



ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING
JUNE 5, 2018 – 5:30 p.m.

AGENDA

- I. CALL TO ORDER Mary Thompson, President
II. INVOCATION Chaplain Farrell Ard
III. PLEDGE OF ALLEGIANCE Mary Thompson
IV. MISSION/VISION/VALUES OF MEDICAL CENTER HEALTH SYSTEM Mary Thompson, p.3
V. JUNE 2018 EMPLOYEES OF THE MONTH Rick Napper
• Clinical: Julian Franco, Registered MRI Technologist, Radiology Department
• Non-Clinical: Amy Sanchez, Clinical Informatics Trainer, Medical Staff
• Nurse: Idaly Aguirre Armendariz, Registered Nurse, Dedicated Educational Unit (7 Central)
VI. REVIEW OF MINUTES Mary Thompson, p.4-15
A. Regular Meeting – May 1, 2018
B. ECHD Board Strategy and Educational Meeting – May 17-18, 2018
VII. NURSING WEEK FUNDRAISER CHECK PRESENTATION Chad Dunavan
VIII. COMMITTEE APPOINTMENT/REAL ESTATE COMMITTEE Mary Thompson
IX. COMMITTEE REPORTS
A. Finance Committee David Dunn, p.16-87
1. Financial Report for Seven Months Ended April 30, 2018
B. Joint Conference Committee.....Fernando Boccalandro, MD, p.88-117
1. Medical Staff or AHP Initial Appointment/Reappointment
2. Change in Clinical Privileges/or Scope of Practice/or Supervisor
3. Change in Medical Staff or AHP Staff Status
4. Change in Medical Staff or AHP Staff Category
5. Change in Medical Staff Bylaws/Policy/Privilege Criteria
a. Nephrology Privilege Form and Criteria
b. Certified Nurse Midwife Privilege Form and Criteria
c. Trauma Performance Improvement and Patient Safety Plan

C. Audit Committee	David Dunn, p.118-132
1. 2017/2018 Project Plan Status	
2. Completed Project Results	
3. 2018/2019 Proposed Project Plan	
X. TTUHSC AT THE PERMIAN BASIN REPORT	Gary Ventolini, M.D.
XI. PRESIDENT/CHIEF EXECUTIVE OFFICER’S UPDATE	
A. Quarterly Quality Report	Rick Napper, p.133-138
B. Quarterly Human Resources Report	Rick Napper, p.139-143
C. Quarterly Marketing Report	Rick Napper, p.144-149
XII. APPROVAL ITEMS	
A. Interlocal Agreement/Request to Sell Property	Don Hallmark, p.150-160
B. Career Builder Agreement	Robbi Banks, p.161-167
C. Endowment Funds Distribution	Robert Abernethy, p.168
XIII. ECHD BOARD OFFICER ELECTIONS/APPOINTMENT	Mary Thompson
A. President	
B. Vice President	
C. Executive Committee Member	
D. Secretary	
XIV. EXECUTIVE SESSION	
<p>Meeting held in closed session as to (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code, including update on settlement documents in <i>Meisell et al., v. ECHD et al.</i>; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (3) Deliberation regarding exchange, lease, or value of real property pursuant to 551.072 of the Texas Government Code.</p>	
XV. MCH PROCARE PROVIDER AGREEMENT	Adiel Alvarado
XVI. ADJOURNMENT	Mary Thompson

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 in such closed or executive meeting or session 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
MAY 1, 2018 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

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

OTHERS PRESENT:

Rick Napper, President/Chief Executive Officer
Robert Abernethy, Chief Financial Officer
Chad Dunavan, Chief Nursing Officer
Heather Bulman, Chief Experience Officer
Dr. Fernando Boccalandro, Chief of Staff
Dr. Donald Davenport, Vice Chief of Staff
Ron Griffin, Chief Legal Counsel
Jan Ramos, ECHD Board Secretary
Dr. Rama Chemitiganti, TTUHSC Permian Basin
Various other interested members of the
Medical Staff, Employees, and Citizens

I. CALL TO ORDER

Mary Thompson, 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

Mary Thompson led the Pledge of Allegiance to the United States and Texas flags.

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

V. MAY 2018 EMPLOYEES OF THE MONTH

Rick Napper introduced the May 2018 Employees of the Month as follows:

- Clinical: Alicia Suarez, Phlebotomist, Phlebotomy Laboratory
- Non-Clinical: Daniel Coppinger, General Maintenance, Engineering
- Nurse: Sirena Perkins, Registered Nurse, Emergency Department

VI. REVIEW OF MINUTES

Regular Meeting – April 3, 2018

David Dunn moved and Richard Herrera seconded the motion to accept the minutes of the Regular ECHD Board meeting held April 3, 2018 as presented. The motion carried.

VII. LEGISLATIVE UPDATE

State Representative Brooks Landgraf presented a legislative update and answered questions from Board members related to property tax reform, Medicaid reimbursement, block grant funding, and renewal of the 1115 Waiver.

This presentation was for informational purposes only and no action was taken.

VIII. COMMITTEE REPORTS

A. Finance Committee

1. Quarterly Investment Report - Quarter 2, FY 2018

David Dunn moved and Ben Quiroz seconded the motion to approve the Quarterly Investment Report – Quarter 2, FY 2018

2. Quarterly Investment Officer's Certification

David Dunn moved and Bryn Dodd seconded the motion to approve the Quarterly Investment Officer's Certification. The motion carried.

3. Financial Report for Five Months Ended March 30, 2018

David Dunn moved and Ben Quiroz seconded the motion to approve the Financials for five months ended March 30, 2018. The motion carried.

