



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
APRIL 7, 2020 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA

- I. ROLL CALL** Don Hallmark, President
- II. CALL TO ORDER** Don Hallmark
- III. INVOCATION** Chaplain Farrell Ard
- IV. PLEDGE OF ALLEGIANCE** Don Hallmark
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM** Don Hallmark, p.3
- VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VII. PUBLIC COMMENTS ON AGENDA ITEMS**
- VIII. CONSENT AGENDA**..... Don Hallmark, p.4-62
(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, March 3, 2020**
 - B. Consider Approval of Emergency Meeting Minutes, March 20, 2020**
 - C. Consider Approval of Joint Conference Committee, March 24, 2020**
 - D. Consider Approval of Emergency Meeting Minutes, March 27, 2020**
 - E. Consider Approval of Federally Qualified Health Center Monthly Report, February 2020**
 - F. Consider Approval of Annual Scope of Service and Organizational Wide Performance Improvement Plan**
 - G. Consider Approval of Annual Evaluation of the Infection Control Program**
 - H. Consider Approval of MCH COVID-19 Base Inpatient Operational Plan Disease Management**
- IX. COMMITTEE REPORTS**
 - A. Finance Committee** Bryn Dodd, p.63-119
 - 1. Financial Report for Month Ended February 29, 2020
 - 2. Capital Expenditure Requests
 - a. Consider Approval of Stryker Neptune 3 Waste Management System
..... Christin Timmons
 - b. Consider Approval of OR Mobile Vascular Lab Matt Collins

X. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS Russell Tippin

- A. Consider Approval of Oberon Solar 1B Termination of Reinvestment Zone Tax Abatement Agreement**
- B. COVID-19 Update**
- C. Ad Hoc Reports**

XI. 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) Deliberations regarding Personnel Matters pursuant to Section 551.074 of the Texas Government Code; and (3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

XII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements**

XIII. ADJOURNMENT Don Hallmark

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

MISSION

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

VISION

MCHS will be the premier source for health and wellness.

VALUES

I-ntegrity

C-ustomer centered

A-ccountability

R-espect

E-xcellence

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
MARCH 3, 2020 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

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

OTHERS PRESENT:

Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Christin Timmons, Chief Nursing Officer
Matt Collins, Chief Operating Officer
Steve Steen, Chief Legal Counsel
Toni Land, Chief Patient Experience Officer
Dr. Sari Nabulsi, Chief Medical Officer
Dr. Donald Davenport, Chief of Staff
Dr. Timothy Benton, Vice Chief of Staff
Dr. Gary Ventolini, TTUHSC Permian Basin
Jan Ramos, ECHD Board Secretary
Various other interested members of the
Medical Staff, employees, and citizens

I. CALL TO ORDER

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

II. INVOCATION

Chaplain Farrell Ard offered the invocation.

III. PLEDGE OF ALLEGIANCE

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

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Ben Quiroz presented the Mission, Vision and Values of Medical Center Health System.

V. AWARDS AND RECOGNITIONS

A. March 2020 Associates of the Month

Russell Tippin introduced the March 2020 Associates of the Month as follows:

- Clinical: Gilbert Suarez, Supervisor, Radiology Special Procedures
- Non-Clinical: Susana Calderon, Utility and Dishroom Worker, Nutrition Services
- Nurse: Farika McKulsky, RN Charge, 5 Central

B. February 2020 Patient Satisfaction Winners

The following units were recognized for their February 2020 patient satisfaction scores:

- Medical Practice: FHC South Pediatrics 100%
FHC South Obstetrics 100%
MCH ProCare Cardiology Golder (Zagrodsky) 100%
- Inpatient: 3 West 100%
- Outpatient: Wound Care 100%
Physical/Occupational/Speech Therapy 100%
Cardiac Rehabilitation 100%
EKG 100%

VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed

VII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

VIII. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, February 4, 2020**
- B. Consider Approval of Joint Conference Committee, February 25, 2020**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, January 2020**

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

IX. COMMITTEE REPORTS

A. Audit Committee

1. FY 2019 MCHS External Audit Report

Bryn Dodd reported the Audit Committee met March 3, 2020 at noon and received a report and letter to management from BKD, the external audit company for the Ector County Hospital District. The BKD report reflected an unmodified audit opinion on Fiscal Year 2019. The Committee approved the report and letter to management and recommended that the Board approve the BKD Fiscal Year 2019 Audit Report and letter to management. This was in the form of a motion.

David Dunn seconded the motion to approve the Audit report and letter to management as presented. The motion carried unanimously.

B. Finance Committee

1. Financial Report for Month Ended January 31, 2020

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

X. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Robert Bennett, Regional Chairman for Department of Pediatric Medicine, presented a clinical profile of his department. This included value added services at Medical Center Hospital, and contract year 2019-2020 funding support.

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

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

A. Patient Experience and Quality Quarterly Report

Dr. Sari Nabulsi, Chief Medical Officer, presented a quarterly update on Patient Experience and Quality. This report included an explanation of the CMS star rating and each of the categories upon which the scores are based.

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

B. MCH ProCare Semi-Annual Report

Adiel Alvarado, President MCH ProCare, provided an update on MCH ProCare, including:

- Vision and Strategic Priorities
- MCH ProCare Services
- Merit Incentive Payment System (MIPS)
- Volume/Financial Review
- Provider Renewal/Retention 2019

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

C. Consider Approval of Cerner Services Agreement for Aged Accounts Receivables

Steve Ewing, Chief Financial Officer presented a Statement of Work for Collections of Aged Accounts Receivable for Managed Care, Government and Commercial Payor Accounts. RevWorks will create a dedicated team to rework all accounts to maximize the cash collections potential.

David Dunn moved and Bryn Dodd seconded the motion to approve the Cerner Services Agreement for Aged Accounts Receivables as presented. The motion carried unanimously.

D. Ad Hoc Reports

Russell Tippin pointed out to the board members the Odessa Housing Report that was included in the meeting materials provided. He also gave an update on the coronavirus, COVID-19, and the preparations the system is making.

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

XII. EXECUTIVE SESSION

Don Hallmark stated that the Board would go into Executive Session for the meeting held in closed session involving the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberations regarding Personnel Matters pursuant to Section 551.074 of the Texas Government Code; and (3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

The individuals present during the entire Executive Session were Don Hallmark, Bryn Dodd, Mary Lou Anderson, David Dunn, Wallace Dunn, Ben Quiroz, Richard Herrera, Russell Tippin, and Steve Steen.

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

Doug Witt with Samco Investment Advisors and Paul Braden with Norton Rose Fulbright reported to the Board of Directors regarding refinancing of General Obligation Bonds during Executive Session then were excused.

Virginia Sredanovich, Chief Compliance and Privacy Officer, reported to the Board of Directors regarding a Kepro Audit during Executive Session then was excused.

Steve Ewing and Jan Ramos were excused from the remainder of Executive Session.

Steve Steen reported to the Board of Directors regarding a waiver request during Executive Session then was excused.

Executive Session began at 6:45 pm.
Executive Session ended at 8:08 p.m.

No action was taken during Executive Session.

XIII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements

Don Hallmark presented the following new amendments:

- Rhoena Obafail, CRNA. This amendment aligned her compensation with other CRNAs.
- Ben Novicio, CRNA. This amendment aligned his compensation with other CRNAs.
- James Horton, CRNA. This amendment aligned his compensation with other CRNAs.
- Vijay Borrso, MD. This amendment added call compensation.

Don Hallmark presented the following new contracts:

- Samsadeen Issah, CRNA. This is a three year contract for Anesthesia.
- Marie Anne Gue, CRNA. This is a three year contract for Anesthesia.
- Ewa Korzeniowska, CRNA. This is a three year contract for Anesthesia.
- Swetha Jangangari, MD. This is a three year contract for the Hospitalist group.
- Rita Estep, MD. This is a three year contract for FHC Pediatrics.
- Juliet Arihi, MSN, APRN, FMP-C. This is a three year contract for Urgent Care.
- Molly Fenwick, AuD. This is a three year contract for Audiology.

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

B. Consider Approval of Waiver Request

Don Hallmark presented the waiver request.

Richard Herrera moved and Ben Quiroz seconded the motion to approve the waiver request as presented due to extraordinary circumstances. The motion carried unanimously.

C. Consider and take appropriate action on all matters related to the judicial validation of the “Ector County Hospital District General Obligation Refunding Bonds, Series 2020” including the retention of Norton Rose Fulbright US LLP as counsel for such matter

Bryn Dodd made the following motion, “I move to authorize the Chief Executive Officer and his staff to proceed with all matters related to the judicial validation of the “Ector County Hospital District General Obligation Refunding Bonds, Series 2020”, to retain Norton Rose Fulbright as counsel for the District in connection with such judicial validation and to bring an action to obtain a declaratory judgment if and when determined by the District’s Chief Executive Officer that such action is in the best interest of the District.”

Ben Quiroz seconded the motion as presented. The motion carried unanimously.

XIV. ADJOURNMENT

There being no further business to come before the Board, Don Hallmark adjourned the meeting at 8:10 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
EMERGENCY MEETING
MARCH 20, 2020 – 10:00 a.m.**

MINUTES OF THE MEETING

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

OTHERS PRESENT: Russell Tippin, President/Chief Executive Officer
Matt Collins, Chief Operating Officer
Steve Ewing, Chief Financial Officer
Steve Steen, Chief Legal Counsel
Toni Land, Chief Patient Experience Officer
Christin Timmons, Chief Nursing Officer
Brad Timmons, Chief of Police/Dir. Safety and EP
Amanda Everett, Emergency Management Coordinator
Cheryl McQueen, Director Materials Management
Mary Gallegos, Risk Manager
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Don Hallmark called the meeting to order at 9:59 a.m. in Administration Conference Room A of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. EXECUTIVE/CLOSED SESSION

Don Hallmark stated that the Board would go into Executive Session for a meeting held in closed session as to consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code.

Executive Session began at 10:00 a.m.

The members of the ECHD Board of Directors then moved into the ECHD Board Room.

Executive Session ended at 10:52 a.m.

No action was taken during Executive Session.

III. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 10:52 a.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

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

Medical Staff:

| Applicant | Department | Specialty/Privileges | Group | Dates |
|-----------------------|-------------------|----------------------|---------|------------------------|
| Denis Atkinson, MD | Radiology | Telemedicine | VRAD | 04/07/2020- 04/06/2022 |
| Daniel Babbel, MD | Surgery | Hand Surgery | ProCare | 04/07/2020- 04/06/2021 |
| Cornelia de Riese, MD | OB / GYN | OB / GYN | TTUHSC | 04/07/2020- 04/06/2021 |
| James Faliszek, MD | Radiology | Telemedicine | VRAD | 04/07/2020- 04/06/2022 |
| *Eduardo Iregui, MD | Medicine | Infectious Disease | TTUHSC | 04/07/2020- 04/06/2021 |
| Joseph Shayeb, MD | Internal Medicine | Internal Medicine | TTUHSC | 04/07/2020- 04/06/2021 |

Allied Health:

| Applicant | Department | AHP Category | Specialty/Privileges | Group | Sponsoring Physician(s) | Dates |
|---------------------------|-------------------|--------------|--------------------------|---------------------------|---|------------------------|
| Courtney Clubb, FNP | Internal Medicine | APC | Nurse Practitioner | Permian Basin Kidney Care | Dr. Anand Reddy, Dr. Asif Ansari | 04/07/2020- 04/06/2022 |
| Christian Richardson, FNP | Family Medicine | APC | Nurse Practitioner | ProCare | Dr. Eduardo Salcedo | 04/07/2020- 04/06/2022 |
| *Alan Robinson, CRNA | Anesthesia | APC | Nurse Anesthetist | ProCare | Dr. Bhari, Dr. Price, Dr. Mishra, and Dr. Bryan | 04/07/2020- 04/06/2022 |
| Marivic Salarda, CRNA | Anesthesia | APC | Nurse Anesthetist | ProCare | Dr. Bhari, Dr. Price, Dr. Mishra, and Dr. Bryan | 04/07/2020- 04/06/2022 |
| *Emily Sullivan, PA | Family Medicine | APC | Physician Assistant | ProCare | Dr. Mavis Twum-Barimah | 04/07/2020- 04/06/2022 |
| Chasity Young, SFA | Surgery | AHP | Surgical First Assistant | Basin Orthopedic | Dr. Dyrstad and Dr. Matthew Brown | 04/07/2020- 04/06/2022 |

***Please grant temporary Privileges**



Advice, Opinions, Recommendations and Motions:

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

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Medical Staff:

| Applicant | Department | Status Criteria Met | Staff Category | Specialty/Privileges | Group | Changes to Privileges | Dates |
|-----------------------|-------------------|---------------------|---------------------|----------------------|-------------------|-----------------------|-------------------------|
| Kelash Bajaj, MD | Internal Medicine | Yes | Associate to Active | Medical Oncology | Texas Oncology | None | 05/01/2020 – 04/30/2022 |
| Pamela Cunningham, MD | Anesthesia | Yes | Affiliate | Pain Management | | None | 05/01/2020 – 04/30/2022 |
| Stephen Fox, MD | Radiology | Yes | Telemedicine | Telemedicine | Virtual Radiology | None | 06/01/2020 – 05/31/2022 |
| David Moon, MD | Radiology | Yes | Telemedicine | Telemedicine | Virtual Radiology | None | 06/01/2020 – 05/31/2022 |

Allied Health Professionals:

| Applicant | Department | AHP Category | Specialty / Privileges | Group | Sponsoring Physician(s) | Changes to Privileges | Dates |
|---------------------|-----------------|--------------|------------------------|---------|-------------------------|-----------------------|------------------------|
| Dayanelie Reyes, PA | Family Medicine | APC | Physician Assistant | ProCare | Dr. Twum-Barimah | None | 05/01/2020 – 4/30/2022 |

Advice, Opinions, Recommendations and Motions:

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

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Clinical Privileges

Statement of Pertinent Facts:

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

Change in Clinical Privileges:

| Staff Member | Department | Privilege |
|-----------------------|------------|--|
| *Daniel Copeland, MD | Surgery | ADD: Thoracic Aorta Aneurysm Repair (TEVAR) ; da Vinci Surgical System |
| Marshall Early, DO | Surgery | ADD: da Vinci Surgical System |
| Russell Van Husen, MD | Surgery | ADD: da Vinci Surgical System |

*Pending Department Meeting Approval

Advice, Opinions, Recommendations and Motions:

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

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Resignation/ Lapse of Privileges:

| Staff Member | Staff Category | Department | Effective Date | Action |
|--------------------|----------------|-------------------|----------------|---------------------|
| Jeffrey Manley, MD | Associate | OB / GYN | 05/15/2020 | Resignation |
| Srikala Meda, MD | Affiliate | Internal Medicine | 03/31/2020 | Lapse of Privileges |

Advice, Opinions, Recommendations and Motion:

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

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of Pertinent Facts:

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

Staff Category Change:

| Staff Member | Department | Category |
|-----------------------------|-------------------|-------------------------|
| Kelash Bajaj, MD | Internal Medicine | Associate to Active |
| Courtney, Christopher, CRNA | Anesthesia | removal of Initial FPPE |
| Enakpene, Christopher, MD | OBGYN | removal of Initial FPPE |
| Galloway, Michael, MD | OBGYN | removal of Initial FPPE |
| Rahman, Sabeena, DO | OBGYN | removal of Initial FPPE |
| Manley, Jeffrey, MD | OBGYN | removal of Initial FPPE |
| Bodavula, Phani, MD | Pediatrics | removal of Initial FPPE |
| Le, Dai, MD | Pediatrics | removal of Initial FPPE |

Changes to Credentialing Dates:

| Staff Member | Staff Category | Department | Dates |
|--------------|----------------|------------|-------|
| None | | | |

Leave of Absence:

| Staff Member | Staff Category | Department | Effective Date | Action |
|--------------|----------------|------------|----------------|-------------------------------|
| Hao Wu, MD | Active | Surgery | 11/11/2019 | Extension of LOA to 4/30/2020 |

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the staff category changes and changes to the credentialing dates.

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Scope of Service and Organization Wide Program Plan

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following:

- Scope of Service and Organization Wide Program Plan

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 above reports to the Ector County Hospital District Board of Directors.

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

- CER: Stryker Neptune 3 Waste Management System
- CER: OR Mobile Vascular Lab

Statement of Pertinent Facts:

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

- CER: Stryker Neptune 3 Waste Management System
- CER: OR Mobile Vascular Lab

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the CER(s).

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



April 7, 2020

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

MCH COVID-19 Base Inpatient Operational Plan: Disease Management

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following:

MCH COVID-19 Base Inpatient Operational Plan: Disease Management

Advice, Opinions, Recommendations and Motion:

Accept the recommendation of the Medical Executive Committee to approve the above Plan to the Ector County Hospital District Board of Directors.

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



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
EMERGENCY MEETING
MARCH 27, 2020 – 2:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT: Don Hallmark
Bryn Dodd
David Dunn
Mary Lou Anderson
Wallace Dunn
Ben Quiroz

MEMBERS ABSENT: Richard Herrera

OTHERS PRESENT: Russell Tippin, President/Chief Executive Officer
Matt Collins, Chief Operating Officer
Steve Steen, Chief Legal Counsel
Christin Timmons, Chief Nursing Officer
Jan Ramos, ECHD Board Secretary
Members of the Media

I. CALL TO ORDER

Don Hallmark called the meeting to order at 2:30 p.m. in the foyer of Administration at Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act. Certain requirements of the Open Meetings Act were suspended on March 16, 2020 by Governor Abbott.

II. CONSIDER APPROVAL OF EMERGENCY SUPPLY ACQUISITION DUE TO COVID-19

Russell Tippin reported that there are two vendors with N95 masks available for purchase and the cost exceeds his signatory limit for goods, items, and services necessary for daily operations of the Hospital and/or Health System.

There is, however, a resolution passed and approved March 12, 2019, that addresses goods, items, and services necessary for urgent needs/operations of the Hospital and/or Health System that allows the President/Chief Executive Officer to approve purchases exceeding his normal signatory limit.

David Dunn moved and Ben Quiroz seconded the motion to approve the purchase of N95 masks and to give the President/Chief Executive Officer unlimited authority to purchase personal protective equipment (PPE) or other safety supplies as needed. The motion carried unanimously.

III. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 2:40 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

Family Health Clinic
April 2020
ECHD Board Packet



Date: April 3, 2020

To: Board of Directors-Family Health Clinic

From: Grant Trollope, Assistant Chief Financial Officer

Subject: Combined Financial Report for the Month Ended February 29, 2020

Visits

Combined clinic visits for February were 1,483 comparing unfavorably to the budgeted total of 1,579 and unfavorably to the prior year's 1,907 by 6.1% and 22.2% respectively. Combined medical visits for February totaled 1,483, unfavorable to the budgeted amount of 1,579 and unfavorable to the prior year 1,788 visits. Year-to-date medical visits were 7,668 comparing unfavorably to budget by 6.2% and unfavorable to prior year by 13.0%.

Revenues and Revenue Deductions

Combined patient revenue for February totaled \$532,173 comparing unfavorably to the combined budget of \$582,846 by 8.7% and unfavorably to prior year's total of \$701,494 by 24.1%. Year-to-date patient revenue was \$2,792,273 comparing unfavorably to budget by 7.5% and unfavorable to prior year by 20.4%

Combined revenue deductions for February were \$411,226 comparing favorably to the combined budgeted amount of \$418,107 and unfavorably to prior year's total of \$336,866. Year-to-date deductions were \$1,683,464 comparing favorably to budget and to prior year by 20.1% and 4.6% respectively.

Combined net operating revenue for February was \$174,459 comparing favorably to the combined budget amount of \$172,585 and unfavorably to the prior year amount of \$376,756. On a year-to-date basis, net operating revenue was \$1,243,652 comparing favorably to budget by 30.9 % and unfavorably to prior year by 31.3 %.

Operating Expenses

Combined salaries and wages expense for February were \$104,378, comparing favorably to a combined budget of \$121,452 and favorably to prior year's \$110,588. Trends in salaries, wages, and benefits resulted from operations, which are now running with 27.3, Full Time Equivalent (FTEs) for February, compared to a budget of 33.9 FTEs and prior year's 31.7 FTEs.

Combined physician services (Provider salaries) for February totaled \$130,034, comparing favorably to a budgeted amount of \$168,647 and unfavorably to prior year's amount of \$119,420.

Total operating expenses for February were \$286,820 comparing favorably to budgeted expenses of \$351,121 and unfavorably to prior year expenses of \$285,952. On a year-to date basis total operating expenses were \$1,459,316 comparing favorably to budget by 19.7% and favorable to prior year by 9.8%.

Operating Results

Combined operating results for the month of February resulted in a net loss of \$146,393, comparing

favorably to the combined budgeted deficit of \$221,419, and unfavorably to prior year gain of \$45,566. Year-to-date the net loss from operations is \$388,726 comparing favorably to budget by 64.4% and unfavorably to prior year by 1,034.1%

Revenue and Payments by Payer

For the month of February, Medicaid patients represented the largest revenue financial class, followed by Self-Pay, and Commercial. Clinics combined, Medicaid revenue accounted for 36.0%, Self-Pay 25.9%, Commercial 19.0%, Medicare 18.9%, FAP 0.0%, and Other for 0.3% of the Clinic's monthly revenue.

Combined payments for the month of February year to date totaled \$1,016,065 compared to the prior year YTD amount of \$742,827.

**ECTOR COUNTY HOSPITAL DISTRICT
CENTERS FOR PRIMARY CARE COMBINED - OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 532,173 | \$ 582,846 | -8.7% | \$ 701,494 | -24.1% | \$ 2,792,273 | \$ 3,018,359 | -7.5% | \$ 3,507,602 | -20.4% |
| TOTAL PATIENT REVENUE | \$ 532,173 | \$ 582,846 | -8.7% | \$ 701,494 | -24.1% | \$ 2,792,273 | \$ 3,018,359 | -7.5% | \$ 3,507,602 | -20.4% |
| <u>DEDUCTIONS FROM REVENUE</u> | | | | | | | | | | |
| Contractual Adjustments | \$ 176,695 | \$ (15,544) | -1236.7% | \$ 98,786 | 78.9% | \$ 559,349 | \$ (78,363) | -813.8% | \$ 118,248 | 373.0% |
| Self Pay Adjustments | 104,640 | (845) | -12483.4% | 15,786 | 562.9% | 184,859 | (4,261) | -4438.4% | 12,032 | 1436.3% |
| Bad Debts | 129,892 | 434,496 | -70.1% | 222,294 | -41.6% | 939,256 | 2,190,434 | -57.1% | 1,634,229 | -42.5% |
| TOTAL REVENUE DEDUCTIONS | \$ 411,226 | \$ 418,107 | -1.6% | \$ 336,866 | 22.1% | \$ 1,683,464 | \$ 2,107,810 | -20.1% | \$ 1,764,509 | -4.6% |
| | 77.27% | 71.74% | | 48.02% | | 60.29% | 69.83% | | 50.31% | |
| NET PATIENT REVENUE | \$ 120,947 | \$ 164,739 | -26.6% | \$ 364,629 | -66.8% | \$ 1,108,809 | \$ 910,549 | 21.8% | \$ 1,743,092 | -36.4% |
| <u>OTHER REVENUE</u> | | | | | | | | | | |
| FHC Other Revenue | \$ 53,513 | \$ 7,846 | 582.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 243.7% | \$ 66,820 | 101.8% |
| TOTAL OTHER REVENUE | \$ 53,513 | \$ 7,846 | 582.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 243.7% | \$ 66,820 | 101.8% |
| NET OPERATING REVENUE | \$ 174,459 | \$ 172,585 | 1.1% | \$ 376,756 | -53.7% | \$ 1,243,652 | \$ 949,779 | 30.9% | \$ 1,809,912 | -31.3% |
| <u>OPERATING EXPENSE</u> | | | | | | | | | | |
| Salaries and Wages | \$ 104,378 | \$ 121,452 | -14.1% | \$ 110,588 | -5.6% | \$ 538,476 | \$ 628,961 | -14.4% | \$ 587,575 | -8.4% |
| Benefits | 30,857 | 30,823 | 0.1% | 24,884 | 24.0% | 145,429 | 165,520 | -12.1% | 162,745 | -10.6% |
| Physician Services | 130,034 | 168,647 | -22.9% | 119,420 | 8.9% | 653,093 | 873,383 | -25.2% | 734,121 | -11.0% |
| Cost of Drugs Sold | 7,871 | 10,201 | -22.8% | 9,296 | -15.3% | 52,669 | 52,826 | -0.3% | 37,176 | 41.7% |
| Supplies | 5,648 | 9,304 | -39.3% | 11,500 | -50.9% | 26,886 | 47,660 | -43.6% | 53,575 | -49.8% |
| Utilities | 5,934 | 6,556 | -9.5% | 7,836 | -24.3% | 29,276 | 28,965 | 1.1% | 28,070 | 4.3% |
| Repairs and Maintenance | 625 | 1,892 | -67.0% | 625 | 0.0% | 3,050 | 9,460 | -67.8% | 4,161 | -26.7% |
| Leases and Rentals | 473 | 391 | 21.0% | 411 | 15.1% | 2,344 | 1,955 | 19.9% | 2,176 | 7.8% |
| Other Expense | 1,000 | 1,855 | -46.1% | 1,392 | -28.2% | 8,092 | 9,275 | -12.8% | 8,398 | -3.6% |
| TOTAL OPERATING EXPENSES | \$ 286,820 | \$ 351,121 | -18.3% | \$ 285,952 | 0.3% | \$ 1,459,316 | \$ 1,818,005 | -19.7% | \$ 1,617,997 | -9.8% |
| Depreciation/Amortization | \$ 34,032 | \$ 42,883 | -20.6% | \$ 45,238 | -24.8% | \$ 173,062 | \$ 224,770 | -23.0% | \$ 226,191 | -23.5% |
| TOTAL OPERATING COSTS | \$ 320,852 | \$ 394,004 | -18.6% | \$ 331,190 | -3.1% | \$ 1,632,378 | \$ 2,042,775 | -20.1% | \$ 1,844,188 | -11.5% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (146,393) | \$ (221,419) | -33.9% | \$ 45,566 | -421.3% | \$ (388,726) | \$ (1,092,996) | -64.4% | \$ (34,276) | 1034.1% |
| Operating Margin | -83.91% | -128.30% | -34.6% | 12.09% | -793.8% | -31.26% | -115.08% | -72.8% | -1.89% | 1550.5% |

| | 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 | 1,483 | 1,579 | -6.1% | 1,788 | -17.1% | 7,668 | 8,179 | -6.2% | 8,814 | -13.0% |
| Optometry Visits | - | - | 0.0% | 119 | -100.0% | - | - | 0.0% | 1,115 | -100.0% |
| Total Visits | 1,483 | 1,579 | -6.1% | 1,907 | -22.2% | 7,668 | 8,179 | -6.2% | 9,929 | -22.8% |
| Average Revenue per Office Visit | 358.85 | 369.12 | -2.8% | 367.85 | -2.4% | 364.15 | 369.04 | -1.3% | 353.27 | 3.1% |
| Hospital FTE's (Salaries and Wages) | 27.3 | 33.9 | -19.5% | 31.7 | -14.1% | 27.0 | 33.5 | -19.5% | 31.6 | -14.6% |

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 325,160 | \$ 434,887 | -25.2% | \$ 563,039 | -42.2% | \$ 1,790,741 | \$ 2,251,998 | -20.5% | \$ 2,261,473 | -20.8% |
| TOTAL PATIENT REVENUE | \$ 325,160 | \$ 434,887 | -25.2% | \$ 563,039 | -42.2% | \$ 1,790,741 | \$ 2,251,998 | -20.5% | \$ 2,261,473 | -20.8% |
| <u>DEDUCTIONS FROM REVENUE</u> | | | | | | | | | | |
| Contractual Adjustments | \$ 187,919 | \$ 32,430 | 479.5% | \$ 125,909 | 49.3% | \$ 329,436 | \$ 163,490 | 101.5% | \$ 202,534 | 62.7% |
| Self Pay Adjustments | 63,419 | 6,768 | 837.0% | 22,702 | 179.3% | 114,056 | 34,118 | 234.3% | 38,223 | 198.4% |
| Bad Debts | (47,091) | 205,728 | -122.9% | 105,319 | -144.7% | 531,517 | 1,037,142 | -48.8% | 775,818 | -31.5% |
| TOTAL REVENUE DEDUCTIONS | \$ 204,247 | \$ 244,926 | -16.6% | \$ 253,930 | -19.6% | \$ 975,009 | \$ 1,234,750 | -21.0% | \$ 1,016,575 | -4.1% |
| | 62.8% | 56.3% | | 45.1% | | 54.4% | 54.8% | | 45.0% | |
| NET PATIENT REVENUE | \$ 120,912 | \$ 189,961 | -36.3% | \$ 309,109 | -60.9% | \$ 815,732 | \$ 1,017,248 | -19.8% | \$ 1,244,898 | -34.5% |
| <u>OTHER REVENUE</u> | | | | | | | | | | |
| FHC Other Revenue | \$ 53,513 | \$ 7,846 | 0.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 0.0% | \$ 66,820 | 101.8% |
| TOTAL OTHER REVENUE | \$ 53,513 | \$ 7,846 | 582.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 243.7% | \$ 66,820 | 101.8% |
| NET OPERATING REVENUE | \$ 174,425 | \$ 197,807 | -11.8% | \$ 321,236 | -45.7% | \$ 950,575 | \$ 1,056,478 | -10.0% | \$ 1,311,717 | -27.5% |
| <u>OPERATING EXPENSE</u> | | | | | | | | | | |
| Salaries and Wages | \$ 72,278 | \$ 89,832 | -19.5% | \$ 80,769 | -10.5% | \$ 373,788 | \$ 465,184 | -19.6% | \$ 429,572 | -13.0% |
| Benefits | 21,367 | 22,798 | -6.3% | 18,174 | 17.6% | 100,951 | 122,420 | -17.5% | 118,982 | -15.2% |
| Physician Services | 73,716 | 109,377 | -32.6% | 96,077 | -23.3% | 387,502 | 566,392 | -31.6% | 486,083 | -20.3% |
| Cost of Drugs Sold | 5,841 | 8,606 | -32.1% | 7,096 | -17.7% | 37,023 | 44,564 | -16.9% | 23,979 | 54.4% |
| Supplies | 4,047 | 5,791 | -30.1% | 5,084 | -20.4% | 24,220 | 29,609 | -18.2% | 23,416 | 3.4% |
| Utilities | 2,783 | 2,608 | 6.7% | 4,959 | -43.9% | 13,816 | 14,351 | -3.7% | 15,607 | -11.5% |
| Repairs and Maintenance | 625 | 1,892 | -67.0% | 625 | 0.0% | 3,050 | 9,460 | -67.8% | 4,161 | -26.7% |
| Leases and Rentals | 473 | 391 | 21.0% | 411 | 15.1% | 2,344 | 1,955 | 19.9% | 2,176 | 7.8% |
| Other Expense | 1,000 | 1,848 | -45.9% | 1,392 | -28.2% | 8,092 | 9,240 | -12.4% | 8,398 | -3.6% |
| TOTAL OPERATING EXPENSES | \$ 182,130 | \$ 243,143 | -25.1% | \$ 214,586 | -15.1% | \$ 950,787 | \$ 1,263,175 | -24.7% | \$ 1,112,375 | -14.5% |
| Depreciation/Amortization | \$ 4,707 | \$ 4,866 | -3.3% | \$ 5,121 | -8.1% | \$ 23,646 | \$ 25,509 | -7.3% | \$ 25,605 | -7.7% |
| TOTAL OPERATING COSTS | \$ 186,837 | \$ 248,009 | -24.7% | \$ 219,707 | -15.0% | \$ 974,433 | \$ 1,288,684 | -24.4% | \$ 1,137,980 | -14.4% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (12,412) | \$ (50,202) | -75.3% | \$ 101,529 | -112.2% | \$ (23,857) | \$ (232,206) | -89.7% | \$ 173,738 | -113.7% |
| Operating Margin | -7.12% | -25.38% | -72.0% | 31.61% | -122.5% | -2.51% | -21.98% | -88.6% | 13.25% | -118.9% |

| | 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 | 917 | 1,139 | -19.5% | 1,425 | -35.6% | 5,008 | 5,900 | -15.1% | | 0.0% |
| Average Revenue per Office Visit | 354.59 | 381.81 | -7.1% | 395.12 | -10.3% | 357.58 | 381.69 | -6.3% | 373.24 | -4.2% |
| Hospital FTE's (Salaries and Wages) | 18.1 | 24.7 | -26.5% | 22.3 | -18.8% | 18.0 | 24.4 | -26.2% | 22.4 | -19.7% |

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 207,013 | \$ 147,959 | 39.9% | \$ 138,455 | 49.5% | \$ 1,001,532 | \$ 766,361 | 30.7% | \$ 1,246,129 | -19.6% |
| TOTAL PATIENT REVENUE | \$ 207,013 | \$ 147,959 | 39.9% | \$ 138,455 | 49.5% | \$ 1,001,532 | \$ 766,361 | 30.7% | \$ 1,246,129 | -19.6% |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| Contractual Adjustments | \$ (11,224) | \$ (47,974) | -76.6% | \$ (27,123) | -58.6% | \$ 229,913 | \$ (241,853) | -195.1% | \$ (84,286) | -372.8% |
| Self Pay Adjustments | 41,221 | (7,613) | -64.5% | (6,917) | -696.0% | 70,803 | (38,379) | -284.5% | (26,191) | -370.3% |
| Bad Debts | 176,983 | 228,768 | -22.6% | 116,975 | 51.3% | 407,739 | 1,153,292 | -64.6% | 858,411 | -52.5% |
| TOTAL REVENUE DEDUCTIONS | \$ 206,979 | \$ 173,181 | 19.5% | \$ 82,935 | 149.6% | \$ 708,455 | \$ 873,060 | -18.9% | \$ 747,934 | -5.3% |
| | 99.98% | 117.05% | | 59.90% | | 70.74% | 113.92% | | 60.02% | |
| NET PATIENT REVENUE | \$ 34 | \$ (25,222) | -100.1% | \$ 55,520 | -99.9% | \$ 293,077 | \$ (106,699) | -374.7% | \$ 498,195 | -41.2% |
| 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 | \$ 34 | \$ (25,222) | -100.1% | \$ 55,520 | -99.9% | \$ 293,077 | \$ (106,699) | -374.7% | \$ 498,195 | -41.2% |
| OPERATING EXPENSE | | | | | | | | | | |
| Salaries and Wages | \$ 32,100 | \$ 31,620 | 1.5% | \$ 29,819 | 7.6% | \$ 164,688 | \$ 163,777 | 0.6% | \$ 158,002 | 4.2% |
| Benefits | 9,490 | 8,025 | 18.3% | 6,710 | 41.4% | 44,478 | 43,100 | 3.2% | 43,763 | 1.6% |
| Physician Services | 56,319 | 59,270 | -5.0% | 23,344 | 141.3% | 265,591 | 306,991 | -13.5% | 248,038 | 7.1% |
| Cost of Drugs Sold | 2,030 | 1,595 | 27.3% | 2,200 | -7.7% | 15,646 | 8,262 | 89.4% | 13,197 | 18.6% |
| Supplies | 1,601 | 3,513 | -54.4% | 6,416 | -75.0% | 2,666 | 18,051 | -85.2% | 30,159 | -91.2% |
| Utilities | 3,151 | 3,948 | -20.2% | 2,877 | 9.5% | 15,460 | 14,614 | 5.8% | 12,463 | 24.0% |
| Repairs and Maintenance | - | - | 0.0% | - | 100.0% | - | - | 0.0% | - | 100.0% |
| Other Expense | - | 7 | -100.0% | - | 0.0% | - | 35 | -100.0% | - | 0.0% |
| TOTAL OPERATING EXPENSES | \$ 104,691 | \$ 107,978 | -3.0% | \$ 71,366 | 46.7% | \$ 508,529 | \$ 554,830 | -8.3% | \$ 505,622 | 0.6% |
| Depreciation/Amortization | \$ 29,324 | \$ 38,017 | -22.9% | \$ 40,117 | -26.9% | \$ 149,416 | \$ 199,261 | -25.0% | \$ 200,586 | -25.5% |
| TOTAL OPERATING COSTS | \$ 134,015 | \$ 145,995 | -8.2% | \$ 111,483 | 20.2% | \$ 657,945 | \$ 754,091 | -12.7% | \$ 706,208 | -6.8% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (133,981) | \$ (171,217) | -21.7% | \$ (55,963) | 139.4% | \$ (364,868) | \$ (860,790) | -57.6% | \$ (208,013) | 75.4% |
| Operating Margin | -390728.55% | 678.84% | -57658.3% | -100.80% | 387532.1% | -124.50% | 806.75% | -115.4% | -41.75% | 198.2% |

| | 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 | 566 | 440 | 28.6% | 363 | 55.9% | 2,660 | 2,279 | 16.7% | 2,755 | -3.4% |
| Optometry Visits | - | - | 0.0% | 119 | -100.0% | - | - | 0.0% | 1,115 | -100.0% |
| Total Visits | 566 | 440 | 28.6% | 482 | 17.4% | 2,660 | 2,279 | 16.7% | | 0.0% |
| Average Revenue per Office Visit | 365.75 | 336.27 | 8.8% | 287.25 | 27.3% | 376.52 | 336.27 | 12.0% | 322.00 | 16.9% |
| Hospital FTE's (Salaries and Wages) | 9.1 | 9.2 | -1.1% | 9.4 | -2.9% | 9.0 | 9.1 | -1.4% | 9.2 | -2.0% |

