐ Admit to inpatient or appropriate level of care

☐ Evaluate, diagnose, provide consultation, medically manage, and provide treatment to psychiatric patients with chemical or alcohol dependency and co-morbid psychopathology, including providing behavior modification, biofeedback and specialized pharmacologic therapy

☐ Management of patients undergoing detoxification from alcohol, drugs, or other substances, including management of mental or physical withdrawal symptoms that lead to stress or instability

<input type="checkbox"/>	Perform history and physical examination, including mental status and neurological examination
<input type="checkbox"/>	Use of various psychotherapy techniques in the management of patients undergoing treatment for substance abuse (alcohol, drug, or other chemical substances)

Electroconvulsive Therapy (ECT) in Conjunction with an Anesthesiologist

Electroconvulsive therapy (ECT) is a procedure in which electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses.

Qualifications

Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Procedures
	<input type="checkbox"/> Administration and management of electroconvulsive therapy (ECT) in conjunction with Anesthesiologist

Regional Transcranial Magnetic Therapy (RTMS)

Transcranial magnetic stimulation, a means for inducing small regional currents in the brain, to treat depression and other disorders.

Qualifications

Clinical
Experience
- Initial
Privileges

Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).

Clinical
Experience
- Renewal
of
Privileges

Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Procedures

☐

Therapeutic repetitive transcranial magnetic stimulation treatment (rTMS), including cortical mapping, motor threshold determination, delivery and management

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

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I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege

Condition/Modification/Deletion/Explanation



Medical Center Health System

Your One Source for Health

Medical Oncology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

- 1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
- 2. Uncheck any privileges you do not want to request in that group.
- 3. Check off any special privileges you want to request.
- 4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion of a residency or fellowship training program in oncology or in hematology and oncology accredited by the ACGME or approved by the AOA.
Certification	<p>Current certification in Medical Oncology by the American Board of Internal Medicine or in Oncology by the American Osteopathic Board of Internal Medicine or its equivalent.</p> <p>OR Within five years of completion of an approved residency or fellowship training program, certification in medical oncology or hematology and medical oncology by the American Board of Internal Medicine or certification in oncology by the American Osteopathic Board of Internal Medicine.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience - Initial Privileges	<p>An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log.</p> <p>OR An applicant who is not applying directly out of a 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.</p> <p>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.</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience - Renewal of Privileges	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Primary Privileges

Medical Oncology is the Internal Medicine subspecialty that focuses on the diagnosis, treatment, and management of all types of cancer and other benign and malignant tumors.

Request	
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Admit/or Discharge to inpatient or appropriate level of care
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients presenting with all types of cancer and other benign and malignant neoplasms and tumors. Privileges include medical management of general medical conditions which are encountered in the course of care for medical oncology patients
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Assessment of tumor imaging by CT, MR, PET scanning, and nuclear imaging techniques
<input type="checkbox"/>	Bone marrow aspiration and/or biopsy
<input type="checkbox"/>	Lumbar puncture, diagnostic or therapeutic with drainage, with or without imaging guidance
<input type="checkbox"/>	Select, initiate, and administer chemotherapy agents and biological response modifiers via all therapeutic routes
<input type="checkbox"/>	Serial measurement of tumor mass
<input type="checkbox"/>	Supervision of apheresis procedures
<input type="checkbox"/>	Therapeutic thoracentesis and paracentesis

Privilege Cluster: Management of the Patient Undergoing Stem Cell/Bone Marrow Transplantation Privileges

Transplantation of healthy bone marrow into a patient whose bone marrow is not working properly. BMT may be done for several conditions including hereditary blood diseases, hereditary metabolic diseases, hereditary immune deficiencies, and various forms of cancer. The healthy bone marrow may be taken from a patient prior to chemotherapy or radiation treatment (autograft), or it may be taken from a donor (allograft).

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Qualifications

Education/Training	Completion of a BMT Fellowship program or a minimum of one year of clinical experience in a Foundation for the Accreditation of Cellular Therapy (FACT) accredited BMT program that included autologous and allogeneic transplantation. AND Program director must confirm competency to perform procedures if training was completed during the previous year.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Must qualify for and be granted primary privileges in hematology and/or medical oncology.

Request	
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Evaluate, identify, and manage transplant related complications
<input type="checkbox"/>	Provide consultation for patients with hematological and non-hematological diseases requiring transplantation
	Procedures
<input type="checkbox"/>	Administration and management of high dose chemotherapy and biological response modifiers through all therapeutic routes
<input type="checkbox"/>	Bone marrow, stem cell harvest procedure
<input type="checkbox"/>	Identify, evaluate, and manage acute and chronic graft versus host diseases including photopheresis
<input type="checkbox"/>	Supervision of apheresis for peripheral blood stem cell harvest

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Rheumatology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Completion of an ACGME or AOA accredited Residency training program in Internal Medicine.
AND Completion of an ACGME or AOA accredited Fellowship training program in Rheumatology.

Certification Current certification in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or its equivalent.
AND Current certification in Rheumatology by the American Board of Internal Medicine or in Rheumatology by the American Osteopathic Board of Internal Medicine or its equivalent.
OR Within five years of completion of an approved residency in Internal Medicine certification by the American Board of Anesthesiology or the American Osteopathic Board of Internal Medicine.
2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

Clinical Experience - Initial Privileges Should demonstrate provision of inpatient, outpatient or consultative rheumatology services to at least 50 patients in the past 24 months. (The hospital should determine the final number based on demographics and patient volume.) 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 a 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 24 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 24 months.

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

Clinical Experience - Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.

Primary Privileges	
Adult Rheumatology focuses on the evaluation, diagnosis, consultation, treatment and management of adult patients with acute and chronic multisystem rheumatic and musculoskeletal diseases and conditions.	
Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
	<input type="checkbox"/> Admit and/or Discharge patient
	<input type="checkbox"/> Consultative interpretation of radiology or laboratory testing involving bones, joints, or periarticular structures
	<input type="checkbox"/> Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients presenting with rheumatic diseases, disorders, and conditions of the joints, muscles and connective tissues, including systemic diseases with rheumatic manifestations. Privileges include medical management of general medical conditions which are encountered in the course of caring for the rheumatology patient
	<input type="checkbox"/> Perform history and physical examination
	Procedures
	<input type="checkbox"/> Arthrocentesis with diagnostic synovial fluid analysis by light or compensated polarized light microscopy
	<input type="checkbox"/> Performance and interpretation of biopsies of tissues (connective tissue, skin, muscles, salivary glands, nerves, blood vessels) relevant to the diagnosis of rheumatic diseases and conditions
	<input type="checkbox"/> Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses

Acknowledgment of Applicant	
<p>I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.</p>	
<hr/>	
Practitioner's Signature	
MCH	

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Nephrology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training Successful completion of a residency or fellowship training program in nephrology accredited by the ACGME or approved by the AOA.

Certification Current certification in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or its equivalent.

AND Current certification in Nephrology by the American Board of Internal Medicine or in Nephrology by the American Osteopathic Board of Internal Medicine or its equivalent.

OR Within five years of completion of an approved residency or fellowship in nephrology, certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.

Clinical Experience - Initial Privileges 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 a 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.

If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.

Clinical Experience - Renewal of Privileges Applicant must have provided clinical services representative of the scope of privileges requested during the past 24 months.

Primary Privileges

Nephrology is the subspecialty of Internal Medicine that focuses on the diagnosis, treatment, and management of diseases of the kidney and urinary system.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Admit and/or Discharge to inpatient or appropriate level of care
<input type="checkbox"/>	Consultative interpretation of radiologic tests pertaining to the kidneys and/or urinary system
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients presenting with diseases, disorders, and conditions of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Privileges include medical management of general medical conditions which are encountered in the course of caring for the nephrology patient.
<input type="checkbox"/>	Genetic and inherited renal disorders, evaluation and management of
<input type="checkbox"/>	Glomerular and vascular diseases, evaluation and management of
<input type="checkbox"/>	Perform history and physical examination
	Procedures
<input type="checkbox"/>	Acute and chronic hemodialysis
<input type="checkbox"/>	Acute and chronic peritoneal dialysis (excluding placement of peritoneal catheters)
<input type="checkbox"/>	Continuous renal replacement therapy
<input type="checkbox"/>	Percutaneous biopsy of kidneys, autologous or transplanted
<input type="checkbox"/>	Placement of temporary vascular access for hemodialysis, including non-tunneled central venous catheters and hemodialysis access cannulas
<input type="checkbox"/>	Placement and management of dialysis catheter, temporary or permanent

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Privilege Cluster: Transplant Nephrology

Transplant Nephrology specializes in kidney and pancreas transplants as well as caring for kidney and pancreas transplant recipients.

Qualifications

Education/Training	Completion of a 12-month Fellowship in transplant nephrology accredited by the American Society of Transplantation Transplant Nephrology Fellowship Training Accreditation Program.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months.
Additional Qualifications	Must qualify for and be granted primary privileges in Nephrology.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Care and management of kidney transplant/transplant immunology patient as part of an integrated team

☐ Consultative interpretation of biopsy of transplanted kidney

☐ Interpretation of ultrasound, transplanted kidney

Procedures

☐ Percutaneous biopsy of transplanted kidneys

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Critical Care Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion of an ACGME-accredited and/or AOA-approved residency training program in internal medicine, followed by an ACGME-accredited and/or AOA-approved fellowship training program in critical care medicine.
Certification	<p>Current certification in critical care medicine; surgical critical care; neurocritical care by the relevant American Board of Medical Specialties, American Osteopathic Board.</p> <p>OR Within five years of completion of an approved residency in internal medicine, certification by the American Board of Internal Medicine or American Osteopathic Association Board of Internal Medicine.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience - Initial Privileges	<p>An applicant who has just completed a residency shall provide his/her residency log.</p> <p>OR An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 month, including numbers of procedures performed, morbidity, mortality, infection rates and other complications.</p> <p>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</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Current certification in (insert type of certification that is required - i.e., ACLS, PALS) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.

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Primary Privileges

Critical care medicine is the internal medicine subspecialty that focuses on the diagnosis, management and prevention of complications in patients who are severely ill and who usually require intensive monitoring and/or organ system support.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Admit and/or Discharge to inpatient or appropriate level of care

☐ Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients who are severely ill with various diseases, disorders, conditions, or injuries that lead to life threatening conditions (multiple organ dysfunction) and require intensive monitoring and/or organ system support.

☐ Perform history and physical examination

Procedures

☐ Airway patency and maintenance procedures including intubation, laryngoscopy, bronchoscopy and therapeutic diagnostic removal of foreign body

☐ Emergent cardioversion

☐ Cricothyroid puncture

☐ Continuous Renal Replacement Therapy (CRRT)

☐ Echocardiography

☐ Emergency cardioversion

☐ Insertion and management of arterial lines, central venous catheters, pulmonary artery catheters, and hemodialysis catheters, with or without imaging guidance

☐ Insertion and management of temporary transvenous pacemaker

☐ Hypothermic therapy, application of

☐ Lumbar puncture, with or without image guidance, including administration of intrathecal medication

☐ Moderate Sedation

☐ Percutaneous cavitory catheter placement

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☐ Percutaneous Dilatational Tracheostomy (PDT)

☐ Paracentesis and pericardiocentesis, with or without image guidance

☐ Sedation-deep, Etomidate/propofol administration

☐ Tube thoracostomy, including connection to drainage system (eg, water seal), thoracentesis, needle or catheter, aspiration of pleural space, and pleural drainage, with insertion of indwelling catheter, with or without imaging guidance

<input type="checkbox"/>	Ventilator management
<input type="checkbox"/>	Wound care management, including local anesthetic techniques, debridement, incision and drainage of superficial soft tissue masses or abscesses, placement and removal of drains, specialized dressing selection as needed, and wound closure

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Physical Medicine and Rehabilitation

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion of a residency training program in physical medicine and rehabilitation accredited by the ACGME or approved by the AOA.
Certification	<p>Current certification in Physical Medicine and Rehabilitation by the American Board of Phys Medicine and Rehab or in Physical Medicine and Rehabilitation by the American Osteopathic Board of Physical Medicine and Rehabilitation or its equivalent.</p> <p>OR Within five years of completion of an approved residency, certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience - Initial Privileges	<p>Should demonstrate inpatient or consultative physician medicine and rehabilitation services to 50 patients in the past 12 months. (This can be demonstrated in one of the following ways:</p> <p>An applicant who has just completed a residency shall provide his/her residency log.</p> <p>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.</p> <p>OR An applicant who is not applying directly out of a residency 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.</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Primary Privileges

Physical medicine and rehabilitation is the medical specialty that focuses on the diagnoses, evaluation, and management of persons of all ages with physical and/or cognitive impairments, disabilities, and functional limitations.

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Admit and/or Discharge to inpatient or appropriate level of care

☐ Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients presenting with physical and/or cognitive impairments, disabilities, and functional imitations including disorders or disabilities in the muscles, bones, and nervous system, neck or back pain, sports and work injuries, stroke, brain injury, spinal cord injury, spasticity, and any other disability or disorder that affects function

☐ Perform history and physical examination

☐ Perform ergonomic and fitness-for-duty evaluations

Procedures

☐ Arthrocentesis, aspiration and/or injection, with or without image guidance

☐ Chemical neuromuscular denervation (e.g., Botulinum toxin injection)

☐ Care of wounds and decubitus

☐ Chemolysis, paralytic and nonparalytic, intramuscular, peripheral nerve, and cauda equina

☐ Prescribe orthotics, prosthetics, wheelchairs, ambulatory devices, special beds and other assistive devices

☐ Perform and interpret Electromyography (EMG) and nerve conduction studies

☐ Peripheral nerve block (plexus, nerve, or branch)

☐ Soft tissue and trigger point injections, including tendon, ligament, sheath, muscle, and fascia

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Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical

privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Physician Assistant - Critical Care

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	Successful completion from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or by one of its predecessor agencies (The Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs).
Certification	Certification by the National Commission on Certification of Physician Assistants (NCCPA). (NCCPA Certification is required for initial licensure in Texas but not for renewal of an active Texas Physician Assistant License); AND Current state licensure by the Texas State Board of Physician Assistants Examiners.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services in the specific privileges requested during the previous 24 months (waived for applicants who completed training within the past year). AND Applicant must provide procedure logs within a 24 month period. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services in the specific privileges requested during the past 24 months. AND Must provide ongoing continuing education specific to your scope of practice. For Obstetrics, must be specific to maternal care, pregnant and postpartum patients including complicated and critical conditions.
Additional Qualifications	Current certification in (insert type of certification that is required - i.e., ACLS, PALS) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.

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Primary Privileges

Description:

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Formulate a diagnosis and establish priorities to meet the patient's health and medical needs and provide ongoing medical management
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Perform, order and interpret preventive and non-invasive diagnostic tests
<input type="checkbox"/>	Prescribe/order pharmacologic and non-operative therapeutic interventions
	Procedures
<input type="checkbox"/>	Abdominal paracentesis, diagnostic or therapeutic, with or without imaging guidance
<input type="checkbox"/>	Fiberoptic Bronchoscopy Diagnostic / Therapeutic with and/ or without bronchoalveolar lavage
<input type="checkbox"/>	Adjust temporary pacemaker settings
<input type="checkbox"/>	Arterial puncture for arterial blood gas (ABG) sampling
<input type="checkbox"/>	Arthrocentesis, aspiration and/or injection, with or without image guidance
<input type="checkbox"/>	Incision and drainage or aspiration of palpable, superficial soft tissue mass
<input type="checkbox"/>	Initiate and manage blood component therapy
<input type="checkbox"/>	Intubation
<input type="checkbox"/>	Lumbar puncture, diagnostic or therapeutic with drainage, with or without imaging guidance
<input type="checkbox"/>	Simple superficial debridement; wound closure; and general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid)
<input type="checkbox"/>	Thoracentesis, needle or catheter, with or without imaging guidance
<input type="checkbox"/>	Thoracostomy tube placement and management
<input type="checkbox"/>	Ultrasound guided insertion and management of peripheral catheterization
<input type="checkbox"/>	Ventilator management
	Vascular Access
<input type="checkbox"/>	Insertion and management, arterial catheterization or cannulation for sampling, monitoring, or transfusion
<input type="checkbox"/>	Insertion and management, central venous catheter
<input type="checkbox"/>	Management, pulmonary artery catheters

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Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated

competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Nurse Practitioner - Critical Care

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a *Privilege Cluster*.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ MCH

Required Qualifications

Education/Training	RN with post-baccalaureate academic preparation, evidenced by successful completion of a Nurse Practitioner (NP) master's degree (accredited by the American Academy of Nurse Practitioners), in a nursing program in the applicant's specialty area; AND Current certification by the Board of Nurse Examiners for the State of Texas to practice as an Advanced Practice Nurse;
Certification	Current certification by a nationally accredited professional nursing organization such as the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP). AND Must be enrolled and/or participate in certification with AACN. OR Within 12 months of employment must be certified with AACN..
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services in the specific privileges requested during the previous 24 months (waived for applicants who completed training within the past year). AND Applicant must provide procedure logs within a 24 month period. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience - Renewal of Privileges	Applicant must have provided clinical services in the specific privileges requested during the past 24 months. AND Must provide ongoing continuing education specific to your scope of practice. For Obstetrics, must be specific to maternal care, pregnant and postpartum patients including complicated and critical conditions. For neonatal, must be specific to neonatal care.
Additional Qualifications	Current certification in (Insert type of certification that is required - i.e., ACLS, PALS) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.

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Primary Privileges

Description: Nurse practitioners who provide care to patients in the Critical Care setting. Note: (This is an all ages form and may be adopted for any critical care setting (i.e., pediatric critical care, adult critical care). There is a separate form, however, for the neonatal critical care setting.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Evaluation and Management
<input type="checkbox"/>	Formulate a diagnosis and establish priorities to meet the patient's health and medical needs and provide ongoing medical management
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Perform, order and interpret preventive and non-invasive diagnostic tests
<input type="checkbox"/>	Prescribe/order pharmacologic and non-operative therapeutic interventions
	Procedures
<input type="checkbox"/>	Abdominal paracentesis (diagnostic or therapeutic), with or without imaging guidance
<input type="checkbox"/>	Adjust temporary pacemaker settings
<input type="checkbox"/>	Airway patency and maintenance procedures including intubation, laryngoscopy, bronchoscopy and therapeutic diagnostic removal of foreign body
<input type="checkbox"/>	Airway patency and maintenance procedures including intubation, laryngoscopy, bronchoscopy and therapeutic diagnostic removal of foreign body
<input type="checkbox"/>	Arterial puncture for arterial blood gas (ABG) sampling
<input type="checkbox"/>	Arthrocentesis, aspiration and/or injection, with or without image guidance
<input type="checkbox"/>	Fiberoptic Bronchoscopy Diagnostic / Therapeutic with and/ or without bronchoalveolar lavage
<input type="checkbox"/>	Incision and drainage or aspiration of palpable, superficial soft tissue mass
<input type="checkbox"/>	Initiate and manage blood component therapy
<input type="checkbox"/>	Insertion and management, central venous catheter
<input type="checkbox"/>	Insertion and management, arterial catheterization or cannulation for sampling, monitoring, or transfusion
<input type="checkbox"/>	Intubation
<input type="checkbox"/>	Management, pulmonary artery catheters
<input type="checkbox"/>	Lumbar puncture, diagnostic or therapeutic with drainage, with or without imaging guidance
<input type="checkbox"/>	Simple superficial debridement; wound closure; and general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid)
<input type="checkbox"/>	Thoracentesis, needle or catheter, with or without imaging guidance
<input type="checkbox"/>	Thoracostomy tube placement and management
<input type="checkbox"/>	Ultrasound guided insertion and management of peripheral catheterization

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☐

Ventilator management

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Medical Center Health System

Your One Source for Health

Radiology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☒ **MCH**

Required Qualifications

Education/Training	Successful completion of a residency training program in diagnostic radiology accredited by the ACGME or approved by the AOA. OR Completion of an ACGME accredited residency in Interventional Radiology (integrated program).
Certification	Current certification in Diagnostic Radiology or in Interventional Radiology and Diagnostic Radiology (integrated certificate) by the American Board of Radiology OR in Diagnostic Radiology by the American Osteopathic Board of Radiology or its equivalent. OR Within five years of completion of an approved residency, certification in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology. 2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.
Clinical Experience (Initial)	Should demonstrate 7,000 radiologic examinations per resident year and at least 240 mammograms within a 6-month period. This can be demonstrated in one of the following ways: OR An applicant who has just completed a residency shall provide his/her residency log. OR An applicant who is not applying directly out of a residency 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. 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. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Successful completion of a residency training program in diagnostic radiology accredited by the ACGME or approved by the AOA.

AND If mammography privileges are requested: All mammography must be performed in conformance with the Mammography Quality Standards Act (MQSA) regulations.

Primary Privileges

Diagnostic radiology encompasses image-based diagnosis and image-guided therapeutic techniques, and includes but is not limited to: computed tomography (CT); interventional procedures; magnetic resonance imaging (MRI); medical physics; nuclear radiology and molecular imaging; radiography/fluoroscopy; ultrasonography; and radiology quality and safety. Diagnostic radiology educational content includes, but is not limited to, diagnostic imaging and related image-guided interventions in the following 10 categories: breast; cardiac; gastrointestinal; musculoskeletal; neurologic; pediatric; reproductive and endocrine; thoracic; urinary; and vascular.

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Select, Perform, and Interpret
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Coronary CTA
<input type="checkbox"/>	Diagnostic CT (Computed Tomography) and CTA (Computed Tomography Angiography)
<input type="checkbox"/>	Diagnostic imaging, routine, including x-rays, and fluoroscopic procedures
<input type="checkbox"/>	Diagnostic nuclear medicine studies
<input type="checkbox"/>	Diagnostic ultrasound
<input type="checkbox"/>	Image-guided biopsy and drainage procedures (excludes breast)
<input type="checkbox"/>	Image-guided diagnostic procedures including contrast studies of the gastrointestinal and genitourinary systems, arthrography, lumbar puncture, discography, myelography, and cisternography
<input type="checkbox"/>	Mammography, diagnostic or screening
<input type="checkbox"/>	Moderate Sedation
<input type="checkbox"/>	MRI (Magnetic Resonance Imaging) and MRA (Magnetic Resonance Angiography)
<input type="checkbox"/>	PET and PET CT

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Privilege Cluster: Interventional Radiology

Interventional radiology focuses on diagnostic and therapeutic aspects of patient care through expertise in diagnostic imaging, image-guided, minimally invasive procedures, and the evaluation and clinical management of patients with conditions amenable to these methods.

Qualifications

Education/Training	Completion of an ACGME or AOA accredited fellowship program in Interventional Radiology.
Certification	<p>Within five years of completion of an approved residency, certification in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.</p> <p>2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) 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.</p>
Clinical Experience (Initial)	<p>Applicant must provide documentation of provision of vascular and interventional radiology services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	<p>Current certification in (insert type of certification that is required - i.e., ACLS, BLS ,PALS) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.</p> <p>AND If privileges to perform transarterial radioembolization are requested the applicant must provide documentation of completion of manufacturers designated or sponsored training including supervised cases on human subjects.</p>

Request

☐ - Newly Requested privileges ☐ - Currently Granted privileges

Evaluation and Management

☐ Pre- and post-procedure clinical evaluation and management of patients

☐ Spinal myelography, spinal injections, nerve blocks, and paravertebral facet joint injections

Perform and interpret percutaneous and vascular procedures

☐ Angiography, venography, fistulography and lymphangiography

☐ Cerebral Angiography

☐ Image-guided procedures including percutaneous tube placement, fluid and cyst aspiration, nephrostomy, biliary drainage, venous sampling, gastrostomy tube placement, transcervical fallopian tube recanalization, and other procedures requiring the same or similar techniques and skills

☐ Image guided ablation procedures - all modes

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<input type="checkbox"/>	Insertion and management of transvenous intrahepatic portosystemic shunts (TIPS), including venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance
<input type="checkbox"/>	Intracranial Thrombolysis and/or Thrombectomy
<input type="checkbox"/>	Intracranial Embolization
<input type="checkbox"/>	Intracranial angioplasty with or without stenting (excludes carotids)
<input type="checkbox"/>	Percutaneous transcatheter retrieval of intravascular foreign body
<input type="checkbox"/>	Therapeutic vascular radiology procedures (excludes intracranial and carotids), including angiography, balloon angioplasty with and without stenting, atherectomy, thrombectomy and/or thrombolysis, vascular embolization, AV fistula creation or revision, intravascular vena cava filter insertion and management, and endovascular aneurysm repair
<input type="checkbox"/>	Transarterial radioembolization in collaboration with a Radiation Oncologist
<input type="checkbox"/>	Transcatheter genitourinary procedures involving calculus extraction or fragmentation, stent placement, stricture dilation, clot removal, or reduction of prostate enlargement
<input type="checkbox"/>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed

Privilege Cluster: Specialized Breast Imaging and Invasive Procedures

Select, perform and interpret imaging and invasive procedures related to the detection and treatment of cancer of the breast.

Qualifications

Education/Training	<p>Completion of a residency or fellowship program in radiology approved by the ACGME that included breast imaging and invasive procedures AND confirmation from program director that applicant is trained and qualified to perform breast imaging and invasive procedures.</p> <p>OR Evidence of regular performance of breast imaging and invasive procedures during the past 24 months AND documentation from previous practice location of volume of clinical activity and outcomes</p>
Certification	<p>Current certification in Diagnostic Radiology OR Interventional Radiology and Diagnostic Radiology (integrated certificate) by the American Board of Radiology.</p>
Clinical Experience (Initial)	<p>Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.</p> <p>AND Meet the numeric requirements for stereotactic breast procedures during the previous 24 months if stereotactic breast procedures are requested.</p> <p>OR Completion of training specified for this privilege cluster during the previous 12 months (see Education/Training)</p> <p>If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.</p>
Clinical Experience (Reappointment)	<p>Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.</p> <p>AND Meet the numeric requirements for stereotactic breast procedures during the previous 24 months if stereotactic breast procedures are requested.</p>

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Select, perform and interpret
	<input type="checkbox"/> Diagnostic breast imaging consultation which may include diagnostic mammography or other imaging studies
	<input type="checkbox"/> Stereotactic guided biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed (Must perform 24 every 2 Years)
	<input type="checkbox"/> Magnetic resonance guided biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed
	<input type="checkbox"/> Ultrasound guided biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed

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Privilege Cluster: Telemedicine/Telehealth Privileges

Description: Practitioners should request telemedicine privileges ONLY if all of the privileges they are granted are to be exercised via an electronic link. This restriction for remote clinical services applies to any privileges granted on this privilege form for the facility where the application is being made. Clinical services are limited to only those aspects of the privileges granted that can be provided remotely.

