



ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
MAY 3, 2022 – 5:00 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS

AGENDA (p.1-2)

- I. CALL TO ORDER Bryn Dodd, President
- II. INVOCATION Chaplain Doug Herget
- III. PLEDGE OF ALLEGIANCE Bryn Dodd
- IV. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM Mary Lou Anderson (p.3)
- V. AWARDS AND RECOGNITION
 - A. May 2022 Associates of the Month Russell Tippin
 - Clinical - Jori Pearce, Case Manager
 - Non-Clinical - Maria Regalado, Patient Registration Specialist
 - Nurse – Elma Serrada, RN
 - B. Unit HCHAPS High Performers Russell Tippin
 - 5C
 - FHC South OB
 - FHC West OB
 - C. Recognitions for Nurses Week Christin Timmons
 - D. CAUTI Team Presentation Christin Timmons
- VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER
- VII. PUBLIC COMMENTS ON AGENDA ITEMS
- VIII. CONSENT AGENDA Bryn Dodd (p.4-76)
(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, April 5, 2022
 - B. Consider Approval of Joint Conference Committee, April 26, 2022
 - C. Consider Approval of Federally Qualified Health Center Monthly Report, March 2022

IX. COMMITTEE REPORTS

- A. Finance Committee** Wallace Dunn (p.77-141)
1. Quarterly Investment Report – Quarter 2, FY 2022
 2. Quarterly Investment Officer’s Certification
 3. Financial Report for Month Ended March 31, 2022
 4. Consent Agenda
 - a. Consider Ratification of HealthSure Insurance Engagement Agreement Renewal
 - b. Consider Approval of UpToDate Contract Renewal
 5. Consider Approval of Huron Consulting Services, LLC Software as a Service Agreement

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

XI. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS

..... Russell Tippin (p.142)

- A. Upcoming Board Meeting Dates**
- B. COVID-19 Update**
- C. Ad hoc Report(s)**

XII. EXECUTIVE SESSION

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

XIII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. MCH PROCARE PROVIDER AGREEMENTS**
- B. ECHD REDISTRICTING RESOLUTION**
- C. CONSIDER RATIFICATION OF NURSING SOLUTIONS INCORPORATED (NSI) STAFFING RECRUITMENT AGREEMENT**

XIV. ADJOURNMENT Bryn Dodd

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
APRIL 5, 2022 – 5:30 p.m.**

MINUTES OF THE MEETING

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

OTHERS PRESENT: Russell Tippin, President/Chief Executive Officer
Steve Steen, Chief Legal Counsel
Steve Ewing, Chief Financial Officer
Matt Collins, Chief Operating Officer
Christin Timmons, Chief Nursing Officer
Adiel Alvarado, President MCH ProCare
Dr. Donald Davenport, Chief of Staff
Dr. Jeff Pinnow, Vice Chief of Staff
Kerstin Connolly, Paralegal
Lisa Russell, Executive Assistant to the CEO

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

I. CALL TO ORDER

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

II. INVOCATION

Chaplain Farrell Ard offered the invocation.

III. PLEDGE OF ALLEGIANCE

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

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

V. AWARDS AND RECOGNITION

A. April 2022 Associates of the Month

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

- Clinical – Amanda Nunez
- Non-Clinical – Cierra Gonzalez
- Nurse – Ryan Butler

B. Unit HCAHPS High Performers

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

- ProCare Orthopedics – 100%
- ICU – 100%

VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

VIII. CONSENT AGENDA

A. Consider Approval of Regular Meeting Minutes, March 1, 2022

B. Consider Approval of Joint Conference Committee, March 29, 2022

C. Consider Approval of Federally Qualified Health Center Monthly Report, February 2022

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

IX. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended February 28, 2022
2. Consent Agenda
 - a. Consider Approval of Sonifi Health Software Maintenance & Software Renewal
3. Capital Expenditure Requests
 - b. Consider Approval of CER for Fluoroscopic Unit
 - c. Consider Ratification of CER for Innowave Pro Sonic Irrigator
4. Consider Approval of Cerner Bidirectional Immunization Query Solution Contract
5. Consider Approval of Cerner Nuance PowerScribe One

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

X. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Timothy Benton, Regional Dean of TTUHSC, reported to the ECHD Board that all of their students with were matched with residency spots and that all incoming spots were filled. The surgery program is awaiting accreditation and the fellowships have submitted accreditations. They are looking to partner with MCH and Cerner.

This report was informational only.

XI. REPORT/RECOGNITION OF THE MCH ALL CAUSE READMISSION TEAM

Nicole Hays, RN, Performance Improvement Officer, provided the 2nd Quarter Readmissions Steering Committee report to the ECHD Board

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

XII. CONSIDER APPROVAL OF ENDOWMENT FUNDS DISTRIBUTION

Steve Ewing, Chief Financial Officer, presented the Endowment Funds Distribution Agreement from Prosperity Bank for approval.

As noted in the investment agreement, the total net income for Odessa Junior College Trust is \$6,945.77. Ninety percent of that amount is \$6,251.19 and this amount will be paid to Odessa Junior College. Ten percent, \$694.57 will be retained as an addition to principal.

The total net for the TTUHSC-PB Trust is \$21,651.23. Ninety percent of that amount is \$19,486.10 and this amount will be paid to TTUHSC-PB. Ten percent, \$2,165.12 will be retained as an addition to principal.

The total net income for University of Texas-PB is \$3,999.44. Ninety percent of that amount is \$3,599.49 and this amount will be paid to University of Texas-PB. Ten percent, \$399.94 will be retained as an addition to principal.

Richard Herrera moved, and Kathy Rhodes seconded the motion to approve the Endowment Funds Distribution Agreement from Prosperity Bank as presented. The motion carried unanimously.

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

A. Board Retreat Update

Russell Tippin, President and Chief Executive Officer, reminded the Board Members that the Board Retreat is April 28-30, 2022 in Alpine.

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This report was informational only. No action was taken.

B. COVID-19 Update

Russell Tippin, President and Chief Executive Officer, reported that MCH has one (1) COVID-19 patient today. We are keeping a close watch on the new variant. CDC is recommencing another booster for those 50 years old and over.

This report was informational only. No action was taken.

C. Ad-hoc Reports

There were 58 people that attended the Regional Board Training.

With the departure of David Chancellor, Janice Dane is serving as the Interim Vice President of Human Resources

Dr. Dar is conducting Covid-19 follow-up clinics one day a week in the Wheatley Stewart Medical Pavilion. He is seeing all Covid-19 patients.

The Texas Hospital Trustees (THT) Conference is in July in Ft. Worth.

The preliminary mineral valuations should be available in the next 30 days.

The Regional Services Report was provided.

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

XIV. EXECUTIVE SESSION

Bryn Dodd stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation Regarding Real Property pursuant to Section 551.072 of the Texas Government Code; (3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (4) Deliberation Regarding Economic Development Negotiations.

ATTENDEES for the entire Executive Session: ECHD Board members, Bryn Dodd, Mary Lou Anderson, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes, Richard Herrera and Russell Tippin, President/CEO, Steve Steen, Chief Legal Counsel, Matt Collins, Chief Operating Officer, Steve Ewing, Chief Financial Officer, Christin Timmons, Chief Nursing Officer, Lisa Russell, Executive Assistant to the CEO, and Kerstin Connolly, Paralegal.

Brad Timmons, Chief of ECHD Police, presented the 2021 ECHD crime statistics to the ECHD Board of Directors during Executive Session and then was excused from the remainder of Executive Session. Page 7 of 142

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

Matt Collins, Chief Operating Officer, reported to the ECHD Board of Directors about the discussions from the Real Estate Committee and presented a property lease agreement to the ECHD Board of Directors during Executive Session.

Russell Tippin, President and Chief Executive Officer, and Steve Ewing, Chief Financial Officer, led the ECHD Board of Directors in discussions about billing issues.

Christin Timmons, Chief Nursing Officer, reported to the ECHD Board of Directors about a recent patient death during Executive Session.

Russell Tippin, President and CEO, led the ECHD Board of Directors in discussions about Covid-19 related topics, including the vaccine mandate and Regeneron clinic during Executive Session .

Russell Tippin, President and CEO, updated the ECHD Board of Directors on the CMO candidate during Executive Session.

Russell Tippin, President and CEO, updated the ECHD Board of Directors on the status of the Trauma Group during Executive Session.

Russell Tippin, President and CEO, led the ECHD Board of Directors in discussion about a proposed PILOT agreement for a \$24 billion project during Executive Session .

Russell Tippin, President and CEO, provided an update to the ECHD Board of Directors about discussions with the Permian Strategic Partnership during Executive Session.

Russell Tippin, President and CEO, reported to the ECHD Board of Directors about a personnel change in Administration during Executive Session.

Steve Steen, Chief Legal Counsel, provided an update about the laboratory situation to the ECHD Board of Directors during Executive Session.

Steve Ewing, Chief Financial Officer, provided an update about the wage adjustment for employees to the ECHD Board of Directors during Executive Session.

Executive Session began at 6:13 p.m.

Executive Session ended at 8:27 p.m.

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

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

Bryn Dodd presented the following new agreements:

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- Antonyos Mahfoud, M.D. – This is a 3-year agreement for Critical Care.
- Tejaswi Bhari Thippewsmay, M.D. – This is a 3-year agreement for Hospitalist.
- Ashlyn Duncan, N.P. – This is 3-year agreement for Critical Care.
- Duhiangchin Thianhlun, P.A. – This is a 3-year agreement for Hospitalist.
- Nancy Bueno, N.P. – This is a 3-year agreement for Urgent Care.

Bryn Dodd presented the following amendments:

- Beverly Gifford, N.P. – This is an amendment to a Family Health Clinic Contract.
- Claudia Molina, M.D. – This is an amendment to a Pathology Contract.
- Nawaal Nasser, M.D. – This is an amendment to a Pathology Contract.
- Rebecca Mantsch, M.D. – This is an amendment to a Pathology Contract.
- Dayanelie Reyes, P.A. – This is an amendment to an Urgent Care Contract.
- Elliana Wiesner, M.D. – This is an amendment to a Hospitalist Contract.
- Nancy Baquirin, N.P. – This is an amendment to an Urgent Care Contract.
- Santiago Giraldo, M.D. – This an amendment to an Internal Medicine Contract.
- Jason Zagrodsky, M.D. (CCW, LLC) – This is an amendment to an Electrophysiology Contract.
- Midwest Anesthesia Alliance, LLC – This is an amendment to an Anesthesia Contract.

Bryn Dodd presented the following Medical Directorship Agreement:

- Pablo Feuillet, M.D. – This is a medical directorship agreement for Infection Disease.

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

B. Consider Approval of MCH Property Lease

Bryn Dodd presented the following property lease:

- MCH ProCare – Infectious Disease – This is 3-year property lease agreement.

Wallace Dunn moved, and Richard Herrera seconded the motion to approve the MCH Property Lease as presented. The motion carried.

C. Consider Approval of MCH Provider Agreement

Bryn Dodd presented the following new agreement:

- YPS Anesthesia Services – This is an 18-month agreement for anesthesia services.

Richard Herrera moved, and David Dunn seconded the motion approve the MCH Provider Agreement as presented. The motion carried. Page 9 of 142

XVI. ADJOURNMENT

There being no further business to come before the Board, Bryn Dodd adjourned the meeting at 8:28 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "David Dunn", written over a horizontal line.

David Dunn, Secretary
Ector County Hospital District



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

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

Medical Staff:

Applicant	Department	Specialty/Privileges	Group	Dates
Judith Buringi, MD	Surgery	General Surgery		05/3/2022-05/02/2023
Donatus Egbonim, MD	Hospitalist	Hospitalist	ProCare	05/3/2022-05/02/2023
Beezer Moolji, MD	Pediatrics	Pediatrics	Covenant Group	*****Locum Tenen*****

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
Rachael Colucciello, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	05/3/2022-05/02/2024
Angelica Delacruz, NP	OB/GYN	AHP	Nurse Practitioner		Dr. Pillarisetty	05/3/2022-05/02/2024
Kyle Dunaway, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	05/3/2022-05/02/2024
*Pete Hext, CRNA	Anesthesia	AHP	CRNA	YPS Anesthesia	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	05/3/2022-05/02/2024

*Please grant temporary Privileges



Advice, Opinions, Recommendations and Motions:

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

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



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/ Privileges	Group	Changes to Privileges	Dates
Hassan Khalid, MD	Medicine	Yes	Associate	Internal Medicine	TTUHS C	None	06/1/2022-05/31/2023
David Moon, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	06/1/2022-05/31/2024
Macaulay Nwojo, MD	Surgery	Yes	Associate to Active	Neurosurger y		None	06/1/2022-05/31/2024
Abioudun Adejumo Okin- Ayileka, MD	Family Medicine	Yes	Associate	Hospice Palliative Care		None	06/1/2022-05/31/2023
Matthew Brown, MD	Surgery	Yes	Active	Plastics		None	07/1/2022-06/30/2024
Ramakrishna Thokala, MD	Medicine	Yes	Associate to Active	Nephrology		None	07/1/2022-06/30/2024



Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Daniel Howell, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	None	06/1/2022-05/31/2024
Samsadeen Issah, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	None	06/1/2022-05/31/2024
Ewa Korzenionwska, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	None	06/1/2022-05/31/2024
Stephanie Moses, PhD	Medicine	AHP	Clinical Psychology	TTUHSC		None	06/1/2022-05/31/2024
Amanda Hughes, NNP	Pediatrics	AHP	Neonatal	TTUHSC	Dr. Sheth, Dr. Bennett and	None	06/1/2022-05/31/2024

Advice, Opinions, Recommendations and Motions:

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

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



May 3, 2022

**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
John Dorman, MD	Surgery	REMOVE: ATLS; Moderate Sedation
Scotty Ortega, MD	Family Medicine	ADD: Admit/ discharge patients; end of life care, management of; geriatric assessment-including medical affective, cognitive, functional status, social support, economic, and environmental aspects, related to health; activities of daily living (ADL); instrumental activities of daily living (IADL); appropriate use of physical and mental examination and laboratory.
Macaulay Nwojo, MD	Surgery	REMOVE: ATLS

Advice, Opinions, Recommendations and Motions:

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

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



May 3, 2022

**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
Judith Arihi, NP	AHP	Family Medicine	05/09/2022	Resignation
Candy Bowen, NP	AHP	Hospitalist	02/02/2022	Resignation
Emily Combs, NP	AHP	Cardiology	04/20/2022	Resignation
Vivekanand Dasari, MD	Active	Pediatric	03/17/2022	Resignation
Mark Davis, MD	Associate	Cardiology	06/30/2022	Lapse in Privileges
Steven Davis, MD	Telemedicine	Radiology	04/07/2022	Resignation
James Horton, CRNA	AHP	Anesthesia	01/31/2022	Resignation
Bhargavi Kola, MD	Active	Pediatric	03/17/2022	Resignation
Kailea Walker, NP	AHP	Cardiology	02/04/2022	Resignation

Advice, Opinions, Recommendations and Motion:

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

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



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of Pertinent Facts:

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

Staff Category Change:

Staff Member	Department	Category
Macaulay Nwojo, MD	Surgery	Associate to Active
Ramakrishna Thokala, MD	Medicine	Associate to Active



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
 BOARD OF DIRECTORS**

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
Chasity Young, SFA	AHP	Surgery	04/01/2022- 03/31/2024

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Obinna Ukabam, MD	Medicine	Removal of I-FPPE

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Change in Privileges

Staff Member	Department	Privilege
Pediatric Delineation of Privileges	Pediatrics	Updated Privilege Form



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Advice, Opinions, Recommendations and Motion:

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

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



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

- CR – Urine Monitoring System
- CR - ER Ultrasound
- CR - Mammotome - Neoprobe Console and probe
- CR - Labor and Delivery Beds
- CR - Overbed Tables/Bedside Tables
- CR - Wound Care-Smith & Nephew Wound Vac
- CR - Stealth System8
- CR - Savi Scout

Statement of Pertinent Facts:

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

- CR – Urine Monitoring System
- CR - ER Ultrasound
- CR - Mammotome - Neoprobe Console and probe
- CR - Labor and Delivery Beds
- CR - Overbed Tables/Bedside Tables
- CR - Wound Care-Smith & Nephew Wound Vac
- CR - Stealth System8
- CR - Savi Scout

Advice, Opinions, Recommendations and Motion:

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 to approve the CER: Urine Monitoring System, ER Ultrasound, Mammotome - Neoprobe Console and probe, Labor and Delivery Beds, Overbed Tables/Bedside Tables, Wound Care-Smith & Nephew Wound Vac, Stealth System8, and Savi Scout

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



May 3, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

- Anesthesia OPPE/FPPE Plans 2022
- Cardiology OPPE/FPPE Plans 2022
- Emergency Medicine OPPE/FPPE Plans 2022
- Family Medicine OPPE/FPPE Plans 2022
- Hospitalist OPPE/FPPE Plans 2022
- Internal Medicine OPPE/FPPE Plans 2022
- OBGYN OPPE/FPPE Plans 2022
- Pathology OPPE/FPPE Plans 2022
- Pediatrics OPPE/FPPE Plans 2022
- Radiology OPPE/FPPE Plans 2022
- Surgery OPPE/FPPE Plans 2022

Statement of Pertinent Facts:

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

- Anesthesia OPPE/FPPE Plans 2022
- Cardiology OPPE/FPPE Plans 2022
- Emergency Medicine OPPE/FPPE Plans 2022
- Family Medicine OPPE/FPPE Plans 2022
- Hospitalist OPPE/FPPE Plans 2022
- Internal Medicine OPPE/FPPE Plans 2022
- OBGYN OPPE/FPPE Plans 2022
- Pathology OPPE/FPPE Plans 2022
- Pediatrics OPPE/FPPE Plans 2022
- Radiology OPPE/FPPE Plans 2022
- Surgery OPPE/FPPE Plans 2022

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 following OPPE Plans: Anesthesia, Cardiology, Emergency, Family Medicine, Hospitalist, Internal Medicine, OBGYN, Pathology, Pediatrics, Radiology, and Surgery.

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

**Ector County Hospital District - Medical Center
Delineation of Clinical Privileges and Procedures.**

Specialty: Pediatrics
Basic Education: MD or DO

Minimal Formal Training & Experience/Specialty Description

[ECHD approval: 3/07]
Revised: 10/12, 05/15, 09/2017

Training: Successful completion of a residency training program in pediatrics accredited by the ACGME or AOA, plus certification in Pediatric Advanced Life Support (PALS) or the Neonatal Resuscitation Program.

Experience: Can be demonstrated in one of the following ways:

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.

Certification: Within five years of completion of an approved residency, certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

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

By making a request for privileges, the applicant stipulates that:

He/she is requesting only those privileges for which by education, training, current experience and demonstrated performance is qualified to perform.

He/she is bound by the applicable Bylaws and policies of Medical Center Hospital

He/she meets the minimum threshold criteria for the privileges requested and has no mental or physical condition which would limit his/her clinical abilities

Specialty Description: Examination, consultation, diagnosis and medical management of pediatric patients, including, physical examinations, acute major and minor medical problems, acute and minor surgical problems, poisonings and ingestion, physical and sexual abuse, minor and major trauma, and acute psychiatric, behavioral, and psychosocial problems.

Core Privileges - Pediatrics

Management Privileges

Requested	Granted Y/N	<u>Privilege Description</u>
		Acute behavioral problems, diagnose and manage
		Acute psychiatric problems, diagnose and triage
		Acute psychosocial problems, diagnose and manage
		Admit/discharge patients
		Adolescent male and female reproductive health, management of
		Adolescent patients, recognize normal and abnormal growth and development of
		Adolescent psychosocial issues, management of
		Audiometry interpretation
		Auditory screening

		Behavioral counseling and referral
		Cardiopulmonary arrest, management of
		Childhood exanthems, diagnose and manage
		Children with developmental disabilities, management of
		Children with special needs, management strategies for
		Chronic renal disease, diagnose and triage
		Coma, diagnose and triage
		Common adolescent health problems, management of
		Common physiologic deviations in the newborn, recognition and treatment of
		Congenital heart disease, diagnose and triage
		Cystic fibrosis, evaluate and triage
		Dehydration, diagnose and manage
		Developmental screening tests
		Diabetic ketoacidosis, diagnosis of
		Diabetic ketoacidosis, management of
		Diarrhea, diagnose and manage
		Fever, management of
		Gynecological evaluation: prepubertal/postpubertal females
		Hepatic failure, diagnose and refer
		Hypertension, diagnose and manage
		Hypotension, diagnose and manage
		Immunizations
		Infants of mothers with sexually transmitted diseases or other infections, identification and management of
		Infants of mothers with substance abuse, identification and management of
		Inhalation medications
		Isolated and multiorgan system failure, recognition and refer
		Metabolic disorders, diagnosis of
		Neurologic disorders, diagnosis of
		Newborn care, routine/screening
		Normal and abnormal child behavior and development, management of
		Oncologic, diagnose and refer
		Orthopedic diseases (common), management of
		Pain management, pediatric
		Patient counseling/education
		Physical and sexual abuse, evaluation of
		Pneumonia, diagnose and manage
		Poisonings and ingestion, diagnosis of
		Pyelonephritis, evaluation of
		Renal failure, diagnosis of
		Respiratory illnesses, diagnose and manage

		Rheumatologic disorders, evaluation of
		Seizures, evaluation and management of
		Sepsis, diagnose and manage
		Shock syndromes, evaluation and management of
		Skin disorders, diagnose and manage
		Status asthmaticus, diagnose and manage
		Vision screening
		Wound care, management of

Core Privileges - Pediatrics

Procedure Privileges

Requested	Granted Y/N	Privilege Description
		Abdominal Ultrasound
		Abscess Incision and Drainage
		Arterial puncture
		Bladder catheterization
		Circumcision [required documentation: residency training program that includes circumcision or the Director of another appropriate training program in circumcision <u>and</u> the evaluation /competency from the department chair at another hospital where the applicant is / was granted privileges to perform.]
		Circumcision with Proctoring If Proctoring Required: Proctored by physician that has the privilege at the hospital. And provide an evaluation of the 5 supervised proctoring once completed. ___ 5 Observed ___ 5 Supervised by an attending
		Endotracheal Intubation
		Foreign bodies (e.g. from ears/nose), simple removal of
		General Lumbar Puncture
		Hip Ultrasound, Detection of Developmental Dysplasia
		Injections: - subcutaneous; - intradermal; - intramuscular
		Intraosseous lines, placement of
		Intravenous lines, insertion of
		Laceration repair, simple suture/suture removal
		Removal of neonatal teeth
		Resuscitation, newborn
		Sedation - analgesia for procedures
		Simple dislocations/fractures, diagnosis of
		Spinal tap
		Splinting
		Transurethral Catheterization

		Tympanometry
		Umbilical Arterial and Venous Catheterization
		Venipuncture

Special Privileges

Requested	Granted Y/N	Privilege Description
		Arthrocentesis
		Autotransfusion
		Bone Marrow Aspiration
		Chest Tube Placement
		Echocardiography
		Laryngoscopy, Direct
		Moderate sedation, administer
		Paracentesis
		Subdural taps
		Suprapubic Bladder Aspiration
		Thoracentesis
		Venous aspiration, internal jugular
		Pediatric intensive care of patients following traumatic injury, evaluation and management of
		Polysomnography (Sleep Studies)
		Teleradiology
		Telemedicine

Applicant Signature _____

Date _____

Division Assessment:

Approved as Requested: _____

Approved as Amended: _____

Comments:

Division Signature _____

Date _____

Department Assessment:

Approved as Requested: _____

Approved as Amended: _____

Comments:

Department Signature _____

Date _____

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

Privileges Reviewed and Recommended By:

Signature _____

Date _____

Exceptions/Conditions:

**MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

2022

DEPARTMENT/SERVICE:	Anesthesia Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	The Scope of Service for the Anesthesia Department shall encompass all functions performed by the Certified Registered Nurse Anesthetist (CRNA) and Anesthesiologists credentialed at this facility. Members of the Anesthesia staff function as preceptors in teaching anesthesiology to rotating OB/GYN and Family Practice residents.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving anesthesia services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Anesthesia Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Anesthesia Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**ANESTHESIA DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • TBD plan in progress <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • Mortality • SSI • Unexpected disposition to ICU from OR/PACU • CODE Blue in OR/PACU or 24 hours after procedure. • Rapid Response in OR/PACU or 24 hours after procedure Goal 0/ provider Chair to review charts of adverse outcomes <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 10 cases. • Mortality within 6 hours of procedure all cases • Mortality in OR all cases

<p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<ul style="list-style-type: none"> • Mortality within 48 hours of procedure if they are elective, emergent (non-trauma) & all Pediatrics <p>Adverse Events:</p> <ul style="list-style-type: none"> • Broken teeth • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation • Review of Post-Dural puncture headaches requiring blood patches (OB only) • Conversion to general anesthesia (OB only) • Mortality
<p>SR.6 Readmissions/unplanned return to surgery;</p>	<p>Readmissions:</p> <ul style="list-style-type: none"> • N/A <p>Unplanned returns to surgery:</p> <ul style="list-style-type: none"> • N/A
<p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p>	<ul style="list-style-type: none"> • N/A
<p>SR.8 Utilization Data;</p>	<p>Length of stay:</p> <ul style="list-style-type: none"> • N/A
<p>SR.9 Significant deviations from established standards of practice;</p>	<p>N/A</p>
<p>SR.10 Timely and legible completion of patients' medical records.</p>	<p>Review of documentation:</p> <ul style="list-style-type: none"> • Pre-op and post-op notes for timeliness and completion within 24 hours of procedure. 5 cases per provider reviewed on an annual basis.
<p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<ul style="list-style-type: none"> • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.

FPPE (Focused Professional Practice Evaluation)

OPPE (Ongoing Professional Practice Evaluation)

*KEPRO is the Quality Improvement Organization for Medicare

MEDICAL STAFF ASSESSMENT

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) / FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) PLAN

2022

DEPARTMENT/SERVICE:	Cardiology Department
RESPONSIBILITY:	The Department Chairman shall be Responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted for cardiovascular diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving cardiovascular services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identified performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairperson and the clinical staff of the Cardiology Department review findings. The chairperson authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Cardiovascular Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

<p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p> <p>SR.6 Readmissions/unplanned return to surgery;</p> <p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p> <p>SR.8 Utilization Data;</p> <p>SR.9 Significant deviations from established standards of practice;</p>	<p>prescribed and no documented contraindications.</p> <ul style="list-style-type: none"> • Number of patients admitted with STEMI and discharged with no High intensity statin prescribed and no documented contraindications. • Interventional procedures with complications resulting in emergent transfers to surgery. • PCI's with significant complications to include abrupt closure following PCI. • EP/Implant post-procedure complications including emergent transfers to surgery. • Mortality in the Cath Lab • Post-PCI mortality excluding patients with mortality as a complication of subsequent procedures (i.e. CABG) <p>Adverse Events:</p> <ul style="list-style-type: none"> • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation • ORTS reported events • Mortality <p>Readmissions:</p> <ul style="list-style-type: none"> • Calculated expected readmission rate per provider versus true readmission rate. • Review of repeat CHF and AMI readmissions. Patients who have a CHF or AMI diagnosis and have 3 admissions that would fall into the 30-day readmissions criteria (regardless of payor) will be reviewed by department chair. <p>Unplanned returns to surgery:</p> <ul style="list-style-type: none"> • N/A <p>Non-Invasive Procedures/Interventions:</p> <ul style="list-style-type: none"> • ECHO- random sampling reviews. One case per Cardiologist every 6 months. Reviewed for appropriateness and indication. • Nuclear Medicine Studies- Fives cases per each Cardiologist per year. Reviewed for appropriateness and indication. <p>Length of stay: Observed / expected percentage by group and individual per quarter. Benchmark <= 1.2 per provider</p> <p>Cases with identified system failures in which recommendations can be made for performance improvement/patient safety.</p>
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**MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

2022

DEPARTMENT/SERVICE:	Emergency Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted to the Emergency Department service utilizing diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving surgical services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Emergency Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Emergency Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**EMERGENCY DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p> <p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. • Review of CHF and AMI medication misses. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • N/A <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • N/A <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases. • Mortality review of all patients who expire in ED • FPPE • Review of patients in full arrest who achieved ROSC in ED. 5 charts per month if available. <ul style="list-style-type: none"> • Review of procedural sedation, moderate sedation in ED with Propofol and Etomidate (this does not include intubation). (OPPE)

<p>SR.6 Readmissions/unplanned return to surgery;</p> <p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p> <p>SR.8 Utilization Data;</p> <p>SR.9 Significant deviations from established standards of practice;</p> <p>SR.10 Timely and legible completion of patients' medical records.</p> <p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<p>Adverse Events:</p> <ul style="list-style-type: none"> • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation • Mortality <p>Readmissions:</p> <ul style="list-style-type: none"> • N/A <p>Unplanned returns to surgery:</p> <ul style="list-style-type: none"> • N/A • Review of patients undergoing closed reduction involving sedation. • Review of patients undergoing cardioversion involving sedation. <p>Length of stay:</p> <ul style="list-style-type: none"> • N/A • Door to needle times within 60 minutes in 75% or more of acute ischemic stroke patients treated with IV thrombolytics. Per DNV Primary stroke center certification guidelines. • Door to needle times within 45 minutes in 50% or more of acute ischemic stroke patients treated with IV thrombolytics. Per DNV Primary stroke center certification guidelines. • Door to balloon time for patients taken to Cath Lab. Review of patients that did not meet goal of < 90 minutes door to balloon time. Per ACC, AHA guidelines <p>Review of documentation:</p> <ul style="list-style-type: none"> • N/A • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • CAUTI utilization- Urinary catheters ordered by provider per month divided by number of patients admitted per provider. Informational- percentage will be on score cards every half year. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.
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FPPE (Focused Professional Practice Evaluation)
OPPE (Ongoing Professional Practice Evaluation)

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**MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

2022

DEPARTMENT/SERVICE:	Family Medicine Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted to the Family Medicine Department service utilizing diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving surgical services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Family Medicine Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Family Medicine Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department For inclusion in the reappointment file and designated reports.