B. Joint Conference Committee

Dr. Fernando Boccalandro, Chief of Staff, presented the recommendation of the Joint Conference Committee to accept the following Medical Staff Recommendations:

1. Medical Staff or AHP Initial Appointment/Reappointment

Medical Staff

Applicant	Department	Specialty/ Privileges	Group	Dates
Akrami, Jason MD	Radiology	Telemedicine	VRAD	05/01/2018- 04/30/2020
Bajaj, Kelash MD	Medicine	Medical Oncology	Texas Oncology	05/01/2018- 04/30/2019
Cho, Parina MD	Radiology	Telemedicine	VRAD	05/01/2018- 04/30/2020
Garikiparthy, Venkataramana MD	Pediatrics	Pediatrics	TTUHSC	05/01/2018 – 04/30/2019
Hansen, Robert MD	Radiology	Telemedicine	VRAD	05/01/2018- 04/30/2020
*Payne, Jordan MD	Pediatrics	Pediatrics	Covenant Medical Group	05/01/2018- 04/30/2019
Roemhildt, Louis MD	Radiology	Telemedicine	VRAD	05/01/2018- 04/30/2020
McFadden, Sara MD	Radiology	Telemedicine	American Radiology Assoc.	05/01/2018- 04/30/2020

Allied Health Professional (AHP) Staff Applicants

Applicant	Department	Specialty/ Privileges	Group	Sponsoring Physician(s)	Comments
*Reyes, Dayanelie PA	Family Medicine	Physician Assistant	ProCare	Dr. Mavis Twum-Barimah	05/01/2018 – 04/30/2020
*Wheatley, Lindsey NP	Pediatrics	Nurse Practitioner	TTUHSC	Dr. Robert Bennett Dr. Dimitrios Angelis Dr. Manjula Mudduluru	05/01/2018 – 04/30/2020

**Please grant temporary privileges*

Reappointment of the Medical Staff and Allied Health Professional Staff

Medical Staff/Or Allied Health Professional Staff

Applicant	Department	Staff Category	Specialty/ Privileges	Group	Dates
Allen, Michael MD	Radiology	Telemedicine	Teleradiology	VRAD	05/01/2018 – 04/30/2020
Cavazos, Cristina MD	Radiology	Telemedicine	Teleradiology	VRAD	07/01/2018 – 06/30/2020
Foral, Jonathan MD	Radiology	Telemedicine	Teleradiology	VRAD	05/01/2018 – 06/30/2020
Fox, Stephen MD	Radiology	Telemedicine	Teleradiology	VRAD	06/01/2018 – 05/31/2020
James, Rebecca MD	OB/GYN	Associate	OB/GYN	Premier Physicians	07/01/2018 – 06/30/2019
Lamoureux, Christine, MD	Radiology	Telemedicine	Teleradiology	VRAD	05/01/2018 – 04/30/2020
Le, Trang, MD	Internal Medicine	Active	Internal Medicine/Endocrinology	Texas Tech	07/01/2018 – 06/30/2020
McQuillin, Pamela MD	OB/GYN	Active	OB/GYN	Private	07/01/2018 – 06/30/2020
Moon, David MD	Radiology	Telemedicine	Teleradiology	VRAD	06/01/2018 – 05/31/2020
Oner, Banu, MD	Radiology	Telemedicine	Teleradiology	VRAD	05/01/2018 – 04/30/2020

Reckson, Mark MD	Radiology	Telemedicine	Teleradiology	VRAD	05/01/2018 – 04/30/2020
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Blank **Staff Category** column signifies no change

Allied Health Professionals

Applicant	Department	Specialty/ Privileges	Group	Sponsoring Physician(s)	Dates
Cuizon, Michael NP	Cardiology	Nurse Practitioner	ProCare	Dr. Sudhir Amaram Dr. Manohar Angirekula Dr. Fernando Boccalandro Dr. Tejas Patel Dr. Craig Spellman	07/01/2018 – 06/30/2020
Eaton, Catherine NP	Medicine	Nurse Practitioner	MCHS	Dr. Ronald Gibbons Dr. Craig Spellman	07/01/2018 – 06/30/2020
Hughes, Amanda NP	Pediatrics	Nurse Practitioner	TTUHSC	Dr. Robert Bennett	06/01/2018 – 05/31/2020
Moses, Stephanie PhD	Medicine	Clinical Psychologist	TTUHSC	Independent	06/01/2018 – 05/31/2020
Nunez, Martha	Family Medicine	Nurse Practitioner	ProCare	Dr. Johany Herrera	07/01/2018 – 06/30/2020
Pittman, Tabatha PA	Family Medicine	Physician Assistant	MCHS	Dr. David Davison Dr. Mavis Twum-Barimah	06/01/2018 – 05/31/2020
Subia, Isadora NP	Cardiology	Nurse Practitioner	Procure	Dr. Sudhir Amaram Dr. Manohar Angirekula Dr. Fernando Boccalandro Dr. Tejas Patel	07/01/2018 – 06/30/2020

2. Change in Clinical Privileges/or Scope of Practice/or Supervisor

Clinical/ Additional Privileges

Staff Member	Department	Privilege
Chavez, Cynthia, NNP	Pediatrics	Add: Umbilical arterial catherization; Umbilical venous catherization; Intubation;
Hughes, Amanda NNP	Pediatrics	Add: Umbilical arterial catherization; Umbilical venous catherization; Intubation;
James, Rebecca MD	OB/GYN	Add: Hysterectomy, abdominal/vaginal Delete: Hysterectomy, cesarean section
Subia, Isadora NP	Cardiology	Delete: Wound Care (NP only)
Wiltse, Peter MD	Surgery	Add: Trauma Privilege Form (Removal of Proctoring)

3. Change in Medical Staff or AHP Staff Status

Resignation / Expiration of Privileges

Staff Member	Staff Category	Department	Effective Date	Action
Clarke, Delphia MD	Telemedicine	Radiology	02/10/2017	Resigned
Gafford, Philip MD	Associate	Surgery	02/28/2018	Lapse of privileges
Gerhardt, Erich DO	Associate	Surgery	06/30/2018	Lapse of privileges
Patel, Sanjay MD	Courtesy	Pediatrics	07/01/2018	Resigned
Vyas, Dinesh MD	Associate	Surgery	02/28/2018	Lapse of privileges
West, Jason MD	Affiliate	Surgery	09/20/2017	Resigned
Turner, James MD	Telemedicine	Radiology	05/31/2018	Lapse of privileges

4. Change in Medical Staff or AHP Staff Category

Staff Category Changes

None were presented.