Qualifications

Education/Training	Completion of an ACGME or AOA accredited residency or fellowship training program required to qualify for primary privileges in the applicable specialty or as required in Medical Staff Bylaws.
Certification	Board certification as required to qualify for primary privileges in the applicable specialty or as required in Medical Staff Bylaws.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

☐ - Newly Requested privileges ☒ - Currently Granted privileges

Telemedicine/Telehealth

☐ Privileges granted to be provided remotely via an electronic telemedicine link only

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is

based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Family Health Clinic
November 2024
ECHD Board Update

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 1,699,114	\$ 1,638,152	3.7%	\$ 865,775	96.3%	\$ 19,812,285	\$ 20,310,487	-2.5%	\$ 7,639,894	159.3%
TOTAL PATIENT REVENUE	\$ 1,699,114	\$ 1,638,152	3.7%	\$ 865,775	96.3%	\$ 19,812,285	\$ 20,310,487	-2.5%	\$ 7,639,894	159.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 717,643	\$ 803,545	-10.7%	\$ 498,540	43.9%	\$ 8,860,427	\$ 10,001,875	-11.4%	\$ 4,203,120	110.8%
Self Pay Adjustments	144,311	100,932	43.0%	48,328	198.6%	1,025,525	1,264,352	-18.9%	626,061	63.8%
Bad Debts	25,254	54,891	-54.0%	13,945	81.1%	613,226	637,434	-3.8%	(82,303)	-845.1%
TOTAL REVENUE DEDUCTIONS	\$ 887,209	\$ 959,368	-7.5%	\$ 560,813	58.2%	\$ 10,499,177	\$ 11,903,661	-11.8%	\$ 4,746,878	121.2%
	52.22%	58.56%		64.78%		52.99%	58.61%		62.13%	
NET PATIENT REVENUE	\$ 811,905	\$ 678,784	19.6%	\$ 304,962	166.2%	\$ 9,313,108	\$ 8,406,826	10.8%	\$ 2,893,016	221.9%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 41,095	\$ 18,571	121.3%	\$ -	100.0%	\$ 435,903	\$ 222,841	95.6%	\$ 1,365,358	-68.1%
TOTAL OTHER REVENUE	\$ 41,095	\$ 18,571	121.3%	\$ -	0.0%	\$ 435,903	\$ 222,841	95.6%	\$ 1,365,358	-68.1%
NET OPERATING REVENUE	\$ 853,000	\$ 697,355	22.3%	\$ 304,962	179.7%	\$ 9,749,011	\$ 8,629,667	13.0%	\$ 4,258,375	128.9%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 198,025	\$ 238,218	-16.9%	\$ 152,163	30.1%	\$ 2,315,643	\$ 2,945,092	-21.4%	\$ 1,306,248	77.3%
Benefits	32,316	40,182	-19.6%	20,752	55.7%	217,873	488,936	-55.4%	300,469	-27.5%
Physician Services	504,221	460,877	9.4%	296,646	70.0%	5,541,434	5,586,437	-0.8%	2,138,740	159.1%
Cost of Drugs Sold	116,308	64,550	80.2%	12,584	824.3%	812,719	799,100	1.7%	246,528	229.7%
Supplies	21,401	11,297	89.4%	14,480	47.8%	231,504	144,939	59.7%	122,848	88.4%
Utilities	5,869	5,347	9.8%	6,973	-15.8%	67,437	66,312	1.7%	70,143	-3.9%
Repairs and Maintenance	1,146	2,236	-48.7%	527	117.5%	22,543	26,887	-16.2%	17,613	28.0%
Leases and Rentals	307	4,478	-93.2%	2,109	-85.5%	12,441	53,725	-76.8%	8,252	50.8%
Other Expense	1,000	1,352	-26.0%	1,000	0.0%	12,693	18,500	-31.4%	44,488	-71.5%
TOTAL OPERATING EXPENSES	\$ 880,593	\$ 828,537	6.3%	\$ 507,235	73.6%	\$ 9,234,286	\$ 10,129,928	-8.8%	\$ 4,255,331	117.0%
Depreciation/Amortization	\$ 21,844	\$ 23,353	-6.5%	\$ 24,971	-12.5%	\$ 296,313	\$ 284,007	4.3%	\$ 287,488	3.1%
TOTAL OPERATING COSTS	\$ 902,437	\$ 851,890	5.9%	\$ 532,206	69.6%	\$ 9,530,599	\$ 10,413,935	-8.5%	\$ 4,542,819	109.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (49,437)	\$ (154,535)	-68.0%	\$ (227,243)	-78.2%	\$ 218,412	\$ (1,784,268)	-112.2%	\$ (284,444)	-176.8%
Operating Margin	-5.80%	-22.16%	-73.8%	-74.52%	-92.2%	2.24%	-20.68%	-110.8%	-6.68%	-133.5%

	CURRENT MONTH					YEAR TO DATE				
	3,667	3,888	-5.7%	3,025	21.2%	44,742	48,768	-8.3%	24,657	81.5%
Total Visits										
Average Revenue per Office Visit	463.35	421.34	10.0%	286.21	61.9%	442.81	416.47	6.3%	309.85	42.9%
Hospital FTE's (Salaries and Wages)	45.7	54.9	-16.8%	35.8	27.8%	44.8	56.5	-20.8%	26.0	71.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
SEPTEMBER 2024**

	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	\$ 73,874	\$ 177,705	-58.4%	\$ 143,813	-48.6%	\$ 1,646,025	\$ 2,330,691	-29.4%	\$ 2,066,518	-20.3%
TOTAL PATIENT REVENUE	\$ 73,874	\$ 177,705	-58.4%	\$ 143,813	-48.6%	\$ 1,646,025	\$ 2,330,691	-29.4%	\$ 2,066,518	-20.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 26,262	\$ 96,307	-72.7%	\$ 71,999	-63.5%	\$ 778,672	\$ 1,263,110	-38.4%	\$ 1,114,002	-30.1%
Self Pay Adjustments	29,480	22,468	31.2%	20,565	43.4%	280,955	292,403	-3.9%	279,071	0.7%
Bad Debts	(4,730)	(12,754)	-62.9%	1,772	-366.9%	66,116	(167,272)	-139.5%	(42,882)	-254.2%
TOTAL REVENUE DEDUCTIONS	\$ 51,011	\$ 106,021	-51.9%	\$ 94,337	-45.9%	\$ 1,125,743	\$ 1,388,241	-18.9%	\$ 1,350,191	-16.6%
	69.1%	59.7%		65.6%		68.4%	59.6%		65.3%	
NET PATIENT REVENUE	\$ 22,863	\$ 71,684	-68.1%	\$ 49,476	-53.8%	\$ 520,281	\$ 942,450	-44.8%	\$ 716,327	-27.4%
OTHER REVENUE										
FHC Other Revenue	\$ 41,095	\$ 18,571	0.0%	\$ -	0.0%	\$ 435,903	\$ 222,841	0.0%	\$ 1,365,358	-68.1%
TOTAL OTHER REVENUE	\$ 41,095	\$ 18,571	121.3%	\$ -	0.0%	\$ 435,903	\$ 222,841	95.6%	\$ 1,365,358	-68.1%
NET OPERATING REVENUE	\$ 63,957	\$ 90,255	-29.1%	\$ 49,476	29.3%	\$ 956,184	\$ 1,165,291	-17.9%	\$ 2,081,685	-54.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 60,063	\$ 59,365	1.2%	\$ 52,017	15.5%	\$ 684,589	\$ 767,433	-10.8%	\$ 913,803	-25.1%
Benefits	9,802	10,013	-2.1%	7,094	38.2%	64,301	127,407	-49.5%	210,197	-69.4%
Physician Services	42,501	65,850	-35.5%	58,851	-27.8%	738,059	790,200	-6.6%	1,179,506	-37.4%
Cost of Drugs Sold	34,078	7,527	352.7%	1,722	1878.9%	194,429	98,673	97.0%	53,962	260.3%
Supplies	4,400	2,541	73.2%	3,261	34.9%	66,421	32,086	107.0%	36,005	84.5%
Utilities	2,619	2,763	-5.2%	3,765	-30.4%	33,112	33,346	-0.7%	35,288	-6.2%
Repairs and Maintenance	527	2,019	-73.9%	527	0.0%	13,084	24,327	-46.2%	15,693	-16.6%
Leases and Rentals	292	536	-45.6%	818	-64.3%	6,883	6,443	6.8%	6,721	2.4%
Other Expense	1,000	1,227	-18.5%	1,000	0.0%	12,693	17,000	-25.3%	43,937	-71.1%
TOTAL OPERATING EXPENSES	\$ 155,283	\$ 151,841	2.3%	\$ 129,055	20.3%	\$ 1,813,571	\$ 1,896,915	-4.4%	\$ 2,495,113	-27.3%
Depreciation/Amortization	\$ 4,048	\$ 2,692	50.4%	\$ 4,071	-0.6%	\$ 48,626	\$ 32,623	49.1%	\$ 37,062	31.2%
TOTAL OPERATING COSTS	\$ 159,331	\$ 154,533	3.1%	\$ 133,127	19.7%	\$ 1,862,196	\$ 1,929,538	-3.5%	\$ 2,532,175	-26.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ (95,374)	\$ (64,278)	-48.4%	\$ (83,650)	-14.0%	\$ (906,013)	\$ (764,247)	-18.5%	\$ (450,490)	101.1%
Operating Margin	-149.12%	-71.22%	109.4%	-169.07%	-11.8%	-94.75%	-65.58%	44.5%	-21.64%	337.8%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	276	640	-56.9%	560	-50.7%	5,851	8,394	-30.3%	7,641	-23.4%
Average Revenue per Office Visit	267.66	277.66	-3.6%	256.81	4.2%	281.32	277.66	1.3%	270.45	4.0%
Hospital FTE's (Salaries and Wages)	12.0	12.1	-0.8%	10.9	9.7%	10.2	13.0	-21.4%	11.6	-12.1%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 180,888	\$ 184,357	-1.9%	\$ 176,476	2.5%	\$ 2,428,625	\$ 2,420,763	0.3%	\$ 2,271,853	6.9%
TOTAL PATIENT REVENUE	\$ 180,888	\$ 184,357	-1.9%	\$ 176,476	2.5%	\$ 2,428,625	\$ 2,420,763	0.3%	\$ 2,271,853	6.9%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 59,079	\$ 102,045	-42.1%	\$ 94,981	-37.8%	\$ 1,127,494	\$ 1,339,937	-15.9%	\$ 1,254,810	-10.1%
Self Pay Adjustments	55,957	16,916	230.8%	16,263	244.1%	336,506	222,121	51.5%	208,526	61.4%
Bad Debts	5,033	1,328	279.0%	2,188	130.0%	82,854	17,442	375.0%	17,286	379.3%
TOTAL REVENUE DEDUCTIONS	\$ 120,069	\$ 120,289	-0.2%	\$ 113,432	5.9%	\$ 1,546,854	\$ 1,579,500	-2.1%	\$ 1,480,622	4.5%
	66.38%	65.25%		64.28%		63.69%	65.25%		65.17%	
NET PATIENT REVENUE	\$ 60,818	\$ 64,068	-5.1%	\$ 63,044	-3.5%	\$ 881,772	\$ 841,263	4.8%	\$ 791,231	11.4%
<u>OTHER REVENUE</u>										
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	\$ 60,818	\$ 64,068	-5.1%	\$ 63,044	-3.5%	\$ 881,772	\$ 841,263	4.8%	\$ 791,231	11.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 24,893	\$ 24,461	1.8%	\$ 27,343	-9.0%	\$ 254,648	\$ 316,617	-19.6%	\$ 117,010	117.6%
Benefits	4,062	4,126	-1.6%	3,729	8.9%	23,918	52,564	-54.5%	26,915	-11.1%
Physician Services	56,340	55,737	1.1%	52,254	7.8%	623,884	668,800	-6.7%	437,451	42.6%
Cost of Drugs Sold	9,843	2,941	234.7%	863	1040.4%	55,404	38,614	43.5%	40,036	38.4%
Supplies	5,659	2,879	96.6%	1,227	361.1%	25,998	37,364	-30.4%	29,626	-12.2%
Utilities	3,250	2,584	25.8%	3,209	1.3%	34,325	32,966	4.1%	34,855	-1.5%
Repairs and Maintenance	-	217	-100.0%	-	100.0%	-	2,560	-100.0%	1,920	-100.0%
Leases and Rentals	15	-	0.0%	40	-62.5%	464	-	0.0%	280	65.8%
Other Expense	-	125	-100.0%	-	0.0%	-	1,500	-100.0%	551	-100.0%
TOTAL OPERATING EXPENSES	\$ 104,062	\$ 93,070	11.8%	\$ 88,666	17.4%	\$ 1,018,642	\$ 1,150,985	-11.5%	\$ 688,645	47.9%
Depreciation/Amortization	\$ 17,721	\$ 20,497	-13.5%	\$ 20,824	-14.9%	\$ 246,789	\$ 249,409	-1.1%	\$ 249,528	-1.1%
TOTAL OPERATING COSTS	\$ 121,783	\$ 113,567	7.2%	\$ 109,490	11.2%	\$ 1,265,431	\$ 1,400,394	-9.6%	\$ 938,173	34.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (60,965)	\$ (49,499)	23.2%	\$ (46,446)	31.3%	\$ (383,660)	\$ (559,131)	-31.4%	\$ (146,942)	161.1%
Operating Margin	-100.24%	-77.26%	29.7%	-73.67%	36.1%	-43.51%	-66.46%	-34.5%	-18.57%	134.3%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	638	612	4.2%	629	1.4%	8,143	8,036	1.3%	7,560	7.7%
Average Revenue per Office Visit	283.52	301.24	-5.9%	280.57	1.1%	298.25	301.24	-1.0%	300.51	-0.8%
Hospital FTE's (Salaries and Wages)	7.0	6.5	7.5%	7.0	0.6%	6.9	7.0	-1.8%	5.9	17.3%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 390,705	\$ 245,204	59.3%	\$ 243,549	60.4%	\$ 4,509,509	\$ 3,215,801	40.2%	\$ 2,999,585	50.3%
TOTAL PATIENT REVENUE	\$ 390,705	\$ 245,204	59.3%	\$ 243,549	60.4%	\$ 4,509,509	\$ 3,215,801	40.2%	\$ 2,999,585	50.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 182,653	\$ 133,699	36.6%	\$ 146,266	24.9%	\$ 2,227,894	\$ 1,753,435	27.1%	\$ 1,649,013	35.1%
Self Pay Adjustments	13,976	11,296	23.7%	7,182	94.6%	111,308	148,145	-24.9%	134,146	-17.0%
Bad Debts	9,691	(5,934)	-263.3%	7,151	35.5%	138,593	(77,818)	-278.1%	(59,540)	-332.8%
TOTAL REVENUE DEDUCTIONS	\$ 206,320	\$ 139,061	48.4%	\$ 160,599	28.5%	\$ 2,477,794	\$ 1,823,762	35.9%	\$ 1,723,618	43.8%
	52.81%	56.71%		65.94%		54.95%	56.71%		57.46%	
NET PATIENT REVENUE	\$ 184,384	\$ 106,143	73.7%	\$ 82,950	122.3%	\$ 2,031,715	\$ 1,392,039	46.0%	\$ 1,275,966	59.2%
<u>OTHER REVENUE</u>										
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	\$ 184,384	\$ 106,143	73.7%	\$ 82,950	122.3%	\$ 2,031,715	\$ 1,392,039	46.0%	\$ 1,275,966	59.2%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 29,468	\$ 32,777	-10.1%	\$ 28,052	5.0%	\$ 384,992	\$ 423,695	-9.1%	\$ 230,683	66.9%
Benefits	4,809	5,529	-13.0%	3,826	25.7%	36,161	70,341	-48.6%	53,063	-31.9%
Physician Services	68,458	59,462	15.1%	50,156	36.5%	724,328	713,500	1.5%	386,398	87.5%
Cost of Drugs Sold	39,062	12,506	212.3%	9,999	290.7%	256,679	164,008	56.5%	152,530	68.3%
Supplies	4,379	4,780	-8.4%	6,649	-34.1%	44,963	62,259	-27.8%	53,874	-16.5%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 146,176	\$ 115,054	27.1%	\$ 98,682	48.1%	\$ 1,447,123	\$ 1,433,803	0.9%	\$ 876,549	65.1%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 898	\$ 900	-0.2%	\$ 898	0.0%
TOTAL OPERATING COSTS	\$ 146,251	\$ 115,129	27.0%	\$ 98,757	48.1%	\$ 1,448,021	\$ 1,434,703	0.9%	\$ 877,447	65.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ 38,133	\$ (8,986)	-524.4%	\$ (15,807)	-341.2%	\$ 583,694	\$ (42,664)	-1468.1%	\$ 398,519	46.5%
Operating Margin	20.68%	-8.47%	-344.3%	-19.06%	-208.5%	28.73%	-3.06%	-1037.4%	31.23%	-8.0%

	CURRENT MONTH					YEAR TO DATE				
	1,057	680	55.4%	712	48.5%	11,006	8,918	23.4%	8,332	32.1%
Total Visits										
Average Revenue per Office Visit	369.64	360.59	2.5%	342.06	8.1%	409.73	360.60	13.6%	360.01	13.8%
Hospital FTE's (Salaries and Wages)	7.7	8.9	-13.6%	7.8	-1.2%	9.0	9.6	-6.2%	7.7	17.2%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC- OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 1,053,648	\$ 1,030,886	2.2%	\$ 301,938	249.0%	\$ 11,228,126	\$ 12,343,232	-9.0%	\$ 301,938	3618.7%
TOTAL PATIENT REVENUE	\$ 1,053,648	\$ 1,030,886	2.2%	\$ 301,938	249.0%	\$ 11,228,126	\$ 12,343,232	-9.0%	\$ 301,938	3618.7%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 449,650	\$ 471,494	-4.6%	\$ 185,294	142.7%	\$ 4,726,366	\$ 5,645,393	-16.3%	\$ 185,294	2450.7%
Self Pay Adjustments	44,898	50,252	-10.7%	4,318	939.8%	296,757	601,683	-50.7%	4,318	6772.5%
Bad Debts	15,260	72,251	-78.9%	2,834	438.6%	325,663	865,082	-62.4%	2,834	11393.1%
TOTAL REVENUE DEDUCTIONS	\$ 509,808	\$ 593,997	-14.2%	\$ 192,446	164.9%	\$ 5,348,786	\$ 7,112,158	-24.8%	\$ 192,446	2679.4%
	48.39%	57.62%		63.74%		47.64%	57.62%		63.74%	
NET PATIENT REVENUE	\$ 543,840	\$ 436,889	24.5%	\$ 109,492	396.7%	\$ 5,879,341	\$ 5,231,074	12.4%	\$ 109,492	5269.6%
<u>OTHER REVENUE</u>										
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	\$ 543,840	\$ 436,889	24.5%	\$ 109,492	396.7%	\$ 5,879,341	\$ 5,231,074	12.4%	\$ 109,492	5269.6%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 83,601	\$ 121,615	-31.3%	\$ 44,752	86.8%	\$ 991,414	\$ 1,437,347	-31.0%	\$ 44,752	2115.4%
Benefits	13,643	20,514	-33.5%	6,103	123.5%	93,493	238,624	-60.8%	10,294	808.2%
Physician Services	336,922	279,828	20.4%	135,384	148.9%	3,455,163	3,413,937	1.2%	135,384	2452.1%
Cost of Drugs Sold	33,325	41,576	-19.8%	-	100.0%	306,207	497,805	-38.5%	-	100.0%
Supplies	6,962	1,097	534.6%	3,342	108.3%	94,121	13,230	611.4%	3,342	2716.2%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	619	-	0.0%	-	100.0%	9,459	-	0.0%	-	100.0%
Leases and Rentals	-	3,942	-100.0%	1,251	-100.0%	5,094	47,282	-89.2%	1,251	307.1%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 475,072	\$ 468,572	1.4%	\$ 190,832	148.9%	\$ 4,954,950	\$ 5,648,225	-12.3%	\$ 195,023	2440.7%
Depreciation/Amortization	\$ -	\$ 89	-100.0%	\$ -	100.0%	\$ -	\$ 1,075	-100.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 475,072	\$ 468,661	1.4%	\$ 190,832	148.9%	\$ 4,954,950	\$ 5,649,300	-12.3%	\$ 195,023	2440.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ 68,768	\$ (31,772)	-316.4%	\$ (81,340)	-184.5%	\$ 924,390	\$ (418,226)	-321.0%	\$ (85,531)	-1180.8%
Operating Margin	12.64%	-7.27%	-273.9%	-74.29%	-117.0%	15.72%	-8.00%	-296.7%	-78.12%	-120.1%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	1,696	1,956	-13.3%	1,124	50.9%	19,742	23,420	-15.7%	1,124	1656.4%
Average Revenue per Office Visit	621.25	527.04	17.9%	268.63	131.3%	568.74	527.04	7.9%	268.63	111.7%
Hospital FTE's (Salaries and Wages)	19.0	27.4	-30.7%	10.1	88.7%	18.6	26.9	-30.7%	0.8	2153.5%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
SEPTEMBER 2024**

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 26,833	\$ 43,591	\$ -	\$ 51,038	\$ 121,462	7.1%	\$ 569,489	\$ 571,315	\$ 367	\$ 550,414	\$ 1,691,586	8.5%
Medicaid	11,346	29,066	258,847	300,361	599,620	35.3%	262,694	404,887	3,018,833	3,695,293	7,381,707	37.3%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	12,743	55,497	113,793	658,611	840,644	49.5%	286,829	748,024	1,294,648	6,495,148	8,824,648	44.5%
Self Pay	22,737	44,177	16,794	30,764	114,473	6.7%	522,494	586,123	169,018	327,937	1,605,572	8.1%
Other	214	8,556	1,270	12,874	22,914	1.3%	4,519	118,274	26,644	159,335	308,772	1.6%
Total	\$ 73,874	\$ 180,888	\$ 390,705	\$ 1,053,648	\$ 1,699,114	100.0%	\$ 1,646,025	\$ 2,428,625	\$ 4,509,509	\$ 11,228,126	\$ 19,812,285	100.0%

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 15,359	\$ 18,808	\$ -	\$ 14,108	\$ 48,274	8.7%	\$ 237,112	\$ 228,160	\$ -	\$ 147,075	\$ 612,347	9.4%
Medicaid	10,241	16,815	117,152	\$ 76,947	221,156	39.8%	132,738	188,195	1,329,028	878,551	2,528,513	38.8%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	6,593	25,868	45,042	\$ 123,467	200,970	36.2%	107,344	291,819	530,966	1,517,874	2,448,003	37.6%
Self Pay	5,878	10,988	8,240	\$ 52,619	77,725	14.0%	72,586	102,241	80,526	580,766	836,120	12.8%
Other	165	3,127	1,229	\$ 2,961	7,482	1.3%	1,410	40,213	11,123	38,782	91,528	1.4%
Total	\$ 38,237	\$ 75,605	\$ 171,663	\$ 270,101	\$ 555,606	100.0%	\$ 551,190	\$ 850,628	\$ 1,951,644	\$ 3,163,048	\$ 6,516,510	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
SEPTEMBER 2024**

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	\$ 26,833	36.3%	\$ 48,947	34.0%	\$ 569,489	34.6%	577,642	28.0%
Medicaid	11,346	15.4%	26,438	18.4%	262,694	16.0%	484,636	23.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	12,743	17.2%	25,715	17.9%	286,829	17.4%	339,830	16.4%
Self Pay	22,737	30.8%	42,187	29.3%	522,494	31.7%	628,105	30.3%
Other	214	0.3%	525	0.4%	4,519	0.3%	36,306	1.8%
TOTAL	\$ 73,874	100.0%	\$ 143,813	100.0%	\$ 1,646,025	100.0%	2,066,518	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	15,359	40.2%	\$ 22,856	40.0%	\$ 237,112	42.9%	264,723	33.4%
Medicaid	10,241	26.8%	15,130	26.6%	132,738	24.1%	264,675	33.4%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,593	17.2%	9,275	16.3%	107,344	19.5%	124,646	15.7%
Self Pay	5,878	15.4%	9,620	16.9%	72,586	13.2%	129,600	16.4%
Other	165	0.4%	105	0.2%	1,410	0.3%	8,900	1.1%
TOTAL	\$ 38,237	100.0%	\$ 56,984	100.0%	\$ 551,190	100.0%	792,545	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
SEPTEMBER 2024**

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	\$ 43,591	24.1%	\$ 46,540	26.4%	\$ 571,315	23.5%	\$ 494,496	21.8%
Medicaid	29,066	16.1%	\$ 34,561	19.6%	404,887	16.7%	594,718	26.2%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	55,497	30.7%	\$ 48,360	27.4%	748,024	30.8%	597,479	26.3%
Self Pay	44,177	24.4%	\$ 33,641	19.1%	586,123	24.1%	492,011	21.7%
Other	8,556	4.7%	\$ 13,373	7.6%	118,274	4.9%	93,149	4.1%
TOTAL	\$ 180,888	100.0%	\$ 176,476	100.0%	\$ 2,428,625	100.0%	\$ 2,271,853	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 18,808	24.9%	\$ 17,847	24.9%	\$ 228,160	26.8%	\$ 221,230	24.3%
Medicaid	16,815	22.2%	20,208	28.2%	\$ 188,195	22.1%	299,148	32.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	25,868	34.3%	17,287	24.1%	291,819	34.4%	244,744	26.9%
Self Pay	10,988	14.5%	11,250	15.7%	102,241	12.0%	116,841	12.8%
Other	3,127	4.1%	5,024	7.0%	40,213	4.7%	28,418	3.1%
TOTAL	\$ 75,605	100.0%	\$ 71,616	100.0%	\$ 850,628	100.0%	\$ 910,380	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
SEPTEMBER 2024**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ 367	0.0%	\$ 2,055	0.1%
Medicaid	258,847	66.3%	\$ 160,064	65.7%	3,018,833	67.0%	2,015,370	67.2%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	113,793	29.1%	\$ 72,948	30.0%	1,294,648	28.7%	874,069	29.1%
Self Pay	16,794	4.3%	\$ 7,512	3.1%	169,018	3.7%	68,527	2.3%
Other	1,270	0.3%	\$ 3,026	1.2%	26,644	0.6%	39,564	1.3%
TOTAL	\$ 390,705	100.0%	\$ 243,549	100.0%	\$ 4,509,509	100.0%	\$ 2,999,585	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 192	0.0%
Medicaid	117,152	68.3%	102,917	73.0%	1,329,028	68.1%	1,097,589	68.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	45,042	26.2%	30,036	21.3%	530,966	27.2%	413,771	25.8%
Self Pay	8,240	4.8%	6,311	4.5%	80,526	4.1%	69,073	4.3%
Other	1,229	0.7%	1,759	1.2%	11,123	0.6%	21,855	1.4%
TOTAL	\$ 171,663	100.0%	\$ 141,023	100.0%	\$ 1,951,644	100.0%	\$ 1,602,479	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC
SEPTEMBER 2024**

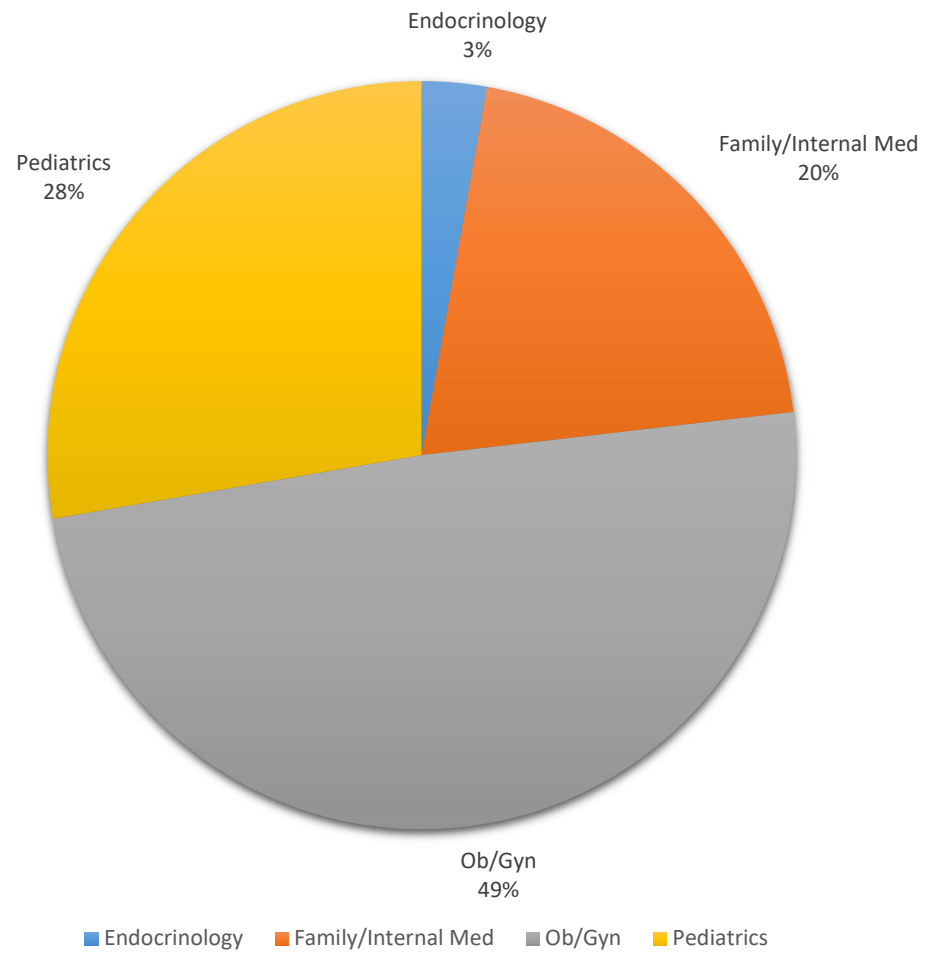
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 51,038	4.8%	\$ 18,954	6.3%	\$ 550,414	4.9%	\$ 142,611	6.3%
Medicaid	300,361	28.5%	\$ 117,333	38.9%	3,695,293	32.9%	882,844	38.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	658,611	62.6%	\$ 149,671	49.6%	6,495,148	57.9%	1,126,157	49.6%
Self Pay	30,764	2.9%	\$ 9,192	3.0%	327,937	2.9%	69,164	3.0%
Other	12,874	1.2%	\$ 6,788	2.2%	159,335	1.4%	51,077	2.2%
TOTAL	\$ 1,053,648	100.0%	\$ 301,938	100.0%	\$ 11,228,126	100.0%	\$ 2,271,853	100.0%

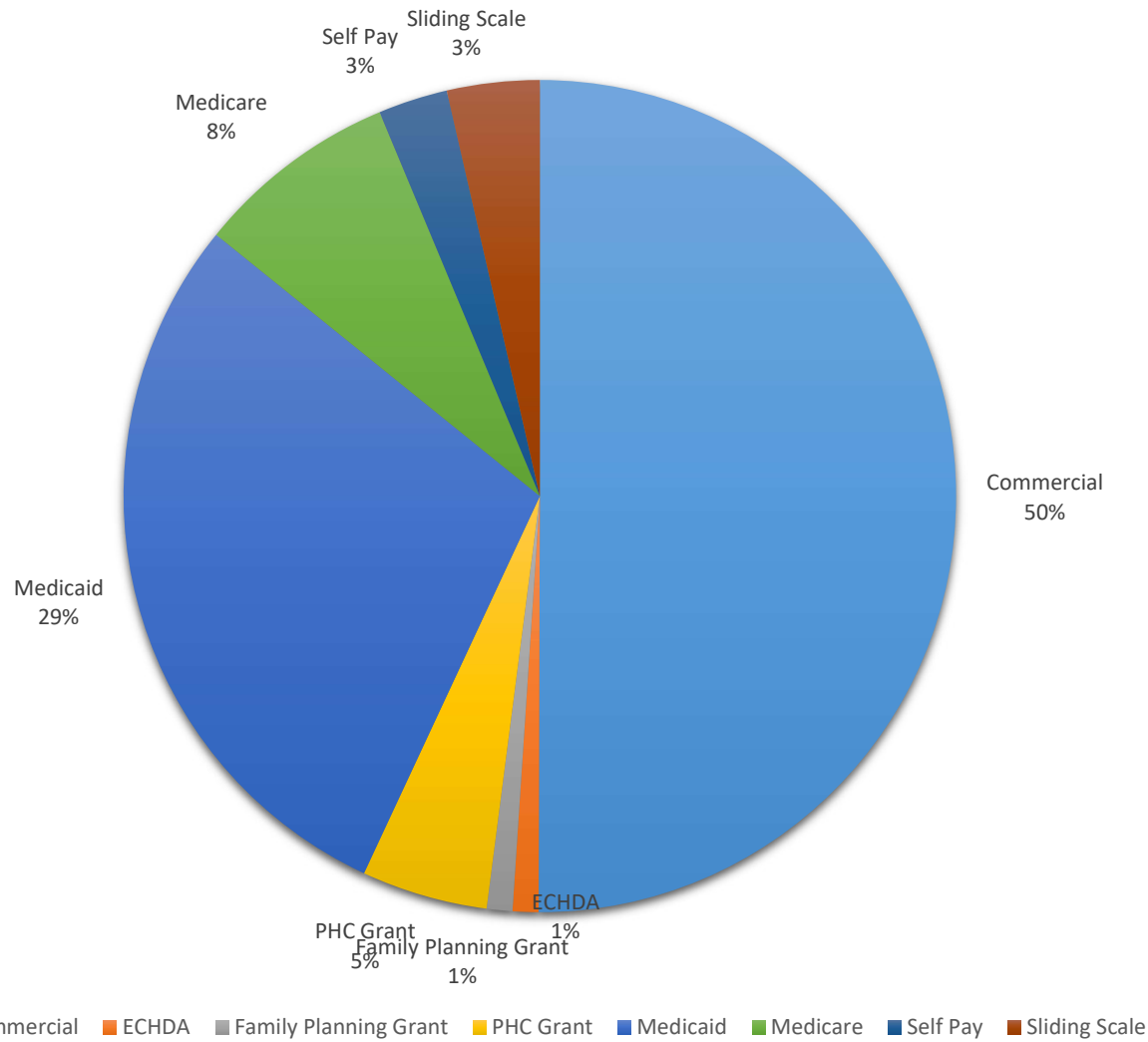
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 14,108	5.2%	\$ 91	0.2%	\$ 147,075	4.6%	\$ 91	0.2%
Medicaid	76,947	28.5%	-	0.0%	878,551	27.8%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	123,467	45.7%	5,060	10.4%	1,517,874	48.0%	5,060	10.4%
Self Pay	52,619	19.5%	43,625	89.4%	580,766	18.4%	43,625	89.4%
Other	2,961	1.1%	-	0.0%	38,782	1.2%	-	0.0%
TOTAL	\$ 270,101	100.0%	\$ 48,776	100.0%	\$ 3,163,048	100.0%	\$ 48,776	100.0%

