

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
AUGUST 6, 2024 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA (p.1-2)

- I. CALL TO ORDER** Wallace Dunn, President
- II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES** Wallace Dunn
- III. INVOCATION** Chaplain Doug Herget
- IV. PLEDGE OF ALLEGIANCE** Wallace Dunn
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM** Richard Herrera (p.3)
- VI. AWARDS AND RECOGNITION**
 - A. August 2024 Associates of the Month** Russell Tippin
 - Clinical – Ira Madrid
 - Non-Clinical – Danny S. Bava
 - Nurse – Cynthia Bell
 - B. Net Promoter Score Recognition** Russell Tippin
 - Dr. Daniel Babbel
 - Hanah Lee Yee, NP
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**
- IX. CONSENT AGENDA** Wallace Dunn (p.4-40)
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
 - A. Consider Approval of Regular Meeting Minutes, July 2, 2024**
 - B. Consider Approval of Special Meeting Minutes, July 17, 2024**
 - C. Consider Approval of Joint Conference Committee, July 23, 2024**
 - D. Consider Approval of Federally Qualified Health Center Monthly Report, June 2024**
- X. COMMITTEE REPORTS**
 - A. Finance Committee** Don Hallmark (p.41-97)
 - 1. Quarterly Investment Report – Quarter 3, FY 2024

- 2. Quarterly Investment Officer's Certification
- 3. Financial Report for Month Ended June 30, 2024
- 4. Consent Agenda
 - a. Consider Approval of Breakaway Promise/Point/Community Services Renewal
- 5. Consider Approval of Cardiovascular Suite – Wheatley Stewart
- 6. Consider Approval of 6W Telemetry Implementation

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

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

XII. DIABETES CLINIC UPDATE Grant Trollope (p.98)

XIII. NICU RESOLUTION..... Kim Leftwich (p.99-110)

XIV. CONSIDER APPROVAL OF ORDER OF ELECTION FOR THE ECTOR COUNTY HOSPITAL DISTRICT Steve Steen

XV. CONSIDER APPROVAL OF CONTRACT WITH ELECTIONS OFFICE Steve Steen (p.110-121)

**XVI. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS
..... Russell Tippin (p.122-129)**

- A. Dr. Hulsey – Update**
- B. Review of Certified Property Valuations**
- C. Board Budget Workshop Meeting – 9/17/24**
- D. Ad hoc Report(s)**

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

XVIII.ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. CONSIDER APPROVAL OF MCH PROCARE PROVIDER AGREEMENTS**
- B. CONSIDER APPROVAL OF MCH PROPERTY LEASE AGREEMENTS**
- C. CHIEF EXECUTIVE OFFICER EVALUATION**

XIX. ADJOURNMENTWallace Dunn

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

MISSION

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

VISION

MCHS will be the premier source for health and wellness.

VALUES

I-ntegrity

C-ustomer centered

A-ccountability

R-espect

E-xcellence

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
JULY 2, 2024 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT: Wallace Dunn, President
Don Hallmark, Vice President
Richard Herrera
Will Kappauf
David Dunn
Kathy Rhodes

MEMBERS ABSENT: Bryn Dodd

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

I. CALL TO ORDER

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

II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

Wallace Dunn called roll, and there was one member absent: Bryn Dodd was excused.

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III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

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

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Will Kappauf presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. July 2024 Associates of the Month

Russell Tippin, President/Chief Executive Officer, introduced the July 2024 Associates of the Month as follows:

- Clinical – Brenda M. Pangan
- Non-Clinical – Janett L. Franco
- Nurse – Sonya Garcia

B. Net Promoter Score Recognition

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

- Dr. Fernando Boccalandro
- Dr. Sindhu Kaitha
- FHC West Family Medicine

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

IX. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, June 4, 2024**
- B. Consider Approval of Joint Conference Committee, June 25, 2024**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, May 2024**
- D. Consider Approval of Annual ECHD Board Committee Appointments by Board President**

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

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X. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended May 31, 2024
2. Consent Agenda
 - a. Consider Approval of Lockton Agreement Renewal
3. Consider Approval of UMR Administrative Services Agreement

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

B. Executive Policy Committee

The Executive Policy Committee met on June 27, 2024 to review and approve three (3) MCH policies meeting the committee guidelines. The committee recommends approval of the submitted policies as presented.

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

XI. TTUHSC AT THE PERMIAN BASIN REPORT

No report was provided.

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

A. Dr. Hulsey - Update

Dr. Hulsey, Chief Medical Officer, provided the Board with dates of several events that are coming up:

- The board member and physician breakfast meeting is scheduled for 7/18/24.
- The last PLDI is complete and the next group will be starting in September.

This report was informational only. No action was taken.

B. HealthSure Annual Insurance Report of Condition

The HealthSure Annual Insurance Report of Condition was provided in the board packet.

This report was informational only. No action was taken.

C. Annual Conflict of Interest and Confidentiality Statements – ECHD Board Members

The Annual Conflict of Interest and Confidentiality Statements were provided and signed by each member that was present.

D. Joint Survey

Courtney Look-Davis, Chief Experience & Quality Officer, reported that the Total Hip and Joint Survey was completed and went well.

E. Ad hoc Reports

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Courtney Look-Davis, Chief Experience & Quality Officer, reported that the Leapfrog scores will be coming out.

Matt Collins, Chief Operating Officer, reported that MCH is looking at a Fall rollout for the mobile app. The current vendor is Tonic, but the team is looking at NThrive because it has more capabilities.

These reports were informational only. No action was taken.

XIII. EXECUTIVE SESSION

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

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

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

Matt Collins, Chief Operating Officer, presented the On-Call agreement for Pediatric Cardiology to the Board of Directors during Executive Session.

Russell Tippin, Chief Executive Officer, presented the On-Call agreements for Neurology to the Board of Directors during Executive Session.

Adiel Alvarado, President of ProCare, was excused from the remainder of executive session.

Steve Steen, Chief Legal Counsel, reported to the board that the draft of the bylaws will be sent out to the board.

Russell Tippin, Chief Executive Officer, led the board in discussions about the November election.

Russell Tippin, Chief Executive Officer, led the board in discussions about a path to being a Level II Trauma Center.

Matt Collins, Chief Operating Officer, was excused from the remainder of Executive Session.

Steve Steen, Chief Legal Counsel, led the board in discussions about an OIG repayment during Executive Session.

Steve Steen, Chief Legal Counsel, reported to the board about a Cardiology overpayment issue.

Russell Tippin, Chief Executive Officer and Steve Steen, Chief Legal Counsel, reported to the board about two compliance investigations.

Board members, Kathy Rhodes and Don Hallmark, reported to the board that they have been contacted by retirees and they are requesting a meeting.

Wallace Dunn, Board President and Russell Tippin, Chief Executive Officer, led the board in discussions about relocation expenses.

Executive Session began at 5:51 p.m.
Executive Session ended at 7:09 p.m.

No action was taken during Executive Session.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements.

Wallace Dunn presented the following renewal:

- Varuna Nargunan, M.D. – This a three (3) year Endocrinology Contract.
- Mandeep Othee, M.D. – This is a three (3) year Pain Management Contract

Wallace Dunn presented the following new contracts:

- Morgan Caughlin, D.O. – This a three (3) year Hospitalist Contract.
- Lincy Sakwa, M.D. – This is a three (3) year Hospitalist Contract.
- Janie Lopez, PA – This is a three (3) year Cardiology Contrat.
- Sagarika Sayavada, M.D. – This is a one (1) year Gastroenterology Contract.
- Jemimah Omavuezi, PA – This is a one (1) year Cardiology Contract.

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

B. Consider Approval of On-Call Agreements

Wallace Dunn presented the following on-call agreements:

- John Dorman, M.D. – This is a 3-year neurosurgery and spinal on-call agreement.
- Macaulay Nwojo, M.D. - This is a 3-year neurosurgery and spinal on-call agreement.
- Victor Levy, M.D. – This a 1-year Pediatric Cardiology on-call agreement.

David Dunn moved, and Richard Herrera seconded the motion to approve the On-Call Agreements as presented. The motion carried.

C. Consider Approval of Settlement Agreement

Richard Herrera moved, and Don Hallmark seconded the motion to authorize a settlement agreement with the OIG up to the amount of \$400,000.00. The motion carried.

D. CEO Agreement

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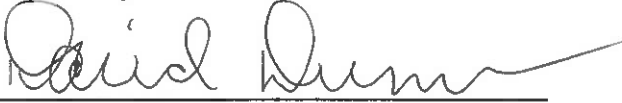
Wallace Dunn recommended approval pursuant to an oral agreement between the ECHD Board and Russell Tippin, President/CEO, to reimburse relocation costs up to \$10,000.00.

Richard Herrera moved, and Kathy Rhodes seconded the motion to reimburse relocation expenses up to \$10,000.00. The motion carried.

XV. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 7:11 p.m.

Respectfully submitted,

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

David Dunn, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL BOARD MEETING
JULY 17, 2024 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

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

MEMBERS ABSENT:

Richard Herrera

OTHERS PRESENT:

Russell Tippin, Chief Executive Officer
Steve Steen, Chief Legal Counsel
Lisa Russell, Executive Assistant to President/CEO
Kerstin Connolly, Paralegal

I. CALL TO ORDER

Wallace Dunn, President, called the meeting to order at 5:31 p.m. in the Texas Tech J'Nevelyn & Larry Melton Conference Center, 801 W. 4th Street, Odessa, Texas. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

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

III. PUBLIC COMMENTS ON AN AGENDA ITEM

No comments from the public were received.

IV. CONSIDER APPROVAL OF MEMORANDUM OF UNDERSTANDING

Russell Tippin, President/CEO, presented the Memorandum of Understanding between the City of Odessa and Ector County Hospital District for the Fire Services and Emergency Medical Services. Page 10 of 129

Don Hallmark moved, and David Dunn seconded the motion to approve the Memorandum of Understanding as presented. The motion carried.

V. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 5:58 p.m.

Respectfully submitted,

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

David Dunn, Secretary
Ector County Hospital District Board of Directors



August 6, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

Pursuant to Article 7 of the Medical Staff By laws, 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
Morgan Caughlin, DO	Hospitalist	Hospitalist	ProCare	08/06/2024-08/05/2025
John Halloran, MD	Radiology	Telemedicine	VRAD	08/06/2024-08/05/2026
Victor Levy, MD	Pediatrics	Neonatal Perinatal		08/06/2024-08/05/2025
Aaron Peterson, MD	Radiology	Telemedicine	VRAD	08/06/2024-08/05/2026
Dirk Rehder, MD	Radiology	Telemedicine	VRAD	08/06/2024-08/05/2026
Michael Rodriguez, MD	Radiology	Telemedicine	VRAD	08/06/2024-08/05/2026
Saifullah Shahid, MD	Hospitalist	Hospitalist	ProCare	08/06/2024-08/05/2025
Jesus Zamora, MD	Radiology	Telemedicine	VRAD	08/06/2024-08/05/2026

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
*Melissa Freeman, NP	Family Medicine	AHP	Nurse Practitioner	ProCare	Dr. Godey	08/06/2024-08/05/2026
Esperanza Salinas, NP	Medicine	AHP	Nurse Practitioner		Dr. Anand Reddy & Dr. Asif Ansari	08/06/2024-08/05/2026



*Please grant temporary Privileges

Advice, Opinions, Recommendations and Motions:

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

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



August 6,2024

ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

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

Statement of Pertinent Facts:

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

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/ Privileges	Group	Changes to Privileges	Dates
Lakshmi Alahari, MD	Medicine	Yes	Associate to Active	Hospitalist	ProCare	None	09/01/2024-08/31/2026
Alexander Bastidas, MD	Medicine	Yes	Active	Critical Care	ProCare	None	09/01/2024-08/31/2026
Bharat Bhushan, MD	Medicine	Yes	Associate	Hospitalist	TTUHSC	None	09/01/2024-08/31/2025
Vijay Borra, MD	Surgery	Yes	Active	Orthopaedic	ProCare	None	09/01/2024-08/31/2026
Kathy Grove, MD	Surgery	Yes	Active	Trauma Surgery	MCH Trauma Care	None	09/01/2024-08/31/2026
Joshua Houser, MD	Emergency Medicine	Yes	Active	Emergency Medicine	BEPO	None	09/01/2024-08/31/2026
Sarah Kiani, MD	Medicine	Yes	Active	Internal Medicine	TTUHSC	None	09/01/2024-08/31/2026
Edwardo Morfa Romero, MD	Medicine	Yes	Associate	Infectious Disease		None	09/01/2024-08/31/2025
Raphael Nwojo, MD	Surgery	Yes	Active	Otolaryngology		None	09/01/2024-08/31/2026
Kranthi Seelaboyina, MD	Pediatrics	Yes	Associate	Pediatrics	TTUHSC	None	09/01/2024-08/31/2025
Joshua Levinger, MD	Surgery	Yes	Active	Otolaryngology	ProCare	None	10/01/2024-09/30/2026
David Moore, MD	OB/GYN	Yes	Active	OB/GYN	TTUHSC	None	10/01/2024-09/30/2026
Martin Ortega, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	None	10/01/2024-09/30/2026

Robert Viney, MD	Surgery	Yes	Active	Surgery	TTUHSC	None	10/01/2024- 09/30/2026
Mohannad Anbarserri, MD	Family Medicine	Yes	Associate	Family Medicine		None	11/01/2024- 10/31/2025
George Germanos, MD	Medicine	Yes	Associate	Hospitalist		None	11/01/2024- 10/31/2025
Viktor Miro, MD	Medicine	Yes	Associate	Hospitalist		None	11/01/2024- 10/31/2025

Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician	Changes to Privilege	Dates
Ashlyn Duncan, NP	Medicine	AHP	Nurse Practitioner	ProCare	Nikolay Azarov, MD, Krishna Ayyagari, MD, Alejandra Garcia, MD	None	09/01/2024-08/31/2026
Hanh Lovett, PA	Emergency Medicine	AHP	Physician Assistant	BEPO	Dr. Gregory Shipkey, MD	None	09/01/2024-08/31/2026
Bret Sadler, CCP	Surgery	AHP	CCP		Kirit Patel, MD	None	11/01/2024-10/31/2026



Advice, Opinions, Recommendations and Motions:

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

Jeffrey Pinnow, MD
Chief of Staff
Executive Committee Chair

August 6,2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:
Change in Clinical Privileges

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

Additional Privileges:

Staff Member	Department	Privilege
Varunsiri Atti, MD	Cardiology	ADDING: Interventional Cardiology Privileges

Advice, Opinions, Recommendations and Motions:

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

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



August 6, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Medical Staff or AHP Staff Status–Resignations/Lapse of Privileges

Statement of Pertinent Facts:

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

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Amirtha Owens, MD	Telemedicine	Radiology	06/14/2024	Resignation

Advice, Opinions, Recommendations and Motion:

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

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



August 6, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of Pertinent Facts:

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

Staff Category Change:

Staff Member	Department	Category
Lakshmi Alahari, MD	Medicine	Associate to Active

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				



August 6, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Bharat Bhushan, MD	Medicine	Removal of I-FPPE
Timothy Castro, MD	Anesthesia	Removal of I-FPPE
David Coston, CRNA	Anesthesia	Removal of I-FPPE
Nilo Napay, NP	Medicine	Removal of I-FPPE
Mayra Villa, NP	Family Medicine	Removal of I-FPPE

Change in Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

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

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



August 6, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following:

- New OB/GYN Department Chair Dr. Christopher Maguire

Advice, Opinions, Recommendations and Motion:

- New OB/GYN Department Chair Dr. Christopher Maguire

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 New OB/GYN Department Chair Dr. Christopher Maguire
- . Forward this recommendation to the Ector County Hospital District Board of Directors.

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

Family Health Clinic
August 2024
ECHD Board Update

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 1,519,579	\$ 1,721,121	-11.7%	\$ 498,152	205.0%	\$ 14,632,716	\$ 15,112,202	-3.2%	\$ 5,444,722	168.8%
TOTAL PATIENT REVENUE	\$ 1,519,579	\$ 1,721,121	-11.7%	\$ 498,152	205.0%	\$ 14,632,716	\$ 15,112,202	-3.2%	\$ 5,444,722	168.8%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 697,974	\$ 846,272	-17.5%	\$ 264,794	163.6%	\$ 6,614,945	\$ 7,453,386	-11.2%	\$ 3,008,613	119.9%
Self Pay Adjustments	90,386	106,656	-15.3%	29,041	211.2%	535,834	944,903	-43.3%	484,593	10.6%
Bad Debts	57,485	55,438	3.7%	36,423	57.8%	485,629	461,713	5.2%	(100,774)	-581.9%
TOTAL REVENUE DEDUCTIONS	\$ 845,845	\$ 1,008,366	-16.1%	\$ 330,258	156.1%	\$ 7,636,409	\$ 8,860,002	-13.8%	\$ 3,392,432	125.1%
	55.66%	58.59%		66.30%		52.19%	58.63%		62.31%	
NET PATIENT REVENUE	\$ 673,734	\$ 712,755	-5.5%	\$ 167,894	301.3%	\$ 6,996,307	\$ 6,252,200	11.9%	\$ 2,052,290	240.9%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 49,927	\$ 18,570	168.9%	\$ 222,389	-77.5%	\$ 352,556	\$ 167,130	110.9%	\$ 838,646	-58.0%
TOTAL OTHER REVENUE	\$ 49,927	\$ 18,570	168.9%	\$ 222,389	-77.5%	\$ 352,556	\$ 167,130	110.9%	\$ 838,646	-58.0%
NET OPERATING REVENUE	\$ 723,662	\$ 731,325	-1.0%	\$ 390,283	85.4%	\$ 7,348,863	\$ 6,419,330	14.5%	\$ 2,890,936	154.2%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 190,598	\$ 251,962	-24.4%	\$ 103,544	84.1%	\$ 1,723,313	\$ 2,190,304	-21.3%	\$ 936,894	83.9%
Benefits	(117,571)	40,642	-389.3%	(1,188)	9796.5%	105,762	361,151	-70.7%	237,032	-55.4%
Physician Services	460,463	460,872	-0.1%	86,899	429.9%	3,997,273	4,185,160	-4.5%	1,483,823	169.4%
Cost of Drugs Sold	60,106	20,430	194.2%	23,773	152.8%	467,702	187,194	149.8%	167,260	179.6%
Supplies	28,344	59,361	-52.3%	11,658	143.1%	205,016	516,870	-60.3%	100,259	104.5%
Utilities	5,487	7,181	-23.6%	5,703	-3.8%	50,276	52,567	-4.4%	49,738	1.1%
Repairs and Maintenance	1,227	2,241	-45.2%	1,153	6.4%	18,889	20,169	-6.3%	8,731	116.3%
Leases and Rentals	561	4,477	-87.5%	699	-19.6%	10,909	40,293	-72.9%	4,993	118.5%
Other Expense	1,000	1,352	-26.0%	3,022	-66.9%	9,693	14,444	-32.9%	41,488	-76.6%
TOTAL OPERATING EXPENSES	\$ 630,214	\$ 848,518	-25.7%	\$ 235,263	167.9%	\$ 6,588,833	\$ 7,568,152	-12.9%	\$ 3,030,218	117.4%
Depreciation/Amortization	\$ 24,947	\$ 23,354	6.8%	\$ 25,124	-0.7%	\$ 224,574	\$ 212,692	5.6%	\$ 212,192	5.8%
TOTAL OPERATING COSTS	\$ 655,161	\$ 871,872	-24.9%	\$ 260,387	151.6%	\$ 6,813,407	\$ 7,780,844	-12.4%	\$ 3,242,411	110.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ 68,500	\$ (140,547)	-148.7%	\$ 129,896	-47.3%	\$ 535,457	\$ (1,361,514)	-139.3%	\$ (351,474)	-252.3%
Operating Margin	9.47%	-19.22%	-149.3%	33.28%	-71.6%	7.29%	-21.21%	-134.4%	-12.16%	-159.9%

	CURRENT MONTH					YEAR TO DATE				
	3,416	4,114	-17.0%	1,518	125.0%	33,528	36,450	-8.0%	17,341	93.3%
Total Visits										
Average Revenue per Office Visit	444.84	418.36	6.3%	328.16	35.6%	436.43	414.60	5.3%	313.98	39.0%
Hospital FTE's (Salaries and Wages)	44.4	58.2	-23.8%	24.7	79.5%	44.8	56.5	-20.7%	25.2	77.7%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 141,046	\$ 193,252	-27.0%	\$ 96,608	46.0%	\$ 1,329,776	\$ 1,771,480	-24.9%	\$ 1,598,289	-16.8%
TOTAL PATIENT REVENUE	\$ 141,046	\$ 193,252	-27.0%	\$ 96,608	46.0%	\$ 1,329,776	\$ 1,771,480	-24.9%	\$ 1,598,289	-16.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 55,979	\$ 104,732	-46.6%	\$ 46,599	20.1%	\$ 666,672	\$ 960,047	-30.6%	\$ 881,741	-24.4%
Self Pay Adjustments	34,214	24,264	41.0%	8,436	305.6%	177,915	222,005	-19.9%	209,362	-15.0%
Bad Debts	5,351	(13,870)	-138.6%	49,450	-89.2%	66,288	(127,138)	-152.1%	(42,972)	-254.3%
TOTAL REVENUE DEDUCTIONS	\$ 95,543	\$ 115,126	-17.0%	\$ 104,485	-8.6%	\$ 910,875	\$ 1,054,914	-13.7%	\$ 1,048,130	-13.1%
	67.7%	59.6%		108.2%		68.5%	59.5%		65.6%	
NET PATIENT REVENUE	\$ 45,503	\$ 78,126	-41.8%	\$ (7,876)	-677.7%	\$ 418,901	\$ 716,566	-41.5%	\$ 550,158	-23.9%
OTHER REVENUE										
FHC Other Revenue	\$ 49,927	\$ 18,570	0.0%	\$ 222,389	-77.5%	\$ 352,556	\$ 167,130	0.0%	\$ 838,646	-58.0%
TOTAL OTHER REVENUE	\$ 49,927	\$ 18,570	168.9%	\$ 222,389	-77.5%	\$ 352,556	\$ 167,130	110.9%	\$ 838,646	-58.0%
NET OPERATING REVENUE	\$ 95,430	\$ 96,696	-1.3%	\$ 214,513	-55.5%	\$ 771,457	\$ 883,696	-12.7%	\$ 1,388,805	-44.5%
OPERATING EXPENSE										
Salaries and Wages	\$ 57,992	\$ 64,568	-10.2%	\$ 84,108	-31.1%	\$ 515,967	\$ 580,600	-11.1%	\$ 714,984	-27.8%
Benefits	(35,773)	10,415	-443.5%	(965)	3607.0%	31,554	95,733	-67.0%	180,889	-82.6%
Physician Services	87,753	65,850	33.3%	102,709	-14.6%	568,505	592,650	-4.1%	946,764	-40.0%
Cost of Drugs Sold	4,339	3,621	19.8%	85	5013.6%	41,603	33,193	25.3%	29,949	38.9%
Supplies	13,734	7,225	90.1%	7,461	84.1%	90,797	66,060	37.4%	32,196	182.0%
Utilities	2,552	4,065	-37.2%	2,801	-8.9%	25,490	27,813	-8.4%	25,010	1.9%
Repairs and Maintenance	527	2,028	-74.0%	933	-43.5%	11,503	18,252	-37.0%	6,811	68.9%
Leases and Rentals	521	537	-2.9%	659	-20.8%	5,455	4,833	12.9%	4,833	12.9%
Other Expense	1,000	1,227	-18.5%	3,022	-66.9%	9,693	13,319	-27.2%	40,937	-76.3%
TOTAL OPERATING EXPENSES	\$ 132,645	\$ 159,536	-16.9%	\$ 200,814	-33.9%	\$ 1,300,568	\$ 1,432,453	-9.2%	\$ 1,982,374	-34.4%
Depreciation/Amortization	\$ 4,048	\$ 2,694	50.3%	\$ 4,225	-4.2%	\$ 36,481	\$ 24,443	49.2%	\$ 24,464	49.1%
TOTAL OPERATING COSTS	\$ 136,694	\$ 162,230	-15.7%	\$ 205,039	-33.3%	\$ 1,337,049	\$ 1,456,896	-8.2%	\$ 2,006,837	-33.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (41,264)	\$ (65,534)	37.0%	\$ 9,474	535.5%	\$ (565,591)	\$ (573,200)	1.3%	\$ (618,033)	-8.5%
Operating Margin	-43.24%	-67.77%	-36.2%	4.42%	-1079.0%	-73.31%	-64.86%	13.0%	-44.50%	64.7%

	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	513	696	-26.3%	331	55.0%	4,764	6,380	-25.3%	5,756	-17.2%
Average Revenue per Office Visit	274.94	277.66	-1.0%	291.87	-5.8%	279.13	277.66	0.5%	277.67	0.5%
Hospital FTE's (Salaries and Wages)	9.8	13.2	-25.4%	12.3	-20.4%	10.2	13.2	-22.9%	11.9	-14.1%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 161,822	\$ 200,626	-19.3%	\$ 145,819	11.0%	\$ 1,800,162	\$ 1,839,974	-2.2%	\$ 1,679,336	7.2%
TOTAL PATIENT REVENUE	\$ 161,822	\$ 200,626	-19.3%	\$ 145,819	11.0%	\$ 1,800,162	\$ 1,839,974	-2.2%	\$ 1,679,336	7.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 69,286	\$ 111,050	-37.6%	\$ 73,470	-5.7%	\$ 889,512	\$ 1,018,460	-12.7%	\$ 933,673	-4.7%
Self Pay Adjustments	30,224	18,409	64.2%	22,554	34.0%	187,232	168,829	10.9%	160,207	16.9%
Bad Debts	6,782	1,446	369.0%	(7,546)	-189.9%	68,680	13,258	418.0%	14,194	383.9%
TOTAL REVENUE DEDUCTIONS	\$ 106,292	\$ 130,905	-18.8%	\$ 88,477	20.1%	\$ 1,145,424	\$ 1,200,547	-4.6%	\$ 1,108,075	3.4%
	65.68%	65.25%		60.68%		63.63%	65.25%		65.98%	
NET PATIENT REVENUE	\$ 55,529	\$ 69,721	-20.4%	\$ 57,341	-3.2%	\$ 654,738	\$ 639,427	2.4%	\$ 571,261	14.6%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 55,529	\$ 69,721	-20.4%	\$ 57,341	-3.2%	\$ 654,738	\$ 639,427	2.4%	\$ 571,261	14.6%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 16,385	\$ 26,627	-38.5%	\$ 4,500	264.1%	\$ 185,575	\$ 239,542	-22.5%	\$ 67,183	176.2%
Benefits	(10,107)	4,295	-335.3%	(52)	19336.5%	11,349	39,497	-71.3%	16,997	-33.2%
Physician Services	39,978	55,733	-28.3%	20,937	90.9%	440,917	501,597	-12.1%	284,657	54.9%
Cost of Drugs Sold	9,414	3,200	194.2%	575	1537.6%	34,413	29,349	17.3%	26,787	28.5%
Supplies	1,676	3,099	-45.9%	321	421.6%	16,171	28,355	-43.0%	26,747	-39.5%
Utilities	2,934	3,116	-5.8%	2,902	1.1%	24,786	24,754	0.1%	24,727	0.2%
Repairs and Maintenance	-	213	-100.0%	220	-100.0%	-	1,917	-100.0%	1,920	-100.0%
Leases and Rentals	40	-	0.0%	40	0.0%	360	-	0.0%	160	125.0%
Other Expense	-	125	-100.0%	-	0.0%	-	1,125	-100.0%	551	-100.0%
TOTAL OPERATING EXPENSES	\$ 60,320	\$ 96,408	-37.4%	\$ 29,443	104.9%	\$ 713,571	\$ 866,136	-17.6%	\$ 449,730	58.7%
Depreciation/Amortization	\$ 20,824	\$ 20,497	1.6%	\$ 20,824	0.0%	\$ 187,419	\$ 186,770	0.3%	\$ 187,055	0.2%
TOTAL OPERATING COSTS	\$ 81,145	\$ 116,905	-30.6%	\$ 50,267	61.4%	\$ 900,990	\$ 1,052,906	-14.4%	\$ 636,785	41.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ (25,615)	\$ (47,184)	-45.7%	\$ 7,074	-462.1%	\$ (246,252)	\$ (413,479)	-40.4%	\$ (65,523)	275.8%
Operating Margin	-46.13%	-67.68%	-31.8%	12.34%	-473.9%	-37.61%	-64.66%	-41.8%	-11.47%	227.9%

	CURRENT MONTH					YEAR TO DATE				
	578	666	-13.2%	512	12.9%	5,938	6,108	-2.8%		0.0%
Total Visits										
Average Revenue per Office Visit	279.97	301.24	-7.1%	284.80	-1.7%	303.16	301.24	0.6%	301.23	0.6%
Hospital FTE's (Salaries and Wages)	5.9	7.1	-17.7%	5.0	16.0%	6.9	7.1	-3.8%	5.9	16.2%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 338,642	\$ 266,842	26.9%	\$ 255,725	32.4%	\$ 3,359,174	\$ 2,444,125	37.4%	\$ 2,167,097	55.0%
TOTAL PATIENT REVENUE	\$ 338,642	\$ 266,842	26.9%	\$ 255,725	32.4%	\$ 3,359,174	\$ 2,444,125	37.4%	\$ 2,167,097	55.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 163,160	\$ 145,497	12.1%	\$ 144,725	12.7%	\$ 1,700,242	\$ 1,332,674	27.6%	\$ 1,193,199	42.5%
Self Pay Adjustments	7,239	12,293	-41.1%	(1,948)	-471.5%	69,007	112,595	-38.7%	115,024	-40.0%
Bad Debts	12,795	(6,457)	-298.2%	(5,480)	-333.5%	105,693	(59,144)	-278.7%	(71,996)	-246.8%
TOTAL REVENUE DEDUCTIONS	\$ 183,194	\$ 151,333	21.1%	\$ 137,296	33.4%	\$ 1,874,942	\$ 1,386,125	35.3%	\$ 1,236,227	51.7%
	54.10%	56.71%		53.69%		55.82%	56.71%		57.05%	
NET PATIENT REVENUE	\$ 155,449	\$ 115,509	34.6%	\$ 118,429	31.3%	\$ 1,484,232	\$ 1,058,000	40.3%	\$ 930,870	59.4%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 155,449	\$ 115,509	34.6%	\$ 118,429	31.3%	\$ 1,484,232	\$ 1,058,000	40.3%	\$ 930,870	59.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 34,475	\$ 35,664	-3.3%	\$ 14,935	130.8%	\$ 289,967	\$ 320,554	-9.5%	\$ 154,727	87.4%
Benefits	(21,266)	5,753	-469.7%	(171)	12336.3%	17,733	52,855	-66.4%	39,146	-54.7%
Physician Services	45,907	59,458	-22.8%	(36,746)	-224.9%	518,806	535,122	-3.0%	252,402	105.5%
Cost of Drugs Sold	22,818	13,609	67.7%	23,113	-1.3%	165,668	124,652	32.9%	110,524	49.9%
Supplies	6,270	5,168	21.3%	3,875	61.8%	28,200	47,273	-40.3%	41,315	-31.7%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 88,204	\$ 119,652	-26.3%	\$ 5,006	1661.9%	\$ 1,020,373	\$ 1,080,456	-5.6%	\$ 598,115	70.6%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 674	\$ 675	-0.2%	\$ 674	0.0%
TOTAL OPERATING COSTS	\$ 88,279	\$ 119,727	-26.3%	\$ 5,081	1637.4%	\$ 1,021,047	\$ 1,081,131	-5.6%	\$ 598,788	70.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ 67,170	\$ (4,218)	-1692.5%	\$ 113,348	-40.7%	\$ 463,185	\$ (23,131)	-2102.4%	\$ 332,082	39.5%
Operating Margin	43.21%	-3.65%	-1283.3%	95.71%	-54.9%	31.21%	-2.19%	-1527.4%	35.67%	-12.5%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	755	740	2.0%	675	11.9%	8,038	6,778	18.6%		0.0%
Average Revenue per Office Visit	448.53	360.60	24.4%	378.85	18.4%	417.91	360.60	15.9%	360.58	15.9%
Hospital FTE's (Salaries and Wages)	10.0	9.7	2.4%	7.3	35.9%	9.2	9.8	-5.9%	7.4	24.0%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 878,069	\$ 1,060,401	-17.2%	\$ -	100.0%	\$ 8,143,604	\$ 9,056,623	-10.1%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 878,069	\$ 1,060,401	-17.2%	\$ -	100.0%	\$ 8,143,604	\$ 9,056,623	-10.1%	\$ -	100.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 409,549	\$ 484,993	-15.6%	\$ -	100.0%	\$ 3,358,519	\$ 4,142,205	-18.9%	\$ -	100.0%
Self Pay Adjustments	18,710	51,690	-63.8%	-	100.0%	101,680	441,474	-77.0%	-	100.0%
Bad Debts	32,556	74,319	-56.2%	-	100.0%	244,969	634,737	-61.4%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 460,815	\$ 611,002	-24.6%	\$ -	100.0%	\$ 3,705,168	\$ 5,218,416	-29.0%	\$ -	100.0%
	52.48%	57.62%		0.00%		45.50%	57.62%		0.00%	
NET PATIENT REVENUE	\$ 417,254	\$ 449,399	-7.2%	\$ -	100.0%	\$ 4,438,436	\$ 3,838,207	15.6%	\$ -	100.0%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 417,254	\$ 449,399	-7.2%	\$ -	100.0%	\$ 4,438,436	\$ 3,838,207	15.6%	\$ -	100.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 81,746	\$ 125,103	-34.7%	\$ -	100.0%	\$ 731,805	\$ 1,049,608	-30.3%	\$ -	100.0%
Benefits	(50,425)	20,179	-349.9%	-	100.0%	45,126	173,066	-73.9%	-	100.0%
Physician Services	286,825	279,831	2.5%	-	100.0%	2,469,045	2,555,791	-3.4%	-	100.0%
Cost of Drugs Sold	23,534	-	0.0%	-	100.0%	226,017	-	100.0%	-	100.0%
Supplies	6,664	43,869	-84.8%	-	100.0%	69,848	375,182	-81.4%	-	100.0%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	700	-	0.0%	-	100.0%	7,386	-	0.0%	-	100.0%
Leases and Rentals	-	3,940	-100.0%	-	0.0%	5,094	35,460	-85.6%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 349,044	\$ 472,922	-26.2%	\$ -	100.0%	\$ 3,554,321	\$ 4,189,107	-15.2%	\$ -	100.0%
Depreciation/Amortization	\$ -	\$ 88	-100.0%	\$ -	100.0%	\$ -	\$ 804	-100.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 349,044	\$ 473,010	-26.2%	\$ -	100.0%	\$ 3,554,321	\$ 4,189,911	-15.2%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ 68,209	\$ (23,611)	-388.9%	\$ -	100.0%	\$ 884,115	\$ (351,704)	-351.4%	\$ -	100.0%
Operating Margin	16.35%	-5.25%	-411.1%	0.00%	100.0%	19.92%	-9.16%	-317.4%	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
Total Visits	1,570	2,012	-22.0%	-	0.0%	14,788	17,184	-13.9%	-	0.0%
Average Revenue per Office Visit	559.28	527.04	6.1%	-	0.0%	550.69	527.04	4.5%	-	0.0%
Hospital FTE's (Salaries and Wages)	18.7	28.2	-33.6%	-	0.0%	18.5	26.3	-29.7%	-	0.0%