Change in Credentialing Date

Staff Member	Staff Category	Department	Dates
Doran, John MD	Courtesy	Medicine	01/01/2018 – 12/31/2018
Gurru, Manohar MD	Courtesy	Medicine	01/01/2018 – 12/31/2018
Jain, Shailesh MD	Courtesy	Medicine	01/01/2018 – 12/31/2018
Pamganamamula, Madhu MD	Courtesy	Medicine	01/01/2018 – 12/31/2018
Rao, Vivek MD	Courtesy	Medicine	01/01/2018 – 12/31/2018
Webb, Heather MD	Telemedicine	Radiology	01/01/2018 – 12/31/2019

5. Medical Staff Bylaws/Policy/Privilege Criteria

None were presented.

David Dunn moved and Mary Lou Anderson seconded the motion to approve the Medical Staff recommendation (Items VIII. B. 1-4) as presented. (There were no items to present under section VIII. B. 5). The motion carried.

IX. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Ramachandra Chemitiganit provided the TTUHSC at the Permian Basin Report for informational purposes only. No action was taken.

X. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT

A. Nursing Week Recognition

Chad Dunavan, Chief Nursing Officer, and Sherice Matthews, Associate Chief Nursing Officer, recognized the nurses who have received DAISY Awards for the past year. The DAISY Award is a nation-wide program that recognizes nursing excellence and the recipients are registered nurses who exemplify extraordinary compassion, courage, and integrity in every situation. The following were recognized:

Areli Bustamante
Meghan Moss
Michelle Judy
Jose Rincon

Monica Martinez
Fu An Liu
Tomi Adenuga
Marissa Baeza

Aileen Lara
Jennifer Warden
Sandra Atkinson
Jazmin Sigala

B. 1115 Waiver Report

Rick Napper, President and Chief Executive Officer, presented an update on the 1115 Waiver, including a key issues and timeline update. The Board will be updated on the status of the Waiver semi-annually.

This report was for informational purposes only. No action was taken.

C. Quarterly Marketing Report

David Dunn moved and Ben Quiroz seconded the motion to table the Quarterly Marketing Report. The motion carried.

XI. APPROVAL ITEMS

A. Interlocal Agreement/Request to Sell Property

Don Hallmark presented a "Request for a decision from the Ector County Hospital District to sell property for less than market value specified in the judgment of foreclosure and also less than the total amount of judgments against the property".

Don Hallmark moved and David Dunn seconded the motion to approve the interlocal agreement. Richard Herrera asked for more information, such as the Ector County Appraisal District report, plat and map as was presented on previous similar requests.

The motion failed on a vote of 2 to 5 with Don Hallmark and David Dunn voting to approve the interlocal agreement and all others voting against.

Ben Quiroz moved and Bryn Dodd seconded the motion to consider the interlocal agreement at a later date. The motion carried.

B. Resolution Related to Pledging Assets to Replace Loan Guarantee on Texas Healthcare Linen

Robert Abernethy, Chief Financial Officer, provided the Board with information related to the formation of Texas Healthcare Linen, a company created to provide laundry services for three hospitals. As the venture has grown and is in a profitable position, the owners no longer need to provide capital funding. As a result, he presented a resolution authorizing the opening of a saving account in the amount of one million dollars, with such account to be used pledged as collateral to First Financial Bank in Abilene, Texas through September 19, 2019.

David Dunn moved and Richard Herrera seconded the motion to approve the resolution as presented. The motion carried.

C. Agreements Related to the Family Health Clinic

David Garcia, Executive Director of the Family Health Clinic and Director of Governmental Affairs, presented the following three updated agreements between the Family Health Clinic, Medical Center Hospital and MCH ProCare in preparation for an upcoming Health Resources and Services Administration (HRSA) operational site visit occurring May 22, 2018:

1. Physician Service Affiliation Agreement between Ector County Hospital District and Family Health Clinic
2. Co-Applicant Agreement between Ector County Hospital District and Family Health Clinic
3. Administrative, Equipment, Facility and Personnel Agreement between Ector County Hospital District, MCH Professional Care and Family Health Clinic

The agreements have been reviewed and updated to reflect the current requirements set forth by HRSA for Federally Qualified Health Centers.

Ben Quiroz moved and Richard Herrera seconded the motion to approve the three agreements as presented. The motion carried.

D. Fair Market Rent Assessment on Properties Owned/Operated by ECHD prepared by Advanced Valuation Systems, Inc.

Matt Collins, Vice President of Operations, presented a Fair Market Value (FMV) assessment for properties that are leased out by Ector County Hospital District. FMV studies are conducted, at a minimum, every three years to establish lease rates for ECHD property. The stated values in the report will be the basis for all lease rates until such time another FMV is conducted.

Bryn Dodd moved and Mary Lou Anderson seconded the motion to approve the Fair Market Rent Assessment as presented. The motion carried.

XII. EXECUTIVE SESSION

Mary Thompson stated that the Board would go into Executive Session for the meeting held in closed session as to (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code, including update on settlement documents in *Meisell et al., v. ECHD et al.*; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (3) Deliberation regarding exchange, lease, or value of real property pursuant to 551.072 of the Texas Government Code.

The individuals present during Executive Session were Mary Thompson, David Dunn, Mary Lou Anderson, Bryn Dodd, Don Hallmark, Richard Herrera, Ben Quiroz, Rick Napper, Ron Griffin, Robert Abernethy, Adiel Alvarado, Robbi Banks, and Jan Ramos.

Executive Session began at 6:25 pm.

Executive Session ended at 7:44 p.m.

No action was taken during Executive Session.