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
FEBRUARY 2020**

| | MONTHLY REVENUE | | | | YTD REVENUE | | | |
|--------------|-------------------|-------------------|-------------------|---------------|---------------------|---------------------|---------------------|---------------|
| | Clements | West | Total | % | Clements | West | Total | % |
| Medicare | \$ 50,938 | \$ 49,618 | \$ 100,556 | 18.9% | \$ 284,540 | \$ 234,662 | \$ 519,202 | 18.6% |
| Medicaid | 134,980 | 56,462 | 191,442 | 36.0% | 736,887 | 267,356 | 1,004,243 | 36.0% |
| FAP | - | - | - | 0.0% | - | - | - | 0.0% |
| Commercial | 52,610 | 48,327 | 100,937 | 19.0% | 308,983 | 211,669 | 520,652 | 18.6% |
| Self Pay | 86,140 | 51,605 | 137,745 | 25.9% | 456,041 | 284,950 | 740,991 | 26.5% |
| Other | 491 | 1,002 | 1,493 | 0.3% | 4,291 | 2,894 | 7,185 | 0.3% |
| Total | \$ 325,160 | \$ 207,013 | \$ 532,173 | 100.0% | \$ 1,790,741 | \$ 1,001,532 | \$ 2,792,273 | 100.0% |

| | MONTHLY PAYMENTS | | | | YEAR TO DATE PAYMENTS | | | |
|--------------|-------------------|------------------|-------------------|---------------|-----------------------|-------------------|---------------------|---------------|
| | Clements | West | Total | % | Clements | West | Total | % |
| Medicare | \$ 17,766 | \$ 13,890 | \$ 31,656 | 18.7% | \$ 329,562 | \$ 67,487 | \$ 397,049 | 39.1% |
| Medicaid | 50,629 | 24,486 | 75,115 | 44.4% | 243,336 | 73,217 | 316,553 | 31.2% |
| FAP | - | - | - | 0.0% | - | - | - | 0.0% |
| Commercial | 12,478 | 16,616 | 29,094 | 17.2% | 81,209 | 57,786 | 138,996 | 13.7% |
| Self Pay | 21,683 | 11,043 | 32,725 | 19.3% | 106,010 | 54,463 | 160,473 | 15.8% |
| Other | 447 | 236 | 684 | 0.4% | 1,805 | 1,189 | 2,994 | 0.3% |
| Total | \$ 103,003 | \$ 66,271 | \$ 169,274 | 100.0% | \$ 761,922 | \$ 254,143 | \$ 1,016,065 | 100.0% |

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
FEBRUARY 2020**

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 | \$ 50,938 | 15.7% | \$ 57,795 | 10.3% | \$ 284,540 | 15.9% | \$ 316,768 | 14.0% |
| Medicaid | 134,980 | 41.4% | 262,734 | 46.7% | 736,887 | 41.1% | 966,875 | 42.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 52,610 | 16.2% | 117,170 | 20.8% | 308,983 | 17.3% | 440,089 | 19.5% |
| Self Pay | 86,140 | 26.5% | 124,577 | 22.1% | 456,041 | 25.5% | 532,203 | 23.5% |
| Other | 491 | 0.2% | 763 | 0.1% | 4,291 | 0.2% | 5,538 | 0.2% |
| TOTAL | \$ 325,160 | 100.0% | \$ 563,039 | 100.0% | \$ 1,790,741 | 100.0% | \$ 2,261,473 | 100.0% |

PAYMENTS BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------------------------|----------------------|---------------|-------------------|---------------|---------------------|---------------|-------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % |
| Medicare | \$ 17,766 | 17.2% | \$ 5,743 | 5.7% | \$ 329,562 | 43.3% | \$ 33,092 | 7.2% |
| Medicaid | 50,629 | 49.2% | 49,604 | 48.8% | 243,336 | 31.9% | 200,788 | 43.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 12,478 | 12.1% | 24,348 | 24.0% | 81,209 | 10.7% | 127,644 | 27.8% |
| Self Pay | 21,683 | 21.1% | 21,804 | 21.5% | 106,010 | 13.9% | 96,554 | 21.1% |
| Other | 447 | 0.4% | 47 | 0.0% | 1,805 | 0.2% | 305 | 0.1% |
| TOTAL | \$ 103,003 | 100.0% | \$ 101,545 | 100.0% | \$ 761,922 | 100.0% | \$ 458,382 | 100.0% |
| TOTAL NET REVENUE | 120,912 | | 309,109 | | 815,732 | | 1,244,898 | |
| % OF GROSS REVENUE | 37.2% | | 54.9% | | 45.6% | | 55.0% | |
| VARIANCE | (17,909) | | (207,564) | | (53,810) | | (786,515) | |
| % VARIANCE TO CASH COLLECTIONS | -14.8% | | -67.1% | | -6.6% | | -63.2% | |

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
FEBRUARY 2020**

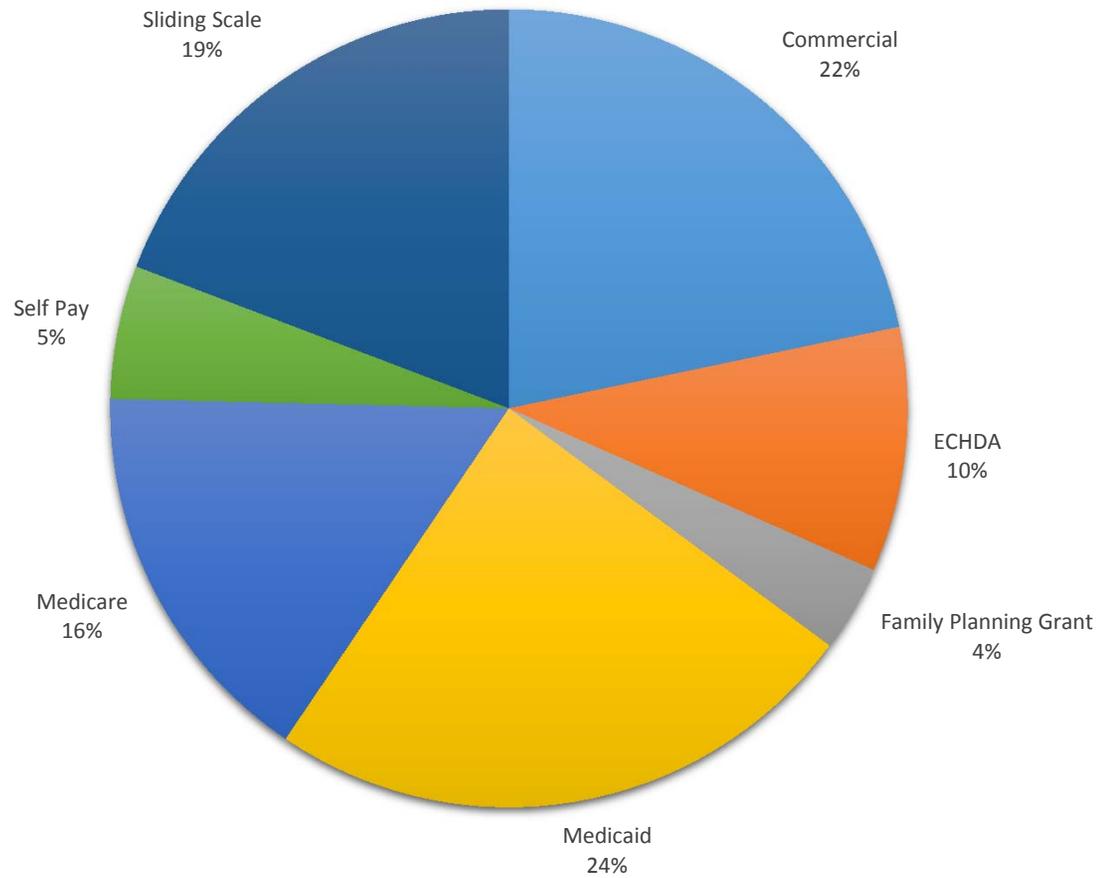
REVENUE BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------|-------------------|---------------|-------------------|---------------|---------------------|---------------|---------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % |
| Medicare | \$ 49,618 | 24.0% | \$ 30,441 | 22.0% | \$ 234,662 | 23.4% | \$ 199,943 | 16.0% |
| Medicaid | 56,462 | 27.3% | \$ 34,563 | 25.0% | 267,356 | 26.7% | 514,807 | 41.3% |
| PHC | - | 0.0% | \$ - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 48,327 | 23.3% | \$ 31,513 | 22.8% | 211,669 | 21.1% | 248,480 | 19.9% |
| Self Pay | 51,605 | 24.9% | \$ 41,657 | 30.1% | 284,950 | 28.5% | 282,601 | 22.7% |
| Other | 1,002 | 0.5% | \$ 281 | 0.2% | 2,894 | 0.3% | 298 | 0.0% |
| TOTAL | \$ 207,013 | 100.0% | \$ 138,455 | 100.0% | \$ 1,001,532 | 100.0% | \$ 1,246,129 | 100.0% |

PAYMENTS BY PAYOR

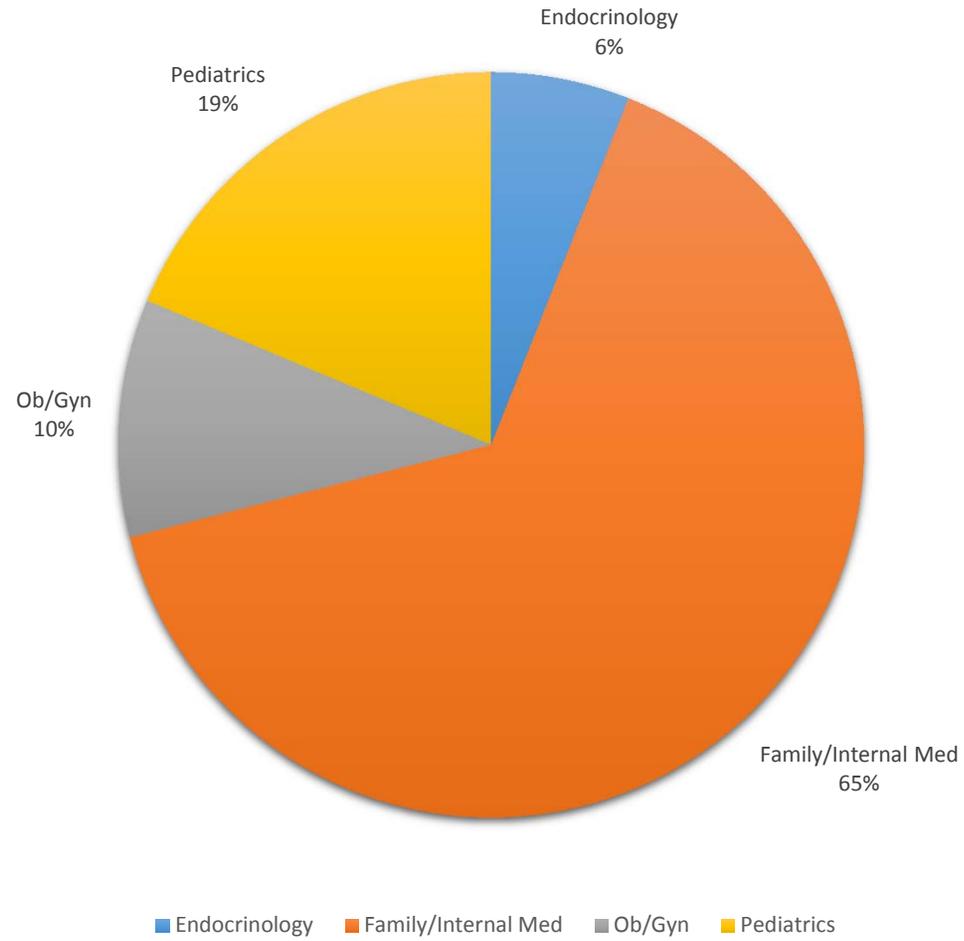
| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------------------------|------------------|---------------|------------------|---------------|-------------------|---------------|-------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % |
| Medicare | \$ 13,890 | 21.0% | \$ 7,957 | 22.8% | \$ 67,487 | 26.6% | \$ 46,901 | 16.5% |
| Medicaid | 24,486 | 36.8% | 12,211 | 35.1% | 73,217 | 28.8% | 118,896 | 41.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 16,616 | 25.1% | 9,919 | 28.5% | 57,786 | 22.7% | 80,814 | 28.4% |
| Self Pay | 11,043 | 16.7% | 4,735 | 13.6% | 54,463 | 21.4% | 37,833 | 13.3% |
| Other | 236 | 0.4% | - | 0.0% | 1,189 | 0.5% | - | 0.0% |
| TOTAL | \$ 66,271 | 100.0% | \$ 34,822 | 100.0% | \$ 254,144 | 100.0% | \$ 284,445 | 100.0% |
| TOTAL NET REVENUE | 34 | | 55,520 | | 293,077 | | 498,195 | |
| % OF GROSS REVENUE | 0.0% | | 40.1% | | 29.3% | | 40.0% | |
| VARIANCE | 66,237 | | (20,698) | | (38,933) | | (213,749) | |
| % VARIANCE TO CASH COLLECTIONS | 193166.4% | | -37.3% | | -13.3% | | -42.9% | |

FHC February Visits by Financial Class



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

FHC February Visits By Service



FHC Executive Director's Report-April 2020

- **Provider Update:** Dr. Poudel, Pediatrician, has signed his Letter of Intent. We are in search of a Pediatrician to fill the vacancy at our Clements location. Edak Akan, Nurse Practitioner, has accepted the mid-level position for West University. She will be working alongside Dr. Mavis in Family Medicine.
- **Staffing Update:** The Family Health Clinic has the following open staff positions: 3 LVNs, 1 Front Desk, and 1 Eligibility Coordinator.
- **2019 UDS Report Update:** Our 2019 UDS report has completed the formal review process and has been accepted for approval.
- **COVID 19 Update:** Due to the COVID 19 crisis, the Family Health Clinic has implemented the following temporary operational changes: no walk-in patients, patients will be scheduled with same day appointments; temporary hold on our public walk-in vaccine clinic; implemented telehealth options for remote health services; decreased operating hours to Monday thru Thursday 8am-3pm and Friday 8am to noon; implemented visitor restrictions and patient screening processes at both FHC locations.

Scope of Service and Organizational Wide Performance Improvement Plan

Mission

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

Purpose

The Scope of Service & Organizational Performance Improvement 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 quality evidenced based patient care which provides our community with a High Quality affordable Patient Centered Experience.

Scope of Services Provided

The organization shall define the scope of services provided.

Services Provided Directly or Contractually by the Organization

- Diagnostic Radiology and Imaging Services
- Magnetic Resonance Imaging
- CT Scanner
- PET Scanner
- Nuclear Medicine
- Bariatric Surgery
- Cancer Center Oncology
- Cardiac Catheterization lab
- Cardiac Electrophysiology
- Cardiac Unit/Cardiology
- Cardiac Surgery
- Thoracic Surgery
- Vascular Surgery
- PACU
- Endocrinology
- Family Practice
- Gastroenterology
- General Medical
- Internal Medicine
- General Surgery
- GI/Endoscopy lab
- Gynecology
- Hematology
- Infusion Services
- Dietary & Nutrition Services
- Emergency Services
- Health Information Management (Medical Record) Services
- Nuclear Medicine Services
- Acute Care Unit
- Intensive Care Unit
- Women and Infant Unit
- Pediatric Unit

- NICU
- Nephrology
- Lithotripsy
- Neurology/Neurosurgery
- Ophthalmology
- Orthopedic
- Otolaryngology
- Outpatient Surgery
- Pulmonary Function Lab
- Rehabilitation
- Respiratory(Ventilator)
- Central Telemetry Monitoring
- Pathology and Clinical Laboratory Services
- Infectious disease
- Pharmaceutical Services
- Rehabilitation Services
- Respiratory Services
- Social Work Services
- Medical / Surgical Services
- Critical Care Services
- Urgent Care
- Family Health Clinic
- Outpatient Dental Services
- Acute Renal Dialysis
- Wound Care Services
- Trauma Unit
- Occupational Health

Services Not Provided by the Organization

The following services are not provided by MCHS. Should a patient require these services, the MCHS shall develop agreements with other institutions or providers to do so:

- Mental Health
- Addiction
- Alcohol& Drug Rehab
- Transplant
- Sub-Acute Unit
- Burn Unit
- Long Term Care/SNF
- Forensic Mental Health
- Pediatric Intensive Care Unit

Integration and Coordination of Services

Department Scopes of Services

Each department shall develop a written scope of service that defines the following:

- Description of the services provided
- Hours of operation
- Staffing

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 to assure a “single standard of care”.
- 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

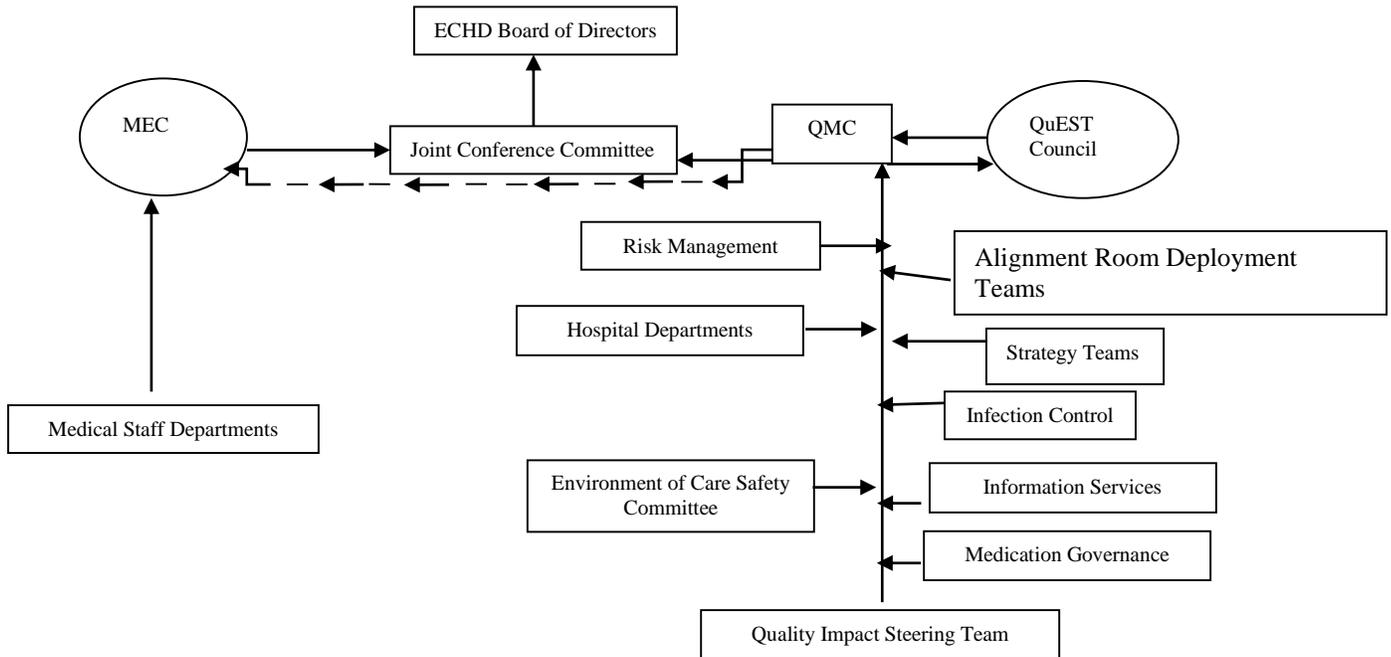
MCHS has developed additional planning documents that further describe its approach to providing services. These documents include, but are not limited to:

- Plan for Nursing Care
- Infection Control Plan
- Risk Management Plan
- Patient Safety Program
- Information Management Plan
- Environment of Care Management Plans
- Emergency Operations Plan
- High Occupancy 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 Structure



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, and all MCHS 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 establish performance improvement priorities. All reasonable steps are taken to bring the organization into compliance with applicable laws and regulatory standards.

The Joint Conference Committee

The Joint Conference Committee informs the Ector County Hospital District Board Members of performance improvement activities through the medical staff's Quality Monitoring Committee (QMC) and Medical Center Hospital's QuEST Council. Major issues impacting the quality of care are identified, resolved, and reported to the Joint Conference Committee as specified in this Plan and the Medical Staff Bylaws (Section 10.4). Joint Conference Committee membership includes three members of the Ector County Hospital District Board of Directors, the President/Chief Executive Officer (CEO), the Chief Medical Officer/CMIO, the Vice President/Chief Nursing Officer (CNO), the Chief Patient Experience Officer, the Senior Vice President/Chief Finance Officer (CFO), the Chief of Staff, the Vice Chief of Staff (Chairperson of QMC), and the Past Chief of Staff.

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.

QuEST 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 outcome. The collection and analysis of data is prioritized in relation to the hospital's mission, strategic plan, 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 as necessary to achieve results. The QuEST Council oversees, coordinates, and directs the performance improvement activities of the hospital. The Council is chaired by the Chief Patient Experience Officer and membership includes the CMO, the President/CEO, the Vice President/CNO, Vice President 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.

The QuEST Council scheduled includes the following reports on a quarterly/monthly basis:

- Risk Management
- Infection Prevention
- Patient Safety
- Grievances
- Environment of Care
- Safety/ECHD Police
- Patient Satisfaction
- Information Technology
- Family Health Clinic
- 1115 Waiver
- Readmissions
- Focused Performance Improvement Teams
- Clinical Performance Monitoring:
 - Nurse Sensitive indicators
 - Chart Completion/Delinquencies
 - Blood Utilization
 - Core Measure/Quality Indicator Measurement
 - Trauma Services
 - Cancer Services
 - Diabetes Services
 - Bariatric Services
 - Stroke Services
 - Total Joint Program
 - Medication Management
 - Nutrition Services
 - Respiratory Services
 - Laboratory Services

The QuEST Council reports monthly to the Joint Conference Committee, QMC, and at least biannually to the Ector County Hospital District Board of Directors.

Organizational Performance Improvement Process

Performance Improvement activities are encouraged throughout the facility by utilizing the guiding principle of Kaizen (Japanese term meaning continuous improvement) utilizing Lean Six Sigma (Figure 1) tools such as the DMAIC process (Figure 2) and the PDCA Cycle. Medical Center Health System identifies through an assessment process using nationally recognized standards as well as Strategic planning committees that align with the five main focus areas: Clinical Perfection, Operational Effectiveness, Culture of Engagement and Business Development. Improvement ideas and suggestions can be generated by anyone in the organization and those that are significantly multidisciplinary would be brought to the E-team Alignment Room Committee for consideration of implementing a deployment team to plan, implement and measure the changes.



Figure 1



Figure 2

- 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 Chief Patient Experience Officer is responsible for facilitating the initial and ongoing physician, leader, and staff education and training in the Medical Center Hospital Performance Improvement Plan and methodology.

Prioritizing Performance Improvement Activities

MCHS prioritizes those performance improvement activities based on strategic development teams that seek to adhere to high quality process aimed at meeting the health systems short and long term goals. These teams will meet at a minimum of once per year but can be reconvened whenever the need arises. These strategic development teams focus on the following:

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

Improving Performance

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 shall take actions aimed at performance improvement and after implementing those actions; MCHS shall measure its success, and track performance to ensure that improvements are sustained.

Reporting of Performance Improvement Activities

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

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

Ongoing Measurement

Collecting Data on Performance

Scope of Data Collection

At a minimum, MCHS will collect data in the following areas:

- Performance improvement priorities identified by leaders.
- Operative or other procedures that place patients at risk of disability or death.
- All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
- Adverse patient events
- Adverse events related to using moderate or deep sedation or anesthesia.
- The use of blood and blood components.
- All confirmed transfusion reactions.
- The results of resuscitation.
- Behavior management and treatment.
- Significant medication errors.
- Significant adverse drug reactions.
- Use of opioids, safe practices.
- Pain management/assessment/treatment
- Patient perception of the safety and quality of care, treatment, and services.
- Processes that improve patient outcomes
- Prevention and reduction of medical errors.
- Processes as defined in the organizations Infection Control Program, Environment of Care Program, and Patient Safety Program
- Conversion rate data supplied from the Organ Procurement Organization
- CMS/ Joint Commission core measure data
- The organization may also consider collecting data on the following:
 - Staff opinions and needs
 - Staff perceptions of risk to individuals
 - Staff suggestions for improving patient safety
 - Staff willingness to report adverse events

Measurement of the above areas may be organization-wide in scope, targeted to specific areas, departments and services, or focused on selected populations.

Frequency of Data Collection

By approval of this program, the Governing Body has defined the frequencies of data collection to be ongoing, time limited, episodic, intensive, or recurring. The duration, intensity, and frequency of data collection to measure a specific indicator shall be based on the needs of MCHS, external requirements, and the result of data analysis.

Detail of Data Collection

By approval of this program, the Governing Body has determine that data shall be collected in sufficient detail to provide the user of that data with sufficient information to make timely, accurate, and data-driven decisions.

Aggregation and Analysis of Data

Purpose

The purpose of data aggregation and analysis is to:

- Establish a baseline level of performance
- Determine the stability of process
- Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks)
- Identify opportunities for improvement

- Identify the need for more focused data collection
- Determine whether improvement has been achieved and/or sustained.

Construct

Performance measures should have a construct to assure that data is appropriately identified, collected, aggregated, displayed, and analyzed. In general, the construct should consist of:

- A definition of the measure
- The population to be measured (including, when appropriate, criteria for inclusion and/or exclusion)
- The type of measurement (i.e. rate based or event based)
- If rate based, a calculation formula (i.e. defined numerator / denominator)
- The minimum sampling size (where appropriate) to assure statistical validity
- The frequency of data collection / aggregation
- The methodology by which data will be collected.
- The entity primarily responsible for data collection.
- The manner in which aggregated data will be displayed.
- The entity(s) to which the aggregated data will be reported to for analysis and action.

Compilation of Data

Data shall be compiled in a manner that is usable to those individuals and entities charge both with analyzing the data, and taking action 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.

Analysis of Aggregated Data

Data on rate based performance measures are aggregated to determine patterns, trends, and variation (common or special cause). Data may be aggregated for a single point in time or over time, depending on the needs of the organization and the reason for monitoring performance. In general, measurement designed to establish the desired stability of a process or a desired outcome will be measured over time until target levels of performance are met.

Once a process is considered stable, and/or a desired level of performance has been achieved, then an analysis of performance measures may be conducted in a more episodic fashion.

Data that is event based is analyzed in singular or aggregated form depending on the number of data elements in the performance measure. In general, event based measurements are monitored on an ongoing basis.

Where appropriate and able, data shall be compared against internal and/or external benchmarks to allow for comparative performance over time.

Intensive Assessments

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).

Performance Indicators

Performance indicators are identified from hospital measures, staff suggestions, opportunity statements, and other internal/external sources.

Design of New Processes

When adopting a new process, (for example, providing a new patient service, constructing a new area, or redesigning an existing service) multidisciplinary teams are convened to ensure the process considers:

1. the organization's mission, vision, and strategic plans;
2. patient, community, and staff needs; and
3. information regarding patient safety and desired performance/outcomes of the process (including reference databases).

External Databases

Medical Center Hospital compares its data to that of external agencies to monitor its performance and outcomes over time.

1. ORYX / Core Measure Initiative – MCH participates in the ORYX / Core Measure Initiative as required by CMS and The Joint Commission by submitting data on a quarterly basis to Comparison or Cerner.
2. Comparison Quality Check and Comparison Medical Analytics
3. Mandatory reporting of Healthcare Acquired Infections to the State of Texas (NSHN)
4. Mandatory reporting of Healthcare Cost for Hospital Acquired Conditions (MMSEA)
5. Texas Medical Foundation (TMF) – MCH participates in collecting data for TMF as required by the Centers for Medicare/Medicaid (CMS) Conditions of Participation.
6. American Hospital Association Hospital Quality Alliance – for public reporting of quality indicators.
7. Texas Health Care Information Council (THCIC) – MCH participates with the THCIC as mandated by Texas House Bill 1513, 76th Session (1999). Discharge data is electronically submitted quarterly.
8. Press Ganey Patient Satisfaction Surveys.
9. Leapfrog Patient Safety Survey
10. AHRQ Patient Safety Culture Survey
11. QualityNet for validation submissions
12. HRET-Hospital Improvement Innovation Network
13. MPV Cusp Ventilator Associated Events Reporting Data Base
14. Southwest Transplant Alliance – organ donation data.
15. Tumor Registry – American College of Surgeons.
16. Birth Defects Monitoring Division – Texas Department of Health.
17. American College of Cardiology National Cardiovascular Data Registry (ACC-NCDR) – outcomes data for Cath Lab and Percutaneous Coronary Interventions (PCI).
18. American College of Cardiology National Cardiovascular Data Registry (ACC-NCDR) ACTION Registry
19. Society of Thoracic Surgeons National Adult Cardiac Surgery Database (STS NACSD) – outcomes data for cardiac surgery.
20. Quintiles American Heart Association Get with the Guidelines Stroke and Heart Failure
21. Texas EMS / Trauma Registry – benchmarking with other Level II Trauma facilities. National Trauma data bank.
22. College of American Pathologists (CAP) Proficiency Surveys – to verify performance documentation and comparison data.
23. Texas Department of Primary Health – used to report Family Health Center data for benchmarking.
24. Management Sciences Associates (MSA) – used for employee opinion surveys and evaluation of employee benefits and pay scales.
25. Texas Society for Healthcare Human Resources Administration and Education – resource for evaluating employee wage scales and benefits.
26. Optum – provides comparative data for issues and use of the Employee Assistance Program (EAP).
27. American HealthWays Database – for diabetes patient length of stay benchmarking.
28. Advisory Board – Emergency Department physician database.

- 29. Vascular Quality Initiative for vascular surgery data
- 30. Quintiles Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

Organization-Wide Priorities for FY 2019-2020:

- 1. High Reliability Organization(Patient Safety)
- 2. High Quality Evidence-Based Practice
- 3. Access to Care
- 4. Physician Engagement
- 5. Regulatory Compliance

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.

References

- 1. 2019 Joint Commission Standards for Acute Care Hospitals
- 2. CMS Conditions of Participation for Acute Care Hospitals, 482.2

Approvals:

 Don Hallmark
 President/ECHD Board of Directors

 Date

 Russell Tippin
 President/Chief Executive Officer

 Date

 Chief Medical Officer

 Date

 Toni Land, MBA, BSN, RN, CPXP
 Chief Patient Experience Officer

 Date

MEDICAL CENTER HEALTH SYSTEM
ANNUAL EVALUATION OF THE INFECTION CONTROL PROGRAM
FY20

PURPOSE

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

PROGRAM GOALS

The goals of the infection prevention and control program are:

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

PROGRAM SCOPE

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

INFECTION CONTROL RISK ASSESSMENT

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

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
 - Medical Center Health System (MCHS) is a 402 bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principle industry is oil and gas related service. The population of Ector County is approximately 154,000. Medical Center Hospital (MCH) serves a seventeen (17) county level II trauma district, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico. So, patients could possibly be from out of the country. Patients are received via private transport, ground medical transport, and medical flight services.

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

The CERNER Electronic Health Record was implemented on April 1, 2017 and provides the data base for all patient information. This allows Infection Prevention and other departments to retrieve reports and provide clinical data to assist with management and reporting of infectious diseases.

- The Cerner system provides customized reports for management of significant hospital trends.

These reports require collaboration with the Cerner support team, IT, and Infection Prevention to ensure customization of reports for surveillance and reporting. NHSN Data upload and reports are also utilized for tracking and trending HAIs.

3. The care, treatment, and services provided.

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

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

- *Any unresolved goals for fiscal year ending September 30, 2019 maybe continued as priorities for Infection Prevention or other departments with periodic evaluation of performance to determine any continued unresolved issues.*
 - *FY20 high priority areas identified by the Annual Risk Assessment include:*
4. Increasing potential for Hand Hygiene Compliance. Additional HH Secret Shoppers and training classes implemented. Hallway sinks added for availability. Exploring Hand Hygiene Vendor/Products for optimal use.
 5. *Antimicrobial Stewardship Surveillance and Benchmarking. Development and Implementation of MCHS Antibigram.*
 6. *Increasing potential for Catheter Associated Urinary Tract Infections. The CAUTI team achieved sustainment and FY19 CAUTI SIR below national benchmark, requires daily focus of device utilization and appropriate indication for use.*
 7. *Increasing potential for Surgical Site Infections. FY19 HPRO SIR 3.20, national average is 0.98 and CBGB SIR is 2.33, national average is 0.89. Newly formed SSI Deployment team to address and implement EBBP guidelines for prevention of Post Op Surgical Site Infections.*
 8. *Increasing potential for non-compliance of Employee Health Annual requirements. Revision of policy to address requirements based on Employee Occupational Exposure Risk.*

9. *Increasing potential for Surgical Instrumentation HLD/Sterility Monitoring. Documentation and monitoring of OR Temp and Humidity. Re-Education of Sterility results and validation with skills check off, 2 person validation, and limited access to Sterile Processing Department.*
10. *Construction/Renovation plans are an ongoing part of operations. Increasing the need for ICRA collaboration, surveillance and monitoring during the construction/renovation activity.*

EMERGING / REEMERGING PROBLEMS IN THE HEALTHCARE COMMUNITY

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

1. Notices from the public health department
 - Located within the Department of State Health Services (DSHS) Region 9/10 with the main office being in El Paso, TX and a satellite office located 30 miles east of Odessa in Midland, TX. Ector County has a county funded Health Department and most notifiable conditions are reported directly to the ECHD (Ector County Health Department) with occasional special surveillances (i.e. seasonal flu) reported directly to DSHS. The Infection Prevention Coordinator(s) are in frequent contact with both DSHS and ECHD. MCH transmits data to DSHS via ECHD by syndromic surveillance or NEDS which is a statewide surveillance system that runs at ECHD.
 - Notices and recommendations from the Center for Disease Control, includes continuation of Influenza Vaccine Administration to support HERD immunity. Identification and control of the spread of Measles and education on vaccination as recommended by CDC.
2. Current literature and recommendations from professional organization's as well as accrediting and regulatory agencies.
 - The Infection Prevention and Control Department consists of three-FTEs-one with credentialing and all with membership to professional organizations such as TSICP (Texas Society of Infection Control Professionals and APIC (Association for Professionals in Infection Control).

SUCCESS OF INFECTION CONTROL INTERVENTIONS

The organization undertook several initiatives to prevent and control infection during the evaluation period of FY19. A summary of the effectiveness of significant interventions is noted below.

- Antimicrobial Stewardship Program which was in development over the past several years has become more fine-tuned within the healthcare organization with bimonthly reports presented at the Infection Prevention Committee meeting. And recent development of the organizations antibiogram.
- Significant reduction in CDiff HAI due to the development of CDiff Deployment Team and education on EBBP guidelines for CDiff testing. CDiff HAI rate per 10,000 pt. days went from 7.12% in FY18 to 5.08% in FY19.
- Significant improvement of CAUTI HAI with the development of CAUTI Deployment Team and implementation of daily indwelling device utilization and appropriate indication for use. CAUTI HAI rate per 1000 catheter days went from 1.30% in FY 18 to 0.95% in FY19.
- Sustainment of CLABSI SIR of 0.00

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

MCH's goal for FY20 is to further align with Evidence Based Best Practice Guidelines for Post-Operative Surgical Site Infections. Improve Hand Hygiene Performance with additional Secret Shoppers and Hand Hygiene Awareness with Behavior Modifications. Improve Device Utilization through collaboration with Nursing Units and Providers. Improve responsiveness to High Consequence Infectious Disease by education, training, and collaboration with Emergency Management, Nursing, Providers, and Department of State Health Services.

INFECTION PREVENTION AND CONTROL GUIDELINES

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

1. Notices from the public health department
2. Notices and recommendations from the Center for Disease Control
3. Current literature and recommendations from professional organizations as well as accrediting and regulatory agencies.
 - MCH continues with required continuous monitoring and reporting to appropriate regulatory agencies regarding incidence of MDRO and C-difficile, communicable diseases without appropriate precautions and regulatory compliance with Texas HAI Reporting via NHSN (National Health Safety Network) of Surgical Site Infections (SSI), CLABSIs in all units within facility, Total Knee Prosthesis, Total Hip Prosthesis, CBGB and CBGC, hysterectomies (total abdominal/vaginal), Colon surgeries, CEAs, and AAA.
 - CMS regulatory compliance via reporting through NHSN for CLABSIs in all units within the facility, CAUTI in all adult units with the addition of In-patient Rehab, SSI in colon procedures, SSI in hysterectomies, MRSA Bacteremia and C-difficile LABID events facility wide and reporting of HCW Influenza vaccination.

DETERMINATION OF EFFECTIVENESS

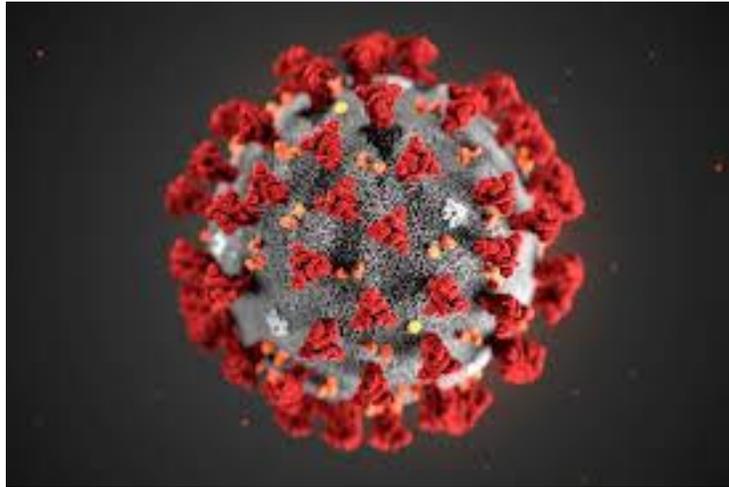
Based on the information noted above, the Infection Control Program was determined to be effective in implementing its activities during the evaluation period. Activities which require improvement will be addressed by the program during the upcoming evaluation period.

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

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

Infection Prevention Committee: Scheduled for review 12/9/2019

Infection Prevention Director: Completed by Charlotte Carr BSN RN CIC 11/5/2019



**Medical Center Hospital
COVID-19 Base Inpatient Operational Plan:
Disease Management**



MCH COVID-19 Base Inpatient Operational Plan

Disease Management

Note: This base foundational plan will need adaptation in this rapidly changing pandemic; however, the Medical Staff must provide consistent leadership of the principles herein, in order to contain this disease.

Goals:

1. Prevent/limit healthcare provider (HCP) exposure through isolation and containment of those infected or presumed infected.
2. Prevent/limit exposure to patients who are not infected.
3. Conserve supplies of personal protective equipment (PPE) for those HCP most likely to be exposed. (prolonging stock until more is available)
4. Provide optimal patient care for those infected or presumed infected, as well as those not infected.
5. Track and identify community spread to better understand and screen patients in the current state of limited testing availability.

[Each process described herein, as well as those added in time will first begin with these goals.]

Risk-Level with Exposure:

Understanding the exposure risk begins by knowing the patients risk of having COVID-19. Working with patients positive on the questionnaire below (called a person under investigation, PUI) requires PPE (as long as available), but working with low risk patients does NOT. Exposure also depends on the proximity to the patient and contact with secretions.