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

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 45,333	\$ 31,937	\$ 236	\$ 47,821	\$ 125,328	8.2%	\$ 456,306	\$ 409,975	\$ 190	\$ 394,931	\$ 1,261,401	8.6%
Medicaid	23,386	22,489	227,652	297,052	570,580	37.5%	216,983	310,137	2,299,038	2,729,911	5,556,069	38.0%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	21,296	60,869	96,618	496,244	675,027	44.4%	227,311	539,914	912,686	4,641,240	6,321,151	43.2%
Self Pay	49,482	39,930	12,381	26,440	128,233	8.4%	426,154	447,020	125,476	254,580	1,253,231	8.6%
Other	1,548	6,596	1,755	10,512	20,412	1.3%	3,023	93,116	21,784	122,942	240,865	1.6%
Total	\$ 141,046	\$ 161,822	\$ 338,642	\$ 878,069	\$ 1,519,579	100.0%	\$ 1,329,776	\$ 1,800,162	\$ 3,359,174	\$ 8,143,604	\$ 14,632,716	100.0%

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 23,683	\$ 8,148	\$ -	\$ 37,151	\$ 68,982	12.9%	\$ 185,085	\$ 168,564	\$ -	\$ 103,494	\$ 457,143	9.5%
Medicaid	10,609	14,844	111,813	\$ 87,431	224,697	41.9%	105,116	142,287	1,005,074	628,066	1,880,544	39.1%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	6,255	13,551	43,886	\$ 105,548	169,239	31.6%	85,993	216,844	381,554	1,119,193	1,803,583	37.5%
Self Pay	7,792	8,800	6,137	\$ 41,964	64,693	12.1%	54,188	65,748	57,127	420,215	597,278	12.4%
Other	(12)	2,686	2,228	\$ 3,654	8,556	1.6%	974	29,467	9,266	31,552	71,260	1.5%
Total	\$ 48,327	\$ 48,029	\$ 164,063	\$ 275,747	\$ 536,166	100.0%	\$ 431,356	\$ 622,911	\$ 1,453,022	\$ 2,302,520	\$ 4,809,808	100.0%

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

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 45,333	32.2%	\$ 33,372	34.5%	\$ 456,306	34.3%	426,491	26.7%
Medicaid	23,386	16.6%	20,462	21.2%	216,983	16.3%	396,537	24.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	21,296	15.1%	16,137	16.7%	227,311	17.1%	259,225	16.2%
Self Pay	49,482	35.1%	26,245	27.2%	426,154	32.1%	480,954	30.1%
Other	1,548	1.1%	392	0.4%	3,023	0.2%	35,081	2.2%
TOTAL	\$ 141,046	100.0%	\$ 96,608	100.0%	\$ 1,329,776	100.0%	1,598,288	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	23,683	49.0%	\$ 18,167	34.4%	\$ 185,085	42.9%	207,678	32.0%
Medicaid	10,609	22.0%	18,850	35.8%	105,116	24.4%	225,555	34.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,255	12.9%	8,436	16.0%	85,993	19.9%	101,416	15.6%
Self Pay	7,792	16.1%	7,143	13.5%	54,188	12.6%	104,914	16.2%
Other	(12)	0.0%	140	0.3%	974	0.2%	8,622	1.3%
TOTAL	\$ 48,327	100.0%	\$ 52,736	100.0%	\$ 431,356	100.0%	648,185	100.0%

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

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 31,937	19.7%	\$ 35,487	24.3%	\$ 409,975	22.8%	\$ 349,417	20.8%
Medicaid	22,489	13.9%	\$ 30,690	21.0%	310,137	17.2%	454,305	27.1%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	60,869	37.6%	\$ 38,535	26.4%	539,914	30.0%	438,911	26.1%
Self Pay	39,930	24.7%	\$ 38,111	26.1%	447,020	24.8%	370,445	22.1%
Other	6,596	4.1%	\$ 2,995	2.1%	93,116	5.2%	66,258	3.9%
TOTAL	\$ 161,822	100.0%	\$ 145,819	100.0%	\$ 1,800,162	100.0%	\$ 1,679,336	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,148	17.0%	\$ 9,777	17.1%	\$ 168,564	27.1%	\$ 164,254	24.1%
Medicaid	14,844	30.9%	21,089	36.9%	\$ 142,287	22.8%	230,325	33.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	13,551	28.2%	15,735	27.5%	216,844	34.8%	179,198	26.3%
Self Pay	8,800	18.3%	9,222	16.1%	65,748	10.6%	86,207	12.7%
Other	2,686	5.6%	1,330	2.3%	29,467	4.7%	20,161	3.0%
TOTAL	\$ 48,029	100.0%	\$ 57,154	100.0%	\$ 622,911	100.0%	\$ 680,144	100.0%

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

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 236	0.1%	\$ -	0.0%	\$ 190	0.0%	\$ 1,647	0.1%
Medicaid	227,652	67.2%	\$ 172,237	67.4%	2,299,038	68.5%	1,475,569	68.1%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	96,618	28.5%	\$ 72,748	28.4%	912,686	27.2%	614,363	28.3%
Self Pay	12,381	3.7%	\$ 4,025	1.6%	125,476	3.7%	44,965	2.1%
Other	1,755	0.5%	\$ 6,715	2.6%	21,784	0.6%	30,553	1.4%
TOTAL	\$ 338,642	100.0%	\$ 255,725	100.0%	\$ 3,359,174	100.0%	\$ 2,167,097	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 192	0.0%
Medicaid	111,813	68.2%	100,551	68.1%	1,005,074	69.2%	825,702	68.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	43,886	26.7%	40,321	27.3%	381,554	26.3%	304,549	25.4%
Self Pay	6,137	3.7%	4,852	3.3%	57,127	3.9%	55,216	4.6%
Other	2,228	1.4%	1,834	1.2%	9,266	0.6%	15,473	1.3%
TOTAL	\$ 164,063	100.0%	\$ 147,557	100.0%	\$ 1,453,022	100.0%	\$ 1,201,130	100.0%

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

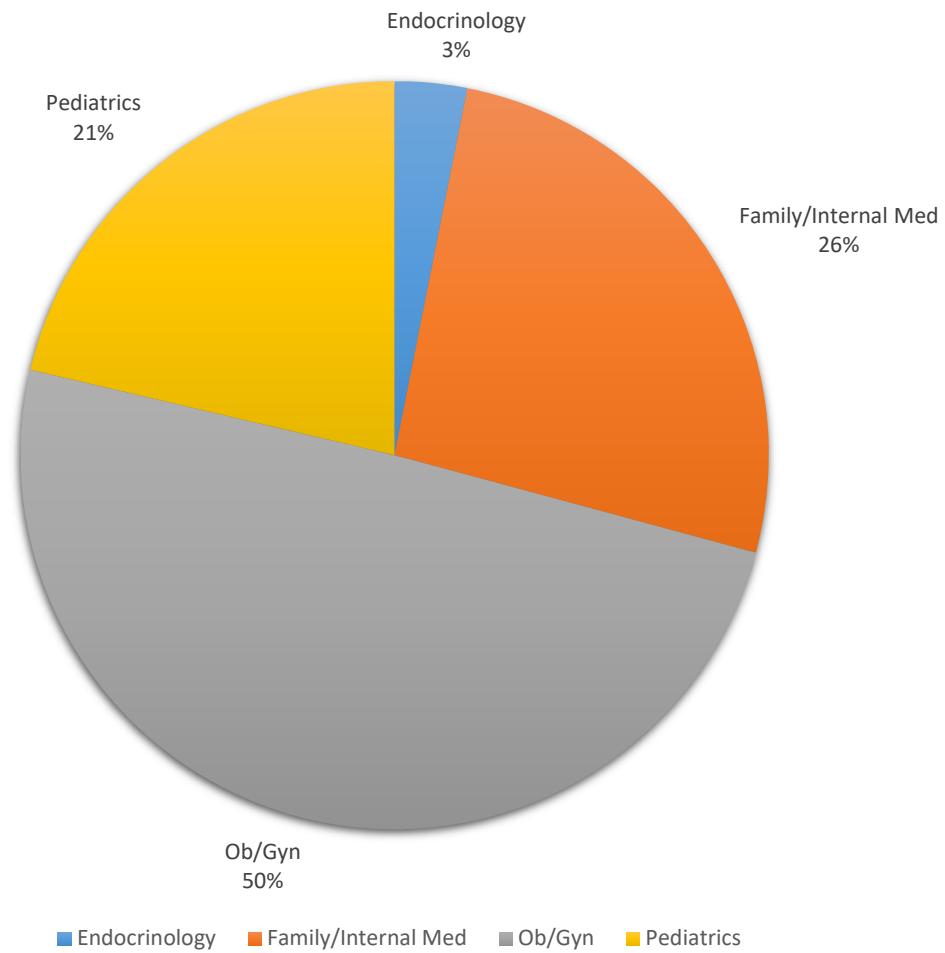
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 47,821	5.4%	\$ -	0.0%	\$ 394,931	4.8%	\$ -	0.0%
Medicaid	297,052	33.8%	\$ -	0.0%	2,729,911	33.5%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	496,244	56.5%	\$ -	0.0%	4,641,240	56.9%	-	0.0%
Self Pay	26,440	3.0%	\$ -	0.0%	254,580	3.1%	-	0.0%
Other	10,512	1.2%	\$ -	0.0%	122,942	1.5%	-	0.0%
TOTAL	\$ 878,069	99.9%	\$ -	0.0%	\$ 8,143,604	99.8%	\$ -	0.0%

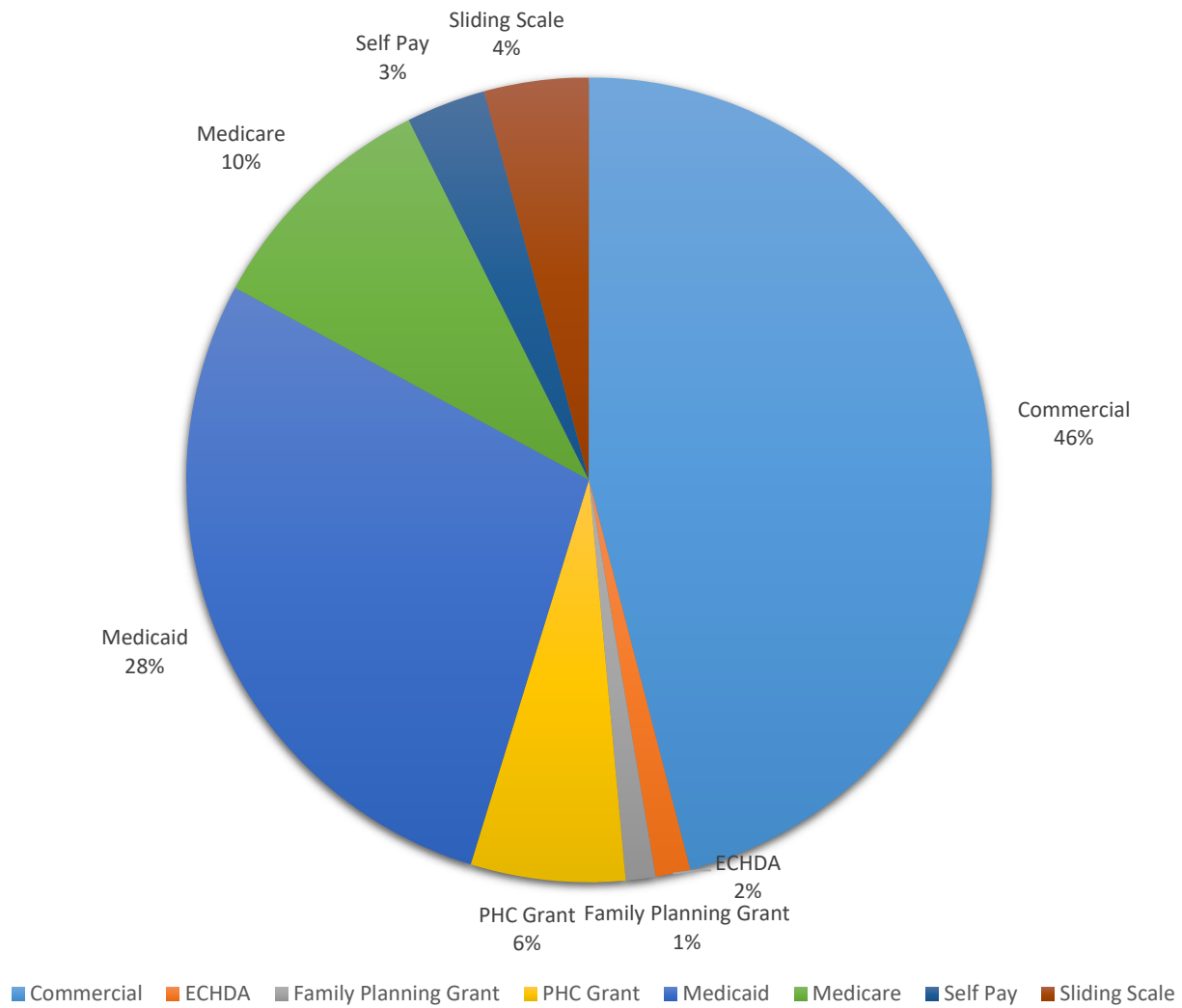
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 37,151	13.5%	\$ -	0.0%	\$ 103,494	4.5%	\$ -	0.0%
Medicaid	87,431	31.7%	-	0.0%	628,066	27.3%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	105,548	38.3%	-	0.0%	1,119,193	48.5%	-	0.0%
Self Pay	41,964	15.2%	-	0.0%	420,215	18.3%	-	0.0%
Other	3,654	1.3%	-	0.0%	31,552	1.4%	-	0.0%
TOTAL	\$ 275,747	100.0%	\$ -	0.0%	\$ 2,302,520	100.0%	\$ -	0.0%

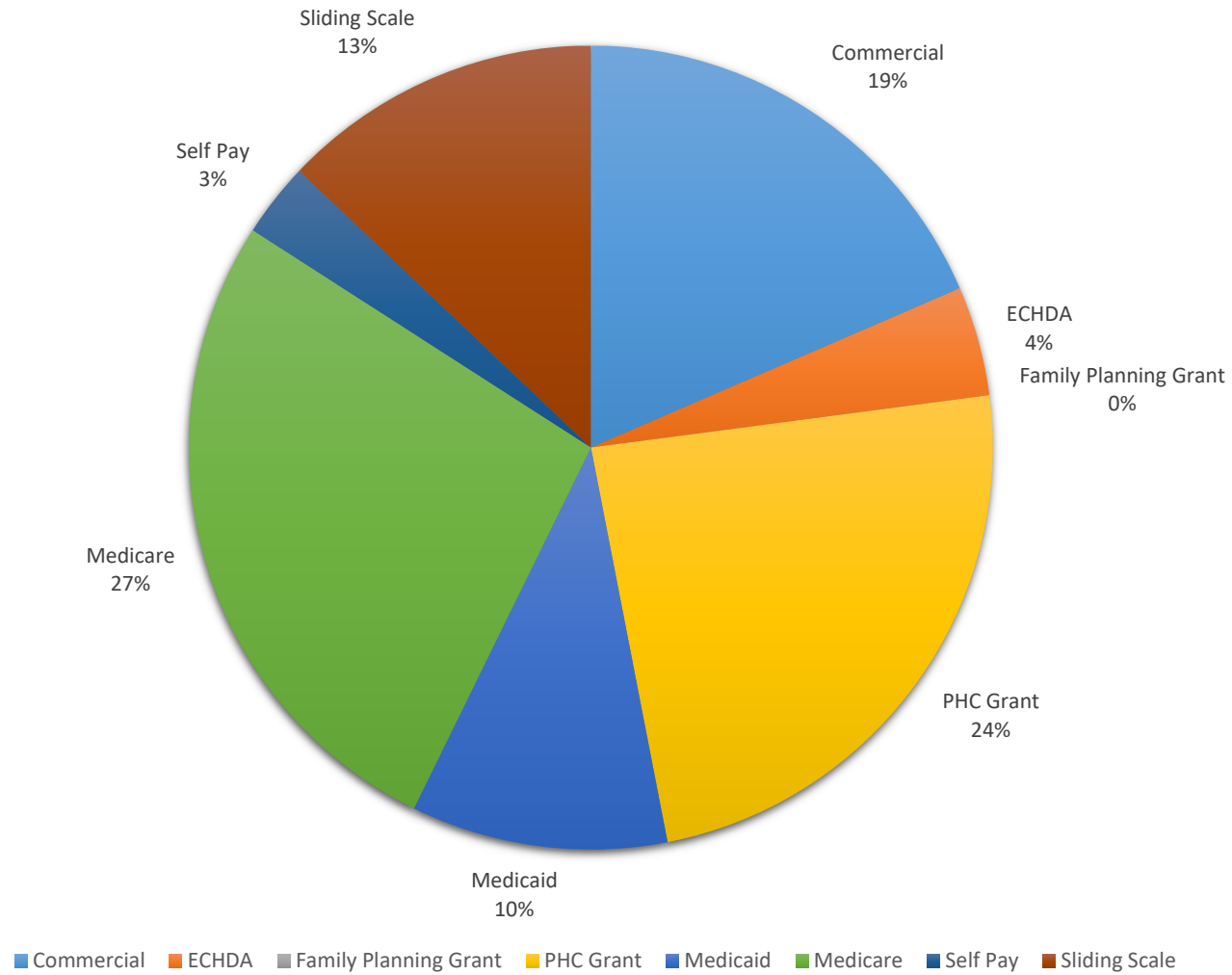
FHC June Visits By Service



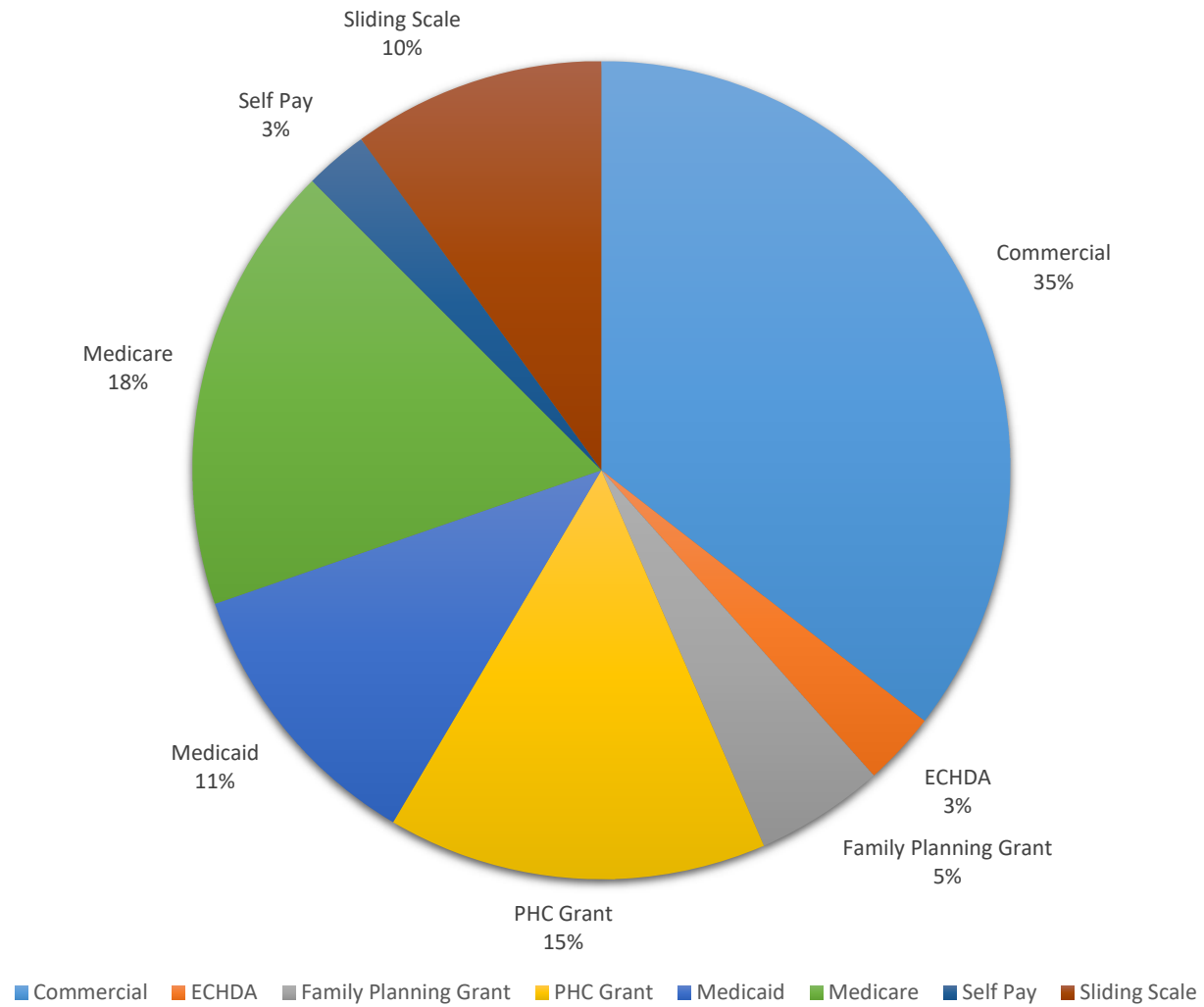
Total FHC June Visits by Financial Class



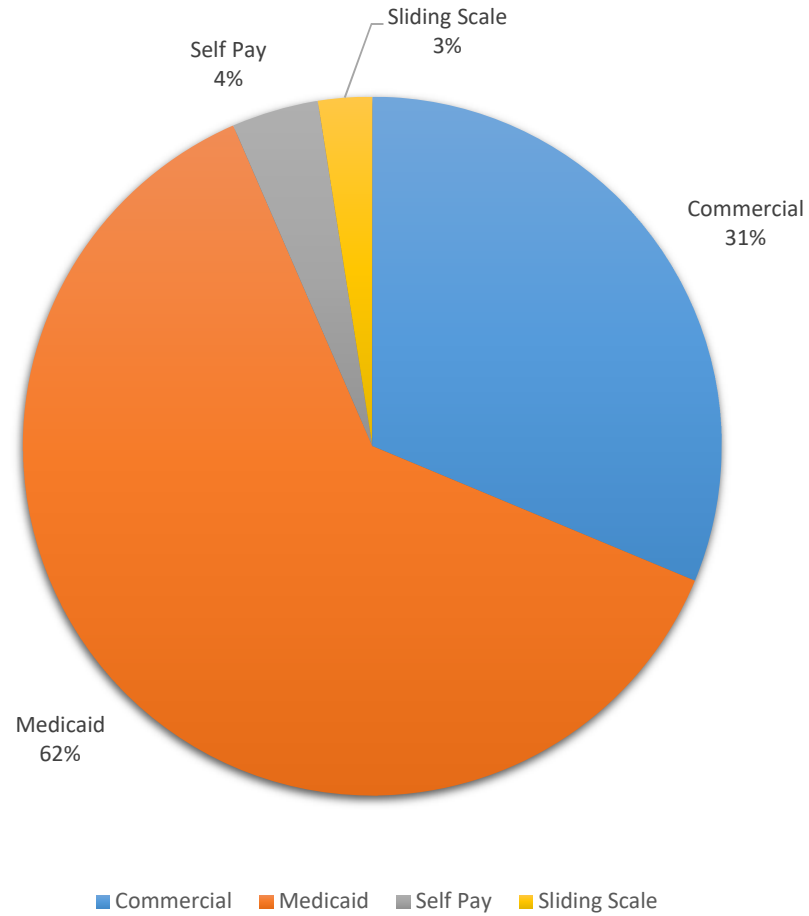
FHC Clements June Visits by Financial Class



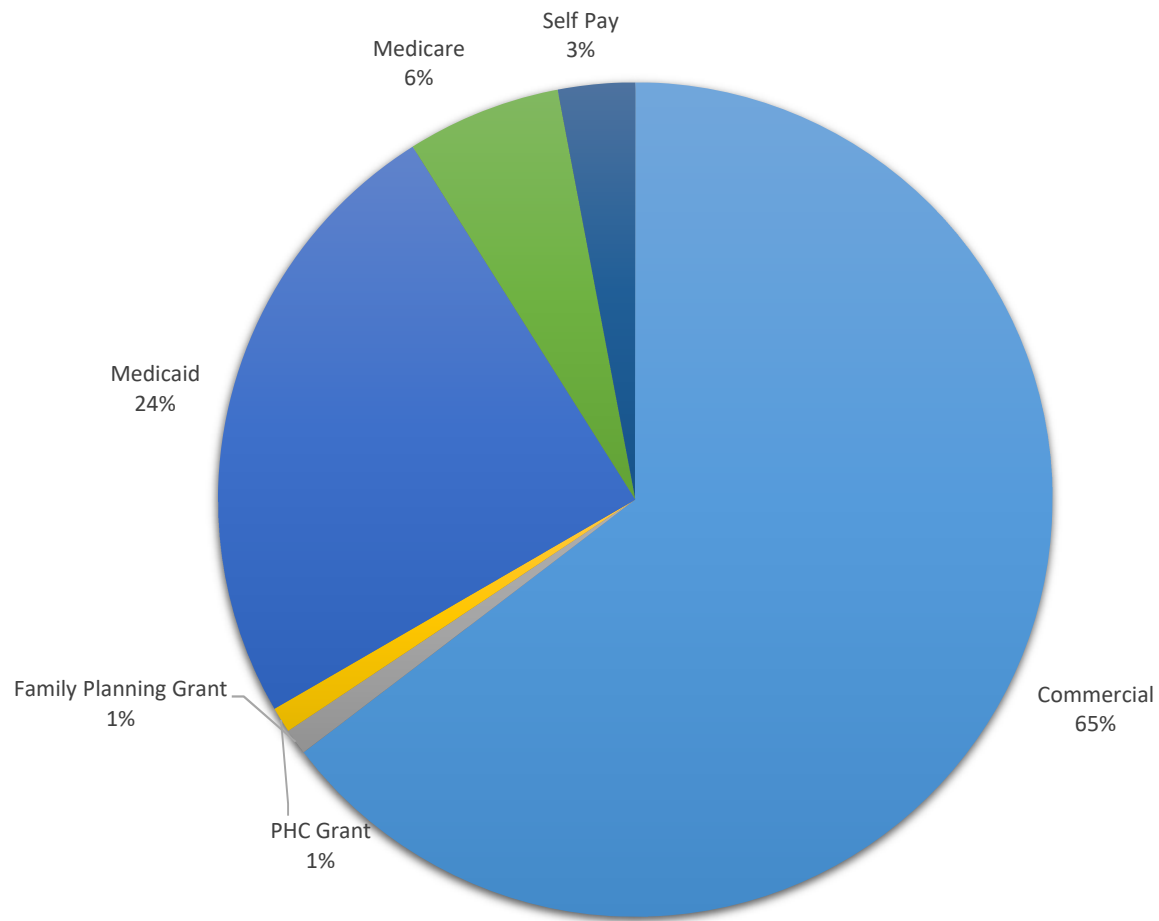
FHC West University June Visits by Financial Class



Healthy Kids Clinic June Visits by Financial Class



Womens Clinic June Visits by Financial Class



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

FHC Executive Director's Report-August 2024

- **Staffing Update:**
 - **Women's Clinic-** The Women's Clinic is currently in search of a LVN, Medical Assistant, FT Ultrasound Tech, and PT Ultrasound Tech.
 - **Family Health Clinic-** FHC West University is currently searching for an LVN and a front desk position. FHC Clements is in search of a Medical Assistant and LVN.
 - **Healthy Kids Clinic:** The Healthy Kids Clinic is currently in search of an LVN and Medical Assistant.
- **Provider Update:**
 - **West University-**We are currently searching for an additional Family Medicine physician for our West University location. Merritt Hawkins is assisting in the search. We are also in search of a Nurse Practitioner for West University.
 - **Women's Clinic-** Both Merritt Hawkins and Curative are assisting with the search to recruit another physician for the Women's Clinic.



Investor Statement

March 31, 2024- June 30, 2024

Prepared for

ECTOR COUNTY HOSPITAL DISTRICT

ECTOR COUNTY HOSPITAL DISTRICT
PO BOX 7239
Odessa, TX 79761

Advisor

Charles Brown & Jarrod Patterson

Momentum Independent Network Inc.

ECTOR COUNTY HOSPITAL DISTRICT
June 30, 2024

Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 42,744,524	2.12%	\$ 41,961,706	\$ -782,818
Money Market/Cash	\$ 8,749,276	4.79%	\$ 8,749,276	\$ -0
Total	\$ 51,493,799	2.57%	\$ 50,710,981	\$ -782,818

	06/30/2024	06/30/2023
3 MONTH TREASURY BILL	5.48%	5.43%
5 YEAR TREASURY BILL	4.33%	4.13%
10 YEAR TREASURY NOTE	4.36%	3.81%
30 YEAR TREASURY NOTE	4.51%	3.85%

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

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts

Holdings Detail As of Jun 28, 2024

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM
26761549		\$ 1,563,508	\$ 1,486,207	\$ -77,300	-4.97 %	2.93 %				
FHLBanks 0.860 10/27/25 '24 3130APGW9	1,500,000	1,497,680	1,420,380	-77,300	-5.16	2.80	1.28	Oct 27, 2025	\$ 94.69	0.90 %
Dreyfus Government Cash Mgmt Inv DGVXX	56,666.88	56,667	56,667	0	0.00	0.11			1.00	—
Cash		9,161	9,161			0.02				—
38285456		13,260,059	13,254,265	-5,794	-0.04	26.14				
US Treasury 2.000 02/15/25 912828J27	5,180,000	5,054,031	5,074,017	19,986	0.40	10.01	0.60	Feb 15, 2025	97.95	4.42
FHLBanks 0.860 10/27/25 '24 3130APGW9	500,000	499,240	473,460	-25,780	-5.16	0.93	1.28	Oct 27, 2025	94.69	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	7,647,389.77	7,647,390	7,647,390	0	0.00	15.08			1.00	—
Cash		59,398	59,398			0.12				—
26761610		727,349	696,417	-30,932	-4.28	1.37				
FHLBanks 0.860 10/27/25 '24 3130APGW9	600,000	599,084	568,152	-30,932	-5.16	1.12	1.28	Oct 27, 2025	94.69	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	123,108.69	123,109	123,109	0	0.00	0.24			1.00	—
Cash		5,156	5,156			0.01				—
26761530		5,559,167	5,284,575	-274,593	-4.97	10.42				
Freddie Mac 0.600 10/15/25 '24 MTN 3134GWYS9	750,000	740,772	708,195	-32,578	-4.40	1.40	1.25	Oct 15, 2025	94.43	0.92
Fed Farm Cr Bns 1.300 12/01/25 '24 3133ENGA2	4,600,000	4,608,841	4,366,826	-242,015	-5.25	8.61	1.37	Dec 1, 2025	94.93	1.03
Dreyfus Government Cash Mgmt Inv DGVXX	177,350.55	177,351	177,351	0	0.00	0.35			1.00	—
Cash		32,203	32,203			0.06				—
26761506		29,427,946	29,080,134	-347,811	-1.19	57.34				
Freddie Mac 0.600 10/15/25 '24 MTN 3134GWYS9	2,700,000	2,666,729	2,549,502	-117,227	-4.40	5.03	1.25	Oct 15, 2025	94.43	0.92
Fed Farm Cr Bns 1.300 12/01/25 '24 3133ENGA2	3,000,000	3,005,768	2,847,930	-157,838	-5.25	5.62	1.37	Dec 1, 2025	94.93	1.03
FHLBanks 0.860 10/27/25 '24 3130APGW9	2,300,000	2,296,432	2,177,916	-118,516	-5.16	4.29	1.28	Oct 27, 2025	94.69	0.90
FHLBanks 1.050 07/25/24 '24 3130AQJ38	9,725,000	9,467,308	9,695,728	228,420	2.41	19.12	0.06	Jul 25, 2024	99.70	2.27
US Treasury Bill 04/17/25 912797KS5	3,738,000	3,573,771	3,590,199	16,429	0.46	7.08	0.78	Apr 17, 2025	96.05	4.56
US Treasury 1.750 03/15/25 91282CED9	6,859,000	6,845,054	6,693,698	-151,356	-2.21	13.20	0.68	Mar 15, 2025	97.59	1.82
Dreyfus Government Cash Mgmt Inv DGVXX	502,944.74	502,945	502,945	0	0.00	0.99			1.00	—
Morgan Stanley Bk N A Cd 1.10000% 11/19/202 61765Q6N4	250,000	241,192	228,822	-12,370	-5.13	0.45		Nov 19, 2026	91.53	1.89
Goldman Bank USA 1.800 03/09/26 38149M2P7	250,000	250,002	237,140	-12,862	-5.14	0.47	1.63	Mar 9, 2026	94.86	1.80
MIDWEST INDPT BANKERSBANK JEFFERSON CITY MO CTF DEP 1.800% 03/16/26 DTD 03/16/22 CLB 59833LAY8	250,000	250,002	236,995	-13,007	-5.20	0.47			94.80	1.80

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Jun 28, 2024

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM
Live Oak Banking 1.900 09/15/25 538036VN1	250,000	250,002	240,518	-9,484	-3.79	0.47	1.17	Sep 15, 2025	96.21	1.90
Cash		78,741	78,741			0.16				—
38285461		955,771	909,383	-46,388	-4.89	1.79				
FHLBanks 0.860 10/27/25 '24 3130APGW9	900,000	898,616	852,228	-46,388	-5.16	1.68	1.28	Oct 27, 2025	94.69	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	49,762	49,762	49,762	0	0.00	0.10			1.00	—
Cash		7,393	7,393			0.01				—
Total		51,493,799	50,710,981	-782,818	-1.53					

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

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

3 Sector information is provided by Morningstar.

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

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

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

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

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

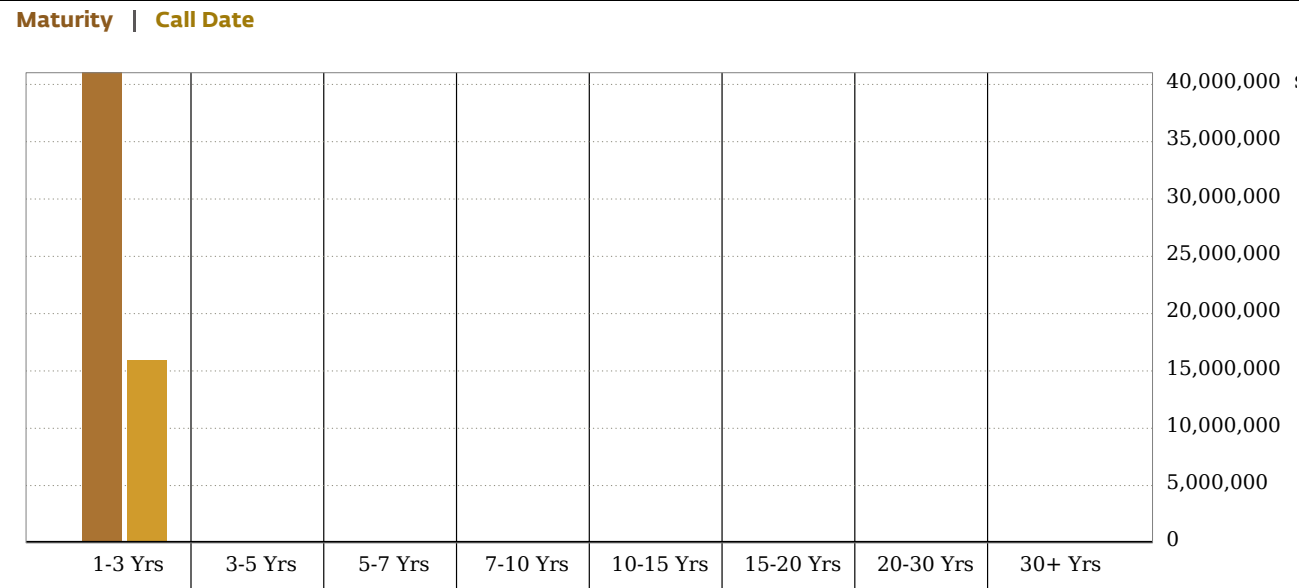
Bond Analysis As of Jun 28, 2024

<div>1 2</div> <div>Overview</div>		
Total Number of Issues	13	
Face Value	42,352,000	
Market Value	\$ 41,018,232	
Long/Intermediate Term Average S&P		
Rating ³	AA+	
Long/Intermediate Term Average Moody's		
Rating ³	#Aaa	