XIII. MCH PROCARE PROVIDER AGREEMENTS

A. MCH PROCARE

Ron Griffin, Chief Legal Counsel, presented two MCH ProCare provider agreements as follows:

Santiago Giraldo, M.D., This is a three year, full-time employment renewal contract for Internal Medicine Division with a contract start date of May 1, 2018.

Nancy Baquirin, N.P. This is a two year, full-time employment renewal contract for Urgent Care Division with a contract start date of May 1, 2018.

Richard Herrera moved and David Dunn seconded the motion to approve the MCH ProCare provider agreements with Santiago Giraldo, M.D. and Nancy Baquirin, N.P., as presented. The motion carried.

B. FAMILY HEALTH CLINIC

Ron Griffin, Chief Legal Counsel, presented a Dental Services Agreement as follows:

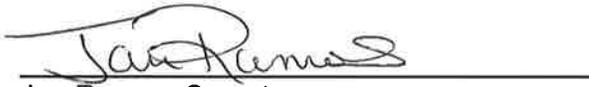
Keerthi Miryala, DMD, and Andes Dental PLLC d/b/a Odessa Family Dental. This is a one year agreement beginning February 1, 2018 to assist the Family Health Clinic (FHC) in providing preventative dental services to all patients of the FHC based on the Medicaid fee schedule.

Bryn Dodd moved and Mary Lou Anderson seconded the motion to approve the Dental Services Agreement with Keerthi Miryala, DMD, and Andes Dental PLLC d/b/a Odessa Family Dental as presented. The motion carried.

XIV. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 7:46 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jan Ramos", is written over a solid horizontal line.

Jan Ramos, Secretary
Ector County Hospital District Board of Directors



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
BOARD STRATEGY AND EDUCATIONAL MEETING
MAY 17-18, 2018**

MINUTES OF THE MEETING

Thursday, May 17, 2018

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

OTHERS PRESENT: Rick Napper, President/Chief Executive Officer
Ron Griffin, Chief Legal Counsel
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Mary Thompson, President, called the meeting to order at 8:04 a.m. at the The Willows in Odessa, Texas. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. EXECUTIVE SESSION

Mary Thompson stated that the Board would go into Executive Session for the meeting held in closed session as to (1) consultation with attorney regarding legal matters pursuant to Section 551.071 of the Texas Open Meetings Act, providing legal advice on the duties, responsibilities and legal obligations of board members; and (2) discussion of management action plan strategies related to healthcare services, pursuant to Section 551.085 of the Texas Open Meetings Act.

The individuals present during Executive Session were Mary Thompson, David Dunn, Mary Lou Anderson, Bryn Dodd, Don Hallmark, Richard Herrera, Ben Quiroz, Rick Napper, Ron Griffin, Barry Couch, Kevin Reed, and Jan Ramos.

Executive Session began at 8:04 a.m.

Executive Session ended at 11:59 a.m.

No action was taken during Executive Session.

III. EXECUTIVE SESSION

Mary Thompson stated that the Board would go into Executive Session for the meeting held in closed session as to (1) consultation with attorney regarding legal matters pursuant to Section 551.071 of the Texas Open Meetings Act, providing legal advice on the duties, responsibilities and legal obligations of board members; and (2) discussion of management action plan strategies related to healthcare services, pursuant to Section 551.085 of the Texas Open Meetings Act.

The individuals present during Executive Session were Mary Thompson, David Dunn, Mary Lou Anderson, Bryn Dodd, Don Hallmark, Richard Herrera, Ben Quiroz, Rick Napper, Ron Griffin, Robert Abernethy, Matt Collins, Chad Dunavan, Heather Bulman, Tracy Green, Adiel Alvarado, Jacqui Gore, Robbi Banks, Alison Pradon, and Jan Ramos.

Executive Session began at 12:45 p.m.
Executive Session ended at 3:52 p.m.

No action was taken during Executive Session.

IV. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 3:52 p.m.

Friday, May 18, 2018

MEMBERS PRESENT:

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

OTHERS PRESENT:

Rick Napper, President/Chief Executive Officer
Ron Griffin, Chief Legal Counsel
Robert Abernethy
Matt Collins
Chad Dunavan
Heather Bulman
Tracy Green
Adiel Alvarado
Jacqui Gore
Robbi Banks
Alison Pradon,
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Mary Thompson, President, called the meeting to order at 8:08 a.m. at the The Willows in Odessa, Texas. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. EXECUTIVE SESSION

Mary Thompson stated that the Board would go into Executive Session for the meeting held in closed session as to continue discussion of management action plan strategies related to healthcare services, pursuant to Section 551.085 of the Texas Open Meetings Act, and required consultation with legal counsel pursuant to Section 551.071 of the Texas Open Meetings Act.

The individuals present during Executive Session were Mary Thompson, David Dunn, Mary Lou Anderson, Bryn Dodd, Don Hallmark, Richard Herrera, Ben Quiroz, Rick Napper, Ron Griffin, Robert Abernethy, Matt Collins, Chad Dunavan, Heather Bulman, Tracy Green, Adiel Alvarado, Jacqui Gore, Robbi Banks, Alison Pradon, and Jan Ramos.

Executive Session began at 8:08 a.m.
Executive Session ended at 11:25 a.m.

No action was taken during Executive Session.

III. PHYSICIANS / EXECUTIVES / BOARD MEMBERS ROUNDTABLE PLANNING

Rick Napper led those in attendance, including ECHD Board members, MCHS Executive Team members and members of the MCH Medical Staff, in an interactive feedback session.

This was for informational purposes only and no action was taken.

IV. MCHS FOUNDATION UPDATE

Alison Pradon, Executive Director, MCHS Foundation, and Ravi Shakamuri, President, MCHS Foundation, presented an update on the MCHS Foundation.

This was for informational purposes only and no action was taken.

V. ADJOURNMENT

There being no further business to come before the Board, in the absence of Mary Thompson, Board President, David Dunn, Board Vice President, adjourned the meeting at 4:49 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors



DATE: June 1, 2018

TO: Board of Directors
Ector County Hospital District

FROM: Robert Abernethy
Senior Vice President / Chief Financial Officer

Subject: Financial Report for the month ended April 30, 2018

Attached are the Financial Statements for the month ended April 30, 2018 and a high level summary of the months activity.