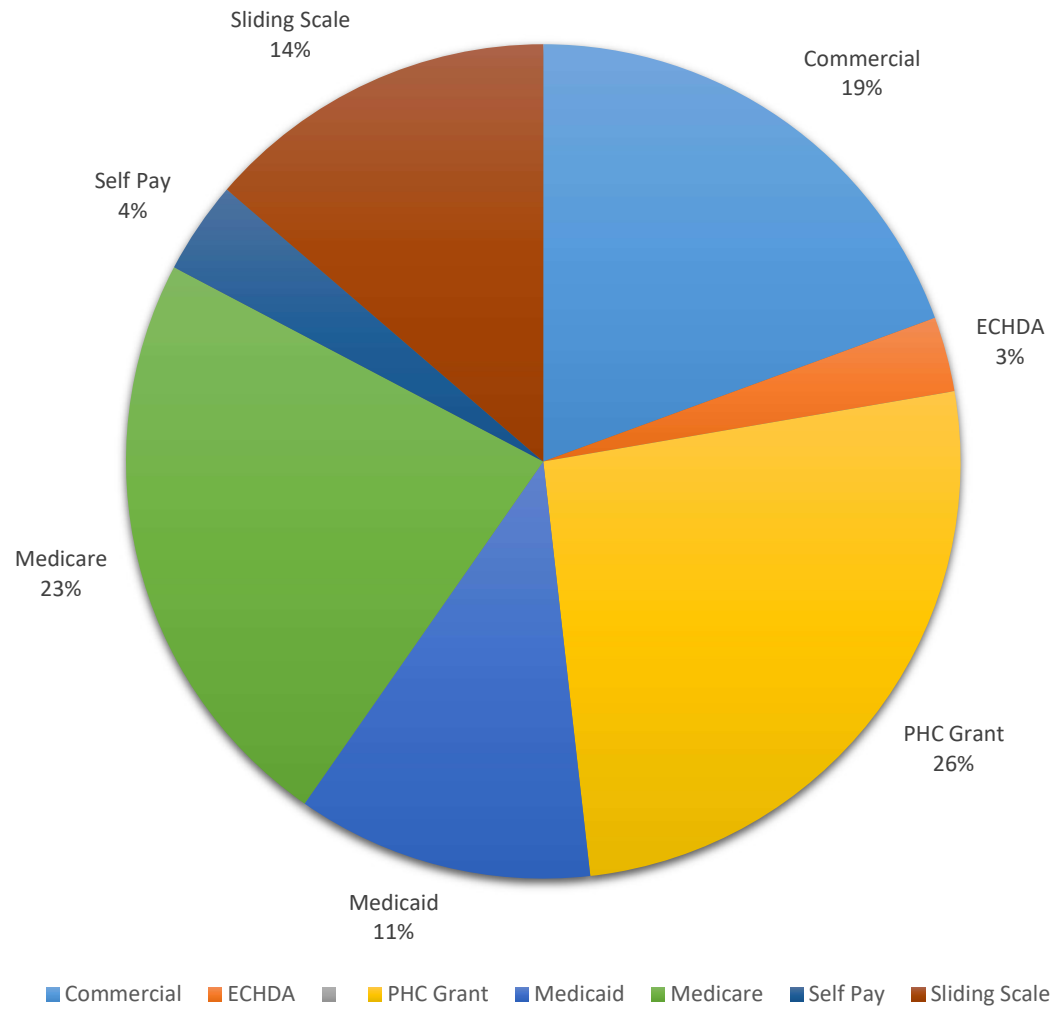
FHC September Visits By Service



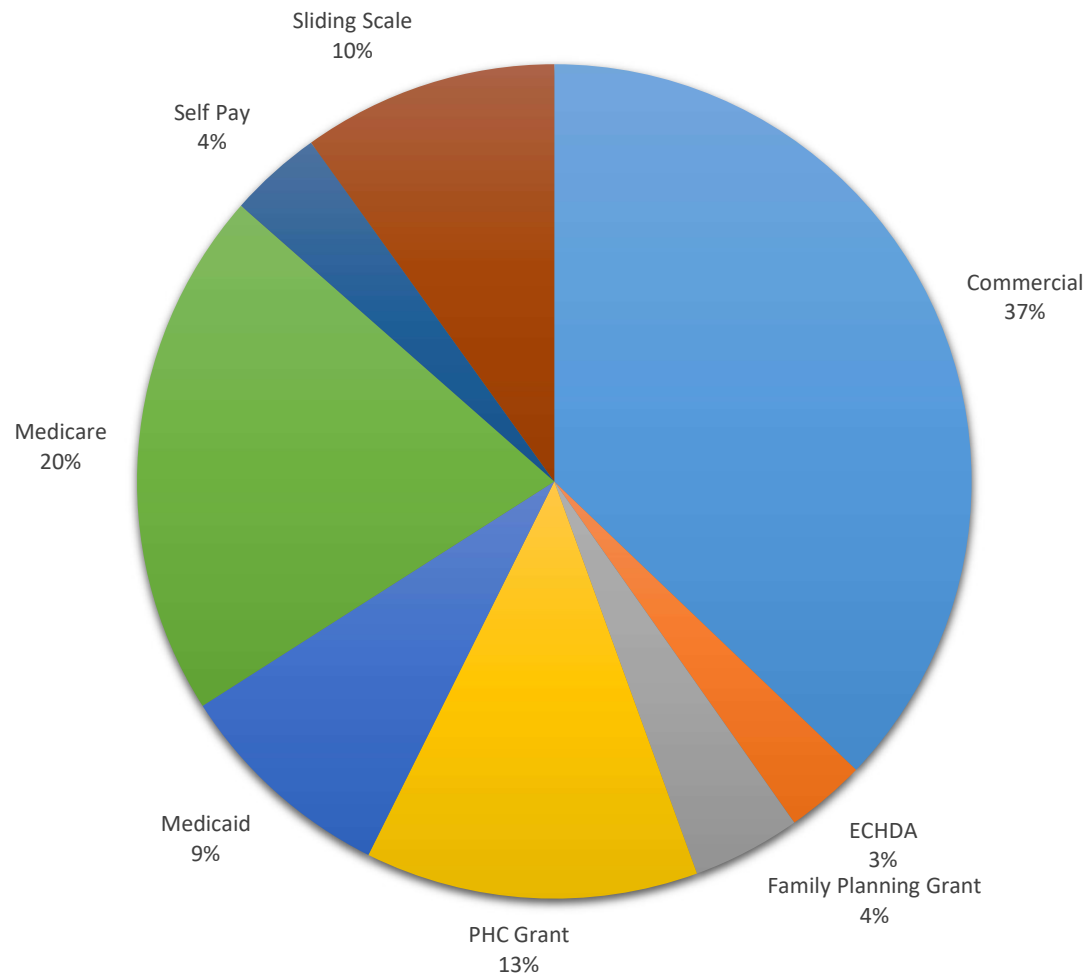
Total FHC September Visits by Financial Class



FHC Clements September Visits by Financial Class

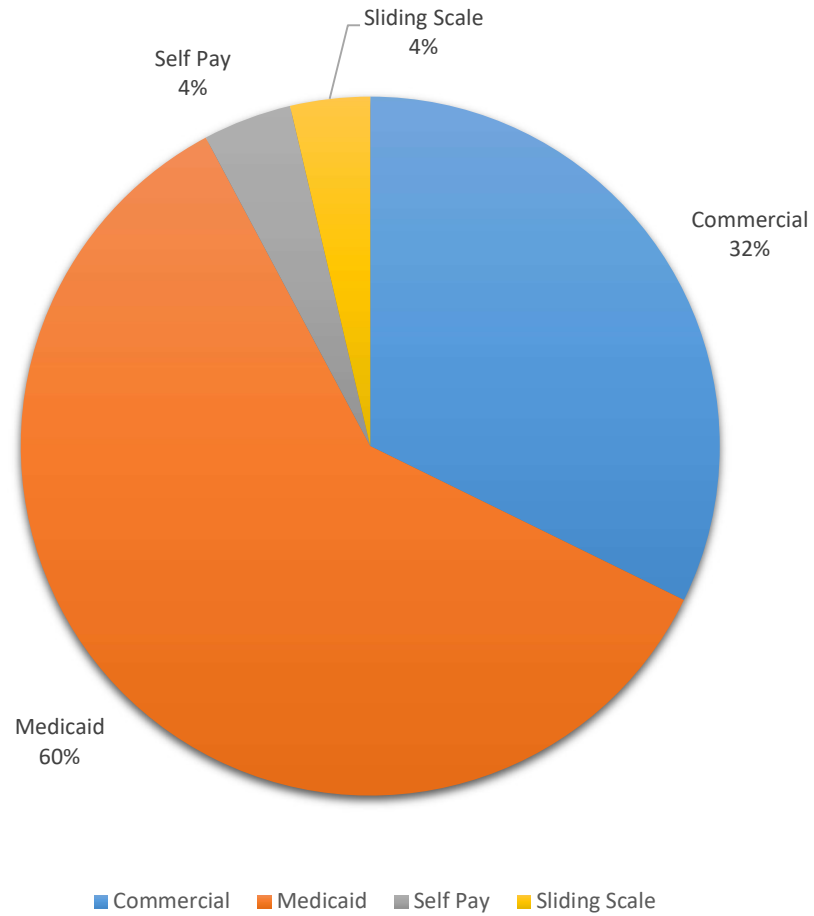


FHC West University September Visits by Financial Class

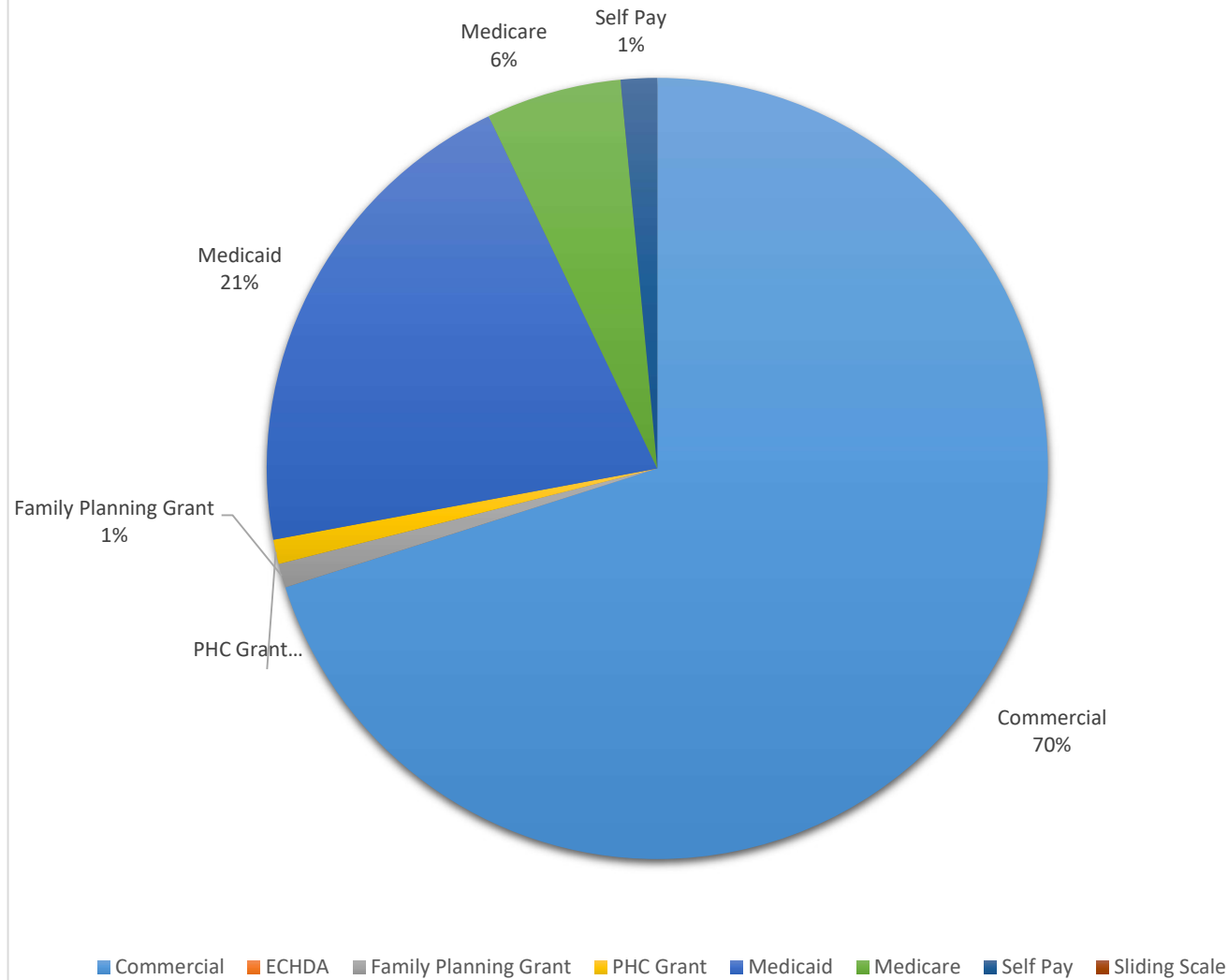


■ Commercial ■ ECHDA ■ Family Planning Grant ■ PHC Grant ■ Medicaid ■ Medicare ■ Self Pay ■ Sliding Scale

Healthy Kids Clinic September Visits by Financial Class



Womens Clinic September Visits by Financial Class



FHC Executive Director's Report-November 2024

- **Staffing Update:**
 - **Women's Clinic:** The Women's Clinic is currently in search of a LVN, FT Ultrasound Tech, and PT Ultrasound Tech.
 - **Family Health Clinic:** FHC West University is currently searching for an LVN. FHC Clements is in search of an LVN.
 - **Healthy Kids Clinic:** The Healthy Kids Clinic is currently in search of an LVN.
- **FHC Organizational Changes:** Kendall Murry has been promoted to Clinic Operations Manager and will now oversee the operations of our West University and Clements locations. Marvel McDonald has been promoted to Clinic Manager of our Healthy Kids Clinic and will oversee the operations at our pediatric clinic. Congratulations to both Kendall and Marvel!
- **Provider Update:**
 - **West University:** We are currently searching for an additional Family Medicine physician for our West University location. Merritt Hawkins is assisting in the search. We have hired an additional Nurse Practitioner for West University, Alona Roldan, FNP. Alona is expected to start after December 2024.
 - **Women's Clinic:** Both Merritt Hawkins and Curative are assisting with the search to recruit another OB/Gyn for the Women's Clinic.
- **HRSA New Access Point Grant (NAP) Update:**
 - We successfully submitted our application for the HRSA New Access Point grant before the September 30th deadline. We will keep the board updated on any status updates we receive regarding our grant application.



Investor Statement

June 30, 2024- September 30, 2024

Prepared for

ECTOR COUNTY HOSPITAL DISTRICT

ECTOR COUNTY HOSPITAL DISTRICT
PO BOX 7239
Odessa, TX 79761

Advisor

Charles Brown & Jarrod Patterson

Momentum Independent Network Inc.

ECTOR COUNTY HOSPITAL DISTRICT
September 30, 2024

Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 43,127,129	2.61%	\$ 42,796,049	\$ -331,083
Money Market/Cash	\$ 8,938,191	4.39%	\$ 8,938,191	\$ 0
Total	\$ 52,065,322	2.91%	\$ 51,734,238	\$ -331,083

	09/30/2024	09/30/2023
3 MONTH TREASURY BILL	4.73%	5.55%
5 YEAR TREASURY BILL	3.58%	4.60%
10 YEAR TREASURY NOTE	3.81%	4.59%
30 YEAR TREASURY NOTE	4.14%	4.73%

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

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

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Sep 30, 2024

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM
26761549		\$ 1,564,480	\$ 1,517,480	\$ -47,000	-3.02 %	2.93 %				
FHLBanks 0.860 10/27/25 '24 3130APGW9	1,500,000	1,497,680	1,450,680	-47,000	-3.14	2.80	1.04	Oct 27, 2025	\$ 96.71	0.90 %
Dreyfus Government Cash Mgmt Inv DGVXX	57,600.49	57,600	57,600	0	0.00	0.11			1.00	—
Cash		9,200	9,200			0.02				—
38285456		13,438,249	13,500,105	61,856	0.46	26.10				
US Treasury 2.000 02/15/25 912828J27	5,180,000	5,054,031	5,131,567	77,536	1.53	9.92	0.36	Feb 15, 2025	99.06	4.42
FHLBanks 0.860 10/27/25 '24 3130APGW9	500,000	499,240	483,560	-15,680	-3.14	0.93	1.04	Oct 27, 2025	96.71	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	7,773,387.1	7,773,387	7,773,387	0	0.00	15.03			1.00	—
Cash		111,591	111,591			0.22				—
26761610		729,399	710,587	-18,812	-2.60	1.37				
FHLBanks 0.860 10/27/25 '24 3130APGW9	600,000	599,084	580,272	-18,812	-3.14	1.12	1.04	Oct 27, 2025	96.71	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	125,136.99	125,137	125,137	0	0.00	0.24			1.00	—
Cash		5,178	5,178			0.01				—
26761530		5,560,685	5,407,794	-152,891	-2.77	10.45				
Freddie Mac 0.600 10/15/25 '24 MTN 3134GWYS9	750,000	740,772	723,705	-17,068	-2.30	1.40	1.01	Oct 15, 2025	96.49	0.92
Fed Farm Cr Bns 1.300 12/01/25 '24 3133ENGA2	4,600,000	4,607,299	4,471,476	-135,823	-2.95	8.64	1.13	Dec 1, 2025	97.21	1.03
Dreyfus Government Cash Mgmt Inv DGVXX	180,272.55	180,273	180,273	0	0.00	0.35			1.00	—
Cash		32,341	32,341			0.06				—
26761506		29,815,885	29,669,857	-146,028	-0.49	57.35				
Freddie Mac 0.600 10/15/25 '24 MTN 3134GWYS9	2,700,000	2,666,729	2,605,338	-61,391	-2.30	5.04	1.01	Oct 15, 2025	96.49	0.92
US Treasury Bill 01/23/25 912797JR9	3,020,000	2,954,267	2,977,660	23,392	0.79	5.76	0.30	Jan 23, 2025	98.60	4.62
US Treasury 0.250 07/31/25 91282CAB7	7,180,000	6,898,195	6,957,492	59,297	0.86	13.45	0.81	Jul 31, 2025	96.90	4.30
Fed Farm Cr Bns 1.300 12/01/25 '24 3133ENGA2	3,000,000	3,004,762	2,916,180	-88,582	-2.95	5.64	1.13	Dec 1, 2025	97.21	1.03
FHLBanks 0.860 10/27/25 '24 3130APGW9	2,300,000	2,296,432	2,224,376	-72,056	-3.14	4.30	1.04	Oct 27, 2025	96.71	0.90
US Treasury Bill 04/17/25 912797KS5	3,738,000	3,573,771	3,656,624	82,853	2.32	7.07	0.53	Apr 17, 2025	97.82	4.56
US Treasury 1.750 03/15/25 91282CED9	6,859,000	6,845,054	6,780,053	-65,001	-0.95	13.11	0.44	Mar 15, 2025	98.85	1.82
Dreyfus Government Cash Mgmt Inv DGVXX	511,231.15	511,231	511,231	0	0.00	0.99			1.00	—
Morgan Stanley Bk N A Cd 1.10000% 11/19/202 61765Q6N4	250,000	241,192	236,225	-4,968	-2.06	0.46		Nov 19, 2026	94.49	1.89
Goldman Bank USA 1.800 03/09/26 38149M2P7	250,000	250,002	242,735	-7,267	-2.91	0.47	1.39	Mar 9, 2026	97.09	1.80

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Sep 30, 2024

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM
MIDWEST INDPT BANKERSBANK JEFFERSON CITY MO CTF DEP 1.800% 03/16/26 DTD 03/16/22 CLB 59833LAY8	250,000	250,002	242,620	-7,382	-2.95	0.47			97.05	1.80
Live Oak Banking 1.900 09/15/25 538036VN1	250,000	250,001	245,078	-4,924	-1.97	0.47	0.93	Sep 15, 2025	98.03	1.90
Cash		74,246	74,246			0.14				—
38285461		956,623	928,415	-28,208	-2.97	1.79				
FHLBanks 0.860 10/27/25 '24 3130APGW9	900,000	898,616	870,408	-28,208	-3.14	1.68	1.04	Oct 27, 2025	96.71	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	50,581.86	50,582	50,582	0	0.00	0.10			1.00	—
Cash		7,425	7,425			0.01				—
Total		52,065,322	51,734,238	-331,083	-0.64					

1 Cost basis values are not provided by the custodian in all cases, and should be independently verified from your original purchase records.

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

3 Sector information is provided by Morningstar.

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

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

For Canadian mutual funds and ETFs, management expense ratio (MER) will be used as a net expense ratio equivalent. MER differs from Net Expense Ratio in that MER takes into consideration investment management fees, operating expenses and taxes while Net Expense Ratio reflects the amount paid for investment management fees after accounting for discounts and temporary fee waivers, distribution fees, 12(b)-1 fees and other operating expenses.

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

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

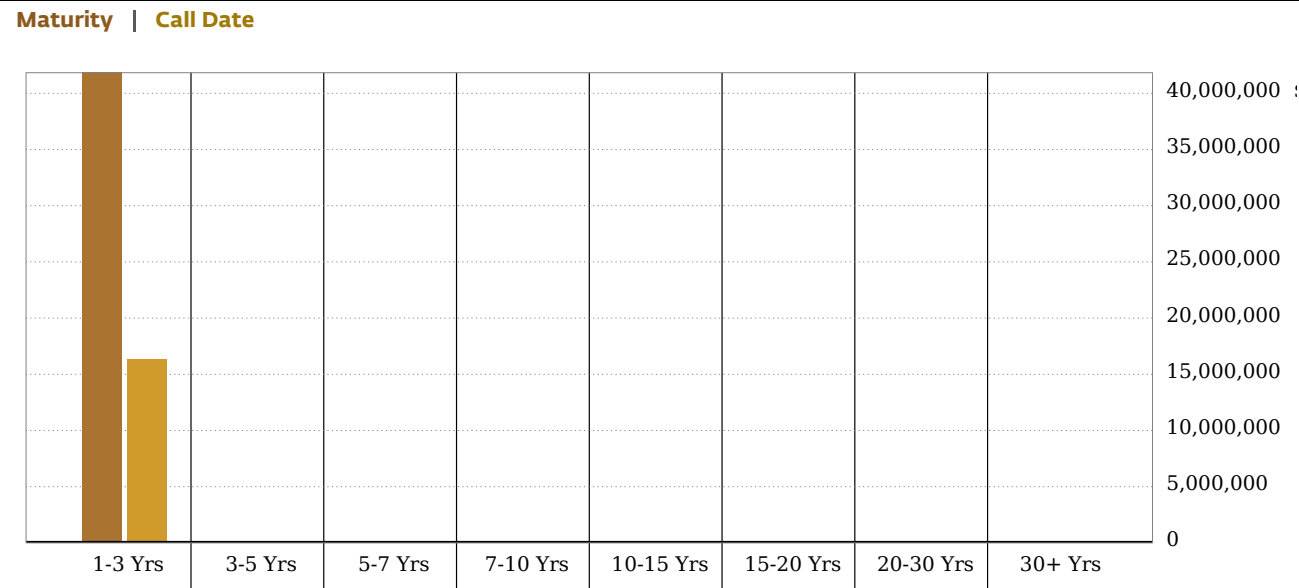
Bond Analysis As of Sep 30, 2024

1 2 Overview	
Total Number of Issues	14
Face Value	42,827,000
Market Value	\$ 41,829,390
Long/Intermediate Term Average S&P	
3 Rating	—
Long/Intermediate Term Average Moody's	
3 Rating	#Aaa

1 2 Statistics	
4 Average Bond Yield	0.98 %
5 Average Yield to Maturity	4.20 %
6 Average Yield to Worst	4.20 %
Average Coupon	0.96 %
7 Average Modified Duration (Years)	0.74
8 Average Effective Duration (Years)	0.74
9 Average Duration to Worst	0.74
10 Average Convexity (par)	0.01

Bond Analysis As of Sep 30, 2024

Bond Maturity vs. Call Date Distribution

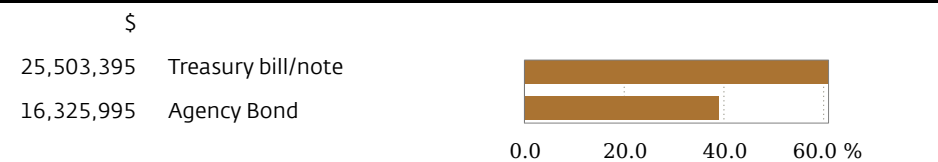


Period	Bond Maturity	Total %	Callable	Total %
1 to 3 Years	\$ 41,829,390	100.00 %	\$ 16,325,995	39.03 %

Bond Coupon Concentration ¹¹



Bond Distribution by Type ¹¹²

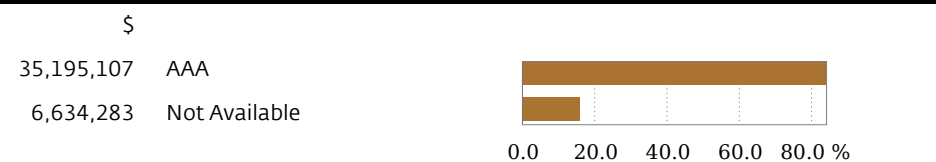


Bond Analysis As of Sep 30, 2024

Bond Distribution by S&P Rating^{1 13 14}



Bond Distribution by Moody Rating^{1 15 14}



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- 1 Bond type, statistics and rating information is provided by Refinitiv.
- 2 Data is weighted and calculated, if information is available on at least 50% of holdings in total bond market value. If information is available on less than 50%, the data is shown as 'n/a'.
- 3 Average credit quality gives a snapshot of the portfolio's overall credit quality. It is an average of each bond's credit rating, adjusted for its relative weighting in the portfolio. Bonds with one year to maturity at the time of issuance are considered cash and are not include in the Average Credit ratings.
- 4 Average Bond Yield is an indication of the interest earned vs. the current market value of the holdings. The yield represents the current amount of income that is being generated from the portfolio without liquidating the principal or capital gains on the portfolio. The Average Bond Yield will fluctuate daily and current or past performance is not a guarantee of future results.
- 5 Average Yield to Maturity is the yield of the bonds taking into account the price discount or premium over face value. It is calculated with the cash-flow assumption that the instruments trade to maturity and is averaged with the corresponding weights of the constituent bonds.
- 6 Average Yield To Worst is an arithmetic average of the Daily Yield To Worst which is the lowest amount an investor could earn if the bond is purchased at the current price and held until the bond matures or is called.
- 7 Average Modified Duration is a measurement of change in the value of a bond to a change in interest rates; it determines the effect a 100 basis point (1%) change in interest rates will have on the price of the bond. It is calculated with the cash-flow assumption that the instrument trades to maturity and is averaged with the corresponding weights of the constituent bonds.
- 8 Average Effective Duration is a simulated measure of duration which measures change in price for given change in rates. It is calculated using an option based model that accounts for embedded options and is averaged with the corresponding weights of the constituent bonds.
- 9 Average Duration to Worst represents the percentage change in value per unit shift in the yield curve. It is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 10 Convexity is the measure of the sensitivity of a bond's price to a change in yield. A high convexity bond is more sensitive to changes in interest rates and should consequently witness larger fluctuations in price when interest rates move. The opposite is true of low convexity bonds, whose prices don't fluctuate as much when interest rates change. Average convexity is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 11 The Group By Bond Coupon Concentration Holdings Report includes only Bonds Holdings.
- 12 The Group By Bond Distribution by Type Holdings Report includes only Bonds Holdings.
- 13 The Group By Bond Distribution by S&P Rating Holdings Report includes only Bonds Holdings.
- 14 Parent style classifications are provided by Morningstar, Inc. and mapped into one of the style classifications supported on this platform. Sector information is provided by Morningstar. Bond type and rating information is provided by Refinitiv.
- 15 The Group By Bond Distribution by Moody Rating Holdings Report includes only Bonds Holdings.