<div>1 2</div> <div>Statistics</div>		
Average Bond Yield ⁴	1.21	%
Average Yield to Maturity ⁵	5.22	%
Average Yield to Worst ⁶	5.22	%
Average Coupon	1.17	%
Average Modified Duration (Years) ⁷	0.78	
Average Effective Duration (Years) ⁸	0.78	
Average Duration to Worst ⁹	0.78	
Average Convexity (par) ¹⁰	0.01	

Bond Analysis As of Jun 28, 2024

Bond Maturity vs. Call Date Distribution

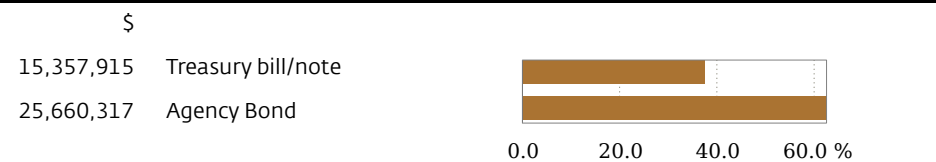


Period	Bond Maturity	Total %	Callable	Total %
1 to 3 Years	\$ 41,018,232	100.00 %	\$ 15,964,589	38.92 %

Bond Coupon Concentration¹¹



Bond Distribution by Type¹¹²

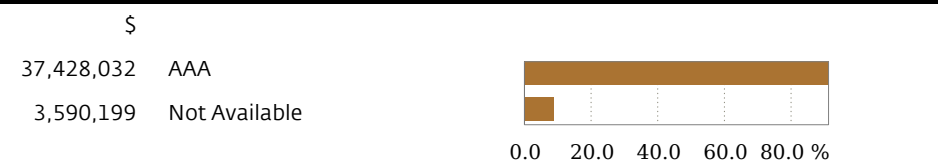


Bond Analysis As of Jun 28, 2024

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



Bond Distribution by Moody Rating^{1 15 14}



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



ECTOR COUNTY HOSPITAL DISTRICT

Investment Portfolio

June 30, 2024

Charles Brown, Jarrod Patterson
Momentum Independent Network

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

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ECTOR COUNTY HOSPITAL DISTRICT
June 30, 2024

Yield Summary

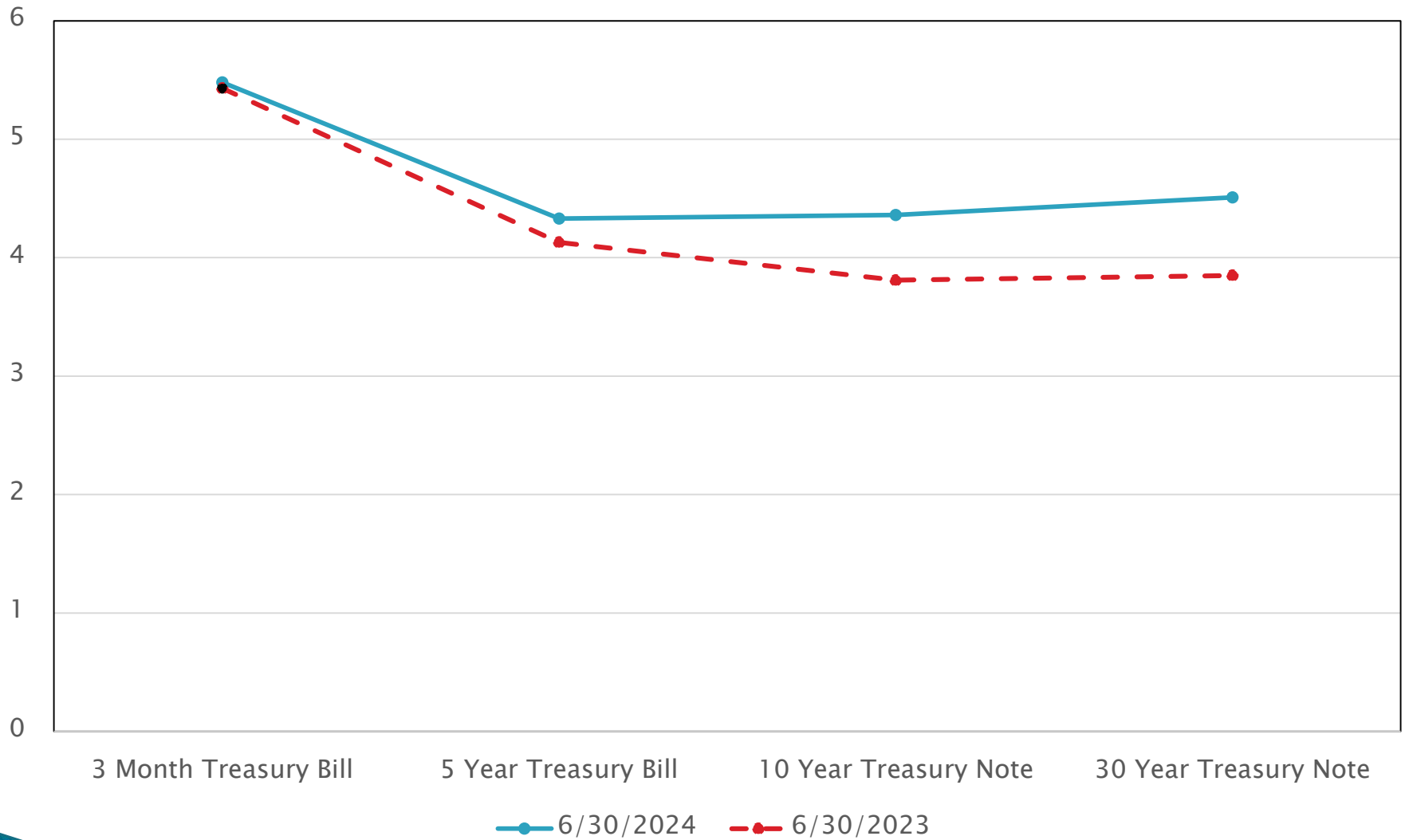
Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 42,744,524	2.12%	\$ 41,961,706	\$ -782,818
Money Market/Cash	\$ 8,749,276	4.79%	\$ 8,749,276	\$ -0
Total	\$ 51,493,799	2.57%	\$ 50,710,981	\$ -782,818

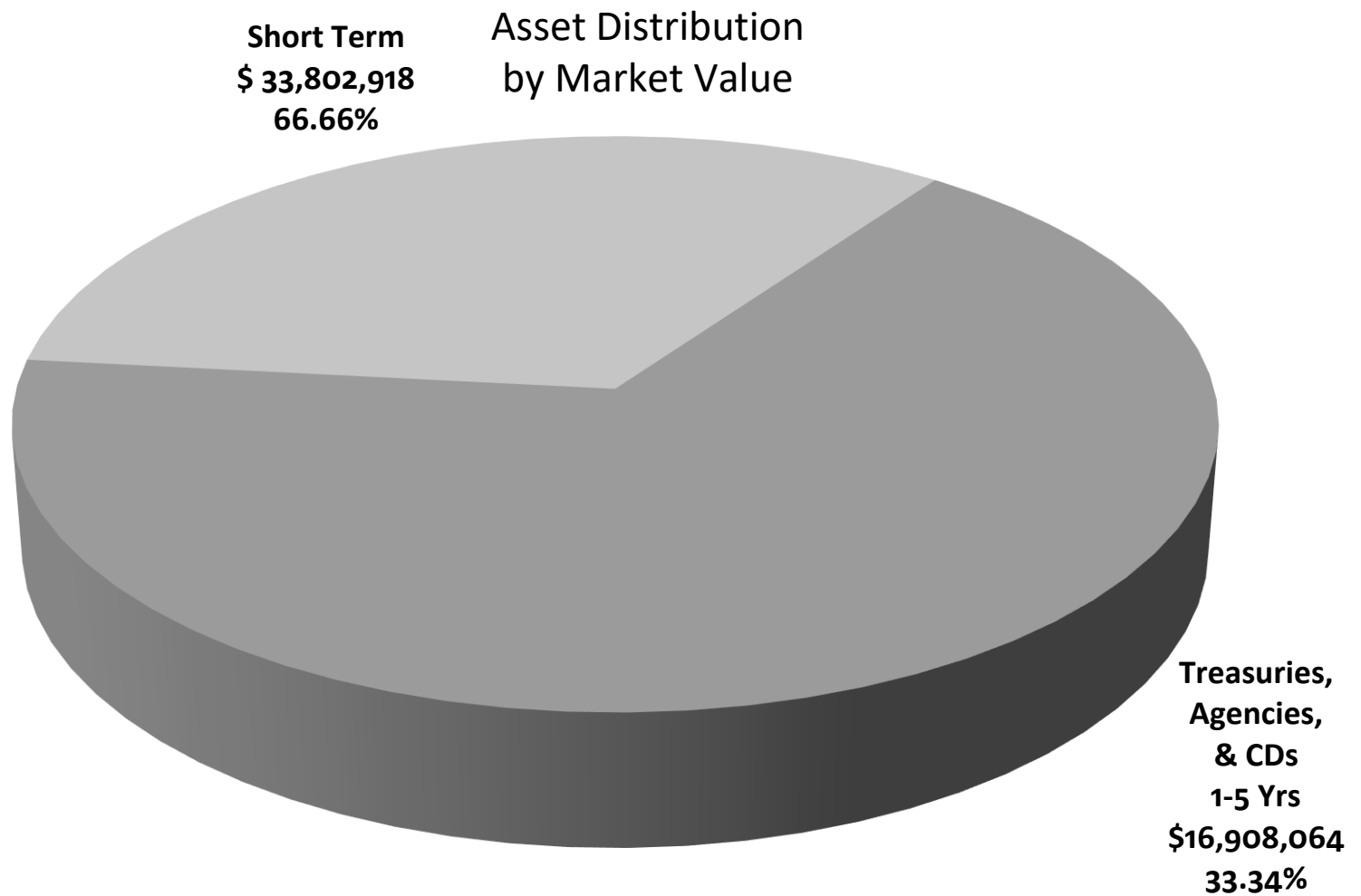
	06/30/2024	06/30/2023
3 MONTH TREASURY BILL	5.48%	5.43%
5 YEAR TREASURY BILL	4.33%	4.13%
10 YEAR TREASURY NOTE	4.36%	3.81%
30 YEAR TREASURY NOTE	4.51%	3.85%

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

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

Yield Curve





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

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MEMORANDUM

TO: Russell Tippin, President and Chief Executive Officer

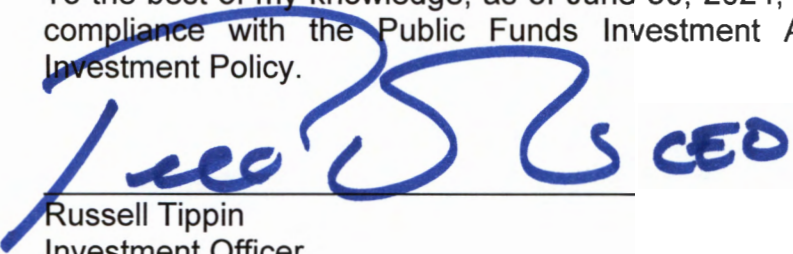
FROM: Steve Ewing, Chief Financial Officer

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

DATE: August 6, 2024

The Investment Report of Ector County Hospital District for the third quarter ended June 30, 2024, will be presented at the Finance Committee meeting August 6, 2024. This report was prepared to provide the Hospital President and Chief Financial Officer and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the third quarter of fiscal 2024 met the requirements of the Investment Policy and the Public Funds Investment Act.

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



Russell Tippin
Investment Officer

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

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %
<u>Hospital InPatient Admissions</u>										
Acute / Adult	1,191	1,067	11.6%	1,038	14.7%	10,541	9,776	7.8%	9,460	11.4%
Neonatal ICU (NICU)	16	26	-38.5%	26	-38.5%	173	239	-27.6%	239	-27.6%
Total Admissions	1,207	1,093	10.4%	1,064	13.4%	10,714	10,015	7.0%	9,699	10.5%
<u>Patient Days</u>										
Adult & Pediatric	4,668	4,208	10.9%	4,019	16.1%	40,544	38,551	5.2%	37,352	8.5%
ICU	442	432	2.3%	419	5.5%	3,997	3,960	0.9%	3,844	4.0%
CCU	405	396	2.3%	398	1.8%	3,873	3,630	6.7%	3,537	9.5%
NICU	365	417	-12.5%	389	-6.2%	2,708	3,835	-29.4%	3,807	-28.9%
Total Patient Days	5,880	5,453	7.8%	5,225	12.5%	51,122	49,976	2.3%	48,540	5.3%
Observation (Obs) Days	711	511	39.1%	646	10.1%	5,848	4,681	24.9%	4,083	43.2%
Nursery Days	271	256	5.9%	252	7.5%	2,702	2,347	15.1%	2,323	16.3%
Total Occupied Beds / Bassinets	6,862	6,220	10.3%	6,123	12.1%	59,672	57,004	4.7%	54,946	8.6%
<u>Average Length of Stay (ALOS)</u>										
Acute / Adult & Pediatric	4.63	4.72	-1.9%	4.66	-0.6%	4.59	4.72	-2.7%	4.73	-2.9%
NICU	22.81	16.04	42.2%	14.96	52.5%	15.65	16.05	-2.4%	15.93	-1.7%
Total ALOS	4.87	4.99	-2.4%	4.91	-0.8%	4.77	4.99	-4.4%	5.00	-4.7%
Acute / Adult & Pediatric w/o OB	5.40			5.55	-2.7%	5.35			5.71	-6.2%
Average Daily Census	196.0	181.8	7.8%	174.2	12.5%	186.6	182.4	2.3%	177.8	4.9%
Hospital Case Mix Index (CMI)	1.6856	1.7500	-3.7%	1.7875	-5.7%	1.7186	1.7500	-1.8%	1.7515	-1.9%
CMI Adjusted LOS	2.89	2.85	1.4%	2.75	5.2%	2.78	2.85	-2.6%	2.86	-2.8%
<u>Medicare</u>										
Admissions	494	413	19.6%	400	23.5%	4,297	3,782	13.6%	3,632	18.3%
Patient Days	2,609	2,317	12.6%	2,232	16.9%	23,313	21,236	9.8%	20,613	13.1%
Average Length of Stay	5.28	5.61	-5.9%	5.58	-5.4%	5.43	5.62	-3.4%	5.68	-4.4%
Case Mix Index	1.8588	2.0200	-8.0%	2.2106	-15.9%	1.9436	2.0200	-3.8%	2.0354	-4.5%
<u>Medicaid</u>										
Admissions	103	139	-25.9%	121	-14.9%	1,082	1,271	-14.9%	1,260	-14.1%
Patient Days	474	659	-28.1%	490	-3.3%	4,345	6,034	-28.0%	5,722	-24.1%
Average Length of Stay	4.60	4.74	-2.9%	4.05	13.6%	4.02	4.75	-15.4%	4.54	-11.6%
Case Mix Index	1.0795	1.1800	-8.5%	1.1273	-4.2%	1.1164	1.1800	-5.4%	1.1777	-5.2%
<u>Commercial</u>										
Admissions	404	301	34.2%	281	43.8%	3,379	2,759	22.5%	2,640	28.0%
Patient Days	1,908	1,352	41.1%	1,315	45.1%	14,705	12,387	18.7%	12,049	22.0%
Average Length of Stay	4.72	4.49	5.1%	4.68	0.9%	4.35	4.49	-3.1%	4.56	-4.6%
Case Mix Index	1.6808	1.7000	-1.1%	1.6461	2.1%	1.6605	1.7000	-2.3%	1.6936	-2.0%
<u>Self Pay</u>										
Admissions	172	207	-16.9%	242	-28.9%	1,697	1,899	-10.6%	1,880	-9.7%
Patient Days	722	938	-23.0%	1,055	-31.6%	7,418	8,602	-13.8%	8,533	-13.1%
Average Length of Stay	4.20	4.53	-7.4%	4.36	-3.7%	4.37	4.53	-3.5%	4.54	-3.7%
Case Mix Index	1.5456	1.5800	-2.2%	1.5445	0.1%	1.5894	1.5800	0.6%	1.5765	0.8%
<u>All Other</u>										
Admissions	34	33	3.0%	20	70.0%	259	304	-14.8%	287	-9.8%
Patient Days	167	187	-10.7%	133	25.6%	1,341	1,720	-22.0%	1,623	-17.4%
Average Length of Stay	4.91	5.67	-13.3%	6.65	-26.1%	5.18	5.66	-8.5%	5.66	-8.4%
Case Mix Index	1.9397	2.2500	-13.8%	1.8610	4.2%	2.0588	2.2500	-8.5%	2.1889	-5.9%
<u>Radiology</u>										
InPatient	4,813	4,187	15.0%	4,196	14.7%	42,638	38,375	11.1%	37,443	13.9%
OutPatient	8,928	8,406	6.2%	8,497	5.1%	76,407	77,015	-0.8%	70,613	8.2%
<u>Cath Lab</u>										
InPatient	486	623	-22.0%	722	-32.7%	6,031	5,708	5.7%	5,646	6.8%
OutPatient	447	481	-7.1%	505	-11.5%	4,897	4,405	11.2%	4,228	15.8%
<u>Laboratory</u>										
InPatient	83,004	73,215	13.4%	70,974	16.9%	730,957	671,017	8.9%	652,477	12.0%
OutPatient	67,710	69,654	-2.8%	65,598	3.2%	633,313	638,250	-0.8%	592,117	7.0%
<u>Other</u>										
Deliveries	163	176	-7.4%	168	-3.0%	1,593	1,613	-1.2%	1,592	0.1%
<u>Surgical Cases</u>										
InPatient	274	253	8.3%	284	-3.5%	2,168	2,319	-6.5%	2,175	-0.3%
OutPatient	492	572	-14.0%	639	-23.0%	4,684	5,239	-10.6%	4,901	-4.4%
Total Surgical Cases	766	825	-7.2%	923	-17.0%	6,852	7,558	-9.3%	7,076	-3.2%
<u>GI Procedures (Endo)</u>										
InPatient	156	146	6.8%	147	6.1%	1,282	1,338	-4.2%	1,206	6.3%
OutPatient	176	296	-40.5%	241	-27.0%	1,694	2,713	-37.6%	1,781	-4.9%
Total GI Procedures	332	442	-24.9%	388	-14.4%	2,976	4,051	-26.5%	2,987	-0.4%

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JUNE 2024

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %	ACTUAL	AMOUNT	VAR. %	AMOUNT	VAR. %
OutPatient (O/P)										
Emergency Room Visits	4,550	5,009	-9.2%	4,719	-3.6%	47,890	45,895	4.3%	46,540	2.9%
Observation Days	711	511	39.1%	646	10.1%	5,848	4,681	24.9%	4,083	43.2%
Other O/P Occasions of Service	17,292	20,938	-17.4%	18,395	-6.0%	179,042	191,858	-6.7%	177,368	0.9%
Total O/P Occasions of Svc.	22,553	26,458	-14.8%	23,760	-5.1%	232,780	242,434	-4.0%	227,991	2.1%
Hospital Operations										
Manhours Paid	290,652	274,910	5.7%	277,426	4.8%	2,561,841	2,488,994	2.9%	2,441,797	4.9%
FTE's	1,695.5	1,603.6	5.7%	1,618.3	4.8%	1,636.2	1,589.7	2.9%	1,565.3	4.5%
Adjusted Patient Days	11,169	10,880	2.7%	10,200	9.5%	98,075	99,647	-1.6%	93,124	5.3%
Hours / Adjusted Patient Day	26.02	25.27	3.0%	27.20	-4.3%	26.12	24.98	4.6%	26.23	-0.4%
Occupancy - Actual Beds	53.3%	52.1%	2.3%	47.3%	12.5%	50.7%	52.3%	-3.0%	50.9%	-0.5%
FTE's / Adjusted Occupied Bed	4.6	4.4	3.0%	4.8	-4.3%	4.6	4.4	4.6%	4.6	-0.4%
Family Health Clinic - Clements										
Total Medical Visits	513	696	-26.3%	331	55.0%	4,764	6,380	-25.3%	5,756	-17.2%
Manhours Paid	1,682	2,256	-25.4%	2,113	-20.4%	15,946	20,673	-22.9%	18,502	-13.8%
FTE's	9.8	13.2	-25.4%	12.3	-20.4%	10.2	13.2	-22.9%	11.9	-14.1%
Family Health Clinic - West University										
Total Medical Visits	578	666	-13.2%	512	12.9%	5,938	6,108	-2.8%	5,575	6.5%
Manhours Paid	1,003	1,219	-17.7%	865	16.0%	10,762	11,183	-3.8%	9,229	16.6%
FTE's	5.9	7.1	-17.7%	5.0	16.0%	6.9	7.1	-3.8%	5.9	16.2%
Family Health Clinic - JBS										
Total Medical Visits	755	740	2.0%	675	11.9%	8,038	6,778	18.6%	6,010	33.7%
Manhours Paid	1,711	1,670	2.4%	1,259	35.9%	14,389	15,294	-5.9%	11,562	24.5%
FTE's	10.0	9.7	2.4%	7.3	35.9%	9.2	9.8	-5.9%	7.4	24.0%
Family Health Clinic - Womens										
Total Medical Visits	1,570	2,012	-22.0%	-	0.0%	14,788	17,184	-13.9%	-	0.0%
Manhours Paid	3,207	4,831	-33.6%	-	0.0%	29,001	41,256	-29.7%	-	0.0%
FTE's	18.7	28.2	-33.6%	-	0.0%	18.5	26.3	-29.7%	-	0.0%
Total ECHD Operations										
Total Admissions	1,207	1,093	10.4%	1,064	13.4%	10,714	10,015	7.0%	9,699	10.5%
Total Patient Days	5,880	5,453	7.8%	5,225	12.5%	51,122	49,976	2.3%	48,540	5.3%
Total Patient and Obs Days	6,591	5,964	10.5%	5,871	12.3%	56,970	54,657	4.2%	52,623	8.3%
Total FTE's	1,739.8	1,661.8	4.7%	1,643.0	5.9%	1,681.0	1,646.1	2.1%	1,590.4	5.7%
FTE's / Adjusted Occupied Bed	4.7	4.6	2.0%	4.8	-3.3%	4.7	4.5	3.8%	4.7	0.7%
Total Adjusted Patient Days	11,169	10,880	2.7%	10,200	9.5%	98,075	99,647	-1.6%	93,124	5.3%
Hours / Adjusted Patient Day	26.70	26.18	2.0%	27.61	-3.3%	26.84	25.87	3.8%	26.64	0.7%
Outpatient Factor	1.8995	1.9952	-4.8%	1.9522	-2.7%	1.9184	1.9939	-3.8%	1.9185	0.0%
Blended O/P Factor	2.0972	2.2293	-5.9%	2.1851	-4.0%	2.1186	2.2127	-4.3%	2.1470	-1.3%
Total Adjusted Admissions	2,293	2,181	5.1%	2,077	10.4%	20,554	19,969	2.9%	18,607	10.5%
Hours / Adjusted Admission	130.09	130.64	-0.4%	135.60	-4.1%	128.05	129.07	-0.8%	133.34	-4.0%
FTE's - Hospital Contract	52.1	44.8	16.4%	59.7	-12.7%	55.0	44.8	22.8%	49.8	10.5%
FTE's - Mgmt Services	50.1	42.8	17.1%	45.2	10.8%	54.0	42.8	26.2%	39.8	35.5%
Total FTE's (including Contract)	1,842.0	1,749.4	5.3%	1,747.9	5.4%	1,789.9	1,733.7	3.2%	1,680.0	6.5%
Total FTE'S per Adjusted Occupied Bed (including Contract)										
	4.9	4.8	2.6%	5.1	-3.8%	5.0	4.8	4.9%	4.9	1.6%
ProCare FTEs	206.9	227.4	-9.0%	224.4	-7.8%	204.7	226.7	-9.7%	218.4	-6.3%
TraumaCare FTEs	8.5	9.9	-14.4%	9.4	-9.8%	9.1	9.6	-5.5%	9.4	-3.7%
Total System FTEs	2,057.4	1,986.8	3.6%	1,981.8	3.8%	2,003.7	1,970.0	1.7%	1,907.8	5.0%
Urgent Care Visits										
JBS Clinic	982	1,582	-37.9%	1,053	-6.7%	12,392	14,495	-14.5%	13,706	-9.6%
West University	502	1,063	-52.8%	654	-23.2%	8,383	9,745	-14.0%	8,716	-3.8%
Total Urgent Care Visits	1,484	2,645	-43.9%	1,707	-13.1%	20,775	24,240	-14.3%	22,422	-7.3%
Retail Clinic Visits										
Retail Clinic	69	162	-57.4%	76	-9.2%	772	2,138	-63.9%	1,930	-60.0%

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

		PRIOR FISCAL YEAR END			
	CURRENT YEAR	HOSPITAL AUDITED	PRO CARE AUDITED	TRAUMA CARE AUDITED	CURRENT YEAR CHANGE
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 27,138,665	\$ 16,567,281	\$ 4,400	\$ -	\$ 10,566,984
Investments	50,684,329	56,460,783	-	-	(5,776,454)
Patient Accounts Receivable - Gross	242,372,446	247,541,752	29,112,091	2,371,321	(36,652,718)
Less: 3rd Party Allowances	(149,942,206)	(154,534,985)	(16,400,026)	(1,845,686)	22,838,492
Bad Debt Allowance	(49,464,462)	(59,928,158)	(8,542,555)	(400,000)	19,406,252
Net Patient Accounts Receivable	42,965,779	33,078,609	4,169,509	125,635	5,592,026
Taxes Receivable	11,271,621	13,086,087	-	-	(1,814,466)
Accounts Receivable - Other	15,188,146	10,882,264	35,402	-	4,270,481
Inventories	10,083,156	9,697,439	477,883	-	(92,166)
Prepaid Expenses	4,270,121	4,285,500	112,263	37,639	(165,281)
Total Current Assets	161,601,817	144,057,962	4,799,457	163,274	12,581,124
CAPITAL ASSETS:					
Property and Equipment	519,229,368	512,532,942	399,150	-	6,297,276
Construction in Progress	16,132,974	4,378,451	-	-	11,754,522
	535,362,342	516,911,393	399,150	-	18,051,798
Less: Accumulated Depreciation and Amortization	(373,055,288)	(358,580,014)	(321,730)	-	(14,153,543)
Total Capital Assets	162,307,054	158,331,379	77,420	-	3,898,255
LEASE ASSETS					
Leased Assets	4,190,843	53,343	-	-	4,137,500
Less Accumulated Amortization Lease Assets	(1,755,386)	(4,355)	-	-	(1,751,032)
Total Lease Assets	2,435,456	48,988	-	-	2,386,468
SUBSCRIPTION ASSETS					
Subscription Assets	7,468,854	7,429,526	-	-	39,328
Less Accumulated Amortization Subscription Assets	(2,324,122)	(1,751,574)	-	-	(572,548)
Total Subscription Assets	5,144,733	5,677,953	-	-	(533,220)
LT Lease Receivable	6,508,666	7,245,067	-	-	(736,401)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,305,028	6,192,628	-	-	112,400
Restricted TPC, LLC	1,707,903	1,668,033	-	-	39,870
Investment in PBBHC	30,997,988	30,997,988	-	-	-
Restricted MCH West Texas Services	2,346,696	2,289,594	-	-	57,102
Pension, Deferred Outflows of Resources	10,476,256	19,214,396	-	-	(8,738,139)
Assets whose use is Limited	273,855	-	239,765	-	34,090
TOTAL ASSETS	\$ 390,110,349	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 9,101,550
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 1,790,000	\$ 2,331,892	\$ -	\$ -	\$ (541,892)
Self-Insurance Liability - Current Portion	3,640,526	3,640,526	-	-	-
Current Portion of Lease Liabilities	550,663	3,492	-	-	547,171
Current Portion of Subscription Liabilities	1,100,430	1,180,800	-	-	(80,370)
Accounts Payable	27,596,229	28,380,319	179,825	(122,858)	(841,058)
A/R Credit Balances	1,574,289	1,728,310	-	-	(154,021)
Accrued Interest	510,186	126,618	-	-	383,568
Accrued Salaries and Wages	14,523,125	6,721,029	4,737,246	243,053	2,821,797
Accrued Compensated Absences	5,168,619	4,623,356	-	-	545,263
Due to Third Party Payors	17,461,248	1,085,299	-	-	16,375,949
Deferred Revenue	5,170,404	329,369	232,401	-	4,608,634
Total Current Liabilities	79,085,720	50,151,010	5,149,472	120,195	23,785,237
ACCRUED POST RETIREMENT BENEFITS	31,290,233	54,025,950	-	-	(22,735,717)
LESSOR DEFERRED INFLOWS OF RESOURCES	7,347,474	8,144,265	-	-	(796,791)
SELF-INSURANCE LIABILITIES - Less Current Portion	2,422,562	2,422,562	-	-	-
LEASE LIABILITIES	2,310,403	46,484	-	-	2,263,920
SUBSCRIPTION LIABILITIES	3,966,797	4,459,894	-	-	(493,097)
LONG-TERM DEBT - Less Current Maturities	30,393,513	30,990,450	-	-	(596,937)
Total Liabilities	156,816,703	150,240,615	5,149,472	120,195	1,306,421
FUND BALANCE	233,293,646	225,488,269	(32,831)	43,079	233,326,477
TOTAL LIABILITIES AND FUND BALANCE	\$ 390,110,349	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 9,101,550