The CDC questionnaire (likely will change) can be summarized into four categories, each of which must also be associated with symptoms of **cough, fever, shortness of breath**. Symptoms plus one of the following qualifies as PUI:

1. Travel to the high risk areas as listed by the CDC (as of 3/22/2020):
 - a. All international travel
 - b. Domestic travel to New York or California
2. Direct exposure to a known positive COVID-19 person.
3. People at high risk of mortality
 - a. Age >65
 - b. Comorbid illnesses (e.g. respiratory tract, heart disease)
 - c. Immune compromised
4. Those hospitalized and COVID-19 is suspected.

[Criteria may and have changed rapidly]

The first step of risk reduction is **PLACE A MASK ON THE PUI**, if available [this is a regular surgical mask to block the patients cough]. Once the PUI has a mask follow

Figure 1 to determine risk of acquiring the disease from an infected, or presumed infected, patient.

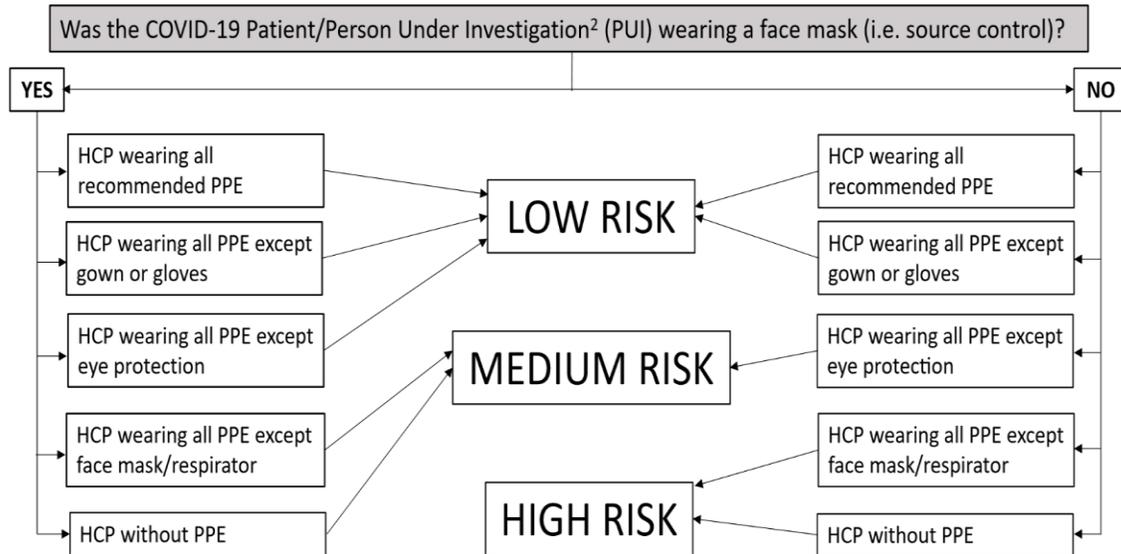


Figure 1: Risk level of acquiring COVID-19 when exposed.

Exposure, however, also requires close contact. Figure 2, defines the level of contact, as well as the definition of PUI.

Notes:

- ¹CLOSE CONTACT is defined as:
 - A. Being within approximately 6 feet of a person with COVID19 or PUI for a prolonged period of time (e.g. caring for the patient), OR
 - B. Having UNPROTECTED direct contact with infectious secretions/excretions of a COVID19 patient or PUI (e.g. being coughed on by a patient, touching contaminated tissues with ungloved hands)
- ²PERSON UNDER INVESTIGATION (PUI) is defined as an individual that meets criteria for COVID19 testing per current CDC guidelines

Figure 2: Close contact and PUI definitions. Prolonged exposure >15 minutes. Full PPE includes: N95, eye protection, gown, gloves.

Since no specific treatment exists for COVID-19 the primary approach must first be containment. Containment begins with triaging all patients and visitors who access MCH. Every access point MUST implement triage and the access points MUST be strictly controlled (some locked/removed). The following are a series of triage plans by access point.

Triage - Visitors

1. During this crisis NO VISITORS WILL BE ALLOWED with the exception of ONE person for the following patient exceptions:
 - a. Patient at End of Life
 - b. Patient unable to communicate (e.g. language, dementia, cognitive disability, altered mental status, etc)
 - c. Patient needing support after surgery/anesthesia.
 - d. Pediatrics patient (including NICU)
 - e. Obstetrics patient
2. Before ANY individual is allowed to visit he/she must additionally be screened for potential exposure to COVID-19 using the CDC screening questionnaire as described above. (If positive they MUST be denied entry)

Triage – Admissions: Pediatrics, Direct Admit, Transfers

1. ALL potential admissions (direct or transfer), except through the Emergency Department, MUST be directed to the Transfer Center for review and acceptance.
2. The Transfer Center will connect the caller to the Emergency Room physician, who will determine where to direct the patient (based on risk of being PUI).
 - a. If the patient is PUI the screener will direct the call to the 7th Floor PUI Unit physician (Texas Tech Family Medicine), who will determine admission to the CCU-PUI unit or 7th floor.
 - b. If the patient is NOT risk for COVID-19, the screener will direct the patient to the appropriate non-PUI unit physicians as appropriate and usual practice.
 - c. Facility/Dr. office will be advised to send patient with a mask on to the ED where they will be escorted to the appropriate floor
3. Respiratory related Pediatric admissions will be transferred from the ED if possible.

Triage – Emergency Department

Figure 3 pictorially describes the process of sorting patients who access MCH through the ED. The purpose of these processes is to direct PUI away from patients who are low risk for COVID. PUI patients will be directed to isolated PUI units. These PUI units will be set up with appropriate PPE, while other units will NOT require PPE as they will contain patient's low risk for COVID.

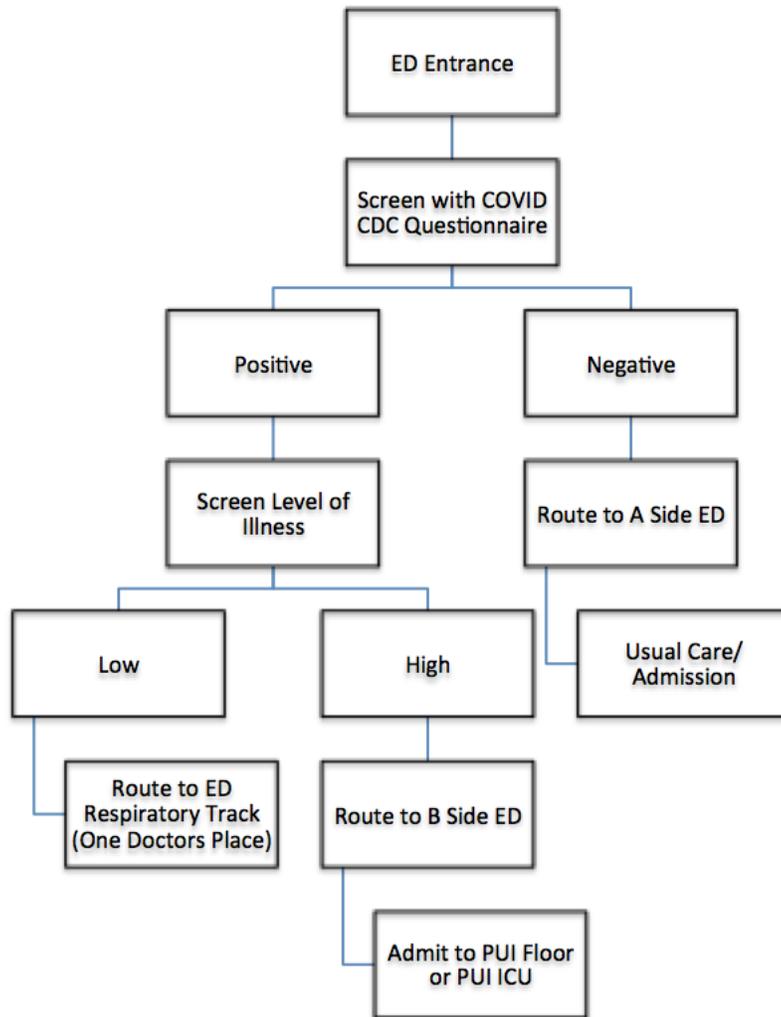


Figure 3 – Triage of PUI to specialized units, away from low risk COVID-19 patients. Negative COVID screen patients are low risk and can be treated usual care and usual PPE. A mask should be placed on ALL patients COVID screen positive.

For Obstetrical patients presenting to the **Emergency Room**

1. Patients presenting to the Emergency Room pregnant, at any gestation, with signs of a highly infectious disease with no other complaint related to the pregnancy will remain in the Emergency Room and will not be transferred to the Center for Women and Infants.
2. Patients presenting to the Emergency Room with a complaint related to their pregnancy and who have symptoms of a highly infectious disease may be transported to the Center for Women and Infants after they are triaged and a placement of either Postpartum or Labor & Delivery is determined to decrease the amount of exposure to well patients.

3. Transportation of these patients should require an appropriate mask and an appropriate elevator should be chosen to decrease the likelihood of transmission in hallways and to other personnel.
4. Patients presenting to the Emergency Room with no signs or symptoms of a highly infectious disease and have a pregnancy related complaint will be triaged and cared for according to the facilities guidelines and protocols.
5. The OB STAT guideline for imminent deliveries, critical, trauma, or unstable patients will continue to be utilized during this time.

Triage and operations for Labor and Delivery

1. ALL patients entering Labor and Delivery MUST be screened with the COVID-19 questionnaire at the point of entry to the first floor of the Center for Women and Infants.
2. Patients presenting with a positive screen for COVID-19 and in active labor, will be asked to don a mask and will be transported to the fourth floor labor and delivery and taken straight to 4108 or 4109.
3. Patients presenting to CWI with symptoms of the illness not in respiratory distress, and with no complaints related to their pregnancy they will be taken to the ED RT Fast-Track for evaluation.

Cesarean Sections

1. Cesareans, scheduled or non-emergent, one NRP certified NICU nurse or RT personnel will be utilized to help stabilize the newborn infant while other staff members await in the hallway if needed to preserve PPE.
2. The infant, if stable, will then be taken to the newborn nursery or handed off to awaiting nursery staff.
3. For C-sections for infants <36 weeks, emergent, fetal anomalies, or for infants experiencing fetal distress the NICU team will be contacted to attend the C-Section.
4. Staff will be expected to communicate between LD and NICU in regards to scheduling procedures and when they are going back to a C-section suite, to make sure all staff are ready and prepared in case they are needed.

DELIVERY OF CONFIRMED POSITIVE OR PUI PATIENTS IN L&D

1. Patients presenting to Labor and Delivery with a suspected highly infectious disease or are confirmed positive for the highly infectious disease will deliver in 4108, and will recover in 4137 or 4138 negative pressure rooms to decrease the risk of contamination of other areas.
 - 1 LD RN will be located outside the door in case of emergency able to don PPE quickly to enter the room.
 - 1 NICU RN or RT will also be awaiting outside the door prepared to help if the infant is in distress.

Surge Plan for deliveries:

In the event that MCHS Center for Women and Infants is presented with more than 4 patients under investigation for the disease or confirmed cases, the back of postpartum 4E will be closed and considered a containment zone. The fire doors at

4142 and 4129 will be closed to partition the unit leaving 13 available beds for confirmed cases of the disease or “persons under investigation.

2. For patients requiring a cesarean who are on airborne precautions should deliver in OR 2 in the main hospital which provides filtered air or negative pressure.
 - NICU attendance for cesarean deliveries will be attended by one NRP certified NICU personnel.
 - The patient will don a mask for transport to main OR 2. If the patient is on oxygen or is intubated a one-way filter will be provided to decrease transmission of the disease.
 - The CCU elevator on the 4th floor will be utilized to transport these patients to the Main OR.
 - A stocked radiant warmer will be kept in the main OR in the vent a delivery takes place.
 - Labor and delivery personnel needed for a Main OR delivery include:
 - LD RN
 - LD CRNA
 - LD Scrub Tech
 - LD Attending physician
 - NICU personnel as decided by infant status

Main OR will place a scrub tech on stand by for use by LD to cover the unit while the LD Scrub Tech is in the Main OR

OB STAT

In the event that an OB STAT is called the following staff will attend the code:

- One labor and delivery medical staff
- Labor and delivery charge nurse
- NICU Charge Nurse

Positive COVID-19 PATIENT TRANSFERRING TO CCU

1. In the event that a patient is in preterm labor and experiencing respiratory collapse an RT will be assigned to the LD RN caring for the patient to manage the airway until the labor is stopped and transfer to CCU can be initiated.
2. For any pregnant patient in respiratory failure transfer to CCU will be initiated in coordination with a critical care provider once delivered or as soon as possible. In the event that the patient transfers still pregnant and fetal monitoring is ordered, an LD nurse will be assigned to the critical care nurse.

Obstetrical Patient transferring from outside facility

All Transfer cases will be evaluated on a case by case basis.

1. For infants needing NICU admittance the RN at the receiving facility will screen the patient via phone with transferring facility to assess for symptoms of the infectious disease.
2. If the mother is a PUI or confirmed case the transfer will not be approved and a facility with a higher level of care will need to be chosen.
3. For mothers needing transfer from outside facility the RN and accepting physician will screen the patient via phone with the transferring facility to assess for transfer reason and symptoms of infectious disease.
4. If the patient is needing transfer solely because of infectious disease symptoms the transfer will not be accepted.

NICU Transport and Patient Acceptance

1. When a call from another facility is received for the acceptance of a neonatal transport the charge nurse will ask the referring facility the CDC recommended screening questions in relation to the mother.
2. If the mother has symptoms the transport will be turned down and referred to a larger hospital who can care for the baby with possible severe respiratory issues.
3. If the screening is negative the transport team will pick up the baby from the facility. Upon arrival back to the MCH NICU the infant will be placed in an isolation for a period of time determined by the Neonatologist.

Triage - Radiology

1. ALL patients entering Radiology MUST be screened with the COVID-19 questionnaire.
 - a. If the questionnaire is positive, mask the patient and don appropriate PPE.
 - b. If the questionnaire is negative, then proceed as usual.
2. NO VISITORS are allowed.
3. Elective procedures should be postponed if possible.

Movement of patients, staff, physicians and visitors throughout the facility MUST be controlled to avoid exposure to COVID-19 infected, or presumed infected, patients. The following provides instruction regarding elevator use and patient transport.

Elevators

1. The Central Tower elevators will be reserved for patient transport ONLY. Staff, physicians and visitors MUST be directed away from these 3 elevators cars.
 - a. The center elevator will be designated COVID-19 and will only be used for COVID-19 infected, or presumed infected, patients.
2. Staff, visitors and physicians MUST use the West Tower elevators or visitor elevators closest to the gift shop.

Movement of COVID-19 Patients

1. The patient should be covered, at least with a mask.
2. Transport personnel MUST wear appropriate PPE.
3. Use only the one designated elevator in the Central Tower.

With proper following of the triage system, patients in all other locations will be LOW RISK for COVID-19 and providers will NOT require PPE to prevent coronavirus exposure.

Personal Protective Equipment (PPE)

Other than usual use for procedures, all PPE will be directed to COVID-19 related care. The equipment will be centralized and directed to the PUI units. Each unit has a conservation plan.

7 Central

Critical Care Unit

Emergency Department

Obstetrics PUI

Surgery

Radiology

Transport

The PUI units will operate in a manner for minimal exposure to the HCP. Usual practices CANNOT be followed due to risk of exposure to COVID-19. ALL patients should be instructed to wear his/her designated mask when others are in the room.

The medical PUI units should limit to 3 people who have access to the patient's room (all others will be restricted, e.g. dietary, lab, etc):

Physician

1. One primary provider will care for multiple patients (blocked in a series of rooms), remaining suited in the same PPE for the entirety of his/her shift. This PPE will be saved and reused each day for a 7-day period.
2. Consultants: The one primary provider will contact consultants as needed. Consultants will be asked to provide guidance without an in person visit or via a virtual/video encounter as available.
3. One primary care provider will communicate directly with the critical care physician and emergency physician for PUI admissions and transfers.

Nurse

1. One nurse will be assigned to a block of patients (usually 6), remaining suited in the same PPE for the entirety of his/her shift. This PPE will be saved and reused each day for a 7-day period.
2. The one primary nurse will be responsible for lab draws.

Respiratory Therapy

1. One respiratory therapist will be assigned to a block of patients, remaining suited in the same PPE for the entirety of his/her shift. The PPE will be saved and reused each day for a 7-day period.

The PUI OB unit should limit to 3 people who have access to the patient's room. If possible two nurses and one physician should be assigned to the PUI unit to care for all patients, until they are unable to safely care for the patients.

The PUI ED unit will be located on Side B with similar limited staffing models. One physician, one respiratory therapist, and four nurses will man the unit and will conserve PPE.

The PUI Critical Care unit will first be located in the CCU (see below for capacity and expansion). PUI patient room access will also be limited to a physician and a nurse with further access as determined by the critical care physician. PPE will be conserved including reuse of PPE.

The PUI ED Respiratory Track will operate similarly to the medical unit described above.

Codes

Responders to codes in the PUI's MUST also be limited to ONLY necessary individuals. Codes on non-PUI units may proceed as usual. The Emergency Department and Critical Care units have a designated plan and no other personnel from outside of those areas should respond to the code. The following will respond to a code on the 7C PUI Unit:

1. Anesthesiologist (airway management)
2. PUI unit physician (run code)
3. Respiratory Therapist located on that floor and dedicated to this patients care.
4. The nurse designated to care for the patient (to administer meds).
5. One person to administer chest compressions.

[A recorder/nurse should remain outside the room passing meds and recording events]

Plan for Expansion of Care

1. Critical Care:
 - a. CCU will be dedicated as the COVID-19 PUI unit.
 - b. When CCU reaches capacity, critical COVID-19 patients will placed at Wheatley Stewart as below:
 - i. WSMP PACU 2nd Floor (capacity 18 bays)
 - ii. WSMP Pre-op 2nd Floor (capacity 12 bays)

- iii. WSMP OR (capacity 8 patients)
 - iv. PACU (capacity 12 patients)
 - v. Last resort ICU 2 (maintain first for non-PUI)
 - c. The procedures/practices and PPE use outlined above and defined within the CCU will be continued.
2. 7th Floor (7 Central):
- a. 7 Central will be dedicated as the COVID-19 PUI unit.
 - b. When 7 Central reaches capacity, stable COVID-19 patient will be placed on 8 Central.
 - c. The procedures/practices and PPE use outlined above and defined above will be continued.

Testing

Testing capabilities remain limited but are rapidly becoming more available. We propose continuing to use the existing CDC guidelines for identifying PUI and test those patients. Currently these will go through to the State lab in Lubbock.

Private lab testing capabilities are rapidly opening and we will be incorporating them for additional testing capacity. The same screening process to identify PUI will be used to get a test.

Testing will be used to direct patient flow within the hospital, as well as identify presence of the virus in the community.

Testing should occur at the Emergency Department when the patient meets the appropriate CDC criteria for risk. Testing can also be offered in the PUI units for direct transfers.

Free testing is offered through the Health Department and the process for approval must go through the Health Department. Private testing has become available and the Testing Subcommittee appointed by MEC will be invoked for approval, when necessary.

Transfer to Nursing Home

Prior to discharge to a nursing home the patient must be cleared of coronavirus. A negative test is required for patients who are a PUI as determined by the guidance above. A patient who is not PUI should be accepted back. However, the following form should be completed prior to the discharge and provided to the nursing home.

Hospital to Post-Acute Care Facility Transfer - COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:

Primary reason the patient was admitted to the hospital? _____

Patient Name: _____

Transferring Facility: _____ Accepting Facility: _____

Has patient been laboratory tested for COVID-19?

YES, Test Performed for COVID-19
Date of test: _____
Expected Date of Results (if still pending): _____

NO, test not performed because patient did not meet the CDC testing criteria. May transfer.

Travel/Exposure In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for COVID-19?
Dates of travel: _____ Date(s) of exposure: _____

Respiratory Signs/symptoms of a respiratory illness (cough, fever >99.6, shortness of breath, sore throat).

Negative test

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?
 YES NO/Not Applicable

Positive test

Does patient meet criteria outlined in CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?
 YES NO

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?
 YES NO

MAY NOT TRANSFER **MAY TRANSFER** **MAY NOT TRANSFER** **MAY TRANSFER**

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____



Form updated as of 3/20/20

Notes: _____

Echo Lab

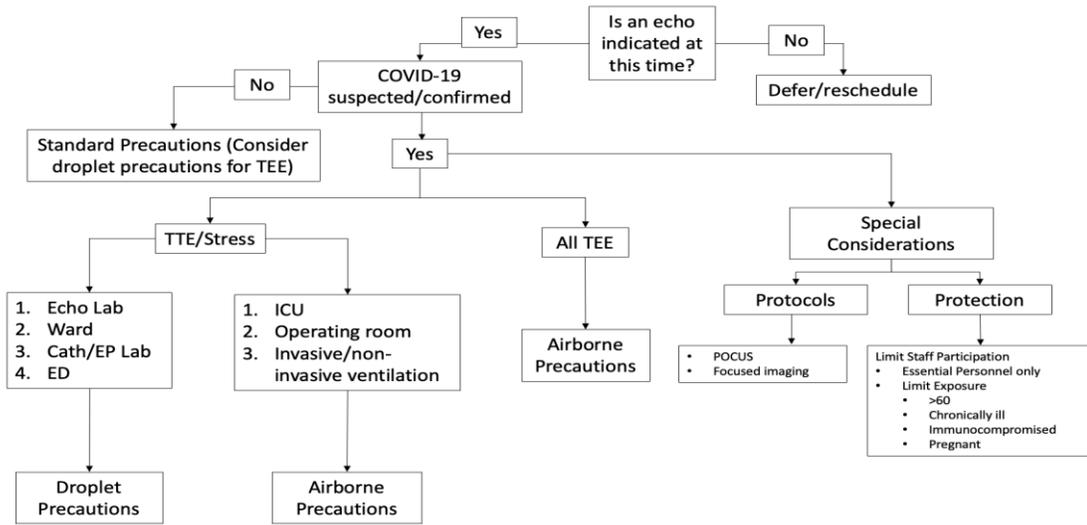
The following recommendations have been provided by Cardiology.

1. Identify and defer all elective exams.
2. Identify and perform only urgent / emergent exams.
3. Assess all patients for COVID-19 status:
 - a. None
 - b. Suspected
 - c. Confirmed

[ALL patients entering the hospital will be screened. Patients in none PUI units will be low risk for COVID]

4. Screen cancel and reschedule all patients in CVI with suspected / confirmed COVID-19 status.
5. TEE are high-risk procedures – defer whenever possible, perform in suspected / confirmed cases with airborne PPE precautions.
6. Limit exposure during exam in suspected / confirmed cases with limited problem-focused studies and guided when possible by prior or other diagnostic modalities.

Suggested algorithm for determining indication and level of protection



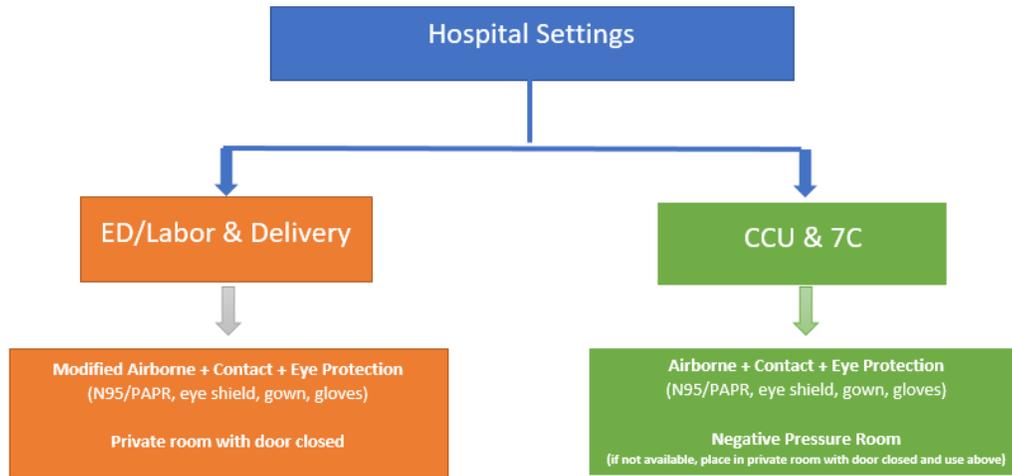
Precaution types and PPE

| | Hand washing | Gloves/double gloves | Isolation gown | Surgical mask | N-95 or N-99 mask | Face shield | PAPR system | Surgical cap | Shoe cover |
|------------------------|--------------|----------------------|----------------|---------------|-------------------|-------------|-------------|--------------|------------|
| Standard | X | X | | X | | | | | |
| Special Droplet | X | X | X | X* | X* | X | X | X | X |
| Airborne** | X | X | X | | X | X | X | X | X |

*Surgical mask may be used for droplet precautions in order to conserve N-95/N-99 respirators

**Patient location may determine level of protection (e.g. airborne precautions employed for all patients in the ICU setting)

Personal Protective Equipment (PPE) Patient Care for Suspected or Confirmed COVID-19



- Care Team entering the room should be limited to 1 Physician/Resident, 1 Nurse, and 1 Respiratory Therapist.
- Housekeeping will enter room daily for cleaning.
- Students and visitors are not to enter the room.
- Respirators and eye shields are to be reused per PPE Reuse and Extend Use protocol.
- Cluster care to minimize people entering room and PPE use:
 - Masks, respirators and eye shields can be worn between patients per the PPE Reuse and extended Use Protocol.



DATE: April 3, 2020

TO: Board of Directors
Ector County Hospital District

FROM: Steve Ewing
Senior Vice President / Chief Financial Officer

Subject: Financial Report for the month ended February 29, 2020

Attached are the Financial Statements for the month ended February 29, 2020 and a high level summary of the months activity.

Operating Results - Hospital Operations:

For the month ended January, the change in net position was a loss of \$2,881,142 comparing unfavorably to the budgeted gain of \$687,258 by 519.2% and unfavorably to the prior year gain of \$1,168,110 by 270.8%. Inpatient (I/P) revenue was below budget by \$4,697,226 or 8.2% driven primarily by decreased admissions, length of stay and patient acuity. Outpatient (O/P) revenue was below budget by \$2,033,726 or 4.4% due to decreased Emergency Department visits as well as decreased surgical and cath lab procedures. Net patient revenue was \$2,730,836 or 11.5% below the budget of \$23,792,895. Net operating revenue was \$26,859,617 or 12.5% below budget due to decreased sales tax receipts estimates by \$940,584.

Operating expenses for the month were below budget by \$477,397 due primarily to favorable supplies expense by \$1,091,200. OR supplies were favorable by \$378,709 due to decreased OR volumes; cath lab supplies were favorable \$220,621 due to decreased cath lab volume; and pharmacy expenses were favorable \$354,122 due to decreased drug costs. Major unfavorable variances include salaries, wages, and contract labor, benefits, physician fees, and purchased services. Salaries and wages combined with contract labor was unfavorable by \$71,912 due to multiple department staffing variances. Overall hospital staffing was 5.0 FTEs per adjusted occupied bed comparing unfavorable to the budget of 4.9 FTEs per adjusted occupied bed or 3% unfavorable to budget. Physician fees were unfavorable to budget due to \$222,904 in additional trauma staffing expense and \$77,400 in unbudgeted telemedicine fees. Unfavorable purchased services expense was driven primarily by \$436,707 in increased coding fees in HIM that was partially offset by \$155,090 in IT purchased services, \$47,022 in decreased administration consulting fees, and \$50,000 in decreased media placements.

Operating Results - ProCare (501a) Operations:

For the month of February the net loss from operations before capital contributions was \$2,201,199 compared to a budgeted loss of \$2,117,452. Net operating revenue was under budget by \$568,417 due to decreased office and procedure volume. Total operating expenses were under budget by \$485,149. The favorable expense variance was due to decreased staffing expenses caused by 27.8 fewer than budgeted FTEs.

Operating Results - Family Health Center Operations:

For the month of February the net gain or loss from operations by location:

- Clements: \$12,412 loss compared to a budgeted loss of \$50,202. Net revenue was unfavorable by \$23,382 due to decreased visits. Operating expenses were \$61,013 favorable to budget due primarily to a decreased physician salary allocation from ProCare.
- West University: \$133,981 loss compared to a budgeted loss of \$171,217. Net revenue was favorable by \$25,256. Operating costs were favorable by \$3,287.

Blended Operating Results - Ector County Hospital District:

The Change in Net Position for the month of February was a deficit of \$2,881,142 comparing unfavorably to a budgeted surplus of \$687,258 and unfavorably to the prior year surplus of \$1,687,110. On a year-to-date basis the Change in Net Position is a deficit of \$11,942,346 comparing unfavorably to a budgeted surplus of \$473,856 and unfavorably to the prior year surplus of \$4,347,377.

Volume:

Total admissions for the month were 1,123 or 7.6% below budget and 1.8% below last year. Year-to-date admissions were 6,005 comparing unfavorably to budget by 1.9% and favorable to prior year by 2.7%. Patient days for the month were 5,354 or 10.9% below budget and 0.5% below last year. Year-to-date patient days were 27,499 or 7.7% below budget and 2.5% below last year. Due to the preceding, total average length of stay (ALOS) was 4.77 for the month and 4.58 year-to-date. Observation days were above budget by 18.6% and above prior year by 43.9%.

Emergency room visits for the month were 4,288 resulting in a decrease compared to budget of 6.4% and a decrease compared to last year of 6.4%. On a year-to-date basis, emergency room visits were 23,846 or 1.3% above budget and 2.4% above prior year. Total O/P occasions of service for the month were 1.2% above budget for the month and 3.3% below last year. Year-to-date O/P occasions of service were 128,473 or 4.6% above budget and 3.3% above last year.

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
FEBRUARY 2020**

| | CURRENT MONTH | | | | | YEAR-TO-DATE | | | | |
|--|---------------|---------------|---------------|---------------|--------------|---------------|---------------|--------------|---------------|--------------|
| | ACTUAL | BUDGET | | PRIOR YEAR | | ACTUAL | BUDGET | | PRIOR YEAR | |
| | | AMOUNT | VAR.% | AMOUNT | VAR.% | | AMOUNT | VAR.% | AMOUNT | VAR.% |
| Hospital InPatient Admissions | | | | | | | | | | |
| Acute / Adult | 1,083 | 1,189 | -8.9% | 1,116 | -3.0% | 5,854 | 5,979 | -2.1% | 5,691 | 2.9% |
| Neonatal ICU (NICU) | 40 | 27 | 48.1% | 28 | 42.9% | 151 | 144 | 4.9% | 155 | -2.6% |
| Total Admissions | 1,123 | 1,216 | -7.6% | 1,144 | -1.8% | 6,005 | 6,123 | -1.9% | 5,846 | 2.7% |
| Patient Days | | | | | | | | | | |
| Adult & Pediatric | 4,197 | 4,620 | -9.2% | 4,101 | 2.3% | 21,169 | 22,720 | -6.8% | 21,246 | -0.4% |
| ICU | 399 | 446 | -10.5% | 378 | 5.6% | 1,886 | 2,213 | -14.8% | 2,094 | -9.9% |
| CCU | 364 | 447 | -18.6% | 368 | -1.1% | 1,925 | 2,214 | -13.1% | 2,097 | -8.2% |
| NICU | 394 | 497 | -20.7% | 532 | -25.9% | 2,519 | 2,651 | -5.0% | 2,758 | -8.7% |
| Total Patient Days | 5,354 | 6,010 | -10.9% | 5,379 | -0.5% | 27,499 | 29,798 | -7.7% | 28,195 | -2.5% |
| Observation (Obs) Days | 870 | 733 | 18.6% | 604 | 43.9% | 4,361 | 3,847 | 13.4% | 3,853 | 13.2% |
| Nursery Days | 259 | 253 | 2.4% | 279 | -7.2% | 1,475 | 1,329 | 11.0% | 1,271 | 16.1% |
| Total Occupied Beds / Bassinets | 6,483 | 6,996 | -7.3% | 6,262 | 3.5% | 33,335 | 34,974 | -4.7% | 33,319 | 0.0% |
| Average Length of Stay (ALOS) | | | | | | | | | | |
| Acute / Adult & Pediatric | 4.58 | 4.64 | -1.2% | 4.34 | 5.4% | 4.27 | 4.54 | -6.0% | 4.47 | -4.5% |
| NICU | 9.85 | 18.41 | -46.5% | 19.00 | -48.2% | 16.68 | 18.41 | -9.4% | 17.79 | -6.2% |
| Total ALOS | 4.77 | 4.94 | -3.5% | 4.70 | 1.4% | 4.58 | 4.87 | -5.9% | 4.82 | -5.1% |
| Acute / Adult & Pediatric w/o OB | 5.24 | | | 5.24 | -0.1% | 5.06 | | | 5.31 | -4.7% |
| Average Daily Census | 184.6 | 207.2 | -10.9% | 192.1 | -3.9% | 180.9 | 196.0 | -7.7% | 186.7 | -3.1% |
| Hospital Case Mix Index (CMI) | 1.6031 | 1.6240 | -1.3% | 1.5660 | 2.4% | 1.5663 | 1.5712 | -0.3% | 1.5604 | 0.4% |
| Medicare | | | | | | | | | | |
| Admissions | 407 | 473 | -14.0% | 443 | -8.1% | 2,153 | 2,371 | -9.2% | 2,251 | -4.4% |
| Patient Days | 2,129 | 2,472 | -13.9% | 2,189 | -2.7% | 10,319 | 12,173 | -15.2% | 11,359 | -9.2% |
| Average Length of Stay | 5.23 | 5.23 | 0.1% | 4.94 | 5.9% | 4.79 | 5.13 | -6.6% | 5.05 | -5.0% |
| Case Mix Index | 1.8197 | | | 1.7456 | 4.2% | 1.8059 | | | 1.7235 | 4.8% |
| Medicaid | | | | | | | | | | |
| Admissions | 132 | 153 | -13.7% | 155 | -14.8% | 732 | 771 | -5.1% | 771 | -5.1% |
| Patient Days | 631 | 834 | -24.3% | 865 | -27.1% | 3,649 | 4,204 | -13.2% | 4,213 | -13.4% |
| Average Length of Stay | 4.78 | 5.45 | -12.3% | 5.58 | -14.3% | 4.98 | 5.45 | -8.6% | 5.46 | -8.8% |
| Case Mix Index | 1.2219 | | | 1.1383 | 7.3% | 1.1071 | | | 1.1963 | -7.5% |
| Commercial | | | | | | | | | | |
| Admissions | 305 | 336 | -9.2% | 328 | -7.0% | 1,639 | 1,698 | -3.5% | 1,631 | 0.5% |
| Patient Days | 1,349 | 1,458 | -7.5% | 1,345 | 0.3% | 7,008 | 7,236 | -3.2% | 6,965 | 0.6% |
| Average Length of Stay | 4.42 | 4.34 | 1.9% | 4.10 | 7.9% | 4.28 | 4.26 | 0.3% | 4.27 | 0.1% |
| Case Mix Index | 1.5522 | | | 1.4862 | 4.4% | 1.4771 | | | 1.5165 | -2.6% |
| Self Pay | | | | | | | | | | |
| Admissions | 249 | 232 | 7.3% | 200 | 24.5% | 1,336 | 1,171 | 14.1% | 1,085 | 23.1% |
| Patient Days | 1,090 | 1,114 | -2.2% | 887 | 22.9% | 5,723 | 5,523 | 3.6% | 5,105 | 12.1% |
| Average Length of Stay | 4.38 | 4.80 | -8.8% | 4.44 | -1.3% | 4.28 | 4.72 | -9.2% | 4.71 | -9.0% |
| Case Mix Index | 1.4269 | | | 1.5018 | -5.0% | 1.4447 | | | 1.4639 | -1.3% |
| All Other | | | | | | | | | | |
| Admissions | 30 | 22 | 36.4% | 18 | 66.7% | 145 | 112 | 29.5% | 108 | 34.3% |
| Patient Days | 155 | 112 | 38.4% | 93 | 66.7% | 800 | 562 | 42.3% | 553 | 44.7% |
| Average Length of Stay | 5.17 | 5.09 | 1.5% | 5.17 | 0.0% | 5.52 | 5.02 | 10.0% | 5.12 | 7.8% |
| Case Mix Index | 2.0680 | | | 2.3778 | -13.0% | 2.0586 | | | 2.0165 | 2.1% |
| Radiology | | | | | | | | | | |
| InPatient | 4,274 | 4,759 | -10.2% | 3,983 | 7.3% | 21,937 | 23,600 | -7.0% | 22,471 | -2.4% |
| OutPatient | 7,314 | 7,458 | -1.9% | 7,367 | -0.7% | 41,160 | | 0.0% | 38,477 | 7.0% |
| Cath Lab | | | | | | | | | | |
| InPatient | 530 | 565 | -6.2% | 508 | 4.3% | 2,491 | 2,802 | -11.1% | 2,815 | -11.5% |
| OutPatient | 524 | 591 | -11.3% | 704 | -25.6% | 2,764 | 3,060 | -9.7% | 3,071 | -10.0% |
| Laboratory | | | | | | | | | | |
| InPatient | 69,427 | 76,579 | -9.3% | 66,565 | 4.3% | 354,043 | 379,682 | -6.8% | 356,996 | -0.8% |
| OutPatient | 61,259 | 57,150 | 7.2% | 59,371 | 3.2% | 316,780 | 295,915 | 7.1% | 292,488 | 8.3% |
| Other | | | | | | | | | | |
| Deliveries | 162 | 156 | 3.8% | 167 | -3.0% | 882 | 819 | 7.7% | 794 | 11.1% |
| Surgical Cases | | | | | | | | | | |
| InPatient | 258 | 299 | -13.7% | 245 | 5.3% | 1,402 | 1,502 | -6.7% | 1,445 | -3.0% |
| OutPatient | 497 | 522 | -4.8% | 565 | -12.0% | 2,688 | 2,703 | -0.6% | 2,763 | -2.7% |
| Total Surgical Cases | 755 | 821 | -8.0% | 810 | -6.8% | 4,090 | 4,205 | -2.7% | 4,208 | -2.8% |
| GI Procedures (Endo) | | | | | | | | | | |
| InPatient | 160 | 160 | 0.0% | 118 | 35.6% | 833 | 792 | 5.2% | 721 | 15.5% |
| OutPatient | 247 | 219 | 12.8% | 200 | 23.5% | 1,314 | 1,136 | 15.7% | 1,087 | 20.9% |
| Total GI Procedures | 407 | 379 | 7.4% | 318 | 28.0% | 2,147 | 1,928 | 11.4% | 1,808 | 18.8% |