ECTOR COUNTY HOSPITAL DISTRICT

Investment Portfolio
September 30, 2024

Charles Brown, Jarrod Patterson
Momentum Independent Network

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

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

ECTOR COUNTY HOSPITAL DISTRICT
September 30, 2024

Yield Summary

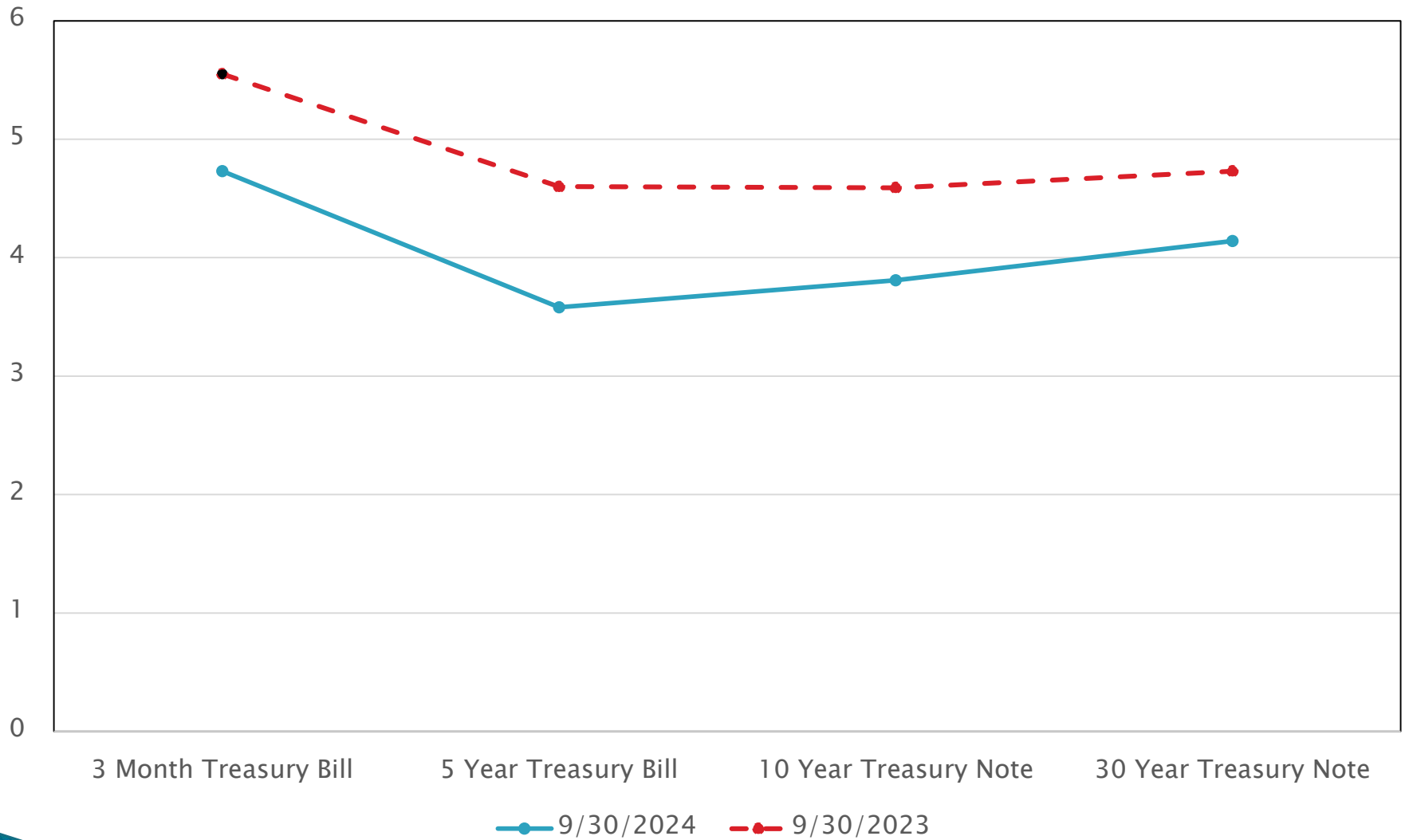
Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 43,127,129	2.61%	\$ 42,796,049	\$ -331,083
Money Market/Cash	\$ 8,938,191	4.39%	\$ 8,938,191	\$ 0
Total	\$ 52,065,322	2.91%	\$ 51,734,238	\$ -331,083

	09/30/2024	09/30/2023
3 MONTH TREASURY BILL	4.73%	5.55%
5 YEAR TREASURY BILL	3.58%	4.60%
10 YEAR TREASURY NOTE	3.81%	4.59%
30 YEAR TREASURY NOTE	4.14%	4.73%

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

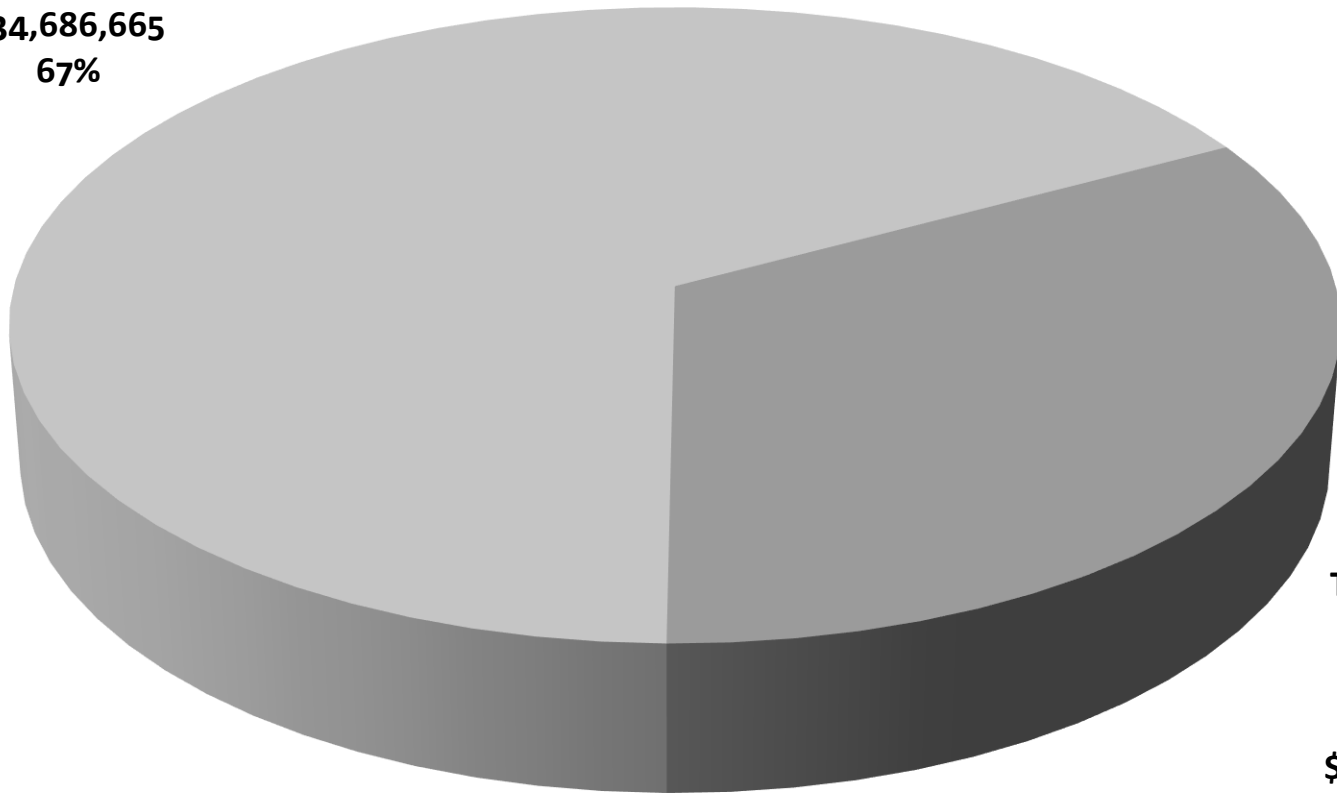
Mutual funds, ETFs and variable products are sold by prospectus. Please consider the investment objectives, risks, charges, and expenses of the investment company carefully before investing. The prospectus contains this and other information about the investment company. Prospectuses may be obtained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

Yield Curve



Asset Distribution by Market Value

Short Term
\$34,686,665
67%



**Treasuries,
Agencies,
& CDs
1-5 Yrs**
\$17,047,575
33%

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

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MEMORANDUM

TO: Russell Tippin, President, and Chief Executive Officer

FROM: Steve Ewing, Chief Financial Officer

RE: **Quarterly Investment Report –Fourth Quarter 2024**

DATE: November 5, 2024

The Investment Report of Ector County Hospital District for the fourth quarter ending September 30, 2024, will be presented at the Finance Committee meeting November 5, 2024. This report was prepared to provide the Hospital President and Chief Financial Officer and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the fourth quarter of fiscal 2024 met the requirements of the Investment Policy and the Public Funds Investment Act.

To the best of my knowledge, as of September 30, 2024, the investment portfolio is in compliance with the Public Funds Investment Act and with the District's Investment Policy.

A handwritten signature in black ink, appearing to read 'Russ Tippin', is positioned above a horizontal line.

Russell Tippin
Investment Officer

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
SEPTEMBER 2024**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %
<u>Hospital InPatient Admissions</u>										
Acute / Adult	1,192	979	21.8%	1,137	4.8%	14,159	12,861	10.1%	12,768	10.9%
Neonatal ICU (NICU)	32	22	45.5%	23	39.1%	256	313	-18.2%	305	-16.1%
Total Admissions	1,224	1,001	22.3%	1,160	5.5%	14,415	13,174	9.4%	13,073	10.3%
<u>Patient Days</u>										
Adult & Pediatric	4,466	3,862	15.6%	4,174	7.0%	54,369	50,717	7.2%	49,566	9.7%
ICU	457	397	15.1%	398	14.8%	5,418	5,211	4.0%	5,059	7.1%
CCU	440	364	20.9%	378	16.4%	5,209	4,776	9.1%	4,627	12.6%
NICU	471	354	33.1%	374	25.9%	3,996	5,023	-20.4%	4,684	-14.7%
Total Patient Days	5,834	4,977	17.2%	5,324	9.6%	68,992	65,727	5.0%	63,936	7.9%
Observation (Obs) Days	714	469	52.2%	710	0.6%	7,930	6,158	28.8%	6,206	27.8%
Nursery Days	317	236	34.3%	324	-2.2%	3,750	3,089	21.4%	3,248	15.5%
Total Occupied Beds / Bassinets	6,865	5,682	20.8%	6,358	8.0%	80,672	74,974	7.6%	73,390	9.9%
<u>Average Length of Stay (ALOS)</u>										
Acute / Adult & Pediatric	4.50	4.72	-4.7%	4.35	3.3%	4.59	4.72	-2.7%	4.64	-1.1%
NICU	14.72	16.09	-8.5%	16.26	-9.5%	15.61	16.05	-2.7%	15.36	1.6%
Total ALOS	4.77	4.97	-4.1%	4.59	3.8%	4.79	4.99	-4.1%	4.89	-2.1%
Acute / Adult & Pediatric w/o OB	5.44			5.24	3.9%	5.40			5.58	-3.3%
Average Daily Census	194.5	165.9	17.2%	177.5	9.6%	188.5	179.6	5.0%	175.2	7.6%
Hospital Case Mix Index (CMI)	1.7106	1.7500	-2.3%	1.7585	-2.7%	1.7193	1.7500	-1.8%	1.7349	-0.9%
CMI Adjusted LOS	2.79	2.84	-1.9%	2.61	6.8%	2.78	2.85	-2.4%	2.82	-1.3%
<u>Medicare</u>										
Admissions	466	376	23.9%	438	6.4%	5,695	4,974	14.5%	4,909	16.0%
Patient Days	2,560	2,089	22.5%	2,325	10.1%	31,106	27,907	11.5%	27,374	13.6%
Average Length of Stay	5.49	5.56	-1.1%	5.31	3.5%	5.46	5.61	-2.6%	5.58	-2.0%
Case Mix Index	1.9386	2.0200	-4.0%	2.1354	-9.2%	1.9657	2.0200	-2.7%	2.0340	-3.4%
<u>Medicaid</u>										
Admissions	130	126	3.2%	127	2.4%	1,477	1,671	-11.6%	1,657	-10.9%
Patient Days	634	601	5.5%	547	15.9%	6,106	7,937	-23.1%	7,211	-15.3%
Average Length of Stay	4.88	4.77	2.2%	4.31	13.2%	4.13	4.75	-13.0%	4.35	-5.0%
Case Mix Index	1.0768	1.1800	-8.7%	1.0291	4.6%	1.1093	1.1800	-6.0%	1.1444	-3.1%
<u>Commercial</u>										
Admissions	396	279	41.9%	337	17.5%	4,582	3,632	26.2%	3,620	26.6%
Patient Days	1,693	1,253	35.1%	1,347	25.7%	19,986	16,308	22.6%	16,022	24.7%
Average Length of Stay	4.28	4.49	-4.8%	4.00	7.0%	4.36	4.49	-2.9%	4.43	-1.4%
Case Mix Index	1.7200	1.7000	1.2%	1.6084	6.9%	1.6520	1.7000	-2.8%	1.6645	-0.8%
<u>Self Pay</u>										
Admissions	209	190	10.0%	227	-7.9%	2,312	2,497	-7.4%	2,510	-7.9%
Patient Days	841	861	-2.3%	932	-9.8%	9,998	11,311	-11.6%	11,271	-11.3%
Average Length of Stay	4.02	4.53	-11.2%	4.11	-2.0%	4.32	4.53	-4.5%	4.49	-3.7%
Case Mix Index	1.6135	1.5800	2.1%	1.6344	-1.3%	1.5733	1.5800	-0.4%	1.5614	0.8%
<u>All Other</u>										
Admissions	23	30	-23.3%	31	-25.8%	349	400	-12.8%	377	-7.4%
Patient Days	106	170	-37.6%	173	-38.7%	1,796	2,264	-20.7%	2,058	-12.7%
Average Length of Stay	4.61	5.67	-18.7%	5.58	-17.4%	5.15	5.66	-9.1%	5.46	-5.7%
Case Mix Index	1.5536	2.2500	-31.0%	2.0391	-23.8%	2.0928	2.2500	-7.0%	2.1366	-2.0%
<u>Radiology</u>										
InPatient	4,504	3,819	17.9%	4,223	6.7%	56,641	50,468	12.2%	49,964	13.4%
OutPatient	8,771	7,726	13.5%	8,414	4.2%	103,289	101,332	1.9%	96,225	7.3%
<u>Cath Lab</u>										
InPatient	733	571	28.4%	627	16.9%	8,299	7,509	10.5%	7,521	10.3%
OutPatient	500	441	13.4%	461	8.5%	6,542	5,794	12.9%	5,573	17.4%
<u>Laboratory</u>										
InPatient	82,510	66,784	23.5%	72,622	13.6%	985,231	882,461	11.6%	865,951	13.8%
OutPatient	70,750	64,024	10.5%	67,450	4.9%	847,187	839,798	0.9%	796,930	6.3%
<u>Other</u>										
Deliveries	205	159	28.9%	202	1.5%	2,222	2,120	4.8%	2,177	2.1%
<u>Surgical Cases</u>										
InPatient	208	232	-10.3%	241	-13.7%	2,909	3,051	-4.7%	2,905	0.1%
OutPatient	562	529	6.2%	588	-4.4%	6,361	6,896	-7.8%	6,597	-3.6%
Total Surgical Cases	770	761	1.2%	829	-7.1%	9,270	9,947	-6.8%	9,502	-2.4%
<u>GI Procedures (Endo)</u>										
InPatient	136	134	1.5%	122	11.5%	1,702	1,760	-3.3%	1,584	7.4%
OutPatient	164	275	-40.4%	224	-26.8%	2,229	3,572	-37.6%	2,397	-7.0%
Total GI Procedures	300	409	-26.7%	346	-13.3%	3,931	5,332	-26.3%	3,981	-1.3%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
SEPTEMBER 2024**

	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	5,283	4,607	14.7%	4,715	12.0%	63,486	60,390	5.1%	60,907	4.2%
Observation Days	714	469	52.2%	710	0.6%	7,930	6,158	28.8%	6,206	27.8%
Other O/P Occasions of Service	18,769	19,246	-2.5%	19,776	-5.1%	236,322	252,444	-6.4%	237,177	-0.4%
Total O/P Occasions of Svc.	24,766	24,322	1.8%	25,201	-1.7%	307,738	318,992	-3.5%	304,290	1.1%
Hospital Operations										
Manhours Paid	286,095	258,395	10.7%	273,376	4.7%	3,447,046	3,292,284	4.7%	3,278,160	5.2%
FTE's	1,668.9	1,507.3	10.7%	1,594.7	4.7%	1,648.2	1,574.2	4.7%	1,571.7	4.9%
Adjusted Patient Days	11,262	8,905	26.5%	10,330	9.0%	132,072	129,789	1.8%	123,622	6.8%
Hours / Adjusted Patient Day	25.40	29.02	-12.5%	26.46	-4.0%	26.10	25.37	2.9%	26.53	-1.6%
Occupancy - Actual Beds	52.8%	47.5%	11.2%	48.2%	9.6%	51.2%	51.5%	-0.5%	50.2%	2.1%
FTE's / Adjusted Occupied Bed	4.4	5.1	-12.5%	4.6	-4.0%	4.6	4.4	3.1%	4.6	-1.6%
Family Health Clinic - Clements										
Total Medical Visits	276	640	-56.9%	560	-50.7%	5,851	8,394	-30.3%	7,641	-23.4%
Manhours Paid	2,055	2,072	-0.8%	1,872	9.7%	21,371	27,197	-21.4%	24,241	-11.8%
FTE's	12.0	12.1	-0.8%	10.9	9.7%	10.2	13.0	-21.4%	11.6	-12.1%
Family Health Clinic - West University										
Total Medical Visits	638	612	4.2%	629	1.4%	8,143	8,036	1.3%	7,560	7.7%
Manhours Paid	1,200	1,117	7.5%	1,193	0.6%	14,450	14,708	-1.8%	12,289	17.6%
FTE's	7.0	6.5	7.5%	7.0	0.6%	6.9	7.0	-1.8%	5.9	17.3%
Family Health Clinic - JBS										
Total Medical Visits	1,057	680	55.4%	712	48.5%	11,006	8,918	23.4%	8,332	32.1%
Manhours Paid	1,324	1,532	-13.6%	1,340	-1.2%	18,878	20,122	-6.2%	16,067	17.5%
FTE's	7.7	8.9	-13.6%	7.8	-1.2%	9.0	9.6	-6.2%	7.7	17.2%
Family Health Clinic - Womens										
Total Medical Visits	1,696	1,956	-13.3%	1,124	50.9%	19,742	23,420	-15.7%	1,124	1656.4%
Manhours Paid	3,252	4,695	-30.7%	1,724	88.7%	38,946	56,226	-30.7%	1,724	2159.7%
FTE's	19.0	27.4	-30.7%	10.1	88.7%	18.6	26.9	-30.7%	0.8	2153.5%
Total ECHD Operations										
Total Admissions	1,224	1,001	22.3%	1,160	5.5%	14,415	13,174	9.4%	13,073	10.3%
Total Patient Days	5,834	4,977	17.2%	5,324	9.6%	68,992	65,727	5.0%	63,936	7.9%
Total Patient and Obs Days	6,548	5,446	20.2%	6,034	8.5%	76,922	71,885	7.0%	70,142	9.7%
Total FTE's	1,714.6	1,562.2	9.8%	1,630.4	5.2%	1,693.0	1,630.7	3.8%	1,597.8	6.0%
FTE's / Adjusted Occupied Bed	4.6	5.3	-13.2%	4.7	-3.5%	4.7	4.6	2.2%	4.7	-0.5%
Total Adjusted Patient Days	11,262	8,905	26.5%	10,330	9.0%	132,072	129,789	1.8%	123,622	6.8%
Hours / Adjusted Patient Day	26.10	30.07	-13.2%	27.06	-3.5%	26.81	26.28	2.0%	26.96	-0.5%
Outpatient Factor	1.9305	1.7892	7.9%	1.9403	-0.5%	1.9143	1.9747	-3.1%	1.9335	-1.0%
Blended O/P Factor	2.1283	1.9814	7.4%	2.1502	-1.0%	2.1119	2.1923	-3.7%	2.1610	-2.3%
Total Adjusted Admissions	2,363	1,791	31.9%	2,251	5.0%	27,595	26,014	6.1%	25,277	9.2%
Hours / Adjusted Admission	124.39	149.53	-16.8%	124.18	0.2%	128.31	131.10	-2.1%	131.84	-2.7%
FTE's - Hospital Contract	48.7	41.0	18.9%	53.1	-8.2%	54.3	44.1	23.1%	50.8	7.0%
FTE's - Mgmt Services	52.2	42.8	22.2%	50.5	3.5%	53.6	42.8	25.3%	42.8	25.3%
Total FTE's (including Contract)	1,815.5	1,646.0	10.3%	1,734.0	4.7%	1,800.9	1,717.6	4.8%	1,691.3	6.5%
Total FTE'S per Adjusted Occupied Bed (including Contract)										
	4.8	5.5	-12.8%	5.0	-4.0%	5.0	4.8	3.2%	5.0	-0.1%
ProCare FTEs	203.9	227.3	-10.3%	212.9	-4.2%	205.1	226.8	-9.6%	218.4	-6.1%
TraumaCare FTEs	8.4	9.9	-15.3%	9.4	-11.0%	8.9	9.7	-8.4%	9.4	-5.7%
Total System FTEs	2,027.8	1,883.1	7.7%	1,956.3	3.7%	2,014.8	1,954.1	3.1%	1,919.1	5.0%
Urgent Care Visits										
JBS Clinic	1,232	1,454	-15.3%	1,269	-2.9%	16,174	19,073	-15.2%	17,573	-8.0%
West University	819	978	-16.3%	896	-8.6%	10,734	12,823	-16.3%	11,300	-5.0%
Total Urgent Care Visits	2,051	2,432	-15.7%	2,165	-5.3%	26,908	31,896	-15.6%	28,873	-6.8%
Retail Clinic Visits										
Retail Clinic	58	296	-80.4%	66	-12.1%	1,042	2,990	-65.2%	2,157	-51.7%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
SEPTEMBER 2024**

		PRIOR FISCAL YEAR END			
	CURRENT YEAR	HOSPITAL AUDITED	PRO CARE AUDITED	TRAUMA CARE AUDITED	CURRENT YEAR CHANGE
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 39,084,996	\$ 16,567,281	\$ 4,400	\$ -	\$ 22,513,314
Investments	51,625,680	56,460,783	-	-	(4,835,103)
Patient Accounts Receivable - Gross	237,577,723	247,541,752	29,112,091	2,371,321	(41,447,442)
Less: 3rd Party Allowances	(150,771,854)	(154,534,985)	(16,400,026)	(1,845,686)	22,008,844
Bad Debt Allowance	(43,964,675)	(59,928,158)	(8,542,555)	(400,000)	24,906,038
Net Patient Accounts Receivable	42,841,194	33,078,609	4,169,509	125,635	5,467,440
Taxes Receivable	11,080,895	13,086,087	-	-	(2,005,192)
Accounts Receivable - Other	4,109,404	10,882,264	35,402	-	(6,808,261)
Inventories	10,189,113	9,697,439	477,883	-	13,792
Prepaid Expenses	5,489,958	4,285,500	112,263	37,639	1,054,557
Total Current Assets	164,421,240	144,057,962	4,799,457	163,274	15,400,547
CAPITAL ASSETS:					
Property and Equipment	522,089,128	512,532,942	399,150	-	9,157,036
Construction in Progress	17,368,743	4,378,451	-	-	12,990,291
	539,457,871	516,911,393	399,150	-	22,147,327
Less: Accumulated Depreciation and Amortization	(377,370,207)	(358,580,014)	(321,730)	-	(18,468,462)
Total Capital Assets	162,087,664	158,331,379	77,420	-	3,678,865
LEASE ASSETS					
Leased Assets	4,190,843	53,343	-	-	4,137,500
Less Accumulated Amortization Lease Assets	(1,956,677)	(4,355)	-	-	(1,952,322)
Total Lease Assets	2,234,166	48,988	-	-	2,185,178
SUBSCRIPTION ASSETS					
Subscription Assets	8,410,917	7,429,526	-	-	981,391
Less Accumulated Amortization Subscription Assets	(2,749,774)	(1,751,574)	-	-	(998,200)
Total Subscription Assets	5,661,144	5,677,953	-	-	(16,809)
LT Lease Receivable	6,227,920	7,245,067	-	-	(1,017,148)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,469,359	6,192,628	-	-	276,732
Restricted TPC, LLC	1,707,903	1,668,033	-	-	39,870
Investment in PBBHC	30,997,988	30,997,988	-	-	-
Restricted MCH West Texas Services	2,356,263	2,289,594	-	-	66,669
Pension, Deferred Outflows of Resources	10,795,764	19,214,396	-	-	(8,418,632)
Assets whose use is Limited	277,548	-	239,765	-	37,783
TOTAL ASSETS	\$ 393,241,853	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 12,233,054
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 1,880,000	\$ 2,331,892	\$ -	\$ -	\$ (451,892)
Self-Insurance Liability - Current Portion	3,640,526	3,640,526	-	-	-
Current Portion of Lease Liabilities	627,362	3,492	-	-	623,870
Current Portion of Subscription Liabilities	1,325,425	1,180,800	-	-	144,625
Accounts Payable	33,166,755	28,380,319	179,825	(122,858)	4,729,468
A/R Credit Balances	2,596,359	1,728,310	-	-	868,049
Accrued Interest	214,256	126,618	-	-	87,637
Accrued Salaries and Wages	13,175,300	6,721,029	4,737,246	243,053	1,473,972
Accrued Compensated Absences	5,326,543	4,623,356	-	-	703,187
Due to Third Party Payors	8,683,192	1,085,299	-	-	7,597,893
Deferred Revenue	238,051	329,369	232,401	-	(323,718)
Total Current Liabilities	70,873,769	50,151,010	5,149,472	120,195	15,573,286
ACCRUED POST RETIREMENT BENEFITS	31,003,241	54,025,950	-	-	(23,022,709)
LESSOR DEFERRED INFLOWS OF RESOURCES	7,050,609	8,144,265	-	-	(1,093,656)
SELF-INSURANCE LIABILITIES - Less Current Portion	2,422,562	2,422,562	-	-	-
LEASE LIABILITIES	2,097,459	46,484	-	-	2,050,976
SUBSCRIPTION LIABILITIES	3,919,443	4,459,894	-	-	(540,451)
LONG-TERM DEBT - Less Current Maturities	28,360,398	30,990,450	-	-	(2,630,052)
Total Liabilities	145,727,481	150,240,615	5,149,472	120,195	(9,782,800)
FUND BALANCE	247,514,372	225,488,269	(32,831)	43,079	247,547,203
TOTAL LIABILITIES AND FUND BALANCE	\$ 393,241,853	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 12,233,054

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 56,733,786	\$ 60,391,084	-6.1%	\$ 53,037,223	7.0%	\$ 687,398,051	\$ 635,396,590	8.2%	\$ 628,091,709	9.4%
Outpatient Revenue	64,014,258	59,269,349	8.0%	61,005,885	4.9%	764,344,215	757,596,352	0.9%	729,185,201	4.8%
TOTAL PATIENT REVENUE	\$ 120,748,044	\$ 119,660,433	0.9%	\$ 114,043,108	5.9%	\$ 1,451,742,266	\$ 1,392,992,942	4.2%	\$ 1,357,276,909	7.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 79,244,265	\$ 77,716,964	2.0%	\$ 68,980,198	14.9%	\$ 941,960,029	\$ 874,107,160	7.8%	\$ 853,036,694	10.4%
Policy Adjustments	1,127,997	1,494,814	-24.5%	801,977	40.7%	13,960,607	17,288,065	-19.2%	15,430,938	-9.5%
Uninsured Discount	7,792,394	11,489,935	-32.2%	8,257,872	-5.6%	91,411,096	132,395,710	-31.0%	126,318,062	-27.6%
Indigent	826,945	1,303,200	-36.5%	546,548	51.3%	12,301,115	14,619,914	-15.9%	13,077,905	-5.9%
Provision for Bad Debts	7,491,493	3,999,434	87.3%	8,653,933	-13.4%	84,498,452	51,817,758	63.1%	60,312,806	40.1%
TOTAL REVENUE DEDUCTIONS	\$ 96,483,094	\$ 96,004,347	0.5%	\$ 87,240,527	10.6%	\$ 1,144,131,299	\$ 1,090,228,607	4.9%	\$ 1,068,176,406	7.1%
	79.90%	80.23%		76.50%		78.81%	78.27%		78.70%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 8,774,110	\$ 1,551,815	465.4%	\$ 1,841,351	376.5%	\$ 24,921,550	\$ 18,621,967	33.8%	\$ 28,375,122	-12.2%
DSRIP/CHIRP	12,477,866	1,116,949	1017.1%	(183,187)	-6911.5%	19,555,194	13,403,333	45.9%	2,334,046	737.8%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	(14,868)	-100.0%
TOTAL OTHER PATIENT REVENUE	\$ 21,251,975	\$ 2,668,764	696.3%	\$ 1,658,164	1181.7%	\$ 44,476,744	\$ 32,025,300	38.9%	\$ 30,694,300	44.9%
NET PATIENT REVENUE	\$ 45,516,925	\$ 26,324,850	72.9%	\$ 28,460,745	59.9%	\$ 352,087,711	\$ 334,789,635	5.2%	\$ 319,794,804	10.1%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 7,133,854	\$ 5,999,555	18.9%	\$ 9,191,210	-22.4%	\$ 77,343,722	\$ 72,546,150	6.6%	\$ 78,170,790	-1.1%
Other Revenue	1,836,909	1,306,443	40.6%	32,834,125	-94.4%	18,872,887	15,676,467	20.4%	46,513,416	-59.4%
TOTAL OTHER REVENUE	\$ 8,970,763	\$ 7,305,998	22.8%	\$ 42,025,335	-78.7%	\$ 96,216,610	\$ 88,222,617	9.1%	\$ 124,684,205	-22.8%
NET OPERATING REVENUE	\$ 54,487,689	\$ 33,630,848	62.0%	\$ 70,486,080	-22.7%	\$ 448,304,321	\$ 423,012,252	6.0%	\$ 444,479,009	0.9%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 15,758,089	\$ 14,481,860	8.8%	\$ 15,546,212	1.4%	\$ 185,312,732	\$ 179,966,904	3.0%	\$ 175,335,861	5.7%
Benefits	2,193,314	2,037,935	7.6%	1,942,848	12.9%	17,373,454	25,900,747	-32.9%	33,058,804	-47.4%
Temporary Labor	1,548,570	1,331,886	16.3%	1,349,120	14.8%	20,577,164	16,719,955	23.1%	16,224,651	26.8%
Physician Fees	1,282,603	1,192,151	7.6%	1,408,367	-8.9%	14,882,526	14,178,725	5.0%	13,933,377	6.8%
Texas Tech Support	1,016,433	954,679	6.5%	907,662	12.0%	11,676,037	11,456,126	1.9%	11,042,819	5.7%
Purchased Services	5,578,124	4,477,579	24.6%	5,620,455	-0.8%	56,706,244	54,366,544	4.3%	53,765,238	5.5%
Supplies	6,336,935	5,818,896	8.9%	5,012,592	26.4%	79,915,878	73,931,017	8.1%	69,656,710	14.7%
Utilities	339,492	353,024	-3.8%	402,291	-15.6%	4,416,824	3,894,554	13.4%	4,019,993	9.9%
Repairs and Maintenance	929,547	924,709	0.5%	(225,622)	-512.0%	9,577,896	11,094,251	-13.7%	9,698,521	-1.2%
Leases and Rent	143,503	98,935	45.0%	107,710	33.2%	1,325,183	1,178,344	12.5%	1,369,370	-3.2%
Insurance	212,043	190,877	11.1%	129,078	64.3%	2,247,745	2,256,838	-0.4%	2,057,418	9.3%
Interest Expense	89,162	92,148	-3.2%	255,900	-65.2%	1,218,026	1,112,627	9.5%	1,022,750	19.1%
ECHDA	221,241	182,270	21.4%	274,421	-19.4%	1,938,032	2,187,262	-11.4%	2,472,050	-21.6%
Other Expense	292,269	166,774	75.2%	222,612	31.3%	2,797,937	2,739,043	2.2%	2,460,434	13.7%
TOTAL OPERATING EXPENSES	\$ 35,941,326	\$ 32,303,723	11.3%	\$ 32,953,644	9.1%	\$ 409,965,678	\$ 400,982,937	2.2%	\$ 396,117,997	3.5%
Depreciation/Amortization	\$ 2,029,770	\$ 1,846,886	9.9%	\$ 3,051,944	-33.5%	\$ 24,189,538	\$ 22,303,623	8.5%	\$ 22,378,119	8.1%
(Gain) Loss on Sale of Assets	-	-	0.0%	285,825	-100.0%	(45,332)	-	0.0%	174,406	-126.0%
TOTAL OPERATING COSTS	\$ 37,971,097	\$ 34,150,609	11.2%	\$ 36,291,413	4.6%	\$ 434,109,884	\$ 423,286,560	2.6%	\$ 418,670,522	3.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ 16,516,592	\$ (519,761)	3277.7%	\$ 34,194,667	51.7%	\$ 14,194,436	\$ (274,308)	-5274.6%	\$ 25,808,488	-45.0%
Operating Margin	30.31%	-1.55%	-2061.4%	48.51%	-37.5%	3.17%	-0.06%	-4982.7%	5.81%	-45.5%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 224,297	\$ 92,030	143.7%	\$ 585,409	-61.7%	\$ 2,069,381	\$ 1,104,382	87.4%	\$ 1,600,626	29.3%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Opioid Abatement Fund	884,163	-	0.0%	-	0.0%	884,163	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,814	-100.0%	31,523,108	-100.0%	(3,000)	21,834	-113.7%	31,539,483	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
						39,602,001	23,141,942		49,209,356	
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 17,625,052	\$ (425,917)	4238.1%	\$ 66,303,185	73.4%	\$ 18,568,015	\$ 2,092,498	-787.4%	\$ 60,340,679	69.2%
Unrealized Gain/(Loss) on Investments	\$ 311,993	\$ -	0.0%	\$ 65,682	375.0%	\$ 2,381,745	\$ -	0.0%	\$ 1,513,905	57.3%
Investment in Subsidiaries	209,910	149,960	40.0%	101,725	106.3%	1,066,095	1,799,531	-40.8%	1,415,544	-24.7%
CHANGE IN NET POSITION	\$ 18,146,955	\$ (275,957)	6676.0%	\$ 66,470,592	72.7%	\$ 22,015,855	\$ 3,892,029	-465.7%	\$ 63,270,127	65.2%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
SEPTEMBER 2024**