**FAMILY MEDICINE DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p> <p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. • Review of CHF and AMI medication misses. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • N/A <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • N/A <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases. • Mortality within 24 hours for non-ICU/CCU admissions. • FPPE <p>Adverse Events:</p> <ul style="list-style-type: none"> • N/A

FPPE (Focused Professional Practice Evaluation)

OPPE (Ongoing Professional Practice Evaluation)

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MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

2022

DEPARTMENT/SERVICE:	Hospitalist Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted to the Hospitalist Department service utilizing diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving surgical services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Hospitalist Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Hospitalist Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**HOSPITALIST DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p> <p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. • Review of CHF and AMI medication misses. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • N/A <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • N/A <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases. • Mortality within 24 hours for non-ICU/CCU admissions. • FPPE <p>Adverse Events:</p> <ul style="list-style-type: none"> • N/A

MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

2022

DEPARTMENT/SERVICE:	Internal Medicine Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted to the Medicine Department service utilizing diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving medical services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Medicine Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Medicine Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**Internal Medicine DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. • CHF and AMI medication misses <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • TBD plan in progress <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • Mortality • SSI • Unexpected disposition to ICU from OR/PACU • CODE Blue in OR/PACU or 24 hours after procedure. • Rapid Response in OR/PACU or 24 hours after procedure Goal 0/ provider Chair to review charts of adverse outcomes <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases. • Mortality within 24 hours for non-ICU/CCU admissions. • FPPE

<p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Adverse Events:</p> <ul style="list-style-type: none"> • Broken teeth • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation • Review of Post-Dural puncture headaches requiring blood patches (OB only) • Conversion to general anesthesia • Mortality
<p>SR.6 Readmissions/unplanned return to surgery;</p>	<p>Readmissions:</p> <ul style="list-style-type: none"> • Calculated expected readmission rate per provider versus true readmission rate. Every provider from original admission will be compared to their department average. Chair or medical may refer to PPEC as trends are identified. <p>Unplanned returns to surgery:</p> <ul style="list-style-type: none"> • Physicians with > 100 cases per year- If average is > 1% those charts are reviewed by chair to identify practice errors; referral to PPEC if applicable • Physicians with < 100 cases per year- If average is > 2% those charts reviewed by to identify practice errors; referral to PPEC if applicable
<p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p>	<p>N/A</p>
<p>SR.8 Utilization Data;</p>	<p>Length of stay:</p> <ul style="list-style-type: none"> • Observed / expected percentage by group and individual per quarter. Benchmark <= 1.2 per provider
<p>SR.9 Significant deviations from established standards of practice;</p>	<ul style="list-style-type: none"> • N/A
<p>SR.10 Timely and legible completion of patients' medical records.</p>	<p>Review of documentation:</p> <ul style="list-style-type: none"> • H&P complete within 24 hours • Consultation first note within 24 hours • Full operative report/procedure note must be completed within 1 hour after an operative procedure and entered into the record before the patient is transferred to the next level of care. • If a full operative report cannot be entered into the record within a reasonable amount of time

<p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<p>after the operation or procedure, a procedure note must be entered prior to patient being transferred to the next level of care.</p> <ul style="list-style-type: none"> • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • SSI- Number of SSI per surgeon per month compared to average number of department surgeons per month. • CAUTI utilization- Urinary catheters ordered by provider per month divided by number of patients admitted per provider. Informational- percentage will be on score cards every half year. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.
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FPPE (Focused Professional Practice Evaluation)
 OPPE (Ongoing Professional Practice Evaluation)

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**MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

2022

DEPARTMENT/SERVICE:	OBGYN Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Obstetrical/Gynecological management of all patients admitted to the OB/GYN service utilizing diagnostic and therapeutic modalities.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving OB/GYN services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the OB/GYN Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the OB/GYN Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**OBGYN DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • N/A <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • Mortality • SSI • Unexpected disposition to ICU from OR/PACU • CODE Blue in OR/PACU or 24 hours after procedure. • Rapid Response in OR/PACU or 24 hours after procedure Goal 0/ provider Chair to review charts of adverse outcomes <ul style="list-style-type: none"> • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases. • FPPE • Mortality • APGAR scores of < 7 at 5 minutes reviewed.

<p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Adverse Events:</p> <ul style="list-style-type: none"> • Broken teeth • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation • Review of Post-Dural puncture headaches requiring blood patches (OB only) • Conversion to general anesthesia • Mortality
<p>SR.6 Readmissions/unplanned return to surgery;</p>	<p>Readmissions:</p> <ul style="list-style-type: none"> • Calculated expected readmission rate per provider versus true readmission rate. Every provider from original admission will be compared to their department average. Chair or medical may refer to PPEC as trends are identified. <p>Unplanned returns to surgery:</p> <ul style="list-style-type: none"> • OB/GYN inpatients and outpatients which require an unplanned return to surgery within the same admission for complication will be reviewed
<p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p>	<p>N/A</p>
<p>SR.8 Utilization Data;</p>	<p>Length of stay:</p> <ul style="list-style-type: none"> • Observed / expected percentage by group and individual per quarter. Benchmark <= 1.2 per provider
<p>SR.9 Significant deviations from established standards of practice;</p>	<ul style="list-style-type: none"> • Review of all < 39 weeks elective OB inductions and all nulliparous / elective cesarean sections per ACOG guidelines
<p>SR.10 Timely and legible completion of patients' medical records.</p>	<p>Review of documentation:</p> <ul style="list-style-type: none"> • H&P complete within 24 hours • Consultation first note within 24 hours • Full operative / procedure report must be completed within 1 hour after an operative procedure and entered into the record before the patient is transferred to the next level of care. • If a full operative report cannot be entered into the record within a reasonable amount of time after the operation or procedure, a procedure note must be entered prior to patient being transferred to the next level of care.

<p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<ul style="list-style-type: none"> • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • SSI- Number of SSI per surgeon per month compared to average number of department surgeons per month. • CAUTI utilization- Urinary catheters ordered by provider per month divided by number of patients admitted per provider. Informational- percentage will be on score cards every half year. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.
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MEDICAL STAFF ASSESSMENT MCH PATHOLOGY DEPARTMENT

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) / FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) PLAN

2022

DEPARTMENT/SERVICE:	Pathology Department
RESPONSIBILITY:	<p>The Department Chairman shall be responsible for giving direction for the implementation of the assessment process and use in OPPE/FPPE for the Department of Pathology.</p> <p>The Department of Pathology's OPPE/FPPE will be implemented and reviewed by the Department Medical Director or Department Chairman, with a formal report prepared quarterly and sent to the Medical Staff Department for review and reporting to QMC and MEC on a quarterly basis.</p>
SCOPE OF CARE:	<p>The Pathology Department quality assurance program has been established with the laboratory pertaining to clinical and anatomic pathology, surgical pathology, cytopathology, and bone marrows,</p> <p>NOTE: Autopsies are no longer performed in-house by the Pathology Department. They are performed by an outside facility as necessary.</p>
DATA SOURCES:	The patient's health care record and appropriate specimens.
SAMPLE:	A representative sample of the patients receiving anatomic pathology services will be examined, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identified performance standards. The data is to be reviewed by the Medical Director or Medical Director designee in an objective manner. After the data has been reviewed with the Medical Staff Department, if actions for improvement in patient care are deemed necessary, recommendations will be made by the Medical Staff Department in coordination with the Pathology Department.

REPORTING:

The Pathology Department will report their individual results of all assessment activities at the next Pathology Department Meeting. Medical Staff will forward the reports to the Quality Monitoring Committee and then to MEC with recommendations in regard to actions necessary for improvement in patient care, if any. Appropriate reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports as deemed necessary.

References:

Pathology Department Policy and Procedure Manual.

College of American Pathologists Anatomic Pathology, Cytopathology and Autopsy Guidelines and Checklists.

MCH PATHOLOGY DEPARTMENT

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) / FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) PLAN

2022

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p>	<ul style="list-style-type: none"> • Pathologists do not order blood. However, pathologists actively participate in applying blood product utilization parameters for provider orders. Pathologists participate in monitoring and quality improvement in CAP/CLIA metrics for providers to include wastage, C:T ratio, and trauma product utilization.
<p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p>	<ul style="list-style-type: none"> • N/A
<p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p>	<ul style="list-style-type: none"> • N/A
<p>SR.4 Specific department indicators that have been identified by the medical staff;</p>	<ul style="list-style-type: none"> • Intramural / Intradepartmental Retrospective quality assurance: Target: Minimum average of 10% over one quarter of cases (i.e. minimum of 10% of all surgical cases, minimum of 10% of all cytology cases, and a minimum of 10% of all bone marrow cases) for each pathologist. Threshold: 90% accuracy of final diagnosis following review of a minimum of 10% of cases by a second pathologist for intramural review. For the first major discrepancy discovered, an additional 5% of that pathologist's cases will be reviewed for that quarter. This additional 5% will be completed within 90 days after the quarter is complete. If more than one major discrepancy is discovered during a quarter, an additional 15% (Total of 20%)

<p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>of that pathologist's cases will be reviewed for that quarter and will be completed within 90 days after the quarter is complete.</p> <ul style="list-style-type: none"> • Extramural Review/consultation is performed when necessary Target Minimum = 0.7% of cases. The outside pathologist's report will be reviewed with the initial report by the pathologist responsible for the case and correlation will be reviewed and documented. Major discrepancies will be addressed as above for intramural OPPE/FPPE. • Correlation of the Frozen section / Intraoperative Consultation with the Final Diagnosis for Concordance: Target Rates: Correlation >96%; Deferral <5%. A statement should be placed in the final report as follows: "Permanent Sections are confirmatory" OR "Permanent Sections are not confirmatory because.....". • Cases with previous MCH Histology material/reports: The CoPath and PathNet (Cerner) system in the Histology Department stores previous case reports and these are to be reviewed before cases are signed out. This information is printed out along with the gross description with each case by transcription, or it is available for review in the Histology Department computer system. If the previous material or report is pertinent to the current case, then comparison of previous findings/reports should be made in the "Comment" section of the report with case number included. • Cases with previous procedures/reports from other institutions: If pertinent patient clinical history is not submitted with the specimen, it should be sought on the Powerchart (Cerner), and any pertinent outside case reports should be requested and reviewed for correlation with the current case. Documentation if a review was done, or if reports or slides were requested, but not received for review, should be made in the "Comment" section of the current report by the responsible pathologist for the current case. • Random case review (OPPE*), as necessary • Focused reviews (FPPE*), as necessary <ul style="list-style-type: none"> • N/A
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<p>SR.6 Readmissions/unplanned return to surgery;</p> <p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p> <p>SR.8 Utilization Data;</p> <p>SR.9 Significant deviations from established standards of practice;</p> <p>SR.10 Timely and legible completion of patients' medical records.</p> <p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<ul style="list-style-type: none"> • Pathologist diagnosis discrepancies and their clinical impact are monitored through OPPE and prospective quality assurance to include repeat surgery and readmission. • N/A • Frozen Section / Intraoperative Consultation turnaround time (TAT) is documented and monitored. TAT Target Range < or = 20 minutes for all single uncomplicated frozen section diagnoses, and < or = 20 minutes on average, for 90% of all cases. This HIS computer time on monitors and terminals will be used to obtain IN and OUT times. The "In" time is when the frozen section specimen is received in pathology and the "Out" time is the time the pathologist calls the submitting physician or the OR with the results. The "In" and "Out" times are to be documented on the ancillary form and TAT is reported in the frozen section report. Per CAP • Specimen TAT is documented and monitored Target Rate: 90% or more of all cases should have either a final report or a preliminary report within 3 working days (72 hours) or less, not including weekend days. If a case is to be sent out for consultation or special studies are pending, a preliminary report should be issued before the case is sent out, and a preliminary report for cases with special studies should be issued within 3 working days. Per CAP • TAT for pathology reporting • Trends in knowledge deficiencies for pathology group and pathologists individually as identified in OPPE metrics. Chair and / or medical director will address trend or concern and take action to correct deficiency as appropriate.
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MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

2022

DEPARTMENT/SERVICE:	Pediatrics Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Medical management of all inpatients admitted to the Pediatric Department service utilizing diagnostic and therapeutic modalities
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving Pediatric services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Pediatric Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Pediatric Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

SR.5 Anesthesia/Moderate Sedation Adverse Events;

signs of life

Adverse Events:

- Broken teeth
- Failure to return to baseline consciousness
- Bradycardia / Tachycardia due to sedation
- Airway compromise needing airway rescue
- Unplanned admission related to moderate sedation
- Review of Post-Dural puncture headaches requiring blood patches (OB only)
- Conversion to general anesthesia
- Mortality

SR.6 Readmissions/unplanned return to surgery;

Readmissions:

- Calculated expected readmission rate per provider versus true readmission rate. Every provider from original admission will be compared to their department average. Chair or medical may refer to PPEC as trends are identified.

Unplanned returns to surgery: N/A

SR.7 Appropriateness of care for non-invasive procedures/interventions;

NA

SR.8 Utilization Data;

Length of stay:

- Observed / expected percentage by group and individual per quarter.
Benchmark <= 1.2 per provider

SR.9 Significant deviations from established standards of practice;

N/A

SR.10 Timely and legible completion of patients' medical records.

Review of documentation:

- H&P complete within 24 hours.
- Consultation first note within 24 hours
- Full operative report must be completed within 1 hour after an operative procedure and entered into the record before the patient is transferred to the next level of care.
- If a full operative report cannot be entered into the record within a reasonable amount of time after the operation or procedure, a procedure note must be entered prior to the patient being transferred to the next level of care.

<p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<ul style="list-style-type: none"> • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.
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**MEDICAL STAFF ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

2022

DEPARTMENT/SERVICE:	Radiology Department
RESPONSIBILITY:	The Department Chairman shall be responsible for the implementation of the assessment process and use in OPPE/FPPE.
SCOPE OF CARE:	Management of patients utilizing radiological services.
DATA SOURCES:	The patient's health care record.
SAMPLE:	A representative sample of the patients receiving radiologic services will be screened, as indicated.
METHODOLOGY:	Data is collected by appropriate personnel through established screening criteria. The data collected will correspond to identify performance standards. When indicated, the department member assigned that responsibility evaluates care. The chairman and the clinical staff of the Radiology Department review findings. The chairman authorizes actions for cases in which opportunities to improve care are present.
REPORTING:	The results of all assessment activities will be reported to the Radiology Department and Quality Monitoring Department, as appropriate. Reports will also be submitted to the Medical Staff Office and Quality Analytics Department for inclusion in the reappointment file and designated reports.

**RADIOLOGY DEPARTMENT
MEASUREMENT AND ASSESSMENT
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) /
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
2022**

PERFORMANCE MEASURE	PERFORMANCE STANDARD/INDICATOR
<p>SR.1 Blood Use (may include AABB transfusion criteria)</p> <p>SR. 2 Prescribing of medications: Prescribing patterns, trends, errors, and appropriateness of prescribing for Drug Use Evaluation</p> <p>SR.3 Surgical Case Review: appropriateness and outcomes for selected high- risk procedures; (Carotid endarterectomy, CABG, MV repair and replacement, Open aortic procedures, Colo/Rectal cancer surgery, Total knee, Total hip, bariatric surgery for weight loss)</p> <p>SR.4 Specific department indicators that have been identified by the medical staff;</p> <p>SR.5 Anesthesia/Moderate Sedation Adverse Events;</p>	<p>Goal C:T ratio < 2.0 per month</p> <ul style="list-style-type: none"> • When > 2.0 twice in 1 quarter provider will receive notification letter from BUC. • When > 2.0 for four months in 2 quarters, BUC will refer provider to PPEC • N/A <p>Trend:</p> <ul style="list-style-type: none"> • Opioid utilization per quarter per provider compared to other providers in same department; report prepared by pharmacy; concerning trends for 2 quarters will be reviewed by the chair; Concerning trend continue for > 2 quarters will be referred to PPEC by pharmacy, med staff or chairperson. <p>Error:</p> <ul style="list-style-type: none"> • Goal 0 MORTS due to prescriber error per quarter; MORTS > 2 per quarter addressed by chair or risk management and referred to PPEC if trend. <p>Appropriateness:</p> <ul style="list-style-type: none"> • Pharmacy designs specific initiative to examine appropriateness. Initiative will be approved by MEC. <p>Measure appropriateness / Indications per provider:</p> <ul style="list-style-type: none"> • N/A <p>Adverse outcomes / Triggers:</p> <ul style="list-style-type: none"> • N/A • I-FPPE: Initial focused professional practice evaluation for each practitioner who has been granted privileges. Minimum of 5 cases • FPPE • Review of CT, MRI, Mammography, NM, and PET scan with and without contrast. <p>Adverse Events:</p> <ul style="list-style-type: none"> • Broken teeth • Failure to return to baseline consciousness • Bradycardia / Tachycardia due to sedation • Airway compromise needing airway rescue • Unplanned admission related to moderate sedation

<p>SR.6 Readmissions/unplanned return to surgery;</p> <p>SR.7 Appropriateness of care for non-invasive procedures/interventions;</p> <p>SR.8 Utilization Data;</p> <p>SR.9 Significant deviations from established standards of practice;</p> <p>SR.10 Timely and legible completion of patients' medical records.</p> <p>SR.11 Any variant that should be analyzed for statistical significance.</p>	<ul style="list-style-type: none"> • Review of Post-Dural puncture headaches requiring blood patches (OB only) • Conversion to general anesthesia • Mortality <p>Readmissions:</p> <ul style="list-style-type: none"> • N/A <p>Unplanned returns to surgery: N/A</p> <ul style="list-style-type: none"> • N/A <p>Length of stay: N/A</p> <p>Virtual Radiologic-</p> <ul style="list-style-type: none"> • vRad review of CT Stroke interpretation turnaround time less than or equal to 45 minutes per DNV Primary stroke center certification guidelines. • vRad review of interpretation turnaround time of trauma cases. Available within 30 minutes for interpretation of radiographs per American College of Surgeons. This information is reported monthly in trauma committee. <p>Review of documentation:</p> <ul style="list-style-type: none"> • Full operative report must be completed within 1 hour after an operative procedure and entered into the record before the patient is transferred to the next level of care • If a full operative report cannot be entered into the record within a reasonable amount of time after the operation or procedure, a procedure note must be entered prior to the patient being transferred to the next level of care. <ul style="list-style-type: none"> • KEPRO: trends identified and shared with MCH will be addressed systemically to correct practice errors. • Patient Grievances/ORTS/Risk Management cases that have negative impact on patient will be reviewed by med staff and referred to PPEC as needed.
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Family Health Clinic
May 2022
ECHD Board Packet

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

	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	\$ 635,771	\$ 758,682	-16.2%	\$ 562,103	13.1%	\$ 3,524,648	\$ 4,227,871	-16.6%	\$ 3,255,846	8.3%
TOTAL PATIENT REVENUE	\$ 635,771	\$ 758,682	-16.2%	\$ 562,103	13.1%	\$ 3,524,648	\$ 4,227,871	-16.6%	\$ 3,255,846	8.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 361,461	\$ 386,011	-6.4%	\$ 247,132	46.3%	\$ 2,171,735	\$ 2,154,363	0.8%	\$ 1,708,940	27.1%
Self Pay Adjustments	94,192	105,140	-10.4%	117,721	-20.0%	267,068	585,662	-54.4%	475,426	-43.8%
Bad Debts	13,532	16,901	-19.9%	23,012	-41.2%	97,441	93,161	4.6%	180,674	-46.1%
TOTAL REVENUE DEDUCTIONS	\$ 469,185	\$ 508,052	-7.7%	\$ 387,864	21.0%	\$ 2,536,244	\$ 2,833,186	-10.5%	\$ 2,365,041	7.2%
	73.80%	66.97%		69.00%		71.96%	67.01%		72.64%	
NET PATIENT REVENUE	\$ 166,586	\$ 250,630	-33.5%	\$ 174,239	-4.4%	\$ 988,404	\$ 1,394,685	-29.1%	\$ 890,805	11.0%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 7,288	\$ 25,436	-71.3%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	-4.1%	\$ 168,065	-12.9%
TOTAL OTHER REVENUE	\$ 7,288	\$ 25,436	-71.3%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	-4.1%	\$ 168,065	-12.9%
NET OPERATING REVENUE	\$ 173,874	\$ 276,066	-37.0%	\$ 244,646	-28.9%	\$ 1,134,728	\$ 1,547,301	-26.7%	\$ 1,058,870	7.2%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 96,039	\$ 121,177	-20.7%	\$ 102,082	-5.9%	\$ 572,352	\$ 675,103	-15.2%	\$ 540,808	5.8%
Benefits	24,854	32,902	-24.5%	27,808	-10.6%	150,465	193,660	-22.3%	142,627	5.5%
Physician Services	179,485	156,823	14.5%	148,807	20.6%	996,593	940,938	5.9%	832,950	19.6%
Cost of Drugs Sold	40,429	13,799	193.0%	16,216	149.3%	136,494	78,917	73.0%	45,904	197.3%
Supplies	7,325	25,196	-70.9%	15,499	-52.7%	50,224	140,680	-64.3%	65,319	-23.1%
Utilities	6,539	8,353	-21.7%	5,564	17.5%	33,817	51,291	-34.1%	34,557	-2.1%
Repairs and Maintenance	3,536	2,216	59.6%	171	1963.3%	26,975	13,296	102.9%	6,579	310.0%
Leases and Rentals	461	977	-52.8%	483	-4.5%	2,952	5,862	-49.6%	2,942	0.3%
Other Expense	1,213	1,542	-21.3%	8,265	-85.3%	9,548	9,252	3.2%	23,337	-59.1%
TOTAL OPERATING EXPENSES	\$ 359,883	\$ 362,985	-0.9%	\$ 324,895	10.8%	\$ 1,979,420	\$ 2,108,999	-6.1%	\$ 1,695,022	16.8%
Depreciation/Amortization	\$ 28,692	\$ 33,792	-15.1%	\$ 33,132	-13.4%	\$ 172,512	\$ 198,394	-13.0%	\$ 199,415	-13.5%
TOTAL OPERATING COSTS	\$ 388,575	\$ 396,777	-2.1%	\$ 358,026	8.5%	\$ 2,151,932	\$ 2,307,393	-6.7%	\$ 1,894,437	13.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (214,701)	\$ (120,711)	77.9%	\$ (113,380)	89.4%	\$ (1,017,204)	\$ (760,092)	33.8%	\$ (835,567)	21.7%
Operating Margin	-123.48%	-43.73%	182.4%	-46.34%	166.4%	-89.64%	-49.12%	82.5%	-78.91%	13.6%

	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	2,116	2,342	-9.6%	1,758	20.4%	11,461	13,056	-12.2%	8,941	28.2%
Average Revenue per Office Visit	300.46	323.95	-7.3%	319.74	-6.0%	307.53	323.83	-5.0%	364.15	-15.5%
Hospital FTE's (Salaries and Wages)	23.3	30.1	-22.6%	23.0	0.9%	21.7	28.6	-24.2%	20.1	7.7%

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

	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	\$ 166,535	\$ 369,799	-55.0%	\$ 406,977	-59.1%	\$ 1,067,997	\$ 2,041,096	-47.7%	\$ 3,036,053	-64.8%
TOTAL PATIENT REVENUE	\$ 166,535	\$ 369,799	-55.0%	\$ 406,977	-59.1%	\$ 1,067,997	\$ 2,041,096	-47.7%	\$ 3,036,053	-64.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 71,000	\$ 201,127	-64.7%	\$ 194,185	-63.4%	\$ 725,538	\$ 1,110,117	-34.6%	\$ 1,603,224	-54.7%
Self Pay Adjustments	55,529	57,698	-3.8%	88,896	-37.5%	162,323	318,461	-49.0%	434,073	-62.6%
Bad Debts	(10,286)	11,818	-187.0%	25,814	-139.8%	(80,518)	65,229	-223.4%	203,940	-139.5%
TOTAL REVENUE DEDUCTIONS	\$ 116,244	\$ 270,643	-57.0%	\$ 308,895	-62.4%	\$ 807,343	\$ 1,493,807	-46.0%	\$ 2,241,238	-64.0%
	69.8%	73.2%		75.9%		75.6%	73.2%		73.8%	
NET PATIENT REVENUE	\$ 50,292	\$ 99,156	-49.3%	\$ 98,081	-48.7%	\$ 260,654	\$ 547,289	-52.4%	\$ 794,815	-67.2%
OTHER REVENUE										
FHC Other Revenue	\$ 7,288	\$ 25,436	0.0%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	0.0%	\$ 168,065	-12.9%
TOTAL OTHER REVENUE	\$ 7,288	\$ 25,436	-71.3%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	-4.1%	\$ 168,065	-12.9%
NET OPERATING REVENUE	\$ 57,580	\$ 124,592	-53.8%	\$ 168,489	-65.8%	\$ 406,977	\$ 699,905	-41.9%	\$ 962,881	-57.7%
OPERATING EXPENSE										
Salaries and Wages	\$ 70,802	\$ 64,404	9.9%	\$ 87,921	-19.5%	\$ 451,892	\$ 355,473	27.1%	\$ 512,466	-11.8%
Benefits	18,323	17,487	4.8%	23,950	-23.5%	118,797	101,971	16.5%	135,153	-12.1%
Physician Services	69,056	68,581	0.7%	106,370	-35.1%	503,364	411,486	22.3%	757,606	-33.6%
Cost of Drugs Sold	1,074	3,354	-68.0%	16,156	-93.4%	28,295	18,514	52.8%	40,214	-29.6%
Supplies	4,114	4,845	-15.1%	14,744	-72.1%	24,329	27,263	-10.8%	63,243	-61.5%
Utilities	3,230	2,291	41.0%	2,290	41.0%	17,811	17,698	0.6%	17,698	0.6%
Repairs and Maintenance	3,536	1,799	96.6%	171	1963.3%	26,975	10,794	149.9%	6,579	310.0%
Leases and Rentals	461	477	-3.3%	483	-4.5%	2,952	2,862	3.1%	2,942	0.3%
Other Expense	1,213	1,125	7.8%	8,265	-85.3%	9,548	6,750	41.5%	23,337	-59.1%
TOTAL OPERATING EXPENSES	\$ 171,809	\$ 164,363	4.5%	\$ 260,350	-34.0%	\$ 1,183,963	\$ 952,811	24.3%	\$ 1,559,238	-24.1%
Depreciation/Amortization	\$ 2,625	\$ 4,002	-34.4%	\$ 3,807	-31.0%	\$ 15,767	\$ 23,497	-32.9%	\$ 23,469	-32.8%
TOTAL OPERATING COSTS	\$ 174,434	\$ 168,365	3.6%	\$ 264,157	-34.0%	\$ 1,199,730	\$ 976,308	22.9%	\$ 1,582,707	-24.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (116,854)	\$ (43,773)	-167.0%	\$ (95,668)	-22.1%	\$ (792,754)	\$ (276,403)	-186.8%	\$ (619,826)	27.9%
Operating Margin	-202.94%	-35.13%	477.6%	-56.78%	257.4%	-194.79%	-39.49%	393.2%	-64.37%	202.6%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	705	1,078	-34.6%	1,306	-46.0%	4,110	5,950	-30.9%	8,354	-50.8%
Average Revenue per Office Visit	236.22	343.04	-31.1%	311.62	-24.2%	259.85	343.04	-24.3%	363.43	-28.5%
Hospital FTE's (Salaries and Wages)	15.7	13.9	13.0%	18.1	-13.2%	14.9	13.1	14.3%	18.6	-19.6%

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

	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	\$ 176,616	\$ 173,248	1.9%	\$ 155,126	13.9%	\$ 906,792	\$ 1,001,850	-9.5%	\$ 219,793	312.6%
TOTAL PATIENT REVENUE	\$ 176,616	\$ 173,248	1.9%	\$ 155,126	13.9%	\$ 906,792	\$ 1,001,850	-9.5%	\$ 219,793	312.6%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 94,386	\$ 98,376	-4.1%	\$ 52,947	78.3%	\$ 516,777	\$ 568,882	-9.2%	\$ 105,717	388.8%
Self Pay Adjustments	19,661	22,625	-13.1%	28,824	-31.8%	60,821	130,832	-53.5%	41,353	47.1%
Bad Debts	8,254	-	0.0%	(2,803)	-394.5%	30,923	-	0.0%	(23,266)	-232.9%
TOTAL REVENUE DEDUCTIONS	\$ 122,302	\$ 121,001	1.1%	\$ 78,969	54.9%	\$ 608,521	\$ 699,714	-13.0%	\$ 123,803	391.5%
	69.25%	69.84%		50.91%		67.11%	69.84%		56.33%	
NET PATIENT REVENUE	\$ 54,314	\$ 52,247	4.0%	\$ 76,157	-28.7%	\$ 298,271	\$ 302,136	-1.3%	\$ 95,990	210.7%
<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	\$ 54,314	\$ 52,247	4.0%	\$ 76,157	-28.7%	\$ 298,271	\$ 302,136	-1.3%	\$ 95,990	210.7%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 8,325	\$ 26,627	-68.7%	\$ 14,161	-41.2%	\$ 43,428	\$ 153,977	-71.8%	\$ 28,341	53.2%
Benefits	2,154	7,230	-70.2%	3,858	-44.2%	11,417	44,170	-74.2%	7,474	52.8%
Physician Services	59,774	45,750	30.7%	42,437	40.9%	217,541	274,500	-20.7%	75,344	188.7%
Cost of Drugs Sold	7,370	10,445	-29.4%	60	12127.8%	22,095	60,403	-63.4%	5,689	288.4%
Supplies	1,544	5,426	-71.5%	755	104.4%	13,918	31,407	-55.7%	2,076	570.4%
Utilities	3,310	3,273	1.1%	3,273	1.1%	16,006	16,859	-5.1%	16,859	-5.1%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 82,476	\$ 98,751	-16.5%	\$ 64,544	27.8%	\$ 324,404	\$ 581,316	-44.2%	\$ 135,784	138.9%
Depreciation/Amortization	\$ 25,992	\$ 29,790	-12.7%	\$ 29,324	-11.4%	\$ 156,296	\$ 174,897	-10.6%	\$ 175,947	-11.2%
TOTAL OPERATING COSTS	\$ 108,468	\$ 128,541	-15.6%	\$ 93,869	15.6%	\$ 480,700	\$ 756,213	-36.4%	\$ 311,731	54.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (54,154)	\$ (76,294)	-29.0%	\$ (17,712)	205.8%	\$ (182,429)	\$ (454,077)	-59.8%	\$ (215,741)	-15.4%
Operating Margin	-99.70%	-146.03%	-31.7%	-23.26%	328.7%	-61.16%	-150.29%	-59.3%	-224.75%	-72.8%

	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	668	557	19.9%	452	47.8%	3,299	3,221	2.4%	-	0.0%
Average Revenue per Office Visit	264.40	311.04	-15.0%	343.20	-23.0%	274.87	311.04	-11.6%	374.43	-26.6%
Hospital FTE's (Salaries and Wages)	2.5	7.2	-65.9%	4.9	-50.3%	2.4	7.1	-65.7%	1.6	56.0%

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

	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	\$ 292,620	\$ 215,635	35.7%	\$ -	100.0%	\$ 1,549,860	\$ 1,184,925	30.8%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 292,620	\$ 215,635	35.7%	\$ -	100.0%	\$ 1,549,860	\$ 1,184,925	30.8%	\$ -	100.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 196,075	\$ 86,508	126.7%	\$ -	100.0%	\$ 929,420	\$ 475,364	95.5%	\$ -	100.0%
Self Pay Adjustments	19,001	24,817	-23.4%	-	100.0%	43,924	136,369	-67.8%	-	100.0%
Bad Debts	15,563	5,083	206.2%	-	100.0%	147,036	27,932	426.4%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 230,640	\$ 116,408	98.1%	\$ -	100.0%	\$ 1,120,380	\$ 639,665	75.2%	\$ -	100.0%
	78.82%	53.98%		0.00%		72.29%	53.98%		0.00%	
NET PATIENT REVENUE	\$ 61,979	\$ 99,227	-37.5%	\$ -	100.0%	\$ 429,479	\$ 545,260	-21.2%	\$ -	100.0%
<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	\$ 61,979	\$ 99,227	-37.5%	\$ -	100.0%	\$ 429,479	\$ 545,260	-21.2%	\$ -	100.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 16,913	\$ 30,146	-43.9%	\$ -	100.0%	\$ 77,032	\$ 165,653	-53.5%	\$ -	100.0%
Benefits	4,377	8,185	-46.5%	-	100.0%	20,251	47,519	-57.4%	-	100.0%
Physician Services	50,654	42,492	19.2%	-	100.0%	275,688	254,952	8.1%	-	100.0%
Cost of Drugs Sold	31,986	-	0.0%	-	0.0%	86,105	-	100.0%	-	100.0%
Supplies	1,668	14,925	-88.8%	-	100.0%	11,977	82,010	-85.4%	-	100.0%
Utilities	-	2,789	-100.0%	-	100.0%	-	16,734	-100.0%	-	100.0%
Repairs and Maintenance	-	417	-100.0%	-	100.0%	-	2,502	-100.0%	-	100.0%
Other Expense	-	417	-100.0%	-	0.0%	-	2,502	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 105,597	\$ 99,871	5.7%	\$ -	100.0%	\$ 471,052	\$ 574,872	-18.1%	\$ -	100.0%
Depreciation/Amortization	\$ 75	\$ -	0.0%	\$ -	100.0%	\$ 449	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 105,672	\$ 99,871	5.8%	\$ -	100.0%	\$ 471,501	\$ 574,872	-18.0%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ (43,693)	\$ (644)	6684.6%	\$ -	100.0%	\$ (42,022)	\$ (29,612)	41.9%	\$ -	100.0%
Operating Margin	-70.50%	-0.65%	10761.9%	0.00%	100.0%	-9.78%	-5.43%	80.2%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	743	707	5.1%	-	0.0%	4,052	3,885	4.3%	-	0.0%
Total Visits	743	707	5.1%	-	0.0%	4,052	3,885	4.3%	-	0.0%
Average Revenue per Office Visit	393.84	305.00	29.1%	-	0.0%	382.49	305.00	25.4%	-	0.0%
Hospital FTE's (Salaries and Wages)	5.1	9.0	-43.2%	-	0.0%	4.3	8.5	-49.0%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
MARCH 2022**