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
FEBRUARY 2020**

| | CURRENT MONTH | | | | | YEAR-TO-DATE | | | | |
|---|----------------|----------------|---------------|----------------|---------------|----------------|----------------|---------------|----------------|---------------|
| | ACTUAL | BUDGET | | PRIOR YEAR | | ACTUAL | BUDGET | | PRIOR YEAR | |
| | | AMOUNT | VAR. % | AMOUNT | VAR. % | | AMOUNT | VAR. % | AMOUNT | VAR. % |
| OutPatient (O/P) | | | | | | | | | | |
| Emergency Room Visits | 4,288 | 4,582 | -6.4% | 4,579 | -6.4% | 23,846 | 23,544 | 1.3% | 23,285 | 2.4% |
| Observation Days | 870 | 733 | 18.6% | 604 | 43.9% | 4,361 | 3,847 | 13.4% | 3,853 | 13.2% |
| Other O/P Occasions of Service | 18,879 | 18,443 | 2.4% | 19,682 | -4.1% | 100,266 | 95,473 | 5.0% | 97,273 | 3.1% |
| Total O/P Occasions of Svc. | 24,037 | 23,758 | 1.2% | 24,865 | -3.3% | 128,473 | 122,864 | 4.6% | 124,411 | 3.3% |
| Hospital Operations | | | | | | | | | | |
| Manhours Paid | 272,045 | 302,698 | -10.1% | 255,281 | 6.6% | 1,406,012 | 1,508,785 | -6.8% | 1,347,763 | 4.3% |
| FTE's | 1,641.6 | 1,826.6 | -10.1% | 1,595.5 | 2.9% | 1,618.8 | 1,737.1 | -6.8% | 1,562.0 | 3.6% |
| Adjusted Patient Days | 9,887 | 10,785 | -8.3% | 10,286 | -3.9% | 52,071 | 54,311 | -4.1% | 52,200 | -0.2% |
| Hours / Adjusted Patient Day | 27.51 | 28.07 | -2.0% | 24.82 | 10.9% | 27.00 | 27.78 | -2.8% | 25.82 | 4.6% |
| Occupancy - Actual Beds | 52.9% | 59.4% | -10.9% | 55.0% | -3.9% | 51.8% | 56.2% | -7.7% | 53.5% | -3.1% |
| FTE's / Adjusted Occupied Bed | 4.8 | 4.9 | -2.0% | 4.3 | 10.9% | 4.7 | 4.9 | -2.8% | 4.5 | 4.6% |
| InPatient Rehab Unit | | | | | | | | | | |
| Admissions | 27 | 43 | -37.2% | 43 | -37.2% | 169 | 223 | -24.2% | 224 | -24.6% |
| Patient Days | 309 | 524 | -41.0% | 514 | -39.9% | 2,196 | 2,719 | -19.2% | 2,672 | -17.8% |
| Average Length of Stay | 11.4 | 12.2 | -6.1% | 12.0 | -4.3% | 13.0 | 12.2 | 6.6% | 11.9 | 8.9% |
| Manhours Paid | 6,480 | 8,373 | -22.6% | 6,492 | -0.2% | 38,856 | 42,644 | -8.9% | 26,167 | 48.5% |
| FTE's | 39.1 | 50.5 | -22.6% | 40.6 | -3.6% | 44.7 | 49.1 | -8.9% | 30.3 | 47.5% |
| Center for Primary Care - Clemons | | | | | | | | | | |
| Total Medical Visits | 917 | 1,139 | -19.5% | 1,425 | -35.6% | 5,008 | 5,900 | -15.1% | 6,059 | -17.3% |
| Total Dental Visits | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| Manhours Paid | 3,005 | 4,086 | -26.5% | 3,572 | -15.9% | 15,606 | 21,158 | -26.2% | 19,311 | -19.2% |
| FTE's | 18.1 | 24.7 | -26.5% | 22.3 | -18.8% | 18.0 | 24.4 | -26.2% | 22.4 | -19.7% |
| Center for Primary Care - West University | | | | | | | | | | |
| Total Medical Visits | 566 | 440 | 28.6% | 363 | 55.9% | 2,660 | 2,279 | 16.7% | 2,755 | -3.4% |
| Total Optometry | - | - | 0.0% | 119 | -100.0% | - | - | 0.0% | 1,115 | -100.0% |
| Manhours Paid | 1,515 | 1,532 | -1.1% | 1,506 | 0.6% | 7,822 | 7,935 | -1.4% | 7,930 | -1.4% |
| FTE's | 9.1 | 9.2 | -1.1% | 9.4 | -2.9% | 9.0 | 9.1 | -1.4% | 9.2 | -2.0% |
| Total ECHD Operations | | | | | | | | | | |
| Total Admissions | 1,150 | 1,259 | -8.7% | 1,187 | -3.1% | 6,174 | 6,346 | -2.7% | 6,070 | 1.7% |
| Total Patient Days | 5,663 | 6,534 | -13.3% | 5,893 | -3.9% | 29,695 | 32,517 | -8.7% | 30,867 | -3.8% |
| Total Patient and Obs Days | 6,533 | 7,267 | -10.1% | 6,497 | 0.5% | 34,056 | 36,364 | -6.3% | 34,720 | -1.9% |
| Total FTE's | 1,705.5 | 1,911.1 | -10.8% | 1,667.8 | 2.3% | 1,690.4 | 1,819.7 | -7.1% | 1,623.9 | 4.1% |
| FTE's / Adjusted Occupied Bed | 4.7 | 4.7 | 0.1% | 4.1 | 14.1% | 4.6 | 4.7 | -3.7% | 4.3 | 6.5% |
| Total Adjusted Patient Days | 10,458 | 11,725 | -10.8% | 11,268 | -7.2% | 56,235 | 58,298 | -3.5% | 57,156 | -1.6% |
| Hours / Adjusted Patient Day | 27.03 | 27.01 | 0.1% | 23.68 | 14.1% | 26.11 | 27.11 | -3.7% | 24.51 | 6.5% |
| Outpatient Factor | 1.8467 | 1.7945 | 2.9% | 1.9122 | -3.4% | 1.8940 | 1.8232 | 3.9% | 1.8517 | 2.3% |
| Blended O/P Factor | 2.0557 | 2.0630 | -0.4% | 2.1381 | -3.9% | 2.1023 | 2.0249 | 3.8% | 2.0594 | 2.1% |
| Total Adjusted Admissions | 2,124 | 2,259 | -6.0% | 2,270 | -6.4% | 11,699 | 11,570 | 1.1% | 11,240 | 4.1% |
| Hours / Adjusted Admission | 133.08 | 140.17 | -5.1% | 117.57 | 13.2% | 125.50 | 136.60 | -8.1% | 124.66 | 0.7% |
| FTE's - Hospital Contract | 38.4 | 17.9 | 114.2% | 43.3 | -11.4% | 40.5 | 17.1 | 137.5% | 47.5 | -14.7% |
| FTE's - Mgmt Services | 74.9 | 50.1 | 49.5% | 66.6 | 12.5% | 71.4 | 50.1 | 42.5% | 67.3 | 6.1% |
| Total FTE's (including Contract) | 1,818.8 | 1,979.1 | -8.1% | 1,777.8 | 2.3% | 1,802.4 | 1,886.9 | -4.5% | 1,738.7 | 3.7% |
| Total FTE'S per Adjusted Occupied Bed (including Contract) | 5.0 | 4.9 | 3.0% | 4.4 | 14.2% | 4.9 | 4.9 | -1.0% | 4.6 | 6.1% |
| ProCare FTEs | 212.9 | 240.7 | -11.5% | 212.6 | 0.1% | 208.9 | 240.7 | -13.2% | 216.1 | -3.3% |
| Total System FTEs | 2,031.7 | 2,219.8 | -8.5% | 1,990.4 | 2.1% | 2,011.3 | 2,127.6 | -5.5% | 1,954.8 | 2.9% |
| Urgent Care Visits | | | | | | | | | | |
| JBS Clinic | 1,011 | 1,080 | -6.4% | 1,257 | -19.6% | 5,367 | 5,356 | 0.2% | 5,354 | 0.2% |
| West University | 776 | 680 | 14.1% | 880 | -11.8% | 3,345 | 3,369 | -0.7% | 3,514 | -4.8% |
| 42nd Street | 731 | 741 | -1.3% | 971 | -24.7% | 3,896 | 3,676 | 6.0% | 3,880 | 0.4% |
| Total Urgent Care Visits | 2,518 | 2,501 | 0.7% | 3,108 | -19.0% | 12,608 | 12,401 | 1.7% | 12,748 | -1.1% |
| Wal-Mart Clinic Visits | | | | | | | | | | |
| East Clinic | 423 | 600 | -29.5% | 600 | -29.5% | 2,226 | 2,769 | -19.6% | 2,631 | -15.4% |
| West Clinic | 400 | 556 | -28.1% | 556 | -28.1% | 2,115 | 2,042 | 3.6% | 1,986 | 6.5% |
| Total Wal-Mart Visits | 823 | 1,156 | -28.8% | 1,156 | -28.8% | 4,341 | 4,811 | -9.8% | 4,617 | -6.0% |

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
FEBRUARY 2020**

| | HOSPITAL | PRO CARE | ECTOR COUNTY HOSPITAL DISTRICT |
|---|-----------------------|---------------------|---|
| ASSETS | | | |
| CURRENT ASSETS: | | | |
| Cash and Cash Equivalents | \$ 15,159,584 | \$ 4,750 | \$ 15,164,334 |
| Investments | 44,305,171 | - | 44,305,171 |
| Patient Accounts Receivable - Gross | 226,921,376 | 28,999,292 | 255,920,668 |
| Less: 3rd Party Allowances | (81,771,816) | (7,594,184) | (89,366,000) |
| Bad Debt Allowance | (107,122,198) | (14,325,319) | (121,447,516) |
| Net Patient Accounts Receivable | 38,027,362 | 7,079,790 | 45,107,151 |
| Taxes Receivable | 8,662,896 | - | 8,662,896 |
| Accounts Receivable - Other | 16,077,317 | 42,165 | 16,119,482 |
| Inventories | 6,814,930 | 366,358 | 7,181,287 |
| Prepaid Expenses | 3,056,399 | 111,273 | 3,167,672 |
| Total Current Assets | 132,103,658 | 7,604,335 | 139,707,994 |
| CAPITAL ASSETS: | | | |
| Property and Equipment | 473,219,310 | 467,364 | 473,686,674 |
| Construction in Progress | 1,620,624 | - | 1,620,624 |
| | 474,839,934 | 467,364 | 475,307,298 |
| Less: Accumulated Depreciation and Amortization | (298,386,382) | (316,205) | (298,702,587) |
| Total Capital Assets | 176,453,552 | 151,159 | 176,604,711 |
| INTANGIBLE ASSETS / GOODWILL - NET | 862 | 14,481 | 15,343 |
| RESTRICTED ASSETS: | | | |
| Restricted Assets Held by Trustee | 5,291,503 | - | 5,291,503 |
| Restricted Assets Held in Endowment | 6,309,163 | - | 6,309,163 |
| Restricted TPC, LLC | 522,753 | - | 522,753 |
| Restricted MCH West Texas Services | 2,288,659 | - | 2,288,659 |
| Pension, Deferred Outflows of Resources | 33,175,595 | - | 33,175,595 |
| Assets whose use is Limited | - | 45,787 | 45,787 |
| TOTAL ASSETS | \$ 356,145,744 | \$ 7,815,762 | \$ 363,961,506 |
| LIABILITIES AND FUND BALANCE | | | |
| CURRENT LIABILITIES: | | | |
| Current Maturities of Long-Term Debt | \$ 3,374,284 | \$ - | \$ 3,374,284 |
| Self-Insurance Liability - Current Portion | 3,179,304 | - | 3,179,304 |
| Accounts Payable | 26,260,483 | 2,681,564 | 28,942,047 |
| A/R Credit Balances | 4,411,809 | - | 4,411,809 |
| Accrued Interest | 1,280,160 | - | 1,280,160 |
| Accrued Salaries and Wages | 7,354,931 | 4,711,516 | 12,066,447 |
| Accrued Compensated Absences | 3,953,033 | - | 3,953,033 |
| Due to Third Party Payors | 2,370,675 | - | 2,370,675 |
| Deferred Revenue | 7,024,302 | 455,513 | 7,479,815 |
| Total Current Liabilities | 59,208,981 | 7,848,592 | 67,057,574 |
| ACCRUED POST RETIREMENT BENEFITS | 85,062,701 | - | 85,062,701 |
| SELF-INSURANCE LIABILITIES - Less Current Portion | 2,037,980 | - | 2,037,980 |
| LONG-TERM DEBT - Less Current Maturities | 39,798,254 | - | 39,798,254 |
| Total Liabilities | 186,107,916 | 7,848,592 | 193,956,509 |
| FUND BALANCE | 170,037,828 | (32,831) | 170,004,997 |
| TOTAL LIABILITIES AND FUND BALANCE | \$ 356,145,744 | \$ 7,815,762 | \$ 363,961,506 |

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
FEBRUARY 2020**

| | CURRENT YEAR | PRIOR FISCAL YEAR END | | CURRENT YEAR CHANGE |
|---|-----------------------|-----------------------|---------------------|---------------------------|
| | | HOSPITAL AUDITED | PRO CARE AUDITED | |
| ASSETS | | | | |
| CURRENT ASSETS: | | | | |
| Cash and Cash Equivalents | \$ 15,164,334 | \$ 21,730,607 | \$ 4,700 | \$ (6,570,974) |
| Investments | 44,305,171 | 44,279,715 | - | 25,456 |
| Patient Accounts Receivable - Gross | 255,920,668 | 212,208,742 | 24,246,718 | 19,465,208 |
| Less: 3rd Party Allowances | (89,366,000) | (94,255,751) | (4,149,301) | 9,039,052 |
| Bad Debt Allowance | <u>(121,447,516)</u> | <u>(83,274,566)</u> | <u>(14,155,859)</u> | <u>(24,017,091)</u> |
| Net Patient Accounts Receivable | 45,107,151 | 34,678,425 | 5,941,558 | 4,487,169 |
| Taxes Receivable | 8,662,896 | 9,069,806 | - | (406,910) |
| Accounts Receivable - Other | 16,119,482 | 12,414,472 | 45,727 | 3,659,283 |
| Inventories | 7,181,287 | 6,802,054 | 356,733 | 22,501 |
| Prepaid Expenses | <u>3,167,672</u> | <u>3,227,470</u> | <u>211,520</u> | <u>(271,318)</u> |
| Total Current Assets | <u>139,707,994</u> | <u>132,202,550</u> | <u>6,560,237</u> | <u>945,206</u> |
| CAPITAL ASSETS: | | | | |
| Property and Equipment | 473,686,674 | 469,803,260 | 467,364 | 3,416,050 |
| Construction in Progress | <u>1,620,624</u> | <u>870,112</u> | <u>-</u> | <u>750,512</u> |
| | 475,307,298 | 470,673,371 | 467,364 | 4,166,562 |
| Less: Accumulated Depreciation and Amortization | <u>(298,702,587)</u> | <u>(290,984,763)</u> | <u>(304,223)</u> | <u>(7,413,601)</u> |
| Total Capital Assets | <u>176,604,711</u> | <u>179,688,608</u> | <u>163,141</u> | <u>(3,247,039)</u> |
| INTANGIBLE ASSETS / GOODWILL - NET | 15,343 | 5,174 | 66,358 | (56,189) |
| RESTRICTED ASSETS: | | | | |
| Restricted Assets Held by Trustee | 5,291,503 | 3,849,297 | - | 1,442,206 |
| Restricted Assets Held in Endowment | 6,309,163 | 6,285,946 | - | 23,217 |
| Restricted TPC, LLC | 522,753 | 522,753 | - | - |
| Restricted MCH West Texas Services | 2,288,659 | 2,232,525 | - | 56,134 |
| Pension, Deferred Outflows of Resources | 33,175,595 | 33,175,595 | - | - |
| Assets whose use is Limited | <u>45,787</u> | <u>-</u> | <u>29,000</u> | <u>16,786</u> |
| TOTAL ASSETS | <u>\$ 363,961,506</u> | <u>\$ 357,962,448</u> | <u>\$ 6,818,736</u> | <u>\$ (819,678)</u> |
| LIABILITIES AND FUND BALANCE | | | | |
| CURRENT LIABILITIES: | | | | |
| Current Maturities of Long-Term Debt | \$ 3,374,284 | \$ 4,655,041 | \$ - | \$ (1,280,757) |
| Self-Insurance Liability - Current Portion | 3,179,304 | 3,179,304 | - | - |
| Accounts Payable | 28,942,047 | 24,068,706 | 435,734 | 4,437,607 |
| A/R Credit Balances | 4,411,809 | 4,964,667 | - | (552,858) |
| Accrued Interest | 1,280,160 | 41,791 | - | 1,238,369 |
| Accrued Salaries and Wages | 12,066,447 | 7,972,237 | 5,882,159 | (1,787,949) |
| Accrued Compensated Absences | 3,953,033 | 3,848,446 | - | 104,587 |
| Due to Third Party Payors | 2,370,675 | 2,717,814 | - | (347,138) |
| Deferred Revenue | <u>7,479,815</u> | <u>348,543</u> | <u>533,674</u> | <u>6,597,597</u> |
| Total Current Liabilities | <u>67,057,573.61</u> | <u>51,796,549.11</u> | <u>6,851,567</u> | <u>8,409,457</u> |
| ACCRUED POST RETIREMENT BENEFITS | 85,062,701 | 82,062,701 | - | 3,000,000 |
| SELF-INSURANCE LIABILITIES - Less Current Portion | 2,037,980 | 2,037,980 | - | - |
| LONG-TERM DEBT - Less Current Maturities | 39,798,254 | 40,085,043 | - | (286,789) |
| Total Liabilities | <u>193,956,509</u> | <u>175,982,273</u> | <u>6,851,567</u> | <u>11,122,668</u> |
| FUND BALANCE | <u>170,004,997</u> | <u>181,980,174</u> | <u>(32,831)</u> | <u>(11,942,346)</u> |
| TOTAL LIABILITIES AND FUND BALANCE | <u>\$ 363,961,506</u> | <u>\$ 357,962,448</u> | <u>\$ 6,818,736</u> | <u>\$ (819,678)</u> |

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 52,268,507 | \$ 56,965,733 | -8.2% | \$ 49,349,201 | 5.9% | \$ 265,320,169 | \$ 285,520,019 | -7.1% | \$ 269,237,517 | -1.5% |
| Outpatient Revenue | 55,177,905 | 57,694,517 | -4.4% | 56,165,650 | -1.8% | 292,455,133 | 292,619,235 | -0.1% | 285,223,432 | 2.5% |
| TOTAL PATIENT REVENUE | \$ 107,446,412 | \$ 114,660,250 | -6.3% | \$ 105,514,851 | 1.8% | \$ 557,775,302 | \$ 578,139,254 | -3.5% | \$ 554,460,949 | 0.6% |
| <u>DEDUCTIONS FROM REVENUE</u> | | | | | | | | | | |
| Contractual Adjustments | \$ 64,639,045 | \$ 67,596,887 | -4.4% | \$ 60,963,119 | 6.0% | \$ 312,627,781 | \$ 340,841,885 | -8.3% | \$ 342,440,292 | -8.7% |
| Policy Adjustments | 1,186,288 | 1,534,961 | -22.7% | 1,218,002 | -2.6% | 6,170,422 | 7,680,621 | -19.7% | 12,194,202 | -49.4% |
| Uninsured Discount | 10,621,084 | 7,938,565 | 33.8% | 21,287,166 | -50.1% | 54,623,440 | 40,232,454 | 35.8% | 43,958,057 | 24.3% |
| Indigent | 1,895,051 | 1,552,287 | 22.1% | 1,208,388 | 56.8% | 7,324,667 | 7,821,961 | -6.4% | 8,366,142 | -12.4% |
| Provision for Bad Debts | 6,444,579 | 9,852,737 | -34.6% | (2,696,801) | -339.0% | 59,795,303 | 49,680,122 | 20.4% | 26,129,375 | 128.8% |
| TOTAL REVENUE DEDUCTIONS | \$ 84,786,048 | \$ 88,475,437 | -4.2% | \$ 81,979,873 | 3.4% | \$ 440,541,613 | \$ 446,257,043 | -1.3% | \$ 433,088,068 | 1.7% |
| | 78.91% | 77.16% | | 77.70% | | 78.98% | 77.19% | | 78.11% | |
| <u>OTHER PATIENT REVENUE</u> | | | | | | | | | | |
| Medicaid Supplemental Payments | \$ 1,191,390 | \$ 960,141 | 24.1% | \$ 865,393 | 37.7% | \$ 5,956,952 | 4,800,705 | 24.1% | \$ 4,326,963 | 37.7% |
| DSRIP | 479,459 | 479,459 | 0.0% | 971,658 | -50.7% | 2,397,295 | 2,397,295 | 0.0% | 4,858,290 | -50.7% |
| Medicaid Meaningful Use Subsidy | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| Medicare Meaningful Use Subsidy | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| TOTAL OTHER PATIENT REVENUE | \$ 1,670,849 | \$ 1,439,600 | 16.1% | \$ 1,837,051 | -9.0% | \$ 8,354,247 | \$ 7,198,000 | 16.1% | \$ 9,185,253 | -9.0% |
| NET PATIENT REVENUE | \$ 24,331,213 | \$ 27,624,413 | -11.9% | \$ 25,372,028 | -4.1% | \$ 125,587,935 | \$ 139,080,211 | -9.7% | \$ 130,558,133 | -3.8% |
| <u>OTHER REVENUE</u> | | | | | | | | | | |
| Tax Revenue | \$ 5,136,258 | \$ 6,076,842 | -15.5% | \$ 6,027,816 | -14.8% | \$ 27,432,339 | \$ 28,683,668 | -4.4% | \$ 30,147,108 | -9.0% |
| Other Revenue | 835,013 | 1,003,753 | -16.8% | 822,209 | 1.6% | 4,244,349 | 4,626,239 | -8.3% | 4,154,338 | 2.2% |
| TOTAL OTHER REVENUE | \$ 5,971,271 | \$ 7,080,595 | -15.7% | \$ 6,849,845 | -12.8% | \$ 31,676,687 | \$ 33,309,907 | -4.9% | \$ 34,301,446 | -7.7% |
| NET OPERATING REVENUE | \$ 30,302,484 | \$ 34,705,008 | -12.7% | \$ 32,221,873 | -6.0% | \$ 157,264,623 | \$ 172,390,118 | -8.8% | \$ 164,859,579 | -4.6% |
| <u>OPERATING EXPENSES</u> | | | | | | | | | | |
| Salaries and Wages | \$ 13,635,020 | \$ 14,033,829 | -2.8% | \$ 12,882,647 | 5.8% | \$ 68,627,983 | \$ 69,738,054 | -1.6% | \$ 65,216,608 | 5.2% |
| Benefits | 3,265,284 | 2,954,561 | 10.5% | 2,459,967 | 32.7% | 15,416,400 | 15,151,964 | 1.7% | 14,947,970 | 3.1% |
| Temporary Labor | 983,737 | 962,374 | 2.2% | 920,787 | 6.8% | 5,675,872 | 4,809,956 | 18.0% | 5,209,976 | 8.9% |
| Physician Fees | 1,533,417 | 1,152,267 | 33.1% | 1,126,726 | 36.1% | 7,248,821 | 5,915,431 | 22.5% | 5,556,044 | 30.5% |
| Texas Tech Support | 1,026,740 | 1,083,333 | -5.2% | 999,260 | 2.8% | 5,059,025 | 5,416,665 | -6.6% | 4,959,658 | 2.0% |
| Purchased Services | 5,069,765 | 4,944,439 | 2.5% | 4,199,829 | 20.7% | 25,554,257 | 25,726,412 | -0.7% | 22,611,218 | 13.0% |
| Supplies | 4,187,422 | 5,281,523 | -20.7% | 4,564,273 | -8.3% | 24,232,443 | 26,625,004 | -9.0% | 24,722,646 | -2.0% |
| Utilities | 297,995 | 356,539 | -16.4% | 339,279 | -12.2% | 1,633,150 | 1,836,684 | -11.1% | 1,604,459 | 1.8% |
| Repairs and Maintenance | 683,476 | 752,432 | -9.2% | 859,739 | -20.5% | 3,653,345 | 3,764,735 | -3.0% | 4,229,165 | -13.6% |
| Leases and Rent | 206,452 | 117,612 | 75.5% | 120,943 | 70.7% | 749,955 | 588,055 | 27.5% | 611,299 | 22.7% |
| Insurance | 150,194 | 183,914 | -18.3% | 117,342 | 28.0% | 752,565 | 918,507 | -18.1% | 632,640 | 19.0% |
| Interest Expense | 260,427 | 248,058 | 5.0% | 248,582 | 4.8% | 1,237,745 | 1,246,397 | -0.7% | 1,293,940 | -4.3% |
| ECHDA | 294,146 | 279,009 | 5.4% | 304,256 | -3.3% | 1,478,878 | 1,395,045 | 6.0% | 1,476,907 | 0.1% |
| Other Expense | 195,003 | 401,735 | -51.5% | 158,590 | 23.0% | 1,084,074 | 2,092,738 | -48.2% | 749,879 | 44.6% |
| TOTAL OPERATING EXPENSES | \$ 31,789,079 | \$ 32,751,625 | -2.9% | \$ 29,302,219 | 8.5% | \$ 162,404,512 | \$ 165,225,647 | -1.7% | \$ 153,822,407 | 5.6% |
| Depreciation/Amortization | \$ 1,523,952 | \$ 1,504,191 | 1.3% | \$ 1,564,441 | -2.6% | \$ 7,695,063 | \$ 7,880,945 | -2.4% | \$ 8,081,051 | -4.8% |
| (Gain) Loss on Sale of Assets | - | - | 0.0% | 4,931 | -100.0% | 7,009 | - | 0.0% | 7,935 | -11.7% |
| TOTAL OPERATING COSTS | \$ 33,313,031 | \$ 34,255,816 | -2.8% | \$ 30,871,590 | 7.9% | \$ 170,106,583 | \$ 173,106,592 | -1.7% | \$ 161,911,393 | 5.1% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (3,010,547) | \$ 449,192 | 770.2% | \$ 1,350,282 | 323.0% | \$ (12,841,961) | \$ (716,474) | 1692.4% | \$ 2,948,186 | -535.6% |
| Operating Margin | -9.93% | 1.29% | -867.6% | 4.19% | -337.1% | -8.17% | -0.42% | 1864.8% | 1.79% | -556.6% |
| <u>NONOPERATING REVENUE/EXPENSE</u> | | | | | | | | | | |
| Interest Income | \$ 7,978 | \$ 84,831 | -90.6% | \$ 262,224 | -97.0% | \$ 401,164 | \$ 424,155 | -5.4% | \$ 593,086 | -32.4% |
| Tobacco Settlement | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | - |
| Trauma Funds | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| Donations | - | 20,833 | -100.0% | - | - | - | 104,165 | -100.0% | 300,260 | -100.0% |
| Build America Bonds Subsidy | 78,770 | 79,277 | -0.6% | 70,637 | 11.5% | 390,500 | 396,385 | -1.5% | 408,290 | -4.4% |
| CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY | \$ (2,923,800) | \$ 634,133 | -561.1% | \$ 1,683,143 | -273.7% | \$ (12,050,297) | \$ 208,231 | -5887.0% | \$ 4,249,822 | -383.5% |
| Unrealized Gain/(Loss) on Investments | \$ 34,230 | \$ (6,622) | 0.0% | \$ - | - | \$ 51,812 | \$ (33,110) | 0.0% | \$ 30,157 | 71.8% |
| Investment in Subsidiaries | 8,429 | 59,747 | -85.9% | 3,967 | 112.5% | 56,139 | 298,735 | -81.2% | 67,398 | -16.7% |
| CHANGE IN NET POSITION | \$ (2,881,142) | \$ 687,258 | -519.2% | \$ 1,687,110 | -270.8% | \$ (11,942,346) | \$ 473,856 | 2620.2% | \$ 4,347,377 | -374.7% |

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
FEBRUARY 2020**

| | CURRENT MONTH | | | | | YEAR TO DATE | | | | |
|---|--------------------|-----------------------|----------------|----------------------|----------------|------------------------|-----------------------|-----------------|-----------------------|----------------|
| | ACTUAL | BUDGET | BUDGET VAR | PRIOR YR | PRIOR YR VAR | ACTUAL | BUDGET | BUDGET VAR | PRIOR YR | PRIOR YR VAR |
| PATIENT REVENUE | | | | | | | | | | |
| Inpatient Revenue | 52,268,507 | \$ 56,965,733 | -8.2% | \$ 49,349,201 | 5.9% | \$ 265,320,169 | \$ 285,520,019 | -7.1% | \$ 269,237,517 | -1.5% |
| Outpatient Revenue | 44,256,538 | 46,290,264 | -4.4% | 45,014,771 | -1.7% | 237,195,940 | 235,026,716 | 0.9% | 229,306,257 | 3.4% |
| TOTAL PATIENT REVENUE | 96,525,046 | \$ 103,255,997 | -6.5% | \$ 94,363,972 | 2.3% | \$ 502,516,109 | \$ 520,546,735 | -3.5% | \$ 498,543,774 | 0.8% |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| Contractual Adjustments | 60,401,723 | \$ 61,954,606 | -2.5% | \$ 54,515,018 | 10.8% | \$ 288,241,994 | \$ 312,326,867 | -7.7% | \$ 315,276,531 | -8.6% |
| Policy Adjustments | 72,297 | 238,683 | -69.7% | 464,545 | -84.4% | 547,805 | 1,127,623 | -51.4% | 1,487,355 | -63.2% |
| Uninsured Discount | 9,917,617 | 7,609,123 | 30.3% | 20,576,238 | -51.8% | 50,397,811 | 38,558,591 | 30.7% | 41,568,495 | 21.2% |
| Indigent Care | 1,843,824 | 1,540,642 | 19.7% | 1,198,042 | 53.9% | 7,106,059 | 7,766,875 | -8.5% | 8,293,733 | -14.3% |
| Provision for Bad Debts | 4,898,374 | 9,559,648 | -48.8% | (2,967,639) | -265.1% | 55,528,900 | 48,193,264 | 15.2% | 27,172,465 | 104.4% |
| TOTAL REVENUE DEDUCTIONS | 77,133,836 | \$ 80,902,702 | -4.7% | \$ 73,786,204 | 4.5% | \$ 401,822,569 | \$ 407,973,220 | -1.5% | \$ 393,798,578 | 2.0% |
| | 79.91% | 78.35% | | 78.19% | | 79.96% | 78.37% | | 78.99% | |
| OTHER PATIENT REVENUE | | | | | | | | | | |
| Medicaid Supplemental Payments | 1,191,390 | \$ 960,141 | 24.1% | \$ (9,608) | -12500.6% | \$ 5,956,952 | \$ 4,800,705 | 24.1% | \$ (48,038) | -12500.6% |
| DSRIP | 479,459 | 479,459 | 0.0% | 971,658 | -50.7% | 2,397,295 | 2,397,295 | 0.0% | 4,858,290 | -50.7% |
| Medicaid Meaningful Use Subsidy | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| Medicare Meaningful Use Subsidy | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| TOTAL OTHER PATIENT REVENUE | 1,670,849 | \$ 1,439,600 | 16.1% | \$ 962,051 | 73.7% | \$ 8,354,247 | \$ 7,198,000 | 16.1% | \$ 4,810,253 | 73.7% |
| NET PATIENT REVENUE | 21,062,059 | \$ 23,792,895 | -11.5% | \$ 21,539,819 | -2.2% | \$ 109,047,786 | \$ 119,771,515 | -9.0% | \$ 109,555,448 | -0.5% |
| OTHER REVENUE | | | | | | | | | | |
| Tax Revenue | 5,136,258 | \$ 6,076,842 | -15.5% | \$ 6,027,816 | -14.8% | \$ 27,432,339 | \$ 28,683,668 | -4.4% | \$ 30,147,108 | -9.0% |
| Other Revenue | 661,299 | 823,986 | -19.7% | 684,852 | -3.4% | 3,271,904 | 3,682,802 | -11.2% | 3,339,898 | -2.0% |
| TOTAL OTHER REVENUE | 5,797,557 | \$ 6,900,828 | -16.0% | \$ 6,712,668 | -13.6% | \$ 30,704,242 | \$ 32,366,470 | -5.1% | \$ 33,487,006 | -8.3% |
| NET OPERATING REVENUE | 26,859,617 | \$ 30,693,723 | -12.5% | \$ 28,252,487 | -4.9% | \$ 139,752,028 | \$ 152,137,985 | -8.1% | \$ 143,042,454 | -2.3% |
| OPERATING EXPENSE | | | | | | | | | | |
| Salaries and Wages | 9,681,979 | \$ 9,926,915 | -2.5% | \$ 9,129,863 | 6.0% | \$ 49,608,931 | \$ 49,683,549 | -0.2% | \$ 46,474,367 | 6.7% |
| Benefits | 2,862,260 | 2,519,266 | 13.6% | 2,054,349 | 39.3% | 13,398,148 | 13,074,923 | 2.5% | 12,872,353 | 4.1% |
| Temporary Labor | 514,011 | 197,163 | 160.7% | 468,966 | 9.6% | 2,819,229 | 983,901 | 186.5% | 2,611,954 | 7.9% |
| Physician Fees | 1,302,178 | 986,881 | 31.9% | 976,016 | 33.4% | 6,173,803 | 5,060,895 | 22.0% | 4,775,454 | 29.3% |
| Texas Tech Support | 1,026,740 | 1,083,333 | -5.2% | 999,260 | 2.8% | 5,059,025 | 5,416,665 | -6.6% | 4,959,658 | 2.0% |
| Purchased Services | 4,914,259 | 4,734,533 | 3.8% | 4,056,956 | 21.1% | 24,624,285 | 24,297,339 | 1.3% | 21,494,830 | 14.6% |
| Supplies | 4,044,045 | 5,135,245 | -21.2% | 4,375,517 | -7.6% | 23,551,564 | 25,892,907 | -9.0% | 23,961,855 | -1.7% |
| Utilities | 295,059 | 353,554 | -16.5% | 335,072 | -11.9% | 1,616,617 | 1,821,734 | -11.3% | 1,585,531 | 2.0% |
| Repairs and Maintenance | 682,994 | 751,526 | -9.1% | 858,423 | -20.4% | 3,651,932 | 3,760,205 | -2.9% | 4,227,532 | -13.6% |
| Leases and Rentals | 40,587 | (51,246) | -179.2% | (52,229) | -177.7% | (89,483) | (256,230) | -65.1% | (260,081) | -65.6% |
| Insurance | 100,816 | 134,783 | -25.2% | 68,660 | 46.8% | 513,316 | 673,915 | -23.8% | 389,513 | 31.8% |
| Interest Expense | 260,427 | 248,058 | 5.0% | 248,582 | 4.8% | 1,237,745 | 1,246,397 | -0.7% | 1,293,940 | -4.3% |
| ECHDA | 294,146 | 279,009 | 5.4% | 304,256 | -3.3% | 1,478,878 | 1,395,045 | 6.0% | 1,476,907 | 0.1% |
| Other Expense | 144,074 | 341,952 | -57.9% | 75,241 | 91.5% | 790,473 | 1,714,460 | -53.9% | 428,973 | 84.3% |
| TOTAL OPERATING EXPENSES | 26,163,576 | \$ 26,640,972 | -1.8% | \$ 23,898,931 | 9.5% | \$ 134,434,463 | \$ 134,765,705 | -0.2% | \$ 126,292,786 | 6.4% |
| Depreciation/Amortization | 1,505,389 | \$ 1,486,107 | 1.3% | \$ 1,544,835 | -2.6% | \$ 7,604,209 | \$ 7,789,075 | -2.4% | \$ 7,980,818 | -4.7% |
| (Gain)/Loss on Disposal of Assets | - | - | 0.0% | 4,931 | -100.0% | 877 | - | 100.0% | 7,935 | -89.0% |
| TOTAL OPERATING COSTS | 27,668,965 | \$ 28,127,079 | -1.6% | \$ 25,448,696 | 8.7% | \$ 142,039,549 | \$ 142,554,780 | -0.4% | \$ 134,281,539 | 5.8% |
| NET GAIN (LOSS) FROM OPERATIONS | (809,348) | \$ 2,566,644 | -131.5% | \$ 2,803,790 | 128.9% | \$ (2,287,520) | \$ 9,583,205 | -123.9% | \$ 8,760,915 | -126.1% |
| Operating Margin | -3.01% | 8.36% | -136.0% | 9.92% | -130.4% | -1.64% | 6.30% | -126.0% | 6.12% | -126.7% |
| NONOPERATING REVENUE/EXPENSE | | | | | | | | | | |
| Interest Income | 7,978 | \$ 84,831 | -90.6% | \$ 262,224 | -97.0% | \$ 401,164 | \$ 424,155 | -5.4% | \$ 593,086 | -32.4% |
| Tobacco Settlement | - | - | 0.0% | - | 0.0% | - | - | - | - | 0.0% |
| Trauma Funds | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| Donations | - | 20,833 | -100.0% | - | 0.0% | - | 104,165 | -100.0% | 300,260 | -100.0% |
| Build America Bonds Subsidy | 78,770 | 79,277 | -0.6% | 70,637 | 11.5% | 390,500 | 396,385 | -1.5% | 408,290 | -4.4% |
| CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION | (722,601) | \$ 2,751,585 | -126.3% | \$ 3,136,651 | -123.0% | \$ (1,495,856) | \$ 10,507,910 | -114.2% | \$ 10,062,551 | -114.9% |
| Procure Capital Contribution | (2,201,199) | (2,117,452) | 4.0% | (1,453,508) | 51.4% | (10,554,440) | (10,299,679) | 2.5% | (5,812,729) | 81.6% |
| CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY | (2,923,800) | \$ 634,133 | -561.1% | \$ 1,683,143 | -273.7% | \$ (12,050,296) | \$ 208,231 | -5887.0% | \$ 4,249,822 | -383.5% |
| Unrealized Gain/(Loss) on Investments | 34,230 | \$ (6,622) | -616.9% | \$ - | 0.0% | \$ 51,812 | \$ (33,110) | -256.5% | \$ 30,157 | 71.8% |
| Investment in Subsidiaries | 8,429 | 59,747 | -85.9% | 3,967 | 112.5% | 56,139 | 298,735 | -81.2% | 67,398 | -16.7% |
| CHANGE IN NET POSITION | (2,881,142) | \$ 687,258 | -519.2% | \$ 1,687,110 | -270.8% | \$ (11,942,346) | \$ 473,856 | 2620.2% | \$ 4,347,377 | -374.7% |