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 56,881,028	\$ 51,674,425	10.1%	\$ 53,540,755	6.2%	\$ 509,618,766	\$ 472,777,065	7.8%	\$ 471,957,554	8.0%
Outpatient Revenue	62,409,825	63,525,945	-1.8%	63,448,831	-1.6%	570,062,787	573,349,414	-0.6%	541,315,559	5.3%
TOTAL PATIENT REVENUE	\$ 119,290,853	\$ 115,200,370	3.6%	\$ 116,989,586	2.0%	\$ 1,079,681,553	\$ 1,046,126,479	3.2%	\$ 1,013,273,113	6.6%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 76,848,807	\$ 72,008,044	6.7%	\$ 72,300,614	6.3%	\$ 698,158,622	\$ 654,510,779	6.7%	\$ 642,719,854	8.6%
Policy Adjustments	1,420,520	1,473,775	-3.6%	1,005,662	41.3%	10,747,357	12,910,031	-16.8%	13,034,091	-17.5%
Uninsured Discount	107,335	10,889,752	-99.0%	13,335,724	-99.2%	65,978,878	99,396,227	-33.6%	96,242,376	-31.4%
Indigent	5,255,004	1,200,371	337.8%	1,526,012	244.4%	8,427,179	10,936,584	-22.9%	9,578,932	-12.0%
Provision for Bad Debts	10,937,813	4,292,092	154.8%	5,205,357	110.1%	68,266,797	39,169,256	74.3%	40,743,995	67.6%
TOTAL REVENUE DEDUCTIONS	\$ 94,569,479	\$ 89,864,034	5.2%	\$ 93,373,369	1.3%	\$ 851,578,833	\$ 816,922,877	4.2%	\$ 802,319,247	6.1%
	79.28%	78.01%		79.81%		78.87%	78.09%		79.18%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,627,528	\$ 1,551,832	4.9%	\$ 2,094,222	-22.3%	\$ 13,043,776	\$ 13,966,488	-6.6%	\$ 18,876,436	-30.9%
DSRIP/CHIRP	(119,304)	1,116,944	-110.7%	(344,553)	-65.4%	7,235,183	10,052,496	-28.0%	3,174,580	127.9%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	(14,868)	-100.0%
TOTAL OTHER PATIENT REVENUE	\$ 1,508,224	\$ 2,668,776	-43.5%	\$ 1,749,669	-13.8%	\$ 20,278,959	\$ 24,018,984	-15.6%	\$ 22,036,148	-8.0%
NET PATIENT REVENUE	\$ 26,229,598	\$ 28,005,112	-6.3%	\$ 25,365,887	3.4%	\$ 248,381,680	\$ 253,222,586	-1.9%	\$ 232,990,014	6.6%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,232,828	\$ 5,840,686	6.7%	\$ 6,600,705	-5.6%	\$ 57,833,968	\$ 54,036,523	7.0%	\$ 56,716,678	2.0%
Other Revenue	1,438,058	1,309,721	9.8%	1,484,397	-3.1%	13,864,833	11,746,368	18.0%	10,533,139	31.6%
TOTAL OTHER REVENUE	\$ 7,670,886	\$ 7,150,407	7.3%	\$ 8,085,102	-5.1%	\$ 71,698,801	\$ 65,782,891	9.0%	\$ 67,249,816	6.6%
NET OPERATING REVENUE	\$ 33,900,485	\$ 35,155,519	-3.6%	\$ 33,450,989	1.3%	\$ 320,080,481	\$ 319,005,477	0.3%	\$ 300,239,830	6.6%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 15,511,938	\$ 15,118,464	2.6%	\$ 14,660,661	5.8%	\$ 136,869,957	\$ 135,453,691	1.0%	\$ 130,253,781	5.1%
Benefits	(6,251,361)	2,074,057	-401.4%	280,135	-2331.6%	9,825,737	19,574,263	-49.8%	26,675,134	-63.2%
Temporary Labor	1,495,238	1,386,100	7.9%	1,539,151	-2.9%	15,764,474	12,620,361	24.9%	11,907,933	32.4%
Physician Fees	1,101,584	1,192,205	-7.6%	1,107,800	-0.6%	10,652,087	10,602,164	0.5%	10,039,251	6.1%
Texas Tech Support	964,591	954,677	1.0%	937,771	2.9%	8,637,823	8,592,093	0.5%	8,138,054	6.1%
Purchased Services	4,757,448	4,500,226	5.7%	4,578,421	3.9%	41,812,926	40,893,322	2.2%	39,008,659	7.2%
Supplies	6,115,811	6,173,407	-0.9%	6,443,222	-5.1%	59,493,905	55,883,732	6.5%	52,599,972	13.1%
Utilities	329,353	385,456	-14.6%	308,345	6.8%	3,329,559	2,946,499	13.0%	2,918,840	14.1%
Repairs and Maintenance	728,440	924,310	-21.2%	796,443	-8.5%	6,890,974	8,320,322	-17.2%	8,004,559	-13.9%
Leases and Rent	107,159	98,931	8.3%	119,359	-10.2%	933,230	883,755	5.6%	1,092,523	-14.6%
Insurance	127,357	157,901	-19.3%	137,967	-7.7%	1,630,819	1,684,349	-3.2%	1,546,524	5.5%
Interest Expense	94,056	92,461	1.7%	69,412	35.5%	932,080	835,869	11.5%	628,329	48.3%
ECHDA	55,768	182,272	-69.4%	217,434	-74.4%	1,266,513	1,640,448	-22.8%	1,640,446	-22.8%
Other Expense	165,797	159,911	3.7%	202,723	-18.2%	1,754,371	2,247,232	-21.9%	1,936,101	-9.4%
TOTAL OPERATING EXPENSES	\$ 25,303,179	\$ 33,400,378	-24.2%	\$ 31,398,843	-19.4%	\$ 299,794,456	\$ 302,178,100	-0.8%	\$ 296,390,105	1.1%
Depreciation/Amortization	\$ 2,010,879	\$ 1,846,830	8.9%	\$ 1,788,398	12.4%	\$ 17,967,901	\$ 16,715,827	7.5%	\$ 15,686,781	14.5%
(Gain) Loss on Sale of Assets	2,070	-	0.0%	-	0.0%	(25,332)	-	0.0%	(112,680)	-77.5%
TOTAL OPERATING COSTS	\$ 27,316,128	\$ 35,247,208	-22.5%	\$ 33,187,241	-17.7%	\$ 317,737,025	\$ 318,893,927	-0.4%	\$ 311,964,206	1.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ 6,584,356	\$ (91,689)	7281.2%	\$ 263,747	-2396.5%	\$ 2,343,456	\$ 111,550	2000.8%	\$ (11,724,376)	-120.0%
Operating Margin	19.42%	-0.26%	-7547.0%	0.79%	2363.4%	0.73%	0.03%	1993.8%	-3.91%	-118.7%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 215,274	\$ 92,032	133.9%	\$ 152,772	40.9%	\$ 1,579,335	\$ 828,288	90.7%	\$ 828,287	90.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,820	-100.0%	13,875	-100.0%	(3,000)	16,380	-118.3%	16,375	-118.3%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
						21,243,438	17,663,246		4,590,733	
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 6,799,630	\$ 2,163	-314261.5%	\$ 430,394	-1479.9%	\$ 5,342,826	\$ 2,196,808	-143.2%	\$ (9,487,632)	156.3%
Unrealized Gain/(Loss) on Investments	\$ 182,672	\$ -	0.0%	\$ 24,496	645.7%	\$ 1,580,396	\$ -	0.0%	\$ 1,177,445	34.2%
Investment in Subsidiaries	205,376	149,961	37.0%	353,820	-42.0%	871,907	1,349,649	-35.4%	1,349,647	-35.4%
CHANGE IN NET POSITION	\$ 7,187,678	\$ 152,124	-4624.9%	\$ 808,710	-788.8%	\$ 7,795,129	\$ 3,546,457	-119.8%	\$ (6,960,540)	212.0%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 56,881,028	\$ 51,674,425	10.1%	\$ 53,540,755	6.2%	\$ 509,618,766	\$ 472,777,065	7.8%	\$ 471,957,554	8.0%
Outpatient Revenue	51,166,156	51,426,843	-0.5%	50,983,108	0.4%	468,056,693	469,891,138	-0.4%	433,491,311	8.0%
TOTAL PATIENT REVENUE	\$ 108,047,184	\$ 103,101,268	4.8%	\$ 104,523,864	3.4%	\$ 977,675,460	\$ 942,668,203	3.7%	\$ 905,448,865	8.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 71,039,454	\$ 65,814,662	7.9%	\$ 66,297,845	7.2%	\$ 646,871,165	\$ 601,636,686	7.5%	\$ 586,595,126	10.3%
Policy Adjustments	81,935	502,410	-83.7%	55,336	48.1%	731,984	4,592,630	-84.1%	5,475,000	-86.6%
Uninsured Discount	(86,919)	10,458,247	-100.8%	12,930,571	-100.7%	63,694,925	95,664,717	-33.4%	92,687,572	-31.3%
Indigent Care	5,246,750	1,183,521	343.3%	1,511,170	247.2%	8,359,008	10,794,569	-22.6%	9,443,213	-11.5%
Provision for Bad Debts	9,820,265	3,413,595	187.7%	4,608,530	113.1%	57,237,243	31,183,792	83.5%	32,829,704	74.3%
TOTAL REVENUE DEDUCTIONS	\$ 86,101,485	\$ 81,372,435	5.8%	\$ 85,403,453	0.8%	\$ 776,894,325	\$ 743,872,394	4.4%	\$ 727,030,615	6.9%
	79.69%	78.92%		81.71%		79.46%	78.91%		80.30%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,627,528	\$ 1,551,832	4.9%	\$ 2,094,222	-22.3%	\$ 13,043,776	\$ 13,966,488	-6.6%	\$ 18,876,436	-30.9%
DSRIP/CHIRP	(119,304)	1,116,944	-110.7%	(344,553)	-65.4%	7,235,183	10,052,496	-28.0%	3,174,580	127.9%
TOTAL OTHER PATIENT REVENUE	\$ 1,508,224	\$ 2,668,776	-43.5%	\$ 1,749,669	-13.8%	\$ 20,278,959	\$ 24,018,984	-15.6%	\$ 22,036,148	-8.0%
NET PATIENT REVENUE	\$ 23,453,923	\$ 24,397,609	-3.9%	\$ 20,870,080	12.4%	\$ 221,060,093	\$ 222,814,793	-0.8%	\$ 200,454,398	10.3%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,232,828	\$ 5,840,686	6.7%	\$ 6,600,705	-5.6%	\$ 57,833,968	\$ 54,036,523	7.0%	\$ 56,716,678	2.0%
Other Revenue	1,275,468	1,089,479	17.1%	1,289,083	-1.1%	11,975,949	9,757,190	22.7%	8,653,149	38.4%
TOTAL OTHER REVENUE	\$ 7,508,296	\$ 6,930,165	8.3%	\$ 7,889,788	-4.8%	\$ 69,809,917	\$ 63,793,713	9.4%	\$ 65,369,826	6.8%
NET OPERATING REVENUE	\$ 30,962,219	\$ 31,327,774	-1.2%	\$ 28,759,868	7.7%	\$ 290,870,010	\$ 286,608,506	1.5%	\$ 265,824,224	9.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 10,737,659	\$ 10,454,359	2.7%	\$ 9,966,512	7.7%	\$ 96,808,528	\$ 93,712,446	3.3%	\$ 89,664,691	8.0%
Benefits	(6,623,553)	1,686,312	-492.8%	(114,301)	5694.8%	5,920,369	15,451,932	-61.7%	22,684,952	-73.9%
Temporary Labor	838,361	698,852	20.0%	1,057,015	-20.7%	7,934,983	6,379,539	24.4%	8,737,630	-9.2%
Physician Fees	1,160,135	1,210,852	-4.2%	1,118,335	3.7%	11,127,244	10,769,547	3.3%	10,320,858	7.8%
Texas Tech Support	964,591	954,677	1.0%	937,771	2.9%	8,637,823	8,592,093	0.5%	8,138,054	6.1%
Purchased Services	4,938,282	4,799,232	2.9%	4,594,826	7.5%	44,310,694	43,743,791	1.3%	39,202,839	13.0%
Supplies	6,045,915	6,084,475	-0.6%	6,287,193	-3.8%	58,880,548	55,140,282	6.8%	51,488,622	14.4%
Utilities	328,160	384,404	-14.6%	307,281	6.8%	3,321,578	2,939,596	13.0%	2,911,943	14.1%
Repairs and Maintenance	728,440	922,410	-21.0%	792,566	-8.1%	6,886,662	8,303,222	-17.1%	7,989,274	-13.8%
Leases and Rentals	(43,439)	(47,469)	-8.5%	(53,952)	-19.5%	(392,531)	(427,221)	-8.1%	(459,737)	-14.6%
Insurance	128,998	129,036	0.0%	93,864	37.4%	1,172,242	1,161,324	0.9%	1,065,762	10.0%
Interest Expense	94,056	92,461	1.7%	69,412	35.5%	932,080	835,869	11.5%	628,329	48.3%
ECHDA	55,768	182,272	-69.4%	217,434	-74.4%	1,266,513	1,640,448	-22.8%	1,640,446	-22.8%
Other Expense	97,859	107,165	-8.7%	120,359	-18.7%	1,221,690	1,697,683	-28.0%	1,458,213	-16.2%
TOTAL OPERATING EXPENSES	\$ 19,451,232	\$ 27,659,038	-29.7%	\$ 25,394,314	-23.4%	\$ 248,028,423	\$ 249,940,551	-0.8%	\$ 245,471,875	1.0%
Depreciation/Amortization	\$ 1,999,133	\$ 1,839,706	8.7%	\$ 1,781,401	12.2%	\$ 17,880,202	\$ 16,651,711	7.4%	\$ 15,627,601	14.4%
(Gain)/Loss on Disposal of Assets	2,070	-	0.0%	-	0.0%	(25,332)	-	0.0%	(112,173)	-77.4%
TOTAL OPERATING COSTS	\$ 21,452,435	\$ 29,498,744	-27.3%	\$ 27,175,715	-21.1%	\$ 265,883,293	\$ 266,592,262	-0.3%	\$ 260,987,303	1.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ 9,509,784	\$ 1,829,030	419.9%	\$ 1,584,152	-500.3%	\$ 24,986,717	\$ 20,016,244	24.8%	\$ 4,836,922	416.6%
Operating Margin	30.71%	5.84%	426.1%	5.51%	457.6%	8.59%	6.98%	23.0%	1.82%	372.1%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 215,274	\$ 92,032	133.9%	\$ 152,772	40.9%	\$ 1,579,335	\$ 828,288	90.7%	\$ 828,287	90.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,820	-100.0%	13,875	-100.0%	(3,000)	16,380	-118.3%	16,375	-118.3%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 9,725,058	\$ 1,922,882	405.8%	\$ 1,750,799	455.5%	\$ 27,986,087	\$ 22,101,502	26.6%	\$ 7,073,666	295.6%
Procure & Trauma Care Capital Contribution	(2,962,402)	(1,928,839)	53.6%	(1,293,125)	129.1%	(22,936,486)	(19,945,520)	15.0%	(16,494,481)	39.1%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 6,762,656	\$ (5,957)	113625.6%	\$ 457,675	-1377.6%	\$ 5,049,601	\$ 2,155,982	-134.2%	\$ (9,420,814)	153.6%
Unrealized Gain/(Loss) on Investments	\$ 182,672	\$ -	0.0%	\$ 24,496	645.7%	\$ 1,580,396	\$ -	0.0%	\$ 1,177,445	34.2%
Investment in Subsidiaries	205,376	149,961	37.0%	353,820	-42.0%	871,907	1,349,649	-35.4%	1,349,647	-35.4%
CHANGE IN NET POSITION	\$ 7,150,704	\$ 144,004	-4865.6%	\$ 835,990	-755.4%	\$ 7,501,904	\$ 3,505,631	-114.0%	\$ (6,893,722)	208.8%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 10,963,578	\$ 11,841,393	-7.4%	\$ 12,197,669	-10.1%	\$ 99,926,103	\$ 101,466,544	-1.5%	\$ 106,282,002	-6.0%
TOTAL PATIENT REVENUE	\$ 10,963,578	\$ 11,841,393	-7.4%	\$ 12,197,669	-10.1%	\$ 99,926,103	\$ 101,466,544	-1.5%	\$ 106,282,002	-6.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 5,652,535	\$ 6,041,245	-6.4%	\$ 5,837,268	-3.2%	\$ 50,288,630	\$ 51,698,288	-2.7%	\$ 55,165,338	-8.8%
Policy Adjustments	1,292,372	925,890	39.6%	904,756	42.8%	9,697,406	7,965,943	21.7%	7,272,321	33.3%
Uninsured Discount	194,254	431,505	-55.0%	405,152	-52.1%	2,283,952	3,731,510	-38.8%	3,554,803	-35.8%
Indigent	8,254	16,850	-51.0%	14,842	-44.4%	68,171	142,015	-52.0%	135,719	-49.8%
Provision for Bad Debts	1,085,781	849,027	27.9%	553,537	96.2%	10,710,236	7,757,701	38.1%	7,728,450	38.6%
TOTAL REVENUE DEDUCTIONS	\$ 8,233,196	\$ 8,264,517	-0.4%	\$ 7,715,555	6.7%	\$ 73,048,395	\$ 71,295,457	2.5%	\$ 73,856,632	-1.1%
	75.10%	69.79%		63.25%		73.10%	70.26%		69.49%	
NET PATIENT REVENUE	\$ 2,730,383	\$ 3,576,876	-23.7%	\$ 4,482,114	-39.1%	\$ 26,877,708	\$ 30,171,087	-10.9%	\$ 32,425,370	-17.1%
<u>OTHER REVENUE</u>										
Other Income	\$ 162,564	\$ 220,202	-26.2%	\$ 195,314	-16.8%	\$ 1,879,211	\$ 1,988,818	-5.5%	\$ 1,879,632	0.0%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 2,892,947	\$ 3,797,078	-23.8%	\$ 4,677,428	-38.2%	\$ 28,756,919	\$ 32,159,905	-10.6%	\$ 34,305,002	-16.2%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 4,537,013	\$ 4,412,877	2.8%	\$ 4,445,610	2.1%	\$ 37,853,736	\$ 39,487,106	-4.1%	\$ 38,343,256	-1.3%
Benefits	354,492	368,354	-3.8%	378,602	-6.4%	3,730,983	3,946,871	-5.5%	3,830,424	-2.6%
Temporary Labor	656,877	687,248	-4.4%	482,136	36.2%	7,829,491	6,240,822	25.5%	3,170,303	147.0%
Physician Fees	200,697	240,601	-16.6%	248,713	-19.3%	1,858,076	2,165,849	-14.2%	2,051,625	-9.4%
Purchased Services	(182,814)	(299,708)	-39.0%	(40,750)	348.6%	(2,511,290)	(2,856,787)	-12.1%	(224,704)	1017.6%
Supplies	69,859	88,257	-20.8%	155,245	-55.0%	611,418	738,086	-17.2%	1,106,780	-44.8%
Utilities	1,193	1,052	13.4%	1,064	12.1%	7,981	6,903	15.6%	6,897	15.7%
Repairs and Maintenance	-	1,900	-100.0%	3,876.99	-100.0%	4,312	17,100	-74.8%	15,285	-71.8%
Leases and Rentals	148,605	144,407	2.9%	171,318	-13.3%	1,307,821	1,293,039	1.1%	1,534,320	-14.8%
Insurance	(9,525)	21,520	-144.3%	35,828	-126.6%	384,490	456,920	-15.9%	431,722	-10.9%
Other Expense	67,206	52,285	28.5%	81,914	-18.0%	528,688	545,400	-3.1%	474,903	11.3%
TOTAL OPERATING EXPENSES	\$ 5,843,603	\$ 5,718,793	2.2%	\$ 5,963,556	-2.0%	\$ 51,605,706	\$ 52,041,309	-0.8%	\$ 50,740,810	1.7%
Depreciation/Amortization	\$ 11,745	\$ 7,124	64.9%	\$ 6,997	67.9%	\$ 87,699	\$ 64,116	36.8%	\$ 59,180	48.2%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	(506)	-100.0%
TOTAL OPERATING COSTS	\$ 5,855,348	\$ 5,725,917	2.3%	\$ 5,970,553	-1.9%	\$ 51,693,405	\$ 52,105,425	-0.8%	\$ 50,799,483	1.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,962,402)	\$ (1,928,839)	53.6%	\$ (1,293,125)	129.1%	\$ (22,936,486)	\$ (19,945,520)	15.0%	\$ (16,494,481)	39.1%
Operating Margin	-102.40%	-50.80%	101.6%	-27.65%	270.4%	-79.76%	-62.02%	28.6%	-48.08%	65.9%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,962,402	\$ 1,928,839	53.6%	\$ 1,293,125	129.1%	\$ 22,936,486	\$ 19,945,520	15.0%	\$ 16,494,481	39.1%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	8,063	8,357	-3.52%	9,985	-19.25%	70,095	69,705	0.56%	83,328	-15.88%
Total Hospital Visits	6,725	6,017	11.77%	5,931	13.39%	60,663	53,271	13.88%	51,937	16.80%
Total Procedures	12,371	13,004	-4.87%	13,540	-8.63%	113,603	109,571	3.68%	115,019	-1.23%
Total Surgeries	806	928	-13.15%	1,008	-20.04%	6,909	7,343	-5.91%	7,511	-8.01%
Total Provider FTE's	85.6	88.6	-3.38%	92.9	-7.84%	84.5	88.6	-4.67%	89.8	-5.87%
Total Staff FTE's	109.7	127.1	-13.70%	120.2	-8.79%	108.3	126.4	-14.31%	116.9	-7.33%
Total Administrative FTE's	11.6	11.7	-1.10%	11.2	2.88%	11.9	11.7	2.07%	11.7	1.36%
Total FTE's	206.9	227.4	-9.03%	224.4	-7.81%	204.7	226.7	-9.70%	218.4	-6.26%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 280,091	\$ 257,709	8.7%	\$ 268,053	4.5%	\$ 2,079,991	\$ 1,991,732	4.4%	\$ 1,542,245	34.9%
TOTAL PATIENT REVENUE	\$ 280,091	\$ 257,709	8.7%	\$ 268,053	4.5%	\$ 2,079,991	\$ 1,991,732	4.4%	\$ 1,542,245	34.9%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 156,818	\$ 152,137	3.1%	\$ 165,500	-5.2%	\$ 998,826	\$ 1,175,805	-15.1%	\$ 959,390	4.1%
Policy Adjustments	46,213	45,475	1.6%	45,570	1.4%	317,968	351,458	-9.5%	286,770	10.9%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	31,767	29,470	7.8%	43,290	-26.6%	319,319	227,763	40.2%	185,841	71.8%
TOTAL REVENUE DEDUCTIONS	\$ 234,798	\$ 227,082	3.4%	\$ 254,361	-7.7%	\$ 1,636,113	\$ 1,755,026	-6.8%	\$ 1,432,000	14.3%
	83.83%	88.12%		94.89%		78.66%	88.12%		92.85%	
NET PATIENT REVENUE	\$ 45,293	\$ 30,627	47.9%	\$ 13,692	230.8%	\$ 443,878	\$ 236,706	87.5%	\$ 110,245	302.6%
						21.3%				
<u>OTHER REVENUE</u>										
Other Income	\$ 26	\$ 40	-35.7%	\$ -	100.0%	\$ 9,674	\$ 360	2587.1%	\$ 358	2601.8%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 45,319	\$ 30,667	47.8%	\$ 13,692	231.0%	\$ 453,552	\$ 237,066	91.3%	\$ 110,603	310.1%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 237,265	\$ 251,228	-5.6%	\$ 248,540	-4.5%	\$ 2,207,693	\$ 2,254,139	-2.1%	\$ 2,245,834	-1.7%
Benefits	17,701	19,391	-8.7%	15,834	11.8%	174,386	175,460	-0.6%	159,758	9.2%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(2,333,232)	(2,333,232)	0.0%	(2,333,232)	0.0%
Purchased Services	1,980	702	182.1%	24,345	-91.9%	13,523	6,318	114.0%	30,524	-55.7%
Supplies	38	675	-94.4%	784	-95.2%	1,939	5,364	-63.9%	4,571	-57.6%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	1,993	1,993	0.0%	1,993	0.0%	17,940	17,937	0.0%	17,940	0.0%
Insurance	7,884	7,345	7.3%	8,275	-4.7%	74,086	66,105	12.1%	49,040	51.1%
Other Expense	731	461	58.6%	450	62.6%	3,992	4,149	-3.8%	2,985	33.7%
TOTAL OPERATING EXPENSES	\$ 8,345	\$ 22,547	-63.0%	\$ 40,973	-79.6%	\$ 160,327	\$ 196,240	-18.3%	\$ 177,420	-9.6%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 8,345	\$ 22,547	-63.0%	\$ 40,973	-79.6%	\$ 160,327	\$ 196,240	-18.3%	\$ 177,420	-9.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ 36,974	\$ 8,120	355.3%	\$ (27,281)	-235.5%	\$ 293,225	\$ 40,826	618.2%	\$ (66,817)	-538.8%
Operating Margin	81.59%	26.48%	208.1%	-199.24%	-140.9%	64.65%	17.22%	275.4%	-60.41%	-207.0%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 36,974	\$ 8,120	355.3%	\$ (27,281)	-235.5%	\$ 293,225	\$ 40,826	618.2%	\$ (66,817)	-538.8%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	884	958	-7.72%	782	13.04%	6,097	7,404	-17.65%	6,041	0.93%
Total Provider FTE's	7.5	8.5	-11.18%	8.4	-10.96%	8.0	8.3	-3.39%	8.4	-4.46%
Total Staff FTE's	1.0	1.5	-32.76%	1.0	0.02%	1.0	1.3	-19.28%	1.0	3.26%
Total FTE's	8.5	9.9	-14.41%	9.4	-9.79%	9.1	9.6	-5.47%	9.4	-3.66%

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

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 10,110	\$ -	0.0%	\$ -	0.0%	\$ 26,434	\$ -	0.0%	\$ -	0.0%
TOTAL PATIENT REVENUE	\$ 10,110	\$ -	0.0%	\$ -	0.0%	\$ 26,434	\$ -	0.0%	\$ -	0.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	9,375	-	0.0%	-	0.0%	21,952	-	0.0%	-	0.0%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$ 9,375	\$ -	0.0%	\$ -	0.0%	\$ 21,952	\$ -	0.0%	\$ -	0.0%
	92.7%	#DIV/0!		#DIV/0!		83.0%	#DIV/0!		#DIV/0!	
NET PATIENT REVENUE	\$ 735	\$ -	0.0%	\$ -	0.0%	\$ 4,483	\$ -	0.0%	\$ -	0.0%
OTHER REVENUE										
Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 735	\$ -	0.0%	\$ -	0.0%	\$ 4,483	\$ -	0.0%	\$ -	0.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 993	\$ -	0.0%	\$ -	0.0%	\$ 4,491	\$ -	0.0%	\$ -	0.0%
Benefits	(613)	-	0.0%	-	0.0%	275	-	0.0%	-	0.0%
Physician Services	2,000	-	0.0%	-	0.0%	8,432	-	0.0%	-	0.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	5	-	0.0%	-	0.0%	4,988	-	0.0%	-	0.0%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	3,338	-	0.0%	-	0.0%	27,552	-	0.0%	-	0.0%
Leases and Rentals	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 5,724	\$ -	0.0%	\$ -	0.0%	\$ 45,738	\$ -	0.0%	\$ -	0.0%
Depreciation/Amortization	\$ 905	\$ 2,769	-67.3%	\$ 2,769	-67.3%	\$ 19,236	\$ 24,921	-22.8%	\$ 24,924	-22.8%
TOTAL OPERATING COSTS	\$ 6,629	\$ 2,769	139.4%	\$ 2,769	139.4%	\$ 64,974	\$ 24,921	160.7%	\$ 24,924	160.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ (5,893)	\$ (2,769)	-112.8%	\$ (2,769)	-112.8%	\$ (60,491)	\$ (24,921)	-142.7%	\$ (24,924)	142.7%
Operating Margin	-801.44%	0.00%	0.0%	0.00%	0.0%	-1349.48%	0.00%	0.0%	0.00%	0.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	27	-	0.0%	-	0.0%	91	-	0.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.2	-	0.0%	-	0.0%	0.1	-	0.0%	0.0	1045.8%

**ECTOR COUNTY HOSPITAL DISTRICT
JUNE 2024**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 44,262,816	41.0%	\$ 42,581,222	40.7%	\$ 390,366,641	39.9%	350,157,142	38.6%
Medicaid	10,920,032	10.1%	11,566,931	11.1%	117,501,980	12.0%	123,980,848	13.7%
Commercial	37,174,024	34.4%	30,836,824	29.5%	338,001,320	34.6%	273,085,378	30.2%
Self Pay	9,768,148	9.0%	15,534,848	14.9%	92,172,515	9.4%	120,950,209	13.4%
Other	5,922,164	5.5%	4,004,038	3.8%	39,633,004	4.1%	37,275,290	4.1%
TOTAL	\$ 108,047,184	100.0%	\$ 104,523,864	100.0%	\$ 977,675,460	100.0%	905,448,865	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,675,428	40.1%	\$ 7,427,471	38.8%	\$ 77,200,358	38.4%	67,117,879	38.6%
Medicaid	1,763,574	9.2%	1,599,489	8.4%	24,364,572	12.1%	23,010,004	13.3%
Commercial	7,912,548	41.1%	8,143,694	42.4%	78,837,488	39.2%	64,228,102	37.1%
Self Pay	1,225,949	6.4%	862,181	4.5%	12,121,572	6.0%	9,975,759	5.8%
Other	618,070	3.2%	1,121,944	5.9%	8,616,319	4.3%	9,007,945	5.2%
TOTAL	\$ 19,195,569	100.0%	\$ 19,154,781	100.0%	\$ 201,140,308	100.0%	173,339,688	100.0%

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

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ 7,501,904	-	293,225	\$ 7,795,129
Noncash Expenses:				
Depreciation and Amortization	16,464,221	12,903	-	16,477,123
Unrealized Gain/Loss on Investments	1,580,396	-	-	1,580,396
Accretion (Bonds) & COVID Funding	(459,346)	-	-	(459,346)
Changes in Assets and Liabilities				
Patient Receivables, Net	(5,880,849)	335,177	(46,353)	(5,592,026)
Taxes Receivable/Deferred	6,669,978	(246,877)	-	6,423,101
Inventories, Prepaids and Other	(4,517,014)	42,099	37,118	(4,437,797)
LT Lease Rec	736,401			
Deferred Inflow of Resources	424,762			
Accounts Payable	594,506	(1,323,141)	(266,443)	(995,078)
Accrued Expenses	2,550,123	1,183,962	(17,547)	3,716,538
Due to Third Party Payors	16,375,949	-	-	16,375,949
Accrued Post Retirement Benefit Costs	(14,794,368)	-	-	(14,794,368)
Net Cash Provided by Operating Activities	\$ 27,246,661	4,122	-	\$ 27,250,783
Cash Flows from Investing Activities:				
Investments	\$ 4,196,058	-	-	\$ 4,196,058
Acquisition of Property and Equipment	(22,224,604)	(4,022)	-	(22,228,627)
Net Cash used by Investing Activities	\$ (18,028,546)	(4,022)	-	\$ (18,032,568)
Cash Flows from Financing Activities:				
Current Portion Debt	\$ (541,892)	-	-	\$ (541,892)
Principal Paid on Subscription Liabilities	\$ (80,370)			
Principal Paid on Lease Liabilities	\$ 547,171			
Intercompany Activities	-	-	-	-
LT Liab Subscriptions	(493,097)			
LT Liab Leases	2,263,920			
Net Repayment of Long-term Debt/Bond Issuance	(137,591)	-	-	(137,591)
Net Cash used by Financing Activities	1,558,142	-	-	1,558,142
Net Increase (Decrease) in Cash	10,776,257	100	-	10,776,357
Beginning Cash & Cash Equivalents @ 9/30/2023	26,722,432	4,400	-	26,726,832
Ending Cash & Cash Equivalents @ 6/30/2024	\$ 37,498,688	\$ 4,500	\$ -	\$ 37,503,188

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

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (1,373,346)	\$ 3,581,085		\$ 2,207,739
2nd Qtr	(1,598,444)	-		(1,598,444)
3rd Qtr	(5,589,663)	4,011,151		(1,578,512)
4th Qtr	-	-		-
DSH TOTAL	\$ (8,561,453)	\$ 7,592,236		\$ (969,217)
UC				
1st Qtr	\$ -	\$ 5,793,766		5,793,766
2nd Qtr	(4,285,851)	10,722,457		6,436,606
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (4,285,851)	\$ 16,516,223		\$ 12,230,373
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ -	\$ -		\$ -
UHRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ -		\$ -
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(558,322)	1,427,934		869,612
3rd	-	-		-
4th Qtr	-	-		-
GME TOTAL	\$ (558,322)	\$ 1,427,934		\$ 869,612
CHIRP				
1st Qtr	\$ (3,062,668)	\$ 3,909,718		\$ 847,050
2nd Qtr	-	3,794,422		3,794,422
3rd	(4,399,163)	1,464,088		(2,935,075)
4th Qtr	-	-		-
CHIRP TOTAL	\$ (7,461,831)	\$ 9,168,228		\$ 1,706,397
HARP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(552,207)	69,597		(482,610)
3rd	(437,860)	2,414,889		1,977,029
4th Qtr	-	-		-
HARP TOTAL	\$ (990,067)	\$ 2,484,486		\$ 1,494,418
TIPPS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (21,857,524)	\$ 37,189,106		\$ 15,331,583
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (21,857,524)	\$ 37,189,106	\$ -	\$ 15,331,583

INCOME STATEMENT ACTIVITY:

FY 2024 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 6,592,500
Uncompensated Care Accrual	5,181,595
Regional UPL Accrual	-
URIP	75,696
GME	658,503
CHIRP	7,235,183
HARP	312,003
TIPPS	223,479
Regional UPL Benefit	-
Medicaid Supplemental Payments	20,278,959
DSRIP Accrual	-
Total Adjustments	\$ 20,278,959

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

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET		PRIOR YR VAR	ACTUAL	BUDGET	BUDGET		PRIOR YR VAR
			VAR	PRIOR YR				VAR	PRIOR YR	
Cardiopulmonary	11.3	11.9	-5.6%	13.6	-17.0%	13.3	12.0	11.2%	10.9	22.1%
Operating Room	11.7	4.3	173.2%	14.1	-17.1%	12.5	4.3	189.8%	10.7	16.5%
Labor & Delivery	3.0	5.1	-41.0%	5.4	-43.9%	4.1	5.2	-21.4%	3.4	20.5%
Laboratory - Chemistry	1.6	4.6	-64.5%	5.5	-70.0%	3.9	4.6	-16.9%	5.0	-22.4%
Imaging - Diagnostics	2.1	2.9	-26.9%	4.6	-54.1%	2.9	2.9	0.7%	3.6	-19.5%
Imaging - Ultrasound	2.1	1.0	109.8%	1.5	42.5%	1.4	1.0	39.9%	1.8	-20.3%
4 East - Post Partum	1.2	2.0	-41.2%	3.4	-65.5%	1.4	2.0	-31.0%	2.7	-48.1%
PM&R - Occupational	0.9	2.0	-53.2%	1.4	-31.7%	1.4	2.0	-32.8%	0.8	63.7%
Recovery Room	1.0	-	0.0%	-	0.0%	1.4	-	0.0%	-	0.0%
Imaging - Cat Scan	1.5	1.0	41.8%	1.5	-1.7%	1.3	1.0	25.5%	0.4	218.5%
Intensive Care Unit (ICU) 2	0.4	2.0	-82.2%	0.4	-3.2%	1.0	2.0	-48.9%	0.8	21.5%
Laboratory - Histology	1.0	-	0.0%	-	0.0%	0.9	-	0.0%	-	0.0%
7 Central	1.9	0.0	4472.1%	-	0.0%	0.9	0.0	2283.5%	0.3	236.8%
Center for Health and Wellness - Sports Medici	0.9	1.0	-8.8%	-	0.0%	0.8	1.0	-15.8%	0.4	119.0%
Intensive Care Unit (CCU) 4	0.8	1.5	-47.7%	1.3	-39.1%	0.7	1.5	-50.6%	1.0	-23.5%
UTILIZATION REVIEW	0.2	1.0	-76.8%	-	0.0%	0.5	1.0	-51.1%	-	0.0%
4 Central	0.6	0.0	1306.6%	-	0.0%	0.4	0.0	809.4%	0.3	38.8%
Neonatal Intensive Care	-	-	0.0%	-	0.0%	0.3	-	0.0%	0.0	1875.2%
Emergency Department	0.8	1.5	-45.3%	1.1	-27.1%	0.3	1.5	-81.4%	1.8	-84.3%
3 West Observation	0.4	-	0.0%	0.2	95.3%	0.3	-	0.0%	0.3	-14.7%
Nursing Orientation	0.3	-	0.0%	0.2	57.8%	0.3	-	0.0%	0.5	-43.4%
6 Central	0.7	0.0	1662.7%	-	0.0%	0.2	0.0	500.4%	0.1	173.5%
5 Central	0.7	0.0	1508.6%	-	0.0%	0.2	0.0	396.1%	0.2	6.6%
9 Central	0.3	0.0	608.6%	0.1	304.2%	0.1	0.0	257.2%	0.1	11.4%
6 West	0.3	0.0	597.7%	-	0.0%	0.1	0.0	166.7%	0.0	235.0%
Care Management	-	-	0.0%	1.0	-100.0%	0.1	-	0.0%	2.1	-97.5%
Laboratory - Hematology	-	1.4	-100.0%	-	0.0%	-	1.4	-100.0%	-	0.0%
PM&R - Physical	-	-	0.0%	1.0	-100.0%	-	-	0.0%	0.5	-100.0%
8 Central - Moved Back to 6140	-	-	0.0%	0.2	-100.0%	-	-	0.0%	0.3	-100.0%
5 West - Pediatrics	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Food Service	-	1.1	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
SUBTOTAL	46.5	44.8	3.7%	57.4	-19.0%	50.8	44.8	13.5%	48.4	5.0%
TRANSITION LABOR										
Laboratory - Chemistry	5.7	-	0.0%	2.3	143.6%	4.2	-	0.0%	1.4	207.2%
SUBTOTAL	5.7	-	0.0%	2.3	143.6%	4.2	-	0.0%	1.4	207.2%
GRAND TOTAL	52.1	44.8	16.4%	59.7	-12.7%	55.0	44.8	22.8%	49.8	10.5%