	MONTHLY REVENUE					YTD REVENUE				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 32,433	\$ 36,176	\$ -	\$ 68,609	10.8%	\$ 229,021	\$ 208,832	\$ (801)	\$ 437,051	12.4%
Medicaid	43,457	30,902	178,523	252,882	39.8%	257,465	234,346	919,992	1,411,803	40.1%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	26,896	50,572	103,910	181,378	28.5%	166,560	209,095	576,710	952,364	27.0%
Self Pay	55,856	43,573	8,023	107,453	16.9%	371,156	203,756	40,627	615,539	17.5%
Other	7,893	15,393	2,163	25,450	4.0%	43,796	50,763	13,333	107,891	3.1%
Total	\$ 166,535	\$ 176,616	\$ 292,620	\$ 635,771	100.0%	\$ 1,067,997	\$ 906,792	\$ 1,549,860	\$ 3,524,648	100.0%

	MONTHLY PAYMENTS					YEAR TO DATE PAYMENTS				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 16,972	\$ 12,130	-	\$ 29,102	12.9%	\$ 100,662	\$ 86,848	\$ -	\$ 187,510	16.4%
Medicaid	22,742	20,106	70,650	113,498	50.2%	96,417	83,042	261,285	440,745	38.6%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	7,866	10,312	41,122	59,300	26.2%	61,795	70,640	234,149	366,584	32.1%
Self Pay	10,092	10,214	3,175	23,482	10.4%	56,809	39,144	34,118	130,071	11.4%
Other	34	(59)	856	832	0.4%	7,919	5,582	3,924	17,425	1.5%
Total	\$ 57,706	\$ 52,704	\$ 115,804	\$ 226,214	100.0%	\$ 323,603	\$ 285,257	\$ 533,476	\$ 1,142,336	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
MARCH 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%						
Medicare	\$ 32,433	19.5%	\$ 55,920	13.7%	\$ 229,021	21.4%	\$ 476,920	15.7%
Medicaid	43,457	26.1%	166,030	40.9%	257,465	24.1%	1,349,875	44.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	26,896	16.2%	54,247	13.3%	166,560	15.6%	424,521	14.0%
Self Pay	55,856	33.5%	116,013	28.5%	371,156	34.8%	687,343	22.6%
Other	7,893	4.7%	14,766	3.6%	43,796	4.1%	97,393	3.2%
TOTAL	\$ 166,535	100.0%	\$ 406,977	100.0%	\$ 1,067,997	100.0%	\$ 3,036,053	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	16,972	29.4%	\$ 23,238	19.2%	\$ 100,662	31.1%	\$ 156,532	19.4%
Medicaid	22,742	39.4%	53,998	44.5%	96,417	29.8%	404,168	50.1%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	7,866	13.6%	26,438	21.8%	61,795	19.1%	120,526	15.0%
Self Pay	10,092	17.5%	17,303	14.3%	56,809	17.6%	120,641	15.0%
Other	34	0.1%	286	0.2%	7,919	2.4%	4,212	0.5%
TOTAL	\$ 57,706	100.0%	\$ 121,263	100.0%	\$ 323,603	100.0%	\$ 806,079	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
MARCH 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%						
Medicare	\$ 36,176	20.5%	\$ 43,540	28.1%	\$ 208,832	23.0%	\$ 61,824	28.1%
Medicaid	30,902	17.5%	\$ 43,134	27.8%	234,346	25.9%	63,851	29.1%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	50,572	28.6%	\$ 32,346	20.9%	209,095	23.1%	52,402	23.8%
Self Pay	43,573	24.7%	\$ 34,019	21.9%	203,756	22.4%	35,629	16.2%
Other	15,393	8.7%	\$ 2,087	1.3%	50,763	5.6%	6,087	2.8%
TOTAL	\$ 176,616	100.0%	\$ 155,126	100.0%	\$ 906,792	100.0%	\$ 219,793	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 12,130	23.0%	\$ 1,479	6.5%	\$ 86,848	30.4%	\$ 5,647	8.8%
Medicaid	20,106	38.1%	4,328	19.1%	\$ 83,042	29.1%	8,517	13.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	10,312	19.6%	12,328	54.3%	70,640	24.8%	36,650	57.4%
Self Pay	10,214	19.4%	4,565	20.1%	39,144	13.7%	12,817	20.1%
Other	(59)	-0.1%	-	0.0%	5,582	2.0%	179	0.3%
TOTAL	\$ 52,704	100.0%	\$ 22,701	100.0%	\$ 285,256	100.0%	\$ 63,810	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
MARCH 2022**

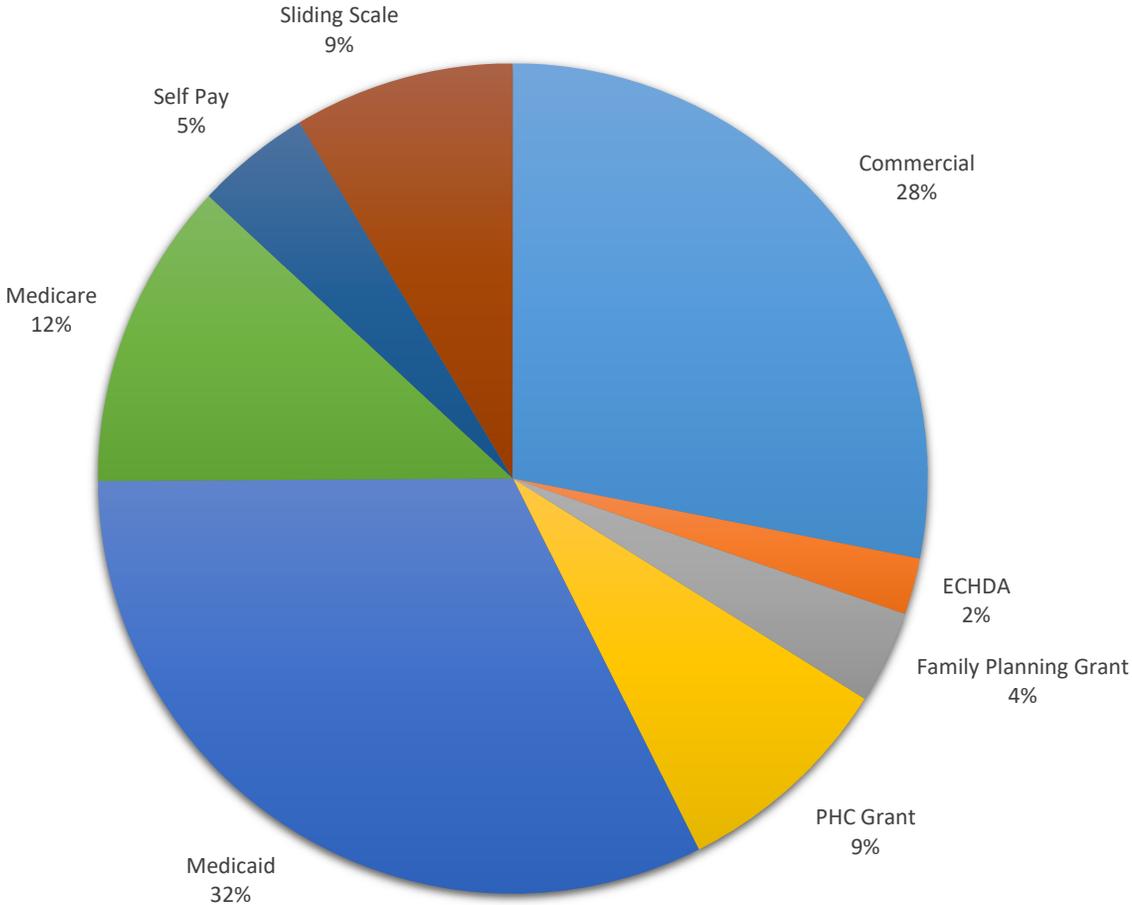
REVENUE BY PAYOR

	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%	\$ (801)	-0.1%	\$ -	0.0%
Medicaid	178,523	61.1%	\$ -	0.0%	919,992	59.4%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	103,910	35.5%	\$ -	0.0%	576,710	37.2%	-	0.0%
Self Pay	8,023	2.7%	\$ -	0.0%	40,627	2.6%	-	0.0%
Other	2,163	0.7%	\$ -	0.0%	13,333	0.9%	-	0.0%
TOTAL	\$ 292,620	100.0%	\$ -	0.0%	\$ 1,549,860	100.0%	\$ -	0.0%

PAYMENTS BY PAYOR

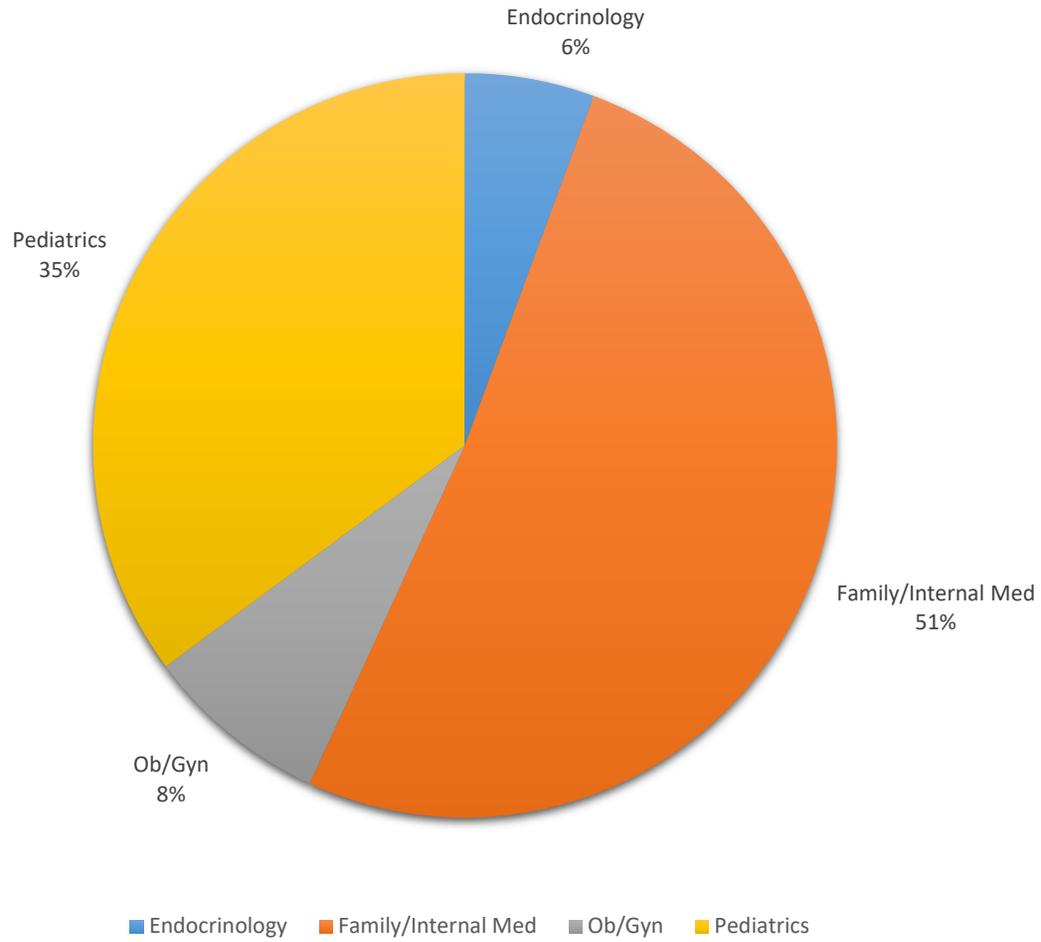
	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	70,650	61.1%	-	0.0%	261,285	49.0%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	41,122	35.5%	-	0.0%	234,149	43.9%	-	0.0%
Self Pay	3,175	2.7%	-	0.0%	34,118	6.4%	-	0.0%
Other	856	0.7%	-	0.0%	3,924	0.7%	-	0.0%
TOTAL	\$ 115,804	100.0%	\$ -	0.0%	\$ 533,477	100.0%	\$ -	0.0%

FHC March Visits by Financial Class



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

FHC March Visits By Service



FHC Executive Director's Report-May 2022

- **Staffing Update:** The Family Health Clinic has the following active open positions: 2 LVNs
- **Telehealth Update:** For the month of March, telehealth visits accounted for 2% of the Clinic's total visits. We continue to provide telehealth services as an alternative option for sick and follow up visits.
- **Provider Update:** Our Healthy Kids Clinic is currently looking for a pediatric nurse practitioner to join our pediatric team. Tammy Trollope, FNP, started April 4, 2022, she is practicing at our Clements location.
- **COVID 19 Testing and Vaccines:** The Family Health Clinic has implemented point of care COVID 19 testing capabilities at all three of our health centers. We are also in the process of implementing COVID 19 vaccine capabilities within our three locations. We intend to focus our COVID testing and vaccine efforts on our current FHC patient populations.



MEMORANDUM

TO: Russell Tippin, President and Chief Executive Officer

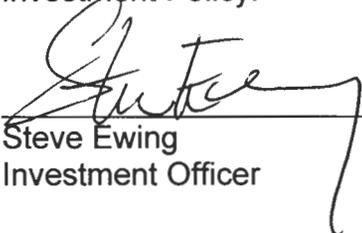
FROM: Steve Ewing, Chief Financial Officer

RE: **Quarterly Investment Report – Second Quarter 2022**

DATE: May 3, 2022

The Investment Report of Ector County Hospital District for the second quarter ended March 31, 2022, will be presented at the Finance Committee meeting May 3, 2022. This report was prepared to provide the Hospital President and Chief Financial Officer and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the second quarter of fiscal 2022 met the requirements of the Investment Policy and the Public Funds Investment Act.

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



Steve Ewing
Investment Officer

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
MARCH 2022**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	990	1,099	-9.9%	1,044	-5.2%	5,881	5,981	-1.7%	5,957	-1.3%
Neonatal ICU (NICU)	31	27	14.8%	10	210.0%	131	150	-12.7%	143	-8.4%
Total Admissions	1,021	1,126	-9.3%	1,054	-3.1%	6,012	6,131	-1.9%	6,100	-1.4%
Patient Days										
Adult & Pediatric	4,219	4,042	4.4%	4,345	-2.9%	27,920	21,995	26.9%	25,957	7.6%
ICU	441	439	0.5%	467	-5.6%	2,900	2,389	21.4%	2,654	9.3%
CCU	356	316	12.7%	314	13.4%	2,411	1,718	40.3%	2,388	1.0%
NICU	337	423	-20.3%	280	20.4%	1,480	2,302	-35.7%	1,922	-23.0%
Total Patient Days	5,353	5,220	2.5%	5,406	-1.0%	34,711	28,404	22.2%	32,921	5.4%
Observation (Obs) Days	454	501	-9.4%	358	26.8%	2,338	2,767	-15.5%	2,945	-20.6%
Nursery Days	288	197	46.2%	262	9.9%	1,701	1,182	43.9%	1,625	4.7%
Total Occupied Beds / Bassinets	6,095	5,918	3.0%	6,026	1.1%	38,750	32,353	19.8%	37,491	3.4%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	5.07	4.36	16.1%	4.91	3.2%	5.65	4.36	29.5%	5.20	8.6%
NICU	10.87	15.67	-30.6%	28.00	-61.2%	11.30	15.35	-26.4%	13.44	-15.9%
Total ALOS	5.24	4.64	13.1%	5.13	2.2%	5.77	4.63	24.6%	5.40	7.0%
Acute / Adult & Pediatric w/o OB	5.89			5.74	2.6%	6.53			6.14	6.4%
Average Daily Census	172.7	168.4	2.5%	174.4	-1.0%	190.7	156.1	22.2%	179.9	6.0%
Hospital Case Mix Index (CMI)	1.6191	1.5386	5.2%	1.7013	-4.8%	1.7269	1.5386	12.2%	1.7655	-2.2%
Medicare										
Admissions	341	405	-15.8%	387	-11.9%	2,095	2,205	-5.0%	2,146	-2.4%
Patient Days	2,270	2,066	9.9%	2,162	5.0%	14,493	11,241	28.9%	13,362	8.5%
Average Length of Stay	6.66	5.10	30.5%	5.59	19.2%	6.92	5.10	35.7%	6.23	11.1%
Case Mix Index	1.8791	1.9446	-3%	2.0179	-6.9%	1.9981	1.9446	3%	2.0983	-4.8%
Medicaid										
Admissions	124	141	-12.1%	125	-0.8%	799	767	4.2%	804	-0.6%
Patient Days	590	586	0.7%	704	-16.2%	3,778	3,186	18.6%	3,650	3.5%
Average Length of Stay	4.76	4.16	14.5%	5.63	-15.5%	4.73	4.15	13.8%	4.54	4.2%
Case Mix Index	1.1707	0.9632	22%	1.2274	-4.6%	1.2117	0.9632	26%	1.1825	2.5%
Commercial										
Admissions	317	301	5.3%	289	9.7%	1,684	1,637	2.9%	1,670	0.8%
Patient Days	1,410	1,259	12.0%	1,358	3.8%	8,251	6,849	20.5%	8,161	1.1%
Average Length of Stay	4.45	4.18	6.3%	4.70	-5.3%	4.90	4.18	17.1%	4.89	0.3%
Case Mix Index	1.4982	1.5059	-0.5%	1.6688	-10.2%	1.6835	1.5059	11.8%	1.7155	-1.9%
Self Pay										
Admissions	213	251	-15.1%	232	-8.2%	1,297	1,365	-5.0%	1,334	-2.8%
Patient Days	968	1,170	-17.3%	1,085	-10.8%	7,315	6,366	14.9%	6,962	5.1%
Average Length of Stay	4.54	4.66	-2.5%	4.68	-2.8%	5.64	4.66	20.9%	5.22	8.1%
Case Mix Index	1.5239	1.5823	-3.7%	1.3790	10.5%	1.5931	1.5823	0.7%	1.5666	1.7%
All Other										
Admissions	26	29	-10.3%	21	23.8%	137	157	-12.7%	146	-6.2%
Patient Days	115	140	-17.9%	97	18.6%	874	761	14.8%	786	11.2%
Average Length of Stay	4.42	4.83	-8.4%	4.62	-4.2%	6.38	4.85	31.6%	5.38	18.5%
Case Mix Index	2.0168	1.8985	6.2%	2.4868	-18.9%	2.0352	1.8985	7.2%	1.9939	2.1%
Radiology										
InPatient	4,239	3,946	7.4%	3,799	11.6%	26,091	21,472	21.5%	24,162	8.0%
OutPatient	8,011	7,759	3.2%	7,883	1.6%	43,044	42,822	0.5%	39,574	8.8%
Cath Lab										
InPatient	553	522	5.9%	723	-23.5%	3,017	2,840	6.2%	3,130	-3.6%
OutPatient	505	720	-29.9%	683	-26.1%	2,695	3,973	-32.2%	3,500	-23.0%
Laboratory										
InPatient	76,218	67,259	13.3%	71,217	7.0%	473,611	365,979	29.4%	459,754	3.0%
OutPatient	63,411	58,437	8.5%	58,128	9.1%	360,470	322,568	11.8%	323,076	11.6%
Other										
Deliveries	203	165	23.0%	144	41.0%	1,101	896	22.9%	982	12.1%
Surgical Cases										
InPatient	196	275	-28.7%	243	-19.3%	1,274	1,495	-14.8%	1,277	-0.2%
OutPatient	540	602	-10.3%	530	1.9%	3,069	3,319	-7.5%	2,751	11.6%
Total Surgical Cases	736	877	-16.1%	773	-4.8%	4,343	4,814	-9.8%	4,028	7.8%
GI Procedures (Endo)										
InPatient	131	156	-16.0%	124	5.6%	830	847	-2.0%	574	44.6%
OutPatient	184	237	-22.4%	141	30.5%	826	1,308	-36.9%	693	19.2%
Total GI Procedures	315	393	-19.8%	265	18.9%	1,656	2,155	-23.2%	1,267	30.7%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
MARCH 2022**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	4,129	4,378	-5.7%	3,399	21.5%	26,241	24,103	8.9%	18,664	40.6%
Observation Days	454	501	-9.4%	358	26.8%	2,338	2,767	-15.5%	2,945	-20.6%
Other O/P Occasions of Service	18,923	19,134	-1.1%	18,244	3.7%	118,269	105,615	12.0%	99,984	18.3%
Total O/P Occasions of Svc.	23,506	24,013	-2.1%	22,001	6.8%	146,848	132,485	10.8%	121,593	20.8%
Hospital Operations										
Manhours Paid	269,368	284,006	-5.2%	259,191	3.9%	1,554,258	1,626,529	-4.4%	1,522,972	2.1%
FTE's	1,520.6	1,603.3	-5.2%	1,463.2	3.9%	1,494.5	1,564.0	-4.4%	1,463.7	2.1%
Adjusted Patient Days	10,066	9,680	4.0%	10,896	-7.6%	61,489	52,924	16.2%	60,655	1.4%
Hours / Adjusted Patient Day	26.76	29.34	-8.8%	23.79	12.5%	25.28	30.73	-17.8%	27.27	-7.3%
Occupancy - Actual Beds	49.5%	48.2%	2.5%	49.0%	1.0%	54.6%	44.7%	22.2%	51.5%	6.0%
FTE's / Adjusted Occupied Bed	4.7	5.1	-8.8%	4.5	3.3%	4.4	5.4	-17.7%	4.8	-7.3%
InPatient Rehab Unit										
Admissions	-	-	0.0%	35	-100.0%	-	-	0.0%	204	-100.0%
Patient Days	-	-	0.0%	484	-100.0%	-	-	0.0%	2,680	-100.0%
Average Length of Stay	-	-	0.0%	13.8	-100.0%	-	-	0.0%	13.1	-100.0%
Manhours Paid	-	-	0.0%	88	-100.0%	-	-	0.0%	17,161	-100.0%
FTE's	-	-	0.0%	0.5	-100.0%	-	-	0.0%	9.1	-100.0%
Center for Primary Care - Clemons										
Total Medical Visits	705	1,078	-34.6%	1,306	-46.0%	4,110	5,950	-30.9%	8,354	-50.8%
Manhours Paid	2,783	2,463	13.0%	3,207	-13.2%	15,543	13,594	14.3%	19,323	-19.6%
FTE's	15.7	13.9	13.0%	18.1	-13.2%	14.9	13.1	14.3%	18.5	-19.1%
Center for Primary Care - West University										
Total Medical Visits	668	557	19.9%	452	47.8%	3,299	3,221	2.4%	587	462.0%
Manhours Paid	435	1,274	-65.9%	874	-50.3%	2,523	7,364	-65.7%	1,617	56.0%
FTE's	2.5	7.2	-65.9%	4.9	-50.3%	2.4	7.1	-65.7%	1.5	56.9%
Center for Primary Care - JBS										
Total Medical Visits	743	707	5.1%	-	0.0%	4,052	3,885	4.3%	-	0.0%
Manhours Paid	902	1,588	-43.2%	-	0.0%	4,484	8,798	-49.0%	-	0.0%
FTE's	5.1	9.0	-43.2%	-	0.0%	4.3	8.5	-49.0%	-	0.0%
Total ECHD Operations										
Total Admissions	1,021	1,126	-9.3%	1,089	-6.2%	6,012	6,131	-1.9%	6,304	-4.6%
Total Patient Days	5,353	5,220	2.5%	5,890	-9.1%	34,711	28,404	22.2%	35,601	-2.5%
Total Patient and Obs Days	5,807	5,721	1.5%	6,248	-7.1%	37,049	31,171	18.9%	38,546	-3.9%
Total FTE's	1,543.9	1,633.3	-5.5%	1,486.7	3.8%	1,516.2	1,592.6	-4.8%	1,492.8	1.6%
FTE's / Adjusted Occupied Bed	4.8	5.2	-9.1%	4.2	12.4%	4.5	5.5	-18.0%	4.5	-0.3%
Total Adjusted Patient Days	10,066	9,680	4.0%	10,896	-7.6%	61,489	52,924	16.2%	60,655	1.4%
Hours / Adjusted Patient Day	27.17	29.89	-9.1%	24.17	12.4%	25.64	31.30	-18.1%	25.74	-0.4%
Outpatient Factor	1.8804	1.8544	1.4%	1.8500	1.6%	1.7715	1.8633	-4.9%	1.7038	4.0%
Blended O/P Factor	2.0982	2.0631	1.7%	2.0968	0.1%	1.9637	2.0745	-5.3%	1.9284	1.8%
Total Adjusted Admissions	1,920	2,088	-8.1%	2,015	-4.7%	10,650	11,424	-6.8%	10,740	-0.8%
Hours / Adjusted Admission	142.45	138.56	2.8%	130.72	9.0%	148.06	144.99	2.1%	145.34	1.9%
FTE's - Hospital Contract	121.6	51.9	134.1%	26.1	365.6%	106.7	48.2	121.1%	31.7	237.0%
FTE's - Mgmt Services	21.4	53.4	-59.9%	69.7	-69.3%	43.8	53.4	-18.0%	48.3	-9.4%
Total FTE's (including Contract)	1,686.8	1,738.6	-3.0%	1,582.5	6.6%	1,666.6	1,694.2	-1.6%	1,572.8	6.0%
Total FTE'S per Adjusted Occupied Bed (including Contract)	5.2	5.6	-6.7%	4.5	15.4%	4.9	5.8	-15.3%	4.7	4.0%
ProCare FTEs	215.9	239.5	-9.9%	211.5	2.1%	212.8	237.4	-10.3%	205.2	3.7%
Total System FTEs	1,902.7	1,978.1	-3.8%	1,794.1	6.1%	1,879.5	1,931.6	-2.7%	1,778.0	5.7%
Urgent Care Visits										
JBS Clinic	1,467	1,929	-24.0%	574	155.6%	12,997	10,653	22.0%	3,303	293.5%
West University	803	2,112	-62.0%	546	47.1%	9,787	11,655	-16.0%	4,954	97.6%
42nd Street	-	2,790	-100.0%	681	-100.0%	9	15,399	-99.9%	7,039	-99.9%
Total Urgent Care Visits	2,270	6,831	-66.8%	1,801	26.0%	22,793	37,707	-39.6%	15,296	49.0%
Wal-Mart Clinic Visits										
East Clinic	156	168	-7.1%	168	-7.1%	1,629	889	83.2%	889	83.2%
West Clinic	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Total Wal-Mart Visits	156	168	-7.1%	168	-7.1%	1,629	889	83.2%	889	83.2%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
MARCH 2022**

	ECTOR COUNTY HOSPITAL DISTRICT		
	HOSPITAL	PRO CARE	HOSPITAL DISTRICT
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 61,346,625	\$ 5,000	\$ 61,351,625
Investments	70,107,894	-	70,107,894
Patient Accounts Receivable - Gross	238,776,347	23,581,031	262,357,378
Less: 3rd Party Allowances	(156,063,243)	(9,548,087)	(165,611,330)
Bad Debt Allowance	(52,814,543)	(8,829,659)	(61,644,201)
Net Patient Accounts Receivable	29,898,562	5,203,285	35,101,847
Taxes Receivable	9,983,185	-	9,983,185
Accounts Receivable - Other	7,327,945	38,499	7,366,444
Inventories	8,612,714	450,138	9,062,852
Prepaid Expenses	4,117,165	145,273	4,262,438
Total Current Assets	191,394,089	5,842,196	197,236,285
CAPITAL ASSETS:			
Property and Equipment	496,786,213	393,970	497,180,182
Construction in Progress	2,638,819	-	2,638,819
	499,425,032	393,970	499,819,002
Less: Accumulated Depreciation and Amortization	(333,588,291)	(296,786)	(333,885,077)
Total Capital Assets	165,836,741	97,184	165,933,925
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	4,896	-	4,896
Restricted Assets Held in Endowment	6,213,235	-	6,213,235
Restricted TPC, LLC	1,784,008	-	1,784,008
Restricted MCH West Texas Services	2,351,198	-	2,351,198
Pension, Deferred Outflows of Resources	29,138,210	-	29,138,210
Assets whose use is Limited	-	110,004	110,004
TOTAL ASSETS	\$ 396,722,377	\$ 6,049,383	\$ 402,771,759
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	\$ 2,405,874	\$ -	\$ 2,405,874
Self-Insurance Liability - Current Portion	2,551,188	-	2,551,188
Accounts Payable	28,313,289	882,714	29,196,003
A/R Credit Balances	2,912,912	-	2,912,912
Accrued Interest	29,434	-	29,434
Accrued Salaries and Wages	3,613,593	4,885,863	8,499,456
Accrued Compensated Absences	4,299,903	-	4,299,903
Due to Third Party Payors	8,271,270	-	8,271,270
Deferred Revenue	10,777,269	313,636	11,090,905
Total Current Liabilities	63,174,732	6,082,214	69,256,945
ACCRUED POST RETIREMENT BENEFITS	88,049,913	-	88,049,913
SELF-INSURANCE LIABILITIES - Less Current Portion	1,476,505	-	1,476,505
LONG-TERM DEBT - Less Current Maturities	53,426,785	-	53,426,785
Total Liabilities	206,127,935	6,082,214	212,210,149
FUND BALANCE	190,594,441	(32,831)	190,561,611
TOTAL LIABILITIES AND FUND BALANCE	\$ 396,722,377	\$ 6,049,383	\$ 402,771,759