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 10,921,367 | \$ 11,404,253 | -4.2% | \$ 11,150,879 | -2.1% | \$ 55,259,193 | \$ 57,592,519 | -4.1% | \$ 55,917,175 | -1.2% |
| TOTAL PATIENT REVENUE | \$ 10,921,367 | \$ 11,404,253 | -4.2% | \$ 11,150,879 | -2.1% | \$ 55,259,193 | \$ 57,592,519 | -4.1% | \$ 55,917,175 | -1.2% |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| Contractual Adjustments | \$ 4,237,322 | \$ 5,642,281 | -24.9% | \$ 6,448,101 | -34.3% | \$ 24,385,787 | \$ 28,515,018 | -14.5% | \$ 27,163,761 | -10.2% |
| Policy Adjustments | 1,113,991 | 1,296,278 | -14.1% | 753,457 | 47.9% | 5,622,617 | 6,552,998 | -14.2% | 10,706,848 | -47.5% |
| Uninsured Discount | 703,467 | 329,442 | 113.5% | 710,929 | -1.0% | 4,225,629 | 1,673,863 | 152.4% | 2,389,562 | 76.8% |
| Indigent | 51,226 | 11,645 | 339.9% | 10,347 | 395.1% | 218,608 | 55,086 | 296.8% | 72,410 | 201.9% |
| Provision for Bad Debts | 1,546,205 | 293,089 | 427.6% | 270,837 | 470.9% | 4,266,402 | 1,486,858 | 186.9% | (1,043,091) | -509.0% |
| TOTAL REVENUE DEDUCTIONS | \$ 7,652,212 | \$ 7,572,735 | 1.0% | \$ 8,193,670 | -6.6% | \$ 38,719,044 | \$ 38,283,823 | 1.1% | \$ 39,289,490 | -1.5% |
| | 70.07% | 66.40% | | 73.48% | | 70.07% | 66.47% | | 70.22% | |
| Medicaid Supplemental Payments | \$ - | \$ - | | \$ 875,000 | -100.0% | - | - | | \$ 4,375,000 | -100.0% |
| NET PATIENT REVENUE | \$ 3,269,154 | \$ 3,831,518 | -14.7% | \$ 3,832,209 | -14.7% | \$ 16,540,149 | \$ 19,308,696 | -14.3% | \$ 21,002,685 | -21.2% |
| | | | | | | 29.9% | | | | |
| OTHER REVENUE | | | | | | | | | | |
| Other Income | \$ 173,714 | \$ 179,767 | -3.4% | \$ 137,177 | 26.6% | \$ 972,445 | \$ 943,437 | 3.1% | \$ 814,440 | 19.4% |
| TOTAL OTHER REVENUE | | | | | | | | | | |
| NET OPERATING REVENUE | \$ 3,442,868 | \$ 4,011,285 | -14.2% | \$ 3,969,386 | -13.3% | \$ 17,512,594 | \$ 20,252,133 | -13.5% | \$ 21,817,125 | -19.7% |
| OPERATING EXPENSE | | | | | | | | | | |
| Salaries and Wages | \$ 3,953,041 | \$ 4,106,914 | -3.7% | \$ 3,752,784 | 5.3% | \$ 19,019,052 | \$ 20,054,505 | -5.2% | \$ 18,742,241 | 1.5% |
| Benefits | 403,024 | 435,295 | -7.4% | 405,619 | -0.6% | 2,018,252 | 2,077,041 | -2.8% | 2,075,617 | -2.8% |
| Temporary Labor | 469,726 | 765,211 | -38.6% | 451,821 | 4.0% | 2,856,643 | 3,826,055 | -25.3% | 2,598,022 | 10.0% |
| Physician Fees | 231,239 | 165,386 | 39.8% | 150,710 | 53.4% | 1,075,018 | 854,536 | 25.8% | 780,590 | 37.7% |
| Purchased Services | 155,506 | 209,906 | -25.9% | 142,872 | 8.8% | 929,972 | 1,429,073 | -34.9% | 1,116,388 | -16.7% |
| Supplies | 143,377 | 146,278 | -2.0% | 188,756 | -24.0% | 680,879 | 732,097 | -7.0% | 760,791 | -10.5% |
| Utilities | 2,936 | 2,985 | -1.6% | 4,207 | -30.2% | 16,533 | 14,950 | 10.6% | 18,928 | -12.7% |
| Repairs and Maintenance | 483 | 906 | -46.7% | 1,316 | -63.3% | 1,413 | 4,530 | -68.8% | 1,634 | -13.5% |
| Leases and Rentals | 165,865 | 168,858 | -1.8% | 173,172 | -4.2% | 839,438 | 844,285 | -0.6% | 871,379 | -3.7% |
| Insurance | 49,378 | 49,131 | 0.5% | 48,682 | 1.4% | 239,249 | 244,592 | -2.2% | 243,127 | -1.6% |
| Other Expense | 50,929 | 59,783 | -14.8% | 83,349 | -38.9% | 293,602 | 378,278 | -22.4% | 320,906 | -8.5% |
| TOTAL OPERATING EXPENSES | \$ 5,625,504 | \$ 6,110,653 | -7.9% | \$ 5,403,288 | 4.1% | \$ 27,970,049 | \$ 30,459,942 | -8.2% | \$ 27,529,621 | 1.6% |
| Depreciation/Amortization | \$ 18,563 | \$ 18,084 | 2.6% | \$ 19,606 | -5.3% | \$ 90,854 | \$ 91,870 | -1.1% | \$ 100,232 | -9.4% |
| (Gain)/Loss on Sale of Assets | - | - | 0.0% | - | 0.0% | 6,132 | - | 0.0% | - | 0.0% |
| TOTAL OPERATING COSTS | \$ 5,644,066 | \$ 6,128,737 | -7.9% | \$ 5,422,894 | 4.1% | \$ 28,067,035 | \$ 30,551,812 | -8.1% | \$ 27,629,854 | 1.6% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (2,201,199) | \$ (2,117,452) | -4.0% | \$ (1,453,508) | 51.4% | \$ (10,554,441) | \$ (10,299,679) | -2.5% | \$ (5,812,729) | -81.6% |
| Operating Margin | -63.94% | -52.79% | 21.1% | -36.62% | 74.6% | -60.27% | -50.86% | 18.5% | -26.64% | 126.2% |
| MCH Contribution | \$ 2,201,199 | \$ 2,117,452 | 4.0% | \$ 1,453,508 | 51.4% | \$ 10,554,441 | \$ 10,299,679 | 2.5% | \$ 5,812,729 | 81.6% |
| CAPITAL CONTRIBUTION | \$ - | \$ - | 0.0% | \$ - | 0.0% | \$ - | \$ - | 0.0% | \$ - | 0.0% |

MONTHLY STATISTICAL REPORT

| | CURRENT MONTH | | | | YEAR TO DATE | | | | | |
|----------------------------|---------------|--------|---------|--------|--------------|--------|--------|---------|--------|--------|
| | | | | | | | | | | |
| Total Office Visits | 9,486 | 10,190 | -6.91% | 10,229 | -7.26% | 49,006 | 49,467 | -0.93% | 50,133 | -2.25% |
| Total Hospital Visits | 5,694 | 4,716 | 20.74% | 5,125 | 11.10% | 27,661 | 24,257 | 14.03% | 26,105 | 5.96% |
| Total Procedures | 10,703 | 11,023 | -2.90% | 11,254 | -4.90% | 58,946 | 54,796 | 7.57% | 60,254 | -2.17% |
| Total Surgeries | 838 | 818 | 2.44% | 903 | -7.20% | 4,424 | 4,002 | 10.54% | 4,347 | 1.77% |
| Total Provider FTE's | 82.4 | 91.4 | -9.85% | 85.0 | -3.06% | 80.5 | 91.4 | -11.95% | 84.6 | -4.82% |
| Total Staff FTE's | 117.7 | 136.3 | -13.65% | 117.0 | 0.60% | 116.4 | 136.3 | -14.61% | 119.0 | -2.23% |
| Total Administrative FTE's | 12.8 | 13.0 | -1.54% | 10.6 | 20.75% | 12.0 | 13.0 | -7.38% | 12.5 | -3.68% |
| Total FTE's | 212.9 | 240.7 | -11.55% | 212.6 | 0.14% | 208.9 | 240.7 | -13.21% | 216.1 | -3.33% |

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 325,160 | \$ 434,887 | -25.2% | \$ 563,039 | -42.2% | \$ 1,790,741 | \$ 2,251,998 | -20.5% | \$ 2,261,473 | -20.8% |
| TOTAL PATIENT REVENUE | \$ 325,160 | \$ 434,887 | -25.2% | \$ 563,039 | -42.2% | \$ 1,790,741 | \$ 2,251,998 | -20.5% | \$ 2,261,473 | -20.8% |
| <u>DEDUCTIONS FROM REVENUE</u> | | | | | | | | | | |
| Contractual Adjustments | \$ 187,919 | \$ 32,430 | 479.5% | \$ 125,909 | 49.3% | \$ 329,436 | \$ 163,490 | 101.5% | \$ 202,534 | 62.7% |
| Self Pay Adjustments | 63,419 | 6,768 | 837.0% | 22,702 | 179.3% | 114,056 | 34,118 | 234.3% | 38,223 | 198.4% |
| Bad Debts | (47,091) | 205,728 | -122.9% | 105,319 | -144.7% | 531,517 | 1,037,142 | -48.8% | 775,818 | -31.5% |
| TOTAL REVENUE DEDUCTIONS | \$ 204,247 | \$ 244,926 | -16.6% | \$ 253,930 | -19.6% | \$ 975,009 | \$ 1,234,750 | -21.0% | \$ 1,016,575 | -4.1% |
| | 62.8% | 56.3% | | 45.1% | | 54.4% | 54.8% | | 45.0% | |
| NET PATIENT REVENUE | \$ 120,912 | \$ 189,961 | -36.3% | \$ 309,109 | -60.9% | \$ 815,732 | \$ 1,017,248 | -19.8% | \$ 1,244,898 | -34.5% |
| <u>OTHER REVENUE</u> | | | | | | | | | | |
| FHC Other Revenue | \$ 53,513 | \$ 7,846 | 0.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 0.0% | \$ 66,820 | 101.8% |
| TOTAL OTHER REVENUE | \$ 53,513 | \$ 7,846 | 582.0% | \$ 12,127 | 341.3% | \$ 134,843 | \$ 39,230 | 243.7% | \$ 66,820 | 101.8% |
| NET OPERATING REVENUE | \$ 174,425 | \$ 197,807 | -11.8% | \$ 321,236 | -45.7% | \$ 950,575 | \$ 1,056,478 | -10.0% | \$ 1,311,717 | -27.5% |
| <u>OPERATING EXPENSE</u> | | | | | | | | | | |
| Salaries and Wages | \$ 72,278 | \$ 89,832 | -19.5% | \$ 80,769 | -10.5% | \$ 373,788 | \$ 465,184 | -19.6% | \$ 429,572 | -13.0% |
| Benefits | 21,367 | 22,798 | -6.3% | 18,174 | 17.6% | 100,951 | 122,420 | -17.5% | 118,982 | -15.2% |
| Physician Services | 73,716 | 109,377 | -32.6% | 96,077 | -23.3% | 387,502 | 566,392 | -31.6% | 486,083 | -20.3% |
| Cost of Drugs Sold | 5,841 | 8,606 | -32.1% | 7,096 | -17.7% | 37,023 | 44,564 | -16.9% | 23,979 | 54.4% |
| Supplies | 4,047 | 5,791 | -30.1% | 5,084 | -20.4% | 24,220 | 29,609 | -18.2% | 23,416 | 3.4% |
| Utilities | 2,783 | 2,608 | 6.7% | 4,959 | -43.9% | 13,816 | 14,351 | -3.7% | 15,607 | -11.5% |
| Repairs and Maintenance | 625 | 1,892 | -67.0% | 625 | 0.0% | 3,050 | 9,460 | -67.8% | 4,161 | -26.7% |
| Leases and Rentals | 473 | 391 | 21.0% | 411 | 15.1% | 2,344 | 1,955 | 19.9% | 2,176 | 7.8% |
| Other Expense | 1,000 | 1,848 | -45.9% | 1,392 | -28.2% | 8,092 | 9,240 | -12.4% | 8,398 | -3.6% |
| TOTAL OPERATING EXPENSES | \$ 182,130 | \$ 243,143 | -25.1% | \$ 214,586 | -15.1% | \$ 950,787 | \$ 1,263,175 | -24.7% | \$ 1,112,375 | -14.5% |
| Depreciation/Amortization | \$ 4,707 | \$ 4,866 | -3.3% | \$ 5,121 | -8.1% | \$ 23,646 | \$ 25,509 | -7.3% | \$ 25,605 | -7.7% |
| TOTAL OPERATING COSTS | \$ 186,837 | \$ 248,009 | -24.7% | \$ 219,707 | -15.0% | \$ 974,433 | \$ 1,288,684 | -24.4% | \$ 1,137,980 | -14.4% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (12,412) | \$ (50,202) | -75.3% | \$ 101,529 | -112.2% | \$ (23,857) | \$ (232,206) | -89.7% | \$ 173,738 | -113.7% |
| Operating Margin | -7.12% | -25.38% | -72.0% | 31.61% | -122.5% | -2.51% | -21.98% | -88.6% | 13.25% | -118.9% |

| | CURRENT MONTH | | | | | YEAR TO DATE | | | | |
|-------------------------------------|---------------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|
| | | | | | | | | | | |
| Medical Visits | 917 | 1,139 | -19.5% | 1,425 | -35.6% | 5,008 | 5,900 | -15.1% | | 0.0% |
| Average Revenue per Office Visit | 354.59 | 381.81 | -7.1% | 395.12 | -10.3% | 357.58 | 381.69 | -6.3% | 373.24 | -4.2% |
| Hospital FTE's (Salaries and Wages) | 18.1 | 24.7 | -26.5% | 22.3 | -18.8% | 18.0 | 24.4 | -26.2% | 22.4 | -19.7% |

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
FEBRUARY 2020**

| | 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 | \$ 207,013 | \$ 147,959 | 39.9% | \$ 138,455 | 49.5% | \$ 1,001,532 | \$ 766,361 | 30.7% | \$ 1,246,129 | -19.6% |
| TOTAL PATIENT REVENUE | \$ 207,013 | \$ 147,959 | 39.9% | \$ 138,455 | 49.5% | \$ 1,001,532 | \$ 766,361 | 30.7% | \$ 1,246,129 | -19.6% |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| Contractual Adjustments | \$ (11,224) | \$ (47,974) | -76.6% | \$ (27,123) | -58.6% | \$ 229,913 | \$ (241,853) | -195.1% | \$ (84,286) | -372.8% |
| Self Pay Adjustments | 41,221 | (7,613) | -64.5% | (6,917) | -696.0% | 70,803 | (38,379) | -284.5% | (26,191) | -370.3% |
| Bad Debts | 176,983 | 228,768 | -22.6% | 116,975 | 51.3% | 407,739 | 1,153,292 | -64.6% | 858,411 | -52.5% |
| TOTAL REVENUE DEDUCTIONS | \$ 206,979 | \$ 173,181 | 19.5% | \$ 82,935 | 149.6% | \$ 708,455 | \$ 873,060 | -18.9% | \$ 747,934 | -5.3% |
| | 99.98% | 117.05% | | 59.90% | | 70.74% | 113.92% | | 60.02% | |
| NET PATIENT REVENUE | \$ 34 | \$ (25,222) | -100.1% | \$ 55,520 | -99.9% | \$ 293,077 | \$ (106,699) | -374.7% | \$ 498,195 | -41.2% |
| 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 | \$ 34 | \$ (25,222) | -100.1% | \$ 55,520 | -99.9% | \$ 293,077 | \$ (106,699) | -374.7% | \$ 498,195 | -41.2% |
| OPERATING EXPENSE | | | | | | | | | | |
| Salaries and Wages | \$ 32,100 | \$ 31,620 | 1.5% | \$ 29,819 | 7.6% | \$ 164,688 | \$ 163,777 | 0.6% | \$ 158,002 | 4.2% |
| Benefits | 9,490 | 8,025 | 18.3% | 6,710 | 41.4% | 44,478 | 43,100 | 3.2% | 43,763 | 1.6% |
| Physician Services | 56,319 | 59,270 | -5.0% | 23,344 | 141.3% | 265,591 | 306,991 | -13.5% | 248,038 | 7.1% |
| Cost of Drugs Sold | 2,030 | 1,595 | 27.3% | 2,200 | -7.7% | 15,646 | 8,262 | 89.4% | 13,197 | 18.6% |
| Supplies | 1,601 | 3,513 | -54.4% | 6,416 | -75.0% | 2,666 | 18,051 | -85.2% | 30,159 | -91.2% |
| Utilities | 3,151 | 3,948 | -20.2% | 2,877 | 9.5% | 15,460 | 14,614 | 5.8% | 12,463 | 24.0% |
| Repairs and Maintenance | - | - | 0.0% | - | 100.0% | - | - | 0.0% | - | 100.0% |
| Other Expense | - | 7 | -100.0% | - | 0.0% | - | 35 | -100.0% | - | 0.0% |
| TOTAL OPERATING EXPENSES | \$ 104,691 | \$ 107,978 | -3.0% | \$ 71,366 | 46.7% | \$ 508,529 | \$ 554,830 | -8.3% | \$ 505,622 | 0.6% |
| Depreciation/Amortization | \$ 29,324 | \$ 38,017 | -22.9% | \$ 40,117 | -26.9% | \$ 149,416 | \$ 199,261 | -25.0% | \$ 200,586 | -25.5% |
| TOTAL OPERATING COSTS | \$ 134,015 | \$ 145,995 | -8.2% | \$ 111,483 | 20.2% | \$ 657,945 | \$ 754,091 | -12.7% | \$ 706,208 | -6.8% |
| NET GAIN (LOSS) FROM OPERATIONS | \$ (133,981) | \$ (171,217) | -21.7% | \$ (55,963) | 139.4% | \$ (364,868) | \$ (860,790) | -57.6% | \$ (208,013) | 75.4% |
| Operating Margin | -390728.55% | 678.84% | -57658.3% | -100.80% | 387532.1% | -124.50% | 806.75% | -115.4% | -41.75% | 198.2% |

| | 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 | 566 | 440 | 28.6% | 363 | 55.9% | 2,660 | 2,279 | 16.7% | 2,755 | -3.4% |
| Optometry Visits | - | - | 0.0% | 119 | -100.0% | - | - | 0.0% | 1,115 | -100.0% |
| Total Visits | 566 | 440 | 28.6% | 482 | 17.4% | 2,660 | 2,279 | 16.7% | | 0.0% |
| Average Revenue per Office Visit | 365.75 | 336.27 | 8.8% | 287.25 | 27.3% | 376.52 | 336.27 | 12.0% | 322.00 | 16.9% |
| Hospital FTE's (Salaries and Wages) | 9.1 | 9.2 | -1.1% | 9.4 | -2.9% | 9.0 | 9.1 | -1.4% | 9.2 | -2.0% |

**ECTOR COUNTY HOSPITAL DISTRICT
FEBRUARY 2020**

REVENUE BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------|----------------------|---------------|----------------------|---------------|-----------------------|---------------|-----------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % |
| Medicare | \$ 38,251,812 | 39.7% | \$ 35,878,077 | 38.1% | \$ 190,118,203 | 37.8% | \$ 197,070,821 | 39.5% |
| Medicaid | 11,425,686 | 11.8% | 11,433,223 | 12.1% | 60,122,143 | 12.0% | 52,041,402 | 10.4% |
| Commercial | 29,208,030 | 30.3% | 27,115,564 | 28.7% | 150,081,563 | 29.9% | 142,568,152 | 28.6% |
| Self Pay | 14,120,739 | 14.6% | 15,834,885 | 16.8% | 82,556,764 | 16.4% | 87,639,659 | 17.6% |
| Other | 3,518,779 | 3.6% | 4,102,223 | 4.3% | 19,637,435 | 3.9% | 19,223,741 | 3.9% |
| TOTAL | \$ 96,525,046 | 100.0% | \$ 94,363,972 | 100.0% | \$ 502,516,109 | 100.0% | \$ 498,543,774 | 100.0% |

PAYMENTS BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------------------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % |
| Medicare | \$ 7,321,106 | 41.4% | \$ 7,661,456 | 39.4% | \$ 36,172,112 | 37.8% | \$ 36,453,693 | 38.0% |
| Medicaid | 2,481,935 | 14.1% | 3,061,143 | 15.8% | 12,328,882 | 12.9% | 11,075,979 | 11.5% |
| Commercial | 6,044,333 | 34.2% | 6,551,212 | 33.8% | 36,991,597 | 38.7% | 37,999,226 | 39.7% |
| Self Pay | 1,171,389 | 6.6% | 1,185,508 | 6.1% | 5,875,769 | 6.1% | 6,638,288 | 6.9% |
| Other | 645,371 | 3.7% | 947,331 | 4.9% | 4,303,143 | 4.5% | 3,771,325 | 3.9% |
| TOTAL | \$ 17,664,134 | 100.0% | \$ 19,406,651 | 100.0% | \$ 95,671,501 | 100.0% | \$ 95,938,510 | 100.0% |
| TOTAL NET REVENUE | 19,391,210 | | 20,577,768 | | 100,693,540 | | 104,745,196 | |
| % OF GROSS REVENUE | 20.1% | | 21.8% | | 20.0% | | 21.0% | |
| VARIANCE | (1,727,076) | | (1,171,117) | | (5,022,038) | | (8,806,686) | |
| % VARIANCE TO CASH COLLECTIONS | -8.9% | | -5.7% | | -5.0% | | -8.4% | |

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
FEBRUARY 2020**

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 | \$ 50,938 | 15.7% | \$ 57,795 | 10.3% | \$ 284,540 | 15.9% | \$ 316,768 | 14.0% |
| Medicaid | 134,980 | 41.4% | 262,734 | 46.7% | 736,887 | 41.1% | 966,875 | 42.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 52,610 | 16.2% | 117,170 | 20.8% | 308,983 | 17.3% | 440,089 | 19.5% |
| Self Pay | 86,140 | 26.5% | 124,577 | 22.1% | 456,041 | 25.5% | 532,203 | 23.5% |
| Other | 491 | 0.2% | 763 | 0.1% | 4,291 | 0.2% | 5,538 | 0.2% |
| TOTAL | \$ 325,160 | 100.0% | \$ 563,039 | 100.0% | \$ 1,790,741 | 100.0% | \$ 2,261,473 | 100.0% |

PAYMENTS BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------------------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % |
| Medicare | \$ 17,766 | 17.2% | \$ 5,743 | 5.7% | \$ 329,562 | 43.3% | \$ 33,092 | 7.2% |
| Medicaid | 50,629 | 49.2% | 49,604 | 48.8% | 243,336 | 31.9% | 200,788 | 43.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 12,478 | 12.1% | 24,348 | 24.0% | 81,209 | 10.7% | 127,644 | 27.8% |
| Self Pay | 21,683 | 21.1% | 21,804 | 21.5% | 106,010 | 13.9% | 96,554 | 21.1% |
| Other | 447 | 0.4% | 47 | 0.0% | 1,805 | 0.2% | 305 | 0.1% |
| TOTAL | \$ 103,003 | 100.0% | \$ 101,545 | 100.0% | \$ 761,922 | 100.0% | \$ 458,382 | 100.0% |
| TOTAL NET REVENUE | 120,912 | | 309,109 | | 815,732 | | 1,244,898 | |
| % OF GROSS REVENUE | 37.2% | | 54.9% | | 45.6% | | 55.0% | |
| VARIANCE | (17,909) | | (207,564) | | (53,810) | | (786,515) | |
| % VARIANCE TO CASH COLLECTIONS | -14.8% | | -67.1% | | -6.6% | | -63.2% | |

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
FEBRUARY 2020**

REVENUE BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------|-------------------|---------------|-------------------|---------------|---------------------|---------------|---------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % | GROSS REVENUE | % |
| Medicare | \$ 49,618 | 24.0% | \$ 30,441 | 22.0% | \$ 234,662 | 23.4% | \$ 199,943 | 16.0% |
| Medicaid | 56,462 | 27.3% | \$ 34,563 | 25.0% | 267,356 | 26.7% | 514,807 | 41.3% |
| PHC | - | 0.0% | \$ - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 48,327 | 23.3% | \$ 31,513 | 22.8% | 211,669 | 21.1% | 248,480 | 19.9% |
| Self Pay | 51,605 | 24.9% | \$ 41,657 | 30.1% | 284,950 | 28.5% | 282,601 | 22.7% |
| Other | 1,002 | 0.5% | \$ 281 | 0.2% | 2,894 | 0.3% | 298 | 0.0% |
| TOTAL | \$ 207,013 | 100.0% | \$ 138,455 | 100.0% | \$ 1,001,532 | 100.0% | \$ 1,246,129 | 100.0% |

PAYMENTS BY PAYOR

| | CURRENT MONTH | | | | YEAR TO DATE | | | |
|--------------------------------|------------------|---------------|------------------|---------------|-------------------|---------------|-------------------|---------------|
| | CURRENT YEAR | | PRIOR YEAR | | CURRENT YEAR | | PRIOR YEAR | |
| | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % | PAYMENTS | % |
| Medicare | \$ 13,890 | 21.0% | \$ 7,957 | 22.8% | \$ 67,487 | 26.6% | \$ 46,901 | 16.5% |
| Medicaid | 24,486 | 36.8% | 12,211 | 35.1% | 73,217 | 28.8% | 118,896 | 41.8% |
| PHC | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Commercial | 16,616 | 25.1% | 9,919 | 28.5% | 57,786 | 22.7% | 80,814 | 28.4% |
| Self Pay | 11,043 | 16.7% | 4,735 | 13.6% | 54,463 | 21.4% | 37,833 | 13.3% |
| Other | 236 | 0.4% | - | 0.0% | 1,189 | 0.5% | - | 0.0% |
| TOTAL | \$ 66,271 | 100.0% | \$ 34,822 | 100.0% | \$ 254,144 | 100.0% | \$ 284,445 | 100.0% |
| TOTAL NET REVENUE | 34 | | 55,520 | | 293,077 | | 498,195 | |
| % OF GROSS REVENUE | 0.0% | | 40.1% | | 29.3% | | 40.0% | |
| VARIANCE | 66,237 | | (20,698) | | (38,933) | | (213,749) | |
| % VARIANCE TO CASH COLLECTIONS | 193166.4% | | -37.3% | | -13.3% | | -42.9% | |

**ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
FEBRUARY 2020**

| <u>Cash and Cash Equivalents</u> | <u>Frost</u> | <u>Hilltop</u> | <u>Total</u> |
|----------------------------------|--------------|----------------|---------------|
| Operating | \$ 7,574,433 | \$ - | \$ 7,574,433 |
| Mission Fitness | 361,956 | - | 361,956 |
| Petty Cash | 8,950 | - | 8,950 |
| Dispro | 0.20 | 57,725 | 57,726 |
| General Liability | - | 179,404 | 179,404 |
| Professional Liability | - | 95,590 | 95,590 |
| Funded Worker's Compensation | - | 62,661 | 62,661 |
| Funded Depreciation | - | 6,608,815 | 6,608,815 |
| Designated Funds | - | 210,048 | 210,048 |
| | <hr/> | <hr/> | <hr/> |
| Total Cash and Cash Equivalents | \$ 7,945,340 | \$ 7,214,244 | \$ 15,159,584 |

| <u>Investments</u> | <u>Other</u> | <u>Hilltop</u> | <u>Total</u> |
|---|--------------|----------------|----------------------|
| Dispro | \$ - | \$ 5,300,000 | \$ 5,300,000 |
| Funded Depreciation | - | 28,000,000 | 28,000,000 |
| Funded Worker's Compensation | - | 2,200,000 | 2,200,000 |
| General Liability | - | 2,800,000 | 2,800,000 |
| Professional Liability | - | 3,000,000 | 3,000,000 |
| Designated Funds | 30,802 | 3,000,000 | 3,030,802 |
| Allowance for Change in Market Values | - | (25,631) | (25,631) |
| | <hr/> | <hr/> | <hr/> |
| Total Investments | \$ 30,802 | \$ 44,274,369 | \$ 44,305,171 |
| Total Unrestricted Cash and Investments | | | \$ 59,464,755 |

| <u>Restricted Assets</u> | <u>Reserves</u> | <u>Prosperity</u> | <u>Total</u> |
|---|-----------------|-------------------|----------------------|
| Assets Held By Trustee - Bond Reserves | \$ 3,838,143 | \$ - | \$ 3,838,143 |
| Assets Held By Trustee - Debt Payment Reserves | 1,453,360 | - | 1,453,360 |
| Assets Held In Endowment-Board Designated | - | 6,309,163 | 6,309,163 |
| Restricted TPC, LLC-Equity Stake | 522,753 | - | 522,753 |
| Restricted MCH West Texas Services-Equity Stake | 2,288,659 | - | 2,288,659 |
| Total Restricted Assets | <hr/> | <hr/> | <hr/> |
| | \$ 8,102,914 | \$ 6,309,163 | \$ 14,412,077 |

| | | | |
|--------------------------|--|--|------------------------------------|
| Total Cash & Investments | | | <u><u>\$ 73,876,832</u></u> |
|--------------------------|--|--|------------------------------------|

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
FEBRUARY 2020**

| | Hospital | Procare | Blended |
|--|-----------------|----------------|-----------------|
| Cash Flows from Operating Activities and Nonoperating Revenue: | | | |
| Excess of Revenue over Expenses | \$ (11,942,346) | \$ - | \$ (11,942,346) |
| Noncash Expenses: | | | |
| Depreciation and Amortization | 7,405,930 | 63,859 | 7,469,790 |
| Unrealized Gain/Loss on Investments | 51,812 | - | 51,812 |
| Accretion (Bonds) | - | - | - |
| Changes in Assets and Liabilities | | | |
| Patient Receivables, Net | (3,348,937) | (1,138,232) | (4,487,169) |
| Taxes Receivable/Deferred | 7,082,669 | (78,162) | 7,004,507 |
| Inventories, Prepaids and Other | (3,504,649) | 94,184 | (3,410,466) |
| Accounts Payable | 1,638,919 | 2,245,830 | 3,884,749 |
| Accrued Expenses | 725,650 | (1,187,430) | (461,780) |
| Due to Third Party Payors | (347,138) | - | (347,138) |
| Accrued Post Retirement Benefit Costs | 3,000,000 | - | 3,000,000 |
| Net Cash Provided by Operating Activities | \$ 761,910 | \$ 50 | \$ 761,960 |
| Cash Flows from Investing Activities: | | | |
| Investments | \$ (77,268) | \$ - | \$ (77,268) |
| Acquisition of Property and Equipment | (4,166,562) | - | (4,166,562) |
| Net Cash used by Investing Activities | \$ (4,243,830) | \$ - | \$ (4,243,830) |
| Cash Flows from Financing Activities: | | | |
| Current Portion Debt | \$ (1,280,757) | \$ - | \$ (1,280,757) |
| Net Repayment of Long-term Debt/Bond Issuance | (286,789) | - | (286,789) |
| Net Cash used by Financing Activities | (1,567,547) | 0 | (1,567,546) |
| Net Increase (Decrease) in Cash | (5,049,467) | 50 | (5,049,417) |
| Beginning Cash & Cash Equivalents @ 9/30/2019 | 34,621,127 | 4,700 | 34,625,827 |
| Ending Cash & Cash Equivalents @ 2/29/2020 | \$ 29,571,661 | \$ 4,750 | \$ 29,576,411 |
| Balance Sheet | | | |
| Cash and Cash Equivalents | \$ 15,159,584 | \$ 4,750 | \$ 15,164,334 |
| Restricted Assets | 14,412,077 | - | 14,412,077 |
| Ending Cash & Cash Equivalents @ 2/29/2020 | \$ 29,571,661 | \$ 4,750 | \$ 29,576,411 |

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2020

| | <u>ACTUAL COLLECTIONS</u> | <u>BUDGETED COLLECTIONS</u> | <u>VARIANCE</u> | <u>PRIOR YEAR COLLECTIONS</u> | <u>VARIANCE</u> |
|--------------------------|-------------------------------|---------------------------------|----------------------------|-----------------------------------|------------------------------|
| <u>AD VALOREM</u> | | | | | |
| OCTOBER | \$ 357,473 | \$ 1,510,369 | \$ (1,152,896) | \$ 347,199 | \$ 10,274 |
| NOVEMBER | 1,151,010 | 1,510,369 | (359,359) | 863,534 | 287,476 |
| DECEMBER | 3,300,400 | 1,510,369 | 1,790,031 | 3,052,335 | 248,065 |
| JANUARY | 4,845,249 | 1,510,369 | 3,334,880 | 4,374,472 | 470,777 |
| FEBRUARY | 6,455,075 | 1,510,369 | 4,944,706 | 5,039,715 | 1,415,360 |
| SUB TOTAL | <u>16,109,206</u> | <u>7,551,845</u> | <u>8,557,361</u> | <u>13,677,254</u> | <u>2,431,952</u> |
| TOTAL | <u>\$ 16,109,206</u> | <u>\$ 7,551,845</u> | <u>\$ 8,557,361</u> | <u>\$ 13,677,254</u> | <u>\$ 2,431,952</u> |
| <u>SALES</u> | | | | | |
| OCTOBER | \$ 4,204,814 | \$ 4,083,969 | \$ 120,845 | \$ 4,584,041 | \$ (379,228) |
| NOVEMBER | 4,143,047 | 4,109,569 | 33,478 | 4,601,483 | (458,436) |
| DECEMBER | 4,251,049 | 4,166,072 | 84,977 | 4,814,865 | (563,815) |
| JANUARY | 3,763,912 | 4,205,740 | (441,828) | 4,940,411 | (1,176,499) |
| FEBRUARY | 3,771,703 | 4,566,473 | (794,770) | 4,702,958 | (931,255) |
| SUB TOTAL | <u>20,134,525</u> | <u>21,131,823</u> | <u>(997,298)</u> | <u>23,643,759</u> | <u>(3,509,234)</u> |
| ACCRUAL | <u>(254,031)</u> | <u>-</u> | <u>(254,031)</u> | <u>-</u> | <u>(254,031)</u> |
| TOTAL | <u>\$ 19,880,493</u> | <u>\$ 21,131,823</u> | <u>\$ (1,251,330)</u> | <u>\$ 23,643,759</u> | <u>\$ (3,763,265)</u> |
| TAX REVENUE | <u><u>\$ 35,989,699</u></u> | <u><u>\$ 28,683,668</u></u> | <u><u>\$ 7,306,031</u></u> | <u><u>\$ 37,321,012</u></u> | <u><u>\$ (1,331,313)</u></u> |

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2020**

| CASH ACTIVITY | TAX (IGT) ASSESSED | GOVERNMENT PAYOUT | NET INFLOW |
|------------------------------|-------------------------------|------------------------------|---------------------|
| DSH | | | |
| 1st Qtr | \$ (1,200,156) | \$ 3,056,849 | \$ 1,856,693 |
| 2nd Qtr | - | - | - |
| 3rd Qtr | - | - | - |
| 4th Qtr | - | - | - |
| DSH TOTAL | \$ (1,200,156) | \$ 3,056,849 | \$ 1,856,693 |
| UC | | | |
| 1st Qtr | \$ - | \$ - | - |
| 2nd Qtr | (503,626) | 1,287,716 | 784,090 |
| 3rd Qtr | - | - | - |
| 4th Qtr | - | - | - |
| UC TOTAL | \$ (503,626) | \$ 1,287,716 | \$ 784,090 |
| DSRIP | | | |
| 1st Qtr | \$ - | \$ - | \$ - |
| 2nd Qtr | (1,803,212) | 4,600,459 | 2,797,247 |
| 3rd Qtr | - | - | - |
| 4th Qtr | - | - | - |
| DSRIP UPL TOTAL | \$ (1,803,212) | \$ 4,600,459 | \$ 2,797,247 |
| UHRIP | | | |
| 1st Qtr | \$ (1,880,035) | \$ 1,978,942 | \$ 98,907 |
| 2nd Qtr | - | 6,806 | 6,806 |
| 3rd Qtr | - | - | - |
| 4th Qtr | - | - | - |
| UHRIP TOTAL | \$ (1,880,035) | \$ 1,985,748 | \$ 105,713 |
| GME | | | |
| 1st Qtr | \$ - | \$ - | \$ - |
| 2nd Qtr | (220,796) | 564,552 | 343,756 |
| 3rd | - | - | - |
| 4th Qtr | - | - | - |
| GME TOTAL | \$ (220,796) | \$ 564,552 | \$ 343,756 |
| Blended Cash Activity | \$ (5,607,825) | \$ 11,495,324 | \$ 5,887,500 |

INCOME STATEMENT ACTIVITY:

FY 2020 Accrued / (Deferred) Adjustments:

| | MCH | BLENDED |
|---------------------------------------|---------------------|---------------------|
| DSH Accrual | \$ 4,038,570 | \$ 4,038,570 |
| Uncompensated Care Accrual | 3,661,720 | 3,661,720 |
| Regional UPL Accrual | - | - |
| URIP | (2,213,798) | (2,213,798) |
| GME | 470,460 | 470,460 |
| Regional UPL Benefit | - | - |
| Medicaid Supplemental Payments | 5,956,952 | 5,956,952 |
| DSRIP Accrual | 2,397,295 | 2,397,295 |
| Total Adjustments | \$ 8,354,247 | \$ 8,354,247 |