Operating Results - Hospital Operations:

For the month ended April, earnings before interest depreciation and amortization (EBIDA) was a loss of \$998,888 comparing unfavorably to the budget of \$1,504,945 by 166.4%. Inpatient (I/P) revenue was below budget by \$2,483,428 driven primarily by decreased admissions, patient days, surgeries and associated ancillary procedures as compared to budget. Outpatient (O/P) revenue was below budget by \$1,339,865 due to decreased observation and outpatient surgeries. Net Patient Revenue was \$1,599,460 or 2.9% below the budget of \$19,454,881 due to decreased volumes and cash collections. Net operating revenue was \$1,269,412 or 5.2%, below budget due to decreased volumes and cash collections that were partially offset by increased sales tax receipts.

Operating expenses for the month were over budget by \$1,515,515 due to unfavorable salaries, wages, benefits, and temporary labor; purchased services, supplies, and ECHDA expenses. Unfavorable salaries, wages, and temporary labor expense was due to missed staffing targets. Benefits expense unfavorable variance was caused by increased medical claims. Unfavorable purchased services expense due to \$489,842 in increased collection fees, and \$98,329 in unbudgeted contract coders. Supplies unfavorable expense caused by \$84,443 in Cath Lab supplies due to favorable cath lab volumes and \$60,402 of obsolete/expired inventory in the Operating Room. ECHDA unfavorable variance due to a YTD reclass of \$519,225 in behavioral health fees that were originally recorded as physician services. Repairs and Maintenance expense was favorable by \$191,873 due to less than expected repairs in April.

Operating Results - ProCare (501a) Operations:

For the month of April the net loss from operations before capital contributions was \$1,055,423 compared to a budgeted loss of \$1,121,010. Net operating revenue was below budget by \$482,709 due to unfavorable gross billing by \$349,640 and increased deductions from revenue by \$130,035. Total operating costs were below budget by \$546,141. The favorable variance was caused by a salaries, wages, benefits, and temporary labor by \$681,352. Purchased services were unfavorable to budget by \$148,361 due to decreased staffing provided to FHC and FHC West. After MCH capital contributions of \$863,169 for the month and \$7,552,452 YTD, ProCare showed a negative contribution of \$192,254 for the month and a positive contribution of \$262,057 YTD.

Operating Results - Family Health Center Operations:

For the month of April, the net loss from operations by location:

- Clements: \$119,017 loss compared to a budgeted loss of \$220,704. Net revenue was unfavorable by \$133,881 due to closure of dental services in October and decreased medical visits for the month. Operating costs were \$235,567 favorable to budget due decreased staffing caused by closure of dental services and decreased visits.
- West University: \$133,718 loss compared to a budgeted loss of \$180,059. Net revenue was unfavorable by \$56,353 due to decreased volumes and cash collections. Favorable operating costs of \$102,695 driven by favorable salaries, wages and benefits.

Blended Operating Results - Ector County Hospital District:

The Change in Net Position for the month of April was a deficit of \$3,162,983 comparing unfavorably to a budgeted deficit of \$595,288. On a year to date basis, our Change in Net Position is a deficit of \$11,723,973 comparing favorably to a budgeted deficit of \$10,276,852.

For the month of April EBIDA was (\$1,170,489) compared to a budget of \$1,527,752 that was created by an accumulation of the variances previously described. On a YTD basis, EBIDA was \$2,254,528 vs. budgeted \$4,861,660.

Volume:

Total admissions for the month 1,059 or 13.5% below budget and 2.2% below last year. YTD admissions were 7,908 or below budget by 3.1% and 0.9% above last year. Patient days for the month were 5,064 or 10.8% below budget and 19.8% below last year. YTD patient days were 38,876 or 0.7% above budget and 3.4% below last year. Due to the preceding, total average length of stay (ALOS) was 4.78 for the month and 4.92 YTD. Observation days were below budget by 18.0% and below prior year by 23.6%. YTD observation days were below budget by 6.0% and below prior year by 4.2%

Emergency room visits for the month 4,262 resulting in an increase compared to budget of 29.4% and an increase compared to last year of 4.1%. YTD emergency room visits were 30,790 resulting in an increase compared to budget of 9.3% and an increase to prior year of 5.8%. Total O/P occasions of service for the month were 13.9% below budget for the month and 6.0% below last year.

Revenues:

Inpatient (I/P) revenue was below budget by \$2,483,428 driven primarily by decreased admissions, patient days, surgeries and associated ancillary procedures as compared to budget. Outpatient (O/P) revenue was below budget by \$1,339,865 due to decreased observation and outpatient surgeries. Total patient revenue was below budget by \$3,823,292, or 4.0%, and total revenue deductions were \$2,223,833 below budget. This resulted in decreased net patient revenue by \$1,599,460 compared to budget.

Operating Expenses:

Operating expenses for the month were over budget by \$1,515,515 due to unfavorable salaries, wages, benefits, and temporary labor; purchased services, supplies, and ECHDA expenses. Unfavorable salaries, wages, and temporary labor expense was due to missed staffing targets. Benefits expense unfavorable variance was caused by increased medical claims. Unfavorable purchased services expense due to \$489,842 in increased collection fees, and \$98,329 in unbudgeted contract coders. Supplies unfavorable expense caused by \$84,443 in Cath Lab supplies due to favorable cath lab volumes and \$60,402 of obsolete/expired inventory in the Operating Room. ECHDA unfavorable variance due to a YTD reclass of \$519,225 in behavioral health fees that were originally recorded as physician services. Repairs and Maintenance expense was favorable by \$191,873 due to less than expected repairs in April.