Financial Presentation

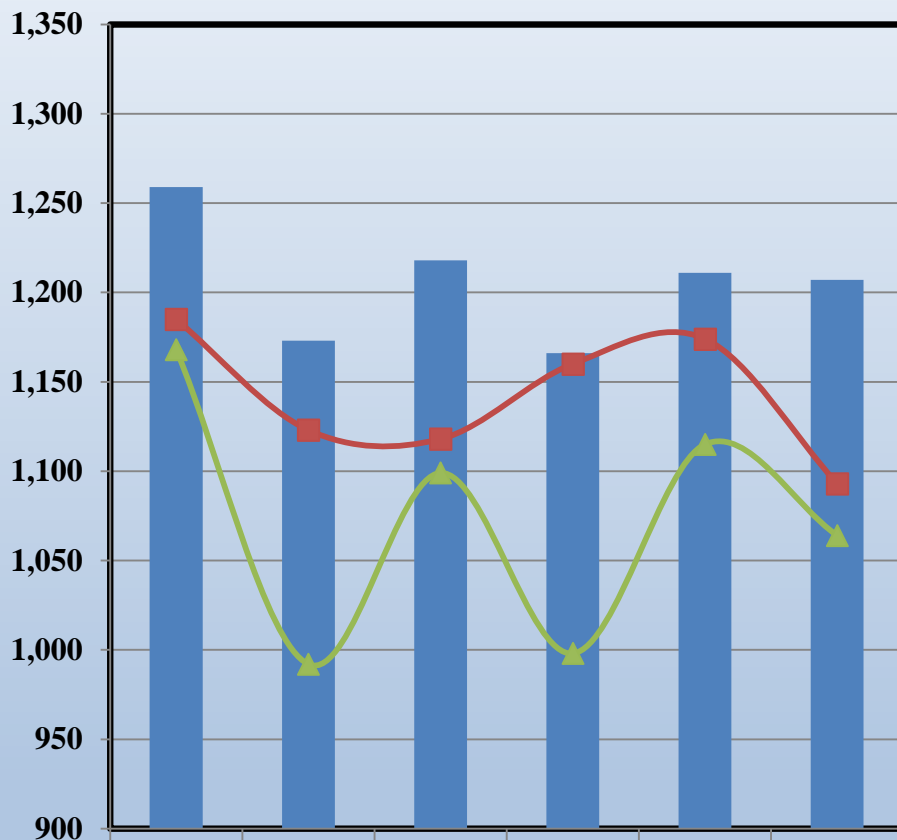
For the Month Ended June 30, 2024

Volume



Admissions

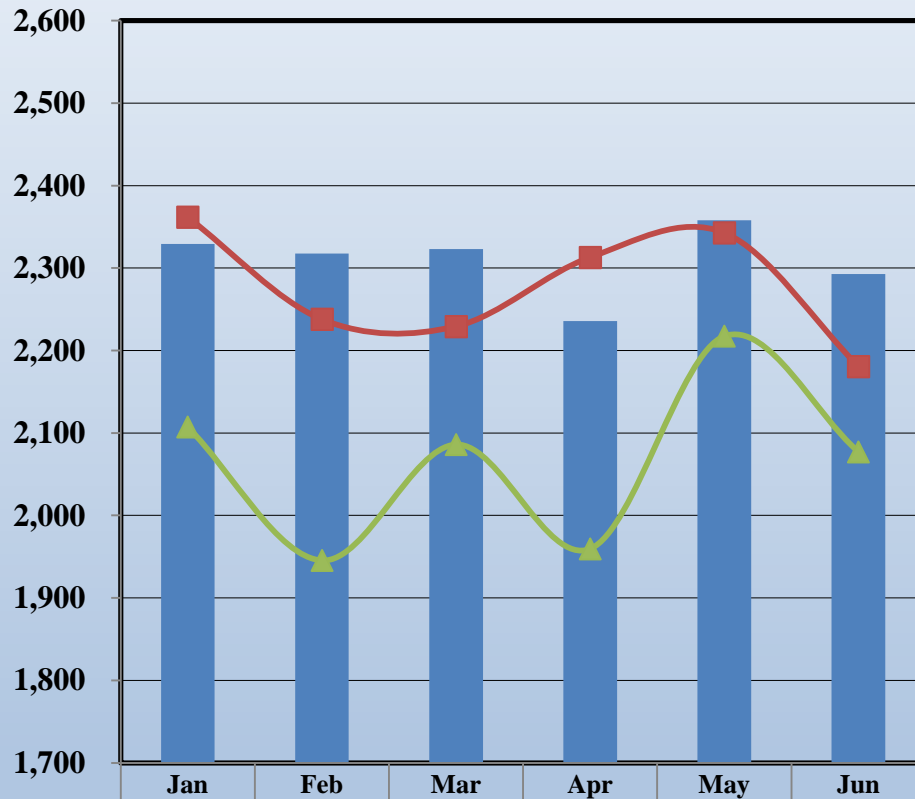
Total – Adults and NICU



	Jan	Feb	Mar	Apr	May	Jun
Act	1,259	1,173	1,218	1,166	1,211	1,207
Bud	1,185	1,123	1,118	1,160	1,174	1,093
Prior	1,168	992	1,099	998	1,115	1,064

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,207	1,093	1,064
Var %		10.4%	13.4%
Year-To-Date	10,714	10,015	9,699
Var %		7.0%	10.5%
Annualized	14,088	13,389	12,857
Var %		5.2%	9.6%

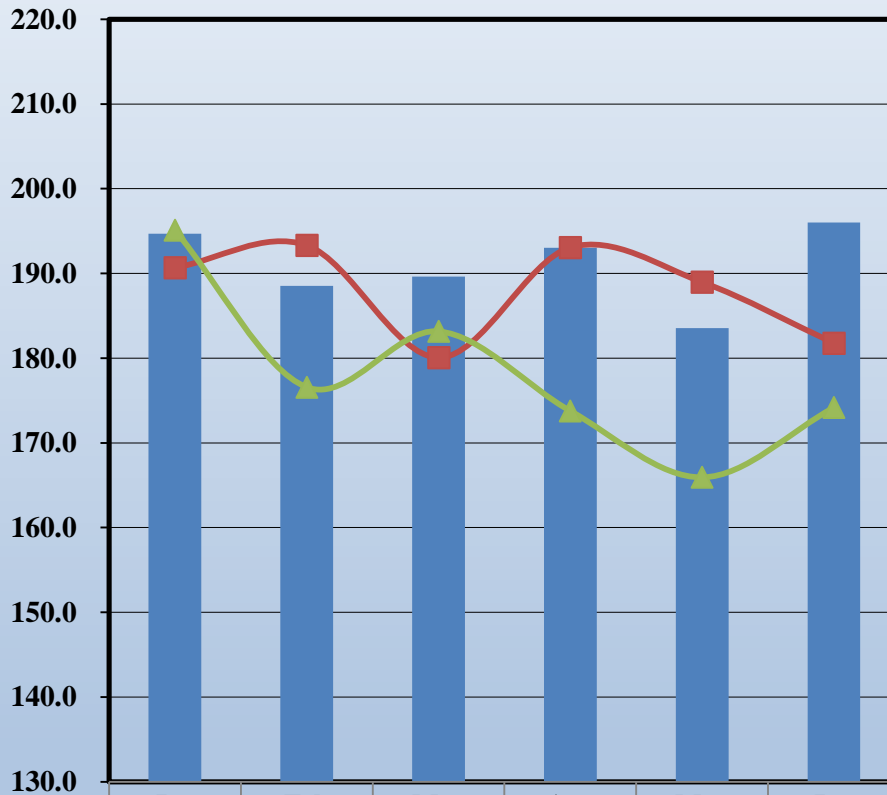
Adjusted Admissions



Act	2,329	2,318	2,323	2,236	2,358	2,293
Bud	2,362	2,238	2,229	2,313	2,343	2,181
Prior	2,107	1,945	2,086	1,960	2,217	2,077

	Actual	Budget	Prior Year
Month	2,293	2,181	2,077
Var %		5.1%	10.4%
Year-To-Date	20,554	19,969	18,607
Var %		2.9%	10.5%
Annualized	27,230	26,645	24,757
Var %		2.2%	10.0%

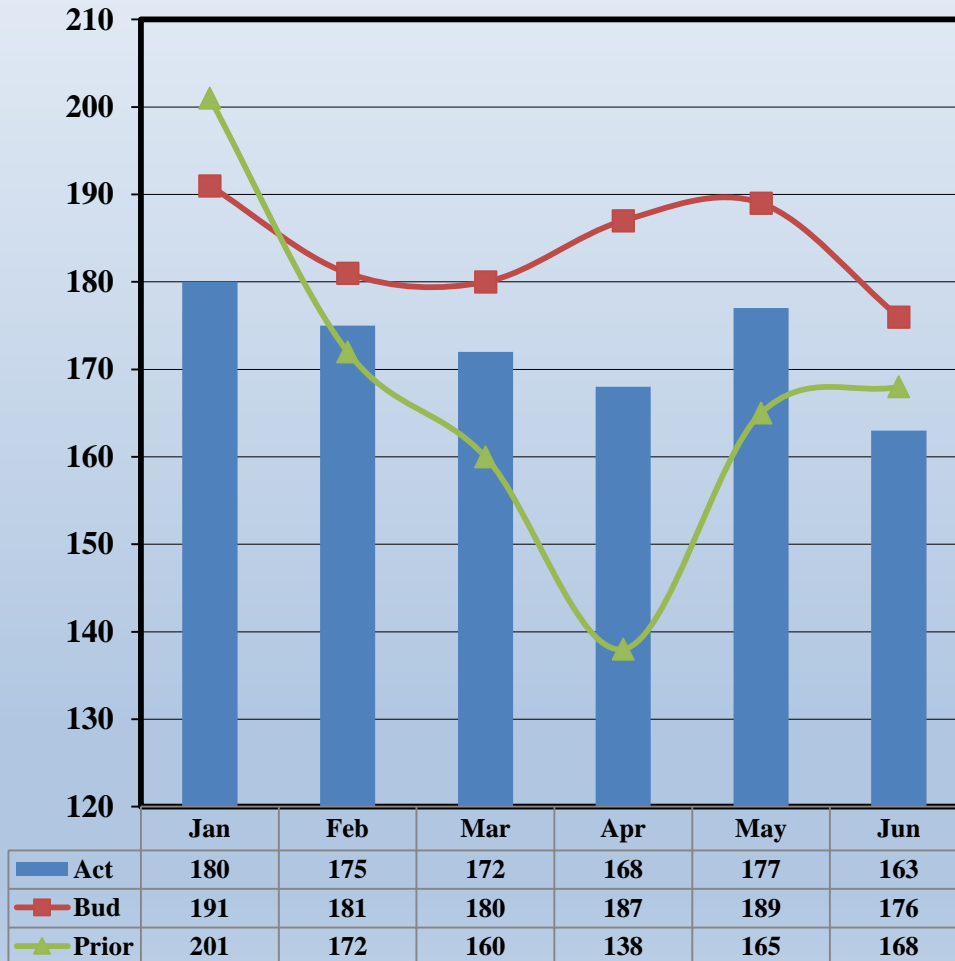
Average Daily Census



	Jan	Feb	Mar	Apr	May	Jun
Act	194.7	188.5	189.6	193.0	183.5	196.0
Bud	190.7	193.3	180.1	193.1	189.0	181.8
Prior	195.1	176.6	183.2	173.8	165.9	174.2

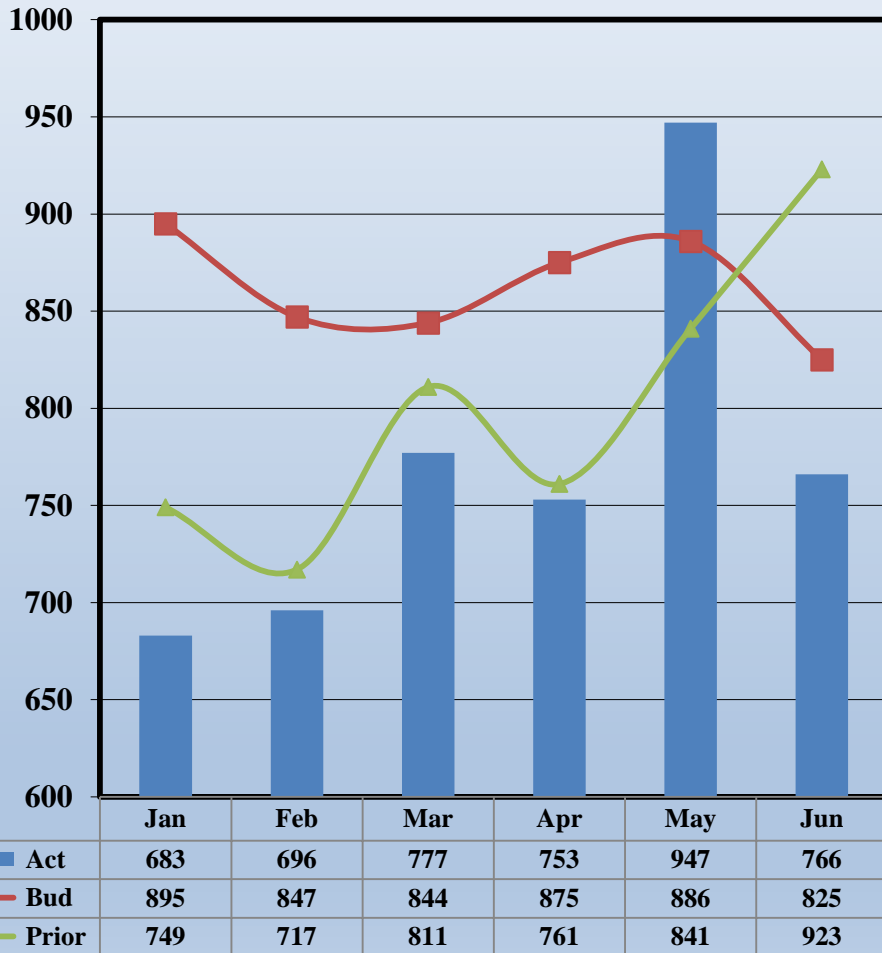
	Actual	Budget	Prior Year
Month	196.0	181.8	174.2
Var %		7.8%	12.5%
Year-To-Date	186.6	182.4	177.8
Var %		2.3%	4.9%
Annualized	181.8	178.7	175.7
Var %		1.7%	3.5%

Deliveries



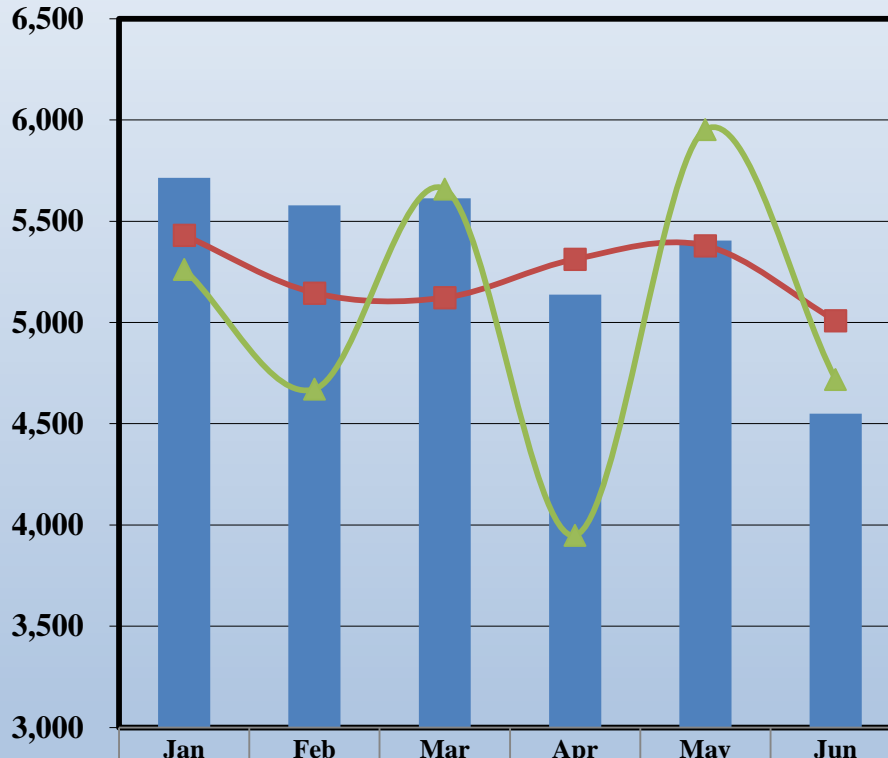
	Actual	Budget	Prior Year
Month	163	176	168
Var %		-7.4%	-3.0%
Year-To-Date	1,593	1,613	1,592
Var %		-1.2%	0.1%
Annualized	2,178	2,198	2,185
Var %		-0.9%	-0.3%

Total Surgical Cases



	Actual	Budget	Prior Year
Month	766	825	923
Var %		-7.2%	-17.0%
Year-To-Date	6,852	7,558	7,076
Var %		-9.3%	-3.2%
Annualized	9,278	9,984	9,387
Var %		-7.1%	-1.2%

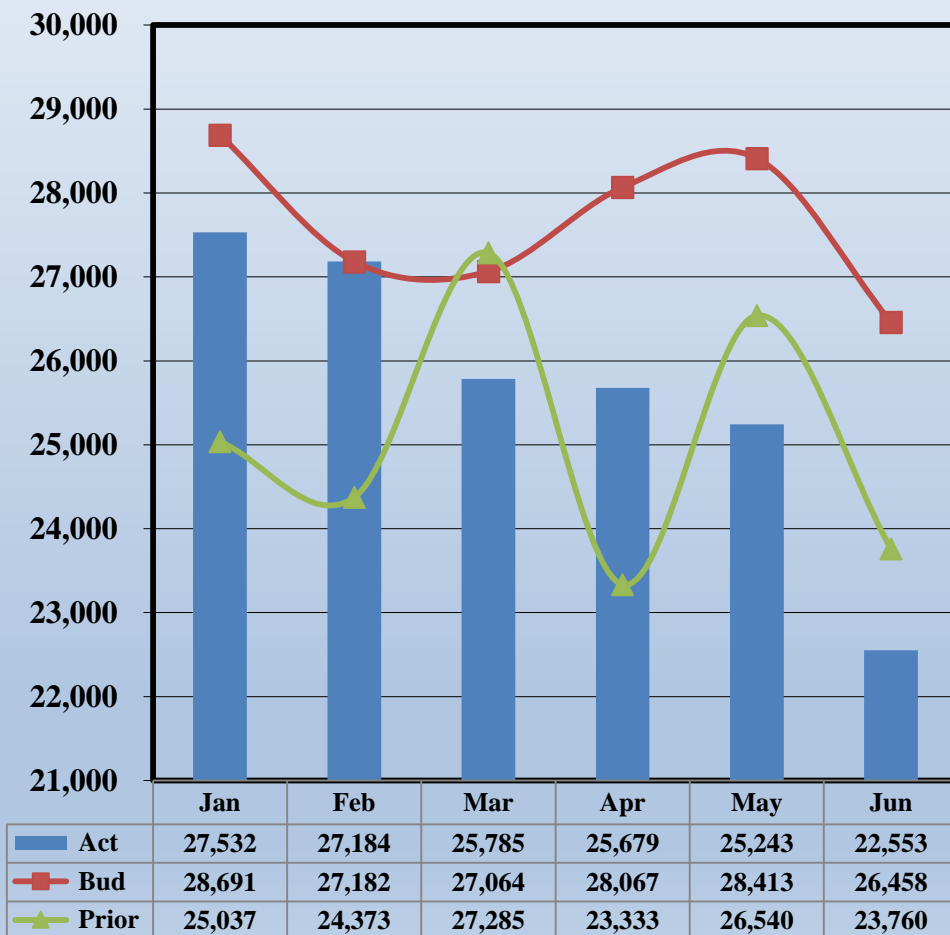
Emergency Room Visits



	Actual	Budget	Prior Year
Month	4,550	5,009	4,719
Var %		-9.2%	-3.6%
Year-To-Date	47,890	45,895	46,540
Var %		4.3%	2.9%
Annualized	62,257	60,262	61,319
Var %		3.3%	1.5%

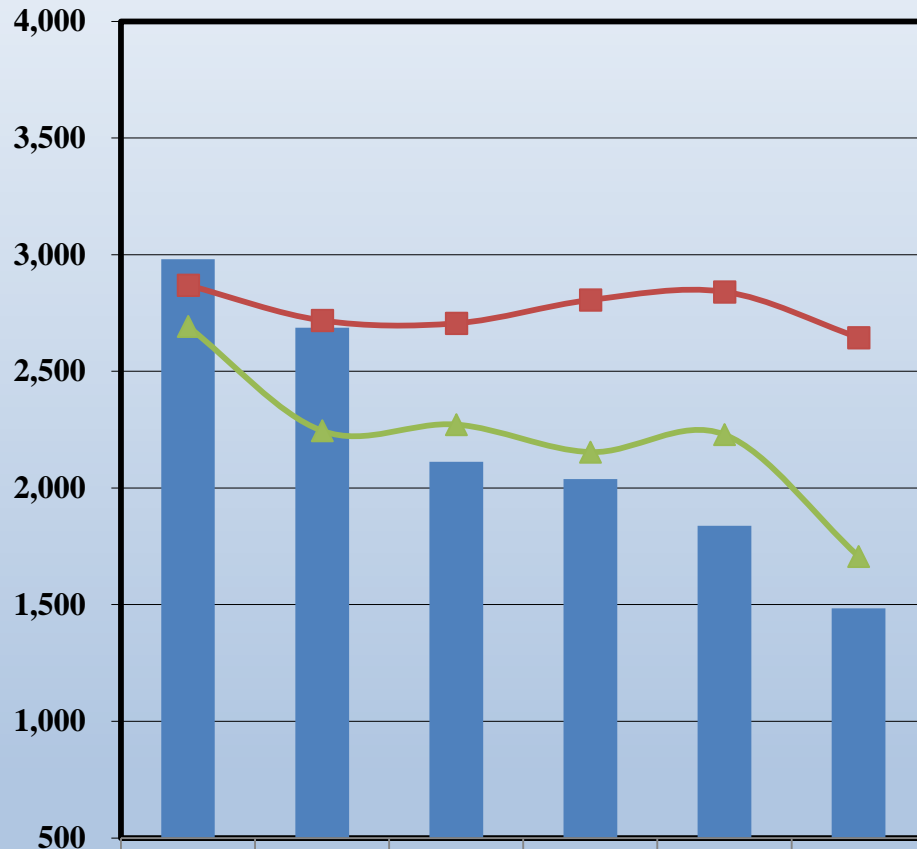
	Jan	Feb	Mar	Apr	May	Jun
Act	5,715	5,579	5,613	5,138	5,405	4,550
Bud	5,431	5,146	5,123	5,313	5,379	5,009
Prior	5,262	4,671	5,659	3,949	5,953	4,719

Total Outpatient Occasions of Service



	Actual	Budget	Prior Year
Month	22,553	26,458	23,760
Var %		-14.8%	-5.1%
Year-To-Date	232,780	242,434	227,991
Var %		-4.0%	2.1%
Annualized	309,079	318,733	303,270
Var %		-3.0%	1.9%

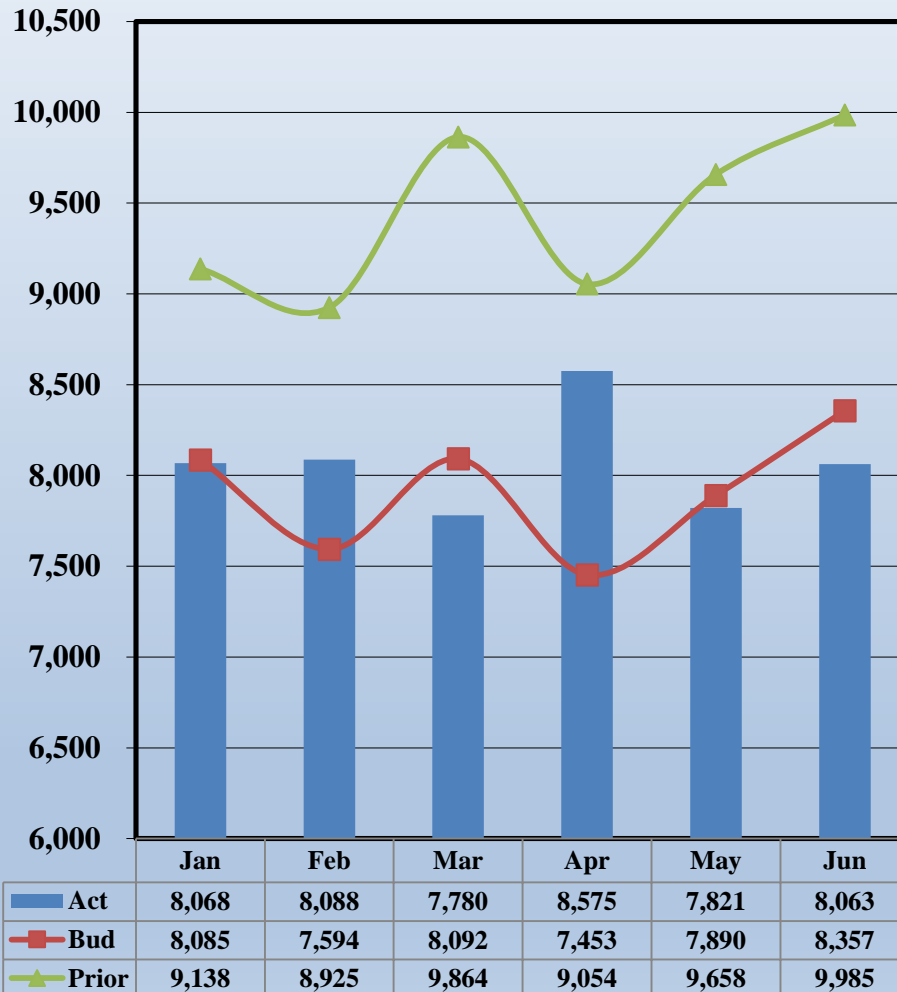
Urgent Care Visits



	Actual	Budget	Prior Year
Month	1,484	2,645	1,707
Var %		-43.9%	-13.1%
Year-To-Date	20,775	24,240	22,422
Var %		-14.3%	-7.3%
Annualized	27,226	30,691	29,983
Var %		-11.3%	-9.2%

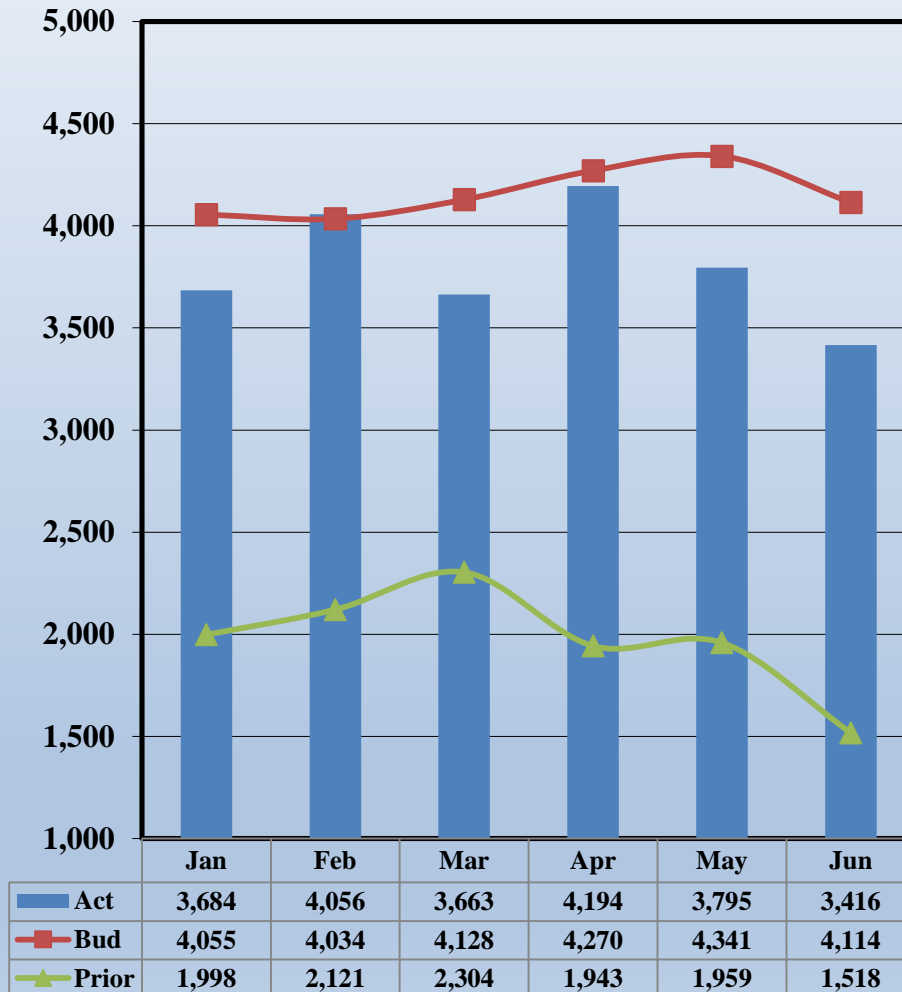
■ Act	2,981	2,687	2,113	2,038	1,838	1,484
■ Bud	2,869	2,718	2,706	2,806	2,841	2,645
▲ Prior	2,692	2,245	2,272	2,154	2,229	1,707

Total ProCare Office Visits



	Actual	Budget	Prior Year
Month	8,063	8,357	9,985
Var %		-3.5%	-19.3%
Year-To-Date	70,095	69,705	83,328
Var %		0.6%	-15.9%
Annualized	96,285	95,895	111,014
Var %		0.4%	-13.3%

Total Family Health Clinic Visits



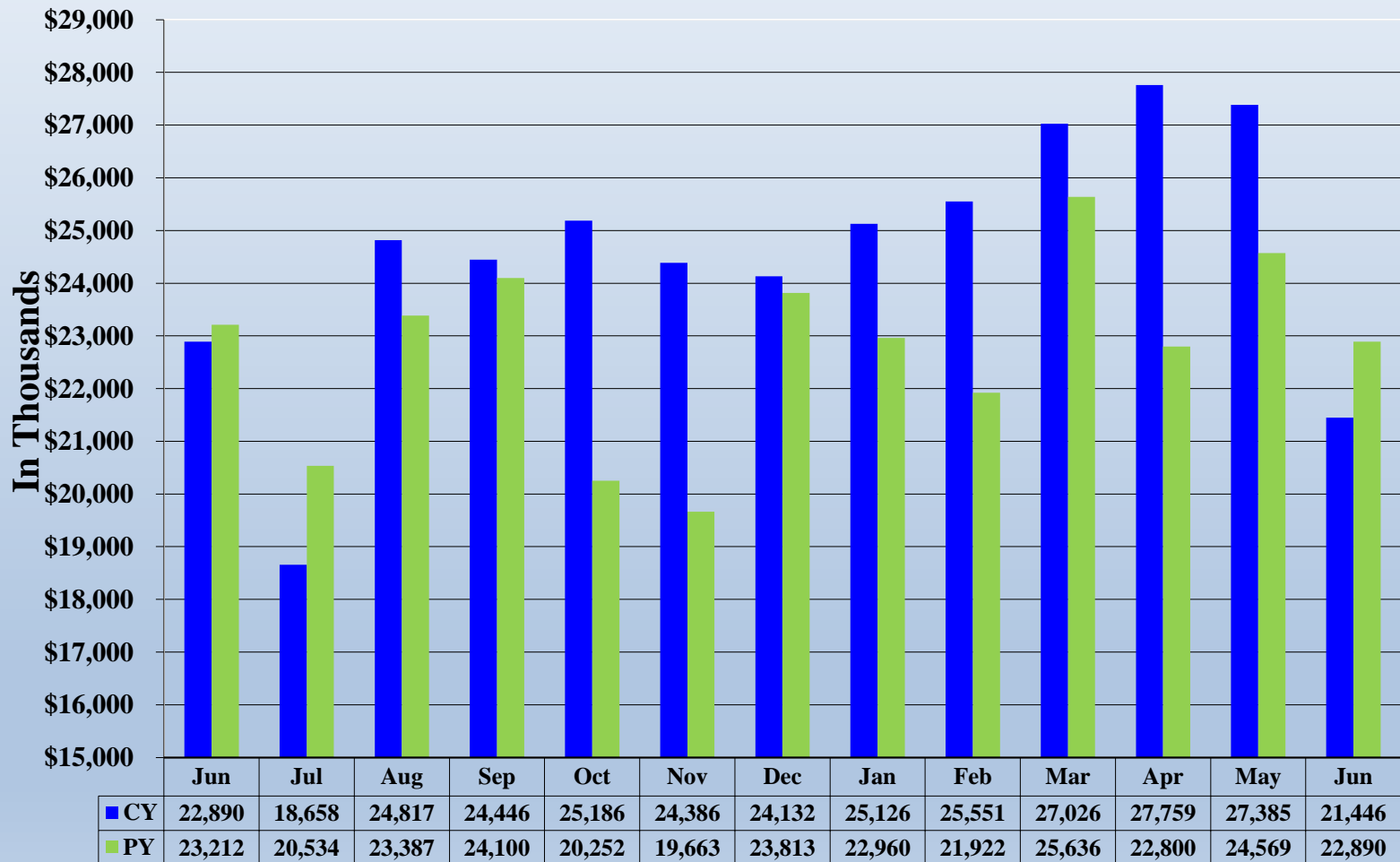
	Actual	Budget	Prior Year
Month	3,416	4,114	1,518
Var %		-17.0%	125.0%
Year-To-Date	33,528	36,450	17,341
Var %		-8.0%	93.3%
Annualized	40,844	43,368	23,328
Var %		-5.8%	75.1%

Accounts Receivable



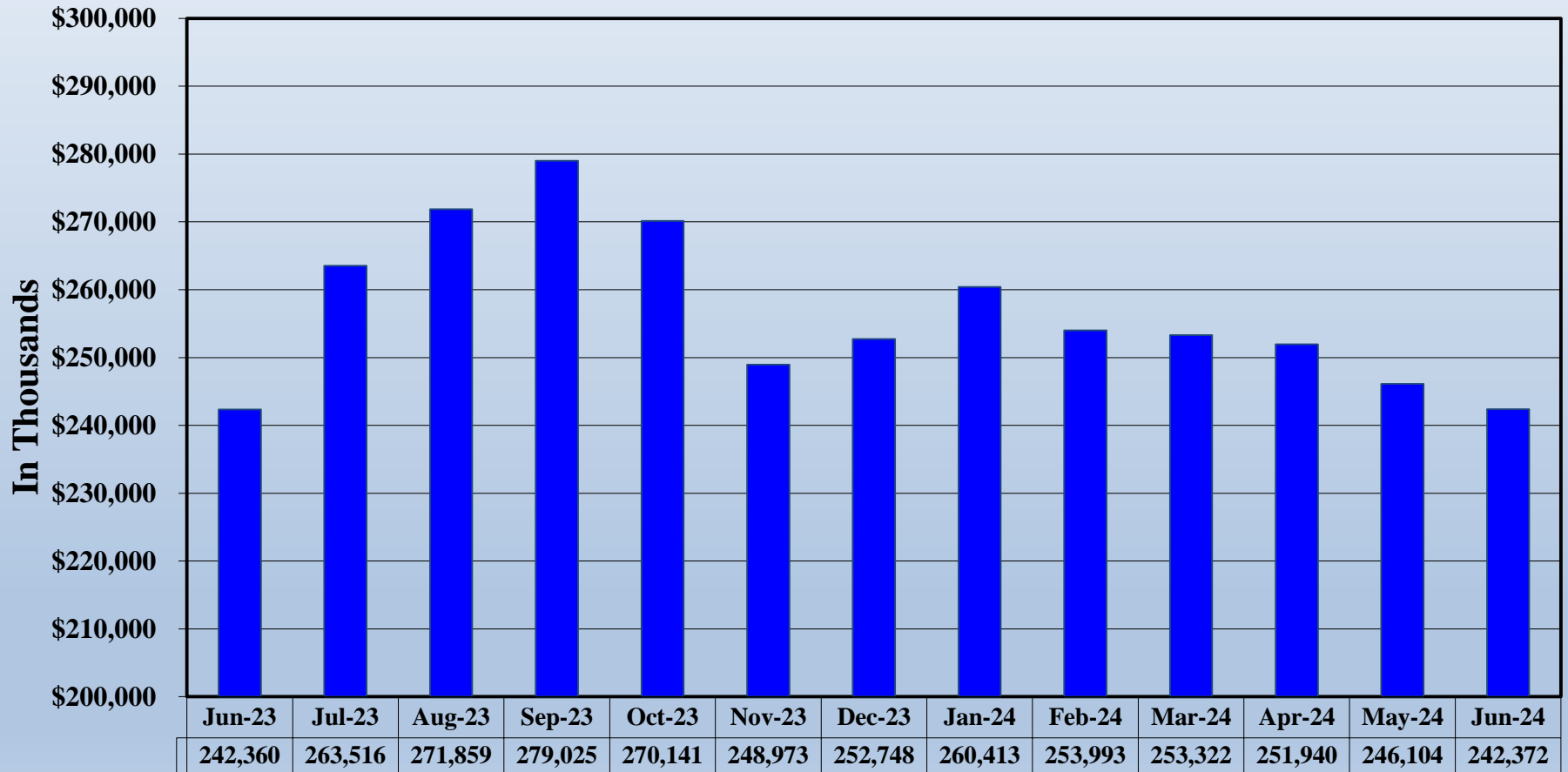
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending