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF FEBRUARY 29, 2020**

| ITEM | CIP BALANCE AS OF 3/31/2020 | FEBRUARY "+" ADDITIONS | FEBRUARY "- " ADDITIONS | FEBRUARY TRANSFERS | CIP BALANCE AS OF 2/29/2020 | ADD: AMOUNTS CAPITALIZED | PROJECT TOTAL | BUDGETED AMOUNT | UNDER/(OVER) APRVD/BUDGET |
|--|--|-----------------------------------|------------------------------------|-------------------------------|--|---|--------------------------|----------------------------|--------------------------------------|
| <u>RENOVATIONS</u> | | | | | | | | | |
| IICU/CCU UPGRADES | 402,156 | - | - | - | 402,156 | - | 402,156 | 500,000 | 97,844 |
| IDIABETES CENTER | 25,880 | 98,901 | - | - | 124,781 | - | 124,781 | 150,000 | 25,219 |
| IODP MOB UPGRADES | 8,901 | 20,874 | - | - | 29,775 | - | 29,775 | 150,000 | 120,225 |
| IREGIONAL LAB | 1,853 | 3,750 | - | - | 5,603 | - | 5,603 | 150,000 | 144,398 |
| ISUITE 250 CHW | 30,327 | 2,272 | - | - | 32,599 | - | 32,599 | 45,000 | 12,401 |
| IBUSINESS OFFICE RENOVATION | - | - | - | - | - | - | - | 75,000 | 75,000 |
| SUB-TOTAL | \$ 469,116 | \$ 125,797 | \$ - | \$ - | \$ 594,913 | \$ - | \$ 594,913 | \$ 1,070,000 | \$ 475,087 |
| <u>MINOR BUILDING IMPROVEMENT</u> | | | | | | | | | |
| ISECURITY FENCING | 23,224 | - | - | - | 23,224 | - | 23,224 | 45,000 | 21,776 |
| IPATHOLOGY RENOVATION | 14,891 | 1,142 | - | (16,033) | - | - | - | 20,000 | 20,000 |
| IL&D SLEEP ROOM | 10,802 | - | - | - | 10,802 | - | 10,802 | 45,000 | 34,198 |
| IREFRACTORY BOILER UPGRADE | - | - | - | - | - | - | - | 30,000 | 30,000 |
| IREHAB EXPANSION | 25,734 | 1,528 | - | - | 27,261 | - | 27,261 | 25,000 | (2,261) |
| SUB-TOTAL | \$ 74,651 | \$ 2,670 | \$ - | \$ (16,033) | \$ 61,287 | \$ - | \$ 61,287 | \$ 165,000 | \$ 103,713 |
| <u>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</u> | | | | | | | | | |
| VARIOUS CAPITAL EXPENDITURE PROJECTS | \$ 1,482,863 | \$ 469,023 | \$ (987,463) | \$ - | \$ 964,423 | \$ - | \$ 964,423 | \$ 3,000,000 | \$ 2,035,577 |
| SUB-TOTAL | \$ 1,482,863 | \$ 469,023 | \$ (987,463) | \$ - | \$ 964,423 | \$ - | \$ 964,423 | \$ 3,000,000 | \$ 2,035,577 |
| TOTAL CONSTRUCTION IN PROGRESS | \$ 2,026,629 | \$ 597,490 | \$ (987,463) | \$ (16,033) | \$ 1,620,624 | \$ - | \$ 1,620,624 | \$ 4,235,000 | \$ 2,614,376 |

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
FEBRUARY 2020

| <u>ITEM</u> | <u>CLASS</u> | <u>BOOKED AMOUNT</u> |
|--|--------------|----------------------|
| TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS | | |
| Pathology Renovation | BUILDING | \$ 16,033 |
| TOTAL PROJECT TRANSFERS | | \$ 16,033 |
| EQUIPMENT PURCHASES | | |
| None | | \$ - |
| TOTAL EQUIPMENT PURCHASES | | \$ - |
| TOTAL TRANSFERS FROM CIP/EQUIPMENT PURCHASES | | \$ 16,033 |

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2020 CAPITAL EQUIPMENT
CONTINGENCY FUND
FEBRUARY 2020**

| MONTH/ YEAR | DESCRIPTION | DEPT NUMBER | BUDGETED AMOUNT | P.O AMOUNT | ACTUAL AMOUNT | TO/(FROM) CONTINGENCY |
|------------------------|---|------------------------|----------------------------|-----------------------|--------------------------|----------------------------------|
| | Available funds from budget | | \$ 600,000 | \$ - | \$ - | \$ 600,000 |
| Oct-19 | ER RENOVATION | 6850 | 125,000 | - | 100,988 | 24,012 |
| Oct-19 | 9C TELEMETRY UPGRADE | 6190 | 45,000 | - | 29,991 | 15,009 |
| Oct-19 | Imaging (X-Ray) | 7260 | - | - | 186,900 | (186,900) |
| Oct-19 | Anesthesia CareAware | 7370 | - | - | 57,166 | (57,166) |
| Oct-19 | Cart | 6620 | - | - | 4,876 | (4,876) |
| Oct-19 | Savi Scout Surgical Guidance System | 7240 | - | - | 65,000 | (65,000) |
| Oct-19 | Walter Lorenz Surgical Assist Arm | 6620 | - | - | 45,320 | (45,320) |
| Oct-19 | Portable Monitors | 6850 | - | - | 20,744 | (20,744) |
| Oct-19 | Bio-Console 560 Speed Controller System | 6620 | - | - | 15,000 | (15,000) |
| Nov-19 | Isolation Room Renovations | 8200 | 151,650 | - | 168,924 | (17,274) |
| Nov-19 | Procure Administration Renovation | 9300 | 298,800 | - | 300,245 | (1,445) |
| Nov-19 | Windows 2012 Server | 9100 | - | - | 14,476 | (14,476) |
| Nov-19 | Ice Maker | 8020 | - | - | 3,500 | (3,500) |
| Nov-19 | Monitor (Cardiac) | 6090 | - | - | 176,453 | (176,453) |
| Nov-19 | Air Curtain Refrigerator | 8020 | - | - | 10,075 | (10,075) |
| Nov-19 | Vital Signs Monitor | 6630 | - | - | 7,399 | (7,399) |
| Dec-19 | Drainage Repairs | 8200 | 45,000 | - | 15,315 | 29,685 |
| Dec-19 | ER Restrooms Renovation | 8200 | 45,000 | - | 28,880 | 16,120 |
| Dec-19 | PeriFlux 6000 Stand Alone TCPO2 System | 7460 | - | - | 10,174 | (10,174) |
| Dec-19 | Honda Odyssey | 9300 | - | - | 29,500 | (29,500) |
| Jan-20 | 3M 360 Encompass System | 9180 | - | - | 237,638 | (237,638) |
| Jan-20 | Steamer | 8020 | - | - | 6,937 | (6,937) |
| Jan-20 | RF Controller | 6620 | - | - | 27,500 | (27,500) |
| Jan-20 | Hot Food Serving Table | 8020 | - | - | 3,000 | (3,000) |
| Jan-20 | 9 Central 4 Central Restrooms | 8200 | 30,000 | - | 26,458 | 3,542 |
| Feb-20 | Pathology Renovation | 7040 | 20,000 | - | 16,033 | 3,967 |
| Feb-20 | SQL Server | 9100 | - | - | 44,941 | (44,941) |
| Feb-20 | Prime TC Swing - Away Model | 7230 | - | - | 2,836 | (2,836) |
| Feb-20 | Fluent System | 6620 | - | - | 27,000 | (27,000) |
| Feb-20 | AED Wall Mount Bracket for Lifepak | 6850 | - | - | 2,791 | (2,791) |
| | | | \$ 1,360,450 | \$ - | \$ 1,686,059 | \$ (325,609) |

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
FEBRUARY 2020**

| | CURRENT YEAR | PRIOR YEAR | | CURRENT YEAR CHANGE |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------------|
| | | HOSPITAL AUDITED | PRO CARE AUDITED | |
| AR DISPRO/UPL | \$ 2,276,354 | \$ 94,477 | \$ - | \$ 2,181,877 |
| AR UNCOMPENSATED CARE | 2,877,630 | - | - | 2,877,630 |
| AR DSRIP | 2,771,376 | 3,171,328 | - | (399,952) |
| AR NURSING HOME UPL | - | - | - | - |
| AR UHRIP | 1,366,714 | 4,192,740 | - | (2,826,026) |
| AR GME | 126,704 | - | - | 126,704 |
| AR BAB REVENUE | (4,564) | 82,117 | - | (86,681) |
| AR PHYSICIAN GUARANTEES | 175,215 | 210,927 | - | (35,712) |
| AR ACCRUED INTEREST | 158,906 | 220,763 | - | (61,858) |
| AR OTHER: | 1,999,600 | 1,966,337 | 45,727 | (12,464) |
| Procure On-Call Fees | - | - | - | - |
| Procure A/R - FHC | - | - | - | - |
| Other Misc A/R | 1,999,600 | 1,966,337 | 45,727 | (12,464) |
| AR DUE FROM THIRD PARTY PAYOR | <u>3,726,126</u> | <u>4,281,519</u> | <u>-</u> | <u>(555,393)</u> |
| TOTAL ACCOUNTS RECEIVABLE - OTHER | <u>\$ 16,119,482</u> | <u>\$ 12,414,472</u> | <u>\$ 45,727</u> | <u>\$ 3,659,283</u> |

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
FEBRUARY 2020**

| TEMPORARY LABOR DEPARTMENT | CURRENT MONTH | | | | | YEAR TO DATE | | | | |
|----------------------------------|---------------|-------------|---------------|-------------------|-----------------|--------------|-------------|---------------|-------------------|-----------------|
| | ACTUAL | BUDGET | BUDGET VAR | PRIOR PRIOR YR | PRIOR YR VAR | ACTUAL | BUDGET | BUDGET VAR | PRIOR PRIOR YR | PRIOR YR VAR |
| 9 CENTRAL | 3.5 | 2.4 | 46.0% | 1.0 | 245.2% | 4.3 | 2.3 | 83.0% | 1.7 | 156.3% |
| PM&R - PHYSICAL | 2.6 | 2.1 | 23.0% | - | 0.0% | 2.7 | 2.1 | 32.3% | - | 0.0% |
| OPERATING ROOM | 3.0 | - | 0.0% | - | 0.0% | 2.6 | - | 0.0% | - | 0.0% |
| 5 CENTRAL | 3.8 | 0.3 | 1300.2% | - | 0.0% | 2.7 | 0.3 | 939.0% | - | 0.0% |
| 6 Central | 3.1 | 0.6 | 396.9% | - | 0.0% | 2.5 | 0.4 | 533.4% | 0.0 | 17255.4% |
| STERILE PROCESSING | 1.4 | - | 0.0% | 4.8 | -70.7% | 2.1 | - | 0.0% | 4.6 | -55.5% |
| CARDIOPULMONARY | 3.0 | - | 0.0% | - | 0.0% | 2.4 | - | 0.0% | 0.5 | 424.4% |
| IMAGING - DIAGNOSTICS | 2.1 | - | 0.0% | - | 0.0% | 2.1 | - | 0.0% | - | 0.0% |
| 7 CENTRAL | 1.1 | 0.0 | 9223.5% | - | 0.0% | 1.7 | 0.0 | 14987.6% | - | 0.0% |
| LABOR AND DELIVERY | 2.1 | 0.0 | 4286.0% | - | 0.0% | 1.8 | 0.0 | 3610.0% | - | 0.0% |
| 8 CENTRAL | 2.1 | 0.1 | 1471.6% | - | 0.0% | 1.6 | 0.1 | 1116.6% | - | 0.0% |
| INTENSIVE CARE UNIT 4 (CCU) | 2.2 | 0.4 | 503.8% | - | 0.0% | 1.4 | 0.3 | 294.7% | 0.5 | 186.1% |
| 4 EAST | 1.1 | 0.4 | 202.2% | - | 0.0% | 1.0 | 0.3 | 186.0% | - | 0.0% |
| 4 CENTRAL | 1.7 | 0.1 | 2664.7% | - | 0.0% | 1.0 | 0.1 | 1695.6% | 0.0 | 6749.7% |
| MEDICAL STAFF | - | 0.5 | -100.0% | - | 0.0% | 0.6 | 0.5 | 23.0% | - | 0.0% |
| IMAGING - ULTRASOUND | - | 0.3 | -100.0% | 1.2 | -100.0% | 0.6 | 0.3 | 123.3% | 0.9 | -36.7% |
| 6 West | 0.2 | 0.2 | -10.9% | - | 0.0% | 0.3 | 0.2 | 78.3% | - | 0.0% |
| NURSING ORIENTATION | 0.4 | - | 0.0% | - | 0.0% | 0.3 | - | 0.0% | - | 0.0% |
| EMERGENCY DEPARTMENT | - | - | 0.0% | - | 0.0% | 0.1 | - | 0.0% | - | 0.0% |
| RAD MCH CVI | 0.7 | - | 0.0% | - | 0.0% | 0.2 | - | 0.0% | - | 0.0% |
| PM&R - SPEECH | - | 0.3 | -100.0% | - | 0.0% | 0.1 | 0.2 | -76.5% | - | 0.0% |
| INTENSIVE CARE UNIT 2 | - | 0.3 | -100.0% | - | 0.0% | 0.0 | 0.3 | -88.7% | 0.4 | -92.6% |
| INPATIENT REHAB | - | - | 0.0% | 0.5 | -100.0% | 0.0 | - | 0.0% | 0.8 | -96.4% |
| 5 WEST | - | - | 0.0% | - | 0.0% | 0.0 | - | 0.0% | - | 0.0% |
| FINANCIAL ACCOUNTING | - | - | 0.0% | 1.7 | -100.0% | - | - | 0.0% | 0.9 | -100.0% |
| IT OPERATIONS | - | - | 0.0% | 1.2 | -100.0% | - | - | 0.0% | 1.1 | -100.0% |
| TRAUMA SERVICE | - | - | 0.0% | 1.1 | -100.0% | - | - | 0.0% | 0.4 | -100.0% |
| IMAGING - NUCLEAR MEDICINE | - | - | 0.0% | 0.7 | -100.0% | - | - | 0.0% | 0.4 | -100.0% |
| PM&R - OCCUPATIONAL | - | 1.1 | -100.0% | - | 0.0% | - | 1.0 | -100.0% | 0.6 | -100.0% |
| INPATIENT REHAB - THERAPY | - | - | 0.0% | 1.1 | -100.0% | - | - | 0.0% | 0.8 | -100.0% |
| FOOD SERVICE | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.6 | -100.0% |
| ADMINISTRATION | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| PATIENT ACCOUNTING | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.4 | -100.0% |
| CHW - SPORTS MEDICINE | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| NEO-NATAL INTENSIVE CARE | - | 0.1 | -100.0% | - | 0.0% | - | 0.1 | -100.0% | 0.0 | -100.0% |
| PHARMACY DRUGS/I.V. SOLUTIONS | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| CARDIOPULMONARY - NICU | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| ENGINEERING | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| PERFORMANCE IMPROVEMENT (QA) | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| HUMAN RESOURCES | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| OP SURGERY | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| CERNER | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| RECOVERY ROOM | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| LABORATORY - CHEMISTRY | 0.2 | - | 0.0% | - | 0.0% | 0.0 | - | 0.0% | - | 0.0% |
| LABORATORY - MICROBIOLOGY | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| LABORATORY - TRANFUSION SERVICES | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| SUBTOTAL | 34.3 | 9.1 | 275.3% | 13.4 | 156.0% | 32.0 | 8.6 | 272.2% | 14.6 | 119.6% |
| TRANSITION LABOR | | | | | | | | | | |
| LABORATORY - CHEMISTRY | 3.2 | 3.2 | 0.7% | 5.0 | -35.1% | 3.3 | 3.1 | 5.1% | 4.1 | -19.6% |
| INTENSIVE CARE UNIT 4 (CCU) | - | - | 0.0% | 3.0 | -100.0% | 1.3 | - | 0.0% | 3.9 | -65.4% |
| 7 CENTRAL | - | 0.1 | -100.0% | 2.3 | -100.0% | 1.0 | 0.1 | 1064.2% | 3.7 | -71.6% |
| INPATIENT REHAB - THERAPY | 0.8 | 1.1 | -26.6% | 1.2 | -29.2% | 1.0 | 1.1 | -10.5% | 0.9 | 7.0% |
| NEO-NATAL INTENSIVE CARE | - | 0.1 | -100.0% | 5.9 | -100.0% | 0.7 | 0.1 | 974.2% | 5.9 | -87.7% |
| PM&R - OCCUPATIONAL | - | 1.1 | -100.0% | 1.0 | -100.0% | 0.5 | 1.0 | -47.2% | 1.0 | -47.4% |
| INTENSIVE CARE UNIT 2 | - | 0.1 | -100.0% | 1.8 | -100.0% | 0.5 | 0.1 | 678.8% | 1.8 | -72.6% |
| 4 EAST | - | - | 0.0% | 2.2 | -100.0% | 0.1 | - | 0.0% | 2.0 | -94.9% |
| 9 CENTRAL | - | - | 0.0% | 0.2 | -100.0% | 0.0 | - | 0.0% | 0.1 | -87.9% |
| 8 CENTRAL | - | - | 0.0% | 2.8 | -100.0% | - | - | 0.0% | 2.9 | -100.0% |
| INPATIENT REHAB | - | 1.0 | -100.0% | 1.1 | -100.0% | - | 1.0 | -100.0% | 1.6 | -100.0% |
| OPERATING ROOM | - | 2.1 | -100.0% | 1.4 | -100.0% | - | 2.0 | -100.0% | 2.0 | -100.0% |
| 6 Central | - | - | 0.0% | 1.0 | -100.0% | - | - | 0.0% | 0.8 | -100.0% |
| LABORATORY - HEMATOLOGY | - | - | 0.0% | 1.0 | -100.0% | - | - | 0.0% | 1.1 | -100.0% |
| EMERGENCY DEPARTMENT | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.6 | -100.0% |
| 5 CENTRAL | - | - | 0.0% | 0.2 | -100.0% | - | - | 0.0% | 0.6 | -100.0% |
| 4 CENTRAL | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.0 | -100.0% |
| LABOR AND DELIVERY | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.0 | -100.0% |
| 6 West | - | - | 0.0% | - | 0.0% | - | - | 0.0% | 0.0 | -100.0% |
| 5 WEST | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| OP SURGERY | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| CHW - SPORTS MEDICINE | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| PM&R - PHYSICAL | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| CERNER | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| TRAUMA SERVICE | - | - | 0.0% | - | 0.0% | - | - | 0.0% | - | 0.0% |
| SUBTOTAL | 4.1 | 8.8 | -53.4% | 29.9 | -86.3% | 8.5 | 8.5 | 0.5% | 32.9 | -74.2% |
| GRAND TOTAL | 38.4 | 17.9 | 114.2% | 43.3 | -11.4% | 40.5 | 17.1 | 137.5% | 47.5 | -14.7% |

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
FEBRUARY 2020**

| | CURRENT MONTH | | | | | | YEAR TO DATE | | | | | |
|-------------------------------------|---------------------|---------------------|--------------------|---------------|---------------------|---------------|----------------------|----------------------|---------------------|---------------|----------------------|---------------|
| | ACTUAL | BUDGET | \$ VAR | % VAR | PRIOR YR | % VAR | ACTUAL | BUDGET | \$ VAR | % VAR | PRIOR YR | % VAR |
| RT TEMPORARY LABOR | \$ 42,195 | \$ - | \$ 42,195 | 100.0% | \$ - | 100.0% | \$ 216,336 | \$ - | \$ 216,336 | 100.0% | \$ 21,594 | 901.8% |
| OR TEMPORARY LABOR | 44,417 | - | 44,417 | 100.0% | - | 100.0% | 206,376 | - | 206,376 | 100.0% | - | 100.0% |
| IMCU9 TEMPORARY LABOR | 49,358 | 27,997 | 21,361 | 76.3% | 9,986 | 394.3% | 305,954 | 142,436 | 163,518 | 114.8% | 92,232 | 231.7% |
| 5C TEMPORARY LABOR | 52,264 | 3,111 | 49,153 | 1580.0% | - | 100.0% | 176,280 | 15,489 | 160,791 | 1038.1% | - | 100.0% |
| 6C TEMPORARY LABOR | 40,283 | 7,609 | 32,674 | 429.4% | - | 100.0% | 172,414 | 25,633 | 146,781 | 572.6% | 616 | 27870.2% |
| DIAG TEMPORARY LABOR | 26,495 | - | 26,495 | 100.0% | - | 100.0% | 136,714 | - | 136,714 | 100.0% | - | 100.0% |
| L & D TEMPORARY LABOR | 30,815 | 566 | 30,249 | 5344.3% | - | 100.0% | 139,150 | 3,033 | 136,117 | 4487.9% | - | 100.0% |
| SP TEMPORARY LABOR | 16,066 | - | 16,066 | 100.0% | 61,029 | -73.7% | 118,781 | - | 118,781 | 100.0% | 267,715 | -55.6% |
| 7C TEMPORARY LABOR | 13,454 | 129 | 13,325 | 10329.2% | - | 100.0% | 118,205 | 642 | 117,563 | 18312.0% | - | 100.0% |
| 8C TEMPORARY LABOR | 27,922 | 1,427 | 26,495 | 1856.7% | - | 100.0% | 101,430 | 7,219 | 94,211 | 1305.0% | - | 100.0% |
| PT TEMPORARY LABOR | 41,584 | 29,682 | 11,902 | 40.1% | - | 100.0% | 228,518 | 149,779 | 78,739 | 52.6% | - | 100.0% |
| ICU4 TEMPORARY LABOR | 29,233 | 5,478 | 23,755 | 433.7% | 4,238 | 589.8% | 90,768 | 27,054 | 63,714 | 235.5% | 38,818 | 133.8% |
| IMCU4 TEMPORARY LABOR | 18,674 | 1,257 | 17,417 | 1385.6% | 852 | 2090.8% | 64,316 | 6,159 | 58,157 | 944.3% | 1,640 | 3822.0% |
| 4E TEMPORARY LABOR | 14,956 | 4,287 | 10,669 | 248.9% | - | 100.0% | 72,314 | 21,909 | 50,405 | 230.1% | - | 100.0% |
| MED STAFF TEMPORARY LABOR | 1,360 | 15,012 | (13,652) | -90.9% | - | 100.0% | 92,183 | 75,060 | 17,123 | 22.8% | - | 100.0% |
| ALL OTHER | 26,350 | 30,255 | (3,905) | -12.9% | 88,948 | -70.4% | 158,264 | 153,449 | 4,815 | 3.1% | 415,201 | -61.9% |
| TOTAL TEMPORARY LABOR | \$ 475,425 | \$ 126,810 | \$ 348,615 | 274.9% | \$ 165,053 | 188.0% | \$ 2,398,002 | \$ 627,862 | \$ 1,770,140 | 281.9% | \$ 837,816 | 186.2% |
| ICU4 TRANSITION LABOR | \$ - | \$ - | \$ - | 100.0% | \$ 27,394 | -100.0% | \$ 67,460 | \$ - | \$ 67,460 | 100.0% | \$ 191,486 | -64.8% |
| 7C TRANSITION LABOR | - | 1,034 | (1,034) | -100.0% | 21,297 | -100.0% | 57,798 | 5,167 | 52,631 | 1018.6% | 193,249 | -70.1% |
| CHEM TRANSITION LABOR | 30,350 | 19,645 | 10,705 | 54.5% | 35,148 | -13.7% | 130,091 | 99,077 | 31,014 | 31.3% | 151,601 | -14.2% |
| REHAB TRANSITION LABOR | 8,236 | 12,521 | (4,285) | -34.2% | 11,448 | -28.1% | 51,175 | 62,077 | (10,902) | -17.6% | 31,413 | 62.9% |
| ALL OTHER | - | 37,153 | (37,153) | -100.0% | 208,625 | -100.0% | 114,703 | 189,718 | (75,015) | -39.5% | 1,206,388 | -90.5% |
| TOTAL TRANSITION LABOR | \$ 38,586 | \$ 70,353 | \$ (31,767) | -45.2% | \$ 303,912 | -87.3% | \$ 421,227 | \$ 356,039 | \$ 65,188 | 18.3% | \$ 1,774,137 | -76.3% |
| GRAND TOTAL TEMPORARY LABOR | \$ 514,011 | \$ 197,163 | \$ 316,848 | 160.7% | \$ 468,966 | 9.6% | \$ 2,819,229 | \$ 983,901 | \$ 1,835,328 | 186.5% | \$ 2,611,954 | 7.9% |
| HIM CODING SERVICES | \$ 459,957 | \$ 23,250 | \$ 436,707 | 1878.3% | \$ 547,274 | -16.0% | \$ 2,403,072 | \$ 407,604 | \$ 1,995,468 | 489.6% | \$ 2,685,573 | -10.5% |
| PA OTHER PURCH SVCS | 747,835 | 142,104 | 605,731 | 426.3% | 86,688 | 762.7% | 2,645,458 | 744,820 | 1,900,638 | 255.2% | 393,995 | 571.4% |
| ADMIN LEGAL FEES | 40,378 | 39,583 | 795 | 2.0% | 9,225 | 337.7% | 422,606 | 197,915 | 224,691 | 113.5% | 414,444 | 2.0% |
| PA ELIGIBILITY FEES | 63,709 | 32,598 | 31,111 | 95.4% | 39,281 | 62.2% | 298,648 | 170,858 | 127,790 | 64.2% | 162,588 | 83.7% |
| COMPLIANCE CONSULTING FEES | 48,829 | 10,112 | 38,717 | 382.9% | 21,758 | 124.4% | 176,173 | 50,560 | 125,613 | 248.4% | 71,847 | 145.2% |
| ADM PHYS RECRUITMENT | 54,680 | 4,293 | 50,387 | 1173.7% | (12,035) | -554.4% | 143,266 | 21,465 | 121,801 | 567.4% | 22,766 | 529.3% |
| SP OTHER PURCH SVCS | 43,185 | 35,000 | 8,185 | 23.4% | 61,858 | -23.2% | 293,133 | 175,000 | 118,133 | 67.5% | 61,858 | 373.9% |
| AMBULANCE FEES | 7,581 | 10,452 | (2,871) | -27.5% | 2,532 | 199.4% | 133,475 | 54,784 | 78,691 | 143.6% | 40,929 | 226.1% |
| NSG OTHER PURCH SVCS | 14,708 | 5,736 | 8,972 | 156.4% | 709 | 1974.8% | 105,705 | 28,680 | 77,025 | 268.6% | 20,610 | 412.9% |
| PI FEES (TRANSITION NURSE PROGRAM) | 41,920 | 40,667 | 1,253 | 3.1% | 36,797 | 13.9% | 263,887 | 203,335 | 60,552 | 29.8% | 214,834 | 22.8% |
| DIET OTHER PURCH SVCS | 27,847 | 9,746 | 18,101 | 185.7% | 9,967 | 179.4% | 105,174 | 48,730 | 56,444 | 115.8% | 50,774 | 107.1% |
| ADMIN OTHER FEES | 21,705 | 19,120 | 2,585 | 13.5% | 190,328 | -88.6% | 150,414 | 95,600 | 54,814 | 57.3% | 52,594 | 186.0% |
| COMM REL ADVERTISEMENT PURCH SVCS | 59,916 | 50,000 | 9,916 | 19.8% | 13,785 | 334.6% | 302,895 | 250,000 | 52,895 | 21.2% | 182,875 | 65.8% |
| MED ASSETS CONTRACT | 33,217 | 25,148 | 8,069 | 32.1% | 7,610 | 336.5% | 173,464 | 125,740 | 47,724 | 38.0% | 59,444 | 191.8% |
| HISTOLOGY SERVICES | 56,497 | 35,737 | 20,760 | 58.1% | 37,790 | 49.5% | 221,921 | 178,685 | 43,236 | 24.2% | 161,632 | 37.3% |
| OR FEES (PERFUSION SERVICES) | 32,760 | 28,135 | 4,625 | 16.4% | 26,745 | 22.5% | 177,479 | 140,675 | 36,804 | 26.2% | 131,242 | 35.2% |
| LAB ADMIN OTHER PURCH SVCS | 3,137 | 4,303 | (1,166) | -27.1% | 5,245 | -40.2% | 54,306 | 21,515 | 32,791 | 152.4% | 24,650 | 120.3% |
| UOM (EHR FEES) | 28,320 | 16,905 | 11,415 | 67.5% | 19,212 | 47.4% | 115,981 | 84,525 | 31,456 | 37.2% | 86,486 | 34.1% |
| HR RECRUITING FEES | 11,060 | 33,788 | (22,728) | -67.3% | 33,821 | -67.3% | 199,575 | 168,940 | 30,635 | 18.1% | 148,655 | 34.3% |
| NSG ED OTHER PURCH SVCS | 20,977 | 7,865 | 13,112 | 166.7% | 6,385 | 228.5% | 69,266 | 39,325 | 29,941 | 76.1% | 53,524 | 29.4% |
| CREDIT CARD FEES | 20,692 | 18,106 | 2,586 | 14.3% | 33,204 | -37.7% | 120,083 | 94,898 | 25,185 | 26.5% | 94,515 | 27.1% |
| ENGINEERING OTHER PURCH SVCS | 4,988 | 7,347 | (2,359) | -32.1% | 6,127 | -18.6% | 51,916 | 36,735 | 15,181 | 41.3% | 30,556 | 69.9% |
| MISSION FITNESS OTHER PURCH SVCS | 13,135 | 14,958 | (1,823) | -12.2% | 11,236 | 16.9% | 53,610 | 77,741 | (24,131) | -31.0% | 50,872 | 5.4% |
| ADM APPRAISAL DIST FEE | - | 17,575 | (17,575) | -100.0% | 50,731 | -100.0% | 55,601 | 87,875 | (32,274) | -36.7% | 101,461 | -45.2% |
| IT INFORMATION SOLUTIONS SVCS | (34,457) | 45,952 | (80,409) | -175.0% | 29,046 | -218.6% | 185,524 | 229,760 | (44,236) | -19.3% | 103,706 | 78.9% |
| PHARMACY SERVICES | 9,069 | 23,545 | (14,476) | -61.5% | 23,485 | -61.4% | 50,002 | 117,725 | (67,723) | -57.5% | 142,074 | -64.8% |
| DIALYSIS SERVICES | 114,953 | 139,629 | (24,676) | -17.7% | 147,398 | -22.0% | 564,433 | 691,951 | (127,518) | -18.4% | 730,899 | -22.8% |
| COMM REL MEDIA PLACEMENT | - | 50,000 | (50,000) | -100.0% | (4,629) | -100.0% | 92,260 | 250,000 | (157,740) | -63.1% | 142,501 | -35.3% |
| FHC OTHER PURCH SVCS | 72,316 | 109,377 | (37,061) | -33.9% | 95,202 | -24.0% | 381,814 | 566,392 | (184,578) | -32.6% | 481,983 | -20.8% |
| ADM CONSULTANT FEES | 38,388 | 85,417 | (47,029) | -55.1% | 83,103 | -53.8% | 191,544 | 427,085 | (235,541) | -55.2% | 722,257 | -73.5% |
| PT ACCTS COLLECTION FEES | 343,266 | 949,408 | (606,142) | -63.8% | 947,468 | -63.8% | 1,793,987 | 4,976,206 | (3,182,219) | -63.9% | 2,084,579 | -13.9% |
| ALL OTHERS | 2,513,691 | 2,698,677 | (184,986) | -6.9% | 1,489,612 | 68.7% | 12,627,614 | 13,532,215 | (904,601) | -6.7% | 11,768,107 | 7.3% |
| TOTAL PURCHASED SERVICES | \$ 4,914,259 | \$ 4,734,533 | \$ 179,726 | 3.8% | \$ 4,056,956 | 21.1% | \$ 24,624,285 | \$ 24,297,339 | \$ 326,946 | 1.3% | \$ 21,494,830 | 14.6% |

Ector County Hospital District
Debt Service Coverage Calculation
FEBRUARY 2020

Average Annual Debt Service Requirements of 110%:

| | FYTD | | | Annualized |
|--|---------|--------------|--------------|--------------|
| | ProCare | ECHD | Consolidated | Consolidated |
| Change in net position | - | (11,942,346) | (11,942,346) | (28,661,629) |
| Depreciation/amortization | 90,854 | 7,604,209 | 7,695,063 | 18,468,150 |
| GASB 68 Expense | - | 3,162,756 | 3,162,756 | 7,590,614 |
| GASB 75 Expense | - | 16,677 | 16,677 | 40,024 |
| Interest expense | - | 1,237,745 | 1,237,745 | 2,970,589 |
| (Gain) or loss on fixed assets | 6,132 | 877 | 7,009 | 16,821 |
| Unusual / infrequent / extraordinary items | - | - | - | - |
| Unrealized (gains) / losses on investments | - | (51,812) | (51,812) | (124,349) |
| Consolidated net revenues | 96,986 | 28,106 | 125,091 | 300,219 |
| GASB 68/Pension Expense, per TB | | 6,612,756 | | |
| District Required Contributions | | (3,450,000) | | |
| GASB 68/Pension Expense to remove | | 3,162,756 | | |
| GASB 75/OPEB Expense, per TB | | 566,677 | | |
| District Required Contributions | | (550,000) | | |
| GASB 75/OPEB Expense to remove | | 16,677 | | |

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

1.) Average annual debt service of future maturities

| | Bonds | BAB Subsidy | Total | 110% |
|------|--------------|--------------|--------------|--------------|
| 2020 | 3,703,513.46 | 1,014,199.56 | 4,717,713.02 | 5,189,484.33 |
| 2021 | 3,703,965.62 | 975,673.80 | 4,679,639.42 | 5,147,603.37 |
| 2022 | 3,703,363.82 | 930,657.44 | 4,634,021.26 | 5,097,423.38 |
| 2023 | 3,704,094.49 | 883,666.27 | 4,587,760.76 | 5,046,536.84 |
| 2024 | 3,703,936.71 | 834,581.31 | 4,538,518.02 | 4,992,369.83 |
| 2025 | 3,703,757.92 | 783,331.19 | 4,487,089.11 | 4,935,798.02 |
| 2026 | 3,703,381.35 | 729,820.73 | 4,433,202.08 | 4,876,522.29 |
| 2027 | 3,702,861.24 | 670,848.36 | 4,373,709.60 | 4,811,080.56 |
| 2028 | 3,703,256.93 | 609,138.35 | 4,312,395.28 | 4,743,634.81 |
| 2029 | 3,702,288.56 | 544,540.00 | 4,246,828.56 | 4,671,511.42 |
| 2030 | 3,701,769.56 | 476,952.84 | 4,178,722.40 | 4,596,594.64 |
| 2031 | 3,701,420.06 | 406,226.18 | 4,107,646.24 | 4,518,410.86 |
| 2032 | 3,701,960.19 | 332,209.33 | 4,034,169.52 | 4,437,586.47 |
| 2033 | 3,701,063.45 | 254,726.47 | 3,955,789.92 | 4,351,368.91 |
| 2034 | 3,700,496.62 | 173,652.02 | 3,874,148.64 | 4,261,563.50 |
| 2035 | 3,700,933.18 | 88,810.18 | 3,789,743.36 | 4,168,717.70 |
| | 3,702,628.95 | 606,814.63 | 4,309,443.57 | |

OR

2.)