	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	\$ 56,733,786	\$ 60,391,084	-6.1%	\$ 53,037,223	7.0%	\$ 687,398,051	\$ 635,396,590	8.2%	\$ 628,091,709	9.4%
Outpatient Revenue	52,789,840	47,663,031	10.8%	49,872,824	5.8%	628,498,799	619,298,236	1.5%	586,343,911	7.2%
TOTAL PATIENT REVENUE	\$ 109,523,626	\$ 108,054,115	1.4%	\$ 102,910,047	6.4%	\$ 1,315,896,851	\$ 1,254,694,826	4.9%	\$ 1,214,435,620	8.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 73,328,604	\$ 71,793,739	2.1%	\$ 62,636,086	17.1%	\$ 873,573,853	\$ 803,426,087	8.7%	\$ 777,513,401	12.4%
Policy Adjustments	88,860	562,204	-84.2%	55,223	60.9%	923,884	6,147,247	-85.0%	5,593,614	-83.5%
Uninsured Discount	7,378,342	11,073,681	-33.4%	7,867,480	-6.2%	88,193,238	127,417,416	-30.8%	121,674,825	-27.5%
Indigent Care	807,777	1,287,662	-37.3%	541,531	49.2%	12,154,218	14,430,722	-15.8%	12,917,668	-5.9%
Provision for Bad Debts	6,671,648	3,155,579	111.4%	7,109,006	-6.2%	70,105,089	41,132,700	70.4%	49,344,792	42.1%
TOTAL REVENUE DEDUCTIONS	\$ 88,275,231	\$ 87,872,865	0.5%	\$ 78,209,325	12.9%	\$ 1,044,950,281	\$ 992,554,172	5.3%	\$ 967,044,300	8.1%
	80.60%	81.32%		76.00%		79.41%	79.11%		79.63%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 8,774,110	\$ 1,551,815	465.4%	\$ 1,841,351	376.5%	\$ 24,921,550	\$ 18,621,967	33.8%	\$ 28,375,122	-12.2%
DSRIP/CHIRP	12,477,866	1,116,949	1017.1%	(183,187)	-6911.5%	19,555,194	13,403,333	45.9%	2,334,046	737.8%
TOTAL OTHER PATIENT REVENUE	\$ 21,251,975	\$ 2,668,764	696.3%	\$ 1,658,164	1181.7%	\$ 44,476,744	\$ 32,025,300	38.9%	\$ 30,694,300	44.9%
NET PATIENT REVENUE	\$ 42,500,370	\$ 22,850,014	86.0%	\$ 26,358,886	61.2%	\$ 315,423,313	\$ 294,165,954	7.2%	\$ 278,085,620	13.4%
OTHER REVENUE										
Tax Revenue	\$ 7,133,854	\$ 5,999,555	18.9%	\$ 9,191,210	-22.4%	\$ 77,343,722	\$ 72,546,150	6.6%	\$ 78,170,790	-1.1%
Other Revenue	1,674,193	1,086,188	54.1%	32,656,603	-94.9%	16,331,033	13,024,800	25.4%	43,970,396	-62.9%
TOTAL OTHER REVENUE	\$ 8,808,047	\$ 7,085,743	24.3%	\$ 41,847,813	-79.0%	\$ 93,674,756	\$ 85,570,950	9.5%	\$ 122,141,185	-23.3%
NET OPERATING REVENUE	\$ 51,308,416	\$ 29,935,757	71.4%	\$ 68,206,699	-24.8%	\$ 409,098,069	\$ 379,736,904	7.7%	\$ 400,226,805	2.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 11,180,349	\$ 9,825,167	13.8%	\$ 11,382,884	-1.8%	\$ 130,980,538	\$ 124,278,755	5.4%	\$ 121,301,980	8.0%
Benefits	1,824,491	1,657,272	10.1%	1,552,315	17.5%	12,302,620	20,632,420	-40.4%	27,902,377	-55.9%
Temporary Labor	793,742	638,359	24.3%	893,199	-11.1%	10,511,013	8,397,980	25.2%	11,583,044	-9.3%
Physician Fees	1,340,364	1,210,838	10.7%	1,506,762	-11.0%	15,372,193	14,402,089	6.7%	14,333,784	7.2%
Texas Tech Support	1,016,433	954,679	6.5%	907,662	12.0%	11,676,037	11,456,126	1.9%	11,042,819	5.7%
Purchased Services	5,915,506	4,787,938	23.6%	5,710,136	3.6%	60,178,529	58,144,654	3.5%	54,139,653	11.2%
Supplies	6,244,424	5,733,063	8.9%	4,915,244	27.0%	79,078,200	72,935,181	8.4%	68,242,647	15.9%
Utilities	338,780	352,101	-3.8%	401,282	-15.6%	4,405,892	3,884,547	13.4%	4,009,458	9.9%
Repairs and Maintenance	929,300	922,809	0.7%	(225,634)	-511.9%	9,572,678	11,071,451	-13.5%	9,682,164	-1.1%
Leases and Rentals	(6,345)	(47,505)	-86.6%	(62,824)	-89.9%	(447,942)	(569,664)	-21.4%	(699,460)	-36.0%
Insurance	149,580	129,054	15.9%	70,441	112.3%	1,599,692	1,548,450	3.3%	1,396,491	14.6%
Interest Expense	89,162	92,148	-3.2%	255,900	-65.2%	1,218,026	1,112,627	9.5%	1,022,750	19.1%
ECHDA	221,241	182,270	21.4%	274,421	-19.4%	1,938,032	2,187,262	-11.4%	2,472,050	-21.6%
Other Expense	200,907	105,219	90.9%	119,643	67.9%	2,065,982	2,014,497	2.6%	1,739,478	18.8%
TOTAL OPERATING EXPENSES	\$ 30,237,934	\$ 26,543,412	13.9%	\$ 27,701,433	9.2%	\$ 340,451,491	\$ 331,496,375	2.7%	\$ 328,169,235	3.7%
Depreciation/Amortization	\$ 2,017,785	\$ 1,839,718	9.7%	\$ 3,044,919	-33.7%	\$ 24,065,882	\$ 22,218,091	8.3%	\$ 22,297,847	7.9%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	285,825	-100.0%	(45,332)	-	0.0%	174,912	-125.9%
TOTAL OPERATING COSTS	\$ 32,255,718	\$ 28,383,130	13.6%	\$ 31,032,176	3.9%	\$ 364,472,040	\$ 353,714,466	3.0%	\$ 350,641,994	3.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ 19,052,698	\$ 1,552,627	1127.1%	\$ 37,174,522	48.7%	\$ 44,626,028	\$ 26,022,438	71.5%	\$ 49,584,811	-10.0%
Operating Margin	37.13%	5.19%	616.0%	54.50%	-31.9%	10.91%	6.85%	59.2%	12.39%	-12.0%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 224,297	\$ 92,030	143.7%	\$ 585,409	-61.7%	\$ 2,069,381	\$ 1,104,382	87.4%	\$ 1,600,626	29.3%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Opioid Abatement Fund	884,163	-	0.0%	-	0.0%	884,163	-	-	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,814	-100.0%	31,523,108	-100.0%	(3,000)	21,834	-113.7%	31,539,483	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 20,161,159	\$ 1,646,471	1124.5%	\$ 69,283,040	-70.9%	\$ 48,999,607	\$ 28,389,244	72.6%	\$ 84,117,003	-41.7%
Procure Capital Contribution	(2,538,376)	(2,079,125)	22.1%	(3,070,279)	-17.3%	(30,821,372)	(26,372,101)	16.9%	(23,847,325)	29.2%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 17,622,783	\$ (432,654)	4173.2%	\$ 66,212,761	73.4%	\$ 18,178,235	\$ 2,017,143	-801.2%	\$ 60,269,678	69.8%
Unrealized Gain/(Loss) on Investments	\$ 311,993	-	0.0%	\$ 65,682	375.0%	\$ 2,381,745	-	0.0%	\$ 1,513,905	57.3%
Investment in Subsidiaries	209,910	149,960	40.0%	101,725	106.3%	1,066,095	1,799,531	-40.8%	1,415,544	-24.7%
CHANGE IN NET POSITION	\$ 18,144,686	\$ (282,694)	6518.5%	\$ 66,380,168	72.7%	\$ 21,626,075	\$ 3,816,674	-466.6%	\$ 63,199,126	65.8%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 11,035,433	\$ 11,362,868	-2.9%	\$ 10,841,570	1.8%	\$ 133,173,352	\$ 135,376,158	-1.6%	\$ 139,871,335	-4.8%
TOTAL PATIENT REVENUE	\$ 11,035,433	\$ 11,362,868	-2.9%	\$ 10,841,570	1.8%	\$ 133,173,352	\$ 135,376,158	-1.6%	\$ 139,871,335	-4.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 5,799,530	\$ 5,779,506	0.3%	\$ 6,216,262	-6.7%	\$ 67,085,215	\$ 68,956,116	-2.7%	\$ 73,760,010	-9.0%
Policy Adjustments	989,465	889,650	11.2%	732,407	35.1%	12,612,074	10,625,213	18.7%	9,343,059	35.0%
Uninsured Discount	414,052	416,254	-0.5%	390,392	6.1%	3,217,858	4,978,294	-35.4%	4,643,238	-30.7%
Indigent	19,168	15,538	23.4%	5,017	282.1%	146,897	189,192	-22.4%	160,237	-8.3%
Provision for Bad Debts	800,134	816,016	-1.9%	1,500,096	-46.7%	14,000,295	10,350,921	35.3%	10,528,692	33.0%
TOTAL REVENUE DEDUCTIONS	\$ 8,022,348	\$ 7,916,964	1.3%	\$ 8,844,174	-9.3%	\$ 97,062,339	\$ 95,099,736	2.1%	\$ 98,435,237	-1.4%
	72.70%	69.67%		81.58%		72.88%	70.25%		70.38%	
NET PATIENT REVENUE	\$ 3,013,085	\$ 3,445,904	-12.6%	\$ 1,997,396	50.9%	\$ 36,111,013	\$ 40,276,422	-10.3%	\$ 41,436,099	-12.9%
OTHER REVENUE										
Other Income	\$ 162,688	\$ 220,218	-26.1%	\$ 177,406	-8.3%	\$ 2,529,896	\$ 2,651,190	-4.6%	\$ 2,540,337	-0.4%
TOTAL OTHER REVENUE	\$ 162,688	\$ 220,218	-26.1%	\$ 177,406	-8.3%	\$ 2,529,896	\$ 2,651,190	-4.6%	\$ 2,540,337	-0.4%
NET OPERATING REVENUE	\$ 3,175,773	\$ 3,666,122	-13.4%	\$ 2,174,802	46.0%	\$ 38,640,909	\$ 42,927,612	-10.0%	\$ 43,976,436	-12.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,342,207	\$ 4,405,733	-1.4%	\$ 3,917,853	10.8%	\$ 51,411,504	\$ 52,677,328	-2.4%	\$ 51,042,581	0.7%
Benefits	357,256	361,275	-1.1%	376,532	-5.1%	4,857,652	5,029,518	-3.4%	4,950,193	-1.9%
Temporary Labor	754,828	693,527	8.8%	455,921	65.6%	10,066,150	8,321,975	21.0%	4,641,607	116.9%
Physician Fees	201,487	240,561	-16.2%	160,852	25.3%	2,621,309	2,887,612	-9.2%	2,710,569	-3.3%
Purchased Services	(337,780)	(311,063)	8.6%	(91,869)	267.7%	(3,489,563)	(3,786,536)	-7.8%	(383,921)	808.9%
Supplies	92,511	85,188	8.6%	97,347	-5.0%	835,396	988,107	-15.5%	1,408,574	-40.7%
Utilities	713	923	-22.8%	1,009	-29.4%	10,933	10,007	9.2%	10,535	3.8%
Repairs and Maintenance	247	1,900	-87.0%	11,57	2035.2%	5,218	22,800	-77.1%	16,358	-68.1%
Leases and Rentals	147,855	144,447	2.4%	168,540	-12.3%	1,749,205	1,724,092	1.5%	2,044,910	-14.5%
Insurance	52,741	54,486	-3.2%	50,361	4.7%	544,801	620,256	-12.2%	587,071	-7.2%
Other Expense	90,098	61,102	47.5%	101,498	-11.2%	726,019	719,022	1.0%	715,517	1.5%
TOTAL OPERATING EXPENSES	\$ 5,702,163	\$ 5,738,079	-0.6%	\$ 5,238,056	8.9%	\$ 69,338,625	\$ 69,214,181	0.2%	\$ 67,743,995	2.4%
Depreciation/Amortization	\$ 11,986	\$ 7,168	67.2%	\$ 7,025	70.6%	\$ 123,656	\$ 85,532	44.6%	\$ 80,272	54.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	(506)	-100.0%
TOTAL OPERATING COSTS	\$ 5,714,148	\$ 5,745,247	-0.5%	\$ 5,245,081	8.9%	\$ 69,462,281	\$ 69,299,713	0.2%	\$ 67,823,761	2.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,538,376)	\$ (2,079,125)	22.1%	\$ (3,070,279)	-17.3%	\$ (30,821,372)	\$ (26,372,101)	16.9%	\$ (23,847,325)	29.2%
Operating Margin	-79.93%	-56.71%	40.9%	-141.18%	-43.4%	-79.76%	-61.43%	29.8%	-54.23%	47.1%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,538,376	\$ 2,079,125	22.1%	\$ 3,070,279	-17.3%	\$ 30,821,372	\$ 26,372,101	16.9%	\$ 23,847,325	29.2%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	7,897	8,080	-2.26%	7,757	1.80%	93,959	93,281	0.73%	109,518	-14.21%
Total Hospital Visits	6,741	5,652	19.27%	6,256	7.75%	81,355	71,039	14.52%	70,224	15.85%
Total Procedures	12,580	12,274	2.49%	12,440	1.13%	151,542	146,265	3.61%	153,980	-1.58%
Total Surgeries	806	781	3.20%	894	-9.84%	9,334	9,804	-4.79%	10,007	-6.73%
Total Provider FTE's	86.6	88.6	-2.26%	87.2	-0.68%	84.9	88.6	-4.14%	89.7	-5.30%
Total Staff FTE's	105.8	127.0	-16.69%	113.9	-7.12%	108.3	126.6	-14.39%	116.9	-7.35%
Total Administrative FTE's	11.5	11.7	-1.54%	11.8	-2.10%	11.8	11.7	1.17%	11.7	0.55%
Total FTE's	203.9	227.3	-10.28%	212.9	-4.21%	205.1	226.8	-9.59%	218.4	-6.08%

**ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
SEPTEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 188,985	\$ 243,450	-22.4%	\$ 291,492	-35.2%	\$ 2,672,063	\$ 2,921,958	-8.6%	\$ 2,969,954	-10.0%
TOTAL PATIENT REVENUE	\$ 188,985	\$ 243,450	-22.4%	\$ 291,492	-35.2%	\$ 2,672,063	\$ 2,921,958	-8.6%	\$ 2,969,954	-10.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 116,132	\$ 143,719	-19.2%	\$ 127,850	-9.2%	\$ 1,300,961	\$ 1,724,957	-24.6%	\$ 1,763,283	-26.2%
Policy Adjustments	49,672	42,960	15.6%	14,347	246.2%	424,649	515,605	-17.6%	494,265	-14.1%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	19,711	27,839	-29.2%	44,832	-56.0%	393,068	334,137	17.6%	439,321	-10.5%
TOTAL REVENUE DEDUCTIONS	\$ 185,514	\$ 214,518	-13.5%	\$ 187,029	-0.8%	\$ 2,118,678	\$ 2,574,699	-17.7%	\$ 2,696,869	-21.4%
	98.16%	88.12%		64.16%		79.29%	88.12%		90.81%	
NET PATIENT REVENUE	\$ 3,471	\$ 28,932	-88.0%	\$ 104,463	-96.7%	\$ 553,385	\$ 347,259	59.4%	\$ 273,085	102.6%
						20.7%				
<u>OTHER REVENUE</u>										
Other Income	\$ 29	\$ 37	-21.7%	\$ 116	-75.0%	\$ 11,958	\$ 477	2406.9%	\$ 2,683	345.6%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 3,500	\$ 28,969	-87.9%	\$ 104,579	-96.7%	\$ 565,343	\$ 347,736	62.6%	\$ 275,768	105.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 235,532	\$ 250,960	-6.1%	\$ 245,475	-4.1%	\$ 2,920,690	\$ 3,010,821	-3.0%	\$ 2,991,299	-2.4%
Benefits	11,567	19,388	-40.3%	14,000	-17.4%	213,182	238,809	-10.7%	206,235	3.4%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(3,110,976)	(3,110,976)	0.0%	(3,110,976)	0.0%
Purchased Services	399	704	-43.4%	2,188	-81.8%	17,279	8,426	105.1%	9,506	81.8%
Supplies	-	645	-100.0%	-	0.0%	2,282	7,729	-70.5%	5,489	-58.4%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	1,993	1,993	0.0%	1,993	0.0%	23,920	23,916	0.0%	23,920	0.0%
Insurance	9,722	7,337	32.5%	8,275	17.5%	103,251	88,132	17.2%	73,856	39.8%
Other Expense	1,265	453	179.2%	1,471	-14.0%	5,935	5,524	7.4%	5,439	9.1%
TOTAL OPERATING EXPENSES	\$ 1,230	\$ 22,232	-94.5%	\$ 14,155	-91.3%	\$ 175,563	\$ 272,381	-35.5%	\$ 204,767	-14.3%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 1,230	\$ 22,232	-94.5%	\$ 14,155	-91.3%	\$ 175,563	\$ 272,381	-35.5%	\$ 204,767	-14.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ 2,270	\$ 6,737	-66.3%	\$ 90,424	-97.5%	\$ 389,780	\$ 75,355	417.3%	\$ 71,001	449.0%
Operating Margin	64.85%	23.26%	178.9%	86.46%	-25.0%	68.95%	21.67%	218.2%	25.75%	167.8%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 2,270	\$ 6,737	-66.3%	\$ 90,424	-97.5%	\$ 389,780	\$ 75,355	417.3%	\$ 71,001	449.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	611	905	-32.49%	531	15.07%	8,059	10,862	-25.81%	8,655	-6.89%
Total Provider FTE's	7.4	8.5	-13.18%	8.4	-12.36%	7.9	8.3	-5.38%	8.4	-6.63%
Total Staff FTE's	1.0	1.4	-28.27%	1.0	0.00%	1.0	1.4	-26.68%	1.0	2.51%
Total FTE's	8.4	9.9	-15.31%	9.4	-11.04%	8.9	9.7	-8.41%	9.4	-5.67%

**ECTOR COUNTY HOSPITAL DISTRICT
DIABETES SCREENING CLINIC - SOUTH - OPERATIONS SUMMARY
SEPTEMBER 2024**

	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	\$ 16,807	\$ -	0.0%	\$ -	0.0%	\$ 50,345	\$ -	0.0%	\$ -	0.0%
TOTAL PATIENT REVENUE	\$ 16,807	\$ -	0.0%	\$ -	0.0%	\$ 50,345	\$ -	0.0%	\$ -	0.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	12,961	-	0.0%	-	0.0%	39,104	-	0.0%	-	0.0%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$ 12,961	\$ -	0.0%	\$ -	0.0%	\$ 39,104	\$ -	0.0%	\$ -	0.0%
	77.1%	#DIV/0!		#DIV/0!		77.7%	#DIV/0!		#DIV/0!	
NET PATIENT REVENUE	\$ 3,846	\$ -	0.0%	\$ -	0.0%	\$ 11,242	\$ -	0.0%	\$ -	0.0%
OTHER REVENUE										
Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 3,846	\$ -	0.0%	\$ -	0.0%	\$ 11,242	\$ -	0.0%	\$ -	0.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 874	\$ -	0.0%	\$ -	0.0%	\$ 7,055	\$ -	0.0%	\$ -	0.0%
Benefits	143	-	0.0%	-	0.0%	663	-	0.0%	-	0.0%
Physician Services	2,500	-	0.0%	-	0.0%	14,932	-	0.0%	-	0.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	197	-	0.0%	-	0.0%	6,167	-	0.0%	-	0.0%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	27,939	-	0.0%	-	0.0%
Leases and Rentals	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 3,714	\$ -	0.0%	\$ -	0.0%	\$ 56,757	\$ -	0.0%	\$ -	0.0%
Depreciation/Amortization	\$ 905	\$ 2,769	-67.3%	\$ 2,769	-67.3%	\$ 21,951	\$ 33,228	-33.9%	\$ 33,232	-33.9%
TOTAL OPERATING COSTS	\$ 4,619	\$ 2,769	66.8%	\$ 2,769	66.8%	\$ 78,708	\$ 33,228	136.9%	\$ 33,232	136.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (773)	\$ (2,769)	72.1%	\$ (2,769)	72.1%	\$ (67,466)	\$ (33,228)	-103.0%	\$ (33,232)	103.0%
Operating Margin	-20.10%	0.00%	0.0%	0.00%	0.0%	-600.15%	0.00%	0.0%	0.00%	0.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	64	-	0.0%	-	0.0%	173	-	0.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.2	-	0.0%	-	0.0%	0.1	-	0.0%	0.0	1688.7%

**ECTOR COUNTY HOSPITAL DISTRICT
SEPTEMBER 2024**

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	\$ 43,533,480	39.7%	\$ 40,960,823	39.8%	\$ 528,539,818	40.2%	469,888,281	38.6%
Medicaid	12,709,812	11.6%	12,419,830	12.1%	152,655,859	11.6%	161,117,342	13.3%
Commercial	40,405,192	36.9%	33,428,101	32.5%	456,999,938	34.7%	372,335,429	30.7%
Self Pay	10,036,272	9.2%	11,635,034	11.3%	125,219,957	9.5%	160,555,765	13.2%
Other	2,838,870	2.6%	4,466,259	4.3%	52,481,278	4.0%	50,538,804	4.2%
TOTAL	\$ 109,523,626	100.0%	\$ 102,910,047	100.0%	\$ 1,315,896,851	100.0%	1,214,435,620	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,592,760	39.4%	\$ 6,794,442	31.8%	\$ 104,313,587	38.4%	88,973,879	38.4%
Medicaid	2,026,439	9.3%	2,170,410	10.2%	31,015,984	11.4%	29,200,899	12.6%
Commercial	9,776,142	44.9%	10,292,895	48.1%	109,086,331	40.1%	88,435,930	38.2%
Self Pay	1,190,269	5.5%	1,121,052	5.2%	16,087,845	5.9%	13,238,411	5.7%
Other	196,943	0.9%	1,001,364	4.7%	11,358,709	4.2%	11,914,344	5.1%
TOTAL	\$ 21,782,552	100.0%	\$ 21,380,163	100.0%	\$ 271,862,456	100.0%	231,763,463	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
SEPTEMBER 2024**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ 21,626,075	-	389,780	\$ 22,015,855
Noncash Expenses:				
Depreciation and Amortization	21,401,991	16,993	-	21,418,984
Unrealized Gain/Loss on Investments	2,381,745	-	-	2,381,745
Accretion (Bonds) & COVID Funding	(612,462)	-	-	(612,462)
Changes in Assets and Liabilities				
Patient Receivables, Net	(5,738,457)	247,385	23,631	(5,467,440)
Taxes Receivable/Deferred	1,936,827	(255,353)	-	1,681,474
ACCOUNTS RECEIVABLES - OTHER	6,487,485			
INVENTORIES	(10,038)			
INTEREST RECEIVABLE	(54,707)			
PREPAID EXPENSES	(1,025,464)			
Inventories, Prepaids and Other	5,397,277	(95,234)	13,108	5,315,151
LT Lease Rec	1,017,148			
Deferred Inflow of Resources	424,762			
Accounts Payable	8,143,589	(2,136,990)	(409,081)	5,597,517
Accrued Expenses	17,130	2,227,321	(17,437)	2,227,013
Due to Third Party Payors	7,597,893	-	-	7,597,893
Accrued Post Retirement Benefit Costs	(15,697,732)	-	-	(15,697,732)
Net Cash Provided by Operating Activities	\$ 47,895,785	4,122	-	\$ 47,899,907
Cash Flows from Investing Activities:				
Investments	\$ 2,453,358	-	-	\$ 2,453,358
Acquisition of Property and Equipment	(27,262,196)	(4,022)	-	(27,266,218)
Net Cash used by Investing Activities	\$ (24,808,838)	(4,022)	-	\$ (24,812,860)
Cash Flows from Financing Activities:				
Current Portion Debt	\$ (451,892)	-	-	\$ (451,892)
Principal Paid on Subscription Liabilities	\$ 144,625			
Principal Paid on Lease Liabilities	\$ 623,870			
Intercompany Activities	-	-	-	-
LT Liab Subscriptions	(540,451)			
LT Liab Leases	2,050,976			
Net Repayment of Long-term Debt/Bond Issuance	(2,017,591)	-	-	(2,017,591)
Net Cash used by Financing Activities	(190,462)	-	-	(190,462)
Net Increase (Decrease) in Cash	22,896,485	100	-	22,896,585
Beginning Cash & Cash Equivalents @ 9/30/2023	26,722,432	4,400	-	26,726,832
Ending Cash & Cash Equivalents @ 9/30/2024	\$ 49,618,916	\$ 4,500	\$ -	\$ 49,623,416

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2024**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (1,373,346)	\$ 3,581,085		\$ 2,207,739
2nd Qtr	(1,598,444)	-		(1,598,444)
3rd Qtr	(5,589,663)	4,011,151		(1,578,512)
4th Qtr	(159,845)	14,511,135		14,351,290
DSH TOTAL	\$ (8,721,297)	\$ 22,103,371		\$ 13,382,074
UC				
1st Qtr	\$ -	\$ 5,793,766		5,793,766
2nd Qtr	(4,285,851)	10,722,457		6,436,606
3rd Qtr	-	-		-
4th Qtr	(2,472,914)	5,958,748		3,485,833
UC TOTAL	\$ (6,758,765)	\$ 22,474,971		\$ 15,716,206
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ -	\$ -		\$ -
UHRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ -		\$ -
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(558,322)	1,427,934		869,612
3rd .	-	-		-
4th Qtr	(569,032)	1,427,934		858,902
GME TOTAL	\$ (1,127,354)	\$ 2,855,867		\$ 1,728,514
CHIRP				
1st Qtr	\$ (3,062,668)	\$ 3,909,718		\$ 847,050
2nd Qtr	-	3,794,422		3,794,422
3rd .	(4,399,163)	1,464,088		(2,935,075)
4th Qtr	-	1,217,033		1,217,033
CHIRP TOTAL	\$ (7,461,831)	\$ 10,385,260		\$ 2,923,429
HARP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(552,207)	69,597		(482,610)
3rd .	(437,860)	2,414,889		1,977,029
4th Qtr	-	-		-
HARP TOTAL	\$ (990,067)	\$ 2,484,486		\$ 1,494,418
TIPPS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd .	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (25,059,314)	\$ 60,303,955		\$ 35,244,641
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (25,059,314)	\$ 60,303,955	\$ -	\$ 35,244,641

INCOME STATEMENT ACTIVITY:

FY 2024 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 13,382,074
Uncompensated Care Accrual	8,411,504
Regional UPL Accrual	-
URIP	75,696
GME	1,728,514
CHIRP	19,555,194
HARP	1,494,418
TIPPS	(170,655)
Regional UPL Benefit	-
Medicaid Supplemental Payments	44,476,744
DSRIP Accrual	-
Total Adjustments	\$ 44,476,744

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
SEPTEMBER 2024

-

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR
Cardiopulmonary	12.3	10.9	12.8%	13.6	-9.8%	13.1	11.8	11.3%	11.5	13.9%
Operating Room	11.5	3.9	191.4%	11.7	-2.2%	12.2	4.2	188.4%	11.3	7.8%
Labor & Delivery	3.6	4.7	-23.5%	4.0	-11.2%	4.0	5.1	-21.8%	3.4	15.4%
Laboratory - Chemistry	1.8	4.2	-58.6%	4.8	-63.9%	3.3	4.6	-28.9%	5.0	-34.6%
Imaging - Diagnostics	3.5	2.6	32.4%	3.2	11.0%	3.0	2.9	4.0%	3.3	-11.1%
Imaging - Ultrasound	1.4	0.9	51.6%	1.0	46.4%	1.5	1.0	49.6%	1.5	-2.3%
Recovery Room	0.2	-	0.0%	1.9	-88.1%	1.2	-	0.0%	0.4	201.0%
4 East - Post Partum	1.8	1.8	-0.8%	1.0	85.7%	1.3	2.0	-34.9%	2.4	-46.7%
PM&R - Occupational	0.5	1.8	-75.4%	1.8	-74.7%	1.2	2.0	-41.4%	1.0	11.0%
Imaging - Cat Scan	-	0.9	-100.0%	1.3	-100.0%	1.1	1.0	3.4%	0.7	45.8%
7 Central	1.2	0.0	2761.7%	-	0.0%	1.1	0.0	2707.2%	0.2	416.6%
Intensive Care Unit (ICU) 2	0.5	1.9	-73.6%	1.4	-64.5%	1.0	2.0	-51.3%	0.9	12.9%
Laboratory - Histology	1.0	-	0.0%	1.1	-9.7%	1.0	-	0.0%	0.2	330.8%
Center for Health and Wellness - Sports Medici	1.0	0.9	2.1%	0.9	0.6%	0.9	1.0	-14.0%	0.5	63.3%
Intensive Care Unit (CCU) 4	0.3	1.4	-74.9%	0.1	376.5%	0.8	1.5	-48.5%	0.8	-7.6%
UTILIZATION REVIEW	0.7	1.0	-33.6%	-	0.0%	0.6	1.0	-41.2%	-	0.0%
4 Central	0.1	0.0	71.6%	0.2	-68.7%	0.4	0.0	942.4%	0.2	94.7%
6 Central	0.9	0.0	2135.7%	0.1	1195.5%	0.5	0.0	1093.5%	0.1	513.9%
3 West Observation	0.1	-	0.0%	-	0.0%	0.3	-	0.0%	0.3	28.6%
Emergency Department	0.1	1.4	-89.9%	0.1	100.6%	0.3	1.5	-80.7%	1.5	-81.2%
Nursing Orientation	-	-	0.0%	0.3	-100.0%	0.2	-	0.0%	0.4	-39.6%
Neonatal Intensive Care	-	-	0.0%	0.1	-100.0%	0.2	-	0.0%	0.0	1223.2%
5 Central	0.1	0.0	63.9%	-	0.0%	0.2	0.0	358.6%	0.2	12.4%
9 Central	0.4	0.0	946.9%	0.2	88.0%	0.2	0.0	386.1%	0.1	47.1%
6 West	-	0.0	-100.0%	0.1	-100.0%	0.1	0.0	143.3%	0.0	230.1%
Care Management	-	-	0.0%	1.1	-100.0%	0.0	-	0.0%	1.8	-97.9%
Laboratory - Hematology	-	1.3	-100.0%	-	0.0%	-	1.4	-100.0%	-	0.0%
PM&R - Physical	-	-	0.0%	-	0.0%	-	-	0.0%	0.4	-100.0%
Closed - 8 Central - Moved Back to 6140	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
5 West - Pediatrics	0.1	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	-51.3%
Food Service	-	0.9	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
SUBTOTAL	43.7	41.0	6.7%	50.0	-12.5%	49.9	44.1	13.2%	49.1	1.8%
TRANSITION LABOR										
Laboratory - Chemistry	5.0	-	0.0%	3.1	60.7%	4.4	-	0.0%	1.7	154.4%
SUBTOTAL	5.0	-	0.0%	3.1	60.7%	4.4	-	0.0%	1.7	154.4%
GRAND TOTAL	48.7	41.0	18.9%	53.1	-8.2%	54.3	44.1	23.1%	50.8	7.0%