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
MARCH 2022**

	CURRENT YEAR	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
		HOSPITAL Audited	PRO CARE Audited	
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 61,351,625	\$ 51,186,029	\$ 4,500	\$ 10,161,096
Investments	70,107,894	63,929,700	-	6,178,194
Patient Accounts Receivable - Gross	262,357,378	238,367,515	23,207,991	781,873
Less: 3rd Party Allowances	(165,611,330)	(153,865,506)	(10,248,128)	(1,497,696)
Bad Debt Allowance	(61,644,201)	(53,122,125)	(8,592,762)	70,685
Net Patient Accounts Receivable	35,101,847	31,379,884	4,367,101	(645,138)
Taxes Receivable	9,983,185	8,121,560	-	1,861,625
Accounts Receivable - Other	7,366,444	15,670,402	36,244	(8,340,202)
Inventories	9,062,852	7,642,276	420,138	1,000,438
Prepaid Expenses	4,262,438	3,223,336	159,539	879,564
Total Current Assets	197,236,285	181,153,187	4,987,522	11,095,576
CAPITAL ASSETS:				
Property and Equipment	497,180,182	494,009,653	393,970	2,776,560
Construction in Progress	2,638,819	886,158	-	1,752,662
	499,819,002	494,895,810	393,970	4,529,222
Less: Accumulated Depreciation and Amortization	(333,885,077)	(324,671,790)	(288,301)	(8,924,986)
Total Capital Assets	165,933,925	170,224,021	105,668	(4,395,764)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	4,896	4,896	-	-
Restricted Assets Held in Endowment	6,213,235	6,303,870	-	(90,635)
Restricted MCH West Texas Services	2,351,198	2,322,472	-	28,726
Pension, Deferred Outflows of Resources	29,138,210	29,138,210	-	-
Assets whose use is Limited	110,004	-	97,008	12,996
TOTAL ASSETS	\$ 402,771,759	\$ 391,022,321	\$ 5,190,198	\$ 6,559,241
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	\$ 2,405,874	\$ 2,556,272	\$ -	\$ (150,398)
Self-Insurance Liability - Current Portion	2,551,188	2,551,189	-	(1)
Accounts Payable	29,196,003	16,754,399	720,459	11,721,145
A/R Credit Balances	2,912,912	2,342,858	-	570,053
Accrued Interest	29,434	19,294	-	10,140
Accrued Salaries and Wages	8,499,456	4,066,267	4,173,631	259,558
Accrued Compensated Absences	4,299,903	4,151,036	-	148,867
Due to Third Party Payors	8,271,270	15,144,253	-	(6,872,983)
Deferred Revenue	11,090,905	1,110,947	328,939	9,651,020
Total Current Liabilities	69,256,945	48,696,516	5,223,028	15,337,401
ACCRUED POST RETIREMENT BENEFITS	88,049,913	84,851,830	-	3,198,084
SELF-INSURANCE LIABILITIES - Less Current Portion	1,476,505	1,476,505	-	-
LONG-TERM DEBT - Less Current Maturities	53,426,785	54,100,003	-	(673,218)
Total Liabilities	212,210,149	189,124,854	5,223,028	17,862,267
FUND BALANCE	190,561,611	201,897,467	(32,831)	(11,303,026)
TOTAL LIABILITIES AND FUND BALANCE	\$ 402,771,759	\$ 391,022,321	\$ 5,190,198	\$ 6,559,241

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
MARCH 2022**

	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	\$ 53,998,671	\$ 55,646,890	-3.0%	\$ 52,672,101	2.5%	\$ 342,013,110	\$ 304,890,692	12.2%	\$ 327,514,716	4.4%
Outpatient Revenue	59,300,367	59,158,392	0.2%	57,769,162	2.7%	329,607,391	327,591,757	0.6%	304,066,622	8.4%
TOTAL PATIENT REVENUE	\$ 113,299,038	\$ 114,805,282	-1.3%	\$ 110,441,263	2.6%	\$ 671,620,501	\$ 632,482,449	6.2%	\$ 631,581,338	6.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 73,280,184	\$ 70,273,422	4.3%	\$ 67,976,757	7.8%	\$ 434,662,995	\$ 387,278,409	12.2%	\$ 383,902,590	13.2%
Policy Adjustments	1,060,401	2,063,846	-48.6%	784,649	35.1%	6,026,705	11,375,451	-47.0%	20,885,740	-71.1%
Uninsured Discount	8,861,078	10,707,791	-17.2%	6,798,636	30.3%	48,154,758	59,031,177	-18.4%	51,461,398	-6.4%
Indigent	1,825,436	1,848,542	-1.2%	2,067,068	-11.7%	7,730,085	10,178,753	-24.1%	9,098,866	-15.0%
Provision for Bad Debts	5,759,500	6,094,055	-5.5%	9,747,907	-40.9%	42,298,988	33,856,214	24.9%	35,392,390	19.5%
TOTAL REVENUE DEDUCTIONS	\$ 90,786,598	\$ 90,987,656	-0.2%	\$ 87,375,017	3.9%	\$ 538,873,531	\$ 501,720,004	7.4%	\$ 500,740,985	7.6%
	80.13%	79.25%		79.11%		80.23%	79.33%		79.28%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,770,198	\$ 1,892,772	-6.5%	\$ 1,813,563	-2.4%	\$ 10,621,186	\$ 11,356,632	-6.5%	\$ 11,652,685	-8.9%
DSRIP	1,282,780	1,282,780	0.0%	547,173	134.4%	7,696,680	7,696,680	0.0%	3,283,038	134.4%
TOTAL OTHER PATIENT REVENUE	\$ 3,052,978	\$ 3,175,552	-3.9%	\$ 2,360,736	29.3%	\$ 18,317,866	\$ 19,053,312	-3.9%	\$ 14,935,723	22.6%
NET PATIENT REVENUE	\$ 25,565,418	\$ 26,993,178	-5.3%	\$ 25,426,982	0.5%	\$ 151,064,836	\$ 149,815,757	0.8%	\$ 145,776,076	3.6%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 7,387,311	\$ 5,218,089	41.6%	\$ 4,616,519	60.0%	\$ 37,072,042	\$ 32,756,664	13.2%	\$ 30,680,559	20.8%
Other Revenue	859,417	865,363	-0.7%	1,035,961	-17.0%	5,366,921	5,232,267	2.6%	5,568,055	-3.6%
TOTAL OTHER REVENUE	\$ 8,246,729	\$ 6,083,452	35.6%	\$ 5,652,480	45.9%	\$ 42,438,963	\$ 37,988,931	11.7%	\$ 36,248,614	17.1%
NET OPERATING REVENUE	\$ 33,812,146	\$ 33,076,630	2.2%	\$ 31,079,462	8.8%	\$ 193,503,799	\$ 187,804,688	3.0%	\$ 182,024,690	6.3%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 13,189,919	\$ 13,796,655	-4.4%	\$ 12,907,003	2.2%	\$ 79,061,041	\$ 78,537,190	0.7%	\$ 75,839,929	4.2%
Benefits	2,746,915	3,013,232	-8.8%	2,799,037	-1.9%	17,062,416	17,976,182	-5.1%	16,357,524	4.3%
Temporary Labor	3,329,620	1,109,095	200.2%	698,606	376.6%	18,674,656	6,156,009	203.4%	4,609,373	305.1%
Physician Fees	1,464,724	1,259,979	16.2%	1,483,890	-1.3%	8,652,854	7,559,874	14.5%	8,300,984	4.2%
Texas Tech Support	833,639	885,637	-5.9%	847,699	-1.7%	5,145,413	5,313,822	-3.2%	5,120,732	0.5%
Purchased Services	3,991,292	4,323,760	-7.7%	3,882,289	2.8%	26,044,190	25,929,454	0.4%	23,850,814	9.2%
Supplies	5,660,187	5,327,957	6.2%	5,234,674	8.1%	31,885,056	29,818,043	6.9%	30,097,367	5.9%
Utilities	386,304	329,908	17.1%	327,749	17.9%	2,000,504	1,938,436	3.2%	1,923,868	4.0%
Repairs and Maintenance	715,586	803,372	-10.9%	889,690	-19.6%	5,243,993	4,818,532	8.8%	4,411,952	18.9%
Leases and Rent	171,551	154,006	11.4%	255,294	-32.8%	1,719,571	914,576	88.0%	1,088,477	58.0%
Insurance	123,004	156,479	-21.4%	145,607	-15.5%	908,092	937,076	-3.1%	879,403	3.3%
Interest Expense	70,793	133,005	-46.8%	108,025	-34.5%	539,086	800,733	-32.7%	644,082	-16.3%
ECHDA	235,828	200,924	17.4%	205,770	14.6%	1,037,731	1,205,544	-13.9%	1,191,225	-12.9%
Other Expense	203,142	183,077	11.0%	154,796	31.2%	1,372,151	1,072,686	27.9%	845,760	62.2%
TOTAL OPERATING EXPENSES	\$ 33,122,505	\$ 31,677,086	4.6%	\$ 29,940,028	10.6%	\$ 199,346,755	\$ 182,978,157	8.9%	\$ 175,161,492	13.8%
Depreciation/Amortization	\$ 1,642,815	\$ 1,611,589	1.9%	\$ 1,570,120	4.6%	\$ 9,953,864	\$ 9,462,653	5.2%	\$ 9,473,615	5.1%
(Gain) Loss on Sale of Assets	-	681	-100.0%	-	0.0%	7,515	4,086	83.9%	700	973.5%
TOTAL OPERATING COSTS	\$ 34,765,319	\$ 33,289,356	4.4%	\$ 31,510,148	10.3%	\$ 209,308,134	\$ 192,444,896	8.8%	\$ 184,635,807	13.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (953,173)	\$ (212,726)	-348.1%	\$ (430,686)	-121.3%	\$ (15,804,335)	\$ (4,640,208)	240.6%	\$ (2,611,117)	505.3%
Operating Margin	-2.82%	-0.64%	338.3%	-1.39%	103.4%	-8.17%	-2.47%	230.6%	-1.43%	469.4%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 44,351	\$ 17,785	149.4%	\$ 4,091	984.0%	\$ 134,350	\$ 106,710	25.9%	\$ 33,500	301.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	11,772	-100.0%	-	-	-	70,632	-100.0%	1,675	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	6,113,607	-	0.0%	-	0.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (908,821)	\$ (183,169)	-396.2%	\$ (426,595)	-113.0%	\$ (9,556,379)	\$ (4,462,866)	-114.1%	\$ (2,575,942)	-271.0%
Unrealized Gain/(Loss) on Investments	\$ (948,914)	\$ (9,360)	0.0%	\$ (11,594)	8084.4%	\$ (1,775,374)	\$ (56,160)	0.0%	\$ (17,911)	9812.4%
Investment in Subsidiaries	23,375	124,344	-81.2%	(8,839)	-364.4%	28,726	746,064	-96.1%	8,661	231.7%
CHANGE IN NET POSITION	\$ (1,834,361)	\$ (68,185)	-2590.3%	\$ (447,028)	-310.3%	\$ (11,303,026)	\$ (3,772,962)	-199.6%	\$ (2,585,192)	-337.2%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
MARCH 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	\$ 53,998,671	\$ 55,646,890	-3.0%	\$ 52,672,101	2.5%	\$ 342,013,110	\$ 304,890,692	12.2%	\$ 327,514,716	4.4%
Outpatient Revenue	47,540,121	47,547,438	0.0%	44,771,103	6.2%	263,852,209	263,197,015	0.2%	230,491,050	14.5%
TOTAL PATIENT REVENUE	\$ 101,538,792	\$ 103,194,328	-1.6%	\$ 97,443,204	4.2%	\$ 605,865,319	\$ 568,087,707	6.6%	\$ 558,005,766	8.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 67,218,240	\$ 65,065,148	3.3%	\$ 61,656,703	9.0%	\$ 401,735,790	\$ 358,021,760	12.2%	\$ 349,695,798	14.9%
Policy Adjustments	331,520	1,025,011	-67.7%	(635,158)	-152.2%	1,999,732	5,622,391	-64.4%	12,490,203	-84.0%
Uninsured Discount	8,391,617	10,018,066	-16.2%	6,174,495	35.9%	45,491,272	55,187,099	-17.6%	46,675,230	-2.5%
Indigent Care	1,824,659	1,833,786	-0.5%	2,059,115	-11.4%	7,691,096	10,099,065	-23.8%	9,067,540	-15.2%
Provision for Bad Debts	5,041,235	5,226,535	-3.5%	8,761,261	-42.5%	36,833,505	28,769,736	28.0%	30,021,590	22.7%
TOTAL REVENUE DEDUCTIONS	\$ 82,807,271	\$ 83,168,546	-0.4%	\$ 78,016,415	6.1%	\$ 493,751,396	\$ 457,700,051	7.9%	\$ 447,950,362	10.2%
	81.55%	80.59%		80.06%		81.50%	80.57%		80.28%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 1,770,198	\$ 1,892,772	-6.5%	\$ 1,813,563	-2.4%	\$ 10,621,186	\$ 11,356,632	-6.5%	\$ 11,652,685	-8.9%
DSRIP	1,282,780	1,282,780	0.0%	547,173	134.4%	7,696,680	7,696,680	0.0%	3,283,038	134.4%
TOTAL OTHER PATIENT REVENUE	\$ 3,052,978	\$ 3,175,552	-3.9%	\$ 2,360,736	29.3%	\$ 18,317,866	\$ 19,053,312	-3.9%	\$ 14,935,723	22.6%
NET PATIENT REVENUE	\$ 21,784,499	\$ 23,201,334	-6.1%	\$ 21,787,525	0.0%	\$ 130,431,790	\$ 129,440,968	0.8%	\$ 124,991,127	4.4%
OTHER REVENUE										
Tax Revenue	\$ 7,387,311	\$ 5,218,089	41.6%	\$ 4,616,519	60.0%	\$ 37,072,042	\$ 32,756,664	13.2%	\$ 30,680,559	20.8%
Other Revenue	686,697	671,501	2.3%	890,752	-22.9%	4,063,009	4,015,895	1.2%	4,240,040	-4.2%
TOTAL OTHER REVENUE	\$ 8,074,008	\$ 5,889,590	37.1%	\$ 5,507,271	46.6%	\$ 41,135,051	\$ 36,772,559	11.9%	\$ 34,920,599	17.8%
NET OPERATING REVENUE	\$ 29,858,507	\$ 29,090,924	2.6%	\$ 27,294,796	9.4%	\$ 171,566,841	\$ 166,213,527	3.2%	\$ 159,911,726	7.3%
OPERATING EXPENSE										
Salaries and Wages	\$ 9,030,526	\$ 9,481,865	-4.8%	\$ 8,738,141	3.3%	\$ 54,838,849	\$ 53,369,750	2.8%	\$ 52,591,530	4.3%
Benefits	2,336,978	2,574,572	-9.2%	2,380,348	-1.8%	14,416,409	15,309,723	-5.8%	13,870,010	3.9%
Temporary Labor	2,995,526	907,978	229.9%	468,114	539.9%	17,112,083	4,949,307	245.7%	3,311,806	416.7%
Physician Fees	1,272,171	1,144,616	11.1%	1,372,114	-7.3%	7,619,671	6,867,696	10.9%	7,691,715	-0.9%
Texas Tech Support	833,639	885,637	-5.9%	847,699	-1.7%	5,145,413	5,313,822	-3.2%	5,120,732	0.5%
Purchased Services	4,062,075	4,321,582	-6.0%	3,946,811	2.9%	26,569,235	25,918,983	2.5%	24,046,063	10.5%
Supplies	5,519,635	5,175,104	6.7%	5,097,047	8.3%	31,189,567	29,091,237	7.2%	29,366,250	6.2%
Utilities	386,024	329,403	17.2%	326,798	18.1%	1,996,748	1,935,406	3.2%	1,919,838	4.0%
Repairs and Maintenance	715,586	801,267	-10.7%	889,690	-19.6%	5,241,597	4,813,902	8.9%	4,411,242	18.8%
Leases and Rentals	7,617	(7,470)	-202.0%	86,090	-91.2%	781,401	(44,820)	-1843.4%	98,640	692.2%
Insurance	74,019	103,977	-28.8%	95,300	-22.3%	608,618	623,862	-2.4%	580,843	4.8%
Interest Expense	70,793	133,005	-46.8%	108,025	-34.5%	539,086	800,733	-32.7%	644,082	-16.3%
ECHDA	235,828	200,924	17.4%	205,770	14.6%	1,037,731	1,205,544	-13.9%	1,191,225	-12.9%
Other Expense	134,902	114,539	17.8%	78,505	71.8%	1,084,891	632,825	71.4%	502,514	115.9%
TOTAL OPERATING EXPENSES	\$ 27,675,320	\$ 26,166,999	5.8%	\$ 24,640,453	12.3%	\$ 168,181,300	\$ 150,787,970	11.5%	\$ 145,346,489	15.7%
Depreciation/Amortization	\$ 1,637,977	\$ 1,603,443	2.2%	\$ 1,563,403	4.8%	\$ 9,924,221	\$ 9,413,777	5.4%	\$ 9,432,324	5.2%
(Gain)/Loss on Disposal of Assets	-	681	-100.0%	-	0.0%	-	4,086	100.0%	700	-100.0%
TOTAL OPERATING COSTS	\$ 29,313,297	\$ 27,771,123	5.6%	\$ 26,203,856	11.9%	\$ 178,105,521	\$ 160,205,833	11.2%	\$ 154,779,513	15.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ 545,209	\$ 1,319,801	-58.7%	\$ 1,090,940	50.0%	\$ (6,538,680)	\$ 6,007,694	-208.8%	\$ 5,132,212	-227.4%
Operating Margin	1.83%	4.54%	-59.8%	4.00%	-54.3%	-3.81%	3.61%	-205.4%	3.21%	-218.7%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 44,351	\$ 17,785	149.4%	\$ 4,091	984.0%	\$ 134,350	\$ 106,710	25.9%	\$ 33,500	301.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	11,772	-100.0%	-	0.0%	-	70,632	-100.0%	1,675	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	6,113,607	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 589,561	\$ 1,349,358	-56.3%	\$ 1,095,031	-46.2%	\$ (290,724)	\$ 6,185,036	-104.7%	\$ 5,167,388	-105.6%
Procure Capital Contribution	(1,498,382)	(1,532,527)	-2.2%	(1,521,626)	-1.5%	(9,265,655)	(10,647,902)	-13.0%	(7,743,329)	19.7%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (908,821)	\$ (183,169)	-396.2%	\$ (426,595)	-113.0%	\$ (9,556,379)	\$ (4,462,866)	-114.1%	\$ (2,575,942)	-271.0%
Unrealized Gain/(Loss) on Investments	\$ (948,914)	\$ (9,360)	10038.0%	\$ (11,594)	8084.4%	\$ (1,775,374)	\$ (56,160)	3061.3%	\$ (17,911)	9812.4%
Investment in Subsidiaries	23,375	124,344	-81.2%	(8,839)	-364.4%	28,726	746,064	-96.1%	8,661	231.7%
CHANGE IN NET POSITION	\$ (1,834,361)	\$ (68,185)	-2590.3%	\$ (447,028)	-310.3%	\$ (11,303,026)	\$ (3,772,962)	-199.6%	\$ (2,585,192)	-337.2%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
MARCH 2022**

	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	\$ 11,760,246	\$ 11,610,954	1.3%	\$ 12,998,059	-9.5%	\$ 65,755,182	\$ 64,394,742	2.1%	\$ 73,575,572	-10.6%
TOTAL PATIENT REVENUE	\$ 11,760,246	\$ 11,610,954	1.3%	\$ 12,998,059	-9.5%	\$ 65,755,182	\$ 64,394,742	2.1%	\$ 73,575,572	-10.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 6,061,944	\$ 5,208,274	16.4%	\$ 6,320,054	-4.1%	\$ 32,927,205	\$ 29,256,649	12.5%	\$ 34,206,792	-3.7%
Policy Adjustments	728,880	1,038,835	-29.8%	1,419,807	-48.7%	4,026,973	5,753,060	-30.0%	8,395,537	-52.0%
Uninsured Discount	469,462	689,725	-31.9%	624,142	-24.8%	2,663,486	3,844,078	-30.7%	4,786,168	-44.4%
Indigent	776	14,756	-94.7%	7,953	-90.2%	38,988	79,688	-51.1%	31,326	24.5%
Provision for Bad Debts	718,265	867,520	-17.2%	986,646	-27.2%	5,465,484	5,086,478	7.5%	5,370,800	1.8%
TOTAL REVENUE DEDUCTIONS	\$ 7,979,327	\$ 7,819,110	2.0%	\$ 9,358,602	-14.7%	\$ 45,122,135	\$ 44,019,953	2.5%	\$ 52,790,623	-14.5%
	67.85%	67.34%		72.00%		68.62%	68.36%		71.75%	
NET PATIENT REVENUE	\$ 3,780,919	\$ 3,791,844	-0.3%	\$ 3,639,457	3.9%	\$ 20,633,047	\$ 20,374,789	1.3%	\$ 20,784,949	-0.7%
						31.4%				
OTHER REVENUE										
Other Income	\$ 172,720	\$ 193,862	-10.9%	\$ 145,210	18.9%	\$ 1,303,912	\$ 1,216,372	7.2%	\$ 1,328,015	-1.8%
TOTAL OTHER REVENUE	\$ 172,720	\$ 193,862	-10.9%	\$ 145,210	18.9%	\$ 1,303,912	\$ 1,216,372	7.2%	\$ 1,328,015	-1.8%
NET OPERATING REVENUE	\$ 3,953,639	\$ 3,985,706	-0.8%	\$ 3,784,666	4.5%	\$ 21,936,959	\$ 21,591,161	1.6%	\$ 22,112,964	-0.8%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,159,393	\$ 4,314,790	-3.6%	\$ 4,168,862	-0.2%	\$ 24,222,192	\$ 25,167,440	-3.8%	\$ 23,248,400	4.2%
Benefits	409,937	438,660	-6.5%	418,688	-2.1%	2,646,007	2,666,459	-0.8%	2,487,514	6.4%
Temporary Labor	334,094	201,117	66.1%	230,491	44.9%	1,562,573	1,206,702	29.5%	1,297,567	20.4%
Physician Fees	192,552	115,363	66.9%	111,776	72.3%	1,033,184	692,178	49.3%	609,269	69.6%
Purchased Services	(70,783)	2,178	-3349.9%	(64,522)	9.7%	(525,045)	10,471	-5114.3%	(195,249)	168.9%
Supplies	140,552	152,853	-8.0%	137,527	2.2%	695,489	726,806	-4.3%	731,117	-4.9%
Utilities	280	505	-44.5%	951	-70.5%	3,756	3,030	24.0%	4,031	-6.8%
Repairs and Maintenance	-	2,105	-100.0%	-	0.0%	2,397	4,630	-48.2%	710	237.7%
Leases and Rentals	163,934	161,476	1.5%	169,203	-3.1%	938,170	959,396	-2.2%	989,837	-5.2%
Insurance	48,985	52,502	-6.7%	50,307	-2.6%	299,473	313,214	-4.4%	298,561	0.3%
Other Expense	68,240	68,538	-0.4%	76,292	-10.6%	287,259	439,861	-34.7%	343,247	-16.3%
TOTAL OPERATING EXPENSES	\$ 5,447,184	\$ 5,510,087	-1.1%	\$ 5,299,575	2.8%	\$ 31,165,455	\$ 32,190,187	-3.2%	\$ 29,815,003	4.5%
Depreciation/Amortization	\$ 4,838	\$ 8,146	-40.6%	\$ 6,718	-28.0%	\$ 29,644	\$ 48,876	-39.3%	\$ 41,291	-28.2%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	7,515	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 5,452,022	\$ 5,518,233	-1.2%	\$ 5,306,292	2.7%	\$ 31,202,614	\$ 32,239,063	-3.2%	\$ 29,856,293	4.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ (1,498,382)	\$ (1,532,527)	2.2%	\$ (1,521,626)	-1.5%	\$ (9,265,655)	\$ (10,647,902)	13.0%	\$ (7,743,329)	-19.7%
Operating Margin	-37.90%	-38.45%	-1.4%	-40.21%	-5.7%	-42.24%	-49.32%	-14.4%	-35.02%	20.6%
COVID-19 Stimulus	\$ -	\$ -		\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 1,498,382	\$ 1,532,527	-2.2%	\$ 1,521,626	-1.5%	\$ 9,265,655	\$ 10,647,902	-13.0%	\$ 7,743,329	19.7%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	9,225	10,053	-8.24%	9,952	-7.31%	52,186	49,833	4.72%	48,034	8.64%
Total Hospital Visits	5,573	5,858	-4.87%	5,680	-1.88%	35,171	32,578	7.96%	31,672	11.05%
Total Procedures	12,741	12,645	0.76%	12,298	3.60%	70,390	70,408	-0.03%	69,012	2.00%
Total Surgeries	760	804	-5.47%	799	-4.88%	4,579	4,334	5.65%	4,053	12.98%
Total Provider FTE's	89.5	99.4	-9.98%	92.6	-3.38%	90.7	98.1	-7.50%	91.9	-1.33%
Total Staff FTE's	113.4	127.1	-10.75%	107.1	5.95%	109.1	126.3	-13.65%	101.0	8.02%
Total Administrative FTE's	13.0	13.0	-0.14%	11.9	9.38%	13.1	13.0	0.53%	12.3	6.48%
Total FTE's	215.9	239.5	-9.86%	211.5	2.05%	212.8	237.4	-10.33%	205.2	3.74%

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

	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	\$ 166,535	\$ 369,799	-55.0%	\$ 406,977	-59.1%	\$ 1,067,997	\$ 2,041,096	-47.7%	\$ 3,036,053	-64.8%
TOTAL PATIENT REVENUE	\$ 166,535	\$ 369,799	-55.0%	\$ 406,977	-59.1%	\$ 1,067,997	\$ 2,041,096	-47.7%	\$ 3,036,053	-64.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 71,000	\$ 201,127	-64.7%	\$ 194,185	-63.4%	\$ 725,538	\$ 1,110,117	-34.6%	\$ 1,603,224	-54.7%
Self Pay Adjustments	55,529	57,698	-3.8%	88,896	-37.5%	162,323	318,461	-49.0%	434,073	-62.6%
Bad Debts	(10,286)	11,818	-187.0%	25,814	-139.8%	(80,518)	65,229	-223.4%	203,940	-139.5%
TOTAL REVENUE DEDUCTIONS	\$ 116,244	\$ 270,643	-57.0%	\$ 308,895	-62.4%	\$ 807,343	\$ 1,493,807	-46.0%	\$ 2,241,238	-64.0%
	69.8%	73.2%		75.9%		75.6%	73.2%		73.8%	
NET PATIENT REVENUE	\$ 50,292	\$ 99,156	-49.3%	\$ 98,081	-48.7%	\$ 260,654	\$ 547,289	-52.4%	\$ 794,815	-67.2%
OTHER REVENUE										
FHC Other Revenue	\$ 7,288	\$ 25,436	0.0%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	0.0%	\$ 168,065	-12.9%
TOTAL OTHER REVENUE	\$ 7,288	\$ 25,436	-71.3%	\$ 70,407	-89.6%	\$ 146,323	\$ 152,616	-4.1%	\$ 168,065	-12.9%
NET OPERATING REVENUE	\$ 57,580	\$ 124,592	-53.8%	\$ 168,489	-65.8%	\$ 406,977	\$ 699,905	-41.9%	\$ 962,881	-57.7%
OPERATING EXPENSE										
Salaries and Wages	\$ 70,802	\$ 64,404	9.9%	\$ 87,921	-19.5%	\$ 451,892	\$ 355,473	27.1%	\$ 512,466	-11.8%
Benefits	18,323	17,487	4.8%	23,950	-23.5%	118,797	101,971	16.5%	135,153	-12.1%
Physician Services	69,056	68,581	0.7%	106,370	-35.1%	503,364	411,486	22.3%	757,606	-33.6%
Cost of Drugs Sold	1,074	3,354	-68.0%	16,156	-93.4%	28,295	18,514	52.8%	40,214	-29.6%
Supplies	4,114	4,845	-15.1%	14,744	-72.1%	24,329	27,263	-10.8%	63,243	-61.5%
Utilities	3,230	2,291	41.0%	2,290	41.0%	17,811	17,698	0.6%	17,698	0.6%
Repairs and Maintenance	3,536	1,799	96.6%	171	1963.3%	26,975	10,794	149.9%	6,579	310.0%
Leases and Rentals	461	477	-3.3%	483	-4.5%	2,952	2,862	3.1%	2,942	0.3%
Other Expense	1,213	1,125	7.8%	8,265	-85.3%	9,548	6,750	41.5%	23,337	-59.1%
TOTAL OPERATING EXPENSES	\$ 171,809	\$ 164,363	4.5%	\$ 260,350	-34.0%	\$ 1,183,963	\$ 952,811	24.3%	\$ 1,559,238	-24.1%
Depreciation/Amortization	\$ 2,625	\$ 4,002	-34.4%	\$ 3,807	-31.0%	\$ 15,767	\$ 23,497	-32.9%	\$ 23,469	-32.8%
TOTAL OPERATING COSTS	\$ 174,434	\$ 168,365	3.6%	\$ 264,157	-34.0%	\$ 1,199,730	\$ 976,308	22.9%	\$ 1,582,707	-24.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (116,854)	\$ (43,773)	-167.0%	\$ (95,668)	-22.1%	\$ (792,754)	\$ (276,403)	-186.8%	\$ (619,826)	27.9%
Operating Margin	-202.94%	-35.13%	477.6%	-56.78%	257.4%	-194.79%	-39.49%	393.2%	-64.37%	202.6%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	705	1,078	-34.6%	1,306	-46.0%	4,110	5,950	-30.9%	8,354	-50.8%
Average Revenue per Office Visit	236.22	343.04	-31.1%	311.62	-24.2%	259.85	343.04	-24.3%	363.43	-28.5%
Hospital FTE's (Salaries and Wages)	15.7	13.9	13.0%	18.1	-13.2%	14.9	13.1	14.3%	18.6	-19.6%

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

	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	\$ 176,616	\$ 173,248	1.9%	\$ 155,126	13.9%	\$ 906,792	\$ 1,001,850	-9.5%	\$ 219,793	312.6%
TOTAL PATIENT REVENUE	\$ 176,616	\$ 173,248	1.9%	\$ 155,126	13.9%	\$ 906,792	\$ 1,001,850	-9.5%	\$ 219,793	312.6%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 94,386	\$ 98,376	-4.1%	\$ 52,947	78.3%	\$ 516,777	\$ 568,882	-9.2%	\$ 105,717	388.8%
Self Pay Adjustments	19,661	22,625	-13.1%	28,824	-31.8%	60,821	130,832	-53.5%	41,353	47.1%
Bad Debts	8,254	-	0.0%	(2,803)	-394.5%	30,923	-	0.0%	(23,266)	-232.9%
TOTAL REVENUE DEDUCTIONS	\$ 122,302	\$ 121,001	1.1%	\$ 78,969	54.9%	\$ 608,521	\$ 699,714	-13.0%	\$ 123,803	391.5%
	69.25%	69.84%		50.91%		67.11%	69.84%		56.33%	
NET PATIENT REVENUE	\$ 54,314	\$ 52,247	4.0%	\$ 76,157	-28.7%	\$ 298,271	\$ 302,136	-1.3%	\$ 95,990	210.7%
<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	\$ 54,314	\$ 52,247	4.0%	\$ 76,157	-28.7%	\$ 298,271	\$ 302,136	-1.3%	\$ 95,990	210.7%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 8,325	\$ 26,627	-68.7%	\$ 14,161	-41.2%	\$ 43,428	\$ 153,977	-71.8%	\$ 28,341	53.2%
Benefits	2,154	7,230	-70.2%	3,858	-44.2%	11,417	44,170	-74.2%	7,474	52.8%
Physician Services	59,774	45,750	30.7%	42,437	40.9%	217,541	274,500	-20.7%	75,344	188.7%
Cost of Drugs Sold	7,370	10,445	-29.4%	60	12127.8%	22,095	60,403	-63.4%	5,689	288.4%
Supplies	1,544	5,426	-71.5%	755	104.4%	13,918	31,407	-55.7%	2,076	570.4%
Utilities	3,310	3,273	1.1%	3,273	1.1%	16,006	16,859	-5.1%	16,859	-5.1%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 82,476	\$ 98,751	-16.5%	\$ 64,544	27.8%	\$ 324,404	\$ 581,316	-44.2%	\$ 135,784	138.9%
Depreciation/Amortization	\$ 25,992	\$ 29,790	-12.7%	\$ 29,324	-11.4%	\$ 156,296	\$ 174,897	-10.6%	\$ 175,947	-11.2%
TOTAL OPERATING COSTS	\$ 108,468	\$ 128,541	-15.6%	\$ 93,869	15.6%	\$ 480,700	\$ 756,213	-36.4%	\$ 311,731	54.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (54,154)	\$ (76,294)	-29.0%	\$ (17,712)	205.8%	\$ (182,429)	\$ (454,077)	-59.8%	\$ (215,741)	-15.4%
Operating Margin	-99.70%	-146.03%	-31.7%	-23.26%	328.7%	-61.16%	-150.29%	-59.3%	-224.75%	-72.8%