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

| | Bonds | |
|--------------|-----------|---------------------|
| Debt Service | 4,679,639 | ← higher of the two |

Covenant Computation

| Current FYTD | |
|--------------|------------------------------|
| 2.7% | (needs to be 110% or higher) |
| | 6.4% |

Liquidity Requirement

| | |
|--------------------------|-----|
| Cash on Hand Requirement | |
| 2020 | 80 |
| 2021+ | 100 |

FEBRUARY 2020

| | |
|------------------------------------|-------------|
| Consolidated operating costs | 170,106,583 |
| Less depreciation and amortization | (7,695,063) |
| Add: Interest Expense | 1,237,745 |
| Less: BABs | (390,500) |
| Less other non cash expenses: | |
| GASB 68 - from above | (3,162,756) |
| GASB 75 - from above | (16,676.59) |

| | |
|-------------------|-------------|
| Adjusted expenses | 160,079,334 |
|-------------------|-------------|

Expenses per day 1,053,154

| | |
|---|-------------------|
| Unrestricted cash and cash equivalents | 15,164,334 |
| Internally designated noncurrent cash and investments | 44,305,171 |
| Assets held in endowment, board designated | 6,309,163 |
| Total cash for calculation | 65,778,667 |

Days cash on hand 62.46



Financial Presentation

For the Month Ended

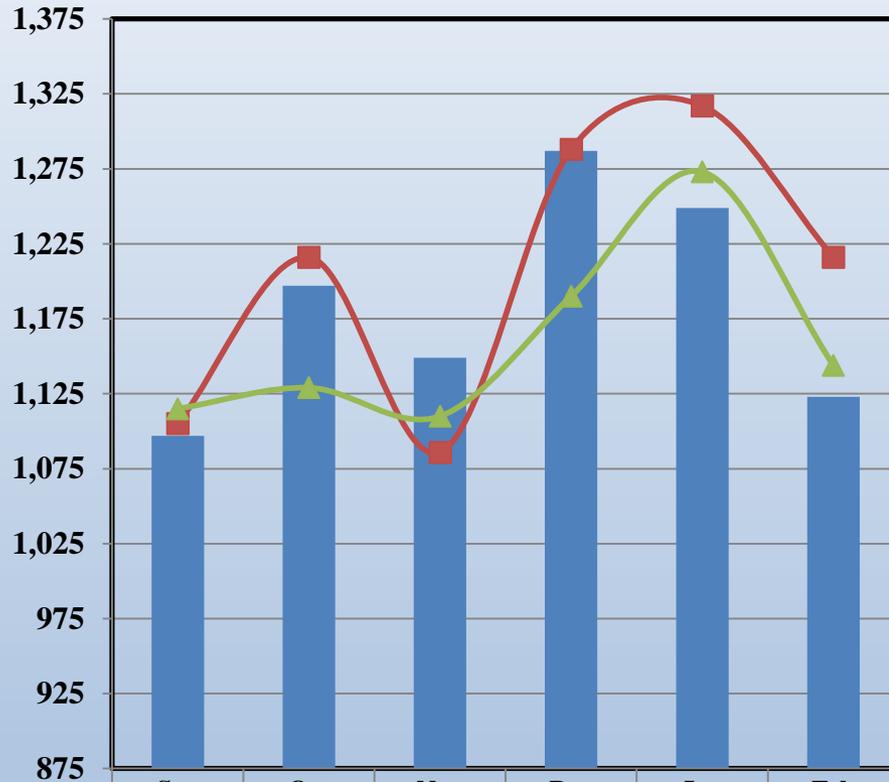
February 29, 2020

Volume



Admissions

Total – Adults and NICU

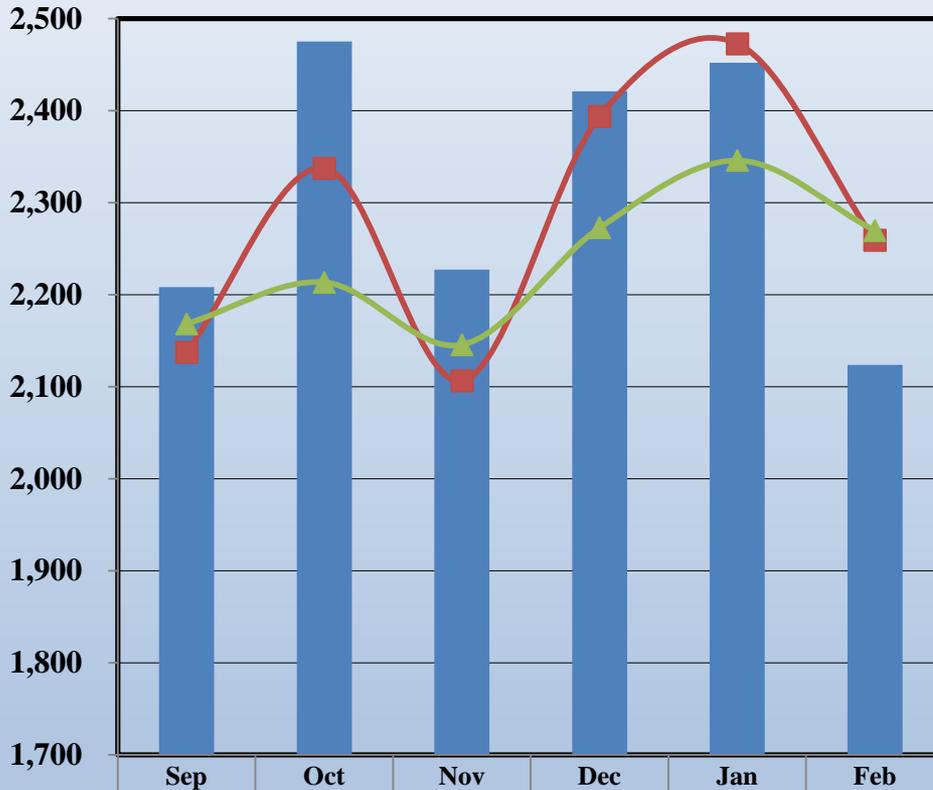


| | Sep | Oct | Nov | Dec | Jan | Feb |
|-------|-------|-------|-------|-------|-------|-------|
| Act | 1,097 | 1,197 | 1,149 | 1,287 | 1,249 | 1,123 |
| Bud | 1,105 | 1,216 | 1,086 | 1,288 | 1,317 | 1,216 |
| Prior | 1,115 | 1,129 | 1,110 | 1,190 | 1,273 | 1,144 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 1,123 | 1,216 | 1,144 |
| Var % | | -7.6% | -1.8% |
| Year-To-Date | 6,005 | 6,123 | 5,846 |
| Var % | | -1.9% | 2.7% |
| Annualized | 14,261 | 13,949 | 13,744 |
| Var % | | 2.2% | 3.8% |

Adjusted Admissions

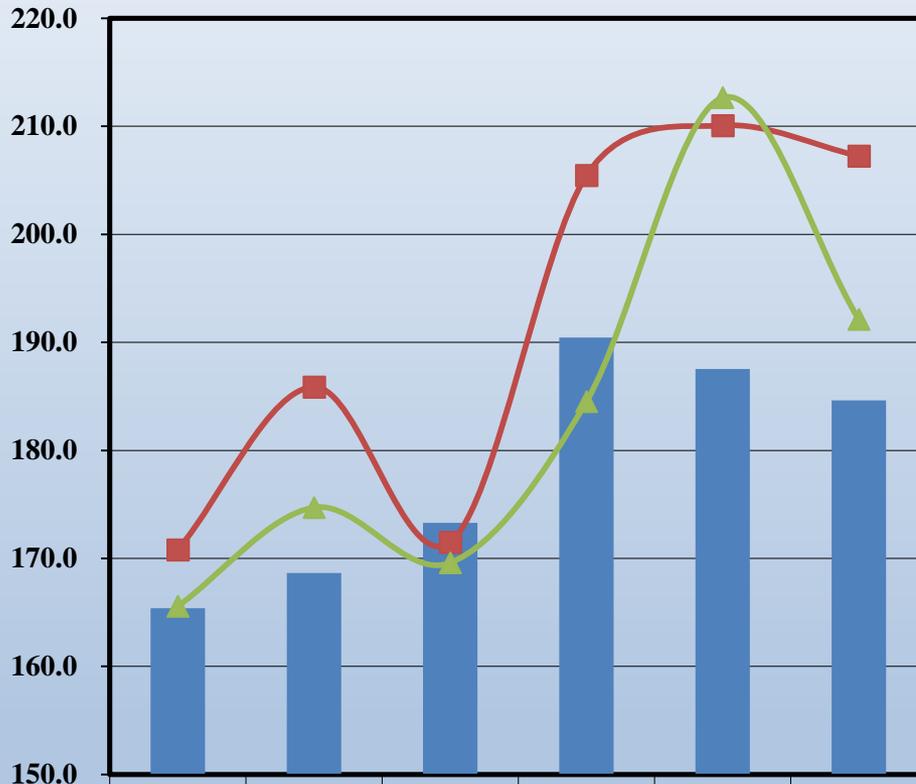
Including Acute & Rehab Unit



| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| Act | 2,208 | 2,475 | 2,227 | 2,421 | 2,452 | 2,124 |
| Bud | 2,138 | 2,338 | 2,106 | 2,394 | 2,473 | 2,259 |
| Prior | 2,168 | 2,214 | 2,146 | 2,273 | 2,346 | 2,270 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 2,124 | 2,259 | 2,270 |
| Var % | | -6.0% | -6.4% |
| Year-To-Date | 11,699 | 11,570 | 11,240 |
| Var % | | 1.1% | 4.1% |
| Annualized | 27,705 | 26,524 | 26,478 |
| Var % | | 4.5% | 4.6% |

Average Daily Census

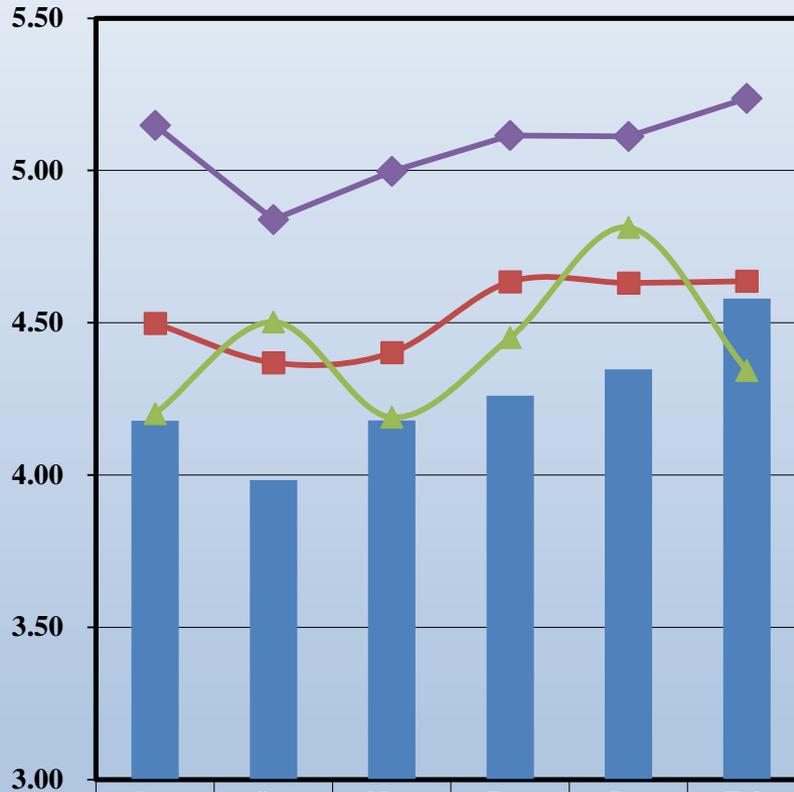


| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 184.6 | 207.2 | 192.1 |
| Var % | | -10.9% | -3.9% |
| Year-To-Date | 180.9 | 196.0 | 186.7 |
| Var % | | -7.7% | -3.1% |
| Annualized | 179.1 | 186.2 | 179.6 |
| Var % | | -3.8% | -0.3% |

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| Act | 165.4 | 168.6 | 173.3 | 190.5 | 187.5 | 184.6 |
| Bud | 170.8 | 185.9 | 171.5 | 205.5 | 210.1 | 207.2 |
| Prior | 165.6 | 174.7 | 169.6 | 184.5 | 212.6 | 192.1 |

Average Length of Stay

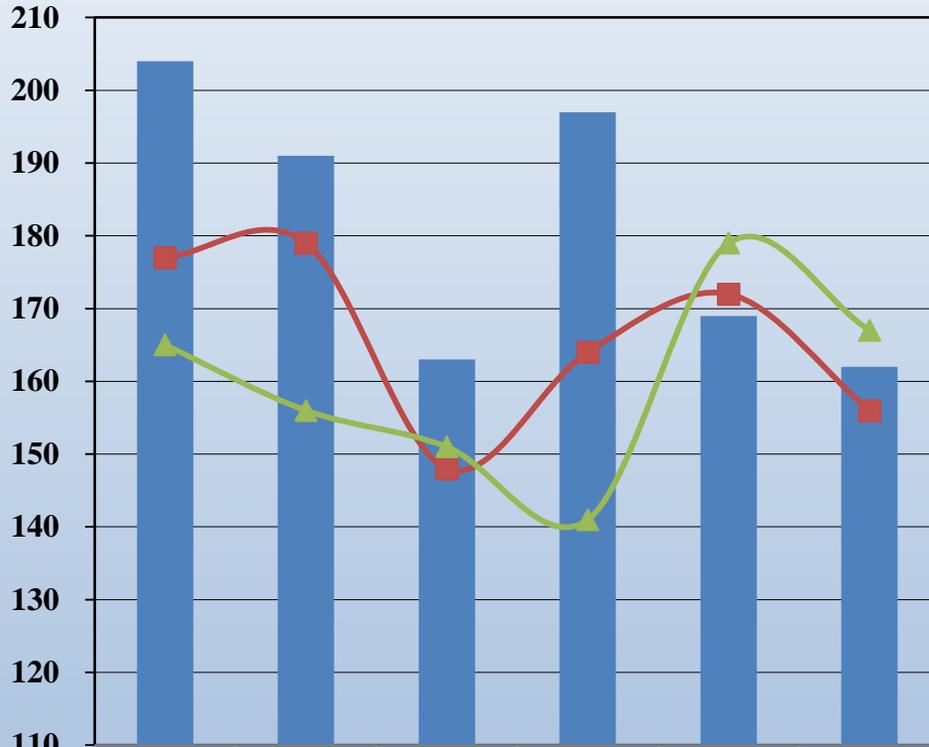
Total – Adults and Pedi



| | | | | | | |
|----------|------|------|------|------|------|------|
| Act | 4.18 | 3.98 | 4.18 | 4.26 | 4.35 | 4.58 |
| Bud | 4.50 | 4.37 | 4.40 | 4.63 | 4.63 | 4.64 |
| PY ex OB | 4.20 | 4.50 | 4.19 | 4.45 | 4.81 | 4.34 |
| CY ex OB | 5.15 | 4.84 | 5.00 | 5.11 | 5.11 | 5.24 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 4.58 | 4.64 | 4.34 |
| Var % | | -1.2% | 5.4% |
| Year-To-Date | 4.27 | 4.54 | 4.47 |
| Var % | | -6.0% | -4.5% |
| Annualized | 4.30 | 4.57 | 4.45 |
| Var % | | -5.9% | -3.3% |

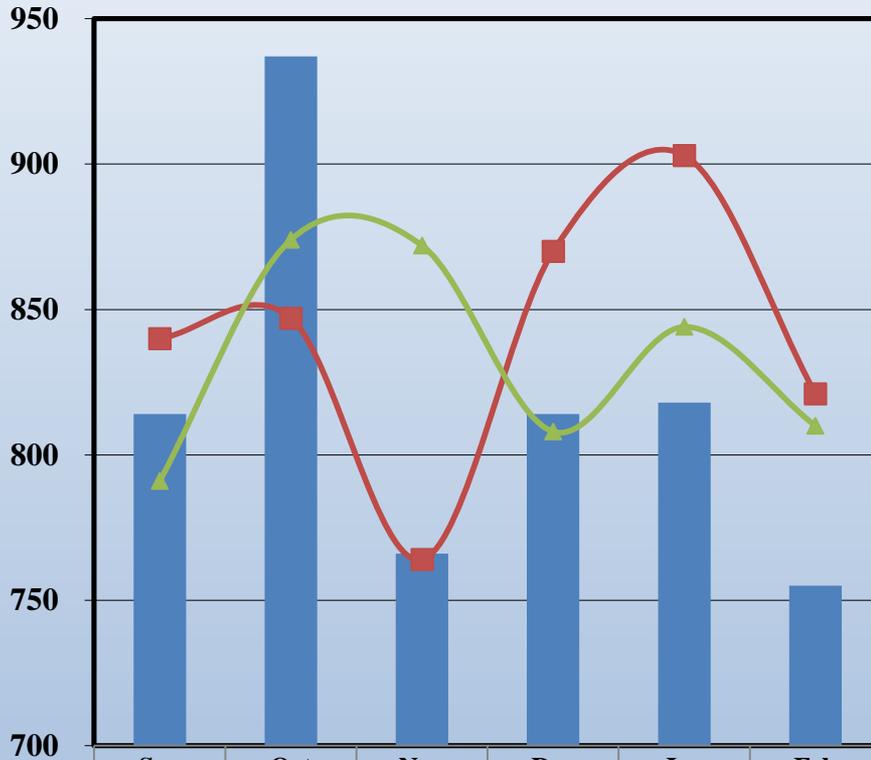
Deliveries



| | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|
| Act | 204 | 191 | 163 | 197 | 169 | 162 |
| Bud | 177 | 179 | 148 | 164 | 172 | 156 |
| Prior | 165 | 156 | 151 | 141 | 179 | 167 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 162 | 156 | 167 |
| Var % | | 3.8% | -3.0% |
| Year-To-Date | 882 | 819 | 794 |
| Var % | | 7.7% | 11.1% |
| Annualized | 2,135 | 1,951 | 1,877 |
| Var % | | 9.4% | 13.7% |

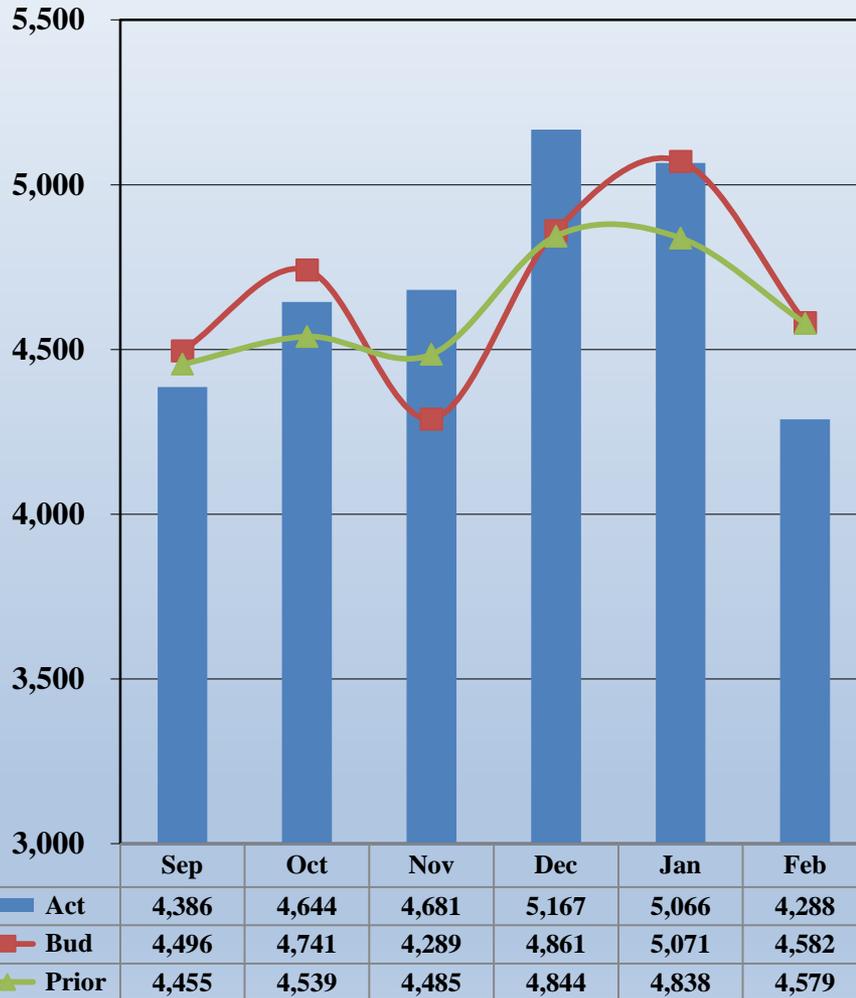
Total Surgical Cases



| | Sep | Oct | Nov | Dec | Jan | Feb |
|-------|-----|-----|-----|-----|-----|-----|
| Act | 814 | 937 | 766 | 814 | 818 | 755 |
| Bud | 840 | 847 | 764 | 870 | 903 | 821 |
| Prior | 791 | 874 | 872 | 808 | 844 | 810 |

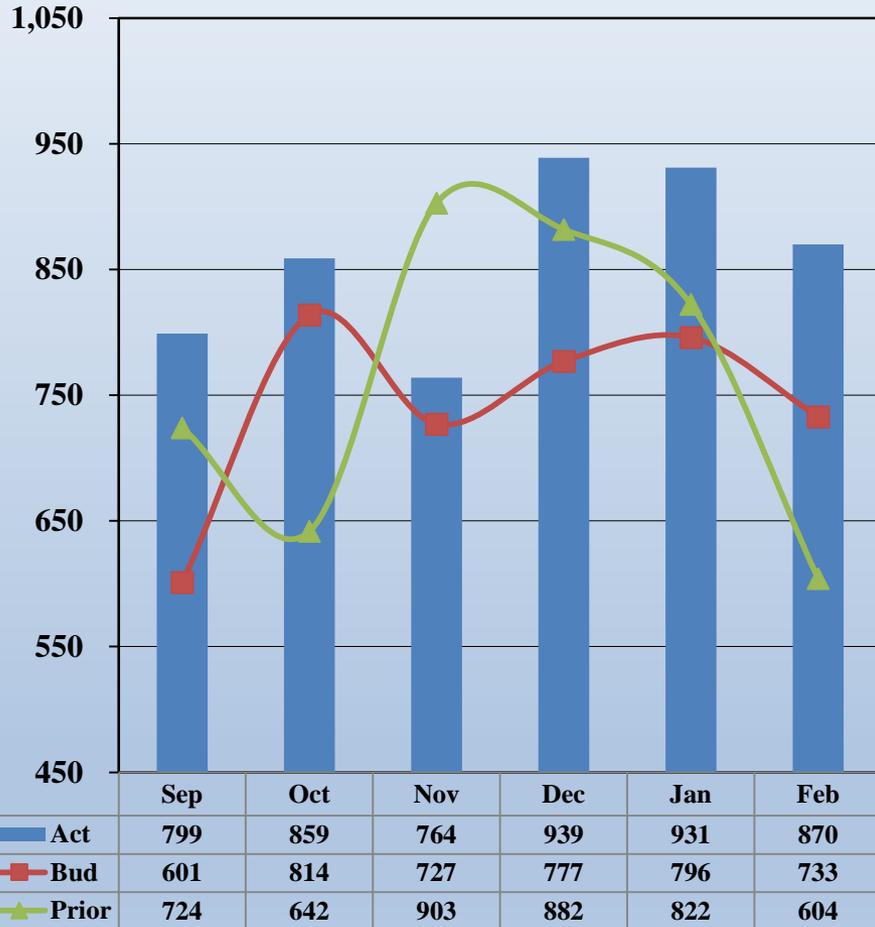
| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 755 | 821 | 810 |
| Var % | | -8.0% | -6.8% |
| Year-To-Date | 4,090 | 4,205 | 4,208 |
| Var % | | -2.7% | -2.8% |
| Annualized | 10,011 | 10,756 | 10,310 |
| Var % | | -6.9% | -2.9% |

Emergency Room Visits



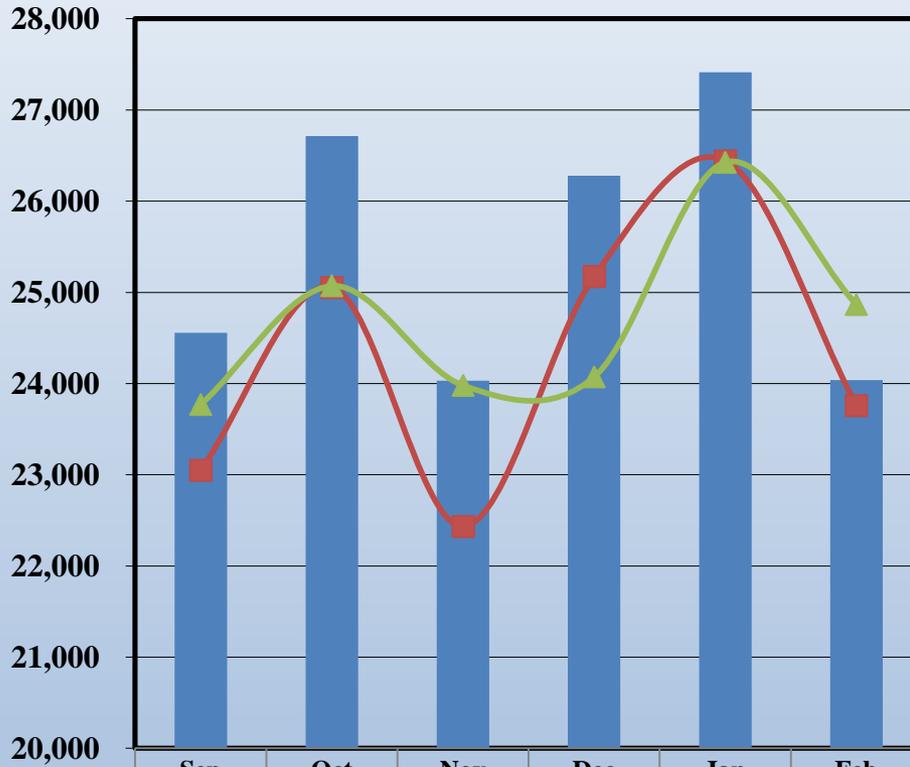
| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 4,288 | 4,582 | 4,579 |
| Var % | | -6.4% | -6.4% |
| Year-To-Date | 23,846 | 23,544 | 23,285 |
| Var % | | 1.3% | 2.4% |
| Annualized | 55,063 | 54,705 | 53,620 |
| Var % | | 0.7% | 2.7% |

Observation Days



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 870 | 733 | 604 |
| Var % | | 18.6% | 43.9% |
| Year-To-Date | 4,361 | 3,847 | 3,853 |
| Var % | | 13.4% | 13.2% |
| Annualized | 9,902 | 8,399 | 8,023 |
| Var % | | 17.9% | 23.4% |

Total Outpatient Occasions of Service



| | | | | | | |
|-------|--------|--------|--------|--------|--------|--------|
| Act | 24,556 | 26,714 | 24,032 | 26,279 | 27,413 | 24,037 |
| Bud | 23,051 | 25,055 | 22,432 | 25,175 | 26,444 | 23,758 |
| Prior | 23,770 | 25,070 | 23,979 | 24,072 | 26,425 | 24,865 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 24,037 | 23,758 | 24,865 |
| Var % | | 1.2% | -3.3% |
| Year-To-Date | 128,473 | 122,864 | 124,411 |
| Var % | | 4.6% | 3.3% |
| Annualized | 299,044 | 284,153 | 288,947 |
| Var % | | 5.2% | 3.5% |

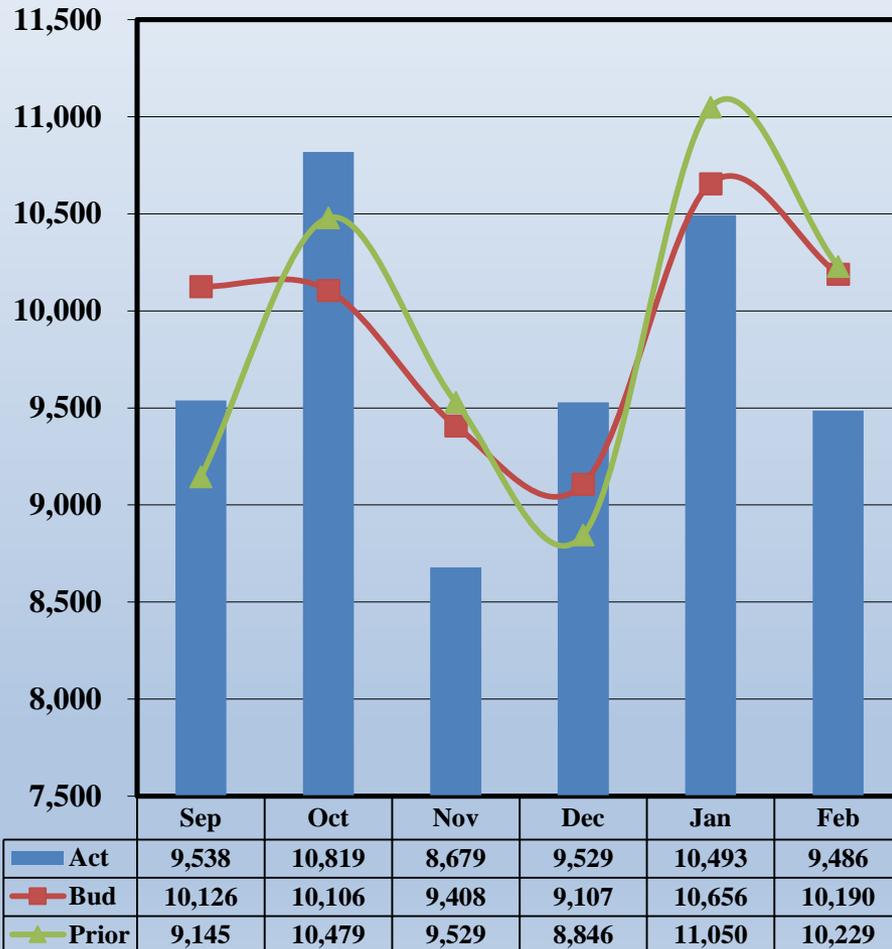
Urgent Care Visits

(JBS Clinic, West University & 42nd Street)



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 2,518 | 2,501 | 3,108 |
| Var % | | 0.7% | -19.0% |
| Year-To-Date | 12,608 | 12,401 | 12,748 |
| Var % | | 1.7% | -1.1% |
| Annualized | 25,381 | 30,996 | 26,215 |
| Var % | | -18.1% | -3.2% |

Total ProCare Office Visits



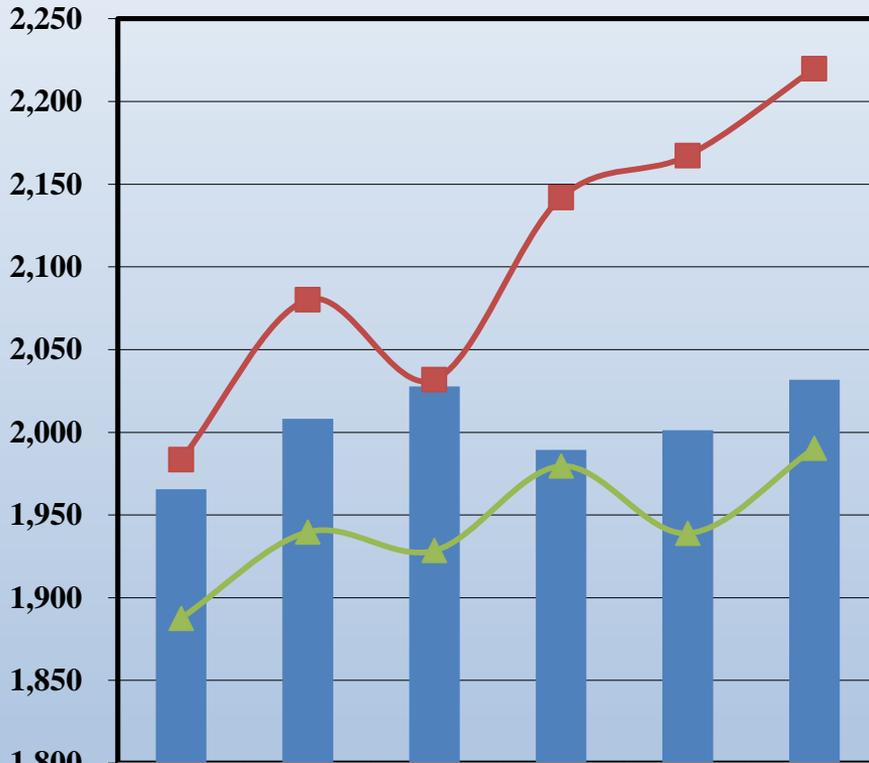
| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 9,486 | 10,190 | 10,229 |
| Var % | | -6.9% | -7.3% |
| Year-To-Date | 49,006 | 49,467 | 50,133 |
| Var % | | -0.9% | -2.2% |
| Annualized | 118,103 | 120,939 | 118,333 |
| Var % | | -2.3% | -0.2% |

Staffing



Blended FTE's

Including Contract Labor and Management Services

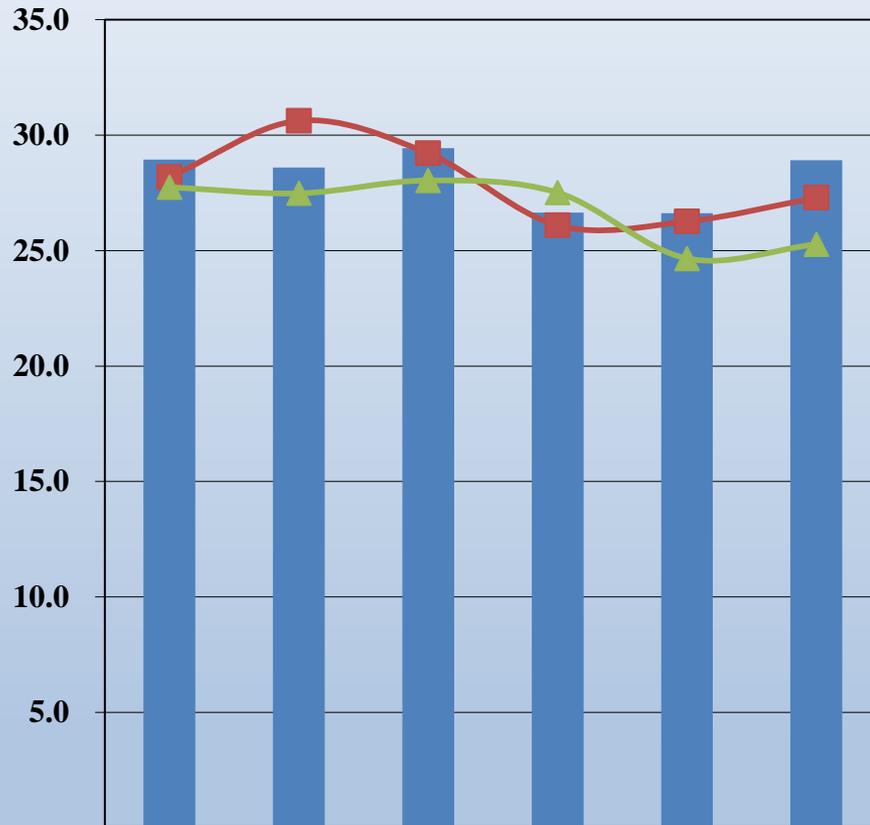


| | Sep | Oct | Nov | Dec | Jan | Feb |
|-------|-------|-------|-------|-------|-------|-------|
| Act | 1,966 | 2,008 | 2,028 | 1,989 | 2,001 | 2,032 |
| Bud | 1,983 | 2,080 | 2,032 | 2,142 | 2,167 | 2,220 |
| Prior | 1,888 | 1,940 | 1,928 | 1,980 | 1,939 | 1,990 |

| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 2,032 | 2,220 | 1,990 |
| Var % | | -8.5% | 2.1% |
| Year-To-Date | 2,011 | 2,128 | 1,955 |
| Var % | | -5.5% | 2.9% |
| Annualized | 1,986 | 2,069 | 1,931 |
| Var % | | -4.0% | 2.9% |

Paid Hours per Adjusted Patient Day

(Ector County Hospital District)



| | Sep | Oct | Nov | Dec | Jan | Feb |
|-------|------|------|------|------|------|------|
| Act | 28.9 | 28.6 | 29.4 | 26.7 | 26.6 | 28.9 |
| Bud | 28.2 | 30.6 | 29.2 | 26.1 | 26.3 | 27.3 |
| Prior | 27.7 | 27.5 | 28.0 | 27.5 | 24.7 | 25.3 |

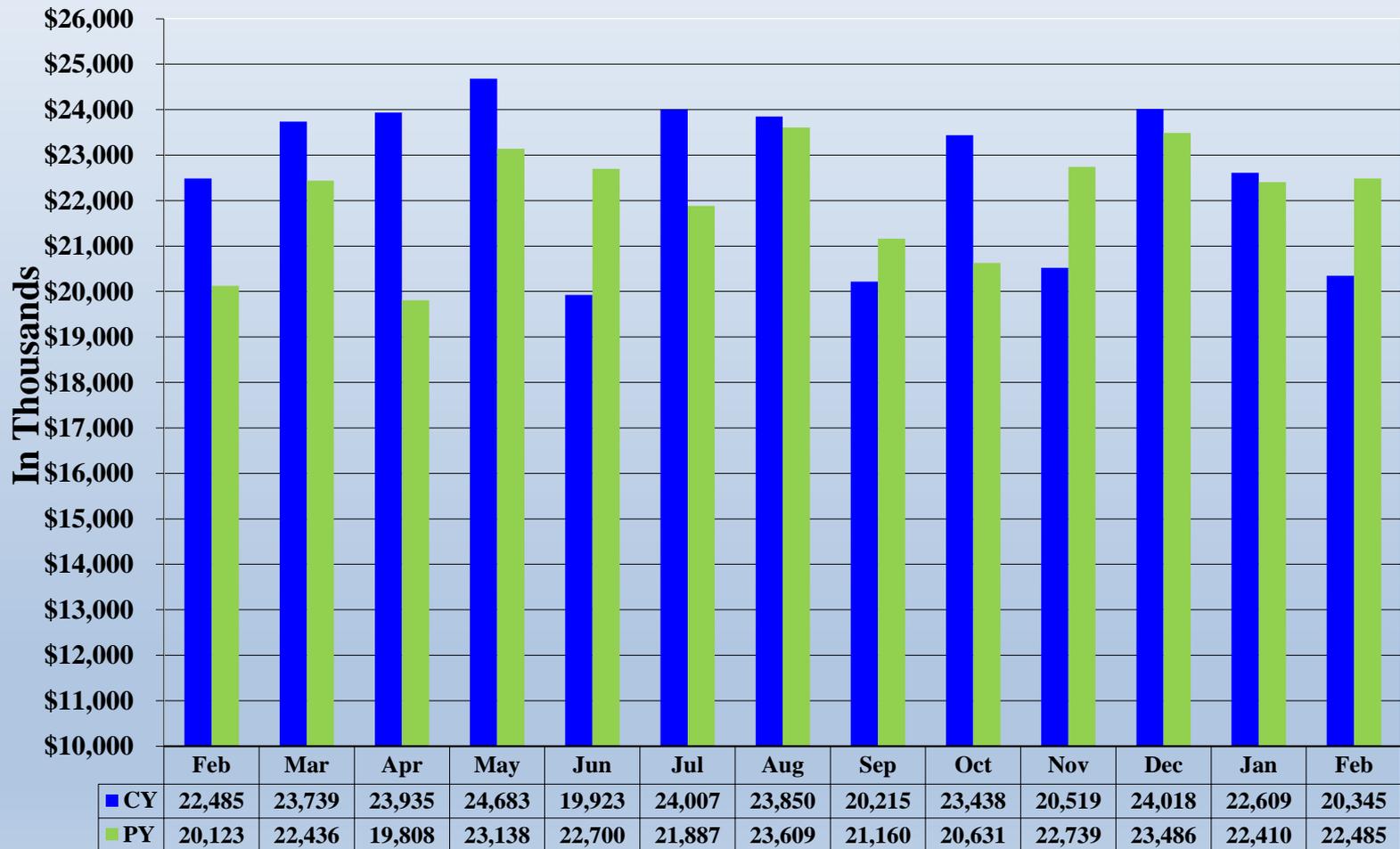
| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | 28.9 | 27.3 | 25.3 |
| Var % | | 6.0% | 14.4% |
| Year-To-Date | 28.0 | 27.9 | 26.6 |
| Var % | | 0.5% | 5.5% |
| Annualized | 27.9 | 28.0 | 26.9 |
| Var % | | -0.4% | 3.7% |