Financial Presentation

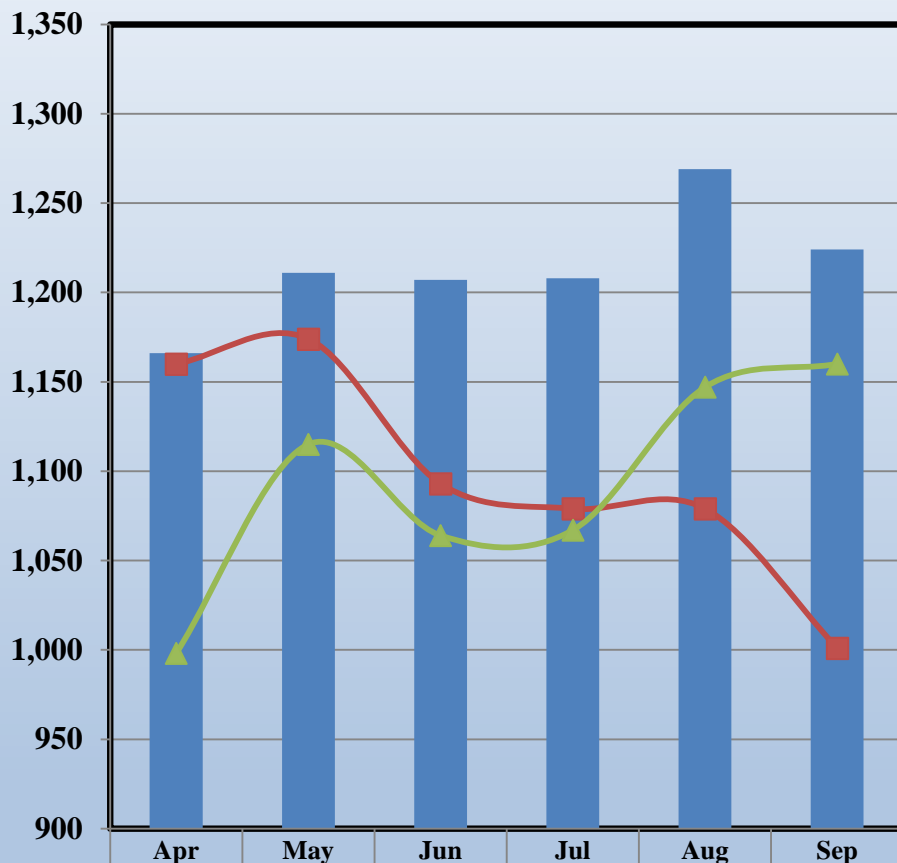
For the Month Ended September 30, 2024

Volume



Admissions

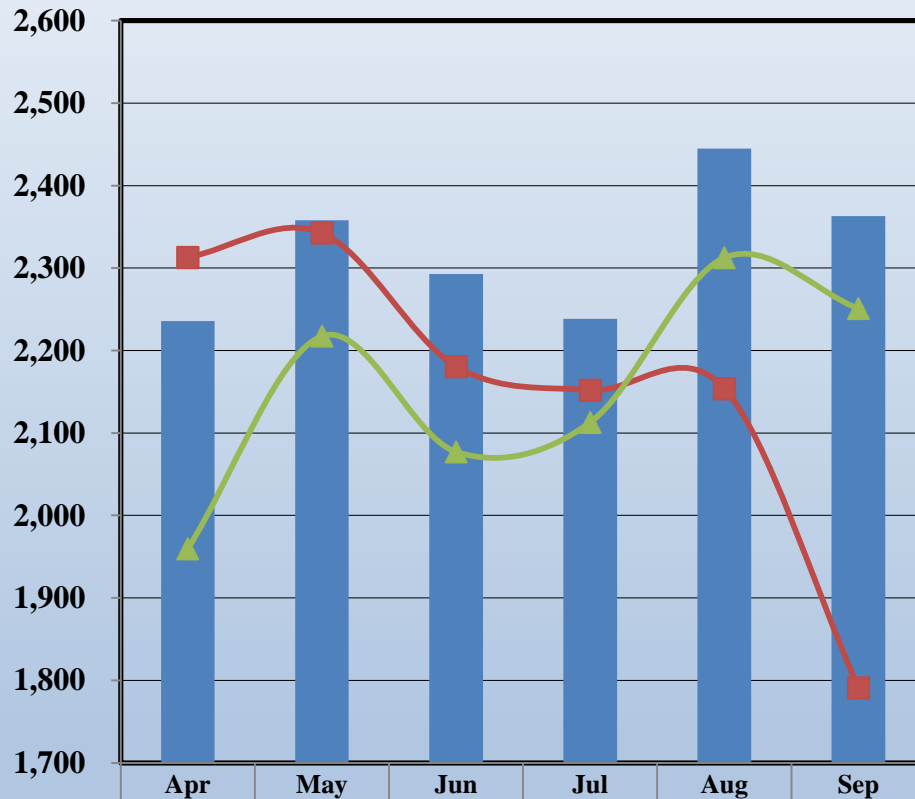
Total – Adults and NICU



	Apr	May	Jun	Jul	Aug	Sep
Act	1,166	1,211	1,207	1,208	1,269	1,224
Bud	1,160	1,174	1,093	1,079	1,079	1,001
Prior	998	1,115	1,064	1,067	1,147	1,160

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,224	1,001	1,160
Var %		22.3%	5.5%
Year-To-Date	14,415	13,174	13,073
Var %		9.4%	10.3%
Annualized	14,415	13,174	13,073
Var %		9.4%	10.3%

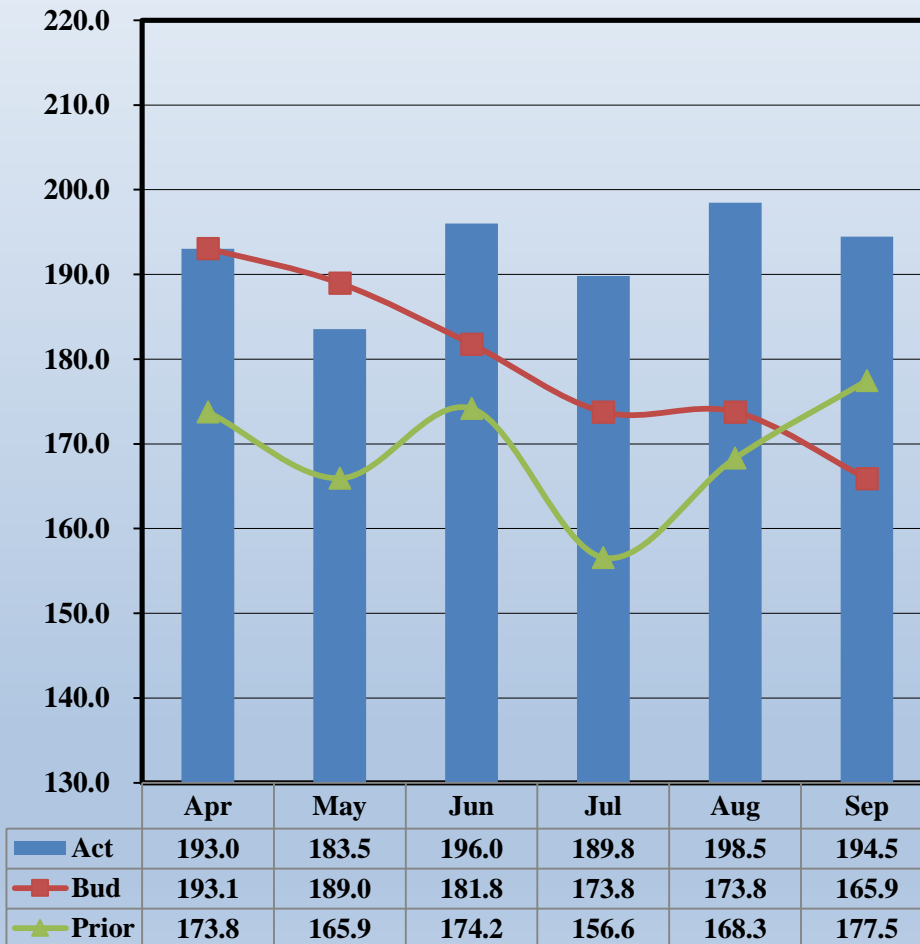
Adjusted Admissions



Act	2,236	2,358	2,293	2,238	2,445	2,363
Bud	2,313	2,343	2,181	2,152	2,154	1,791
Prior	1,960	2,217	2,077	2,113	2,313	2,251

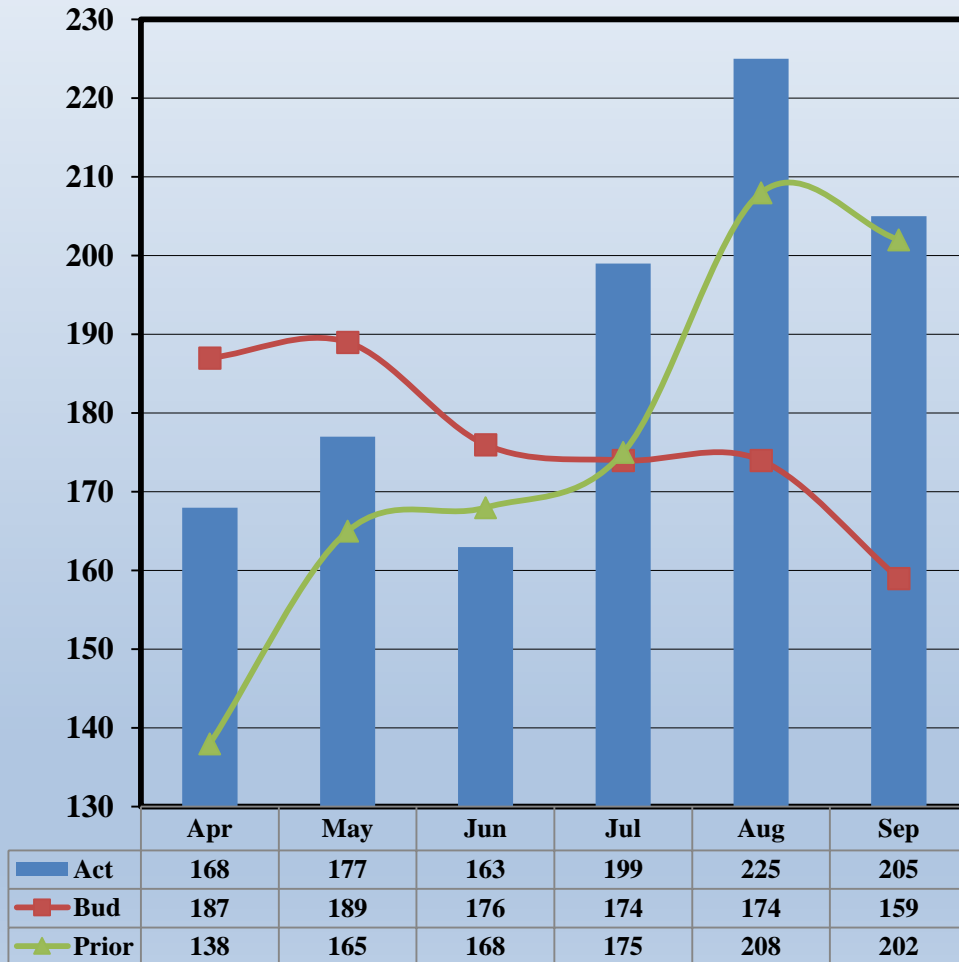
	Actual	Budget	Prior Year
Month	2,363	1,791	2,251
Var %		31.9%	5.0%
Year-To-Date	27,595	26,014	25,277
Var %		6.1%	9.2%
Annualized	27,595	26,014	25,277
Var %		6.1%	9.2%

Average Daily Census



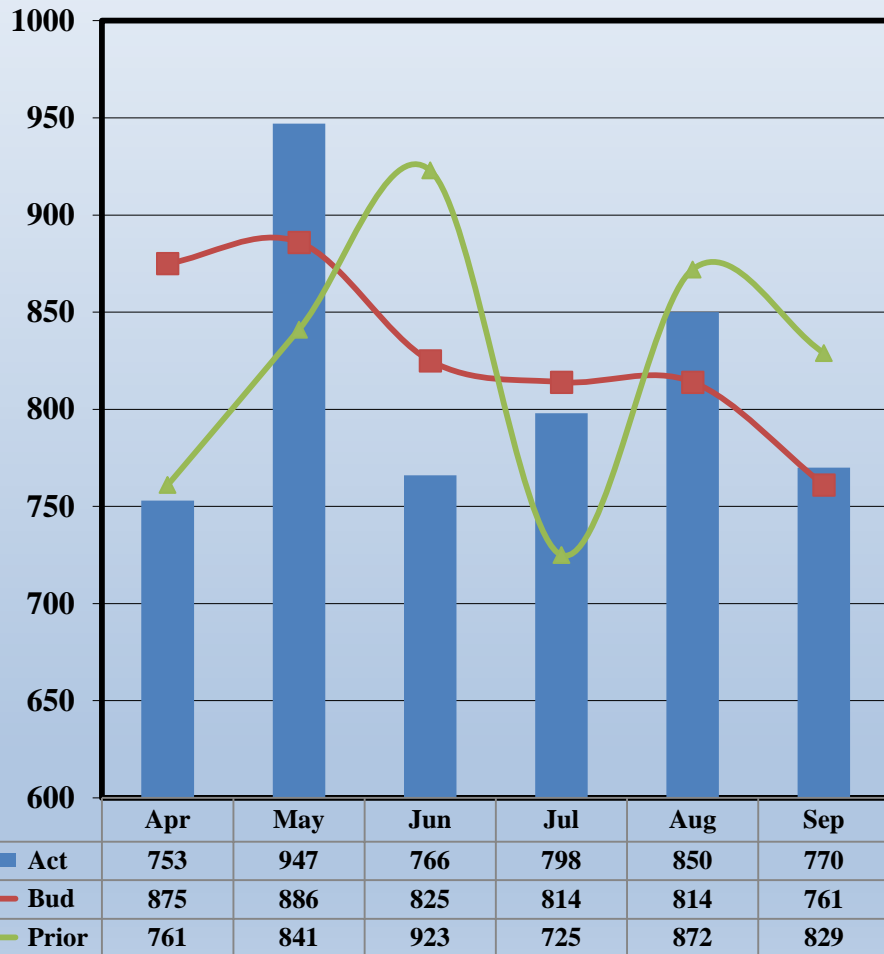
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	194.5	165.9	177.5
Var %		17.2%	9.6%
Year-To-Date	188.5	179.6	175.2
Var %		5.0%	7.6%
Annualized	188.5	179.6	175.2
Var %		5.0%	7.6%

Deliveries



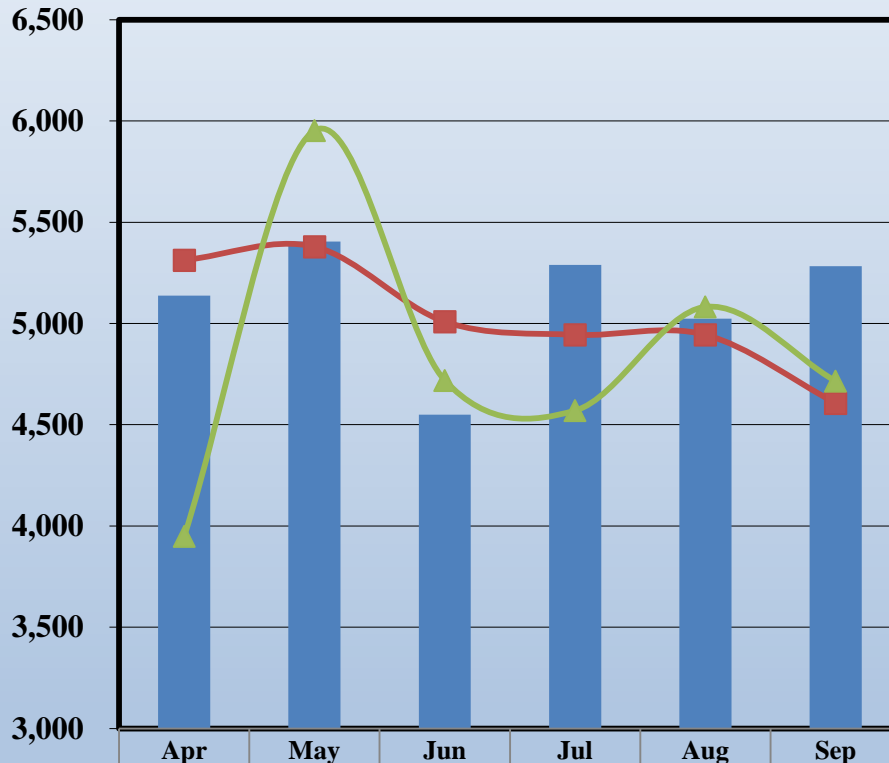
	Actual	Budget	Prior Year
Month	205	159	202
Var %		28.9%	1.5%
Year-To-Date	2,222	2,120	2,177
Var %		4.8%	2.1%
Annualized	2,222	2,120	2,177
Var %		4.8%	2.1%

Total Surgical Cases



	Actual	Budget	Prior Year
Month	770	761	829
Var %		1.2%	-7.1%
Year-To-Date	9,270	9,947	9,502
Var %		-6.8%	-2.4%
Annualized	9,270	9,947	9,502
Var %		-6.8%	-2.4%

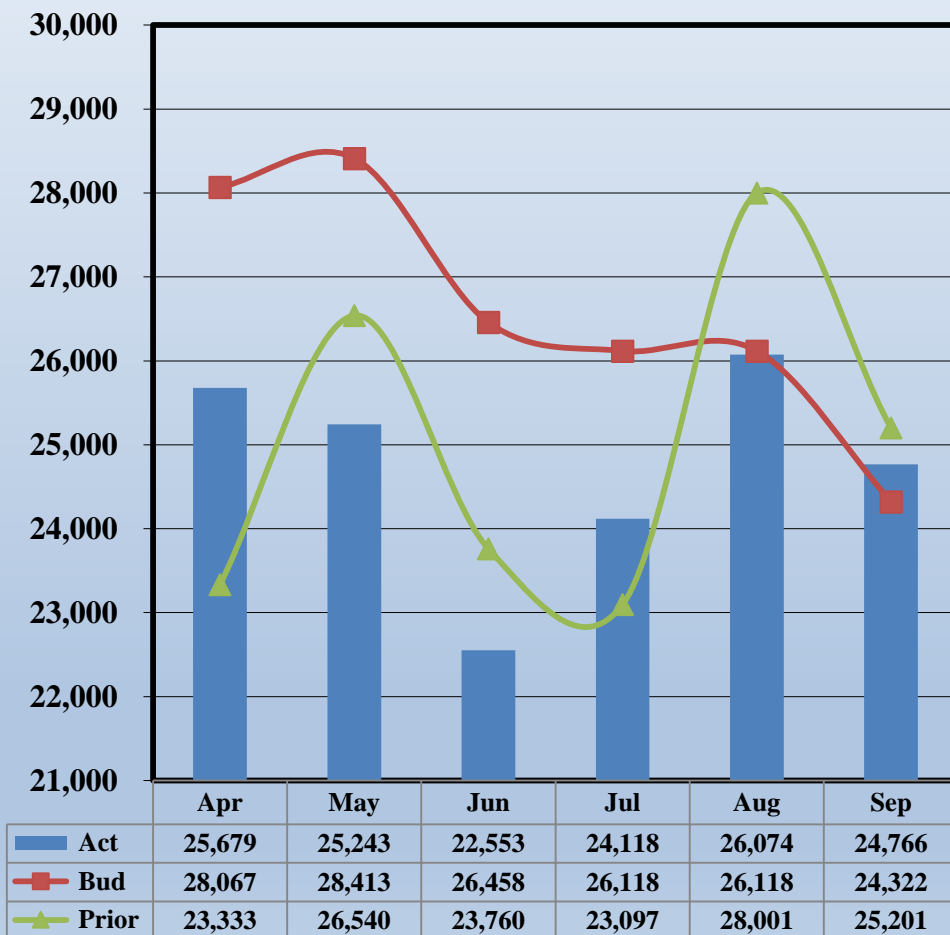
Emergency Room Visits



	Actual	Budget	Prior Year
Month	5,283	4,607	4,715
Var %		14.7%	12.0%
Year-To-Date	63,486	60,390	60,907
Var %		5.1%	4.2%
Annualized	63,486	60,390	60,907
Var %		5.1%	4.2%

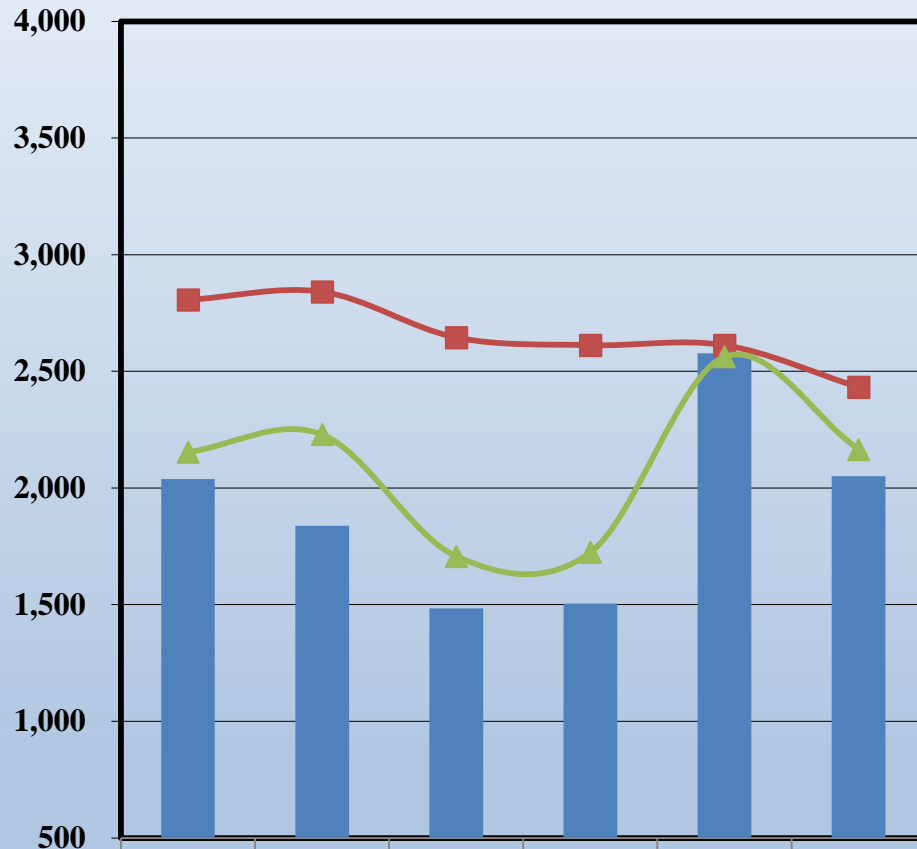
	Apr	May	Jun	Jul	Aug	Sep
Act	5,138	5,405	4,550	5,290	5,023	5,283
Bud	5,313	5,379	5,009	4,944	4,944	4,607
Prior	3,949	5,953	4,719	4,570	5,082	4,715

Total Outpatient Occasions of Service



	Actual	Budget	Prior Year
Month	24,766	24,322	25,201
Var %		1.8%	-1.7%
Year-To-Date	307,738	318,992	304,290
Var %		-3.5%	1.1%
Annualized	307,738	318,992	304,290
Var %		-3.5%	1.1%

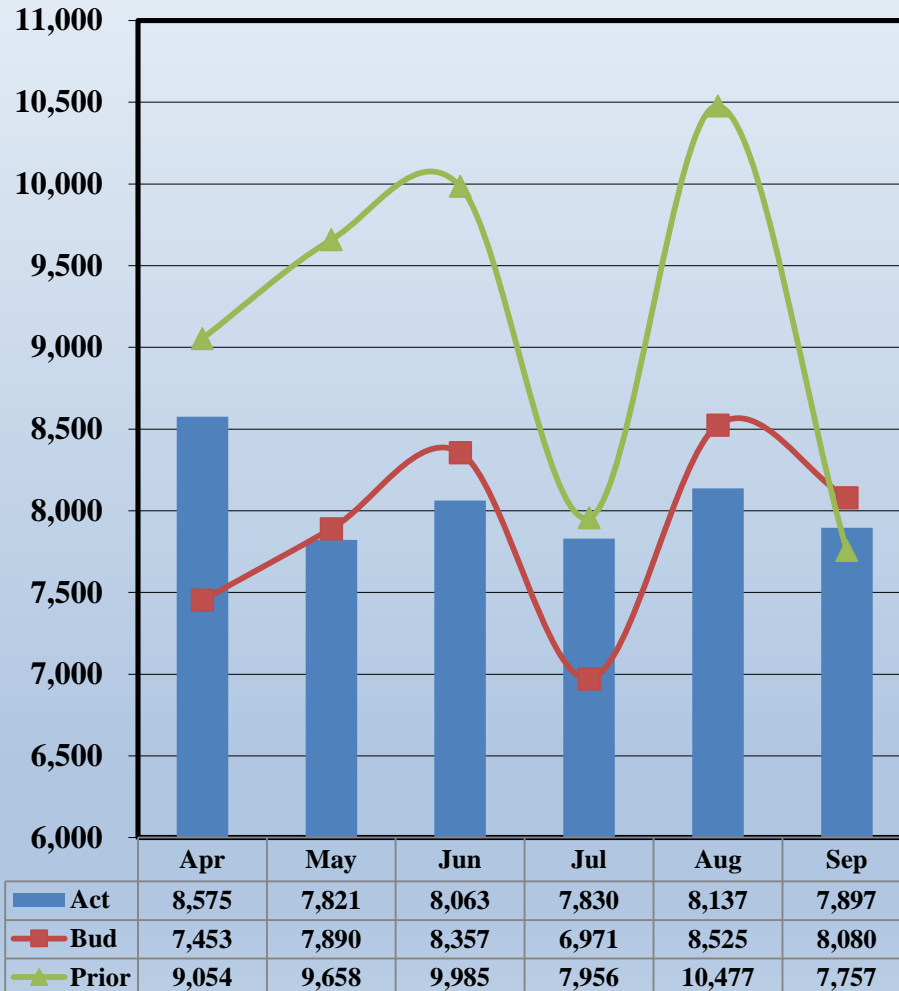
Urgent Care Visits



■ Act	2,038	1,838	1,484	1,505	2,577	2,051
■ Bud	2,806	2,841	2,645	2,612	2,612	2,432
▲ Prior	2,154	2,229	1,707	1,724	2,562	2,165

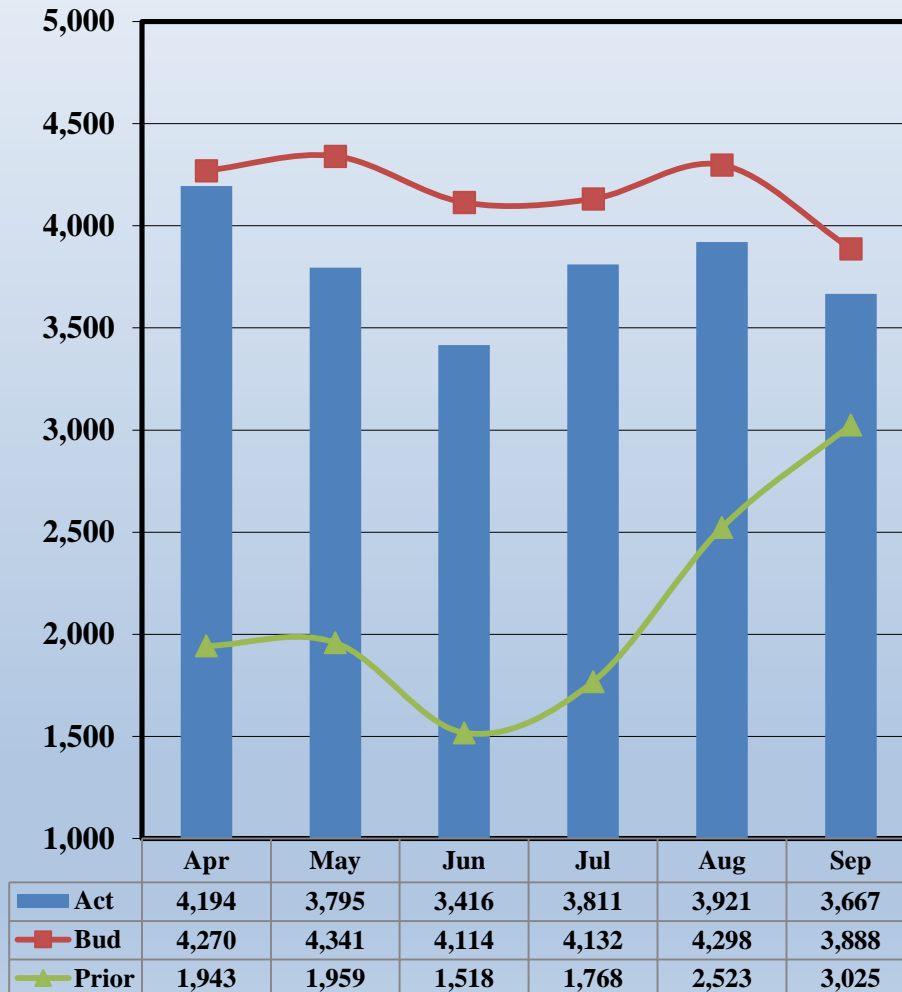
	Actual	Budget	Prior Year
Month	2,051	2,432	2,165
Var %		-15.7%	-5.3%
Year-To-Date	26,908	31,896	28,873
Var %		-15.6%	-6.8%
Annualized	26,908	31,896	28,873
Var %		-15.6%	-6.8%