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
APRIL 2018**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	1,040	1,195	-13.0%	1,062	-2.1%	7,717	7,962	-3.1%	7,625	1.2%
Neonatal ICU (NICU)	19	29	-34.5%	21	-9.5%	191	199	-4.0%	214	-10.7%
Total Admissions	1,059	1,224	-13.5%	1,083	-2.2%	7,908	8,161	-3.1%	7,839	0.9%
Patient Days										
Adult & Pediatric	3,924	4,394	-10.7%	5,097	-23.0%	29,931	29,460	1.6%	31,540	-5.1%
ICU	345	444	-22.3%	400	-13.8%	2,895	3,087	-6.2%	3,045	-4.9%
CCU	345	402	-14.2%	392	-12.0%	2,791	2,795	-0.1%	2,784	0.3%
NICU	450	439	2.4%	426	5.6%	3,259	3,271	-0.4%	2,862	13.9%
Total Patient Days	5,064	5,679	-10.8%	6,315	-19.8%	38,876	38,612	0.7%	40,231	-3.4%
Observation (Obs) Days	582	710	-18.0%	762	-23.6%	4,643	4,939	-6.0%	4,846	-4.2%
Nursery Days	202	225	-10.2%	254	-20.5%	1,675	1,564	7.1%	1,617	3.6%
Total Occupied Beds / Bassinets	5,848	6,614	-11.6%	7,331	-20.2%	45,194	45,115	0.2%	46,694	-3.2%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.44	4.38	1.2%	5.55	-20.0%	4.62	4.44	4.0%	4.90	-5.8%
NICU	23.68	15.15	56.3%	20.29	16.8%	17.06	16.44	3.8%	13.37	27.6%
Total ALOS	4.78	4.64	3.1%	5.83	-18.0%	4.92	4.73	3.9%	5.13	-4.2%
Acute / Adult & Pediatric w/o OB	5.27			6.26	-15.8%	5.46			5.60	-2.5%
Average Daily Census	168.8	189.3	-10.8%	210.5	-19.8%	183.4	182.1	0.7%	189.8	-3.4%
Hospital Case Mix Index (CMI)	1.5273	1.4657	4.2%	1.4982	1.9%	1.5238	1.4657	4.0%	1.4091	8.1%
Medicare										
Admissions	404	468	-13.7%	405	-0.2%	3,177	3,274	-3.0%	3,151	0.8%
Patient Days	1,964	3,797	-48.3%	2,366	-17.0%	16,354	25,425	-35.7%	17,556	-6.8%
Average Length of Stay	4.86	8.11	-40.1%	5.84	-16.8%	5.15	7.77	-33.7%	5.57	-7.6%
Case Mix Index	1.6670			1.5912	4.8%	1.6688			1.7111	-2.5%
Medicaid										
Admissions	137	158	-13.3%	120	14.2%	960	994	-3.4%	1,025	-6.3%
Patient Days	669	750	-10.8%	557	20.1%	4,979	4,954	0.5%	4,731	5.2%
Average Length of Stay	4.88	4.75	2.9%	4.64	5.2%	5.19	4.98	4.1%	4.62	12.4%
Case Mix Index	1.3757			1.1913	15.5%	1.1392			0.8939	27.4%
Commercial										
Admissions	292	337	-13.4%	293	-0.3%	2,030	2,099	-3.3%	1,885	7.7%
Patient Days	1,422	1,595	-10.8%	1,700	-16.4%	9,232	9,220	0.1%	9,050	2.0%
Average Length of Stay	4.87	4.73	2.9%	5.80	-16.1%	4.55	4.39	3.5%	4.80	-5.3%
Case Mix Index	1.4364			1.6146	-11.0%	1.5242			1.4522	5.0%
Self Pay										
Admissions	210	243	-13.6%	249	-15.7%	1,570	1,618	-3.0%	1,443	8.8%
Patient Days	880	987	-10.8%	1,280	-31.3%	7,438	7,359	1.1%	8,183	-9.1%
Average Length of Stay	4.19	4.06	3.2%	5.14	-18.5%	4.74	4.55	4.2%	5.67	-16.5%
Case Mix Index	1.4714			1.4171	3.8%	1.4026			1.2295	14.1%
All Other										
Admissions	16	18	-11.1%	16	0.0%	171	176	-2.8%	335	-49.0%
Patient Days	129	145	-11.0%	133	-3.0%	873	874	-0.1%	1,726	-49.4%
Average Length of Stay	8.06	8.06	0.1%	8.31	-3.0%	5.11	4.97	2.8%	5.15	-0.9%
Case Mix Index	1.6003			1.3779	16.1%	1.7809			1.6795	6.0%
Radiology										
InPatient	2,362	3,505	-32.6%	3,524	-33.0%	28,577	24,368	17.3%	27,104	5.4%
OutPatient	5,488	7,091	-22.6%	6,253	-12.2%	49,675	49,302	0.8%	49,659	0.0%
Cath Lab										
InPatient	603	418	44.3%	316	90.8%	3,982	2,906	37.0%	2,472	61.1%
OutPatient	640	439	45.8%	512	25.0%	4,080	3,052	33.7%	2,696	51.3%
Laboratory										
InPatient	68,917	57,287	20.3%	62,146	10.9%	489,049	398,281	22.8%	422,817	15.7%
OutPatient	47,626	42,026	13.3%	35,800	33.0%	328,828	292,178	12.5%	258,647	27.1%
NonPatient	8,104	2,278	255.8%	680	1091.8%	56,038	15,840	253.8%	45,347	23.6%
Other										
Deliveries	137	139	-1.7%	127	7.9%	1,101	969	13.6%	966	14.0%
Surgical Cases										
InPatient	262	313	-16.3%	233	12.4%	1,930	2,176	-11.3%	2,088	-7.6%
OutPatient	583	613	-4.9%	492	18.5%	4,135	4,262	-3.0%	4,082	1.3%
Total Surgical Cases	845	926	-8.7%	725	16.6%	6,065	6,438	-5.8%	6,170	-1.7%
GI Procedures (Endo)										
InPatient	97	106	-8.5%	76	27.6%	701	737	-4.9%	710	-1.3%
OutPatient	296	255	16.1%	185	60.0%	1,885	1,773	6.3%	1,613	16.9%
Total GI Procedures	393	361	8.9%	261	50.6%	2,586	2,510	3.0%	2,323	11.3%