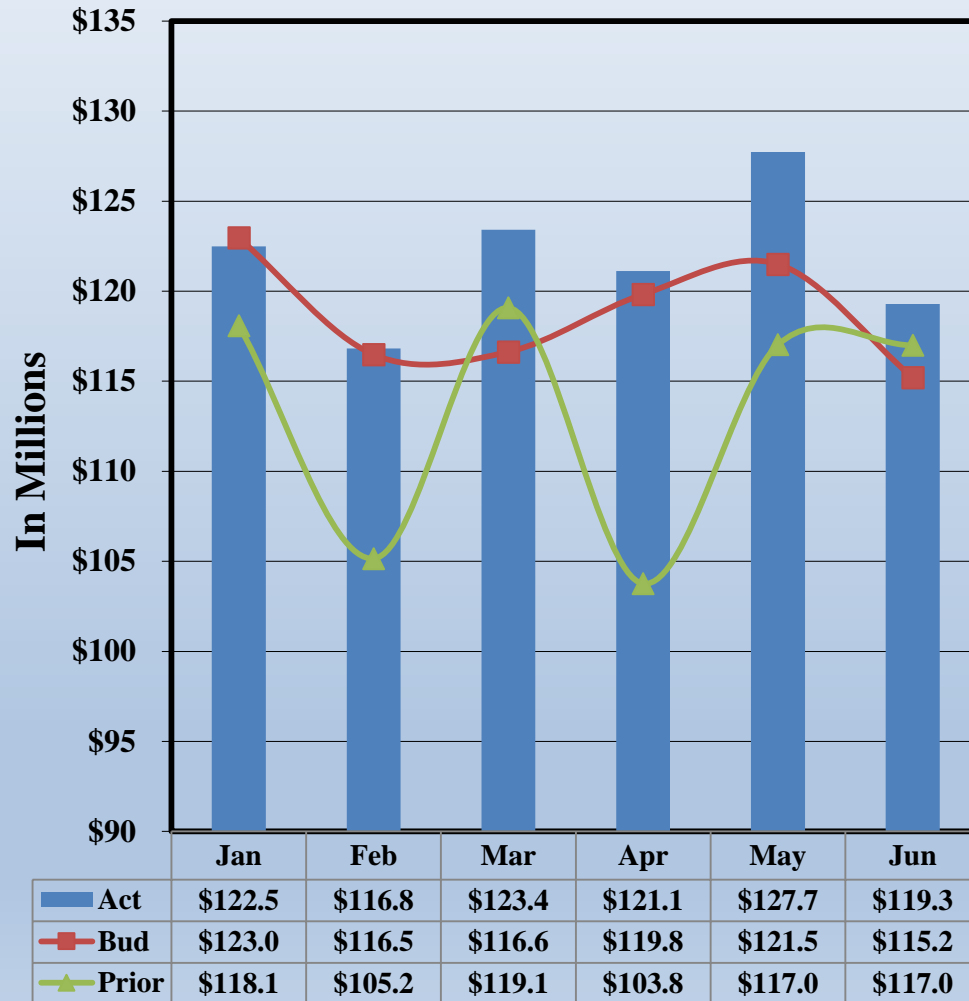


Revenues & Revenue Deductions



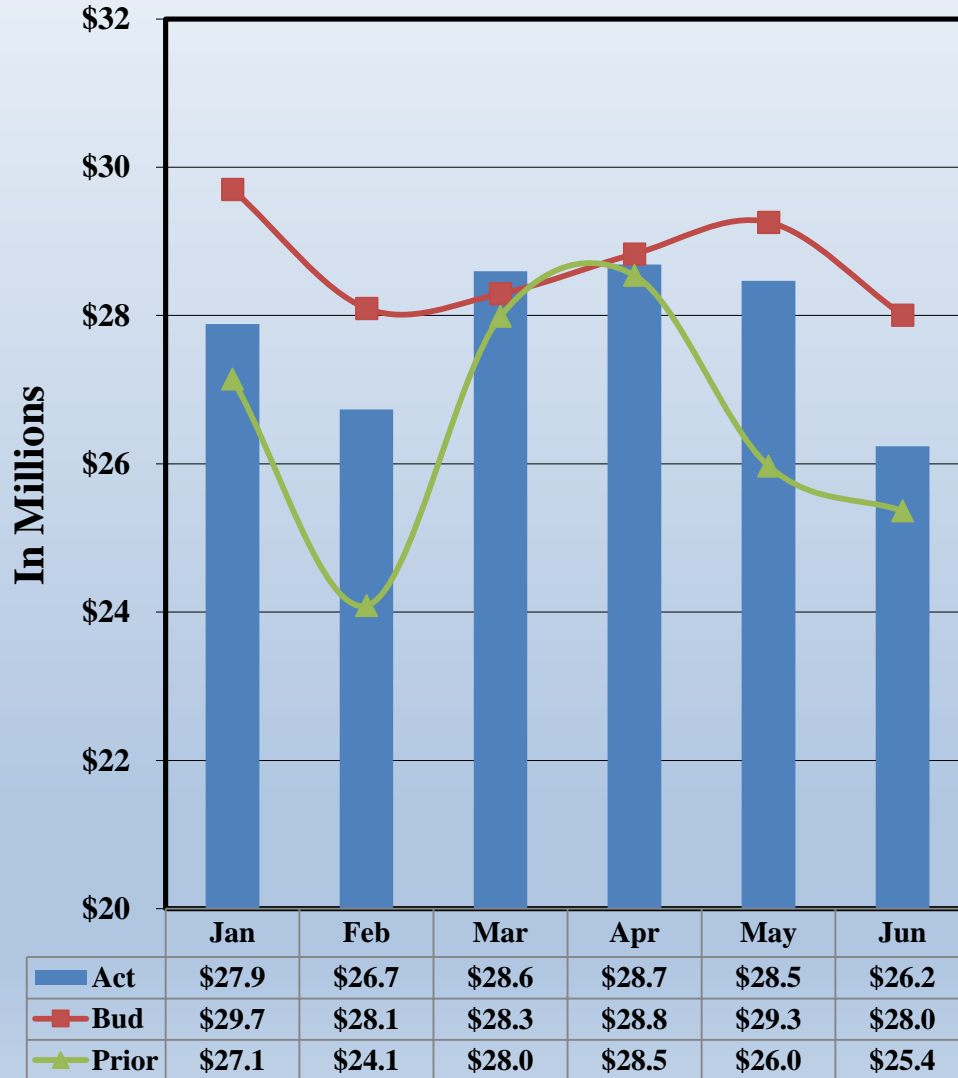
Total Patient Revenues

(Ector County Hospital District)



	Actual	Budget	Prior Year
Month	\$ 119.3	\$ 115.2	\$ 117.0
Var %		3.6%	2.0%
Year-To-Date	\$ 1,079.7	\$ 1,046.1	\$ 1,013.3
Var %		3.2%	6.6%
Annualized	\$ 1,423.7	\$ 1,390.1	\$ 1,336.8
Var %		2.4%	6.5%

Total Net Patient Revenues

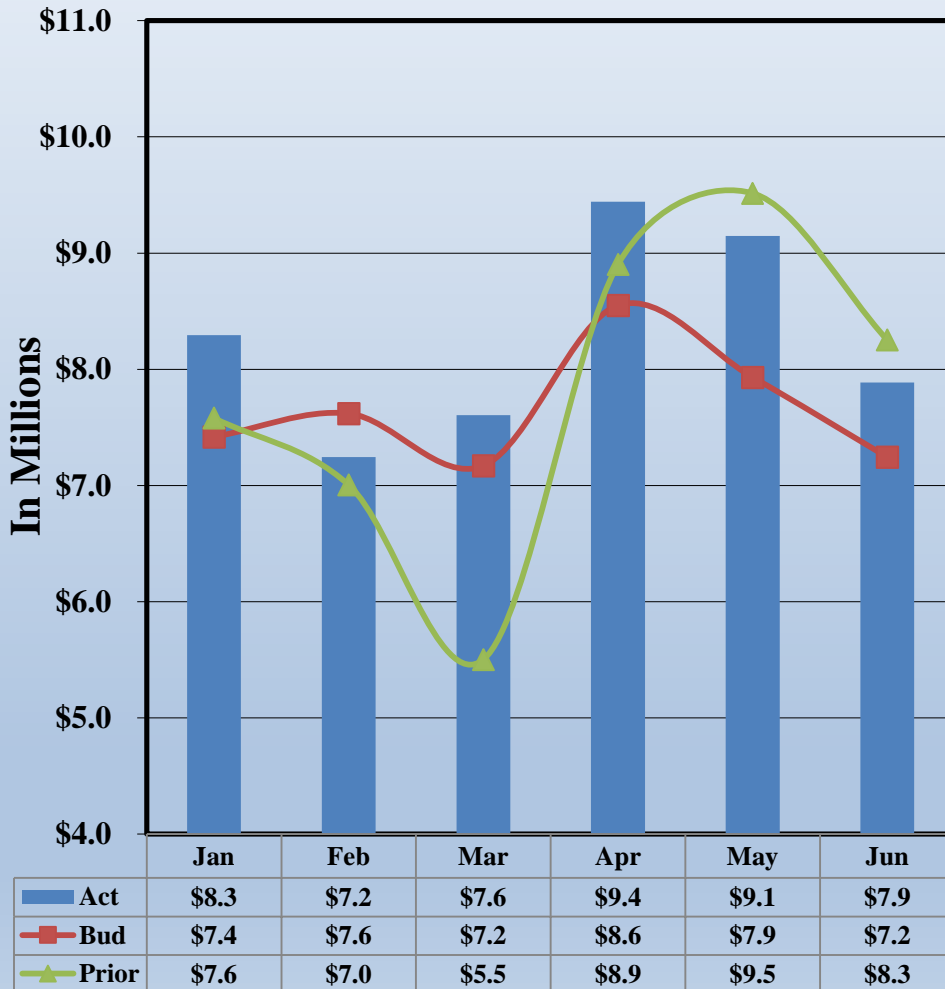


	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	26.2	\$	28.0	\$	25.4
Var %				-6.3%		3.4%
Year-To-Date	\$	248.4	\$	253.2	\$	233.0
Var %				-1.9%		6.6%
Annualized	\$	335.2	\$	341.0	\$	309.3
Var %				-1.7%		8.4%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



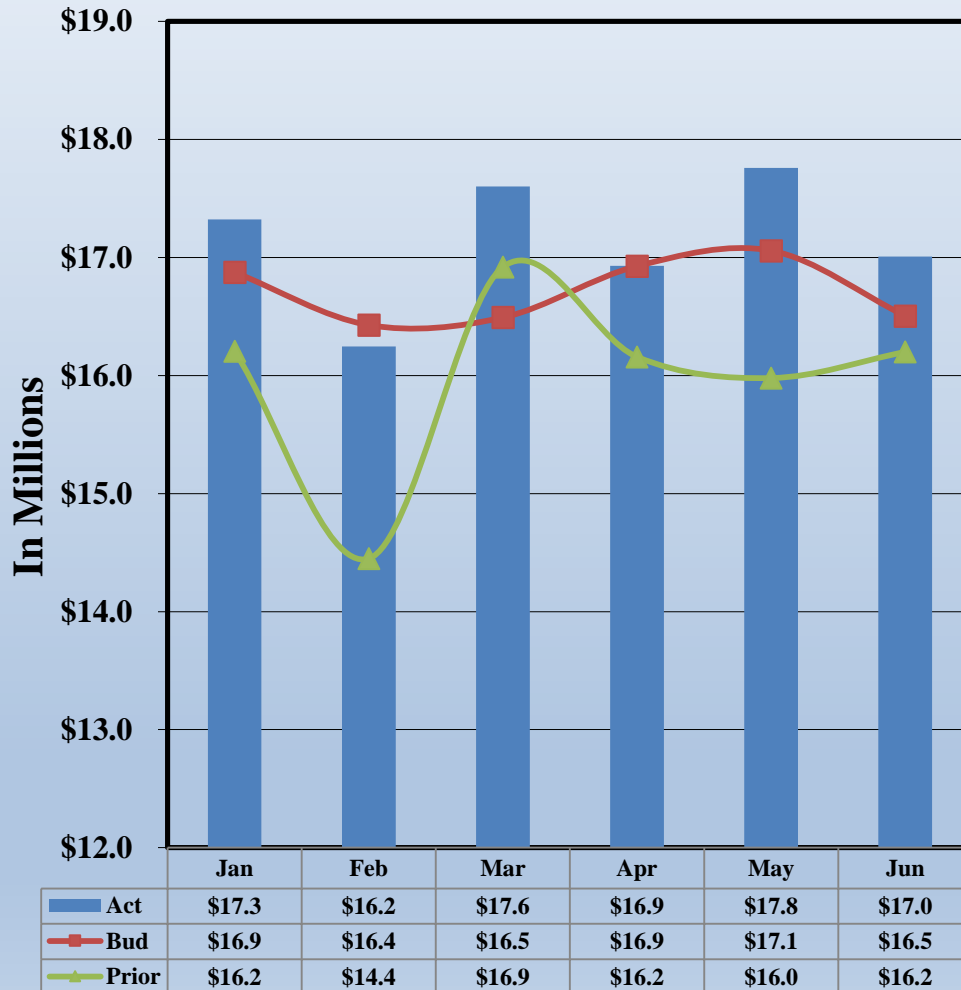
	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	7.9	\$	7.2	\$	8.3
Var %				8.9%		-4.4%
Year-To-Date	\$	74.7	\$	67.9	\$	69.5
Var %				10.1%		7.5%
Annualized	\$	100.5	\$	93.6	\$	94.1
Var %				7.3%		6.7%

Operating Expenses



Salaries, Wages & Contract Labor

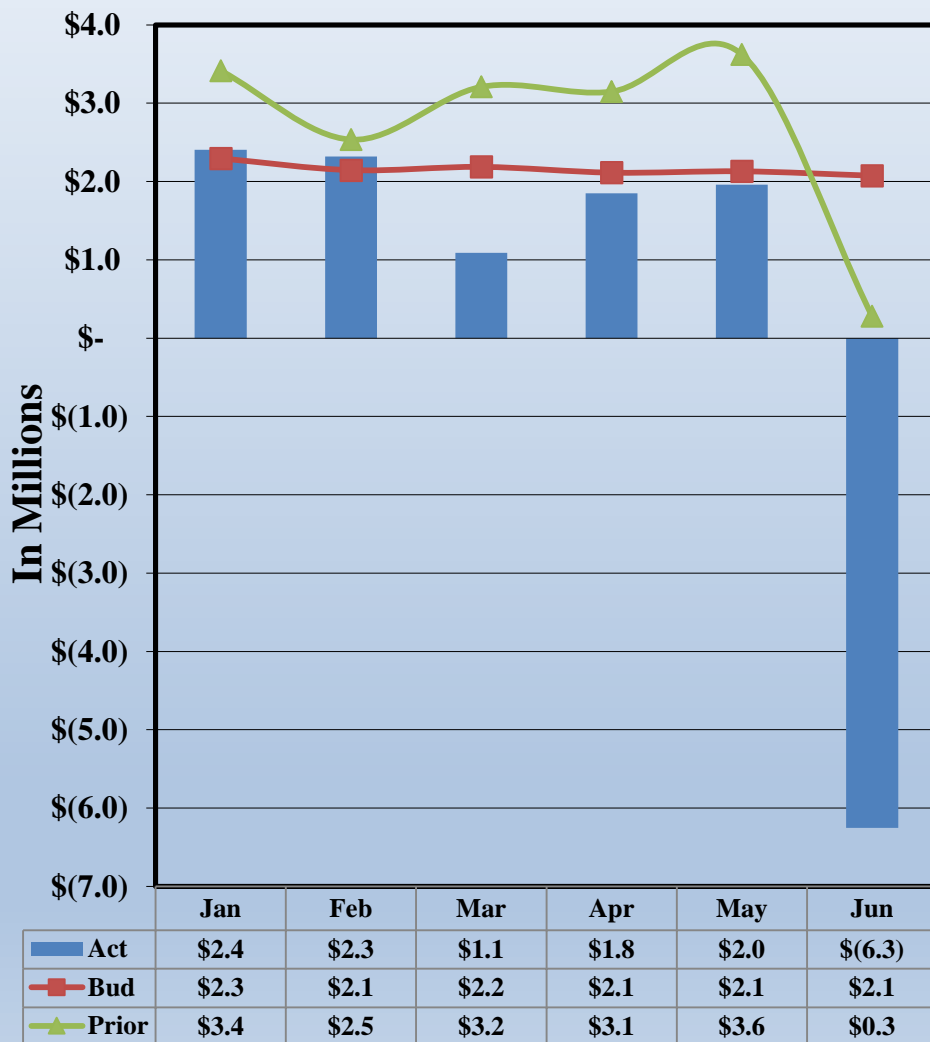
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	17.0	\$	16.5	\$	16.2
Var %				3.0%		4.9%
Year-To-Date	\$	152.6	\$	148.1	\$	142.2
Var %				3.0%		7.3%
Annualized	\$	202.0	\$	197.5	\$	192.4
Var %				2.3%		5.0%

Employee Benefit Expense

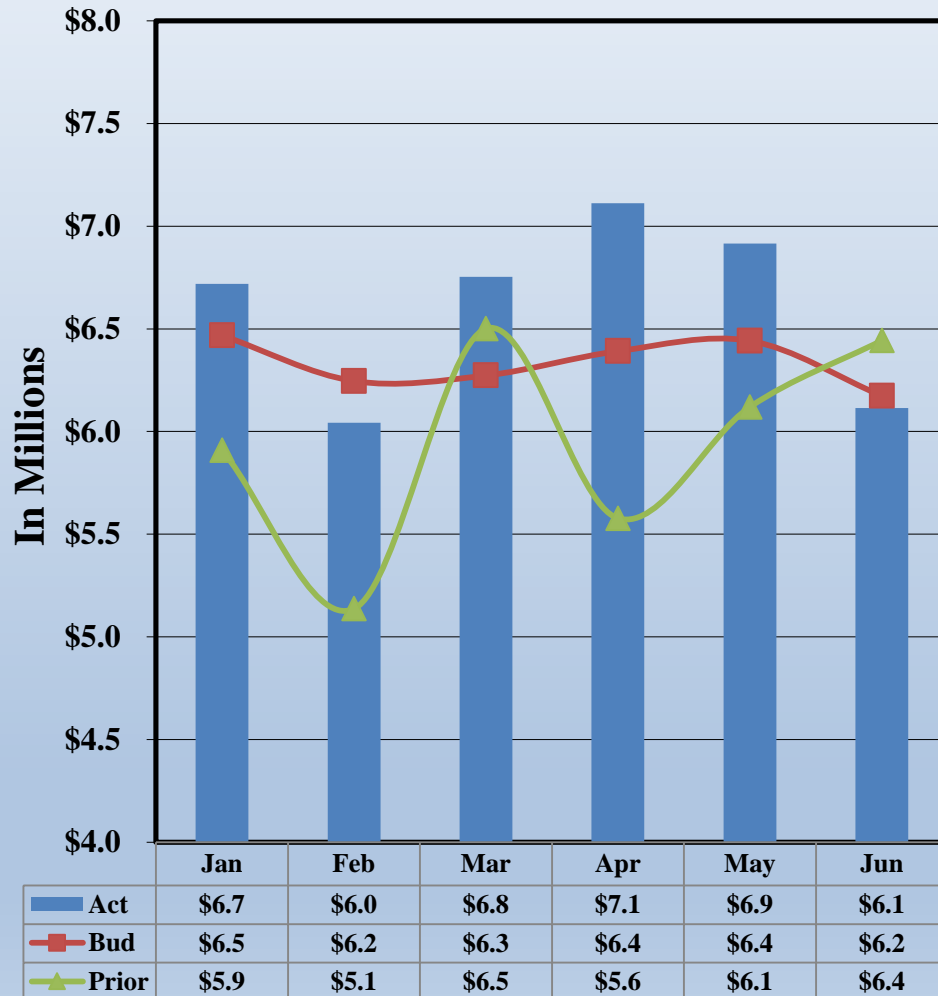
(Ector County Hospital District)



	Actual	Budget	Prior Year
Month	\$ (6.3)	\$ 2.1	\$ 0.3
Var %		-401.4%	-2331.6%
Year-To-Date	\$ 9.8	\$ 19.6	\$ 26.7
Var %		-49.8%	-63.2%
Annualized	\$ 16.2	\$ 34.9	\$ 19.2
Var %		-53.6%	-15.6%

Supply Expense

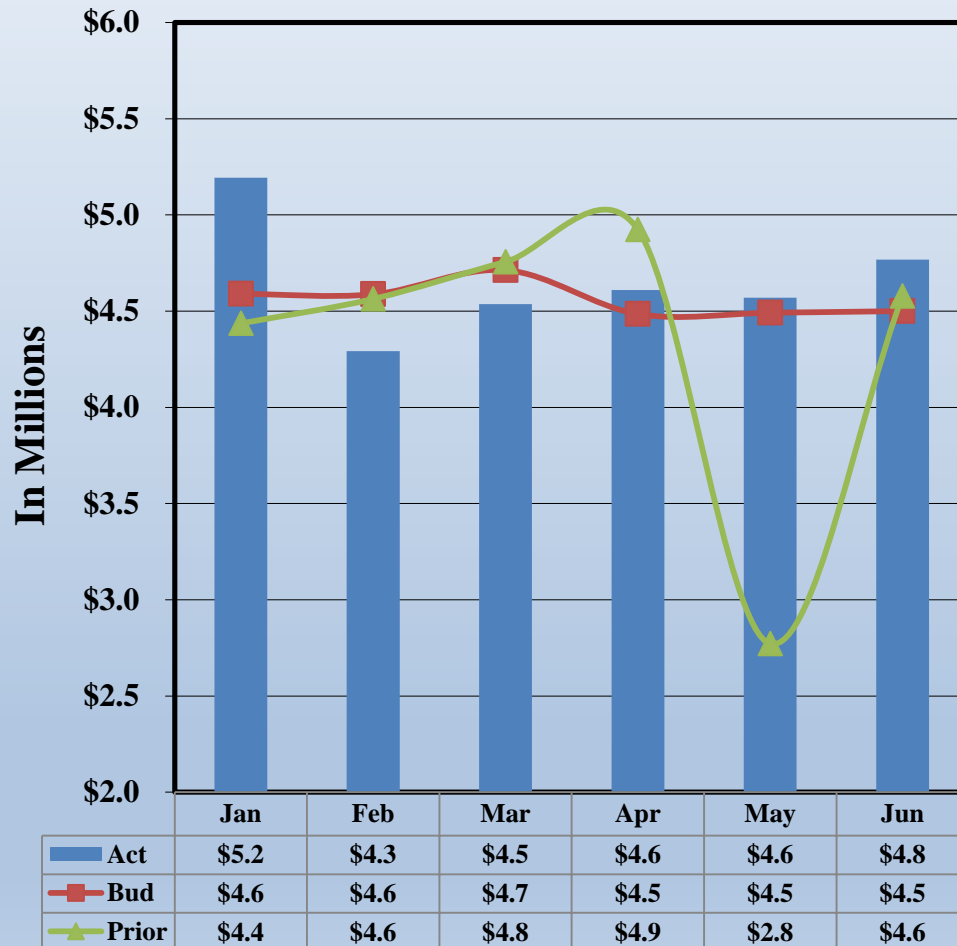
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	6.1	\$	6.2	\$	6.4
Var %				-0.9%		-5.1%
Year-To-Date	\$	59.5	\$	55.9	\$	52.6
Var %				6.5%		13.1%
Annualized	\$	76.5	\$	72.8	\$	67.7
Var %				5.1%		13.0%

Purchased Services

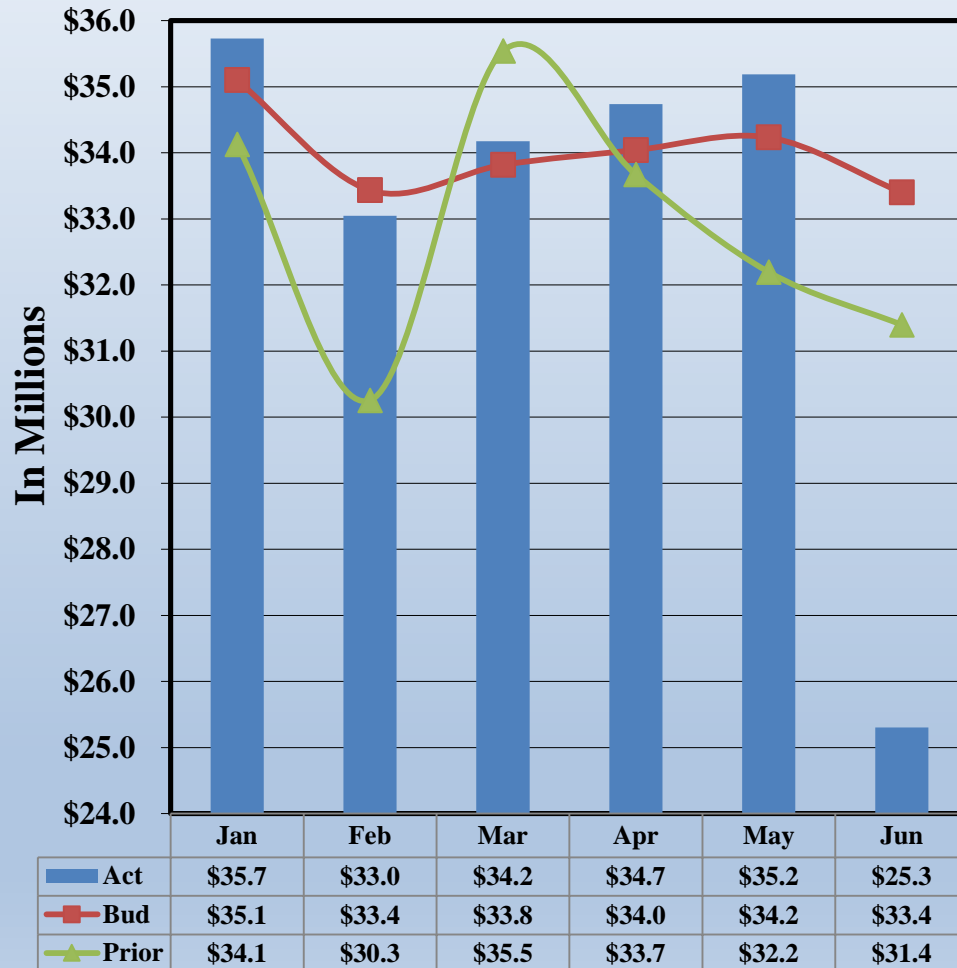
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	4.8	\$	4.5	\$	4.6
Var %				5.7%		3.9%
Year-To-Date	\$	41.8	\$	40.9	\$	39.0
Var %				2.2%		7.2%
Annualized	\$	56.6	\$	55.5	\$	53.7
Var %				2.0%		5.4%

Total Operating Expense

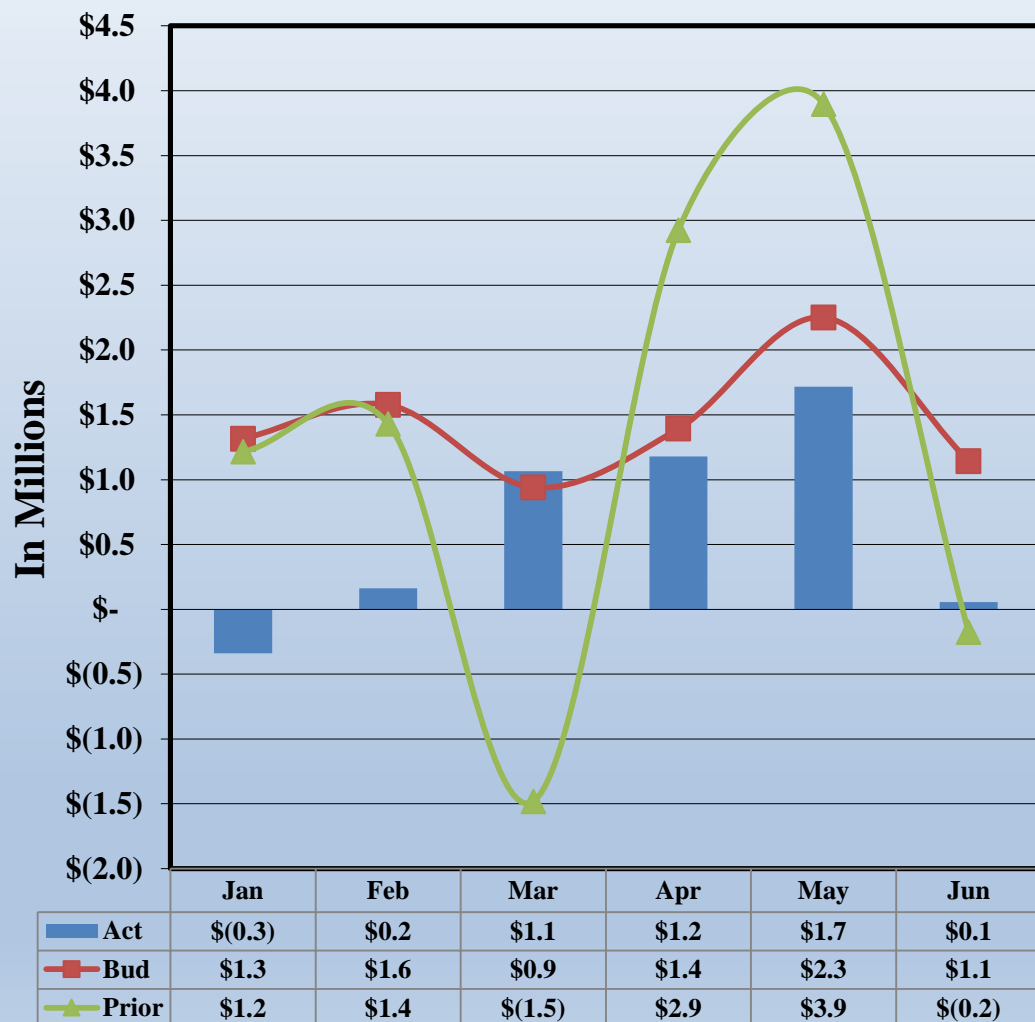
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	25.3	\$	33.4	\$	31.4
Var %				-24.2%		-19.4%
Year-To-Date	\$	299.8	\$	302.2	\$	296.4
Var %				-0.8%		1.1%
Annualized	\$	399.5	\$	403.1	\$	386.8
Var %				-0.9%		3.3%

Adjusted Operating EBIDA

Ector County Hospital District Operations

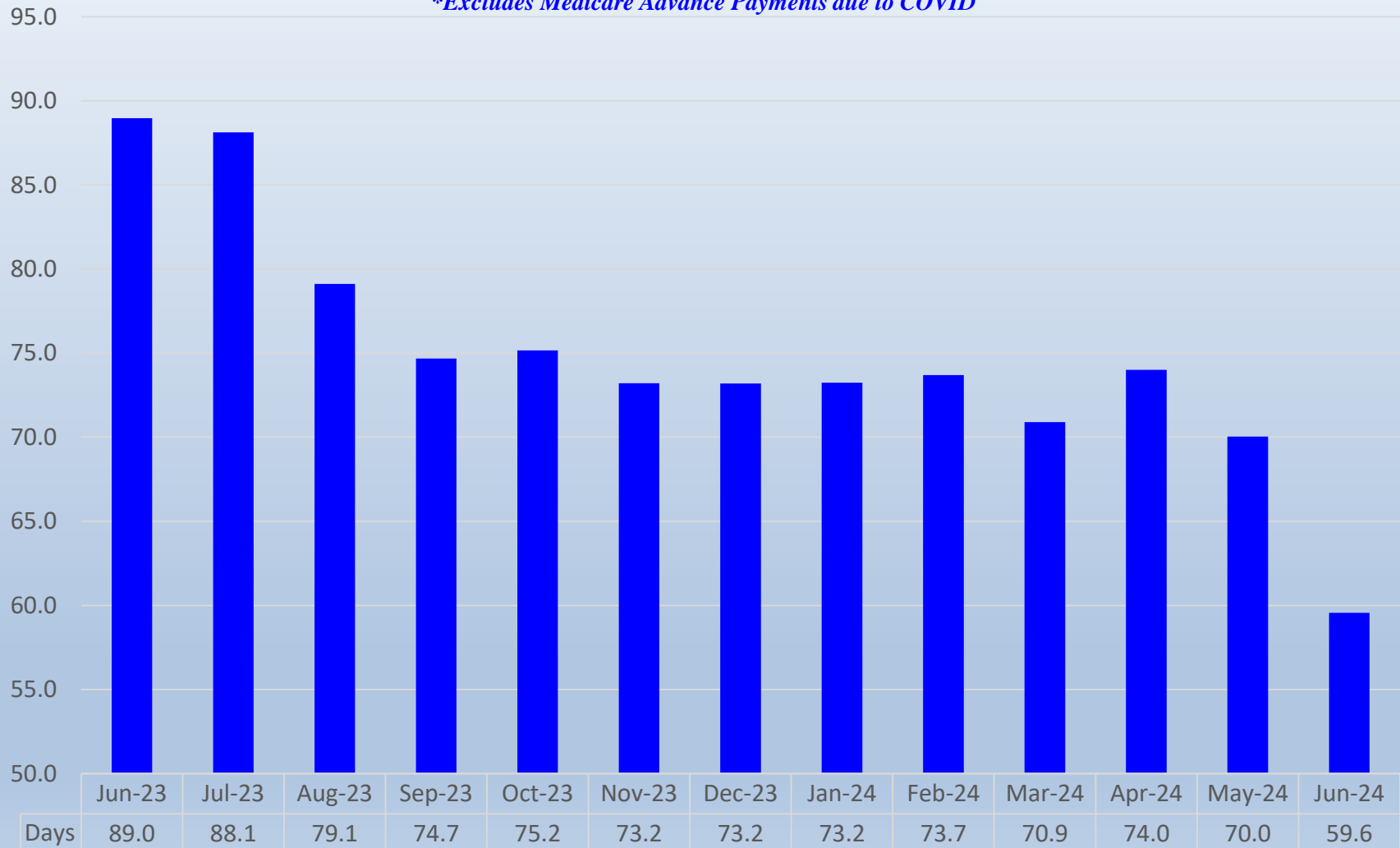


	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	0.1	\$	1.1	\$	(0.2)
Var %				-90.9%		-150.0%
Year-To-Date	\$	6.8	\$	11.3	\$	7.1
Var %				-39.8%		-4.2%
Annualized	\$	21.4	\$	22.9	\$	18.6
Var %				-6.6%		15.1%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*





MEMORANDUM

TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

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

DATE: August 1, 2024

Cost:

Breakaway PromisePoint Access/Community Services (1-yr Term Extension)	\$63,000.00
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Budget Reference:

Operational Budget	\$63,000.00
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Background:

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

Extending Breakaway contract will retain PromisePoint access and online learning.