	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	668	557	19.9%	452	47.8%	3,299	3,221	2.4%	-	0.0%
Average Revenue per Office Visit	264.40	311.04	-15.0%	343.20	-23.0%	274.87	311.04	-11.6%	374.43	-26.6%
Hospital FTE's (Salaries and Wages)	2.5	7.2	-65.9%	4.9	-50.3%	2.4	7.1	-65.7%	1.6	56.0%

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

	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	\$ 292,620	\$ 215,635	35.7%	\$ -	100.0%	\$ 1,549,860	\$ 1,184,925	30.8%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 292,620	\$ 215,635	35.7%	\$ -	100.0%	\$ 1,549,860	\$ 1,184,925	30.8%	\$ -	100.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 196,075	\$ 86,508	126.7%	\$ -	100.0%	\$ 929,420	\$ 475,364	95.5%	\$ -	100.0%
Self Pay Adjustments	19,001	24,817	-23.4%	-	100.0%	43,924	136,369	-67.8%	-	100.0%
Bad Debts	15,563	5,083	206.2%	-	100.0%	147,036	27,932	426.4%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 230,640	\$ 116,408	98.1%	\$ -	100.0%	\$ 1,120,380	\$ 639,665	75.2%	\$ -	100.0%
	78.82%	53.98%		0.00%		72.29%	53.98%		0.00%	
NET PATIENT REVENUE	\$ 61,979	\$ 99,227	-37.5%	\$ -	100.0%	\$ 429,479	\$ 545,260	-21.2%	\$ -	100.0%
<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	\$ 61,979	\$ 99,227	-37.5%	\$ -	100.0%	\$ 429,479	\$ 545,260	-21.2%	\$ -	100.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 16,913	\$ 30,146	-43.9%	\$ -	100.0%	\$ 77,032	\$ 165,653	-53.5%	\$ -	100.0%
Benefits	4,377	8,185	-46.5%	-	100.0%	20,251	47,519	-57.4%	-	100.0%
Physician Services	50,654	42,492	19.2%	-	100.0%	275,688	254,952	8.1%	-	100.0%
Cost of Drugs Sold	31,986	-	0.0%	-	0.0%	86,105	-	100.0%	-	100.0%
Supplies	1,668	14,925	-88.8%	-	100.0%	11,977	82,010	-85.4%	-	100.0%
Utilities	-	2,789	-100.0%	-	100.0%	-	16,734	-100.0%	-	100.0%
Repairs and Maintenance	-	417	-100.0%	-	100.0%	-	2,502	-100.0%	-	100.0%
Other Expense	-	417	-100.0%	-	0.0%	-	2,502	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 105,597	\$ 99,871	5.7%	\$ -	100.0%	\$ 471,052	\$ 574,872	-18.1%	\$ -	100.0%
Depreciation/Amortization	\$ 75	\$ -	0.0%	\$ -	100.0%	\$ 449	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 105,672	\$ 99,871	5.8%	\$ -	100.0%	\$ 471,501	\$ 574,872	-18.0%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ (43,693)	\$ (644)	6684.6%	\$ -	100.0%	\$ (42,022)	\$ (29,612)	41.9%	\$ -	100.0%
Operating Margin	-70.50%	-0.65%	10761.9%	0.00%	100.0%	-9.78%	-5.43%	80.2%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	743	707	5.1%	-	0.0%	4,052	3,885	4.3%	-	0.0%
Total Visits	743	707	5.1%	-	0.0%	4,052	3,885	4.3%	-	0.0%
Average Revenue per Office Visit	393.84	305.00	29.1%	-	0.0%	382.49	305.00	25.4%	-	0.0%
Hospital FTE's (Salaries and Wages)	5.1	9.0	-43.2%	-	0.0%	4.3	8.5	-49.0%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
MARCH 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 40,286,793	39.7%	\$ 39,358,898	40.4%	\$ 237,356,370	39.2%	\$ 220,921,984	39.6%
Medicaid	12,764,157	12.6%	11,408,687	11.7%	77,493,873	12.8%	64,364,280	11.5%
Commercial	31,287,807	30.8%	28,852,141	29.6%	175,976,773	29.0%	161,782,865	29.0%
Self Pay	9,251,861	9.1%	9,111,089	9.4%	63,164,449	10.4%	64,037,288	11.5%
Other	7,948,174	7.8%	8,712,389	8.9%	51,873,854	8.6%	46,899,350	8.4%
TOTAL	\$ 101,538,792	100.0%	\$ 97,443,204	100.0%	\$ 605,865,319	100.0%	\$ 558,005,766	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,877,457	41.0%	\$ 7,920,289	39.1%	\$ 43,058,595	38.1%	\$ 43,511,024	40.8%
Medicaid	1,214,862	6.3%	2,567,395	12.7%	10,085,316	8.9%	12,169,927	11.4%
Commercial	7,106,665	36.9%	7,215,207	35.7%	43,451,692	38.6%	38,190,384	35.7%
Self Pay	1,462,506	7.6%	1,291,165	6.4%	7,215,879	6.4%	6,128,105	5.7%
Other	1,581,713	8.2%	1,236,447	6.1%	9,075,478	8.0%	6,882,029	6.4%
TOTAL	\$ 19,243,203	100.0%	\$ 20,230,503	100.0%	\$ 112,886,959	100.0%	\$ 106,881,469	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
MARCH 2022**

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	\$ 32,433	19.5%	\$ 55,920	13.7%	\$ 229,021	21.4%	\$ 476,920	15.7%
Medicaid	43,457	26.1%	166,030	40.9%	257,465	24.1%	1,349,875	44.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	26,896	16.2%	54,247	13.3%	166,560	15.6%	424,521	14.0%
Self Pay	55,856	33.5%	116,013	28.5%	371,156	34.8%	687,343	22.6%
Other	7,893	4.7%	14,766	3.6%	43,796	4.1%	97,393	3.2%
TOTAL	\$ 166,535	100.0%	\$ 406,977	100.0%	\$ 1,067,997	100.0%	\$ 3,036,053	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	16,972	29.4%	\$ 23,238	19.2%	\$ 100,662	31.1%	\$ 156,532	19.4%
Medicaid	22,742	39.4%	53,998	44.5%	96,417	29.8%	404,168	50.1%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	7,866	13.6%	26,438	21.8%	61,795	19.1%	120,526	15.0%
Self Pay	10,092	17.5%	17,303	14.3%	56,809	17.6%	120,641	15.0%
Other	34	0.1%	286	0.2%	7,919	2.4%	4,212	0.5%
TOTAL	\$ 57,706	100.0%	\$ 121,263	100.0%	\$ 323,603	100.0%	\$ 806,079	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
MARCH 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%						
Medicare	\$ 36,176	20.5%	\$ 43,540	28.1%	\$ 208,832	23.0%	\$ 61,824	28.1%
Medicaid	30,902	17.5%	\$ 43,134	27.8%	234,346	25.9%	63,851	29.1%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	50,572	28.6%	\$ 32,346	20.9%	209,095	23.1%	52,402	23.8%
Self Pay	43,573	24.7%	\$ 34,019	21.9%	203,756	22.4%	35,629	16.2%
Other	15,393	8.7%	\$ 2,087	1.3%	50,763	5.6%	6,087	2.8%
TOTAL	\$ 176,616	100.0%	\$ 155,126	100.0%	\$ 906,792	100.0%	\$ 219,793	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 12,130	23.0%	\$ 1,479	6.5%	\$ 86,848	30.4%	\$ 5,647	8.8%
Medicaid	20,106	38.1%	4,328	19.1%	\$ 83,042	29.1%	8,517	13.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	10,312	19.6%	12,328	54.3%	70,640	24.8%	36,650	57.4%
Self Pay	10,214	19.4%	4,565	20.1%	39,144	13.7%	12,817	20.1%
Other	(59)	-0.1%	-	0.0%	5,582	2.0%	179	0.3%
TOTAL	\$ 52,704	100.0%	\$ 22,701	100.0%	\$ 285,256	100.0%	\$ 63,810	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
MARCH 2022**

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%	\$ (801)	-0.1%	\$ -	0.0%
Medicaid	178,523	61.1%	\$ -	0.0%	919,992	59.4%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	103,910	35.5%	\$ -	0.0%	576,710	37.2%	-	0.0%
Self Pay	8,023	2.7%	\$ -	0.0%	40,627	2.6%	-	0.0%
Other	2,163	0.7%	\$ -	0.0%	13,333	0.9%	-	0.0%
TOTAL	\$ 292,620	100.0%	\$ -	0.0%	\$ 1,549,860	100.0%	\$ -	0.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	70,650	61.1%	-	0.0%	261,285	49.0%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	41,122	35.5%	-	0.0%	234,149	43.9%	-	0.0%
Self Pay	3,175	2.7%	-	0.0%	34,118	6.4%	-	0.0%
Other	856	0.7%	-	0.0%	3,924	0.7%	-	0.0%
TOTAL	\$ 115,804	100.0%	\$ -	0.0%	\$ 533,477	100.0%	\$ -	0.0%

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

<u>Cash and Cash Equivalents</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 35,839,800	\$ -	\$ 35,839,800
Mission Fitness	298,492	-	298,492
Petty Cash	8,700	-	8,700
Dispro	-	38,419	38,419
General Liability	-	20,625	20,625
Professional Liability	-	19,359	19,359
Funded Worker's Compensation	-	95,907	95,907
Funded Depreciation	-	1,038	1,038
Designated Funds	-	41,088	41,088
	<hr/>	<hr/>	<hr/>
Total Cash and Cash Equivalents	\$ 36,146,993	\$ 216,436	\$ 36,363,429

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 5,350,000	\$ 5,350,000
Funded Depreciation	-	34,859,000	34,859,000
Funded Worker's Compensation	-	2,200,000	2,200,000
General Liability	-	3,000,000	3,000,000
Professional Liability	-	3,100,000	3,100,000
Designated Funds	133,165	23,200,000	23,333,165
Allowance for Change in Market Values	-	(1,734,271)	(1,734,271)
	<hr/>	<hr/>	<hr/>
Total Investments	\$ 133,165	\$ 69,974,729	\$ 70,107,894
Total Unrestricted Cash and Investments			\$ 106,471,323

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,896	\$ -	\$ 4,896
Assets Held In Endowment-Board Designated	-	6,213,235	6,213,235
Advanced Medicare Payment	24,983,196	-	24,983,196
Restricted TPC, LLC-Equity Stake	1,784,008	-	1,784,008
Restricted MCH West Texas Services-Equity Stake	2,351,198	-	2,351,198
Total Restricted Assets	<hr/>	<hr/>	<hr/>
	\$ 29,123,298	\$ 6,213,235	\$ 35,336,532

Total Cash & Investments **\$ 141,807,855**

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
MARCH 2022**

	Hospital	Procure	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	\$ (11,303,026)	-	\$ (11,303,026)
Noncash Expenses:			
Depreciation and Amortization	8,916,501	8,485	8,924,986
Unrealized Gain/Loss on Investments	(1,775,374)	-	(1,775,374)
Accretion (Bonds) & COVID Funding	(316,781)	-	(316,781)
Changes in Assets and Liabilities			
Patient Receivables, Net	1,481,322.56	(836,185)	645,138
Taxes Receivable/Deferred	7,804,697	(15,302)	7,789,395
Inventories, Prepaids and Other	6,478,190	(17,989)	6,460,201
Accounts Payable	12,128,943	162,255	12,291,198
Accrued Expenses	(293,667.38)	699,237	405,569
Due to Third Party Payors	(6,872,983)	-	(6,872,983)
Accrued Post Retirement Benefit Costs	3,198,084	-	3,198,084
Net Cash Provided by Operating Activities	\$ 19,445,906	499	\$ 19,446,405
Cash Flows from Investing Activities:			
Investments	\$ (4,402,820)	-	\$ (4,402,820)
Acquisition of Property and Equipment	(4,529,222)	-	(4,529,222)
Net Cash used by Investing Activities	\$ (8,932,042)	-	\$ (8,932,042)
Cash Flows from Financing Activities:			
Current Portion Debt	\$ (150,398)	-	\$ (150,398)
Net Repayment of Long-term Debt/Bond Issuance	(356,437)	-	(356,437)
Net Cash used by Financing Activities	(506,835)	-	(506,835)
Net Increase (Decrease) in Cash	10,007,029	499	10,007,528
Beginning Cash & Cash Equivalents @ 9/30/2021	61,692,933	4,500	61,697,433
Ending Cash & Cash Equivalents @ 3/31/2022	\$ 71,699,961	\$ 4,999	\$ 71,704,961
Balance Sheet			
Cash and Cash Equivalents	\$ 36,363,429	5,000	\$ 36,368,429
Restricted Assets	35,336,532	-	35,336,532
Ending Cash & Cash Equivalents @ 3/31/2022	\$ 71,699,961	5,000	\$ 71,704,961

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2022

	<u>ACTUAL COLLECTIONS</u>	<u>BUDGETED COLLECTIONS</u>	<u>VARIANCE</u>	<u>PRIOR YEAR COLLECTIONS</u>	<u>VARIANCE</u>
<u>AD VALOREM</u>					
OCTOBER	\$ 215,347	\$ 1,918,187	\$ (1,702,840)	\$ 251,630	\$ (36,283)
NOVEMBER	1,231,030	1,918,187	(687,157)	1,075,295	155,735
DECEMBER	6,614,568	1,918,187	4,696,381	6,840,747	(226,179)
JANUARY	5,169,442	1,918,187	3,251,255	7,131,638	(1,962,196)
FEBRUARY	6,692,218	1,918,187	4,774,031	4,756,484	1,935,735
MARCH	2,057,908	1,918,187	139,721	2,415,426	(357,517)
TOTAL	<u>\$ 21,980,513</u>	<u>\$ 11,509,122</u>	<u>\$ 10,471,391</u>	<u>\$ 22,471,219</u>	<u>\$ (490,706)</u>
<u>SALES</u>					
OCTOBER	\$ 3,421,981	\$ 3,511,415	\$ (89,434)	\$ 2,929,377	\$ 492,604
NOVEMBER	3,326,676	3,556,241	(229,565)	3,099,131	227,545
DECEMBER	4,147,133	3,557,673	589,460	2,855,097	1,292,036
JANUARY	3,621,391	3,414,673	206,718	2,796,371	825,019
FEBRUARY	4,399,256	3,907,638	491,618	4,354,021	45,235
MARCH	4,537,253	3,299,902	1,237,351	2,721,819	1,815,434
SUB TOTAL	<u>23,453,689</u>	<u>21,247,542</u>	<u>2,206,147</u>	<u>18,755,816</u>	<u>4,697,873</u>
ACCRUAL	2,109,231	-	2,109,231	-	2,109,231
TOTAL	<u>\$ 25,562,920</u>	<u>\$ 21,247,542</u>	<u>\$ 4,315,378</u>	<u>\$ 18,755,816</u>	<u>\$ 6,807,104</u>
TAX REVENUE	<u><u>\$ 47,543,433</u></u>	<u><u>\$ 32,756,664</u></u>	<u><u>\$ 14,786,769</u></u>	<u><u>\$ 41,227,035</u></u>	<u><u>\$ 6,316,398</u></u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2022**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (1,848,293)	\$ 5,600,889		\$ 3,752,596
2nd Qtr	(1,571,837)	4,763,143		3,191,306
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (3,420,130)	\$ 10,364,032		\$ 6,943,902
UC				
1st Qtr	\$ (4,129,344)	\$ 12,908,233		8,778,889
2nd Qtr	(6,170,974)	18,699,982		12,529,008
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (10,300,318)	\$ 31,608,215		\$ 21,307,897
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(64,999)	129,998		64,999
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ (64,999)	\$ 129,998		\$ 64,999
UHRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ -		\$ -
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(222,893)	675,433		452,540
3rd	-	-		-
4th Qtr	-	-		-
GME TOTAL	\$ (222,893)	\$ 675,433		\$ 452,540
CHIRP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
CHIRP TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (14,008,340)	\$ 42,777,678		\$ 28,769,338
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (14,008,340)	\$ 42,777,678	\$ -	\$ 28,769,338

INCOME STATEMENT ACTIVITY:

FY 2022 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 6,390,390
Uncompensated Care Accrual	6,476,454
URIP	-
GME	431,602
CHIRP	(2,677,259)
Regional UPL Benefit	-
Medicaid Supplemental Payments	10,621,186
DSRIP Accrual	7,696,680
Total Adjustments	\$ 18,317,866

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF MARCH 31, 2022**

<u>ITEM</u>	CIP BALANCE AS OF 2/28/2022	MARCH "+" ADDITIONS	MARCH "- " ADDITIONS	MARCH TRANSFERS	CIP BALANCE AS OF 3/31/2022	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) APRVD/BUDGET
<u>RENOVATIONS</u>									
IFIRST FLOOR COMMON AREAS	19,324	97,873	-	-	117,198	-	117,198	720,000	602,802
IRELOCATE SPD	30,905	26,045	-	-	56,950	-	56,950	4,000,000	3,943,050
SUB-TOTAL	\$ 50,229	\$ 123,918	\$ -	\$ -	\$ 174,148	\$ -	\$ 174,148	\$ 4,720,000	\$ 4,545,853
<u>MINOR BUILDING IMPROVEMENT</u>									
IRETAIL PHARMACY PROJECT	2,461	30,826	-	-	33,287	-	33,287	250,000	216,713
ISTERILE PROCESS REMODEL	196	8,936	-	-	9,132	-	9,132	49,000	39,868
ISUITE 330 ID	-	6,385	-	-	6,385	-	6,385	35,000	28,615
SUB-TOTAL	\$ 2,657	\$ 46,147	\$ -	\$ -	\$ 48,804	\$ -	\$ 48,804	\$ 334,000	\$ 285,196
<u>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</u>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	\$ 796,968	\$ 1,877,340	\$ (258,440)	\$ -	\$ 2,415,868	\$ -	\$ 2,415,868	\$ 9,500,000	\$ 7,084,132
SUB-TOTAL	\$ 796,968	\$ 1,877,340	\$ (258,440)	\$ -	\$ 2,415,868	\$ -	\$ 2,415,868	\$ 9,500,000	\$ 7,084,132
TOTAL CONSTRUCTION IN PROGRESS	\$ 849,854	\$ 2,047,405	\$ (258,440)	\$ -	\$ 2,638,819	\$ -	\$ 2,638,819	\$ 14,554,000	\$ 11,915,181

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
MARCH 2022

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

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2022 CAPITAL EQUIPMENT
CONTINGENCY FUND
MARCH 2022**

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget		\$ 600,000	\$ -	\$ -	\$ 600,000
Oct-21	ThinPrep 2000 Processor	7040	-	-	46,000	(46,000)
Oct-21	Convection Steamer	8020	-	-	8,570	(8,570)
Oct-21	Roll Around Monitor	8420	-	-	5,094	(5,094)
Oct-21	Replacement Wall Monitor	7300	-	-	4,916	(4,916)
Oct-21	Reach In Freezer	8020	-	-	3,815	(3,815)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	9,720	(9,720)
Oct-21	Olympic Brain Monitor	6550	-	-	23,186	(23,186)
Nov-21	Four Stack Gym 5 Stations	7430	-	-	12,622	(12,622)
Nov-21	Dishwasher Flight Type	8020	-	-	94,698	(94,698)
Nov-21	Jaco Carts	9100	-	-	24,955	(24,955)
Nov-21	Bar Code Scanners	6790	-	-	16,137	(16,137)
Nov-21	Kangaroo ePump	6760	-	-	6,875	(6,875)
Dec-21	CHW Flooring	7480	60,000	-	62,519	(2,519)
Dec-21	Stretchers	6850	-	-	309,396	(309,396)
Dec-21	Iris Camera Kit	6550	-	-	44,025	(44,025)
Dec-21	Refrigerator	7050	-	-	4,725	(4,725)
Dec-21	Clinical System	7060	-	-	228,649	(228,649)
Dec-21	Latitude 5320	7070	-	-	4,377	(4,377)
Dec-21	Pharmacy Refrigerator	7050	-	-	15,140	(15,140)
Dec-21	Clickline Surgical Instruments	6620	-	-	16,940	(16,940)
Jan-22	Badge Access Upgrade	8410	45,000	-	23,505	21,495
Jan-22	Pyxis Anesthesia System	7330	-	-	38,440	(38,440)
Jan-22	Prime Transport Chair	6090	-	-	2,784	(2,784)
Jan-22	Convection Oven	8020	-	-	20,413	(20,413)
Jan-22	Kinevo 90	6620	-	-	567,820	(567,820)
Jan-22	CareAware MDI	7060	-	-	6,000	(6,000)
Jan-22	Digital Front Door Solution	9100	-	-	110,325	(110,325)
Jan-22	Film Array Torch Module Box	7060	-	-	49,500	(49,500)
Jan-22	Neo Blue Units	6170	-	-	22,799	(22,799)
Jan-22	Fiber Optic Cables	9100	-	-	13,715	(13,715)
Jan-22	Tims 2000	7260	21,495	-	21,495	-
Feb-22	XN-9100 Hematology Analyzer	7050	-	-	431,537	(431,537)
Feb-22	UPS Battery Replacement	9100	-	-	15,895	(15,895)
Feb-22	Axon Body 3	8380	-	-	368,245	(368,245)
Feb-22	Outreach Devices/Software	9100	7,727	-	7,727	-
Feb-22	Blood Pressure Monitor	7430	-	-	4,767	(4,767)
Feb-22	Convection Oven	8020	47,106	-	47,106	-
Mar-22	Mac Lab	7220	-	-	271,204	(271,204)
Mar-22	Fire Alarm Upgrade	8200	-	-	149,750	(149,750)
Mar-22	CareAware	7060	-	-	4,500	(4,500)
Mar-22	Rolling Monitors	7310	10,333	-	10,218	115
Mar-22	Carto 3 System	7220	-	-	358,000	(358,000)
Mar-22	CVSM 6800 Blood Pressure Machine	6300	8,182	-	8,182	(0)
Mar-22	IV Poles	7440	-	-	3,319	(3,319)
			\$ 781,328	\$ -	\$ 2,762,193	\$ (1,980,865)

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

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL Audited	PRO CARE Audited	
AR DISPRO/UPL	\$ (553,512)	\$ -	\$ -	\$ (553,512)
AR UNCOMPENSATED CARE	(6,052,514)	8,778,889	-	(14,831,403)
AR DSRIP	7,631,682	0	-	7,631,681
AR NURSING HOME UPL	-	2,677,259	-	(2,677,259)
AR UHRIP	-	-	-	-
AR GME	(20,938)	-	-	(20,938)
AR PHYSICIAN GUARANTEES	444,836	518,647	-	(73,811)
AR ACCRUED INTEREST	105,315	5,863	-	99,452
AR OTHER:	1,293,549	(1,663,343)	36,244	2,920,648
Procure On-Call Fees	6,846	-	6,846	-
Procure A/R - FHC	-	-	-	-
Other Misc A/R	1,286,703	(1,663,343)	29,398	2,920,648
AR DUE FROM THIRD PARTY PAYOR	5,524,433	5,353,086	-	171,346
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 7,366,444	\$ 15,670,402	\$ 36,244	\$ (8,340,202)

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

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	VAR	PRIOR YR	PRIOR YR VAR
Intensive Care Unit (CCU) 4	10.8	7.5	44.6%	1.5	620.5%	17.5	6.9	152.1%	7.4	136.1%
Intensive Care Unit (ICU) 2	13.3	5.8	130.5%	2.1	519.9%	14.4	5.3	169.2%	2.2	560.7%
Cardiopulmonary	18.0	12.6	42.7%	4.8	277.9%	13.0	11.7	10.9%	3.6	261.8%
3 West Observation	9.7	2.4	305.8%	-	0.0%	7.2	2.2	222.8%	-	0.0%
4 Central	3.9	0.8	359.5%	1.3	205.0%	6.6	0.8	744.2%	1.5	344.8%
6 Central	5.8	1.7	248.3%	0.4	1296.5%	6.1	1.5	296.9%	0.6	893.3%
Operating Room	10.7	2.8	281.6%	1.9	469.9%	5.9	2.6	126.2%	2.1	185.2%
Emergency Department	6.3	-	0.0%	-	0.0%	4.8	-	0.0%	-	0.0%
5 Central	5.1	2.7	86.2%	2.2	128.9%	4.6	2.5	80.8%	2.3	102.3%
7 Central	6.6	2.1	219.9%	0.4	1361.4%	4.4	1.9	130.8%	0.9	395.9%
8 Central	5.6	0.9	521.0%	1.7	229.8%	4.0	0.8	375.7%	1.8	121.0%
9 Central	4.9	4.5	9.2%	0.6	668.3%	4.0	4.2	-4.9%	1.2	225.6%
Imaging - Diagnostics	2.4	2.0	17.0%	0.9	154.8%	1.6	1.9	-16.8%	0.6	146.5%
2 Central	-	-	0.0%	2.0	-100.0%	1.5	-	0.0%	1.1	40.4%
6 West	2.3	0.3	743.1%	0.2	1009.1%	1.4	0.3	457.0%	0.1	894.4%
Labor & Delivery	3.9	0.4	819.6%	1.4	171.9%	1.4	0.4	246.3%	1.7	-19.9%
NURSING ORIENTATION	0.5	-	0.0%	0.4	48.4%	1.1	-	0.0%	0.3	343.2%
Imaging - MRI	1.2	0.5	132.1%	-	0.0%	0.9	0.5	74.1%	-	0.0%
Imaging - Ultrasound	2.4	0.5	338.8%	-	0.0%	0.8	0.5	69.0%	-	0.0%
Care Management	0.9	-	0.0%	-	0.0%	0.7	-	0.0%	-	0.0%
PM&R - Physical	0.4	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
Recovery Room	1.9	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
Sterile Processing	0.4	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
4 EAST	0.9	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
Human Resources	-	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
CHW - Sports Medicine	0.9	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
Imaging - CVI	-	0.5	-100.0%	-	0.0%	0.1	0.5	-84.6%	-	0.0%
Imaging - Special Procedures	0.4	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
5 West	0.1	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	109.5%
Laboratory - Chemistry	-	3.8	-100.0%	-	0.0%	-	3.5	-100.0%	-	0.0%
Cath Lab	-	-	0.0%	0.2	-100.0%	-	-	0.0%	0.3	-100.0%
Disaster & Emergency Operations	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%
SUBTOTAL	119.4	51.9	129.9%	22.2	438.1%	103.6	48.2	114.7%	27.9	271.1%
TRANSITION LABOR										
Laboratory - Chemistry	2.2	-	0.0%	3.9	-44.6%	3.1	-	0.0%	3.7	-16.7%
SUBTOTAL	2.2	-	0.0%	3.9	-44.6%	3.1	-	0.0%	3.7	-16.7%
GRAND TOTAL	121.6	51.9	134.1%	26.1	365.6%	106.7	48.2	121.1%	31.7	237.0%