Total ProCare Office Visits



	Actual	Budget	Prior Year
Month	7,897	8,080	7,757
Var %		-2.3%	1.8%
Year-To-Date	93,959	93,281	109,518
Var %		0.7%	-14.2%
Annualized	93,959	93,281	109,518
Var %		0.7%	-14.2%

Total Family Health Clinic Visits



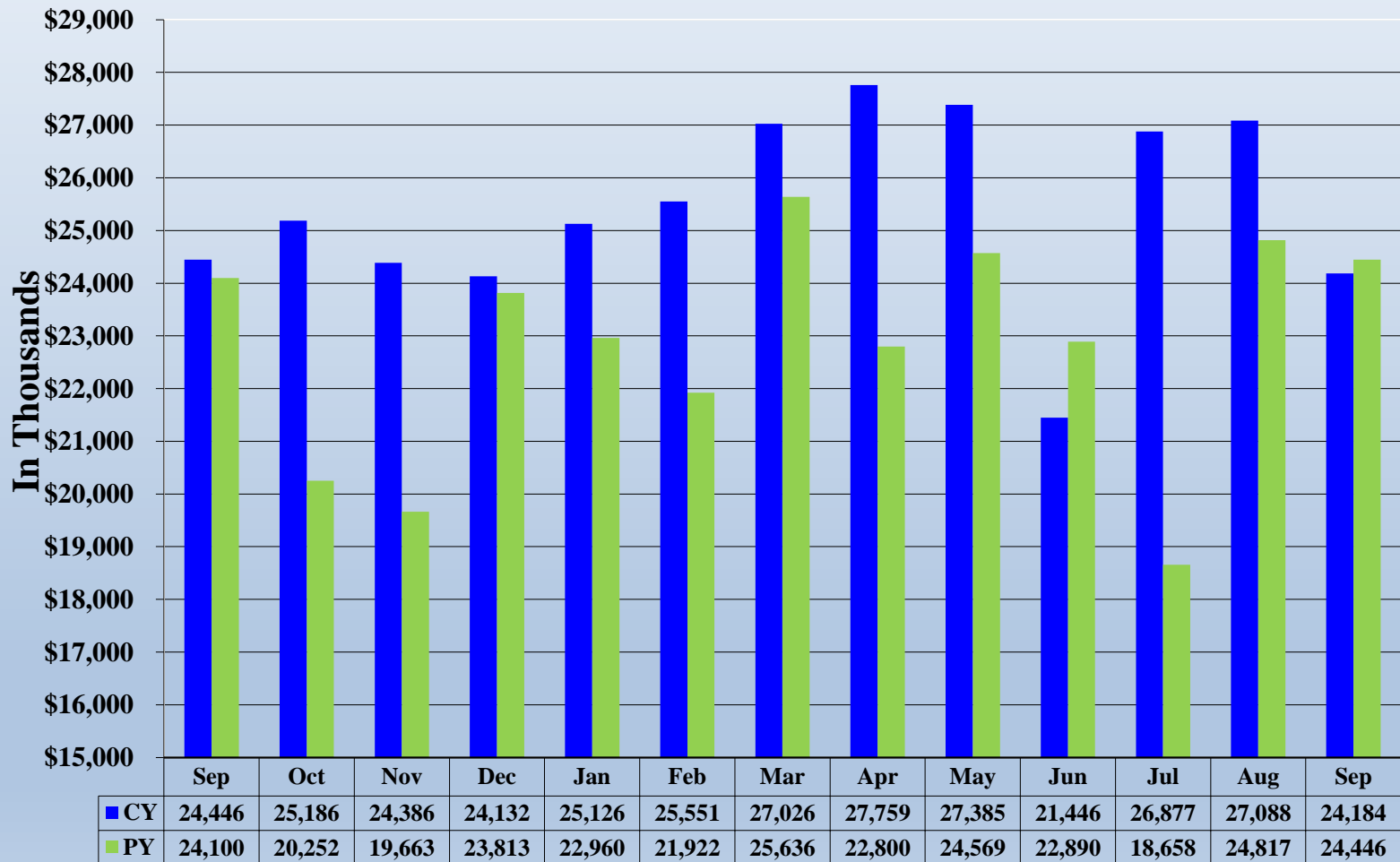
	Actual	Budget	Prior Year
Month	3,667	3,888	3,025
Var %		-5.7%	21.2%
Year-To-Date	44,742	48,768	24,657
Var %		-8.3%	81.5%
Annualized	44,742	48,768	24,657
Var %		-8.3%	81.5%

Accounts Receivable



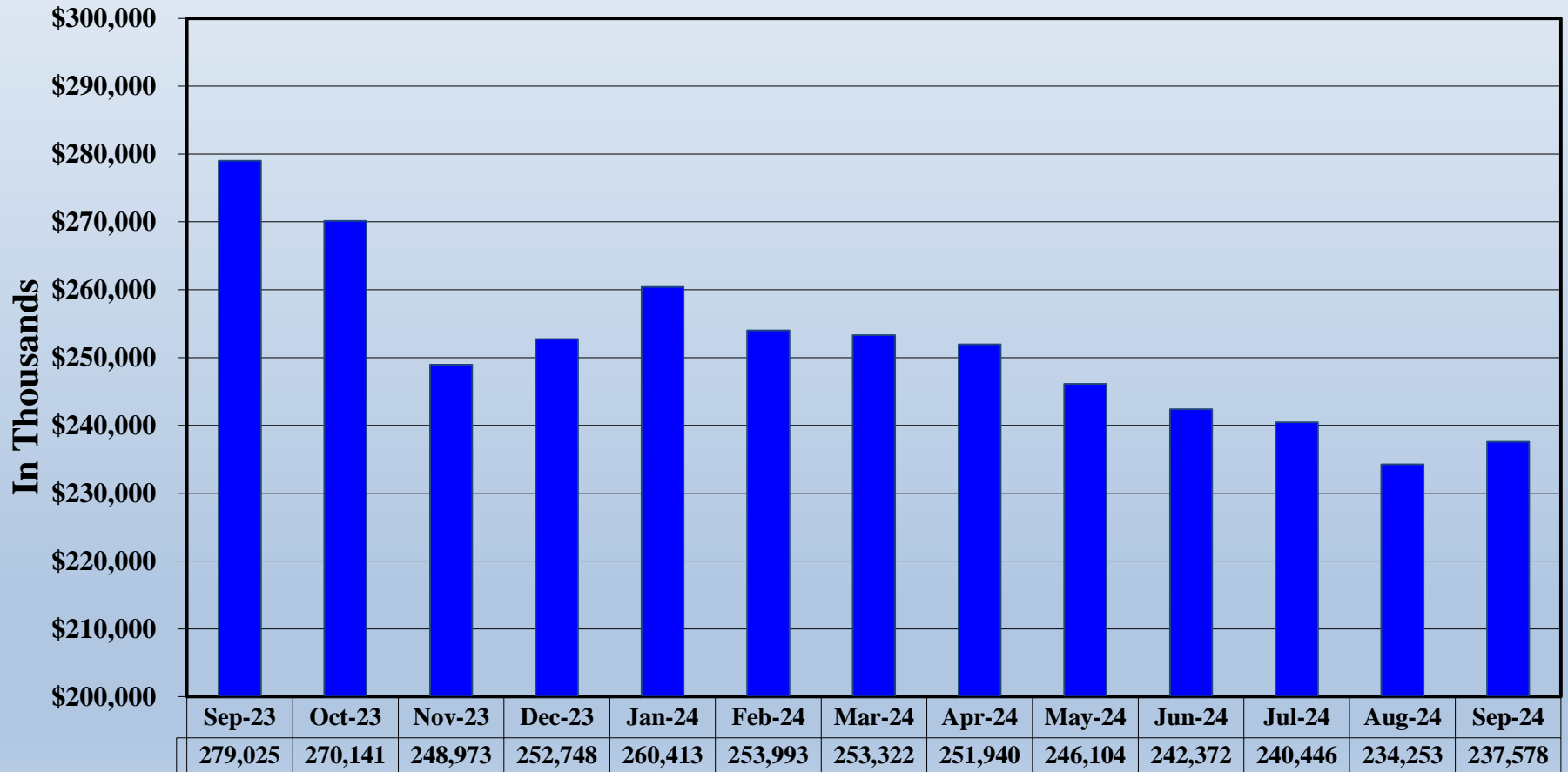
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending

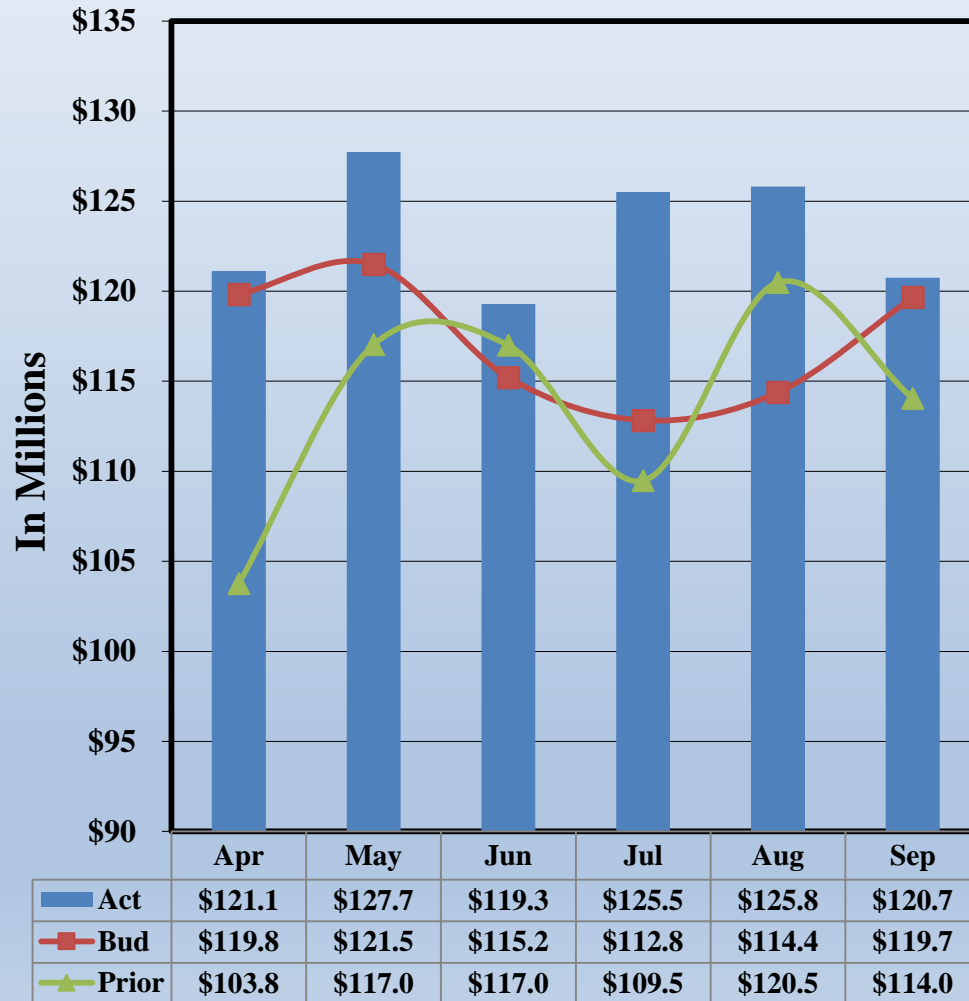


Revenues & Revenue Deductions



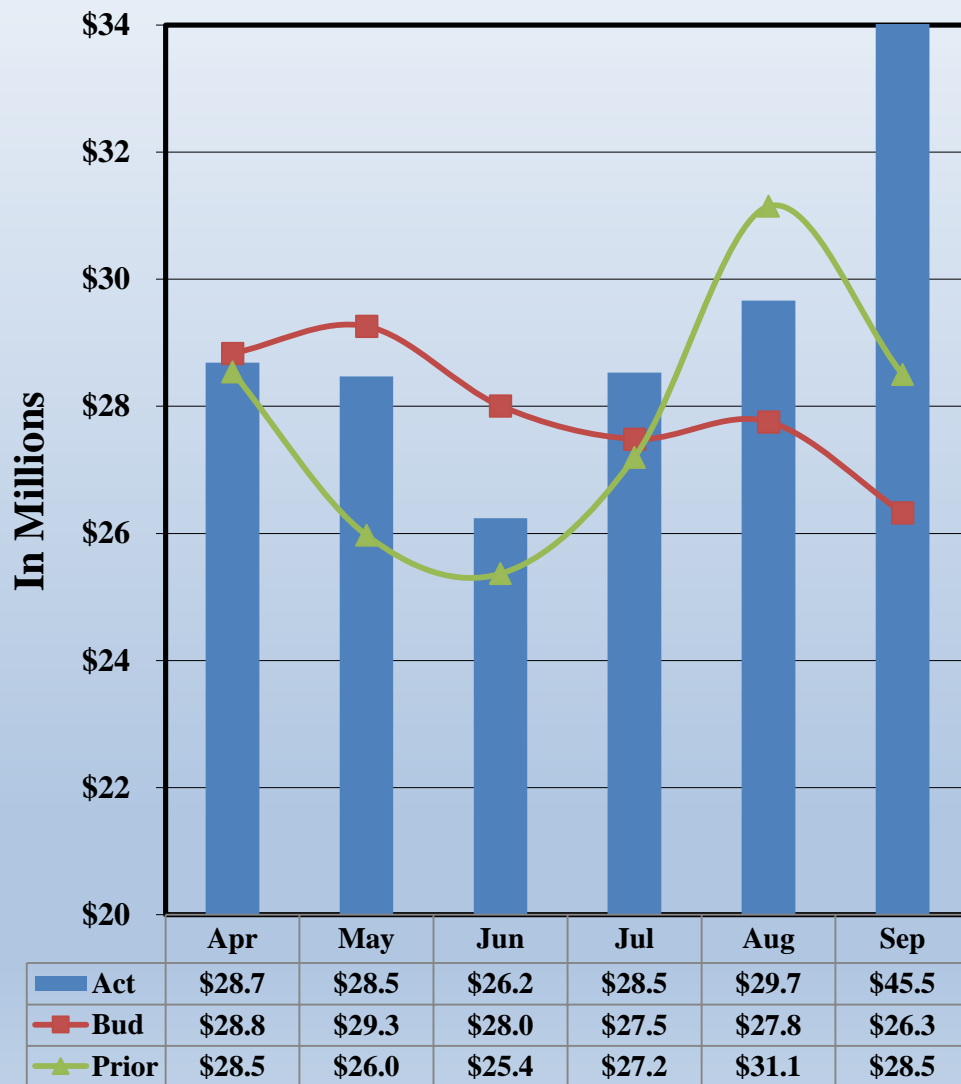
Total Patient Revenues

(Ector County Hospital District)



	Actual	Budget	Prior Year
Month	\$ 120.7	\$ 119.7	\$ 114.0
Var %		0.9%	5.9%
Year-To-Date	\$ 1,451.7	\$ 1,393.0	\$ 1,357.3
Var %		4.2%	7.0%
Annualized	\$ 1,451.7	\$ 1,393.0	\$ 1,357.3
Var %		4.2%	7.0%

Total Net Patient Revenues

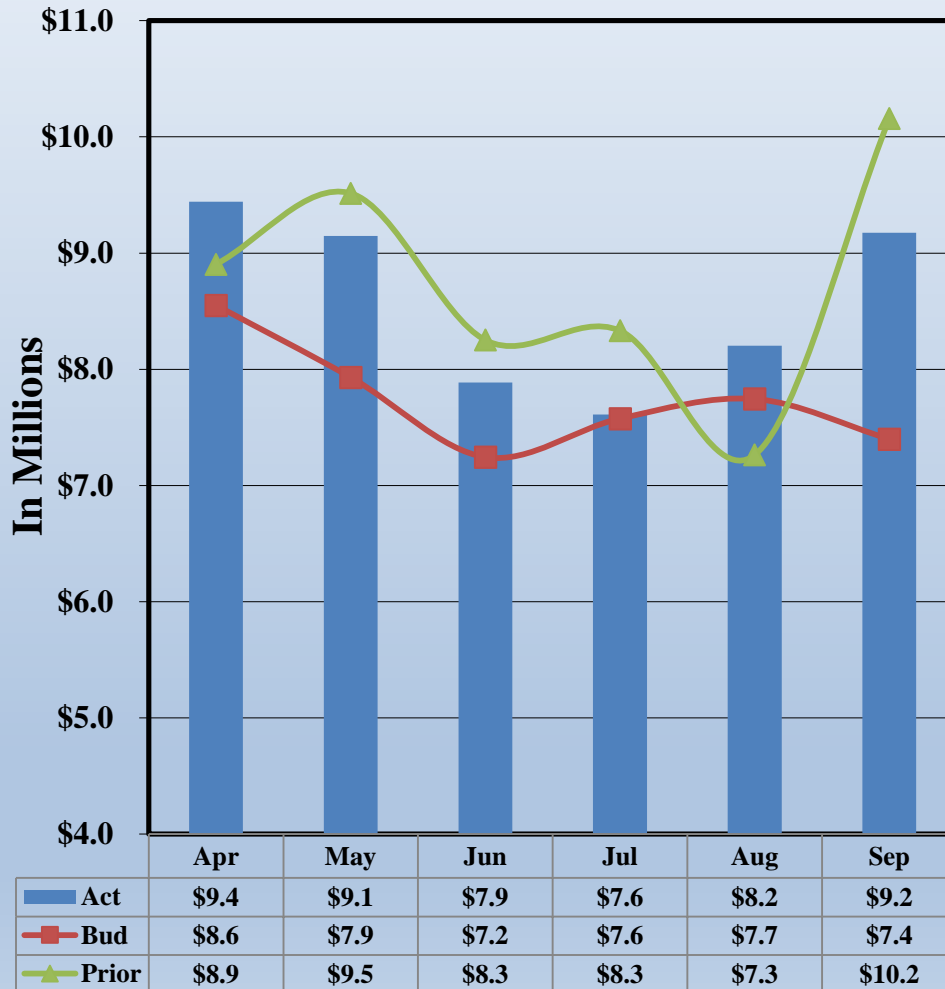


	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	45.5	\$	26.3	\$	28.5
Var %				73.0%		60.0%
Year-To-Date	\$	352.1	\$	334.8	\$	319.8
Var %				5.2%		10.1%
Annualized	\$	352.1	\$	334.8	\$	319.8
Var %				5.2%		10.1%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



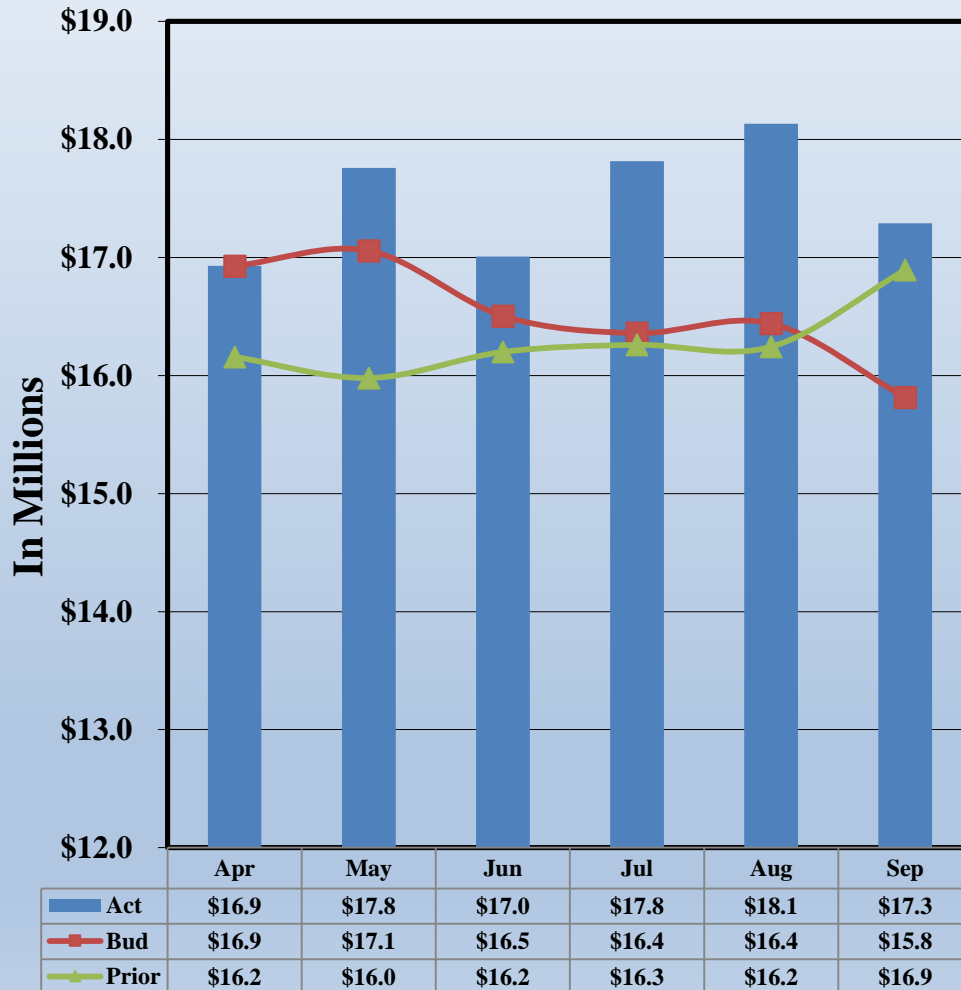
	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	9.2	\$	7.4	\$	10.2
Var %				24.3%		-9.5%
Year-To-Date	\$	99.7	\$	90.6	\$	95.2
Var %				10.1%		4.7%
Annualized	\$	99.7	\$	90.6	\$	95.2
Var %				10.1%		4.7%

Operating Expenses



Salaries, Wages & Contract Labor

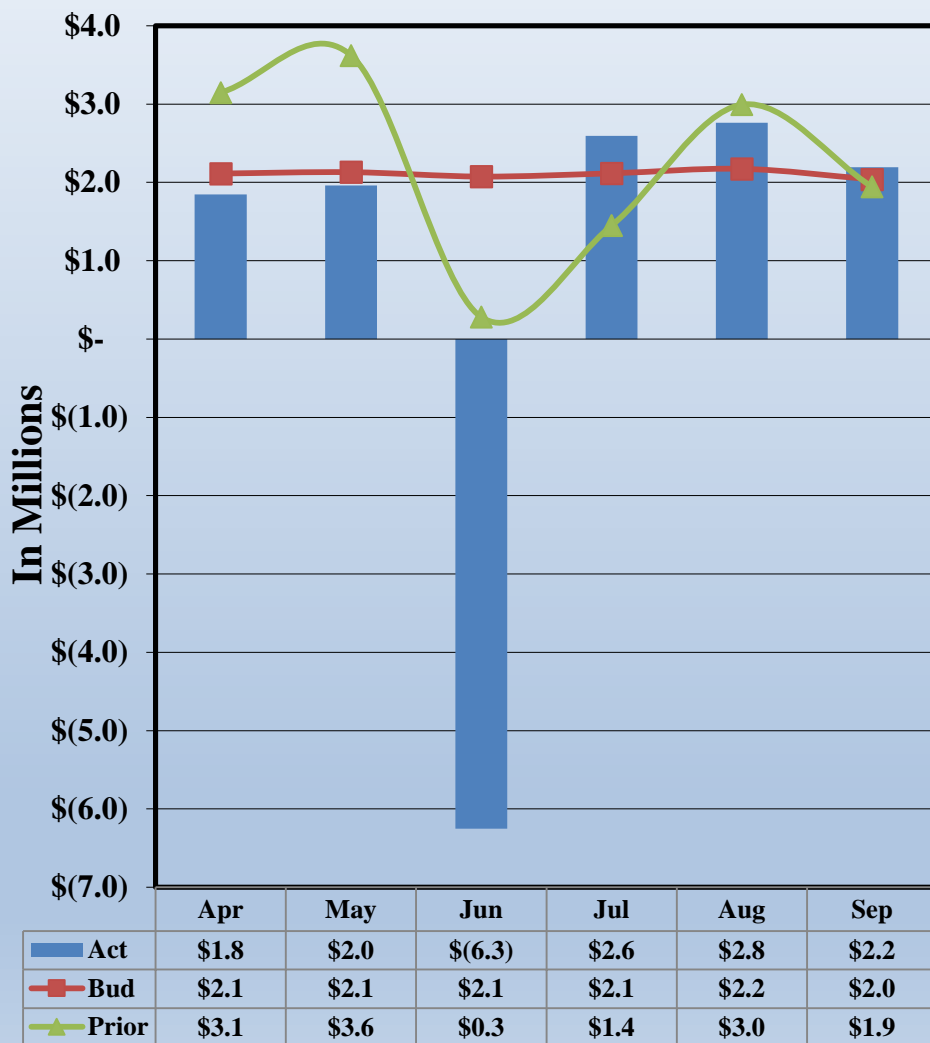
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	17.3	\$	15.8	\$	16.9
Var %				9.5%		2.4%
Year-To-Date	\$	205.9	\$	196.7	\$	191.6
Var %				4.7%		7.5%
Annualized	\$	205.9	\$	196.7	\$	191.6
Var %				4.7%		7.5%

Employee Benefit Expense

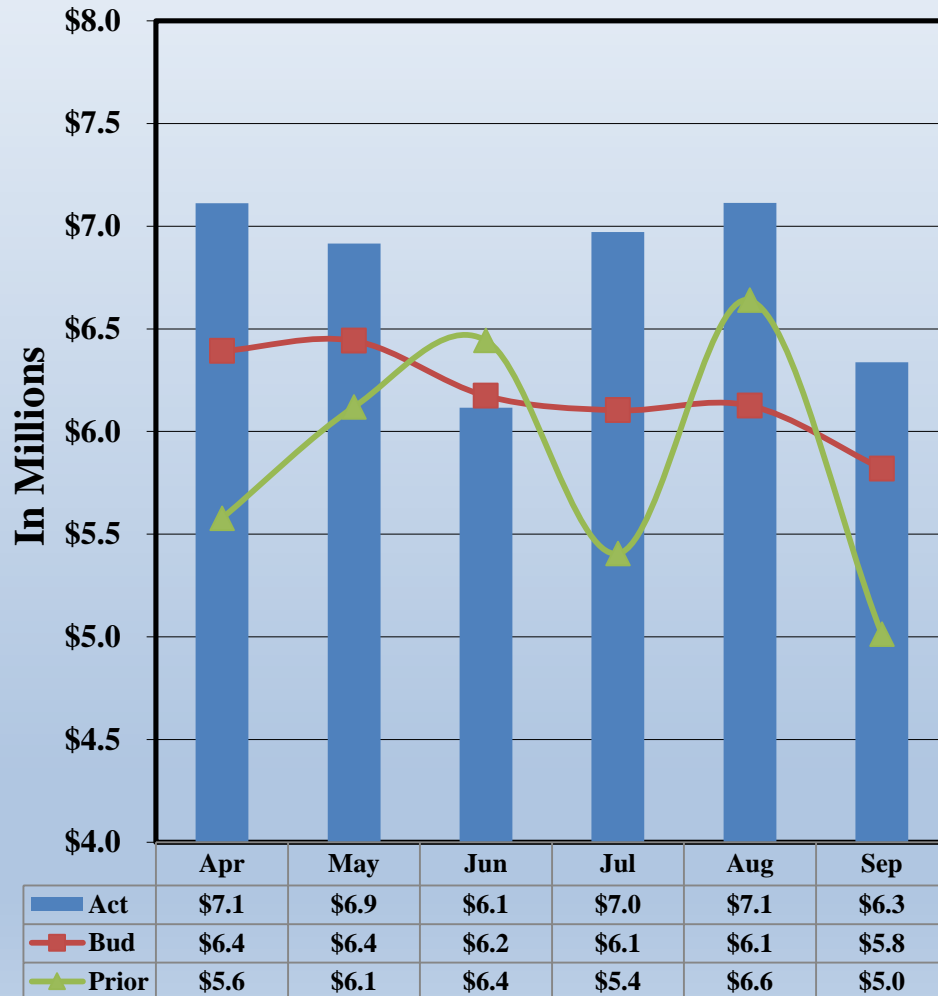
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	2.2	\$	2.0	\$	1.9
Var %				7.6%		12.9%
Year-To-Date	\$	17.4	\$	25.9	\$	33.1
Var %				-32.9%		-47.4%
Annualized	\$	17.4	\$	25.9	\$	33.1
Var %				-32.9%		-47.4%

Supply Expense

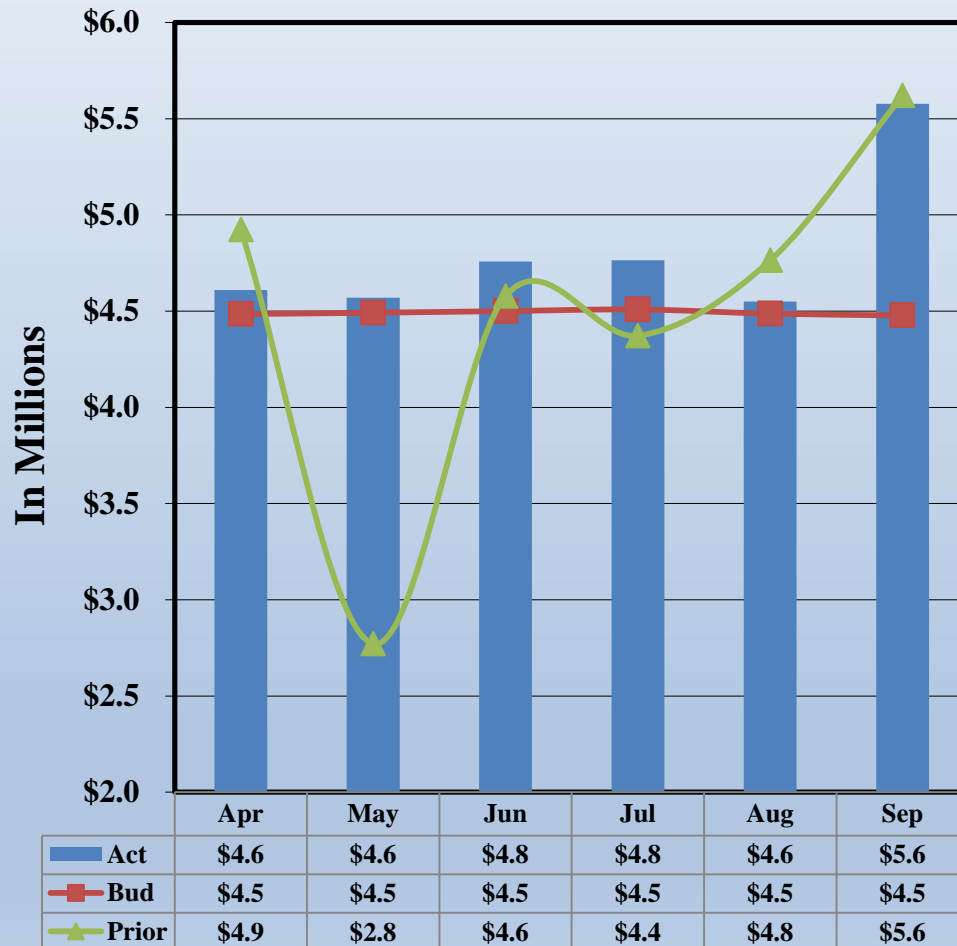
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	6.3	\$	5.8	\$	5.0
Var %				8.9%		26.4%
Year-To-Date	\$	79.9	\$	73.9	\$	69.7
Var %				8.1%		14.7%
Annualized	\$	79.9	\$	73.9	\$	69.7
Var %				8.1%		14.7%