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
APRIL 2018

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	4,262	3,293	29.4%	4,095	4.1%	30,790	28,160	9.3%	29,104	5.8%
Observation Days	582	710	-18.0%	762	-23.6%	4,643	4,939	-6.0%	4,846	-4.2%
Other O/P Occasions of Service	18,346	22,937	-20.0%	19,821	-7.4%	124,522	159,467	-21.9%	164,939	-24.5%
Total O/P Occasions of Svc.	23,190	26,940	-13.9%	24,678	-6.0%	159,955	192,566	-16.9%	198,889	-19.6%
Hospital Operations										
Manhours Paid	270,706	260,048	4.1%	269,861	0.3%	1,926,630	1,836,495	4.9%	1,915,141	0.6%
FTE's	1,579.1	1,516.9	4.1%	1,574.2	0.3%	1,590.4	1,516.0	4.9%	1,580.9	0.6%
Adjusted Patient Days	9,527	10,590	-10.0%	11,352	-16.1%	70,918	72,430	-2.1%	74,003	-4.2%
Hours / Adjusted Patient Day	28.42	24.56	15.7%	23.77	19.5%	27.17	25.36	7.1%	25.88	5.0%
Occupancy - Actual Beds	48.4%	54.2%	-10.8%	60.3%	-19.8%	52.5%	52.2%	0.7%	54.4%	-3.4%
FTE's / Adjusted Occupied Bed	5.0	4.3	15.7%	4.2	19.5%	4.8	4.4	7.1%	4.5	5.0%
InPatient Rehab Unit										
Admissions	36	33	9.1%	29	24.1%	219	231	-5.2%	267	-18.0%
Patient Days	464	405	14.6%	349	33.0%	2,871	2,835	1.3%	3,117	-7.9%
Average Length of Stay	12.9	12.3	5.0%	12.0	7.1%	13.1	12.3	6.8%	11.7	12.3%
Manhours Paid	7,064	5,245	34.7%	6,621	6.7%	44,112	40,338	9.4%	46,857	-5.9%
FTE's	41.2	30.6	34.7%	38.6	6.7%	36.4	33.3	9.4%	38.7	-5.9%
Center for Primary Care - Clements										
Total Medical Visits	885	1,182	-25.1%	766	15.5%	6,669	8,094	-17.6%	8,668	-23.1%
Total Dental Visits	-	762	-100.0%	689	-100.0%	350	5,060	-93.1%	4,654	-92.5%
Manhours Paid	3,235	744	334.9%	803	302.9%	10,443	5,257	98.6%	6,088	71.5%
FTE's	18.9	4.3	334.9%	4.7	302.9%	8.6	4.3	98.6%	5.0	71.5%
Center for Primary Care - West University										
Total Medical Visits	633	633	0.0%	403	57.1%	4,599	5,259	-12.5%	4,293	7.1%
Total Optometry	216	298	-27.5%	284	-23.9%	1,767	1,983	-10.9%	1,889	-6.5%
Manhours Paid	2,134	163	1208.6%	167	1175.2%	5,896	1,152	411.6%	1,212	386.6%
FTE's	12.4	1.0	1208.6%	1.0	1175.2%	4.9	1.0	411.6%	1.0	386.6%
Total ECHD Operations										
Total Admissions	1,095	1,257	-12.9%	1,112	-1.5%	8,127	8,392	-3.2%	8,106	0.3%
Total Patient Days	5,528	6,084	-9.1%	6,664	-17.0%	41,747	41,447	0.7%	43,348	-3.7%
Total Patient and Obs Days	6,110	6,794	-10.1%	7,426	-17.7%	46,390	46,386	0.0%	48,194	-3.7%
Total FTE's	1,651.6	1,552.8	6.4%	1,618.5	2.0%	1,640.3	1,554.6	5.5%	1,625.6	0.9%
FTE's / Adjusted Occupied Bed	4.8	4.1	16.0%	4.1	17.6%	4.6	4.2	8.6%	4.3	5.7%
Total Adjusted Patient Days	10,400	11,345	-8.3%	11,980	-13.2%	76,169	77,748	-2.0%	79,776	-4.5%
Hours / Adjusted Patient Day	27.23	23.46	16.0%	23.16	17.6%	26.09	24.22	7.7%	24.89	5.7%
Outpatient Factor	1.8813	1.8648	0.9%	1.7977	4.7%	1.8252	1.8760	-2.7%	1.8404	-0.8%
Blended O/P Factor	2.1363	2.1143	1.0%	2.0118	6.2%	2.0786	2.1238	-2.1%	2.1072	-1.4%
Total Adjusted Admissions	2,060	2,333	-11.7%	1,999	3.1%	14,827	15,681	-5.4%	14,918	-0.6%
Hours / Adjusted Admission	137.45	114.10	20.5%	138.80	-1.0%	134.02	120.10	11.6%	132.01	1.5%
FTE's - Hospital Contract	53.0	59.7	-11.2%	72.4	-26.8%	60.5	58.4	3.6%	68.2	-11.3%
FTE's - Mgmt Services	13.6	15.2	-10.4%	46.9	-71.0%	33.5	39.9	-16.1%	48.7	-31.3%
Total FTE's (including Contract)	1,718.2	1,627.7	5.6%	1,737.8	-1.1%	1,734.2	1,652.9	4.9%	1,742.5	-0.5%
Total FTE'S per Adjusted Occupied Bed (including Contract)	5.0	4.3	15.2%	4.4	13.9%	4.8	4.5	7.9%	4.6	4.2%
ProCare FTEs	222.2	266.7	-16.7%	243.6	-8.8%	233.2	266.7	-12.6%	244.0	-4.4%
Total System FTEs	1,940.4	1,894.3	2.4%	1,981.4	-2.1%	1,967.4	1,919.5	2.5%	1,986.5	-1.0%
Urgent Care Visits										
Health & Wellness	-	-	0.0%	-	0.0%	-	-	0.0%	396	-100.0%
Golder	-	-	0.0%	454	-100.0%	-	-	0.0%	3,548	-100.0%
JBS Clinic	898	933	-3.8%	884	1.6%	7,978	6,877	16.0%	6,484	23.0%
West University	622	651	-4.5%	558	11.5%	5,437	4,547	19.6%	3,826	42.1%
42nd Street	595	593	0.3%	500	19.0%	5,437	4,083	33.2%	2,721	99.8%
Total Urgent Care Visits	2,115	2,177	-2.8%	2,396	-11.7%	18,852	15,507	21.6%	16,975	11.1%
Wal-Mart Clinic Visits										
East Clinic	329	394	-16.5%	390	-15.6%	3,370	3,073	9.7%	2,866	17.6%
West Clinic	245	257	-4.7%	254	-3.5%	2,655	1,976	34.4%	1,837	44.5%
Total Wal-Mart Visits	574	651	-11.8%	644	-10.9%	6,025	5,049	19.3%	4,703	28.1%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
APRIL 2018**