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

	CURRENT MONTH						YEAR TO DATE					
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR
ICU2 TEMPORARY LABOR	\$ 362,471	\$ 114,093	\$ 248,378	217.7%	\$ 54,683	562.9%	\$ 2,945,982	\$ 620,884	\$ 2,225,098	358.4%	\$ 303,541	837.6%
ICU4 TEMPORARY LABOR	(36,108)	147,934	(184,042)	-124.4%	36,578	-198.7%	2,838,507	804,276	2,034,231	252.9%	985,136	188.1%
IMCU4 TEMPORARY LABOR	94,485	16,338	78,147	478.3%	21,515	339.2%	1,171,088	88,977	1,082,111	1216.2%	146,174	701.2%
ED TEMPORARY LABOR	251,994.98	251,995	-	100.0%	-	100.0%	1,009,852.42	-	1,009,852	100.0%	-	100.0%
TEMPORARY LABOR	302,615.72	36,482	266,134	728.5%	-	100.0%	1,126,089.85	201,270	924,820	459.5%	-	100.0%
6C TEMPORARY LABOR	137,108.33	25,414	111,694	439.5%	8,033	1606.9%	880,375.70	138,389	741,987	536.2%	52,370	1581.1%
OR TEMPORARY LABOR	269,129	36,172	232,957	644.0%	25,986	935.7%	775,020	198,152	576,868	291.1%	203,050	182.5%
RT TEMPORARY LABOR	464,014.90	262,821	201,194	76.6%	95,526	385.7%	1,984,929.90	1,431,251	553,679	38.7%	344,609	476.0%
8C TEMPORARY LABOR	149,550	13,900	135,650	975.9%	34,087	338.7%	605,091	75,583	529,508	700.6%	192,524	214.3%
7C TEMPORARY LABOR	217,029	37,805	179,224	474.1%	7,160	2931.2%	726,058	205,828	520,230	252.7%	92,106	688.3%
TEMPORARY LABOR	128,124.12	-	128,124	100.0%	44,578	187.4%	503,793.03	-	503,793	100.0%	140,408	258.8%
Temp Labor - Productive Salaries	18,573.92	-	18,574	100.0%	7,685	141.7%	244,870.19	-	244,870	100.0%	32,819	646.1%
L & D TEMPORARY LABOR	158,208	6,461	151,747	2348.7%	24,799	538.0%	269,644	35,085	234,559	668.5%	167,046	61.4%
ORTHO/NEURO TEMPORARY LABOR	50,842.28	4,270	46,572	1090.7%	4,068	1150.0%	197,160.16	23,254	173,906	747.9%	16,245	1113.7%
IMCU9 TEMPORARY LABOR	44,315	77,522	(33,207)	-42.8%	11,756	276.9%	532,852	421,838	111,014	26.3%	120,439	342.4%
COMM HEALTH TEMPORARY LABOR	9,890.26	-	9,890	100.0%	-	100.0%	75,438.39	-	75,438	100.0%	-	100.0%
MRI TEMPORARY LABOR	31,942.33	8,985	22,957	255.5%	-	100.0%	115,558.44	49,281	66,277	134.5%	-	100.0%
US TEMPORARY LABOR	55,290.20	10,128	45,162	445.9%	-	100.0%	112,417.80	55,651	56,767	102.0%	-	100.0%
RR TEMPORARY LABOR	54,846.64	-	54,847	100.0%	-	100.0%	54,846.64	-	54,847	100.0%	-	100.0%
ALL OTHER	110,668	67,917	42,751	62.9%	16,347	57.0%	292,982	372,674	(79,692)	-21.4%	107,425	172.7%
TOTAL TEMPORARY LABOR	\$ 2,974,173	\$ 907,978	\$ 2,066,195	227.6%	\$ 433,941	585.4%	\$ 16,944,168	\$ 4,949,307	\$ 11,994,861	242.4%	\$ 3,109,623	444.9%
CHEM TRANSITION LABOR	\$ 21,353	\$ -	\$ 21,353	100.0%	\$ 34,173	-37.5%	\$ 167,915	\$ -	\$ 167,915	100.0%	\$ 202,183	-16.9%
ALL OTHER	-	-	-	100.0%	-	100.0%	-	-	-	100.0%	-	100.0%
TOTAL TRANSITION LABOR	\$ 21,353	\$ -	\$ 21,353	0%	\$ 34,173	-37.5%	\$ 167,915	\$ -	\$ 167,915	0.0%	\$ 202,183	-16.9%
GRAND TOTAL TEMPORARY LABOR	\$ 2,995,526	\$ 907,978	\$ 2,087,548	229.9%	\$ 468,114	539.9%	\$ 17,112,083	\$ 4,949,307	\$ 12,162,776	245.7%	\$ 3,311,806	416.7%
OTHER PURCH SVCS	\$ 661,209	\$ 53,134	\$ 608,075	1144.4%	\$ 7,366	8876.6%	\$ 975,483	\$ 318,804	\$ 656,679	206.0%	\$ 435,635	123.9%
ADM CONTRACT STRYKER	185,038	11,407	173,631	1522.1%	(39,735)	-565.7%	413,542.71	68,442	345,101	504.2%	80,602	413.1%
CONSULTANT FEES	46,701	8,053	38,648	479.9%	45,152	3.4%	299,102.19	48,318	250,784	519.0%	100,952	196.3%
UC-WEST CLINIC - PURCH SVCS-OTHER	48,788	25,063	23,725	94.7%	23,842	104.6%	355,942	150,378	205,564	136.7%	142,995	148.9%
FIN ACCT COST REPORT/CONSULTANT FEES	69,938	3,674	66,264	1803.6%	1,278	5374.5%	216,813.81	22,044	194,770	883.6%	27,645	684.3%
UC-CPC JBS PARKWAY PURCH SVCS-OTHER	70,075	45,006	25,069	55.7%	51,966	34.8%	464,700	270,036	194,664	72.1%	296,396	56.8%
ADM PHYS RECRUITMENT	29,287	15,883	13,404	84.4%	35,494	-17.5%	229,173.14	95,298	133,875	140.5%	116,943	96.0%
PI FEES (TRANSITION NURSE PROGRAM)	19,760	48,121	(28,361)	-58.9%	14,358	37.6%	412,601.16	288,726	123,875	42.9%	104,708	294.0%
FA EXTERNAL AUDIT FEES	77,650	16,246	61,404	378.0%	-	100.0%	198,870.00	97,476	101,394	104.0%	175,243	13.5%
CREDIT CARD FEES	82,526	33,898	48,628	143.5%	37,337	121.0%	286,314	203,388	82,926	40.8%	184,514	55.2%
DIET OTHER PURCH SVCS	34,402	16,021	18,381	114.7%	16,852	104.1%	176,008.82	96,126	79,883	83.1%	101,670	73.1%
HISTOLOGY SERVICES	37,664	25,732	11,932	46.4%	35,405	6.4%	227,486	154,392	73,094	47.3%	162,005	40.4%
REF LAB ARUP PURCH SVCS	61,147	56,682	4,465	7.9%	66,668	-8.3%	410,997	340,092	70,905	20.8%	367,676	11.8%
FHC PHC OTHER PURCH SVCS	-	-	-	100.0%	8,725	-100.0%	63,692.90	-	63,693	100.0%	30,273	110.4%
ECHD POLICE DEPT OTHER PURCH SVCS	15,632	3,333	12,299	369.0%	486	3116.4%	77,231.95	19,998	57,234	286.2%	6,343	1117.7%
ADMIN OTHER FEES	17,042	12,019	5,023	41.8%	7,780	119.0%	121,586.88	72,114	49,473	68.6%	101,704	19.5%
SERV EXC SURVEY SERVICES	18,923	12,618	6,305	50.0%	11,855	59.6%	117,567.67	75,708	41,860	55.3%	94,931	23.8%
ENGINEERING OTHER PURCH SVCS	14,428	9,353	5,075	54.3%	8,561	68.5%	95,395.88	56,118	39,278	70.0%	60,099	58.7%
NSG OTHER PURCH SVCS	(1,005,016)	5,304	(1,010,320)	-19048.3%	3,933	-25653.1%	65,983.80	31,824	34,160	107.3%	32,388	103.7%
4E OTHER PURCH SVCS	45,369	10,079	35,290	350.1%	13,141	245.2%	93,933.68	60,474	33,460	55.3%	72,461	29.6%
LAB ADMIN OTHER PURCH SVCS	5,926	5,186	740	14.3%	5,400	9.7%	59,107.09	31,116	27,991	90.0%	33,250	77.8%
CVS CONTRACT PURCH SVC	10,870	7,027	3,843	54.7%	4,492	142.0%	63,142.23	42,162	20,980	49.8%	33,554	88.2%
HIM CODING SERVICES	16,125	9,759	6,366	65.2%	35,614	-54.7%	79,365.54	58,554	20,812	35.5%	177,582	-55.3%
COMM HEALTH OTHER PURCH SVCS	6,533	13,273	(6,740)	-50.8%	9,584	-31.8%	98,270.28	79,638	18,632	23.4%	88,520	11.0%
OBLD OTHER PURCH SVCS	17,497	15,825	1,672	10.6%	19,394	-9.8%	112,971	94,950	18,021	19.0%	105,548	7.0%
AMBULANCE FEES	22,644	9,804	12,840	131.0%	497	4457.6%	73,914.17	58,824	15,090	25.7%	33,899	118.0%
340B CONTRACT PURCH SVC	21,390	6,341	15,049	237.3%	4,822	343.6%	51,184.99	38,046	13,139	34.5%	25,150	103.5%
NSG ED OTHER PURCH SVCS	8,134	11,839	(3,705)	-31.3%	6,715	21.1%	55,276.43	71,034	(15,758)	-22.2%	57,653	-4.1%
PRIMARY CARE WEST OTHER PURCH SVCS	59,774	45,750	14,024	30.7%	42,437	40.9%	217,541.26	274,500	(56,959)	-20.7%	75,344	188.7%
COMM REL ADVERTISING PURCH SVCS	12,174	28,066	(15,892)	-56.6%	20,494	-40.6%	106,738	168,396	(61,658)	-56.3%	238,768	-55.3%
ADMIN LEGAL FEES	39,607	45,954	(6,347)	-13.8%	3,924	909.3%	191,508	275,724	(84,216)	-30.5%	171,115	11.9%
FHC OTHER PURCH SVCS	67,831	67,686	145	0.2%	96,147	-29.5%	319,142	406,116	(86,974)	-21.4%	718,754	-55.6%
MISSION FITNESS CONTRACT PURCH SVC	62,522	68,698	(6,176)	-9.0%	66,010	-5.3%	298,420.58	405,793	(107,372)	-26.5%	374,111	-20.2%
HR RECRUITING FEES	23,995	31,152	(7,157)	-23.0%	3,985	502.1%	70,174	186,912	(116,738)	-62.5%	207,651	-66.2%
PT ACCTS COLLECTION FEES	47,087	70,569	(23,482)	-33.3%	49,274	-4.4%	290,692	423,414	(132,722)	-31.3%	407,873	-28.7%
DIALYSIS SERVICES	136,495	145,960	(9,465)	-6.5%	151,877	-10.1%	735,617.35	875,760	(140,143)	-16.0%	849,695	-13.4%
IT INFORMATION SOLUTIONS SVCS	37,593	44,692	(7,099)	-15.9%	97,269	-61.4%	120,424	268,152	(147,728)	-55.1%	220,156	-45.3%
OR FEES (PERFUSSION SERVICES)	38,697	68,819	(30,122)	-43.8%	72,595	-46.7%	207,259	412,914	(205,655)	-49.8%	276,411	-25.0%
ADM CONSULTANT FEES	22,252	87,028	(64,776)	-74.4%	53,699	-58.6%	216,920	522,168	(305,248)	-58.5%	711,119	-69.5%
ALL OTHERS	2,874,366	3,128,628	(252,162)	-8.1%	2,852,119	0.8%	17,799,106	18,755,054	(955,948)	-5.1%	16,544,726	7.6%
TOTAL PURCHASED SERVICES	\$ 4,062,075	\$ 4,321,582	(\$ 259,507)	-6.0%	\$ 3,946,811	2.9%	\$ 28,589,235	\$ 29,918,983	\$ 650,252	2.5%	\$ 24,046,063	10.5%



Financial Presentation

For the Month Ended

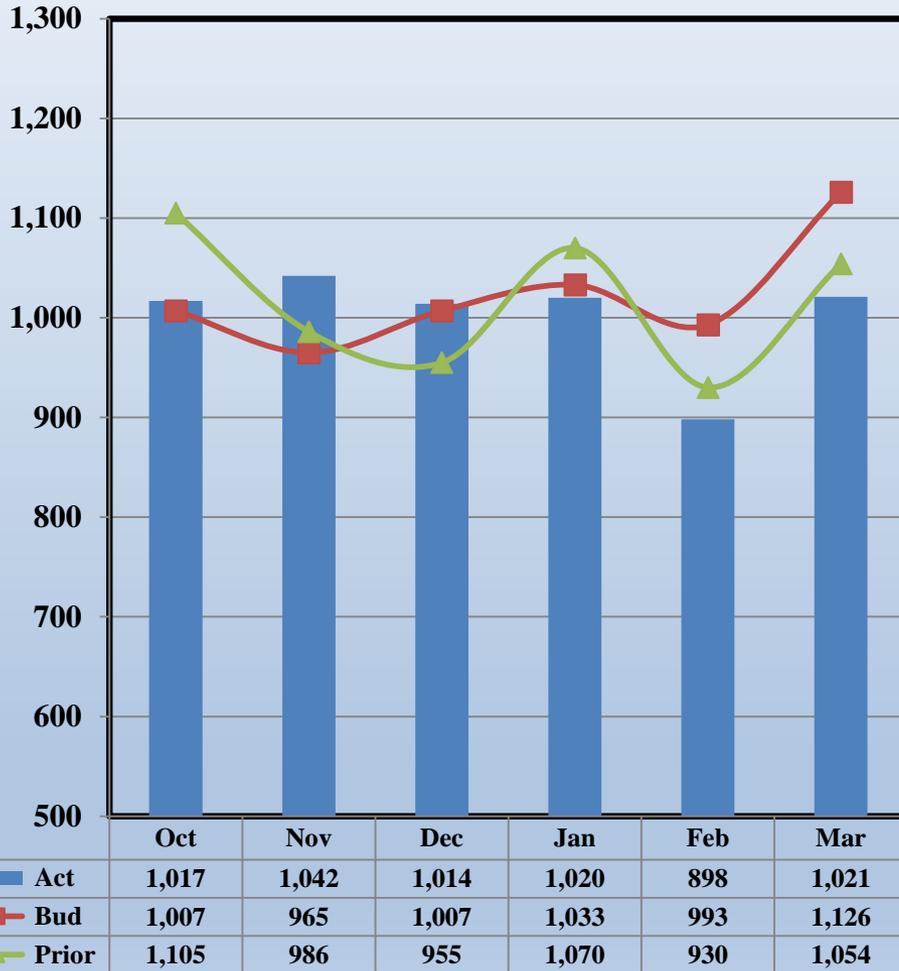
March 31, 2022

Volume



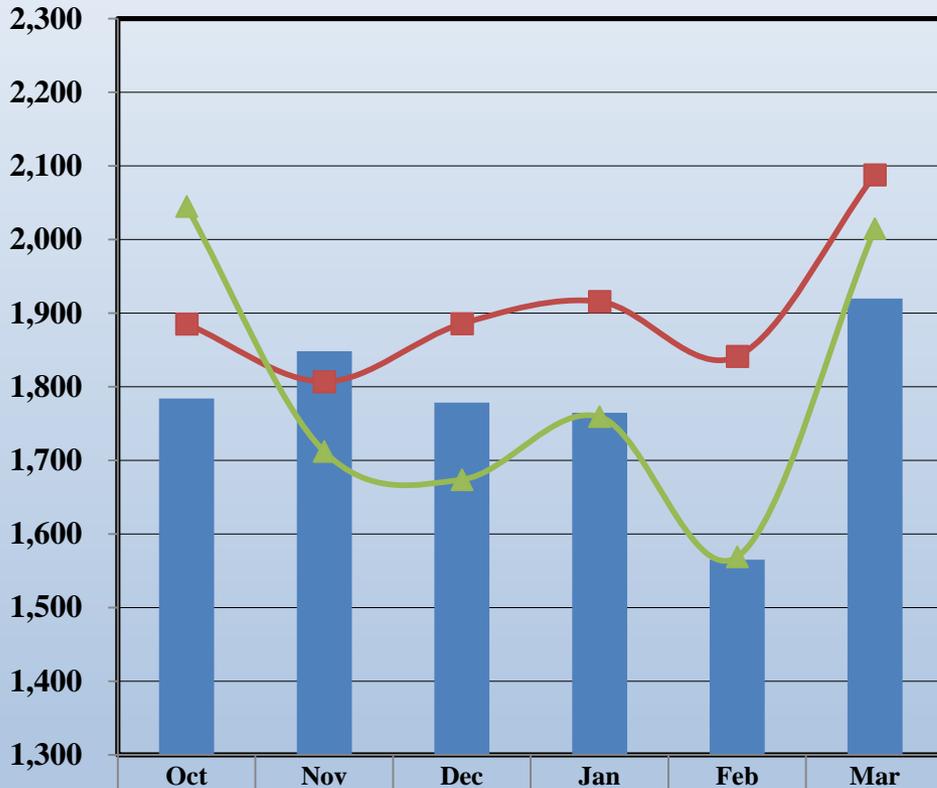
Admissions

Total – Adults and NICU



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,021	1,126	1,054
Var %		-9.3%	-3.1%
Year-To-Date	6,012	6,131	6,100
Var %		-1.9%	-1.4%
Annualized	12,231	12,569	11,919
Var %		-2.7%	2.6%

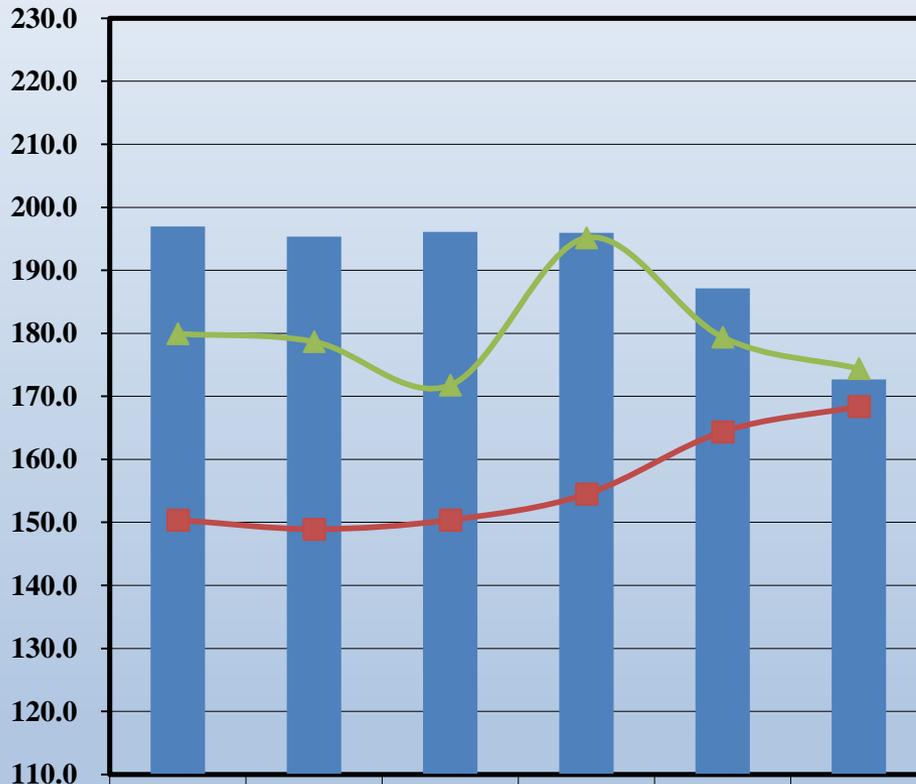
Adjusted Admissions



Act	1,784	1,848	1,778	1,765	1,565	1,920
Bud	1,886	1,807	1,886	1,916	1,841	2,088
Prior	2,045	1,712	1,674	1,759	1,569	2,015

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,920	2,088	2,015
Var %		-8.1%	-4.7%
Year-To-Date	10,650	11,424	10,740
Var %		-6.8%	-0.8%
Annualized	22,255	23,711	21,501
Var %		-6.1%	3.5%

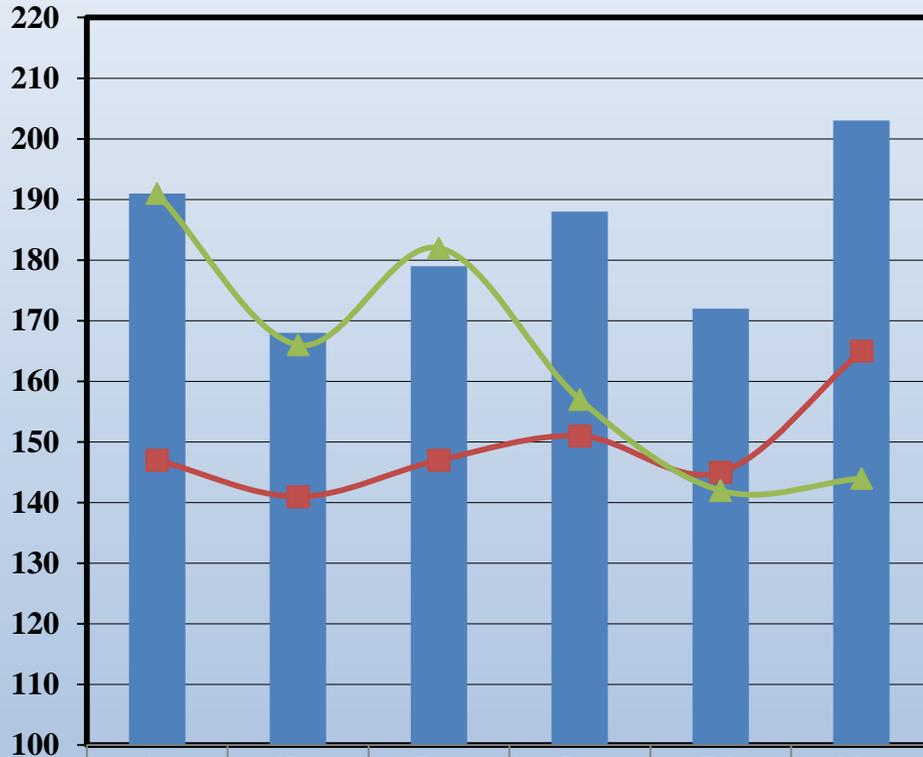
Average Daily Census



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	172.7	168.4	174.4
Var %		2.5%	-1.0%
Year-To-Date	190.7	156.1	179.9
Var %		22.2%	6.0%
Annualized	186.5	159.6	165.3
Var %		16.9%	12.8%

Act	196.9	195.3	196.1	195.9	187.1	172.7
Bud	150.4	148.9	150.4	154.5	164.4	168.4
Prior	179.9	178.7	171.8	195.2	179.4	174.4

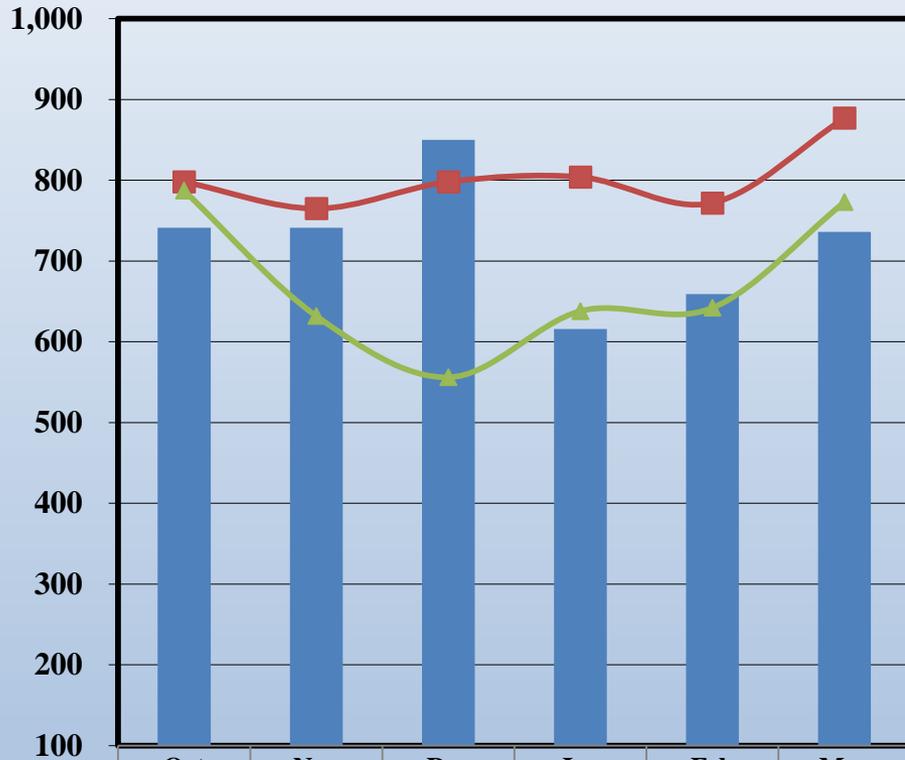
Deliveries



	Oct	Nov	Dec	Jan	Feb	Mar
Act	191	168	179	188	172	203
Bud	147	141	147	151	145	165
Prior	191	166	182	157	142	144

	Actual	Budget	Prior Year
Month	203	165	144
Var %		23.0%	41.0%
Year-To-Date	1,101	896	982
Var %		22.9%	12.1%
Annualized	2,096	1,938	2,059
Var %		8.2%	1.8%

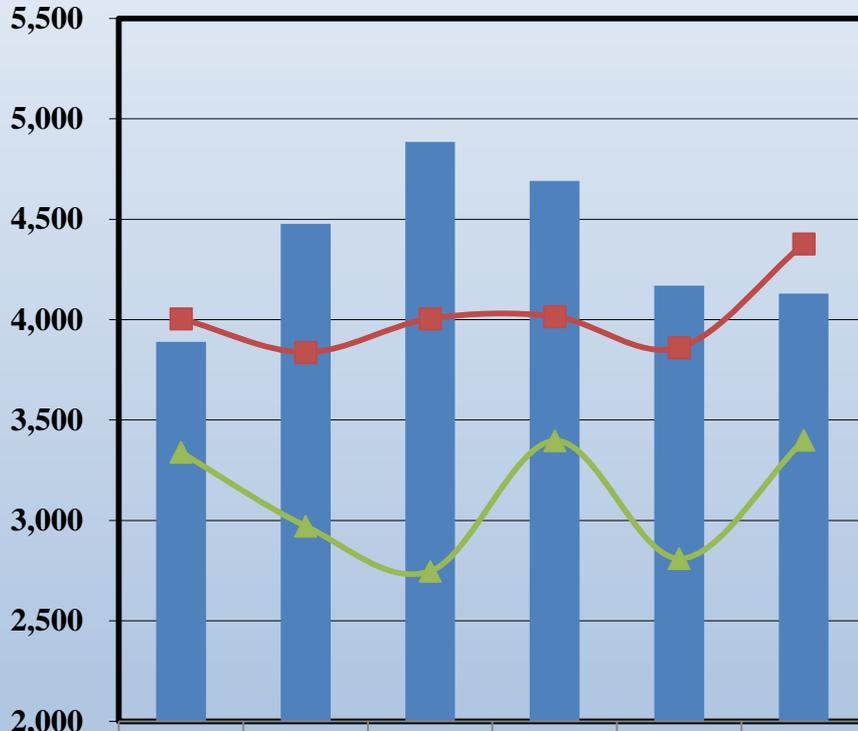
Total Surgical Cases



	Oct	Nov	Dec	Jan	Feb	Mar
Act	741	741	850	616	659	736
Bud	798	765	798	804	772	877
Prior	787	632	556	638	642	773

	Actual	Budget	Prior Year
Month	736	877	773
Var %		-16.1%	-4.8%
Year-To-Date	4,343	4,814	4,028
Var %		-9.8%	7.8%
Annualized	8,340	9,263	7,475
Var %		-10.0%	11.6%

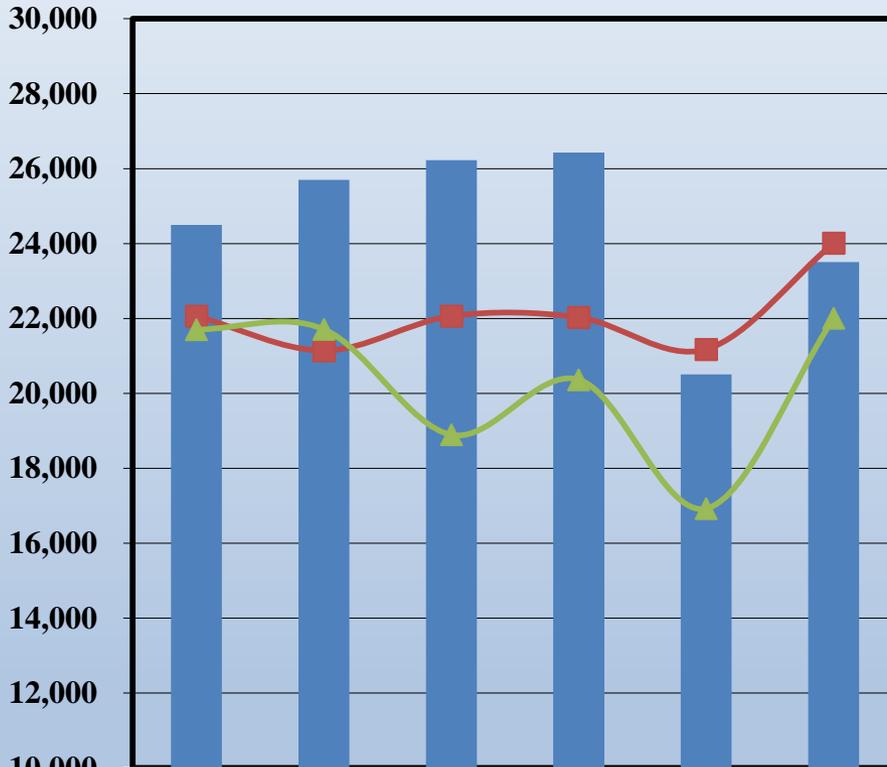
Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar
Act	3,890	4,477	4,885	4,691	4,169	4,129
Bud	4,005	3,838	4,005	4,016	3,861	4,378
Prior	3,339	2,972	2,747	3,397	2,810	3,399

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	4,129	4,378	3,399
Var %		-5.7%	21.5%
Year-To-Date	26,241	24,103	18,664
Var %		8.9%	40.6%
Annualized	51,345	46,063	35,890
Var %		11.5%	43.1%

Total Outpatient Occasions of Service

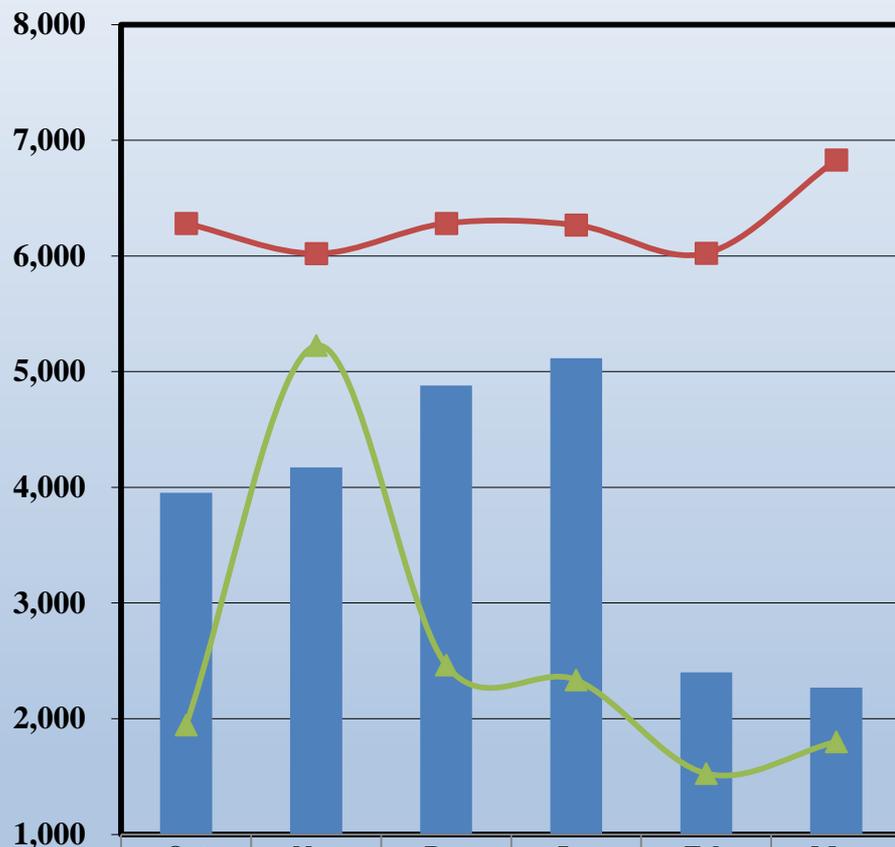


	Oct	Nov	Dec	Jan	Feb	Mar
Act	24,493	25,698	26,222	26,425	20,504	23,506
Bud	22,062	21,143	22,062	22,028	21,177	24,013
Prior	21,702	21,709	18,892	20,365	16,924	22,001

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	23,506	24,013	22,001
Var %		-2.1%	6.8%
Year-To-Date	146,848	132,485	121,593
Var %		10.8%	20.8%
Annualized	295,494	262,294	233,435
Var %		12.7%	26.6%