Accounts Receivable



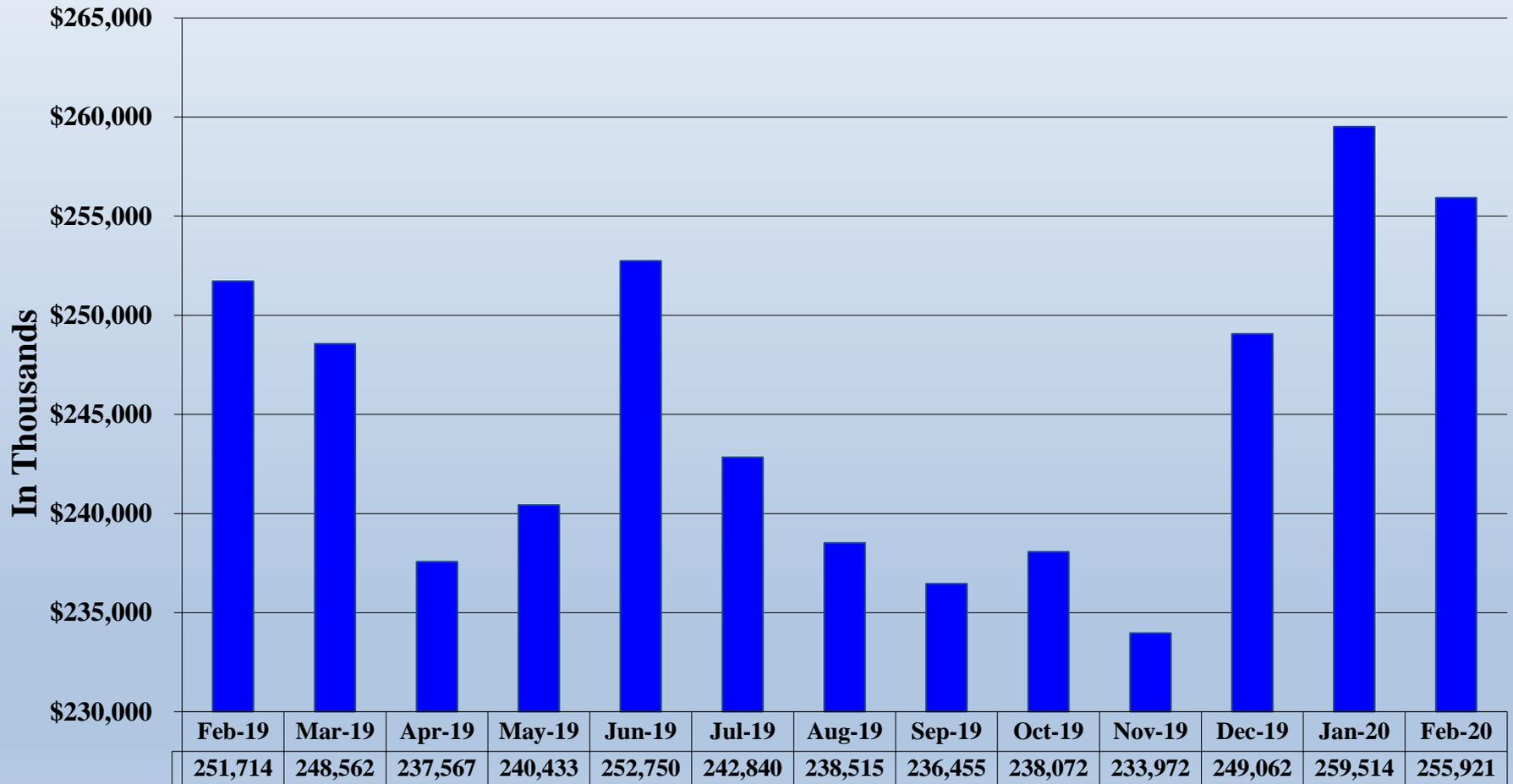
Total AR Cash Receipts

13 Month Trending



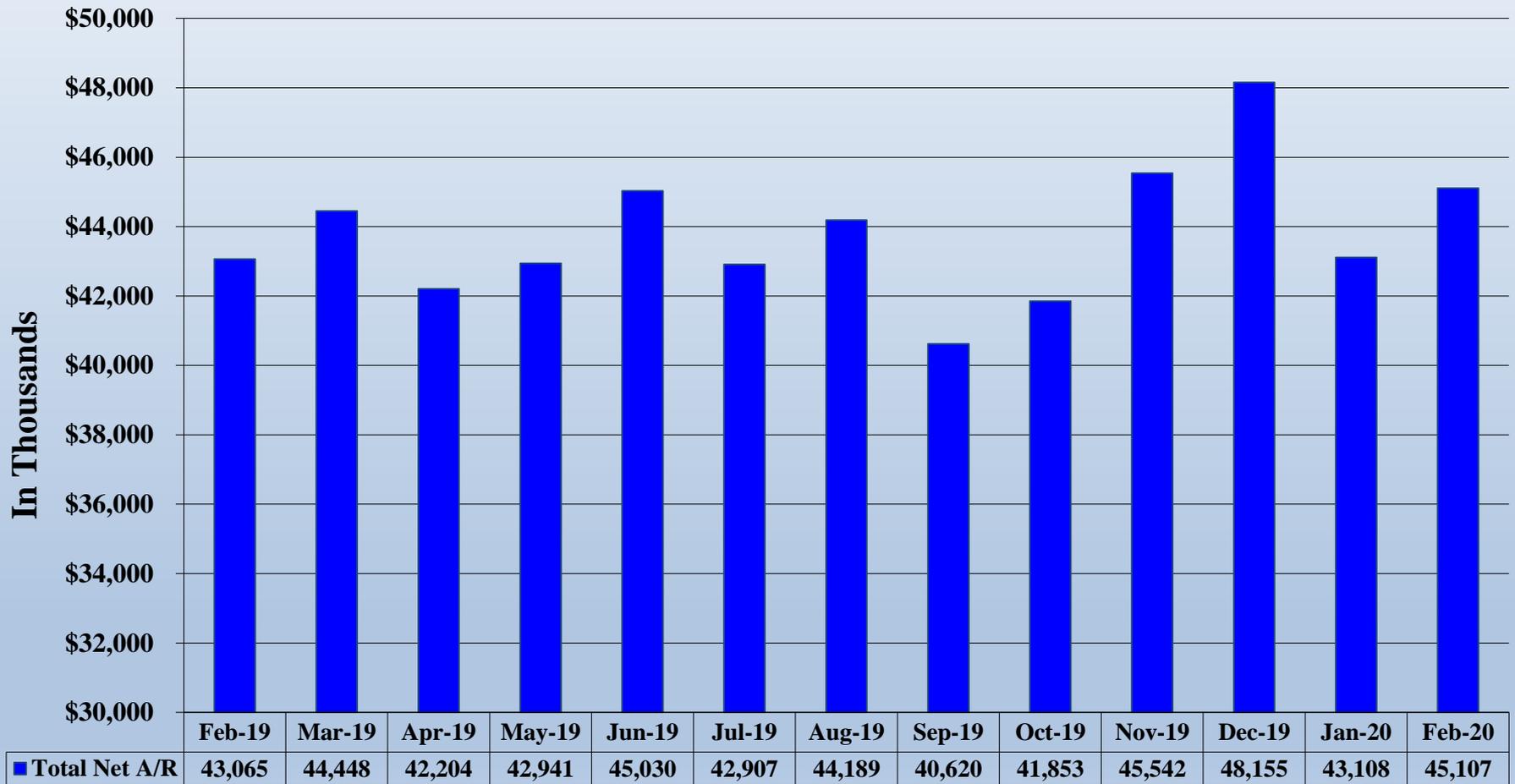
Total Accounts Receivable – Gross

Thirteen Month Trending



Total Net Accounts Receivable

Thirteen Month Trending

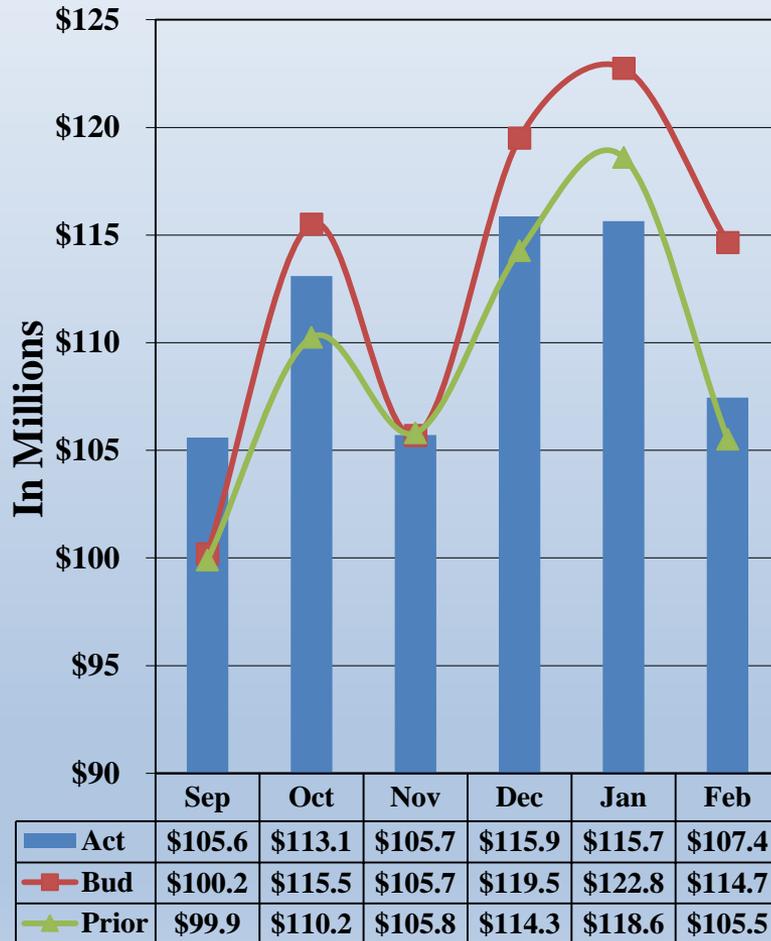


Revenues & Revenue Deductions



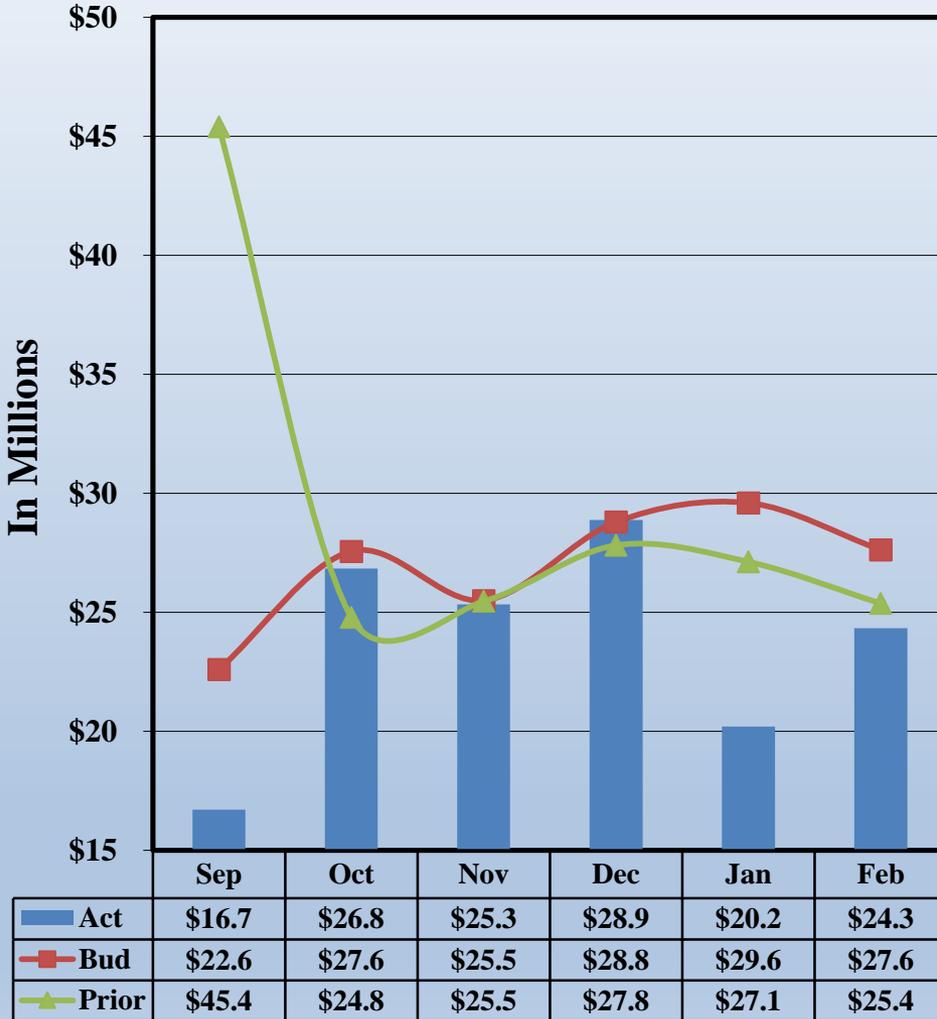
Total Patient Revenues

(Ector County Hospital District)



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ 107.4 | \$ 114.7 | \$ 105.5 |
| Var % | | -6.3% | 1.8% |
| Year-To-Date | \$ 557.8 | \$ 578.1 | \$ 554.5 |
| Var % | | -3.5% | 0.6% |
| Annualized | \$ 1,339.4 | \$ 1,332.2 | \$ 1,287.7 |
| Var % | | 0.5% | 4.0% |

Total Net Patient Revenues

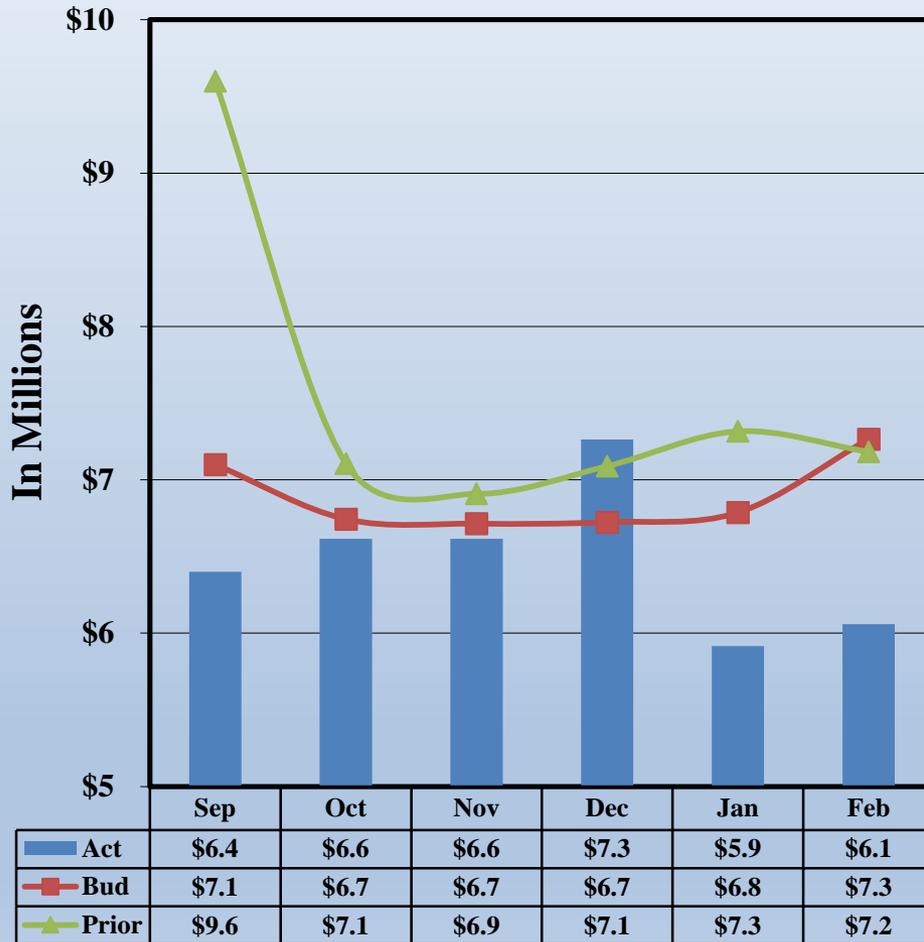


| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ 24.3 | \$ 27.6 | \$ 25.4 |
| Var % | | -11.9% | -4.1% |
| Year-To-Date | \$ 125.6 | \$ 139.1 | \$ 130.6 |
| Var % | | -9.7% | -3.8% |
| Annualized | \$ 286.0 | \$ 306.1 | \$ 292.1 |
| Var % | | -6.5% | -2.1% |

Other Revenue

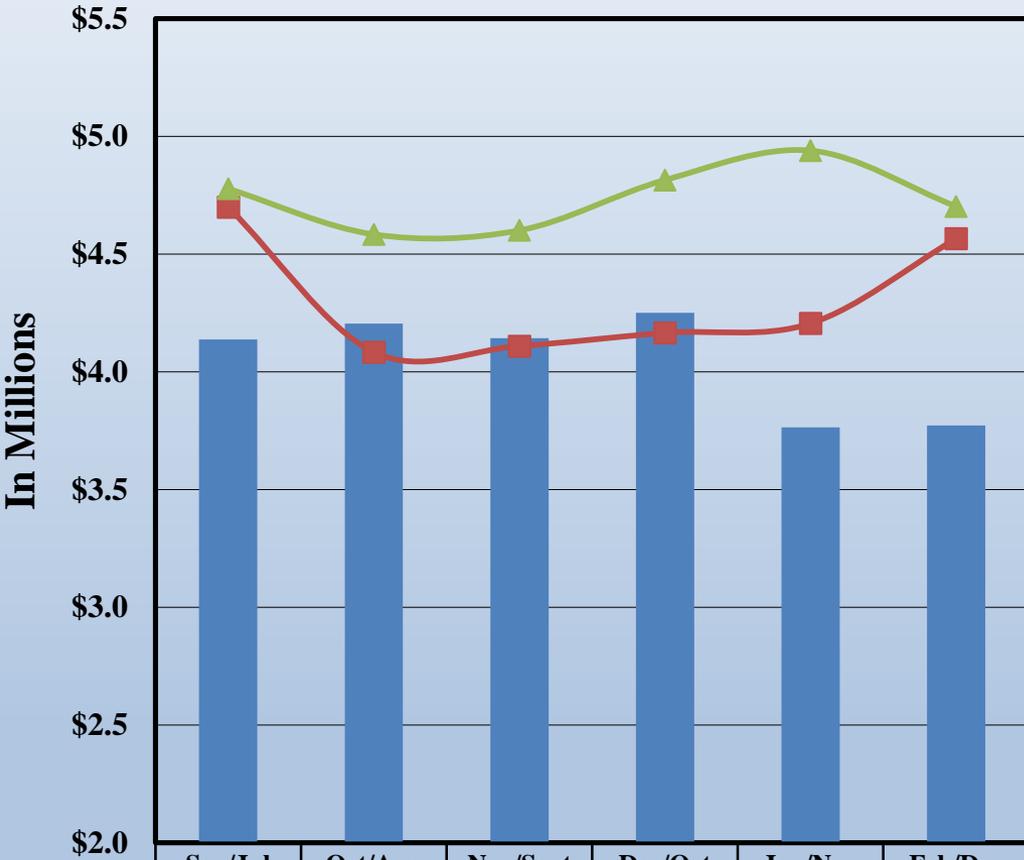
(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ 6.1 | \$ 7.3 | \$ 7.2 |
| Var % | | -16.6% | -15.7% |
| Year-To-Date | \$ 32.5 | \$ 34.2 | \$ 35.6 |
| Var % | | -5.2% | -8.8% |
| Annualized | \$ 81.7 | \$ 83.7 | \$ 86.7 |
| Var % | | -2.5% | -5.8% |

Sales Tax Receipts



| | Sep/Jul | Oct/Aug | Nov/Sept | Dec/Oct | Jan/Nov | Feb/Dec |
|-------|---------|---------|----------|---------|---------|---------|
| Act | \$4.1 | \$4.2 | \$4.1 | \$4.3 | \$3.8 | \$3.8 |
| Bud | \$4.7 | \$4.1 | \$4.1 | \$4.2 | \$4.2 | \$4.6 |
| Prior | \$4.8 | \$4.6 | \$4.6 | \$4.8 | \$4.9 | \$4.7 |

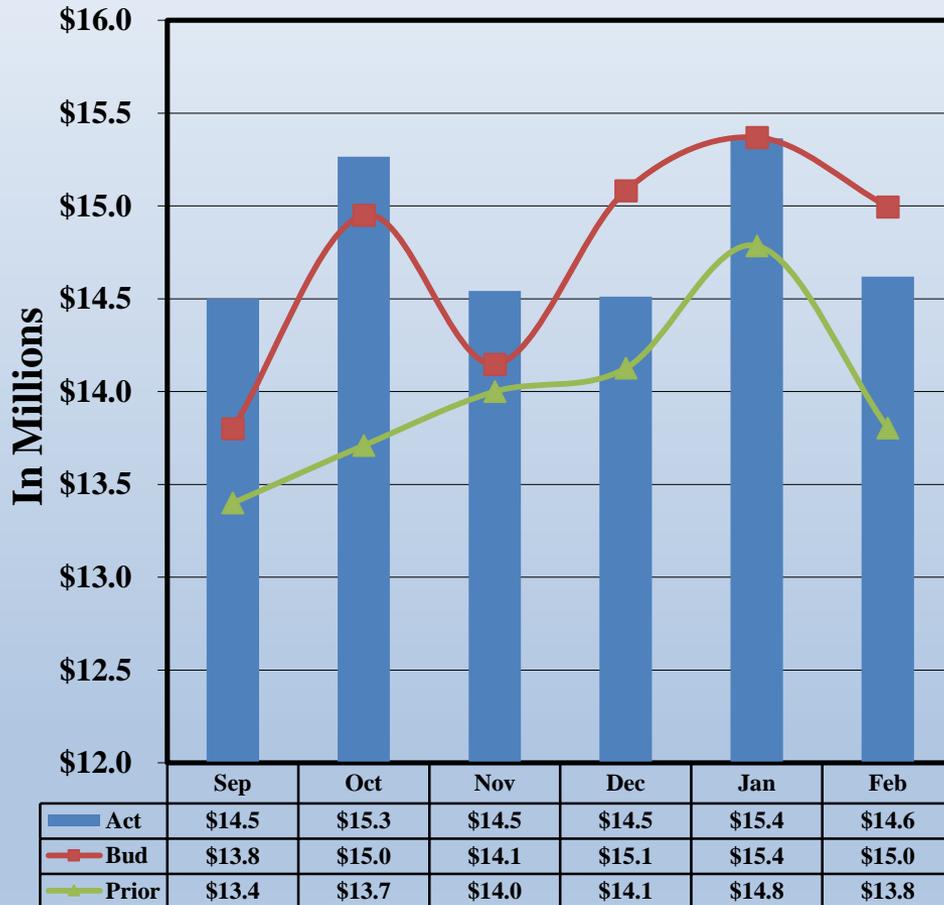
| | Actual | Budget | Prior Year |
|--------------|---------|---------|------------|
| Month | \$ 3.8 | \$ 4.6 | \$ 4.7 |
| Var % | | -17.4% | -19.8% |
| Year-To-Date | \$ 20.1 | \$ 21.1 | \$ 23.6 |
| Var % | | -4.7% | -14.8% |
| Annualized | \$ 50.1 | \$ 53.1 | \$ 57.5 |
| Var % | | -5.6% | -12.9% |

Operating Expenses



Salaries, Wages & Contract Labor

(Ector County Hospital District)



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ 14.6 | \$ 15.0 | \$ 13.8 |
| Var % | | -2.5% | 5.9% |
| Year-To-Date | \$ 74.3 | \$ 74.5 | \$ 70.4 |
| Var % | | -0.3% | 5.5% |
| Annualized | \$ 176.4 | \$ 170.8 | \$ 166.6 |
| Var % | | 3.3% | 5.9% |

Total Operating Expense

(Ector County Hospital District)



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ 31.8 | \$ 32.8 | \$ 29.3 |
| Var % | | -2.9% | 8.5% |
| Year-To-Date | \$ 162.4 | \$ 165.2 | \$ 153.8 |
| Var % | | -1.7% | 5.6% |
| Annualized | \$ 387.5 | \$ 372.7 | \$ 351.3 |
| Var % | | 4.0% | 10.3% |

Operating EBIDA

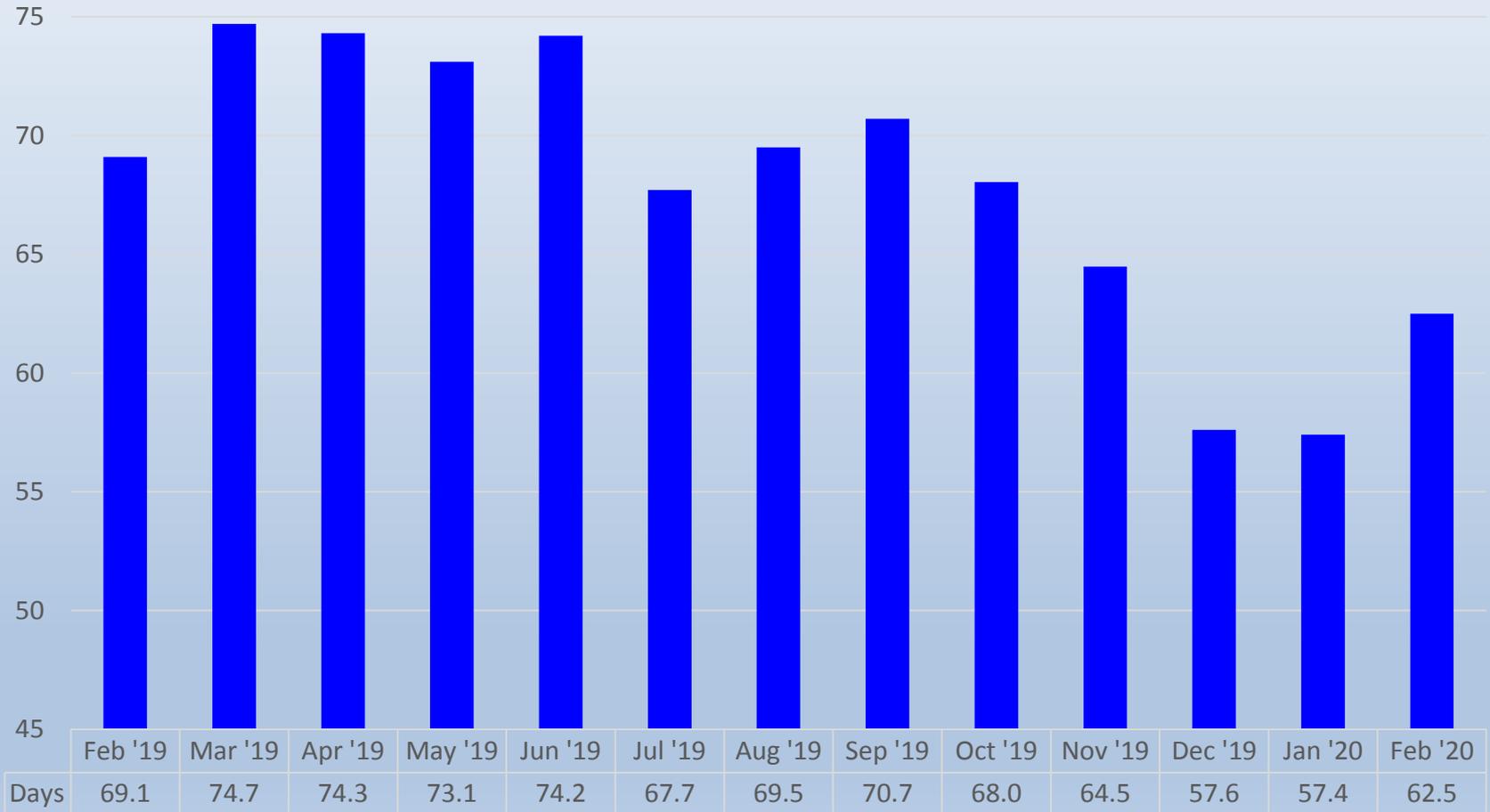
Ector County Hospital District Operations



| | <u>Actual</u> | <u>Budget</u> | <u>Prior Year</u> |
|--------------|---------------|---------------|-------------------|
| Month | \$ (1.2) | \$ 2.2 | \$ 3.2 |
| Var % | | -154.5% | -137.5% |
| Year-To-Date | \$ (3.9) | \$ 8.4 | \$ 12.3 |
| Var % | | -146.4% | -131.7% |
| Annualized | \$ (20.8) | \$ 17.5 | \$ 31.6 |
| Var % | | -218.9% | -165.8% |

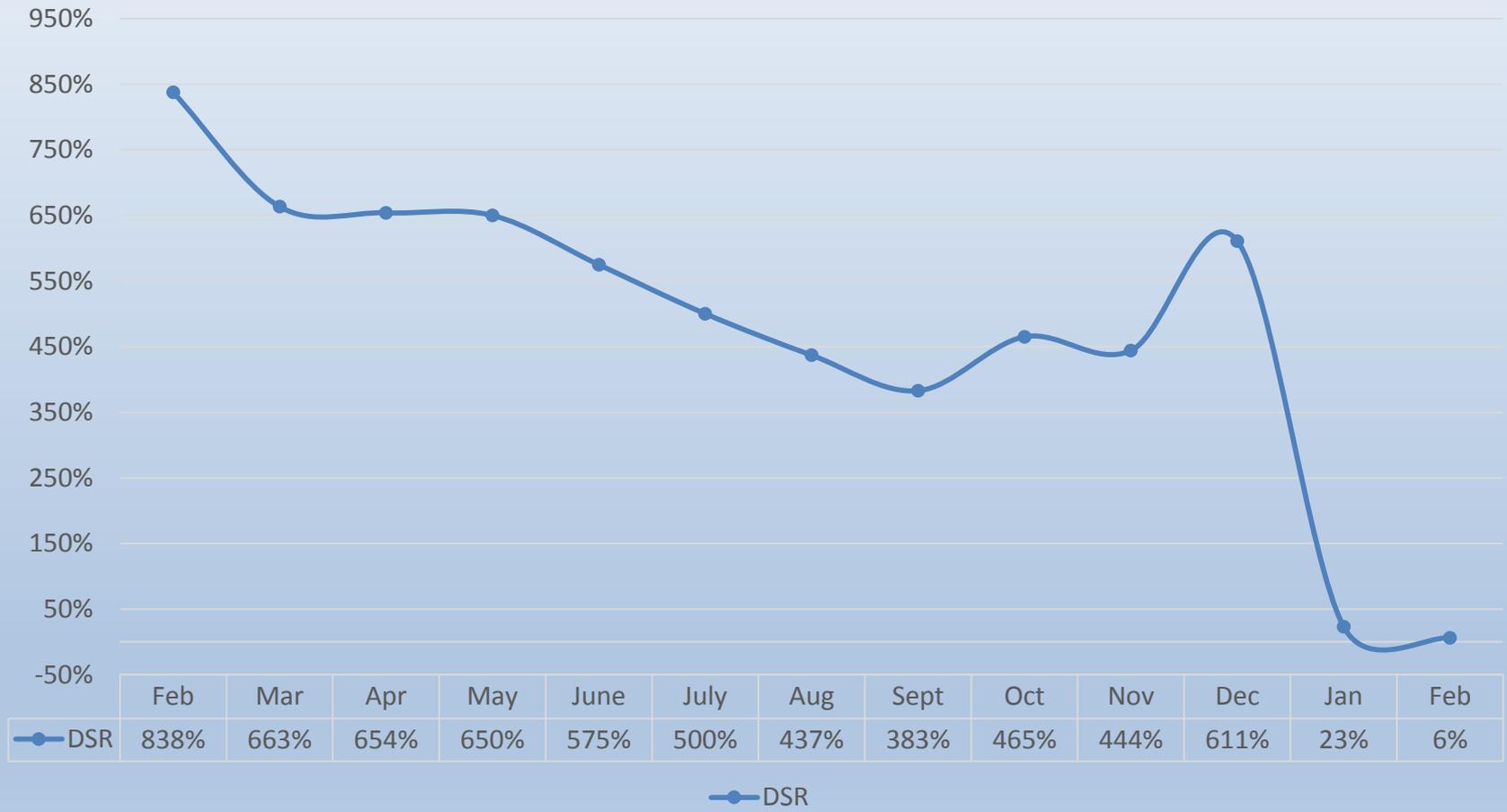
Days Cash on Hand

Thirteen Month Trending



13 Month Debt Service Ratio

Must be Greater Than 110%



mch



Follow up items/ last 30 day progress:

In the last few weeks there has heavy communication will all Ector County clinics including MCH Procure, nursing homes, and home health agencies to assure they are up to date with our processes for COVID-19. Some of our regional partners have agreed to take non complex patients if this becomes the case and MCHS needs the help caring for our patients. Close communication will continue with all personnel listed above.

- Traveled to all clinics in areas listed below providing information on MCHS services lines
- Creating MCHS binder to leave at each hospital with all necessary information/ updates and protocols going on in our system
- Community outreach/education on hold currently
- Met with Ector County clinics, introduced self and role. Will be visiting with each clinic manager and physicians in future to discuss service lines

Rankin

Met with Tiana, she stated their radiology director has left, leadership has decided whichever radiologist is on call is the director at that time. I have let her know we are still working on the education for radiology, but there has been some that are coming to shadow at MCH if she would like to mention this, they do not have an email at this time. She will let them know and forward me contact information once they get email addresses. She stated they have not had any issues with transfers.

Crane

Spoke with Diane Yeager CEO, I have introduced self and role. She stated she is glad to hear about MCH wanting to build relationship. She stated she heard great feedback from recent physician education and is excited to expand this in the future.

Met with clinic provided updates provider list and several resources on Diabetes, Bariatric surgery, OHI and GI team. Left contact information to call.

Big Lake

Met with ED staff, no issues with transfers. They are interested in more stroke education; I have let them know the position is in transition right now and provided them what I have, and we will set something up as soon as that position is filled. Jon-Michael stated they have a cardiologist who comes and sees approx. 15-20 patients a month there, I will be reaching out to OHI to see if Dr Farber would want to come speak to him and staff about TAVR procedure. Jon-Michael stated they have issues with getting patients in there swing bed due to not having OT/ ST. He did not seem as apprehensive about getting patients back as other, he made the comment “we attempt to send him more complex patients than their swing bed can take.” He stated they do not have any radiology barriers at this time. Jon-Michael stated he will get with Kim RN charge nurse and see if they would like any other education. No needs currently.

Met with clinic provided updates provider list and resources for bariatric surgery, GI, OHI, diabetes team. Provided with contact information to call with any needs.

Lamesa

Met with ED staff, provided all stroke material and education. She stated they usually have no issues with transfers to us, she stated they have been getting more declines from Lubbock so this is good to know. She stated they do not see maternal patients; MDs usually send patients to Lubbock after 34 weeks. I have let her know about our clinics and Dr Maher services. Also left with primary care clinic. They have no needs currently, Zandy RN (ED director) out for FMLA at this time. I have left cards for DON to discuss service lines, ED stated she was in meeting at this time.

Visited with clinic, they have several clinics in variety of places including Levelland and Big Spring, she will pass clinic list to all provider locations. She stated they have sent patients to us before per patient preference and have never had any issues.

Nor Lea

Met with ED staff and Dr Kumar, they stated they have no issues with transfers other than the frequent denials for hand ortho, I have let them know this line is coming in April. They stated they are so excited to hear this. The nurses bragged about how great the transfer process is at MCHS. The last time I was there was a different shift who had concerns about the demographics before accepting the patients, they were unaware of any of these issues and feel we ask the least amount of questions before hand compared to others. I did leave the SBAR sheet we use for them to have. I provided them with stroke updates and updated provider list. Spoke with Brandy Savell CNO post visit, introduced self and role, she stated she is glad to hear we are a resource for them as they feel they have been getting more denials from Lubbock recently. Will meet at next visit.

Lea Regional

Met with ED director, she stated they have no issues with transfers, she stated they are still getting use to using CHS, she also stated she will get me contact information for CHS. She stated one of their largest barriers which was also voiced at last visit is the Pedi psych patients (approx. 10-12) who they receive and have to hold in ED until facility accepts them, she stated a large part of this population is unfunded/undocumented. She stated these patients usually go to OCEANS or Rivercrest but can sit in their ED with sitter for 36 -72 hours at time. I have let her know we will be getting hand ortho coming in April, this was voiced as concern at last visit, they are excited to hear that. She is going to get with me about education needs, and she will personally be signing up for TNC class. She stated she is excited to hear we offer this as Lubbock as not had openings in their classes when needed.

Stanton

Visited with clinic in hospital that I missed last time. Left MCHS resources and provider list, clinic referral specialist appreciated she stated she did not realize we have this large of variety of specialty docs. She will get with physicians to see if there is something, they would like more information about and let me know. She has my contact information to call. I have left message for Tara ACNO to call me back.

Big Spring

Met with all clinics, provided the provider list and information about each specialty. The FMC clinic stated they have issues finding endocrinologist and several of their patients would come to Odessa, but the drive into town is not ideal for most of them per the nurse. They have Ortho, general surgery, but stated they use our ENTs often along with Dr. Maher. The OB/ GYN clinic stated Dr Mahers office is great and all their patients really like him. I have let them know we have hand ortho coming soon, they stated this is often a need. I have also provided clinics with our diabetes clinic information. Provided them with contact information to call if needs arise or issues getting into any clinics.

Snyder

Met with house supervisor, introduced self and role. Amber stated they have no transfer issues with MCHS. She stated it does seem more challenging to get patients accepted once they are admitted, but this is not just a problem with MCHS. She stated they struggle to keep any patients in respiratory distress as they have no vents and no cardiology services. She stated they have no transport issues; they work closely with their local EMS. They are critical access facility and do have maternal child but prefer to send under 35 weeks out. They are working currently to get PCU, but staff is hesitant about taking care of critically ill patients. I have let her know if they do move forward, we can help with education. They have family medicine docs that practice in both the ED and their clinics. They only have 1 MRI person and use a group out of Lubbock for all reads. The clinic at one time was owned by covenant this is where several other contracts were created, the radiology one is the only one still standing at this time. She stated they do have a swing bed with all therapies ST/OT/PT. They like to keep their acute volume around 10 but would like to get more patients in swing bed, I will let case mgt. director know they have swing bed with all therapies. They also have a new ortho MD as well. She stated this is probably their largest volume in the area.

Left MCHS doc list with clinic along with surgery info. Possible lunch about TAVR

Winkler

Met with William, he stated there has been no transfer issues, he stated we were actually great the other day during a time where they were in a bind, they had sent a swing bed patient to cardiologist and on the way there received call from heart MD he had reviewed CT and wanted to send patient straight to ED, they knew they were going to need to transfer the patient to use once receiving so they went ahead and called our transfer center to see if they would accept

without them seeing and we were able to accommodate, he stated it is greatly appreciated. He stated their admission numbers have gone up in the last year which he is proud of, they have adopted a hospitalist group that is working well with ED group (Concord) to admit more patients. He stated they had a record month in January but would greatly appreciate any physician education. He stated they still having ongoing issues with local EMS, which is why they started contract with Delmare but he stated Delmare has voiced concerns about their volume not being large enough to keep a truck onsite. He also voiced getting patients back in swing bed, but again this is another facility that only has PT, they send all ST patients to appts in Odessa. They do not have OT. He stated they have a large COPD population; I have let him know I will send some resources and connect him with respiratory director as they have reached out to offer outreach as well. Provided him with Specialty clinic information along with clinic. William stated they are looking for baby warmer, reached out to Tammy we do not at this time, reached out to Lubbock waiting on response.