Purchased Services

(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	5.6	\$	4.5	\$	5.6
Var %				24.6%		-0.8%
Year-To-Date	\$	56.7	\$	54.4	\$	53.8
Var %				4.3%		5.5%
Annualized	\$	56.7	\$	54.4	\$	53.8
Var %				4.3%		5.5%

Total Operating Expense

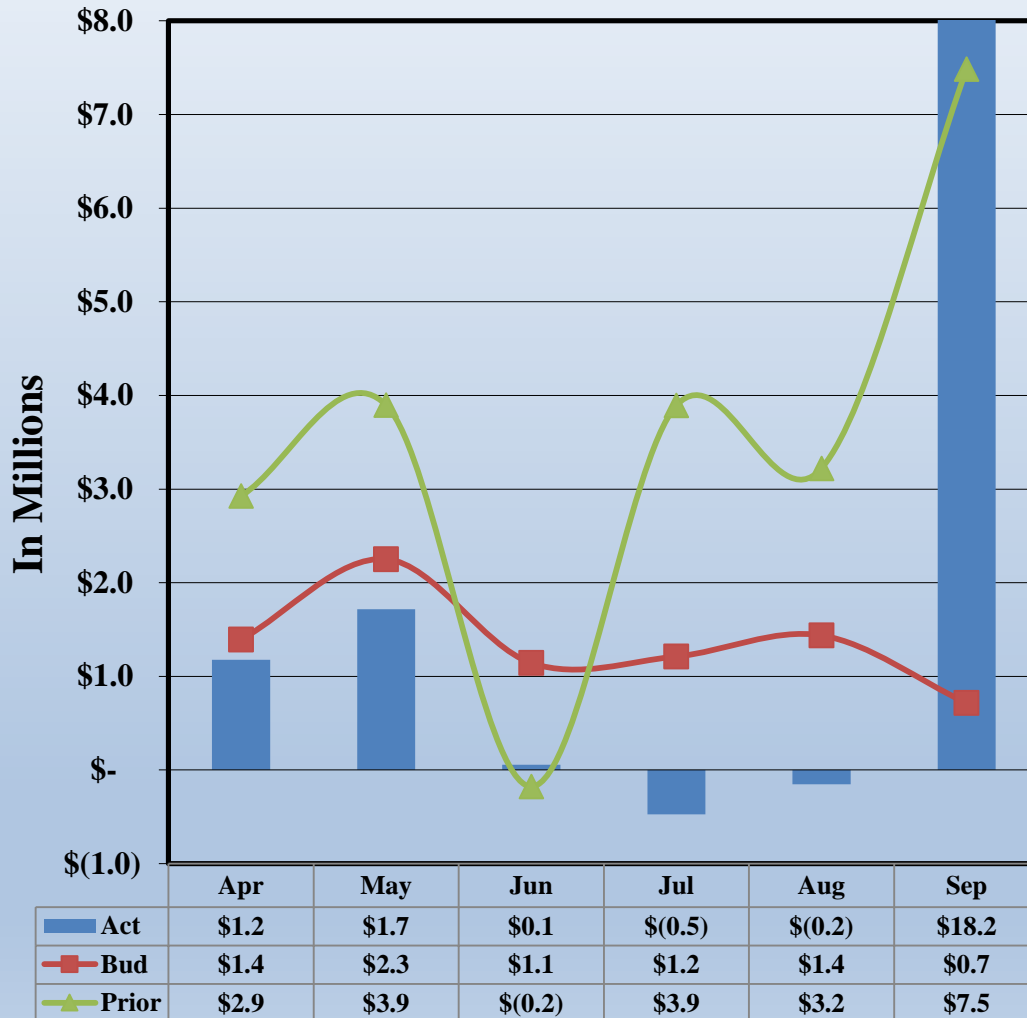
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	35.9	\$	32.3	\$	33.0
Var %				11.3%		9.1%
Year-To-Date	\$	410.0	\$	401.0	\$	396.1
Var %				2.2%		3.5%
Annualized	\$	410.0	\$	401.0	\$	396.1
Var %				2.2%		3.5%

Adjusted Operating EBIDA

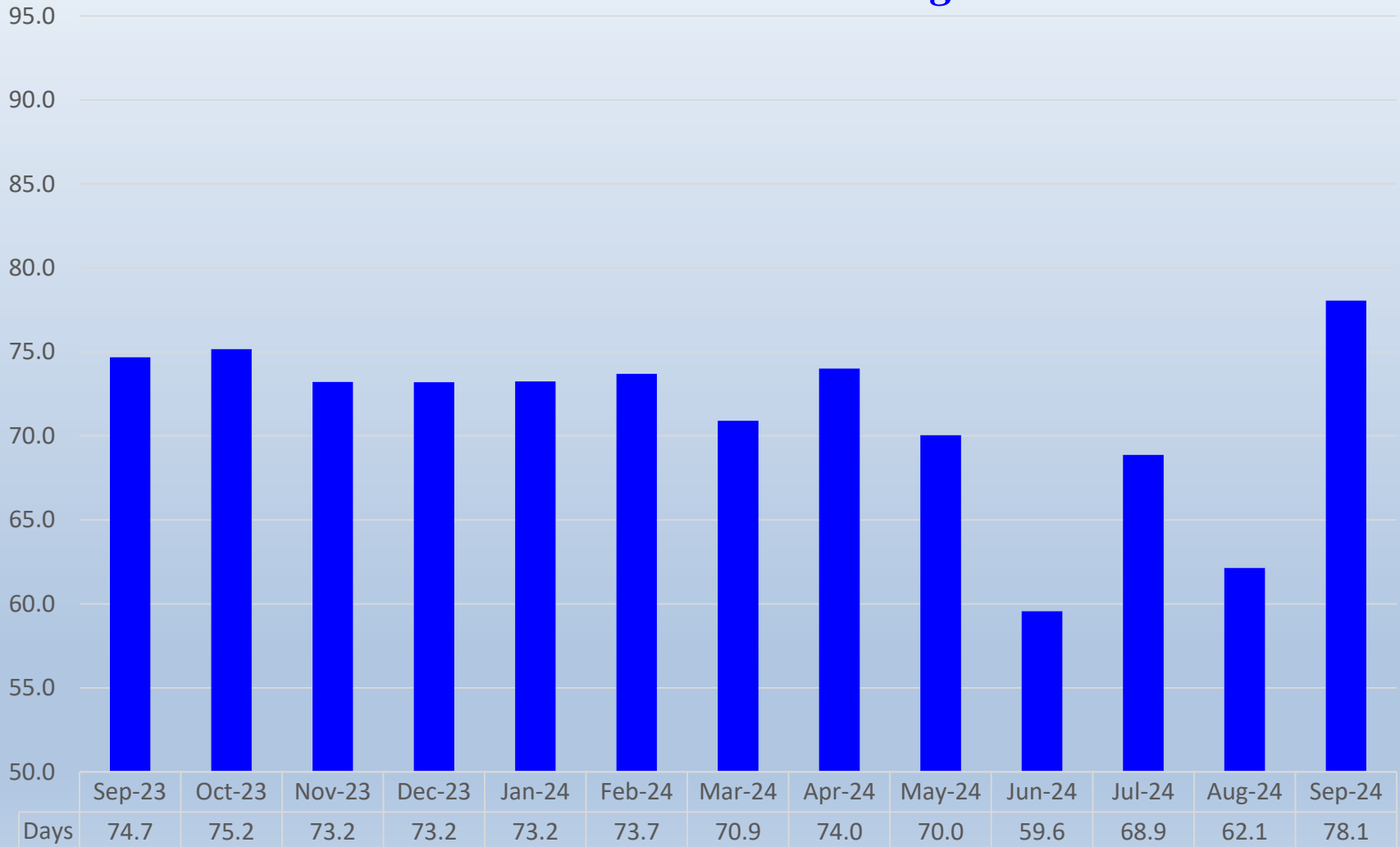
Ector County Hospital District Operations



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	18.2	\$	0.7	\$	7.5
Var %				2500.0%		142.7%
Year-To-Date	\$	24.3	\$	14.7	\$	21.7
Var %				65.3%		12.0%
Annualized	\$	24.3	\$	14.7	\$	21.7
Var %				65.3%		12.0%

Days Cash on Hand

Thirteen Month Trending





MEMORANDUM

TO: ECHD Board of Directors

**FROM: Carlos Aguilar, Director of Engineering
Through Matt Colling, Chief Operating Officer**

SUBJECT: Texas Healthcare Linen Contract

DATE: November 5, 2024

Cost:

Linen Rental for MCH (01/01/2025 – 12/31/2025)	\$48,000.00
Linen Service Agreement (01/01/2025-12/31/2025)	\$1,260,000.00
Contract Total	\$1,308,000.00

Background:

This contract renewal will provide linen rental and delivery to Medical Center for the next year.

Staffing:

No additional FTE's required

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

N/A

Funding:

Budgeted operational expense

MEMORANDUM

TO: ECHD Board of Directors

FROM: Erica Wilson, Director of Pharmacy
Through Matt Collins, Chief Operating Officer

SUBJECT: UpToDate (Wolters Kluwer)-LexiDrug

DATE: September 27, 2024

Cost:

Year 1 (12/21/24-12/20/25): \$48,255

Year 2 (12/21/25-12/20/26): \$49,703

Year 3 (12/21/26-12/20/27): \$51,194

Total Cost= \$149,152

Overall average annual cost over 3 years: \$49,717

Background:

We are required to have a drug information resource for all hospital staff. We are also required to have our formulary readily available to all hospital staff. Lexidrug is the program that we have been using for several years to accomplish these two things.

I have reviewed other similar programs such as, Micromedex, and their program does not have all the same features that our staff need in a drug information/formulary resource tool. I have negotiated with Lexicomp to give us a lower yearly increase from the general rate of 5-6% annual increase to 3% annual increase for a three-year contract period which is a reduction from previous term which was 3.5%. Additionally, we were able to negotiate a lower year one rate compared to where our contract ends in December 2024

Staffing:

No additional FTEs required

Disposition of Existing Equipment:

None

Implementation Time Frame:

None

Funding:

Software License and Service Agreement

MEMORANDUM

TO: ECHD Board of Directors

FROM: Russell Tippin, Chief Executive Officer
Through Matt Collins, Chief Operating Officer
Through Amanda Everett, Safety Officer

SUBJECT: Everbridge (Renewal)

DATE: October 18, 2024

Cost:

Cost (FY 2025 annual)	\$58,915.79
Cost (FY 2026 annual)	\$60,683.27
Cost (FY 2027 annual)	\$62,503.77
Cost (FY 2028 annual)	\$64,378.88

Project Total	\$246,481.71
---------------	--------------

Background:

This contract renewal provides for on-going use of Everbridge desktop alertus software.

Staffing:

No additional FTE's required.

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

N/A

Funding: budgeted operational expense



Memorandum

Date: November 5, 2024

To: Ector County Hospital District Board of Directors

Through: Kim Leftwich, Vice-President / CNO

From: Niki McQuitty MSN RN, Divisional Director

Re: Elsevier Clinical Skills and Clinical Key

Total Cost - Budgeted

\$97,164.34

OBJECTIVE

The global leader in information and analytics, this platform helps healthcare professionals advance science and improve health outcomes with up to date research and evidence based practice. This will also provide a resource tool for our Pathway to Excellence and Magnet journey.

History

MCH has an existing contract with Elsevier since 2014. Nursing uses this platform to do research as it provides journals for current best practices. This is a resource we can use for our accreditations for Pathway to Excellence, Magnet, and Practice Transition Accreditation Program. We are also able to assign clinical skills to new hires and/or for remediation efforts. Staff can use this for continued education credit toward the renewal of their nursing license.

PURCHASE CONSIDERATIONS

Budgeted for 2025 (\$32,266.60)

FTE IMPACT

No additional FTE(s) required.

INSTALLATION & TRAINING

None

WARRANTY AND SERVICE CONTRACT

3 Year contract.

LIFE EXPECTANCY OF EQUIPMENT

N/A

MD BUYLINE INFORMATION

N/A

COMMITTEE APPROVAL

ECHD Board



To: ECHD Board of Directors
Through: Russell Tippin, President & CEO
Through: Matt Collins, COO
From: Jerry Hild, Divisional Director of Radiology
Date: October 28, 2024
RE: Service Agreement – Shimadzu RENEWAL

Contract # 001-7260-S-2020-K
Term: 11/1/24-11/1/26
Total Spend: \$95,200 (\$47,600/yr)

REQUEST

The Department of Radiology is requesting approval to renew our contract with Shimadzu to cover digital detectors on four portable x-ray units for an annual cost of \$47,600. Total cost for the two-year contract is \$95,200. This expense is budgeted.

PURPOSE OF CONTRACT

This contract includes coverage of digital radiography (DR) detectors and drop coverage. The DR detectors are subject to heavy use as they are placed under/behind patients during x-rays. The DR panel receives the radiation and produces the resultant image. These panels are heavy and cumbersome and are therefore subject to accidental hits and drops. At the same time these panels are delicate and are easily damaged. Once damaged the detector cannot be utilized as there will be artifacts and drop-out on images rendering them unreadable by the radiologist.

FINANCIAL CONSIDERATIONS

Replacement of a damaged panel currently costs approximately \$50,000. This contract will charge a \$5,000 deductible for replacement of the detector regardless of cause of failure. Trimedx considers the detector an accessory and does not cover repair/replacement.

RECOMMENDATION

As these detectors are very high use, daily wear and tear as well as accidental drops are an ongoing concern. It is recommended that they be placed under contract with Shimadzu.

MEMORANDUM

TO: ECHD Board of Directors

FROM: Linda Carpenter, Vice President/Chief Information Officer

SUBJECT: FairWarning Managed Service and License Agreement Renewal

DATE: 11/01/24

Cost:

FairWarning Managed Service and License Agreement	\$185,692.00
<i>(3YR Term – Annual Billing)</i>	

Budget Reference / IT Operational Budget:

Support Yr-1	\$ 61,897.33
Support Yr-2	\$ 61,897.33
Support Yr-3	<u>\$ 61,897.34</u>
Total	<u>\$185,692.00</u>

Background:

FairWarning is a managed service that Medical Center Health System (MCHS) uses to provide real-time event monitoring and continuous application security to detect irregular and abnormal user behavior in MCHS electronic systems to protect and audit access to our patients' Protected Health Information (PHI). The FairWarning Managed Services reports all incidents and threats to the MCHS Compliance department for their information, follow up, and action.

Imprivata is offering over 33% discount over the next three years by offering three years for the price of two. Continuing service and support will ensure optimized non interrupted service throughout this duration.

Funding:

FairWarning managed service and license support from vendor, Imprivata will come from operational budgeted funds, billed annually in the amount of \$61,897.

MEMORANDUM

TO: ECHD Board of Directors

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

SUBJECT: Roche Diagnostics Contract Amendment

DATE: October 30, 2024

Cost:

TOTAL CURRENT PROJECTED SPEND 2024	\$1,549,818.00
TOTAL CONTRACTED ANNUAL SPEND	\$1,069,186.56
 TOTAL PROJECTED SPEND OVER TERM	 \$3,192,625.08
TOTAL CONTRACTED SPEND OVER TERM	\$2,138,373.12

Background:

The ECHD Board of Directors approved the contract with Roche Diagnostics in 2020 to provide new chemistry instrumentation for the laboratory. This change was implemented in 2021. Since then, increased testing volume has created a need for an additional unit to run more chemistry tests, especially urine drug screens and troponin cardiac markers. This amendment is a twenty-four (24) month extension of the master agreement signed in 2020 and provides the following to MCH:

- A. An additional c503 and ISE unit to be installed to the existing line for the purpose of adding more testing capability as well as associated shipping and installation costs.
- B. Decontamination, deinstallation, and return of two (2) e411 instruments which are no longer in use as of 8/1/2024. These instruments were used for troponin cardiac marker testing and with the conversion to the high-sensitivity troponin test by Cardiology, they are no longer in use.
- C. Service plan for additional c503 and ISE units added to preventive maintenance schedule as well as extension of service plans for existing instrumentation through the extension period.
- D. Consumable items used for maintenance (probes, tubing and lamps) are now included in cost of reagents, when previously they were purchased upfront.

As shown above, we are already exceeding the contract committed spend and will meet the committed amounts over the life of the extension. The total value of the amendment's instrumentation and service plans equals \$319,447.00.

Funding:

Operational Budget

MEMORANDUM

TO: ECHD Board of Directors

FROM: Steve Ewing, Chief Financial Officer

SUBJECT: Transition from Gjerset & Lorenz to LS Point LLP

DATE: November 5, 2024

<u>Cost:</u>	<u>G&L Fees</u>	<u>LS Point Fees</u>
Project Fees	\$ 550,000	\$ 360,000
Hourly Fees	<u>\$ 180,000</u>	<u>\$ 0</u>
Total	\$ 730,000	\$ 360,000

Background:

Development, implementation, and operation of a Medicaid managed care incentive program to secure additional Medicaid reimbursement in the MRSA West Medicaid managed care service delivery area.

Staffing:

No additional FTE's required.

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

N/A

Funding: budgeted operational expense



Ector County Appraisal District

1301 E. 8th Street
Odessa, Texas 79761-4703

Phone: 432-332-6834
ector@ectorcad.org
www.ectorcad.org

October 29, 2024

Mr. Wallace Dunn, Board President
Ector County Hospital District
Post Office Drawer 7239
Odessa, Texas 79760-239

Re: Ector County Appraisal District - Director Elections

Dear Mr. Dunn,

Enclosed, please find the official ballot for your district's votes for the Ector County Appraisal District board of directors for the 2025 term. A governing body may cast all its votes for one candidate or distribute them among candidates for any number of directorships up to five.

Please note that although Ector County ISD nominated Robert Chavez and Feliz Abalos, both of them have declined the nomination since they both were previously appointed to fill the vacant positions of members elected by the public at large. Those two persons will continue to serve on the board, but not as members appointed by the taxing units. They are not included on the ballot.

We have also enclosed a sample resolution, showing how to report your governing bodies votes back to our office. The Texas Property Tax Code 6.03(k-1) requires the governing body of a taxing unit with at least 5% of the vote in a county with a population of 120,000 or more to determine its vote by resolution adopted at the first or second open meeting held after the chief appraiser delivers the ballot. The governing body then must submit its vote to the chief appraiser not later than the third day following the date the resolution is adopted. The candidates that receive the largest cumulative vote totals will be elected. The results will then be submitted to the governing body of each taxing unit and to the candidates before December 31st.

If you would like any other information, please call me anytime at 332-6834.

Sincerely,

Layne Young, RPA
Chief Appraiser-Executive Director

cc: Mr. Russell Tippin, Administrator

**A RESOLUTION CASTING VOTES
FOR THE MEMBERS OF THE BOARD OF DIRECTORS
OF ECTOR COUNTY APPRAISAL DISTRICT**

WHEREAS, Section 6.03 (c) of the Texas Property Tax Code, requires the appointment of the Board of Directors of an Appraisal District by vote of the governing bodies of the taxing entities, entitled by the Code of vote; and

WHEREAS, by previous action nominees for the Board of Directors of the Ector County Appraisal District were submitted to the Chief Appraiser of said county; and

WHEREAS; the Ector County Hospital District Board of Trustees is entitled by cumulative voting to cast 260 of votes for the Ector County Appraisal District Board; Now, Therefore,

BE IT RESOLVED BY THE Ector County Hospital District Board of Trustees:

SECTION 1. That 260 votes be cast for five nominees on the ballot for the Ector County Appraisal District Board of Directors:

- | | |
|--------------------|-------|
| 1. David Dunn | _____ |
| 2. Wayne Dunson | _____ |
| 3. Dorothy Jackson | _____ |
| 4. Gary Johnson | _____ |
| 5. Mari Willis | _____ |

INTRODUCED AND PASSED by the Ector County Hospital District Board of Trustees this _____ day of _____, 2024.

Attest:

(Secretary of Governing Body)

(Presiding Officer of Governing Body)

Regional Services

November 2024 Board Report

Community Outreach-

Pulmonology Outreach- Dr Salcido, Dr Ortega, Wendover, Trinity Family Medicine, Dr Prasad, Dr Butler

Conferences- THIE Hot Topics- Abilene 10/9

Regional Site Visits-

Rankin- met with CNO discussed recent transfers no needs at this time. Staff reported no issues as well. I have let Tiana know I am still happy to come out and discuss with physicians MCH Acute Telemed program

Kermit- Met with ED staff and physicians no issues with transfers, provided updates on fluids and the need we are seeing. Met with floor staff provided updates on swing bed patients. Met with clinic staff, new side of clinic now open and renovations will begin on old side. Provided updates on pulmonology clinic, staff happy to hear there is another option for pulmonology. No other needs currently.

Monahans- Met with staff in ED no issues with transfers. Provider did request what type of traumas MCH is able to accept. I have connected him with Sirena for further detail outside of MCH trauma level. Provider also stated they are seeing a delay in transfers for stroke patients depending on what provider in on call. I have let him know I will get with Natalie to see what we can do. I did remind him of the needs for stroke patients before transferring. No other needs currently.

Met with clinic manager provided updates on pulmonology clinic. She stated they are still a little confused on ENT referrals and how patients are supposed to be referred. I have met with Toni and Dr Levinger to discuss and relayed the information back to clinic. They will let me know if they have any further issues.

Crane- Met with CEO, no current needs. She did state they have a new CT machine and now will be doing calcium scores on patients; they need someone to read the results. She has received some quotes from some different companies but wanted to see if MCH would be interested as well. I have let her know I will ask around in the region and see if this is something MCH would be interested in. No other needs currently.

Met with clinic to provide pulmonology clinic updates. No needs at this time and have had no issues with referrals.

Month 24'	On Demand	Scheduled
January	21	152
February	30	71
March	16	85
April	8	68
May	7	57
June	13	40
July	11	63
August	13	52

October 2024 CEO Report

Community Outreach

Community Events:

October 3 – Crane Memorial Hospital Health Fair. ProCare attended with information on services and providers.

October 5 – Desert Dash is the annual 10K,5K run, 2K walk and Kids Fun Run benefitting the MCHS Foundation.

October 10 – Senioritas Hispanas. Cardiovascular Coordinator Gracie Smith provided education and demonstrations on Hands Only CPR to 50 high school girls in this program sponsored by Hispanic Heritage of Odessa.

October 12 – Parks Legado Farmers Market and Pumpkin Patch. All proceeds from the sale of pumpkins benefitted the Children's Miracle Network at MCH.

October 17 - Information and education on breast cancer and the importance of mammograms was presented to Saulsbury Industries staff by Oncology Navigator Janice Turner.

October 22 – ECISD Teen Parent Tour. Education on breastfeeding, infant CPR, developmental milestones and other topics were presented along with a tour of NICU and Postpartum.

October 23 – Communities in Schools Resource Fair at Permian High School. Volunteer Services and Urgent care participated providing information on services and opportunities to volunteer.

October 31 – City of Odessa Employee Health & Wellness Fair. MCHS participated with education on Early Heart Attack Care, Distracted Driving, Stroke, Mammograms, and ProCare services. In addition, Urgent Care with Clinical Ladder staff administered flu shots.

Community Sponsorships:

October 1 – Pink the Basin Annual Luncheon. MCH is a Pink Advocate sponsor with 30 attendees at the event benefitting Pink the Basin. Board member Kathy Rhodes attended.

October 3 – Live Like Rylee Golf Tournament benefitting the LLR Foundation. MCH is the golf cart sponsor and will have one team. Golfers David Dunn, Richard Herrera, Steve Steen, and Adiel Alvarado.

October 11 – Ernest Cecil Foundation Gala raising awareness of child trafficking in Ector County. This is the first event for the organization and MCH is a table sponsor. MCH attendees at this event were SANE nurses.

October 14 – The Samaritan Counseling Center will be hosting a cocktail event to introduce their 2024 honorees including Michelle and Austin Keith and the Permian Strategic Partnership. MCH is a Friend of Samaritan sponsor for the event.

October 16 – MCH will be the golf cart sponsor the Odessa Lions Club Annual Golf Tournament benefitting Texas Lions Camp. MCH will also have one team in the tournament. Golfers David Dunn, Richard Herrera, Matt Collins, and Steve Steen.

October 22 – The Nonprofit Management Centers Beacon Awards Luncheon will be recognizing Kim Leftwich as one of the event nominees. MCH will be a sponsor with a table for eight.

October 25 – Sam's Race / Loves Golf Tournament benefitting the Samantha Canady Foundation and the Pediatric unit at MCH. Golfers Richard Herrera, Kelly Cecil, David Graham, and John Douthitt.

October 29 – OC Honors annual luncheon.

Upcoming Community Events:

November 6 – Transition Fair presented by Region 18. Urgent Care will participate with information on services.

Upcoming Community Sponsorships:

November 8 – Merry Marketplace Ladies Luncheon presented by the Junior League of Odessa. MCH is a platinum luncheon sponsor and will have 3 tables at the event. In addition MCH provides the shopping bags for the Friday event.

November 9 – Diwali presented by the Hindu Association of West Texas. MCH purchased a center page ad in the event program and received 12 tickets to the event.

MCHS FY25 Campaign Build Out

October 2024

Q1 OCTOBER-NOVEMBER-DECEMBER

PCPs

Cardiac

Ortho

75th Anniversary

GI (low focus)

Flu (October)

Mammogram (October)

Diabetes (November)

Digital Ads - Rotating

75th Anniversary

ORTHO

FAMILY MEDICINE

GI

FHC (Year Round)

Flu (Urgent Care/Walk In clinic is year round but replacing this month with Flu)

1) Campaign 1: 75th Anniversary 10%/10% Spanish Click through to this site:
<https://www.mchodessa.com/about-us/>

2) Campaign 2: ORTHO 10%/10% Spanish Click through to this site:
<https://www.mchodessa.com/services/ob-gyn-services/>

3) Campaign 3: FAMILY MEDICINE 10% Click through to this site:
<https://www.mchodessa.com/services/Primary-care/>

4) Campaign 4: FLU 10%/15% Spanish- Click through to this site:
<https://www.mchodessa.com/services/mch-urgent-care/your-one-source-for-quick-accessible-care/>

5) Campaign 5: FHC 15% - FOUR Convenient Locations Click through to this site:
<https://www.mchodessa.com/services/mch-family-health-clinics/>

6) Campaign 6: CARDIAC 10%: Russell Tippin Testimonial 10% Click through to this site: <https://www.mchodessa.com/services/cardiovascular-care/>

Digital Video Ads Rotating

75th Anniversary – 30%

Ortho - 20%

Cardiac - 20% Family Medicine - MCHS Family Medicine- 20%

GI TV - Lucas Ochoa (All English Only) - September - 10%

1) Campaign 1: 75th Anniversary Click through to this site:
<https://www.mchodessa.com/about-us/>

2) Campaign 2: ORTHO Click through to this site:
<https://www.mchodessa.com/services/ob-gyn-services/>

3) Campaign 2: CARDIAC Click through to this site:
<https://www.mchodessa.com/services/cardiovascular-care/> 4) Campaign 3: Family
Medicine – MCHS Family Medicine Click through to this site:
<https://www.mchodessa.com/services/primary-care/>

5) Campaign 4: GI –Lucas Click through to this site:
<https://www.mchodessa.com/locations/mch-procare-gastroenterology/>

OA Digital Ads (Split equally)

75th Anniversary

FHC

Urgent Care/Walk in Clinic

Flu

TV Commercials - TV Buys

75th Anniversary

ORTHO

CARDIAC

GI (Small focus)

Station ID's

75th Anniversary – English 50%/Spanish 100%

Mammogram - English 50%

Billboard (s) -

-Loving Our Patients

-Walk in Clinic with Hours

-75th Anniversary

- New Provider – Welcome to the Family - already added
- Possible Foundation Event
- Flu

Andrews Billboards

- MCH Branding – Your One Source -Quality Care Close to Home
- 75th
- Heart Health (Andrews only, always keep heart health)

Static Billboard

My MCH Billboard - Quality Care Close to home

Midland Lifestyles - October

AD- 75 Anniversary

ARTICLE - 75 Anniversary

Cover

November will be by Women's Services (needs to be updated so it does not say October) -
Due 10/2 - CMP updating article

Pipeline Magazine - October

AD- Women's Clinic/ProCare

ARTICLE - Women's Services/Prevention

Odessan Magazine – October

AD- Women's Clinic/ProCare

ARTICLE - Women's Services/Prevention

November will be the Cover - 75th Anniversary (same as Midland Lifestyles)

Odessa Living Magazine – Winter Issue

AD- 75th Anniversary

ARTICLE - 75th Anniversary (same as Midland Lifestyles)

Due 10/21

Midland Living Magazine – Spring Issue (Nothing due)

Odessa Chamber E-Blast (s) - Due the Monday before the date listed

First, second, third Wed of the month

(February & March we will no have the 1st Wed - it will the last Wed)

October 2nd: Mammogram

Link to: <https://www.mchodessa.com/services/imaging-services/womens-imaging/>

October 9th: Women's Services/ProCare

Link to: <https://www.mchodessa.com/locations/mch-womens-clinic/>

October 16th: Flu Ad – Urgent Care Clinics and Walk-In Clinic

Chamber Digital Mailer – October

Mammogram (same flier we used for J&J)

Podcast J & J Topics/Promos - August

Wk 1- Flu

Wk 2- Mammogram

Wk 3- Flu

Wk 4- Mammogram

NOTE: November focus will be Diabetes for Pipeline/Odessan/Chamber

Provider Campaigns

Dr. Atti

Digital Ads running (\$1,000 digital display and \$1,000 social ads for 8 weeks)

Billboard running (8 weeks)

Chamber e-blast (September)

Dr. Mahfoud

Digital Ads running (\$1,000 digital display and \$1,000 social ads for 8 weeks)

Billboard running (8 weeks)