Urgent Care Visits

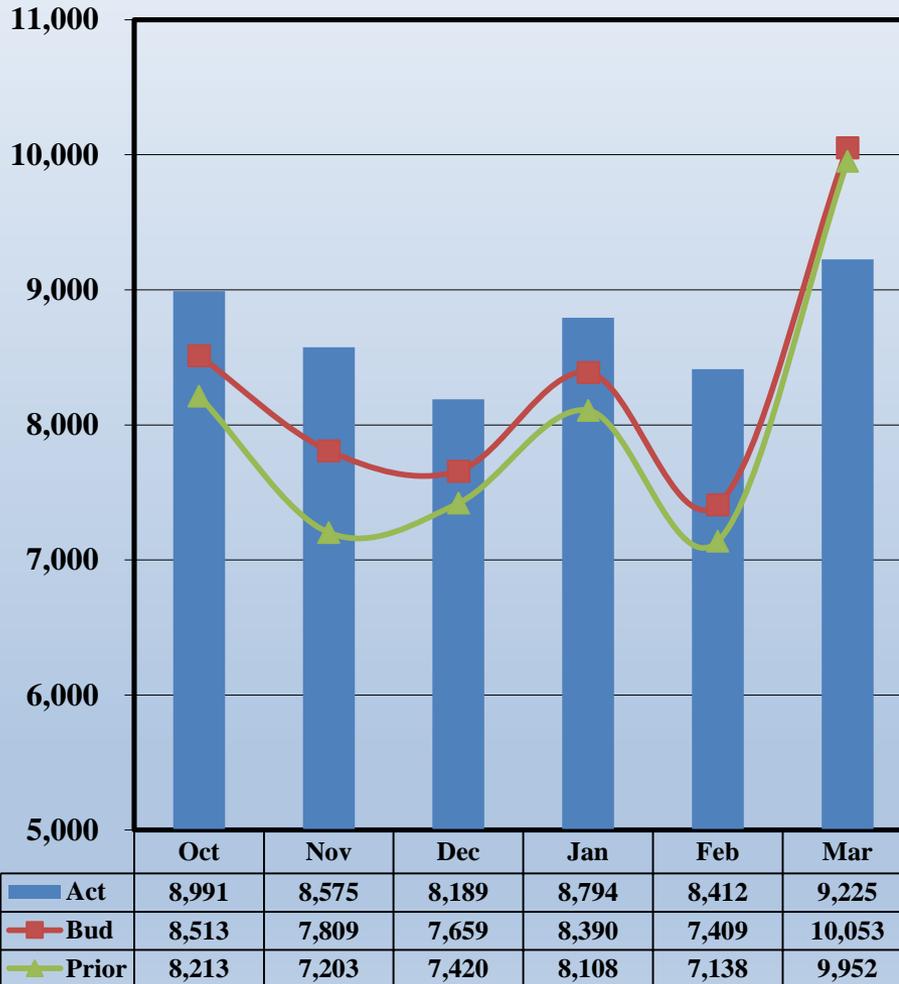
(JBS Clinic, West University & 42nd Street)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,270	6,831	1,801
Var %		-66.8%	26.0%
Year-To-Date	22,793	37,707	15,296
Var %		-39.6%	49.0%
Annualized	46,378	47,558	25,671
Var %		-2.5%	80.7%

■ Act	3,954	4,172	4,880	5,117	2,400	2,270
■ Bud	6,282	6,021	6,282	6,267	6,024	6,831
▲ Prior	1,945	5,225	2,464	2,335	1,526	1,801

Total ProCare Office Visits



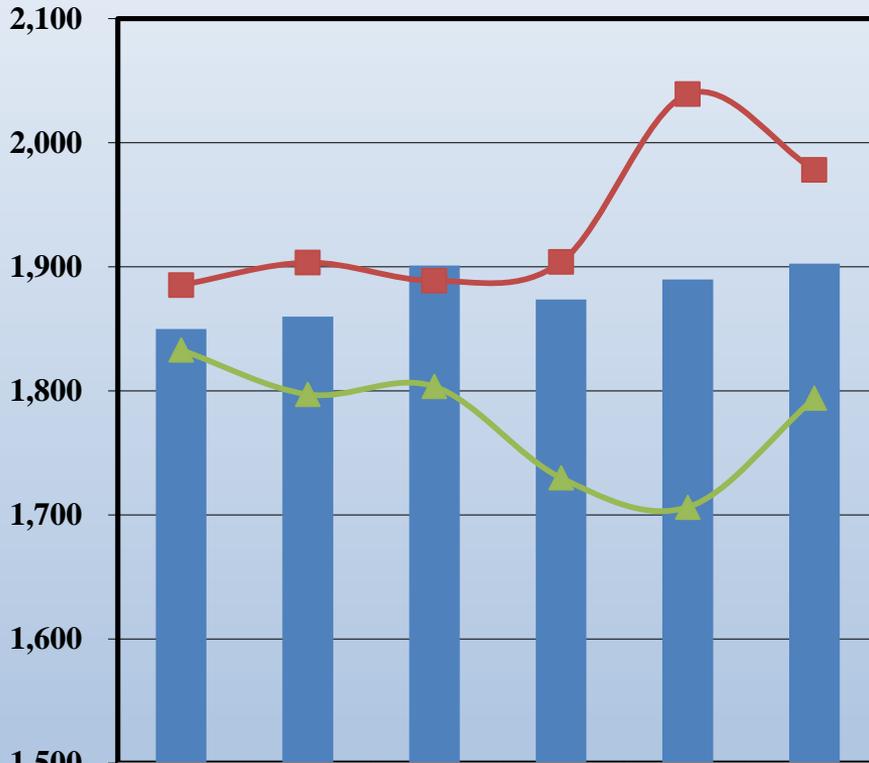
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	9,225	10,053	9,952
Var %		-8.2%	-7.3%
Year-To-Date	52,186	49,833	48,034
Var %		4.7%	8.6%
Annualized	108,040	107,109	95,917
Var %		0.9%	12.6%

Staffing



Blended FTE's

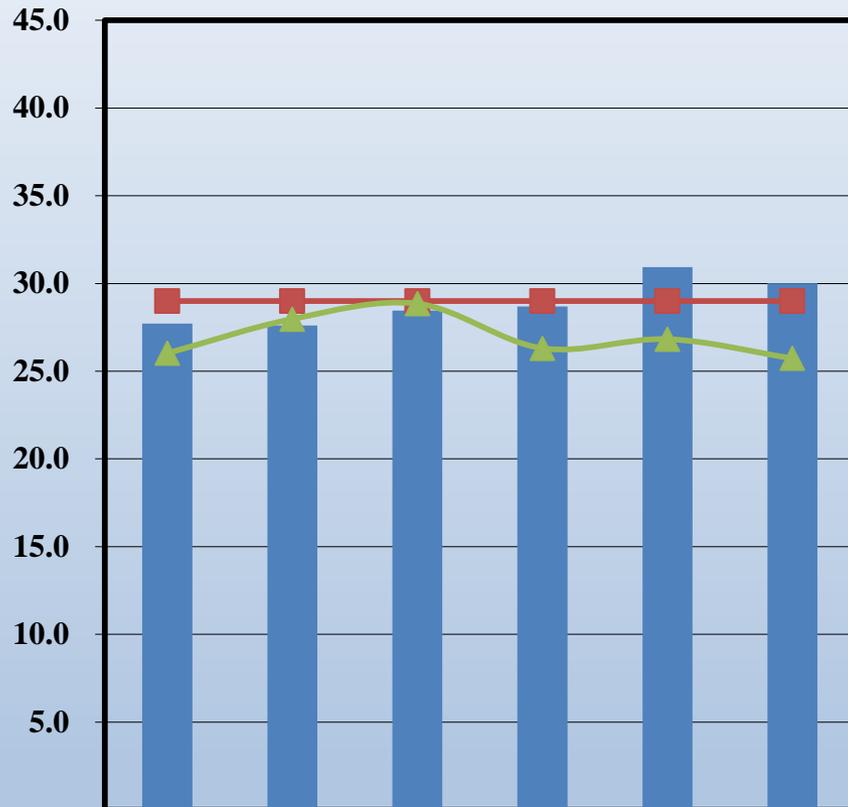
Including Contract Labor and Management Services



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,903	1,978	1,794
Var %		-3.8%	6.1%
Year-To-Date	1,879	1,932	1,778
Var %		-2.7%	5.7%
Annualized	1,874	1,918	1,735
Var %		-2.3%	8.0%

	Oct	Nov	Dec	Jan	Feb	Mar
Act	1,850	1,860	1,901	1,874	1,890	1,903
Bud	1,885	1,903	1,889	1,904	2,039	1,978
Prior	1,833	1,797	1,804	1,730	1,706	1,794

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



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	30.0	29.0	25.7
Var %		3.5%	16.6%
Year-To-Date	28.9	29.0	27.0
Var %		-0.3%	7.0%
Annualized	27.9	29.3	27.9
Var %		-4.8%	0.0%

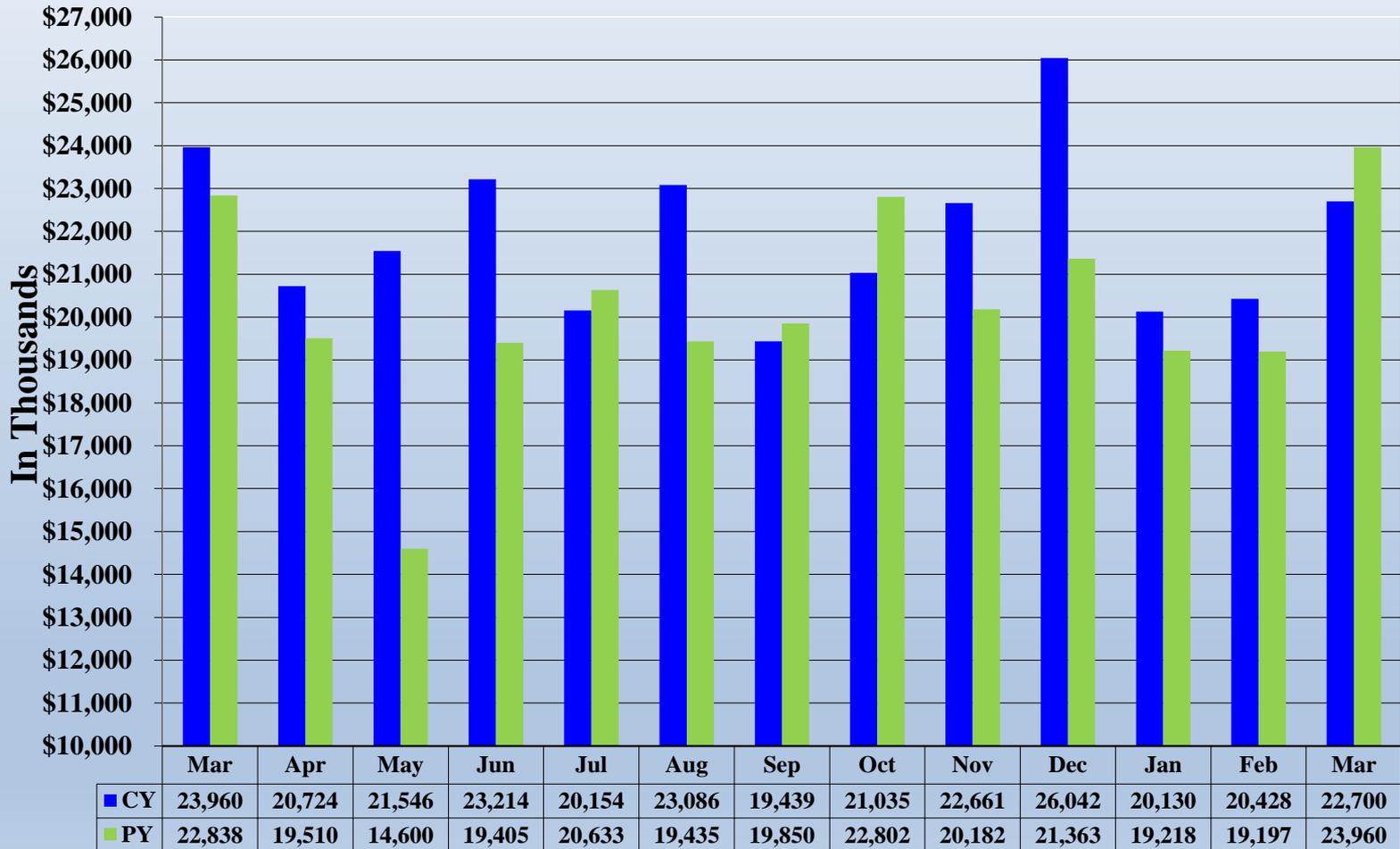
	Oct	Nov	Dec	Jan	Feb	Mar
Act	27.7	27.6	28.5	28.7	30.9	30.0
Bud	29.0	29.0	29.0	29.0	29.0	29.0
Prior	26.0	28.0	28.9	26.3	26.8	25.7

Accounts Receivable



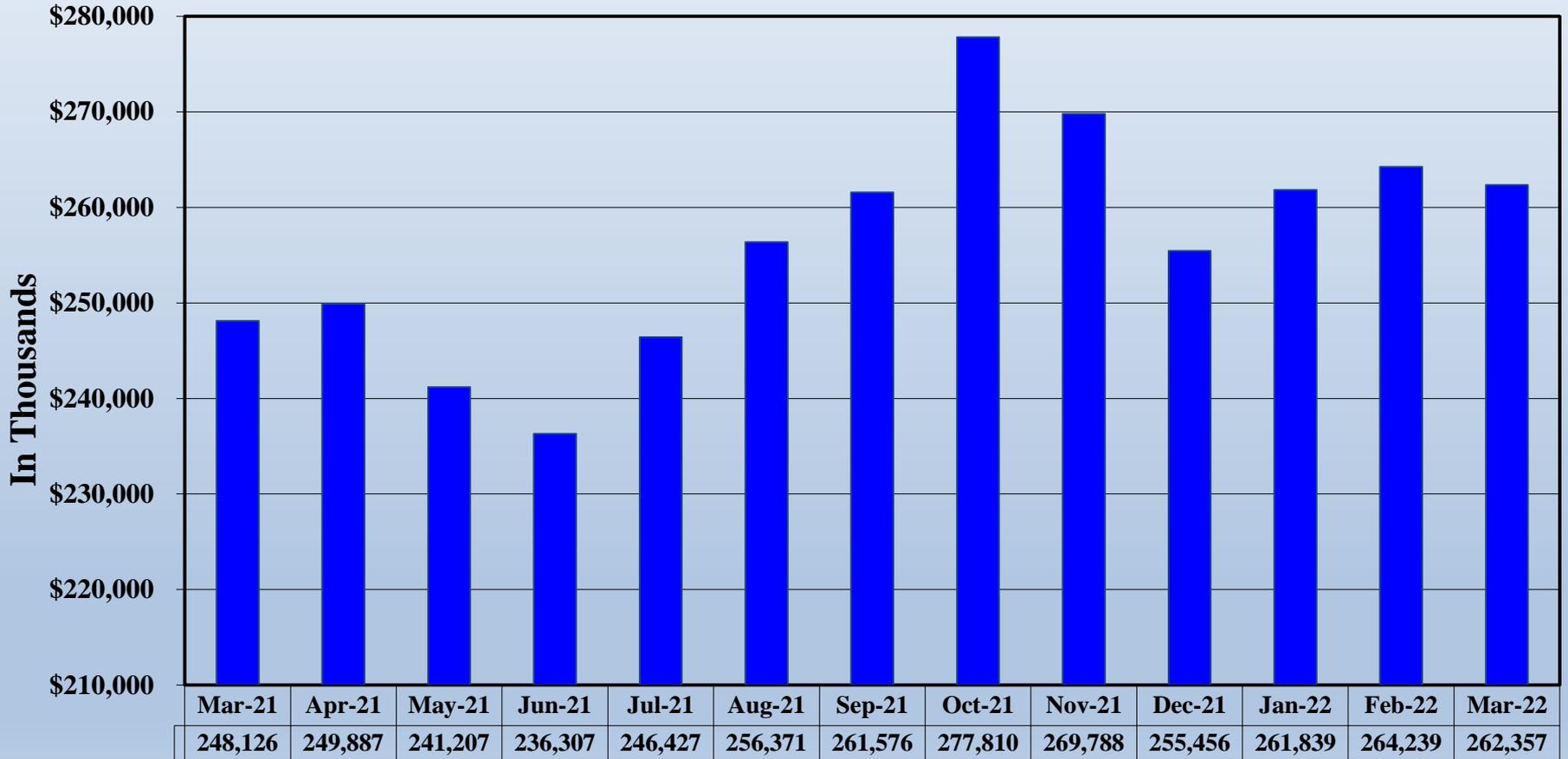
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending



Revenues & Revenue Deductions



Total Patient Revenues

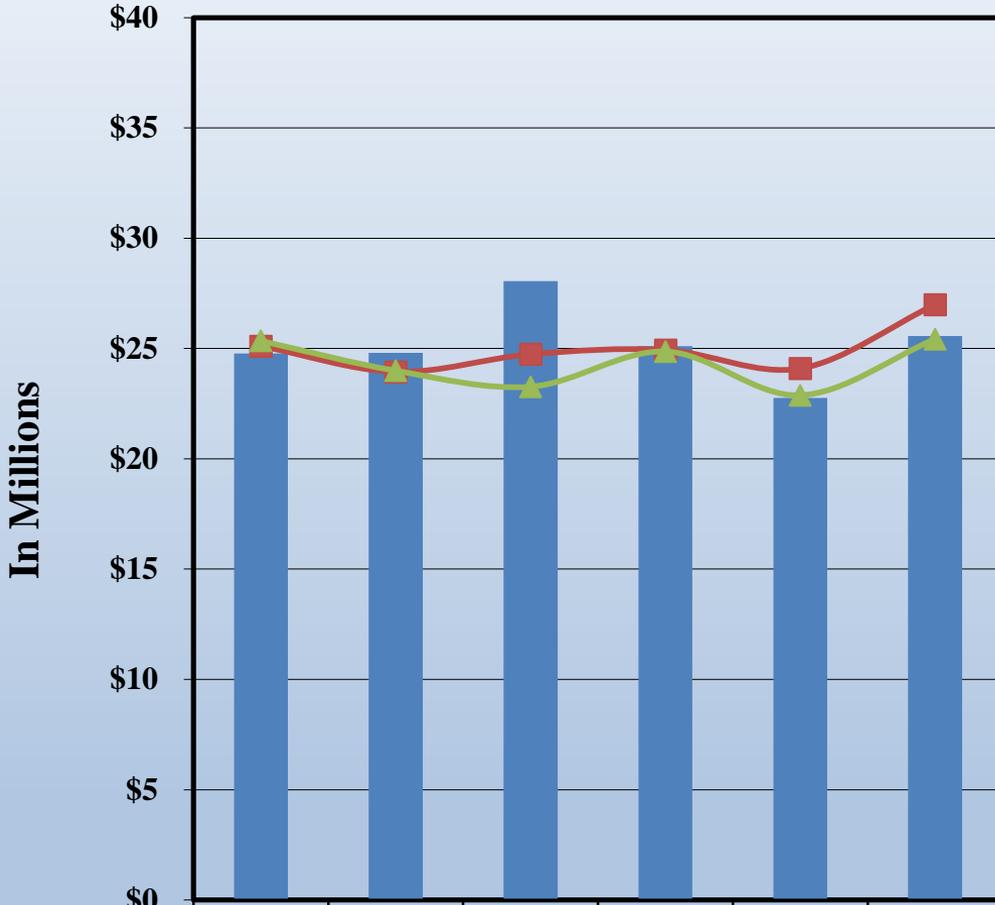
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar
Act	\$116.3	\$112.3	\$117.6	\$109.9	\$102.2	\$113.3
Bud	\$106.5	\$100.6	\$104.5	\$105.0	\$101.0	\$114.8
Prior	\$112.4	\$98.7	\$100.7	\$109.0	\$100.4	\$110.4

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 113.3	\$ 114.8	\$ 110.4
Var %		-1.3%	2.6%
Year-To-Date	\$ 671.6	\$ 632.5	\$ 631.6
Var %		6.2%	6.3%
Annualized	\$ 1,337.8	\$ 1,253.3	\$ 1,182.9
Var %		6.7%	13.1%

Total Net Patient Revenues



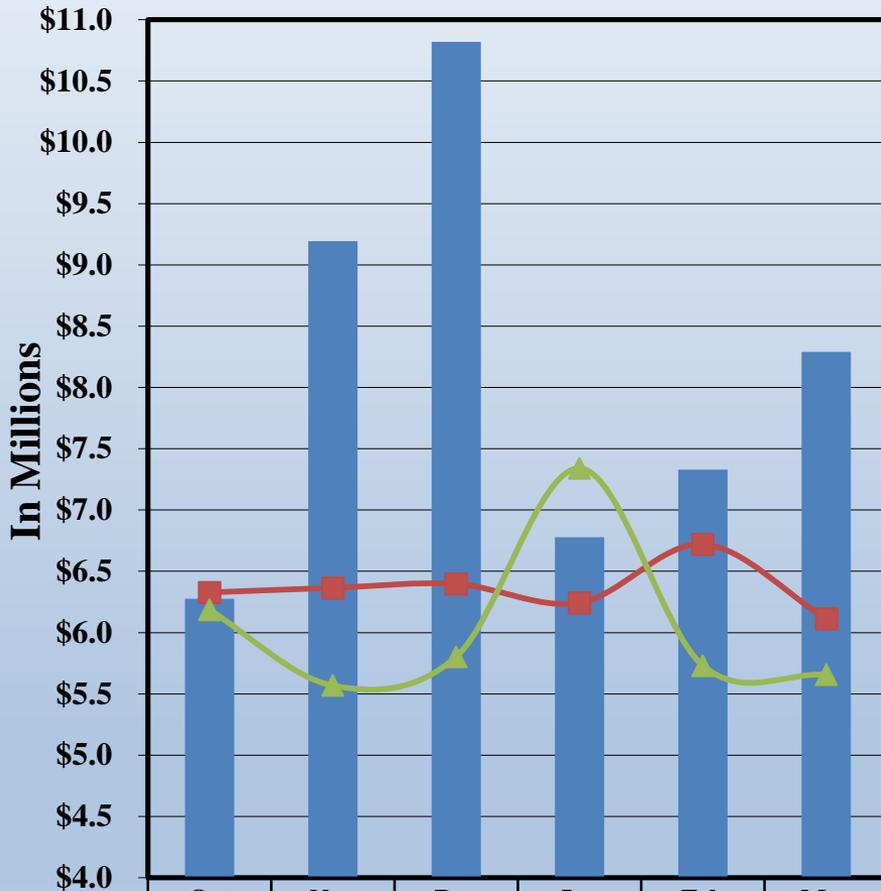
	Oct	Nov	Dec	Jan	Feb	Mar
Act	\$24.8	\$24.8	\$28.0	\$25.1	\$22.8	\$25.6
Bud	\$25.1	\$23.9	\$24.7	\$24.9	\$24.1	\$27.0
Prior	\$25.3	\$24.0	\$23.3	\$24.9	\$22.9	\$25.4

	Actual	Budget	Prior Year
Month	\$ 25.6	\$ 27.0	\$ 25.4
Var %		-5.3%	0.5%
Year-To-Date	\$ 151.1	\$ 149.8	\$ 145.8
Var %		0.8%	3.6%
Annualized	\$ 310.0	\$ 288.9	\$ 273.8
Var %		7.3%	13.2%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



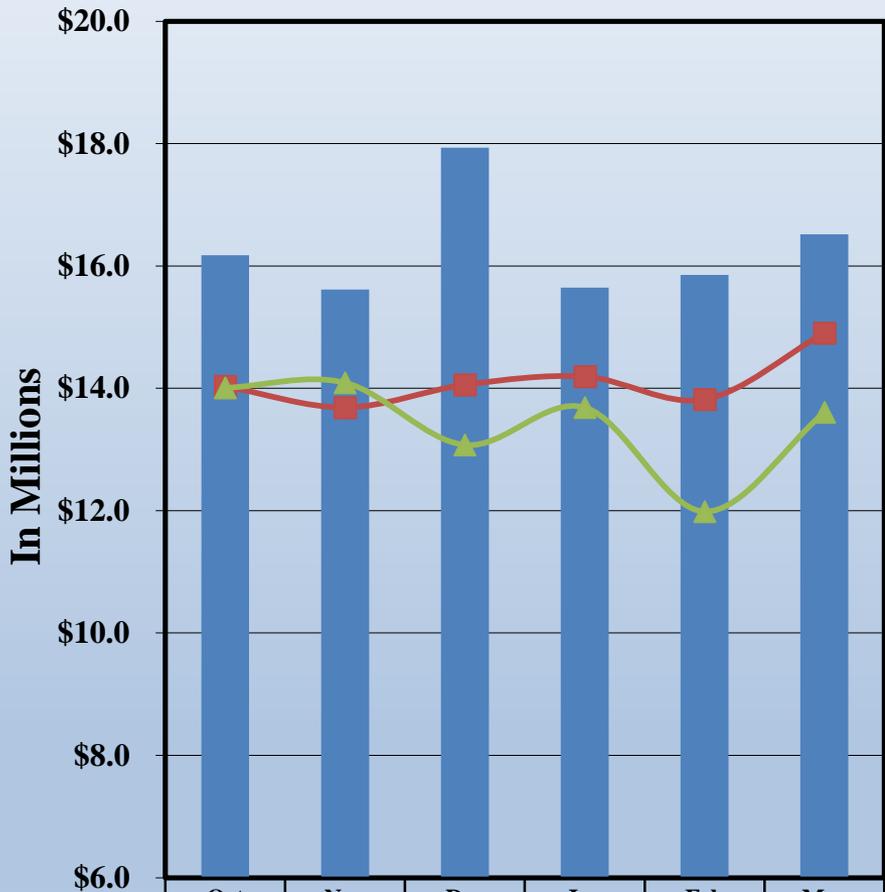
	Oct	Nov	Dec	Jan	Feb	Mar
Act	\$6.3	\$9.2	\$10.8	\$6.8	\$7.3	\$8.3
Bud	\$6.3	\$6.4	\$6.4	\$6.2	\$6.7	\$6.1
Prior	\$6.2	\$5.6	\$5.8	\$7.3	\$5.7	\$5.7

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 8.3	\$ 6.1	\$ 5.7
Var %		35.6%	46.6%
Year-To-Date	\$ 48.7	\$ 38.2	\$ 36.3
Var %		27.6%	34.2%
Annualized	\$ 89.4	\$ 75.9	\$ 70.0
Var %		17.8%	27.7%

Operating Expenses



Salaries, Wages & Contract Labor (Ector County Hospital District)

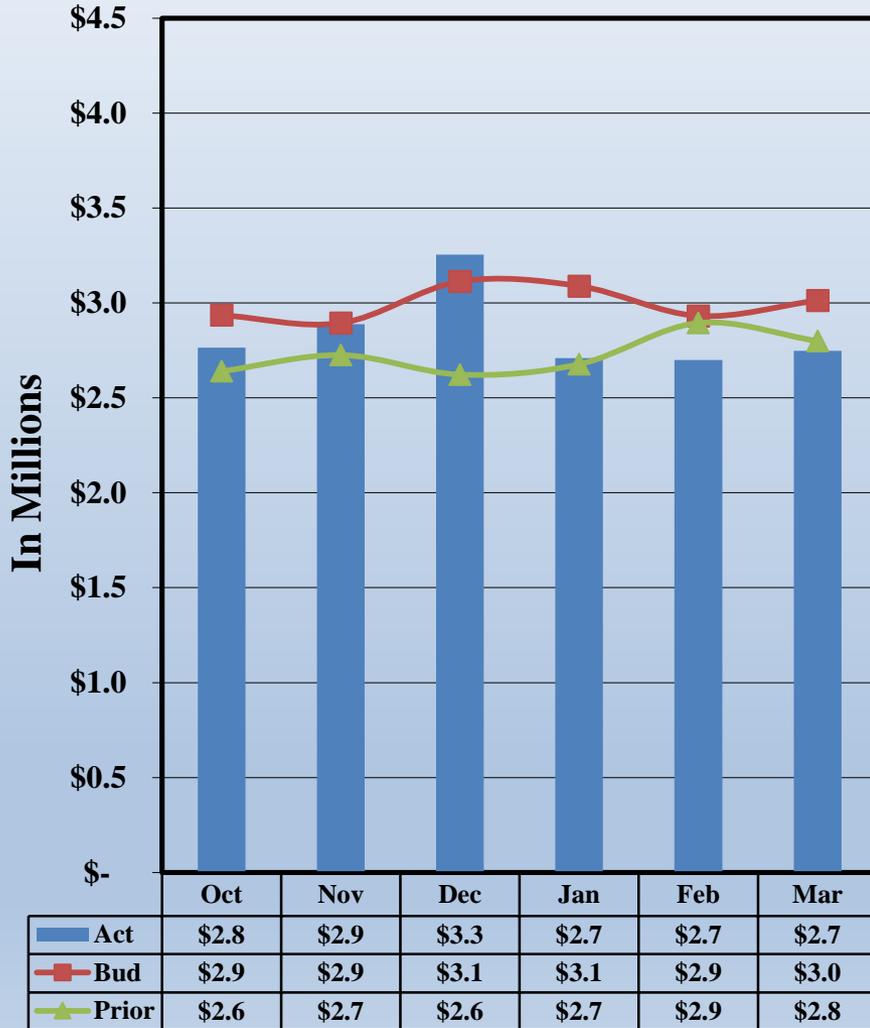


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 16.5	\$ 14.9	\$ 13.6
Var %		10.7%	21.3%
Year-To-Date	\$ 97.7	\$ 84.7	\$ 80.4
Var %		15.3%	21.5%
Annualized	\$ 185.3	\$ 164.9	\$ 155.1
Var %		12.4%	19.5%

	Oct	Nov	Dec	Jan	Feb	Mar
Act	\$16.2	\$15.6	\$17.9	\$15.6	\$15.9	\$16.5
Bud	\$14.0	\$13.7	\$14.1	\$14.2	\$13.8	\$14.9
Prior	\$14.0	\$14.1	\$13.1	\$13.7	\$12.0	\$13.6

Employee Benefit Expense

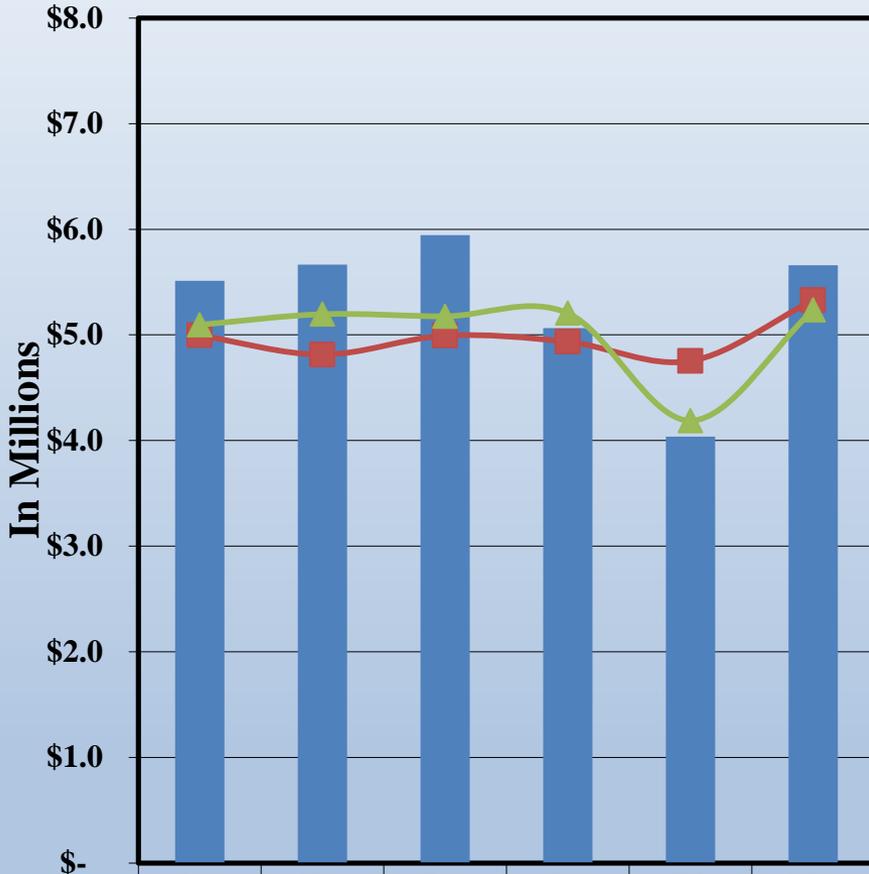
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 2.7	\$ 3.0	\$ 2.8
Var %		-8.8%	-1.9%
Year-To-Date	\$ 17.1	\$ 18.0	\$ 16.4
Var %		-5.1%	4.3%
Annualized	\$ 34.0	\$ 33.8	\$ 29.3
Var %		0.6%	16.0%