Staffing:

No additional FTE's will be required.

Implementation Time Frame:

N/A

Funding:

Breakaway PromisePoint Access/Community services with an annual fee of \$63,000 from Atos, will come from operational budgeted funds for this project.



To: ECHD Board of Directors
Through: Russell Tippin, CEO
From: Matt Collins, Chief Operating Officer
Date: July 30, 2024
Subject: Project Approval – 3rd Floor WSMP Cardiovascular Suite

Objective

Renovate space on third floor of the WSMP to accommodate a Cardiovascular Suite, housing ProCare Cardiologist and Vascular physicians.

Scope of Work

This project will renovate and buildout 9,054 Sq ft of third-floor space in the WSMP. The newly renovated suite will house ProCare Cardiology and Vascular clinics, effectively unifying and optimizing the clinic aspect of Cardiovascular service line.

Bid Considerations:

Bid openings were conducted on July 16, 2024. There were 3 general contractors that responded to the bid.

<u>Name</u>	<u>Price</u>
<i>Copper Construction</i>	<i>\$1,844,200</i>
JC Roberts	\$1,887,500
Oprex	\$1,800,000

Recommendation:

Award project to Copper Construction for construction. Approve total project budget of \$2,529,696. Authorize CEO/COO to approve expenses and bids, not to exceed budget, as they come in for the project.

Project Cost Summary

Construction	\$1,844,200
Furniture, Fixtures, Equip	\$229,052
AE	\$75,000
Low Voltage/Fire	\$71,794
IT	\$69,678
Other Owner Provided	\$10,000
Contingency 10%	\$229,972
Total	<u>\$2,529,696</u>

Funding:

There is \$2,529,696 reserved in capital for FY24 – FY25 for this project.

FY 2024 CAPITAL EQUIPMENT REQUEST

Date: July 17, 2024

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Kim Leftwich, CNO

From: Sherice Matthews, BSN, RN Associate Chief Nursing Officer
Michelle Schnuriger, MSN, RN, 6W Unit Director

Re: 6W Telemetry Implementation

Total Cost... (Unbudgeted) \$204,647.32

OBJECTIVE

Ability to monitor surgical patients.

HISTORY

Currently there is no capability to provide telemetry monitoring to patients on 6W.

PURCHASE CONSIDERATIONS

No other purchase considerations as Nihon Kohden is our current contracted provider for telemetry services/equipment. This will allow us to keep our THA/TKA elective surgical patients on 6W with staff, equipment, and gym who are trained to care for those patients. Will allow all surgical patients to be housed on a surgical unit without transferring for telemetry monitoring.

FTE IMPACT

Will not require any additional FTE

INSTALLATION & TRAINING

Provided by vendor.

WARRANTY AND SERVICE CONTRACT

1 year warranty on telemetry boxes

DISPOSITION OF EXISTING EQUIPMENT

N/A

LIFE EXPECTANCY OF EQUIPMENT

10 years

MD BUYLINE INFORMATION

Meets MD Buyline recommended pricing

COMMITTEE APPROVAL

ECHD Board

Pending

MCH Diabetes Screening Clinic Operations Summary June 2024 YTD

91 Patient
Visits @ 18
Clinic Days

\$4,483 Revenue
Earned

@ Medicaid Reimbursement Rate

\$45,738 Total Operating Expenses

NICU Scope of Service and Organizational Wide Program Plan

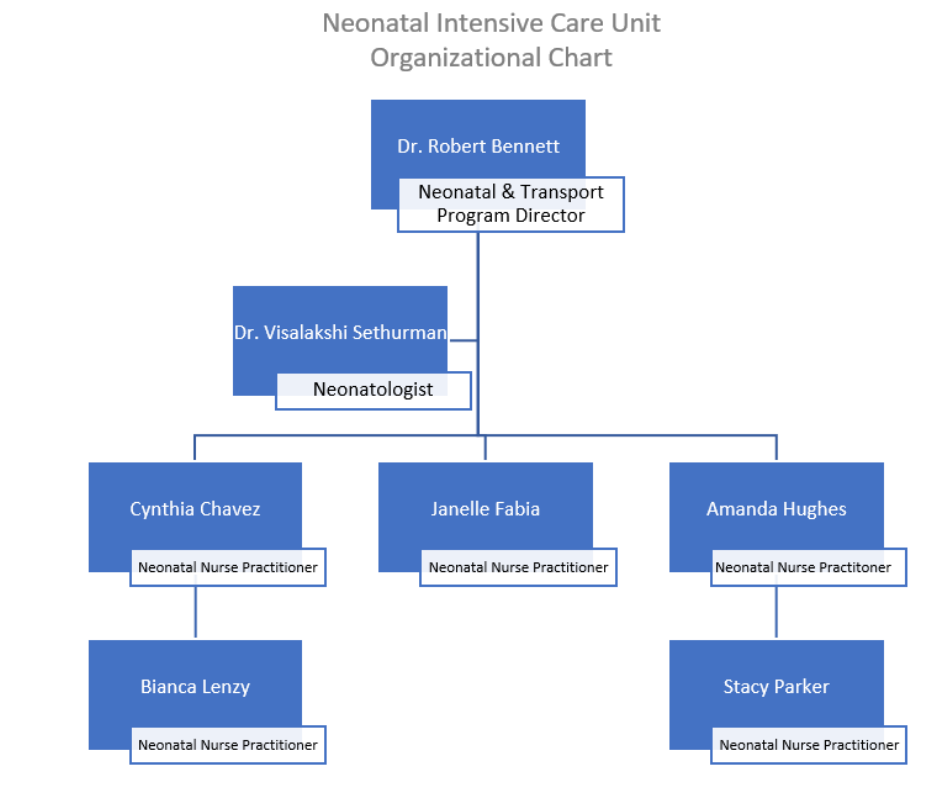
Mission

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.

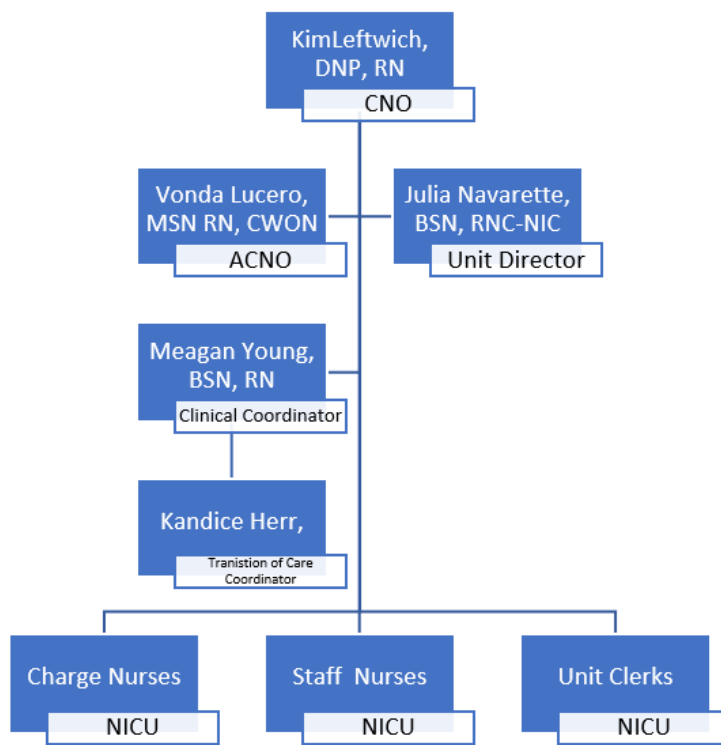
Purpose

The Scope of Service & Organizational Program Plan identifies the direct and integrated scope of patient care services provided by Medical Center Health System and the systematic, comprehensive measurement framework utilized to evaluate, and achieve performance improvement goals. Our joint vision as an organization is to continuously provide safe, evidenced-based patient care, providing our community with a high-quality affordable patient-centered experience.

Current NICU Organizational Structure



Neonatal Intensive Care Unit Organizational Chart



Department Scopes of Services

The organization shall define the scope of services provided.

Medical Center Health System Neonatal Intensive Care Unit (NICU) is a 30-bed private room facility with state-of-the-art equipment and highly trained staff. The NICU was established in 1985 and has grown from one large room where parent and neonate privacy were limited to a private room setup allowing a parent to remain with their infant. All 30 NICU rooms are private to help promote bonding between parents and baby. Private rooms can also improve development, healing, and growth for fragile newborns.

The NICU provides care to the viable twenty-three-week neonate through the post-term newborn with medical complications. The NICU staff has a team of nurses and respiratory therapists in the unit at all times who are also available for transport if needed. The team is available to transport the viable twenty-three-week neonate through post-term newborns needing a higher level of care. The transport team consists of a well-trained NICU nurse, respiratory therapist, and/or the Neonatologist or Neonatal Nurse Practitioner if the patient is critical or expected to be delivered in a critical state. Within the hospital, the Neonatologist and the Neonatal Nurse Practitioners rotate unit coverage to maintain in-house coverage twenty-four hours a day, 365 days a year to care for the patients. The Neonatologist on hand is often consulted by Obstetrics to visit with mothers/parents of deliveries if there are known risk factors in order to explain fully what a parent should expect about the course of treatment. This may include a tour through the NICU to look at the unit as well as what may be expected to be set up for the infant. The NICU is staffed with over 320 years of nursing experience combined; all being NRP (Neonatal Resuscitation Program) and STABLE certified with nurses also carrying the RNC-NIC (Registered Nurse Certified-Neonatal Intensive Care). The NICU is supported by 24/7 lactation nurse coverage. When initial

consults for lactation are placed, the mother of the patient will be seen within 24hrs of initial consult placed. Other care services include whole body cooling with EEG monitoring, exchange transfusion, oxygen support from nasal cannula through high-frequency ventilation with Nitric, PICC insertions, umbilical venous and arterial catheter insertion, chest tubes, multiple line drips, and peripheral arterial lines. When needed, the NICU team assists and cares for families through the bereavement process with our step-by-step guide.

Integrating Departments & Services

Service provided by departments shall be integrated and coordinated throughout the organization. Processes to assure integration and coordination include, but are not limited to:

- Establishing multidisciplinary care teams and committees to address patient care issues.
- Developing organization-wide policies that address important patient care issues
- Establishing forums for the communication of issues and information between and among departments.
- Developing and monitoring performance measures that address coordination and integration of care.

Related Plans & Documents

The MCHS as an overarching umbrella, has developed additional planning documents that further describe its approach to providing services. These documents include, but are not limited to:

- Plan for Nursing Care
- Quality Assurance Plan
- Infection Control Plan
- Risk Management Plan
- Environment of Care Management Plans
- Emergency Operations Plan
- Medical Staff Bylaws, Rules & Regulations
- Various Policies & Procedures

Approval

The governing body shall approve of the scope of services rendered by the organization. Approval of this document shall constitute evidence that the governing body has exercised its responsibility.

Performance Improvement Plan

The neonatal program measures, analyzes, and tracks quality indicators to reflect the process of care.

Leadership

Leadership applies the essential requirements of a High Reliability Organization. Hospital Medical Staff Leadership has a central role in fostering improvements and enhancing outcomes. At MCHS, Leaders include the Ector County Hospital District Governing Board, MCHS Executive Staff, elected Medical Staff Officers and Chairpersons, Medical Staff Performance Improvement Champions, Director of Performance Improvement, Chief Nursing Officer, Associate Chief Nursing Officer, and the NICU & Maternal Care Department Directors. Leaders foster performance improvement through planning, educating, setting priorities, providing leadership, and analyzing resources, facilitating information management, participating in interdisciplinary activities, defining accountability, empowering staff, and celebrating achievements

Roles and Responsibilities

The Ector County Hospital District Board of Directors

The Ector County Hospital District Board of Directors has the ultimate responsibility to set the standard for quality of care to be provided in the hospital. The Board has delegated the following activities to the administrative leadership team and medical staff of the hospital to fulfill this responsibility:

1. Improve the delivery of safe, quality, affordable patient care;
2. Improve performance in the area of clinical outcomes;
3. Manage risk;
4. Credential and privilege the medical staff;
5. Manage financial, personnel, and time resources.

Responsibility includes the review and prompt response to reports and recommendations from authorized planning, regulatory, and inspecting agencies, making recommendations for actions, and establishing performance improvement priorities. All reasonable steps are taken to bring the organization to compliance with applicable laws and regulatory standards.

Quality Monitoring Committee

The Medical Staff Leadership helps develop tools to measure, assess, and improve identified patient care processes through its departmental organization. The departments help determine how these activities are accomplished. Medical Staff Department reports and recommendations are made to the Medical Executive Committee, which, in turn, communicates to Administration. Quality Monitoring Committee membership includes the Vice Chief of Staff, one representative from each Medical Staff Department, and the CMO.

Quality & Patient Safety Council

In alignment with the top strategic organizational goal to provide a High-Quality Affordable Patient-Centered Experience, MCHS follows the 5 essential principles of a High Reliability Organization:

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

MCHS leadership is responsible for ensuring that processes are well designed, systematically monitored, analyzed, and improves performance and outcomes. Utilizing the Closed Loop Improvement Process (Figure 1.1) below.

MCHS leadership identifies and prioritizes which processes to monitor. The collection and analysis of data is prioritized in relation to the hospital's mission, available resources, and concerns of the Permian Basin Community, as expressed through the Ector County Hospital District Board of Directors. When complex processes, spanning many departments of MCHS are identified, an interdisciplinary team is formed to collaborate, assess, plan, implement, and evaluate the results of performance improvement initiatives.

The MCHS leaders may empower an individual to lead unit/departmental process improvement teams by providing time and resources necessary to achieve results. The Quality & Patient Safety Council oversees, coordinates, and directs the performance improvement activities of the hospital.

The Council is chaired by the Executive Director of Patient Experience, and membership includes the CMO/CMIO, the President/CEO, the Vice President/CNO, Senior Vice President/COO (Chief Operating Officer), the Senior Vice President/Chief Information Officer (CIO), appointed Nursing and Operations Directors, and the Compliance Officer. The following physician members are invited to attend: QMC appointed Medical Staff Leader, Texas Tech

University Health Sciences Center Physician faculty representatives, Hospitalist Medical Director or his designee, and Texas Tech Residents as assigned.

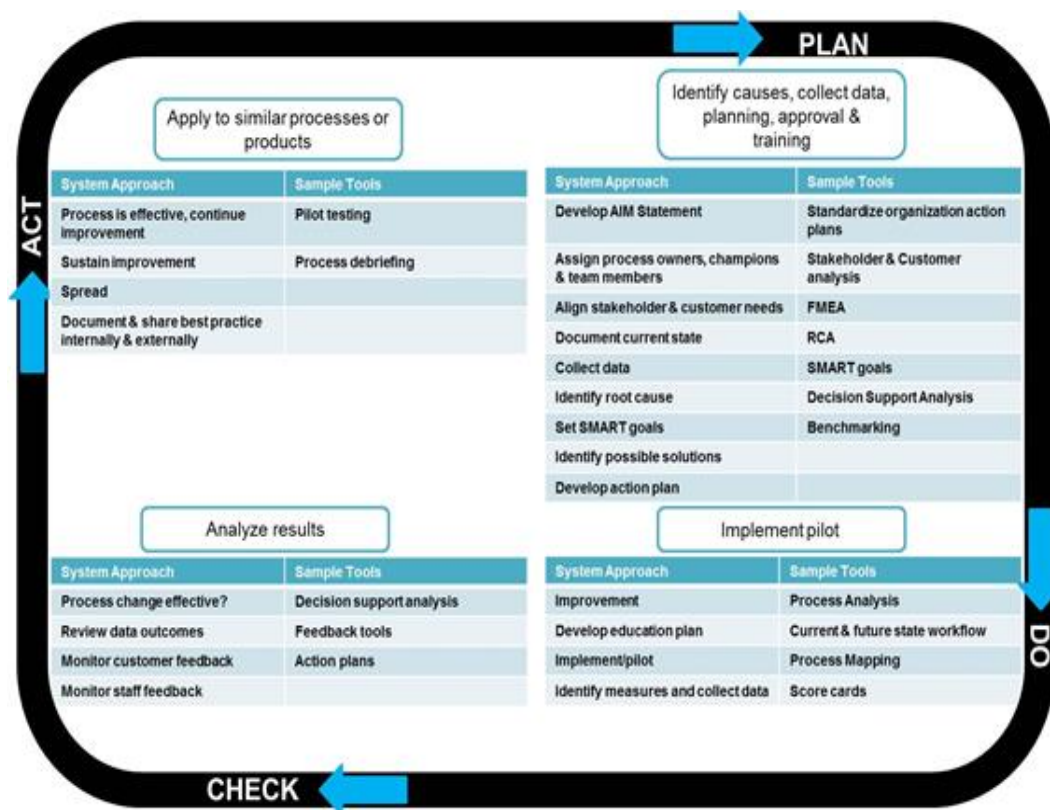


Figure 1.2 Closed Loop Improvement Process

Organizational Performance Improvement Process

Performance Improvement activities are identified through an assessment process using nationally recognized standards, and, when such do not exist, are based on standards developed from internal/external benchmarks. To accomplish this, Medical Center Health System has adopted the Closed Loop Performance Process that utilizes the **PDCA Model** Figure 1.2. This process consists of:

- P** – Plan the experiment, e.g., study the process, decide on what could improve, and identify appropriate data for monitoring improvement
- D** – Do the experiment on small scale or simulation
- C** – Check the results to see if improvement occurred; modify plan to facilitate continued improvement
- A** – Act to hold the gain and/or continue to improve the process

The performance improvement process model is utilized – formally or informally – in improvement efforts throughout the organization.

The NICU Medical Director, Associate Chief Nursing Officer, and NICU Nursing Director are responsible for facilitating the initial and ongoing physician, leader, and staff education and training in the NICU Performance Improvement Plan and methodology.

Prioritizing Performance Improvement Activities

MCHS NICU prioritizes performance improvement activities that address processes where monitor and data analysis have identified the need for:

- Focus on high-risk, high-volume, or problem-prone areas
- Consideration of incidence, prevalence, and severity of problems organization wide
- Patient safety, and quality of care

Performance Improvement Projects

As part of its quality assessment and performance improvement program, MCHS must conduct performance improvement projects. Performance improvement activities shall –at a minimum – track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the organization.

MCHS NICU shall take actions aimed at performance improvement and after implementing those actions; MCHS NICU shall measure its success, and track performance to ensure that improvements are sustained and report to the overall Quality & Patient Safety Council.

Current Projects include but are not limited to:

- Peripheral IV infiltrates
- Central Line Days
- CLABSI
- Golden Hour Admission

Reporting of Performance Improvement Activities

Regular reports on the status and effectiveness of performance improvement activities shall be made to the leadership of the organization and its medical staff.

Action shall also be taken when planned improvements are not achieved or sustained.

Ongoing Measurement

Advanced Airway (Intubated)	Number of Ventilator Days
Breastmilk	Surfactant Administration
Formula	ROP
Mixed Feeding	Telehealth
CLABSI	Chest Tube
CCHD Done	Whole body cooling
Newborn Screening Done	NICU Initial Temp
Mortality	Central Line days/avg
Hospitalization Days	Referrals Out
Number of Transfers from NBN	Initial NICU Temp for Transported Babies
Number of Transport in Babies	Average Time for Transport

Compilation of Data

Data shall be compiled in a manner that is usable to those individuals and entities charged both with analyzing the data and acting on the information derived from data analysis.

Where appropriate, statistical tools and techniques shall be used in data display, to assist in appropriate analysis.

Analysis of Data

Data on performance measures will be analyzed to:

- Monitor the effectiveness and safety of services and quality of care
- Identify opportunities for improvement and changes that will lead to improvement.

Data will be intensively assessed when the organization detects or suspects a significant undesirable performance or variation. Intense analysis is called for when:

- Levels of performance, patterns, or trends vary significantly and undesirably from those expected.
- Performance varies significantly and undesirably from that of other organizations or recognized standards
- A sentinel event has occurred (root cause analysis).

Equipment and Supplies

The NICU unit clerks, charge nurses, coordinators, and director work closely to follow a supply system to assure we have the necessary supplies readily available. There is an inventory system that is monitored daily to verify par levels as well as expirations on all necessary NICU supplies. Equipment is checked yearly and maintained by BioMed/Trimedx.

Policy & Procedures

Policy and Procedures for the NICU are evaluated and updated under evidence-based guidelines at least every 3 years. All policy and procedures are presented and reviewed by the Director/Neonatal Program Manager and Neonatal Medical Director then approved by Neonatal Program Manager, Neonatal Medical Director, ACNO and CNO. New policies require a review by the Policy Committee before the above approval process.

Triage, Stabilization, and Transfers

Labor & Delivery, Newborn Nursery and the NICU each have a neonatal code cart that is stocked with the supplies needed for codes as determined by the neonatologists / NNPs and neonatal nurses. The code carts also contain a medication drawer provided by pharmacy. The contents are determined/reviewed by the neonatologists, pharmacy, and NRP recommendations.

Each Labor & Delivery room, OR room, and Newborn Nursery contains a radiant warmer with basic supplies, T-piece resuscitator with appropriately sized masks, stethoscope, wall suction with suction catheters, and non-sterile gloves. The Emergency Department has a radiant warmer with basic supplies as listed above for any emergent deliveries that may occur unexpectedly.

Triage: In the event a newborn is having difficulties, the newborn nursery nurse calls the NICU charge nurse and requests the team come to Newborn Nursery to examine the baby. If the patient needs to be admitted, the charge nurse contacts the on-duty neonatologist or NNP and brings the baby to the NICU. If the pediatrician wants to admit the baby to the NICU, he/she calls the NICU and speaks with the neonatologist or NNP. The charge nurse is notified that the baby will be admitted by the neonatologist / NNP.

Stabilization: The NICU attends all cesarean sections, medium risk/high-risk deliveries, and any delivery the obstetrician or L&D nurse determines NICU team may be needed. The NICU delivery team consists of a NICU nurse, NICU respiratory therapist, and neonatologist or NNP for high-risk deliveries. The neonatologist, NNP, NICU RN and RT will have current basic life support training and current NRP. Once delivered, the patient is handed to the NICU nurse and placed on the radiant warmer. The NICU team will follow the current NRP recommendations to stabilize the patient and determine if the patient needs to be admitted to the NICU.

Transfers: – out of hospital deliveries: The referring hospital will call the NICU requesting the NICU transport team. The referring physician is then connected to the neonatologist to discuss the patient and request transfer. If the transfer is accepted, the neonatologist will notify the charge nurse that a transport was accepted. At that time, the charge nurse contacts the ambulance service, notifies them of transport, and requests an ETA. The referring hospital contacts the charge nurse and gives report on the patient. The transport team checks their equipment and the transport bag to ensure they have the supplies needed while waiting for the

ambulance. Medication boxes for transport are housed in the pyxis and removed upon transport. Upon arrival at the referring hospital, the team stabilizes the patient and contacts the neonatologist / NNP to give report and receive further orders. The transport team is responsible for obtaining appropriate consents for infant prior to departure of referring facility. During the return transport, the team contacts the NICU to give report; the appropriate equipment is ready when the patient arrives. Once the transport team arrives at Medical Center Hospital NICU, the mother of infant is contacted and notified of safe arrival to facility. The provider will give clinical update once infant is stabilized, and admission is completed.

Telehealth Visits

MCH NICU currently offers telehealth services through Cook Children's Hospital for both Neurology and Hematology/Oncology non-emergent needs. The consult is initiated by the Neonatologist. Once the consult is initiated, parents must consent to services for their child. Once consent obtained and initial consult completed, recommendations will be made and documented for the patient.

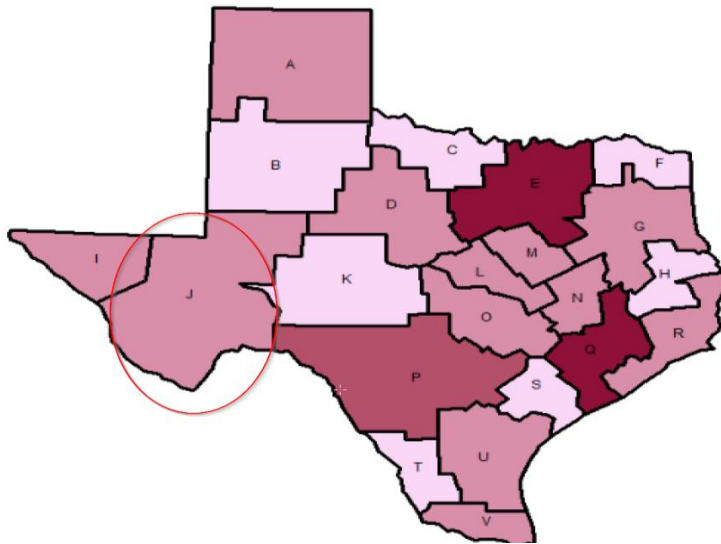
Follow Up Care of Neonates

All neonates discharged from the NICU will be scheduled with their designated Pediatric Provider post discharge. If referrals are needed or done during admission, this process is started prior to discharge to assure appointments are obtained.

Provisions of Disaster Response

The Texas "J" Regional Advisory Council was one of the first in Texas to help develop a Perinatal Advisory Council in the region. Regional neonatal system development has begun with the implementation of the Perinatal Advisory Council (P-RAC) as a subset of the "J" RAC and is operated under the same bylaws. Currently the participating hospitals in the RAC are active in surveying and implementing educational needs and support to the regional facilities.

Service Area and Trauma RAC Designation Area “J”



Regional development of the PAC entails the evacuation of hospitals with neonates and entire counties or multiple counties. In the event of a massive evacuation, TXJRAC would call on partners in El Paso, Lubbock, and San Antonio to bring AmBus' that can carry up to 20 isolettes to any of our partnering facilities whether it be within our region or out. The buses will be staffed by paramedics and hospital NICU staff to ensure the safest and quickest transports. In the event that we have a severely critical neonate, we will then work with our partners in air medical to have quicker transport.

Organizational Evacuation for NICU

Located in the Emergency Management Policy

Special Consideration for NICU patients:

In the event that we have a situation where the NICU area or the Centers for Women and Infants have to be evacuated, there are special considerations for this patient population.

Holding Area	Place where patients who have been evacuated and awaiting transport. Should have two alternative locations in case of physical disaster and designated space is uninhabitable. Evaluate Safe path of travel to all holding areas. ***Take the ramp to the main tower and then through to the sky bridge into Wheatley Stewart PACU area. ***researching horizontal evacuation aprons (2 babies per nurse), then the use of stairs and stairs chairs will be available
Triage of the Patients	***Color coded identification (red, yellow, and green) for triage of patients will be present in the identification areas outside each patient's door.
Medications and food	Bring all medications and food currently on hand for each patient. If at all possible bring all breast milk available and/or whatever the baby is currently eating to avoid GI distress in subsequent time period. (Enough for at least 3 days?) ***Diapers, Wipes, and formula if they are eating is in each patient's room. Breast milk must be put on the "before we leave" check list.
Safety/Security	Constant state of readiness: Consistent banding process with verification daily of bands present and HUGS being discussed and noted daily by charge RN/team. During evacuation assure babies are all banded, labeled with appropriate HUGS band and that all their belongings are labeled as well. *Assure security assistance with escorting patients out of the building, keep all patients/staff/families together, move in group as much as possible.
Parents/Family	Readiness: Daily assure best contact information is available for all families. Day of evacuation: If parents or family members are present keep open communication with them with decisions to move patients. If at all possible, include parents in the transfer/transport to ease stress. If this is not possible assure parents know where the patients are being moved to and provide address/directions/contact information. Make contact with any families not present and not moving with the patients to keep them up to date with location of their infant.
Transport Staff Needs	Assure staff members moving with the patients have their personal affects including jackets, sunglasses,

	lunches if they brought them, purses/wallets including identification, licensure and certifications (assume you will not be allowed back into the existing space). Assure they are wearing their hospital issued identification at all times.
Real Time Process	1. Restricted access to the area always through barriers like locked doors and or security staff. 2. Seek extra help if available through the hospital command center for the physical movement of patients, supplies and equipment. 3. Assure all patients are banded with medical record number and HUGS tag. 4. Assure all parents/family members at the bedside are identified with birth matching hospital band (linking them to infant) if available, verify emergency contact information with the parent if possible. 5. Any urgent or unique care issues for patients requiring special services or family or staff issues should be brought to the attention of the charge RN to be communicated with the incident command center. 8. Tag all items and other belongings traveling with patient including name and medical record number and appropriately storage instructions. 9. Prepare all infants including packing belongings, prepping go-bags and wait to be directed. 10. NO INDIVIDUAL SHALL LEAVE THE UNIT OR AREA OF CARE UNTIL DIRECTED TO DO SO BY THE HOSPITAL INCIDENT COMMAND CENTER.
Documentation	Charge RN on duty should track the names, MRNs, corresponding HUGS band number, disposition, accompanying staff members, any accompanying family members and any notification of family members (at bedside or phone calls).

Staff Preparedness & Participation

Staff participate in hospital-wide drills for emergency preparedness. Drills are set by the Coordinator for Emergency Management and supported by the unit directors. Staff complete annual mandatories and have unit competency on where evacuation equipment is stored for use.

Staffing Credentials

- NICU staffing personnel must hold a current Registered Nursing License in Texas, an NRP certification, STABLE certification, and Basic Life Support.
- Respiratory therapy personnel are required to hold a current Texas license as a Respiratory Care Practitioner (RCP), NRP certified, STABLE certified, and Basic life support.
- The NICU is also supported by Lactation Consultants twenty-four hours a day. Lactation is required to hold a Registered Nursing license in Texas, NRP certification, and Basic Life Support.
- Medical Staff and participating NNPs are credentialed under medical staff by-laws and the respective collegial organizations.

Staff Education

NICU staff hired to the facility will complete general hospital orientation and then a specific classroom-based nursing orientation. Each employee is given a preceptor for up to 12 weeks in the NICU for unit specific orientation. Employees are required to attend a clinical carnival yearly for unit and hospital specific information, complete online mandatory education, and skill check-off on patient specific equipment. All NICU employees attend a high-risk low-volume skills lab and education session two times per year. The Neonatology physicians lecture staff throughout the year on a relevant disease process or deficiency seen in quality improvement.

Staffing Committee Involvement

One representative from the NICU must participate in the monthly staffing advisory meeting led by the Director of Nursing Administration. In the best interest of the departments, one nurse from each of the perinatal departments is a member of the staffing advisory.

Annual Program Evaluation

The effectiveness of the Scope of Service and Organizational Performance Improvement Plan will be evaluated annually, reported to the ECHD Board of Directors, and revised if necessary. Program evaluation will review areas monitored, problems identified, success of problem resolution, and improvements/outcomes achieved.

THE BOARD OF DIRECTORS
OF THE
ECTOR COUNTY HOSPITAL DISTRICT

A RESOLUTION

We, the Board of Directors of the Ector County Hospital District, resolve that we will support the Neonatal Intensive Care Program at Medical Center Hospital attaining Level III Neonatal verification and designation. We are committed to providing the resources necessary to ensure quality care for our neonatal patients to achieve optimal outcomes throughout the continuum of care.

The Neonatal Intensive Care Unit is an integral component of our hospital strategic plan for Women & Children Services. Our support encompasses the following: dedicated personnel and resources specific to the neonatal program, physician coverage and contracts for neonatal response, high neonatal clinical standards of care, professional education, outstanding clinical facilities, leadership, and community outreach.

Medical Center Hospital NICU designated leaders will continue to be active in leadership roles of the Perinatal Care Region (PCR) section in the Texas “J” Regional Advisory Council. Our NICU Program staff will be supported to participate in leadership roles at the local, regional, and state level in Texas. We are committed to furthering the development of the Neonatal Intensive Care program for all families of Ector County and the Trauma Service Area “J”

PASSED AND APPROVED by the Board of Directors of the Ector County Hospital District of Odessa, Texas this, the _____ day of _____, 2024.

ECHD Board President

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ATTEST:

ECHD Board Secretary

CONTRACT FOR ELECTION SERVICES

BETWEEN

ELECTIONS ADMINISTRATOR OF ECTOR COUNTY, TEXAS

AND

ECTOR COUNTY HOSPITAL DISTRICT/MEDICAL CENTER HOSPITAL

THIS CONTRACT is made and entered into by and between **Ector County, Elections Administrator**, the *Elections Administrator* of Ector County, Texas, hereinafter referred to as “*Elections Administrator*,” and the Local Political Subdivision, **Ector County Hospital District**, hereinafter referred to as “*The Hospital District*,” pursuant to the authority under Section 31.092(a) of the Texas Election Code. In consideration of the mutual covenants and promises hereinafter set forth, the parties to this contract agree to the following with regard to coordination, supervision, and conducting of the **Uniform General Elections, held in numbered even years**, until terminated as provided herein.

I. RESPONSIBILITIES OF ELECTIONS ADMINISTRATOR. The *Elections Administrator* shall be responsible for performing the following services and furnishing the following materials and equipment in connection with the election:

A. Election Orders: The *Elections Administrator* shall prepare the election order, resolution, and other pertinent election documents for adoption by the appropriate officer or governing body of the **Hospital District**.

B. Voting Locations: The *Elections Administrator* will select and arrange for the use of and payment for all Vote Centers. The *Elections Administrator* will provide notice of the vote centers selected for the **Hospital District** for approval. The Vote Centers will be, the usual ones used. In the event a vote center is not available, the *Elections Administrator* will arrange for the use of an alternate location with the approval of each participating authority. The *Elections Administrator* will send a list of vote centers for the approval of the **Hospital District**.

C. Election Judges, Clerks, and Other Election Personnel: The *Elections Administrator* will be responsible for the appointment of the presiding judge and alternate for each vote center, subject to the approval of each *political subdivision*. In accordance with Section 32.009 of the Texas Election Code, the *Elections Administrator* will be responsible for notifying the presiding judge and alternate for each vote center. The *Elections Administrator* will send **The Hospital District** an updated list of judges, alternates and clerks who will preside on the day of the election. The *Elections Administrator* will send a letter of appointment to each judge and alternate with the dates and time for training and picking up election supplies. Each election presiding judge / alternate judge will receive \$14.50 per hour and each clerk will receive \$13.00 per hour (for maximum of 16 hours), the election judge will receive an additional \$25.00 for delivering the ballots and supplies to the central counting station after the polls close, and \$20.00 for attending training. If alternate judge accompanies the judge in delivery of ballots and supplies on election night, the delivery fee will be \$12.50 each. Attendance for training sessions will be mandatory for election judges and clerks.

The *Elections Administrator* will employ other workers if necessary for the proper administration of the election, including such part-time help as is necessary to prepare for the election, and ensure the timely delivery of supplies and equipment during the period of Early Voting and Election Day. Any election fees under this contract may be agreed upon by both parties without having to amend this contract. The *Elections Administrator* will provide 60 days' notice of any changes in fees to the **Hospital District** to be agreed upon by the parties. The current fee schedule is attached as Exhibit “A”.

D. Assistance in Providing Bilingual Clerks: In compliance with Section 272.009 of the Texas Election Code, the *Elections Administrator* will be responsible for recruiting the required number of bilingual workers; requested by each vote center. The *Elections Administrator* may ask the **Hospital District** for assistance if unable to find the sufficient number of bilingual workers for the election.

E. Supplies and Printing: The *Elections Administrator* will arrange for all election machines, and election supplies, including, but not limited to ballots, sample ballots, test ballots, signs and other materials used by the election judges at the voting location. The **Hospital District** will furnish the *Elections Administrator* with a list of candidates and/or propositions showing the order and the exact manner in which their names and/or proposition(s) are to appear on the official ballot. The list will be delivered to the office of the *Elections Administrator* as soon as possible after the participating authority has determined ballot positions. The **Hospital District will be responsible for proofreading and approving the ballot.** The *Elections Administrator* will be responsible for having the voting hardware and sample ballots and other Election Day supplies ready for each precinct judge to pick up for use on Election Day.

F. Contracting with Third Parties: In accordance with Section 31.098 of the Texas Election Code, the *Elections Administrator* is authorized to contract with third persons for elections services and supplies. The cost of such third-person services and supplies will be paid by the *Elections Administrator* and reimbursed to her by the *participating political subdivisions* within 30 days of the election.

G. Election School (s): In accordance with Section 32.111 and 125.009 of the Texas Election Code, the *Elections Administrator* shall be responsible for conducting (or for having third parties conduct) one or more, in her discretion, election schools. In the election school, the *Elections Administrator* will train the presiding judges, alternate judges, election clerks and early voting deputies in the operation and troubleshooting of the direct record electronic voting system and the conduct of elections including qualifying voters. The *Elections Administrator* shall determine the date, time, and place for such school(s) and notify the presiding judges, alternate judges, and clerks of such. The *Elections Administrator* may hold the election school(s) on a Saturday in order to increase its availability to election workers who are employed during the regular workweek. The **Hospital District** agrees that the *Elections Administrator* cannot guarantee that the judges, alternate judges, clerks, or deputies will attend an election school. Attendance for training sessions will be mandatory and the judges, clerks and alternate judges will be compensated \$20.00 for attending the training.

H. Publication and Posting of Election Notice: The *Elections Administrator* shall be responsible for preparing the required election notice under Section 4.003(a) (1) of the Texas Election Code and having such notice published **once** in an appropriate newspaper and at a competitive price. The *Elections Administrator* shall submit a draft notice to the **Hospital District** to verify the correctness of the information in the notice. The political subdivisions shall also be responsible for posting the election notice at their location(s).

I. Election Supplies: The *Elections Administrator* shall procure, prepare, and distribute to each presiding judge (or the election worker designated by the presiding judge) for use at the polling location on Election Day and to the Early Voting clerks during Early Voting the following consumable election supplies or election kits from third-party vendors or the equivalent (including the appropriate envelopes, lists, forms, name tags, posters, and signage described in Chapters 51, 61, and 62 and Subchapter B of Chapter 66 of the Texas Election Code); pens; tape; markers; paper clips; seals; sample ballots; white envelopes; file folders; manila envelopes; thermal paper rolls for use in the Judge's Booth Controllers; batteries for use in the Verity Controller and Verity DUO'S; tacks, and all consumable type office supplies necessary to hold an election. If necessary, the *Elections Administrator* may purchase additional or make additional copies of election forms, including sample ballots, and poll lists and signature rosters.

J. Election Equipment: The *Elections Administrator* will use the HART Verity Voting System and the mail ballot system purchased by Ector County, Texas, from Hart InterCivic, Inc. ("Hart") for the election. This voting system may be referred to throughout this contract as "the voting system", "the Verity voting system" or the "the voting equipment; and includes the equipment referred to as "Verity Scan" and "Judge's Verity Controller". The Early Voting locations and the Election Day polling places will have at least one

(Duo Go) voting machine that is accessible to disabled voters.

1. The *Elections Administrator* or her designee shall program the ballot for the voting system (as well as for the mail ballots) based on the information provided by the ***Hospital District***, including names of the Candidates, names of the offices sought, order of names on the ballot, and the English and Spanish translation of the offices and any propositions. The ***Hospital District***, shall reimburse the *Elections Administrator* its proportionate share of the cost of such programming. The *Elections Administrator* shall provide a draft for the ***Hospital District***, to verify for corrections before it is finalized.
2. The *Elections Administrator* or her designee shall prepare and seal the Controller, Scanner and DUO's for Early Voting and Election Day. The Controller and DUO's will be distributed appropriately to the presiding judge or the election worker designated by her and who picks up the election supplies. The Controller and DUO's along with the election supplies, transport bags, election records, and unused election supplies will be returned to the *Elections Administrator* at the conclusion of the election by the presiding judge or the election worker designated by her.

K. Logic and Accuracy Testing: The *Elections Administrator* (along with the tabulation supervisor and the presiding judge of the central counting station) shall conduct all logic and accuracy testing in accordance with the procedures set forth by the Texas Secretary of State.

The *Elections Administrator* shall also publish any required notice of such testing. The ***Hospital District*** shall reimburse the *Elections Administrator* for their share of the cost of such testing and notice. The *Election Administrator* asks that the ***Hospital District*** provide two people to participate in the **logic and accuracy test**.

L. Early Voting: In accordance with Sections 31.096; 31.097(b) of the Texas Election Code, the *Elections Administrator* will serve as Early Voting Clerk for the election. The *Elections Administrator* shall conduct early voting at her *main office*, 1010 E. 8th St., Odessa, Texas 79761.

1. The *Elections Administrator* shall supervise and conduct Early Voting by mail and personal appearance and shall hire no more than *eight workers* to serve as *early voting deputies* at the *main office*.
2. Early Voting by personal appearance for the election shall be conducted during the hour and time period as required by law. The *Elections Administrator* shall ensure that the Early Voting polling locations is set up for early voting and has the necessary tables, chairs, and voting equipment.
3. If requested by the ***Hospital District*** the *Elections Administrator* shall deliver or fax to the ***Hospital District*** the next business day, copies of the roster of early voters from the previous day. The cost of (.25) cents a page and such delivery and faxing shall be reimbursed to the *Elections Administrator* by the ***Hospital District***.
4. The *Elections Administrator* may receive mail ballot applications on behalf of the ***Hospital District***. All applications for mail ballots shall be processed in accordance with Title 7 of the Texas Election Code by the *Elections Administrator* or her deputies at the office of the *Elections Administrator*.
5. All Early Voting ballots cast by mail shall be secured and maintained by the *Elections Administrator* and delivered by her or her deputy for counting in accordance with Chapter 87 of the Texas Election Code to the Early Voting Ballot Board at the central counting station.

6. The term early voting polling locations as used in this section includes temporary branch early voting polling places. The **Hospital District** agrees to bear the costs associated with conducting the election at the additional branch early voting polling places.

M. Number of Early Ballot Board: Section 87.001 and 87.005, of the Texas Election Code, mandates that an Early Ballot Board must be established. It is agreed by the *Elections Administrator* and the board shall consist of at least four members; a presiding judge and three clerks appointed by the presiding judge. With accordance a Central Counting Station must be established at the main office of the *Elections Administrator*, 1010 E. 8th St., Odessa, Texas, for counting all ballots. Compensation: are entitled to the same compensation as the presiding judges and may not exceed 10 hrs.

N. Counting the Votes: The *Elections Administrator* shall count the votes in accordance with Chapter 127 of the Texas Election Code. The *Elections Administrator* shall serve as the Central Counting manager and her chief deputy will serve as the tabulation supervisor.

O. Election Reports: The *Elections Administrator* shall prepare the unofficial tabulation of precinct election results under Section 66.056(a) of the Texas Election Code. The unofficial tabulation of early voting precinct results shall be made available to the **Hospital District** as soon as they are prepared but no earlier than 7:05 pm or the time by which all vote centers close on Election Day at a location to be established by the Representatives listed in **GENERAL PROVISIONS** below. The unofficial tabulation of Election Day precinct results will be made available to the **Hospital District** as soon as they are prepared at a location to be established by the Representatives listed in **GENERAL PROVISIONS** below.

P. Provisional Votes Sec. 15301 (a) of the Texas Election Code: The *Elections Administrator* will deliver the provisional voting affidavits to the appropriate voter registrar deputy the next business day after the Election Day so that the voter registrar deputy may provide factual information on the provisional voter status. The *Elections Administrator* will reconvene the Early Ballot Board, within the time set forth in Section 65.051 of the Texas Election Code for the purpose of determining the disposition of the provisional votes.

Q. Determination of Mail Ballots Timely Received: The Early Ballot Board will review mail ballots timely received under Section 86.007(d) of the Texas Election Code to determine whether such will be counted and to resolve any issues with such ballots. Promptly after determination of the provisional votes and resolution of any such mail ballots, the *Elections Administrator* will tally the accepted provisional votes and resolved mail ballots, amend the unofficial tabulation and submit new unofficial tabulation to the **Hospital District**.

R. Election Records: After completion of the unofficial tabulation of precinct results, the *Elections Administrator* shall distribute the election records to the **Hospital District**, except for those records that must be distributed to the Voter Registrar, in accordance with Section 66.051 of the Texas Election Code. The *Elections Administrator* is hereby appointed the custodian, of all voted ballots and **DVD backup** and shall preserve them in accordance with Chapter 66 of the Texas Election Code, and other applicable law. The *Elections Administrator* shall also maintain custody of the records pertaining to operation of the Verity Controller and Verity DUO's.

Access to the election records or copies of such records will be available as soon as possible after a request at no cost to the **Hospital District**. This information will be made available to the public upon request in accordance with the Texas Public Information Act, Chapter 552, and Government Code, at the *Elections Administrator* department, 1010 E. 8th St. Suite 101, Odessa, Texas at any time during normal business hours. The *Election Administrator* shall ensure that the records are maintained in an orderly manner so that records are clearly identifiable and retrievable. Records of the election will be retained and disposed of in accordance with the records retention schedules, which may have been adopted by each participating authority, and in accordance with the provision of Title 6, Subtitle C. Chapters 201 through 205, Texas Local Government Code; including the minimum retention requirements established by the Texas State Library and Archives Commission. If records of the election are involved in any pending election contest,

investigation, litigation, or Texas Public Request, the *Elections Administrator* shall maintain the records until final judgment, whichever is applicable. It is the responsibility of any participating authority to bring to the attention of the *Elections Administrator* any notice of any pending election contest, investigation, litigation, or Texas Open Records Request which may be filed with a participating authority.

S. Recount:

1. If required by law, the *Elections Administrator* shall have performed a partial count of electronic voting system ballots in accordance with Section 127.201 of the Texas Election Code and a recount in accordance with Section 129.001 of the Texas Election Code. The ***Hospital District*** shall reimburse the *Elections Administrator* for the cost of such count and recount.
2. If a recount is required in accordance with Title 13 of the Texas Election Code, the *Elections Administrator* shall conduct such recount and the terms of this contract shall govern such recount. The cost of any such recount is to be reimbursed to the *Elections Administrator*.

T. Runoff Election. In the event a runoff election is necessary for any participating *political subdivision*, the agreement will automatically be extended to each participating *political subdivision* that states in writing before the third working day after the regular election, which it does not wish to, participate in the runoff election. The *Elections Administrator* will provide the ***Hospital District***, an estimate of the cost of the runoff election.

The final election expenses will be determined within 15 days after the election. The County *Elections Administrator* will provide a final accounting in writing of all expenses.

II. PAYMENT

A. Reimbursable Costs and Expenses: In accordance with Section 31.100(b) of the Texas Election Code, the *political subdivision* shall pay the *Elections Administrator* its proportionate share of the actual expenses she/he incurs directly attributable to the election, including without limitation, the following: supply costs, newspaper notice (s) publication expenses, wages of Early Voting, Election Day judges and clerks, members of Early Voting Ballot Board and the Central Counting Station judges and clerks.

Other expenses include the transportation of the voting equipment to and from the vote centers to central counting station. Other cost of Election Day, troubleshooters, technical support, tabulation, security and the production of unofficial reports.

The ***Hospital District***, shall share the cost to be reimbursed to the *Election Administrator*, for any overtime hours at time and half, for the *Elections Administrator's staff* for, programming the ballot for the verity voting equipment, and the cost of preparing and conducting the Logic and Accuracy (L&A) Testing, training and Election Day services with the ***other political subdivisions***. The *Elections Administrator* will provide 60 days of notice of any change in fees to the ***Hospital District*** to be agreed upon by the parties. The current fee schedule is attached.

B. Administrative Fee: In accordance with Section 31.100(d), the ***Hospital District*** and any other *political subdivision* shall pay the *Elections Administrator* an administrative fee in the amount of 10% of the total cost of the contract (but not less than \$75.00) to cover the services performed by the *Elections Administrator* and her staff, other than the programming of the Verity ballot, and the L&A testing, and the Election Day services. This fee is addition to the costs of the administrative fee. In the event the services are provided for a joint election, the cost shall be equally prorated between the participating entities. A *runoff election* shall be treated as a separate election. If an increase in fee is approved by the state, the fee may be changed without amending this contract with a 60-day notice to the ***Hospital District*** and the other parties and with approval by all parties who have entered into this agreement without amending this contract.

C. *Billing:*

1. Within 15 days, the *Elections Administrator* will submit an itemized invoice to the ***Hospital District*** for actual costs and expenses directly attributable to the coordination, supervision, and conducting of the election and incurred or promised on behalf of the ***Hospital District***, by the *Elections Administrator*, as the *Elections Administrator's* administrative fee under Section 31.100,(d) of the Texas Election Code, as specified in paragraph 2 section A; cost and expenses for which reimbursement is sought shall be supported by appropriate documentation.
2. Pursuant to section 123.032 of Election Code, the *Elections Administrator* shall charge up to 10% of the purchase price for each day the equipment is leased as a user fee. For each Verity Controller, DUO, accessible DUO GO and Scanner placed in service at the vote centers and Early Voting polling locations. The current fee is between \$150.00 to \$610.00 for each piece of equipment. The ***Hospital District*** will pay its proportionate share **“Note” this fee can be increased but will not exceed \$610.00.** The fees are used to defray the replacement, repair and maintenance of equipment.
3. To the extent that the costs and expenses are incurred in connection with a polling location used by more than one *local political subdivision*, such as (without limitation) the cost of renting a polling location and voting equipment, programming the voting equipment, Logic & Accuracy Testing of the voting equipment, and wages and salaries of election workers, delivery cost as well as election day support will be *divided equally* among the *political subdivision using a common polling location*.

D. *Payment:* The *Elections Administrator's* invoice(s) shall be due and payable to the address set forth in the invoice within 30 days from the date of receipt by the. If the ***Hospital District*** disputes any portion of the invoice, the ***Hospital District*** shall notify the *Elections Administrator* within 30-day period or the invoice will be deemed to be a true and accurate rendering of the amount that is due.

III. GENERAL PROVISIONS:

A. *Nontransferable Functions.* Nothing in this contract shall authorize or permit a change in:

1. The authority with whom or the place at which any document or record relating to the election is to be filed;
2. The place at which any function is to be carried out;
3. The officers who conduct the official canvass of the election returns;
4. The authority to serve as custodian of voted ballots or other election records; or any other nontransferable function specified under Section 31.096 of the Texas Election Code.

B. *Joint Elections:*

1. The ***Hospital District***, acknowledges that the following *local political subdivisions* located wholly or partly within ***Ector County*** will be holding an ***Election*** at the same time, as the ***City of Odessa and Ector County Utility District***, on the same ***uniform election date of even numbered years*** beginning January 2024, unless one or more such *local political subdivisions* cancels its election in accordance with (Sec. 2.053), cancels its election in accordance with Section 2.053 of the Texas Election Code: *Other political subdivisions* are listed ***the ECTOR COUNTY***.

2. The **Hospital District** does hereby agree to hold a *joint election* under Section 271.002 of the Texas Election Code with the other *local political subdivision (s)* that is (are) also holding an election on *General Uniform Election* date in **November** of each even year, in all or part of the same territory.
3. In the event of such a Joint Election, the **Hospital District** does hereby agree to share equally, in the expense of the compensation of election workers and early voting deputies at such joint elections locations, the cost of the Verity voting equipment at such joint locations, and the cost of any other election services in connection with such joint election locations, (such as the Verity programming, logic and accuracy testing, and Election Day support from the *Elections Administrator*) that cannot be readily attributable to just one local political subdivision.
4. The *parties also acknowledge, and the Hospital District* does hereby give its consent, that the other *local subdivisions* may have candidates and/or propositions appearing on the same ballot with those of the **Hospital District**. They also acknowledge, and the **Hospital District**, does hereby gives it consent, and that the *local subdivisions*, may use one or more of the same early voting locations and the services of the early voting deputies there and one or more of the same Election Day polling locations and the services of the election workers there. The *Elections Administrator* agrees that she/he will charge only once for the compensation paid to the election workers and early voting deputies and the use of the equipment at a shared polling location, and divide the charges equally among the *local political subdivisions* using the same Early Voting or Election Day polling locations.
5. The parties also agree to be bound by these terms and conditions to Joint Elections for all subsequent elections until such time as this contract is terminated.

C. Cancellation of Election: If the **Hospital District** cancels its election pursuant to Section 2.053 of the Texas Election Code, the *Elections Administrator* shall only be entitled to receive (1) the actual expenses incurred by the *Elections Administrator* before the date of cancellation in connection with the election, and (2) an administrative fee of \$75.00. The *Elections Administrator* shall submit an invoice for such expenses within 15 days of the cancellation notice. The *Elections Administrator* agrees to use reasonable diligence not to incur major costs in connection with election preparations until it is known that the election will be held, unless the **Hospital District** authorizes such major costs in advance in writing. The **Hospital District** acknowledges that one or more of the *local subdivisions* in *Ector County, Texas* with which it intended to conduct a *joint election* or share election costs may cancel its election in accordance with Section 2.053 of the Texas Election Code. In such event, the **Hospital District** will remain responsible for the amount stated in the invoice.

D. Contract Copies to Treasure and Auditor: In accordance with Section 31.099 of the Texas Election Code, the *Elections Administrator* agrees to file copies of this contract with the County Clerk, County Treasurer; of Ector County, Texas and the County Auditor of Ector County, Texas.

E. Chargeable Election Expenses: In accordance with Section 31.00 of the Texas Election Code, only the actual expenses directly attributable to the contract may be charged, including *Elections Administrator's* administrative fee.

F. Representatives. For purposes of implementing this contract and coordinating activities hereunder, the *Elections Administrator* and the **Hospital District** designate the following individuals, and whenever the contract requires submission of information or documents or notice to the *Elections Administrator* or the **Hospital District**, respectively, submission or notice shall be to these individuals:

For the Elections Administrator:

Lisa Sertuche
Elections Administrator
Office of ECTOR County Elections Administrator
Odessa, Texas 79761
Tel: (432) 498-4030
Fax: (432) 498-4009
Email: elizabeth.sertuche@ectorcountytexas.gov

For the Ector County Appraisal District:

Kerstin Connolly
Paralegal to the Chief Legal Counsel
Ector County Hospital District
500 West 4th Street
Tel: (432) 640-2531
Email: kconnolly1@echd.org

Neither of these individuals has authority to amend this contract or vary its terms.

G. Term. The Elections Administrator for the *Hospital District* agrees to provide the election services specified under this contract for the *Hospital District* and the *Hospital District* agrees to use such services for all of its elections. This contract shall commence on September 2024; and shall continue until either of the parties provides the other party with written notice of termination. Notice of termination must be delivered on or before August, of any year and the termination shall be effective for the next fiscal year starting October 1.

H. The parties hereto mutually agree that this contract for Election Services supersede and replaces in a whole or in part any prior agreement between the parties regarding the same subject matter.

Executed this _____ day of _____ 2024

“Elections Administrator”

ECTOR COUNTY ELECTIONS ADMINISTRATOR

“Board President”

Ector County Hospital District

By: _____
Lisa Sertuche, Elections Administrator

By: _____
Wallace Dunn, ECHD Board President

Date: _____

Date: _____

EXHIBIT “A”

Ector County Elections Administration Department Fee Schedules

Voting Equipment Rental Rates

Early Voting

Verity Controller	\$465.00 each day equipment is leased
Verity DUO	\$395.00 each day equipment is leased
Verity Scanner	\$610.00 each day equipment is leased
Verity DUO Go	\$150.00 each day equipment is leased

Judge / Co. Judge	\$14.50 an hr. Max. is 16 hrs.
Clerk	\$13.00 an hr. Max. is 16 hrs.
Training	\$20.00 for each worker
Delivery Judge	\$25.00 (Split if both Judges deliver)

Election Day

Verity Controller	\$465.00 each day equipment is leased
Verity DUO	\$395.00 each day equipment is leased
Verity Scanner	\$610.00 each day equipment is leased
Verity DUO Go	\$150.00 each day equipment is leased

Judge / Co. Judge	\$14.50 an hr. Max. is 16 hrs.
Clerk	\$13.00 an hr. Max. is 16 hrs.
Training	\$20.00
Delivery Judge	\$25.00 (Split if both Judges deliver)

Pursuant to Section 123.032 of Election Code states, (d) the maximum amount that a county in which a political subdivision is wholly or partly situated may charge the political subdivision for leasing county-owned equipment is 10 percent of the purchase price of the equipment for each day the equipment is leased.

The cost per piece of equipment ranges from \$150.00 to \$610.00 each. The charge of the equipment may increase but will not be greater than \$ 610.00 per machine. Due to maintenance and repairs, the charge for equipment may increase.

Electronic Voting System Programming and Testing

General Election –

Programming, Logic & Accuracy Testing, Public Test and Tabulation for *Early Voting & Election Day*.
(Two staff members programming, testing and tabulation) \$3,000.00

Run-off \$2,000.00

IT Support Personnel (Election Day & night) \$2,200.00

Election Day Trouble Shooters- They are assigned polling locations and Check locations throughout the day for any problems or in need of assistance.

It will be 3 to 5 troubleshooters depending on the number of polling locations.

Troubleshooters use their personal vehicle and fuel, \$21.0.00 per hr. for 16 to 17 hrs.

Election Packets & Supplies (one packet per polling location)

\$ 55.00 each

Early Voting & Election Day

Labels

Reconciliation logs,

Paper for mail ballots

Paper for reports

Distance Markers

English & Spanish posters (are required by state to post)

Voter applications

Statement of Residence forms

Paper for Poll books

Poll list

Name tags

Pens & pencils

(This fee may increase due to price increase for paper or labels etc.)

COVID – 19 Kit (mask, stand hand sanitizer, foam, gloves, Lysol,
rags, plexi glass shields, Kleenex, thermometers, wipes
alcohol spray bottles, red tape for social distancing
and COVID -19 posters)

\$ 300.00
(per voting location)

Early Voting (conducted by Ector County Elections)

Includes computer, printers,

Phone lines & modems or air cards

Early voting Kit (same as above)

Utilities

Signs

\$1,300.00 each site

Early Voting by mail packets (postage, ballot, instructions & 3 envelopes)

\$2.75 each

COVID – 19 Kit (mask, stand hand sanitizer, foam, gloves, Lysol,
rags, plexi glass shields, kleenex, thermometers, wipes
alcohol spray bottles, red tape for social distancing
and COVID -19 posters)

\$ 300.00
(per voting location)

Miscellaneous Services

Copies .75 cents per page

Early Voting labels .75 cents each

Notices of Public Test & other Notices actual charges

Postage (mail ballots and notice to judges & clerks) actual charges

Transport voting equipment actual charges

Phone charges for Election Day actual charges

VDrive flash memory card \$6.60

Verity batteries \$11.00

Ballot Paper (1,000 sheets per package) \$20.0

Additional Charges are:

10% Administrative Fee
Election Night Security (2) (Rate @ Time and a Half)
Compensation for all Early & Election Day workers
Compensation for all County Employees @ Time and a Half
Compensation for any other personnel if needed (as help in delivery of voting equipment and Election Day).
Overtime pay for *Elections Administrator's* staff
Misc. fees

IMPORTANT NOTES:

- Early Voting equipment will not be used for Election Day voting.
- The fees for contract services do not include personnel.
- An administrative fee of 10% of the actual cost incurred will be added to each contract for general supervision of the election, pursuant to Texas Election Code, Sec. 31.100

JOINT ELECTIONS:

All fees and services will be divided equally and according to number of Polling Locations that are used for each entity.

Estimated cost of an election is from \$200,000.00 to 260,000.00 depending on the type of election being held. Countywide elections are normally higher due to equipment and personnel.

REVISED JUNE 2024



Ector County Appraisal District

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

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

July 25, 2024

Mr. Russell Tippin, Administrator
Ector County Hospital District
Post Office Drawer 7239
Odessa, Texas 79760-7239

Dear Mr. Tippin,

Attached is a copy of the Certification of the 2024 Appraisal Roll for your taxing entity and a value and exemption summary.

The Ector County Appraisal Review Board approved the appraisal roll July 11, 2024, and I have certified the roll to you this date.

Pursuant to Section 26.04(c) of the Texas Property Tax Code, as your designated tax assessor/collector, I will begin the effective and roll-back tax rate calculations. You will be notified as soon as the rates are determined.

It is a pleasure to serve you. If you have any questions concerning your 2024 appraisal roll or values, please give me a call.

Sincerely,

A handwritten signature in blue ink that reads "Layne P. Young".

Layne Young, RPA
Chief Appraiser-Executive Director

LY:sm

Enclosures

xc: Mr. Steve Ewing, Chief Financial Officer
Ms. Lory Olivas, ECAD Director of Collections

STATE OF TEXAS)(

COUNTY OF ECTOR)(

CERTIFICATION OF 2024 APPRAISAL ROLL FOR THE ECTOR COUNTY HOSPITAL DISTRICT

"I, LAYNE YOUNG, CHIEF APPRAISER OF THE **ECTOR COUNTY APPRAISAL DISTRICT** SOLEMNLY SWEAR THAT THE ATTACHED IS THAT PORTION OF THE APPROVED APPRAISAL ROLL OF THE **ECTOR COUNTY HOSPITAL DISTRICT** WHICH LISTS PROPERTY TAXABLE BY THE **ECTOR COUNTY HOSPITAL DISTRICT** AND CONSTITUTES THE APPRAISAL ROLL FOR THE **ECTOR COUNTY HOSPITAL DISTRICT**."

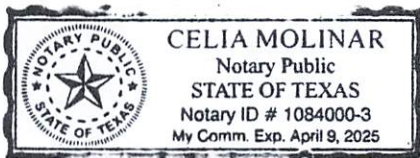
2024 APPRAISAL ROLL INFORMATION

TOTAL MARKET VALUE	\$	24,527,646,619
TOTAL TAXABLE VALUE	\$	21,139,620,320



LAYNE YOUNG, RPA CHIEF APPRAISER

SWORN AND SUBSCRIBED TO ME ON THIS THE 25TH DAY OF JULY, 2024, A.D.





NOTARY PUBLIC
ECTOR COUNTY, STATE OF TEXAS

ECTOR COUNTY APPRAISAL DISTRICT

2024

CERTIFIED APPRAISAL ROLL SUMMARY ECTOR COUNTY HOSPITAL DISTRICT

APPRAISED VALUE:

Mineral Property	2,045,857,259
Improvement	13,720,393,216
Land	2,527,900,745
Productivity Market	386,366,493
Personal Property	5,847,128,906

TOTAL MARKET VALUE

24,527,646,619

Totally Exempt	1,444,964,295
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TOTAL MARKET VALUE OF TAXABLE PROPERTY

23,082,682,324

Total Productivity Loss	383,264,364
10% Capped Homestead Loss	46,385,912
20% Capped Circuit Breaker Loss	87,902,196

TOTAL ASSESSED (APPRAISED)

22,565,129,852

EXEMPTIONS and DEDUCTIONS

Homestead (State Mandated)	-
Homestead (Local Option)	658,018,202
Over 65 (State Mandated)	
Over 65 (Local Option)	263,369,052
Disabled Person (State Mandated)	
Disabled Person (Local Option)	4,626,996
Disabled Veteran	5,359,953
Disabled Veteran (Homestead 100%)	57,272,071
Surviving Spouse (FR & DSM & VET)	2,172,767
Abatement	122,771,866
Pollution Control	136,968,205
Freeport	173,941,125
Low Income Housing	
Solar / Wind	-
Total Exempt Proration	1,009,295

TOTAL EXEMPTIONS and DEDUCTIONS

1,425,509,532

TOTAL TAXABLE VALUE

21,139,620,320

VALUE BY CATEGORY:

SUMMARY

Mineral Property	2,038,604,889
Real Estate Residential	9,256,766,248
Real Estate Multi Family	796,096,463
Real Estate Vacant Lots	361,652,758
Real Estate Acreage	395,187,645
Real Estate Farm & Ranch	51,535,106
Real Estate Commercial	3,168,181,342
Real Estate Industrial	653,855,271
Utility Property	1,622,332,409
Commercial Personal	3,544,155,024
Industrial Personal	558,150,339
Personal Prop Mobile Home	505,822,046
Residential Real Inventory	5,161,855
Special Inventory	125,180,929
Real Estate Totally Exempt	1,429,181,111
Personal Property Totally Exempt	8,530,814
Mineral Property Totally Exempt	7,252,370

TOTAL MARKET VALUE

24,527,646,619

ECTOR COUNTY APPRAISAL DISTRICT

2024

CERTIFIED APPRAISAL ROLL SUMMARY ECTOR COUNTY HOSPITAL DISTRICT

EFFECTIVE RATE CALCULATION INFORMATION:

Prior Year adjusted Taxable Value (excluding 25.25(d) corrections)		20,262,788,369
Prior Year Taxable Value with Tax Ceiling		-
Taxable Value Lost on Court Appeals of ARB Decisions		5,065,866
Original ARB value	66,520,844	
Final court value	61,454,978	
Prior Year Undisputed Taxable Value under Chapter 42 Appeal		428,479,290
Original ARB value	990,746,134	
Disputed value	562,266,844	
Taxable Value of Deannexed Property		-
Taxable Value Lost on New Exemptions		54,732,538
Absolute	740,844	
Partial	53,991,694	
Taxable Value Lost on New Ag		2,406,201
2023 Market	2,408,144	
2024 Productivity	1,943	
Taxes Refunded for Years Preceding Prior Year	183,329	
Taxable Value of Properties Under Protest		
	ECAD Taxable	Owner Request
	242,714,090	39,201,155
Current Year Taxable Value with Tax Ceiling		126,250,996
Taxable Value of Annexed Property		-
Appraised Value of New Property (impr & pers)		459,299,764
Taxable Value of New Property (impr & pers)		429,855,872
	LAST YEAR	THIS YEAR
Average Home Market Value	202,179	210,515
Average Home Taxable Value	178,260	185,381
(including Residential Homestead)		
(excluding Over 65, Disability, & DV Exemptions)		
Pollution Control:		548,800
first time exempted value		

ECTOR COUNTY APPRAISAL DISTRICT
2024
CERTIFIED APPRAISAL ROLL SUMMARY
ECTOR COUNTY HOSPITAL DISTRICT
Tax Increment Reinvestment Zone

Mineral Property	-	
Improvement	449,466,982	
Land	24,853,249	
Productivity Market		
Personal Property	1,180,847	
TOTAL MARKET VALUE		475,501,078
Totally Exempt	303,960,373	
TOTAL MARKET VALUE OF TAXABLE PROPERTY		171,540,705
Total Productivity Loss		
10% Capped Homestead Loss	44,181	
20% Capped Circuit Breaker Loss	5,973	
TOTAL ASSESSED (APPRAISED)		171,490,551

VALUE BY CATEGORY:

Mineral Property	
Real Estate Residential	3,088,124
Real Estate Multi Family	1,582,702
Real Estate Vacant Lots	543,953
Real Estate Acreage	
Real Estate Farm & Ranch	-
Real Estate Commercial	163,092,897
Real Estate Industrial	
Utility Property	2,050,919
Commercial Personal	1,140,462
Industrial Personal	
Personal Prop Mobile Home	3,935
Residential Real Inventory	
Special Inventory	37,713
Real Estate Totally Exempt	303,957,701
Personal Property Totally Exempt	2,672
Mineral Property Totally Exempt	-

TOTAL MARKET VALUE	475,501,078
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APPRAISAL REVIEW BOARD)(

ECTOR COUNTY, TEXAS)(

ORDER APPROVING APPRAISAL RECORDS

AFTER REVIEWING THE APPRAISAL RECORDS OF THE **ECTOR COUNTY APPRAISAL DISTRICT** AND HEARING AND DETERMINING ALL TAXPAYER PROTESTS AND TAXING UNIT CHALLENGES WHICH WERE PROPERLY BROUGHT BEFORE THE APPRAISAL REVIEW BOARD IN ACCORDANCE WITH THE TEXAS PROPERTY TAX CODE, THE BOARD, WITH A QUORUM PRESENT, HAS DETERMINED THAT THE APPRAISAL RECORDS SHOULD BE APPROVED AS CHANGED BY THE BOARD ORDERS DULY FILED WITH THE CHIEF APPRAISER.


IT IS THEREFORE **ORDERED** THAT THE APPRAISAL RECORDS AS CHANGED ARE APPROVED, AND CONSTITUTE THE APPRAISAL ROLL FOR THE **ECTOR COUNTY APPRAISAL DISTRICT**.

THE APPROVED APPRAISAL RECORDS ARE ATTACHED TO THE ORDER AND ARE INCORPORATED HEREIN BY REFERENCE THE SAME AS IF FULLY COPIED AND SET FORTH AT LENGTH.

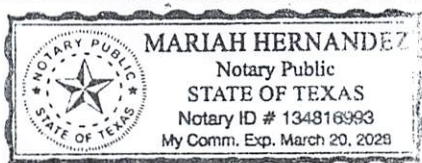
SIGNED THIS 11TH DAY OF JULY, 2024.


Cammie LASTER, CHAIRMAN

ATTEST:


ARB MEMBER

SWORN AND SUBSCRIBED TO ME THIS THE 11TH DAY OF JULY, 2024.




NOTARY PUBLIC
ECTOR COUNTY, STATE OF TEXAS

Regional Services
August 2024 Board Report

Community Outreach-

All Urgent Cares Odessa/Midland

Dr Atti- Ector County Primary Care outreach

Dr Raja

Dr Ortega

Regional Site Visits-

Fort Stockton-Attended board meeting to discuss behavioral health funding opportunities. I also met with staff to discuss any transfer issues none at this time. I will follow up with Dr Pinnow to see if there were any interest in MCH Acute Teleservices.

Pecos- Dr Ayyagari, Cortney Smith, I met with executive team, physicians, and staff to discuss MCH Acute Teleservices we are waiting to hear back from team. The team was glad to hear we are offering this service. Met with ED staff no issues with transfers at this time.

Kermit- Russell, Steve, I met with both the executive team to discuss transfers back to Kermit and how we can better the transition for both teams. We also met with board to discuss behavioral health funding opportunities.

Rankin- Met with staff and CNO, no issues with transfers. I spoke with Tiana and Jim regarding the tele program and let them know I would be happy to meet with the physicians for any questions they may have they will get back to me. I provided clinic manager updated list of providers she stated they have had no issues with referrals other than a delay in ENT referrals I have let her know to have patients call the office if referral has already been sent.

McCamey- Met with CEO, CNO and Marisol to discuss MCH Acute teleservices, they are not sure this is a program they will be interested in until they get a group of physicians stabilized. They will talk to the board and let me know. Met with clinic manager who replaced Maria no issues with referrals and stated she is still using common well and it has caused no issues.

Crane- Met with ED staff, CEO out at this time. They have not had any issues with transfers other than one recently that Laci had reached out to me. This has been resolved. No other needs currently. I did meet with referral specialist in clinic, no issues to report and they were glad to have updated list of providers.

Andrews- Met with ED staff and Dr Puri. We discussed transfer issues from last time, now resolved. I did receive a call from Dr Puri after site visit on some other issues I will get back to him after speaking to team internally.

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