Supply Expense

(Ector County Hospital District)

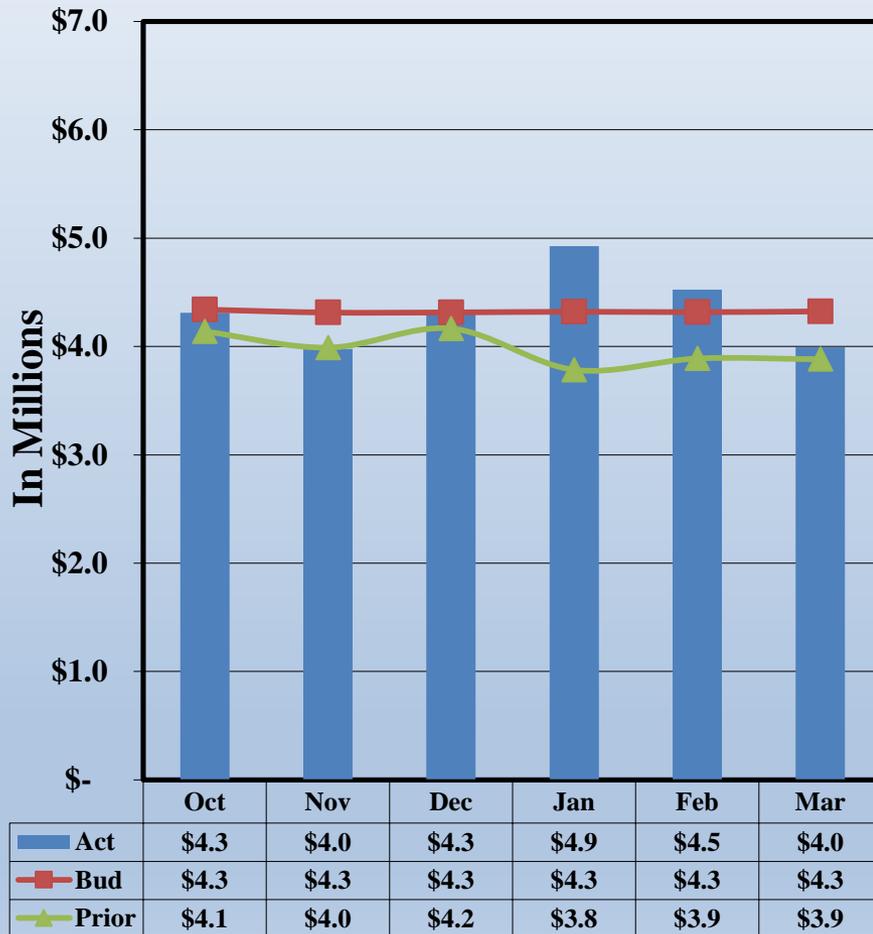


	Oct	Nov	Dec	Jan	Feb	Mar
Act	\$5.5	\$5.7	\$5.9	\$5.1	\$4.0	\$5.7
Bud	\$5.0	\$4.8	\$5.0	\$4.9	\$4.8	\$5.3
Prior	\$5.1	\$5.2	\$5.2	\$5.2	\$4.2	\$5.2

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 5.7	\$ 5.3	\$ 5.2
Var %		6.2%	8.1%
Year-To-Date	\$ 31.9	\$ 29.8	\$ 30.1
Var %		6.9%	5.9%
Annualized	\$ 63.0	\$ 58.2	\$ 55.1
Var %		8.2%	14.3%

Purchased Services

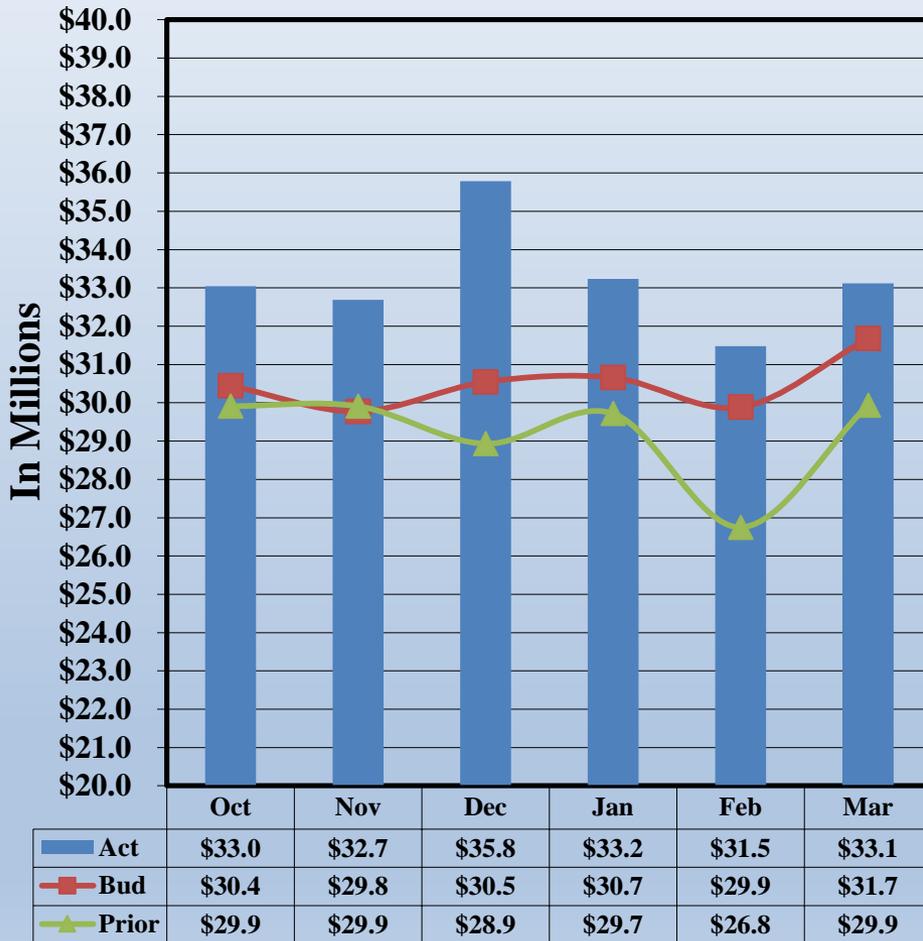
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 4.0	\$ 4.3	\$ 3.9
Var %		-7.7%	2.8%
Year-To-Date	\$ 26.0	\$ 25.9	\$ 23.9
Var %		0.4%	9.2%
Annualized	\$ 50.5	\$ 48.7	\$ 46.2
Var %		3.7%	9.3%

Total Operating Expense

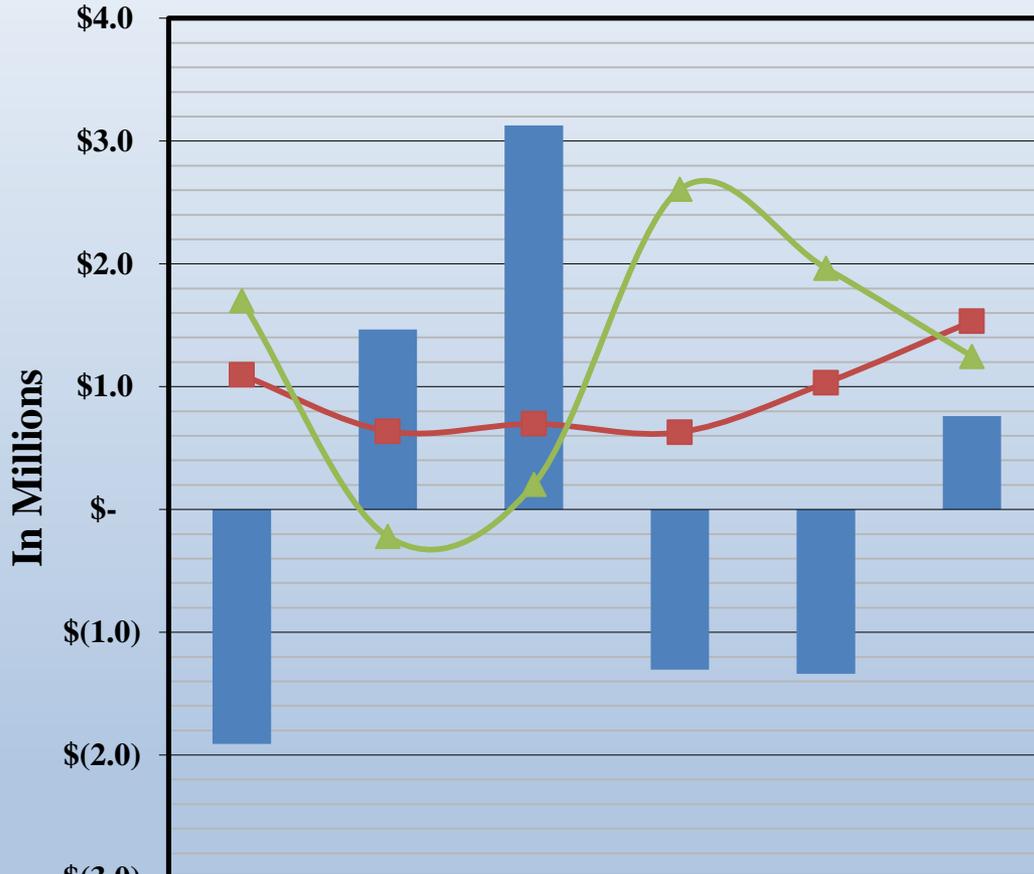
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 33.1	\$ 31.7	\$ 29.9
Var %		4.6%	10.6%
Year-To-Date	\$ 199.3	\$ 183.0	\$ 175.2
Var %		8.9%	13.8%
Annualized	\$ 385.5	\$ 353.9	\$ 336.0
Var %		8.9%	14.7%

Operating EBIDA

Ector County Hospital District Operations



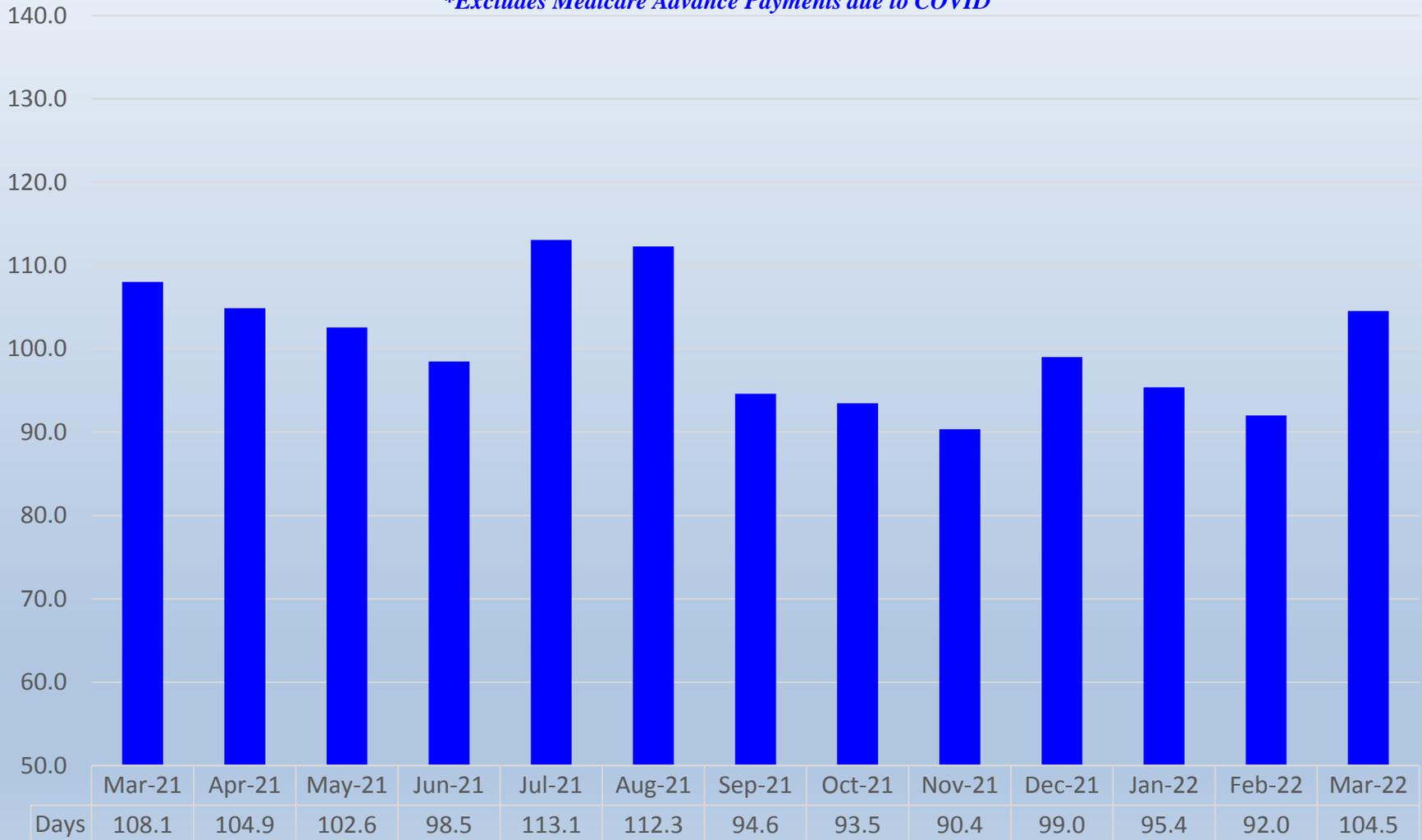
	Oct	Nov	Dec	Jan	Feb	Mar
■ Act	\$(1.9)	\$1.5	\$3.1	\$(1.3)	\$(1.3)	\$0.8
—■ Bud	\$1.1	\$0.6	\$0.7	\$0.6	\$1.0	\$1.5
—▲ Prior	\$1.7	\$(0.2)	\$0.2	\$2.6	\$2.0	\$1.2

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 0.8	\$ 1.5	\$ 1.2
Var		(0.70)	(0.40)
Var %		-46.7%	-33.3%
Year-To-Date	\$ 0.8	\$ 5.6	\$ 7.5
Var %		-85.7%	-89.3%
Annualized	\$ 35.2	\$ 10.9	\$ 8.1
Var %		222.9%	334.6%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*



mch





March 21, 2022

Ector County Hospital District
Russell Tippin
P O Box 7239
Odessa, TX 79760

RE: Engagement Agreement for Insurance Brokerage & Risk Advisory Services

Dear Russell,

We are pleased to present the attached agreement for your review and acceptance by April 8th, 2022. The terms and conditions have changed slightly since the prior agreement

Highlights of the changes include the following:

1. The terms changed to update the language of the termination agreement.

Please know that you are a valued client in so many ways. Growing together is very gratifying and playing a part in your ongoing success will always be very important to us.

Please let us know if you have any questions or need any additional information regarding the attached engagement agreement.

Sincerely,

A handwritten signature in black ink that reads "Brant Couch". The signature is written in a cursive, flowing style.

Brant Couch, CPA, CIC
President

5900 Southwest Parkway | Building 2-200 • Austin, TX 78735
512-366-3745 • Fax 866-618-3844

**Insurance Brokerage & Risk Services Agreement
For April 1, 2022 – April 1, 2025
Ector County Hospital District**

HealthSure Insurance Services, Inc. (“HealthSure”) has been requested to provide professional services on behalf of **Ector County Hospital District** for insurance agent, insurance consulting and risk management services. In keeping with this request and the Purpose & Objectives, we offer the following Scope of Services and engagement.

Purpose & Objective

The purpose of the engagement is to provide insurance and risk management services to the client's organization related to coverage. A Service Plan will be agreed to within the context of the Scope of Services to outline the specific projects, tasks and related timelines for the engagement period. Periodic review of the Scope of Services and the related Service Plan enables HealthSure and Ector County Hospital District to accomplish an effective and successful insurance and risk management program to prudently protect the assets and income stream of the client.

The Scope of Services included as Exhibit A is proposed to guide the service plan for Ector County Hospital District as the client and for HealthSure as the agent. The Scope of Services may be reviewed annually in order to confirm the expectations for the coming service year.

Compensation Arrangement and Related Fees

As consideration and compensation for the Scope of Services related to the Purpose and Objectives contained herein, the client will compensate HealthSure as follows:

Term of engagement and Agent Fee in lieu of insurance policy commissions:

This agreement shall be effective for a term of **3** years for the service period commencing April 1, 2022 and ending April 1, 2025 and billed annually as follows (fees may be adjusted from time to time by mutual consents of both parties):

<u>Ector County Hospital District</u>	
Period of April 1, 2022- April 1, 2023	\$65,000
Period of April 1, 2023- April 1, 2024	\$65,000
Period of April 1, 2024- April 1, 2025	\$65,000

For “fee in lieu of commission,” all insurance companies will be requested to remove the “agent commission” from the premiums charged to the client. In the event an insurance company is unable to reduce the premium by removing or “net out” the commission normally paid to an agent, the Agent/Consulting Fee will be offset or reduced by the amount received as commission from the insurance company. The Texas Department of Insurance requires a Disclosure Statement.

Renewal; Termination

This engagement shall automatically renew annually during each year of the term of the engagement as set forth above, without the requirement of any action on the part of either party hereto, for successive terms of one (1) year, effective as of the anniversary date, unless and until terminated as herein provided.

Either party may terminate this engagement as of any subsequent anniversary date, provided that notice of termination is given to the other party not less than 90 days prior to the annual anniversary date of this engagement. There will also be a termination fee equivalent to 25% of the annual fee amount outlined in "Compensation Arrangement and Related Fees". In addition, either party may immediately terminate this engagement in the event that the other party materially breaches any obligation hereunder, or in the event of the bankruptcy or loss of a required business license by the other party.

In the event that this engagement is terminated, all fees paid to the date of termination, and any fees that under the terms of this engagement should have been paid to the date of termination, shall be considered fully earned and the client shall have no right to refund, rebate, credit or reimbursement of any portion thereof. The client's obligation to pay fees that are accrued but which remain unpaid as of the date of termination shall continue to be due and payable and the client's obligation to pay accrued unpaid fees shall survive termination of the engagement.

Agent of Record

As a material part of the consideration for this Agreement, in addition to making payment of any the Agent Fee payable to HealthSure pursuant to the terms of this Agreement, throughout the Initial Term of the Agreement and any renewal term, Client agrees to take any and all action necessary to maintain HealthSure as Client's agent of record on its insurance plans and to insure that HealthSure is the party entitled to receive any commissions or other fees in connection with such employee benefit plan.

Travel Expenses

Usual and customary travel expenses will be invoiced separately, but only with the pre-approved consent of the client. Travel expenses may be incurred by the use of outside consultants, but only with the pre-approved consent of client.

Payment Terms

All invoices shall be paid by Ector County Hospital District within 30 days of receipt of the invoice. At the option of HealthSure, work under this engagement may be delayed or suspended pending receipt of any required payment, and such delay or suspension shall not be considered an event of default under the terms of this engagement.

Confidentiality

Each of us agrees that we will not disclose to any person or entity or use, either during the term of this engagement or at any time thereafter, any information not in the public domain or that is not generally known in the industry, in any form, acquired by one party (the recipient) from the other (the disclosing party) during the term of this engagement, or, if acquired outside of the term hereof, such information which, to the recipient's knowledge, has been acquired, directly or indirectly, from any person or entity owing a duty of confidentiality to the disclosing party or any of its subsidiaries or affiliates. Each of us agrees and acknowledges that all such information, in any form, and copies and extracts thereof, are and shall remain the sole and exclusive property of the disclosing party, and upon termination of this engagement, the recipient shall return to the disclosing party the originals and all copies of any such information provided to or acquired by the recipient, and shall return to the disclosing party all files, correspondence and/or other communications that contain confidential information which have been received, maintained and/or originated by the recipient during the term of this engagement or in connection with the engagement. The obligations in this paragraph shall survive termination of this engagement. Customary HIPAA Business Associate Agreements will be executed upon request.

Notices

Any notice from one party to the other pertaining to this engagement shall be given in writing and shall be deemed received the business day following the date that the notice is sent by certified or registered United States mail, with return receipt requested and postage prepaid, addressed to the party to receive such notice at the address set forth on the signature page below. Notice given in any other manner shall be effective only as and when actually received by the party for whom such notice is intended. Either party may change its address and designate a different address in the continental United States for purposes of notices hereunder, by ten days' advance written notice given as herein provided to the other party to this engagement letter.

Miscellaneous

If any provision of this engagement letter is held to be invalid, void or unenforceable, the remaining provisions shall remain valid and enforceable, and shall be construed in such a manner as to achieve their original purposes in full compliance with the applicable laws and regulations.

Neither party shall be liable for any delay or failure to perform hereunder due to floods, riots, strikes, freight embargoes, acts of God, acts of war or hostilities of any nature, laws or regulations of any government (whether foreign or domestic, federal, state, county or municipal) or any other similar cause beyond the reasonable control of the party affected.

No amendment or waiver of any provision of the terms of this engagement shall be effective unless it is in writing and signed by the party against which it is sought to be enforced.

Upon acceptance by **Ector County Hospital District**, this engagement letter represents the entire agreement between the parties with respect to the subject matter hereof, and no alteration, modification, or interpretation hereof shall be binding unless in writing and signed by the party against which enforcement is sought. This engagement letter supersedes all previous understandings, agreements, negotiations and proposals relating hereto.

Upon acceptance, this engagement letter shall be binding upon and inure to the benefit of the parties hereto and their respective successors. This engagement letter and the obligations hereunder may not be assigned by either party without the prior written consent of the other party, although Ector County Hospital District expressly consents to HealthSure contracting with its team of consultants and others for the performance of all or portions of the work to be performed in the course of this engagement.

If either party commences any action or proceeding against the other party to enforce the terms of this engagement letter, the prevailing party in such action or proceeding shall be entitled to recover from the other party the actual attorneys' fees, costs and expenses incurred by the prevailing party in connection with such action or proceeding and in connection with enforcing any judgment or order thereby obtained.

This engagement letter shall be governed by, and construed in accordance with, the laws of Texas. Venue for any dispute arising hereunder shall be in the courts of competent jurisdiction in Ector County, Texas.

The parties hereto agree that they will attempt to settle any claim or controversy arising out of this engagement letter through consultation and negotiation in good faith and a spirit of mutual cooperation. If those attempts fail, then the dispute will be mediated by a mutually acceptable mediator to be chosen by mutual consent of the parties within fifteen days after written notice from either party demanding mediation. Neither party may unreasonably withhold consent to the selection of a mediator, and the parties will share the cost of the mediation equally. Any dispute which the parties cannot resolve through mediation or negotiation within six months of the date of the initial demand for mediation by one of the parties may then be submitted to the courts within the United States for resolution. The use of mediation will not be construed under the doctrines of laches, waiver or estoppel to affect adversely the rights of any

party. Nothing in this section will prevent any party from resorting to judicial proceedings if (a) good faith efforts to resolve the dispute under these procedures have been unsuccessful or (b) interim relief from a court is necessary to prevent serious and irreparable injury.

If you have any questions or comments about this engagement, including the scope of services or the fees, please let me know. If the foregoing terms are consistent with Ector County Hospital District understanding of the terms of this engagement, please indicate your agreement by executing this letter in the space provided below.

We look forward to the opportunity to work with Ector County Hospital District in connection with this engagement.

Sincerely,
HealthSure Insurance Services, Inc.



Brant Couch
President

HealthSure's address:
5900 Southwest Parkway, Building 2-200
Austin, Texas 78735

ACCEPTED AND AGREED TO:

Ector County Hospital District

By: _____

Name: Russell Tippin

Title: CEO

Ector County Hospital District address:
P O Box 7239
Odessa, TX 79760

EXHIBIT A
Commercial Insurance / Risk Management – SCOPE OF SERVICES

HealthSure Insurance Services, Inc. (“HealthSure”) has been requested to provide professional services on behalf of Ector County Hospital District for insurance agent, insurance consulting and risk management services. In keeping with this request and the Purpose & Objectives, we offer the following Scope of Services and engagement.

Purpose & Objective

The purpose of the engagement is to provide insurance and risk management services to the client’s organization related to insurances typically used to cover certain exposures inherent to organizations with similar risks including, but not limited to, Property, Regulatory/Billing E&O, Cybersecurity Insurance, Directors & Officers Liability, Fiduciary Liability, Crime, Kidnap & Ransom, Employed Lawyers Liability, Business Auto, Worker’s Compensation, Storage Tank Liability, Notary Errors & Omissions, General Liability for Foundation and Police Department Professional Liability. Other insurances may be requested or required from time to time. A Service Plan will be agreed to within the context of the Scope of Services to outline the specific projects, tasks and related timelines for the engagement period. Periodic review of the Scope of Services and the related Service Plan enables HealthSure and Ector County Hospital District to accomplish an effective and successful insurance and risk management program to prudently protect the assets and income stream of the client.

The following Scope of Services is proposed to guide the service plan for Ector County Hospital District as the client and for HealthSure as the agent. The Scope of Services may be reviewed annually in order to confirm the expectations for the coming service year.

- A. Agent of Record Designation – execute the Agent of Record letter (when applicable) on behalf of Ector County Hospital District assuming responsibility for all current / Existing insurance policies covering the property, liability and other business insurance for the client including all subsidiaries and affiliates.

- B. Scope of Services:
 - Timely response to technical questions and inquiries
 - Audit all insurance policies to ensure accuracy
 - Order and process changes to insurance policies
 - Track policy changes and verify accuracy
 - Contract Control – review indemnification, Hold Harmless and Insurance requirements upon request
 - Timely response to requests for Certificates of Insurance and Evidence of Property insurance
 - Detailed explanation of premium invoices
 - Prepare or request binders of insurance
 - Prepare or request proof of insurance cards, if applicable
 - Timely reporting and tracking of claims to insurance companies as needed

- Claims review meetings with carriers and TPA's on a pre-determined schedule
- Interact with carriers when underwriting issues require negotiations
- Development of insurance design and specifications
- Qualifying and conducting the bid process with insurance companies and other agents
- Assist client with insurance application completion
- Conduct insurance risk assessment / audit, gaps and overlaps review
- Assist in assessing new exposures and risks under consideration by client
- Create and facilitate interaction of claims and risk management services offered by the carrier
- Provide periodic client training and education as requested
- Provide an annual Stewardship Report of the key activities performed

**DISCLOSURE STATEMENT
SERVICE FEES AND REIMBURSEMENTS
Ector County Hospital District**

Our agency may provide certain services that you request or that are necessary to place or maintain your insurance. The Texas Insurance Code authorize us to charge a fee for services if we obtain your written consent prior to providing the service or incurring the expense. The fee may be charged in addition to any commission we may receive from the insurance company providing the insurance coverage. The purpose of the Disclosure Statement is to agree with you that if we perform any of the following services in your behalf, you agree to pay the amount indicated as compensation for the services provided or expenses incurred.

You may call the Texas Department of Insurance at 1-800-252-3439 to obtain information on how to file a complaint if you have a complaint regarding these fees.

Category of Services	Description of Services to be Provided	Fee for Each Service
Printing or Reproduction		\$N/C
Electronic Mail or Telephone Transmission		\$N/C
Special Delivery		\$N/C
Cost Similar to the Above Services		\$N/C
Motor Vehicle Records	We will provide a copy of the record(s) to you.	\$N/C (actual cost only)
Photographs of Property		\$N/C (actual cost only)
Inspection Fee		\$N/C (subject to sales tax)
Agent Fee (in addition to full commission)		\$N/C (subject to sales tax)
Agent Fee (in lieu of full commission)	April 1, 2022- April 1, 2023 April 1, 2023- April 1, 2024 April 1, 2024- April 1, 2025	\$65,000 \$65,000 \$65,000
	TOTAL FEE	Per annual invoice

I agree to pay the fees specified above to HealthSure Insurance Services.

Signed _____

Date _____



FY 2022 CAPITAL EQUIPMENT REQUEST

Date: 05/03/2022

To: Ector County Hospital District Board of Directors

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

From: Courtney Look, Associate Chief Patient Exp Officer

Re: Huron Consulting Services, LLC.

Total Cost...(Unbudgeted) \$ 140,000

OBJECTIVE

Huron Consulting Services, LLC collaborates by creating sound strategies, optimizing operations, and empowering businesses for MCHS LEM.

Software will bring a consistent measurement tool to goal setting and action planning annually. Web-based platform that allows for up to 100 directors to enter goals and action plans. IN this agreement we will also receive virtual coach-based leader training on the corresponding tactics to be used in connection with effective use of *Leader Evaluation Manager* application, including goal-setting and relevant topics relating to accountability and alignment. Key targets will be:

- Align organizational goals to strategic and operational plans
- Educate leaders on our leader evaluation process
- Conduct goal development workshops to promote quality in design and implementation
- Coach the development of robust 90-day action plans to drive towards goal achievement

Deploy a standardized monthly meeting model to frame action-oriented and results-driven performance conversations

Fees are divided into quarterly payments of \$10,243.90 and total term will be for 41 months (2025) with ability to auto renew.

HISTORY

Previously contracted in 2019 and prior.

PURCHASE CONSIDERATIONS

No other purchase considerations.

FTE IMPACT

No additional FTE(s) will be required.

INSTALLATION & TRAINING

Provided by vendor.

WARRANTY AND SERVICE CONTRACT

See Quote

DISPOSITION OF EXISTING EQUIPMENT

N/A

COMMITTEE APPROVAL

FCC	Pending
MEC	Pending
Joint Conference	Pending
ECHD Board	Pending

May Board Report

Regional Services

General Updates/ Conferences

TORCH- 4/19-4/21

MCH Regional Board Retreat- 3/28-3/30

Regional Outreach

Iraan- Met with provider Theresa Callahan NP and met new Provider Michael Burrows FNP. Introduced self and role to new provider. Spoke about all the different service lines we have at MCH and our goals as regional partners. Provided information on clinics and newer providers. Theresa asked if we have a pediatrician who accepts Medicaid as they are seeing some pushback. I provided her with Dr Poudel's information. No needs at this time, they stated they are glad to see we have been on diversion less.

McCamey- Met with staff and providers. Dr Adams stated he has been very pleased with transfers to MCH. He commented on how great our ED physicians were. I provided an updated list of providers and gave information on our new vascular line and Dr. Alarhayem information.

Crane- Spoke with office nurse. I left updated provider information and updated with our new vascular line information; the providers were not available at that time.

Kermit- met with ED staff and providers, med surge staff. They are relieved we are no longer on diversion. They have had no recent issues with transfers. Also met with new swing bed coordinator, she provided some information about the program and requested case management director contact. She also requested some information about our orthopedic service line and providers. She stated she would like to visit with the orthopedic providers, I have let her know I can help coordinate this. I also met with clinic manager, Gabby. Provided her with clinic updates. I gave information to hospital and clinic staff about vascular line and information about Dr. Alarhayem. They are glad to hear this as they have several vascular referrals.

Ward- Met with providers in clinic, updated on vascular line. No recent issues with transfers. Currently they are recruiting for CNO. No needs from leadership or staff currently.

Clinic Outreach

Dr Babbel- Dr Salcido, Dr. Garcia, and Wendover family medicine

MCH Telemedicine

MCH Employees- 5 visits

MCH Procure- 74