	ECTOR COUNTY HOSPITAL DISTRICT		
	HOSPITAL	PRO CARE	
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 20,391,442	\$ 8,300,908	\$ 28,692,350
Investments	26,671,575	-	26,671,575
Patient Accounts Receivable - Gross	280,611,233	50,923,875	331,535,108
Less: 3rd Party Allowances	(127,546,765)	(21,180,121)	(148,726,886)
Bad Debt Allowance	(110,969,214)	(25,282,465)	(136,251,679)
Net Patient Accounts Receivable	42,095,254	4,461,289	46,556,543
Taxes Receivable	7,732,051	-	7,732,051
Accounts Receivable - Other	36,034,225	3,196,718	39,230,943
Inventories	6,860,091	246,361	7,106,452
Prepaid Expenses	4,285,283	194,447	4,479,730
Total Current Assets	144,069,923	16,399,722	160,469,645
CAPITAL ASSETS:			
Property and Equipment	461,337,429	520,697	461,858,126
Construction in Progress	648,603	-	648,603
	461,986,032	520,697	462,506,729
Less: Accumulated Depreciation and Amortization	(266,367,180)	(310,996)	(266,678,176)
Total Capital Assets	195,618,852	209,701	195,828,553
INTANGIBLE ASSETS / GOODWILL - NET	64,749	242,740	307,489
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	5,542,478	-	5,542,478
Restricted Assets Held in Endowment	6,175,784	-	6,175,784
Restricted Corner Escrow	-	-	-
Restricted TPC, LLC	447,620	-	447,620
Restricted MCH West Texas Services	2,086,429	-	2,086,429
Pension, Deferred Outflows of Resources	31,204,964	-	31,204,964
Assets whose use is Limited	-	33,209	33,209
TOTAL ASSETS	\$ 385,210,800	\$ 16,885,373	\$ 402,096,172
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	\$ 4,637,900	\$ -	\$ 4,637,900
Self-Insurance Liability - Current Portion	3,833,600	-	3,833,600
Accounts Payable	47,242,560	8,552,685	55,795,245
Accrued Interest	353,930	-	353,930
Accrued Salaries and Wages	3,408,475	7,048,713	10,457,188
Accrued Compensated Absences	4,258,507	194,537	4,453,045
Due to Third Party Payors	885,677	-	885,677
Deferred Revenue	6,114,970	860,211	6,975,181
Total Current Liabilities	70,735,619	16,656,146	87,391,765
ACCRUED POST RETIREMENT BENEFITS	76,212,887	-	76,212,887
SELF-INSURANCE LIABILITIES - Less Current Portion	2,161,470	-	2,161,470
LONG-TERM DEBT - Less Current Maturities	48,071,383	-	48,071,383
Total Liabilities	197,181,359	16,656,146	213,837,506
FUND BALANCE	188,029,440	229,227	188,258,667
TOTAL LIABILITIES AND FUND BALANCE	\$ 385,210,800	\$ 16,885,373	\$ 402,096,172

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
APRIL 2018**

	CURRENT YEAR	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 28,692,350	\$ 28,613,702	\$ 3,182,405	\$ (3,103,757)
Investments	26,671,575	9,944,475	-	16,727,100
Patient Accounts Receivable - Gross	331,535,108	261,880,248	31,937,883	37,716,978
Less: 3rd Party Allowances	(148,726,886)	(111,292,583)	(19,277,473)	(18,156,831)
Bad Debt Allowance	(136,251,679)	(120,430,575)	(7,312,604)	(8,508,500)
Net Patient Accounts Receivable	46,556,543	30,157,090	5,347,806	11,051,647
Taxes Receivable	7,732,051	7,863,699	-	(131,648)
Accounts Receivable - Other	39,230,943	24,080,983	3,400,671	11,749,289
Inventories	7,106,452	6,963,047	239,016	(95,611)
Prepaid Expenses	4,479,730	3,944,229	345,688	189,814
Total Current Assets	160,469,645	111,567,227	12,515,586	36,386,832
CAPITAL ASSETS:				
Property and Equipment	461,858,126	455,174,078	517,888	6,166,160
Construction in Progress	648,603	1,173,137	-	(524,534)
	462,506,729	456,347,215	517,888	5,641,626
Less: Accumulated Depreciation and Amortization	(266,678,176)	(254,567,501)	(285,754)	(11,824,921)
Total Capital Assets	195,828,553	201,779,714	232,134	(6,183,295)
INTANGIBLE ASSETS / GOODWILL - NET	307,489	115,702	315,368	(123,581)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	5,542,478	4,673,001	-	869,477
Restricted Assets Held in Endowment	6,175,784	6,224,654	-	(48,869)
Restricted MCH West Texas Services	2,086,429	1,985,952	-	100,477
Pension, Deferred Outflows of Resources	31,204,964	31,204,964	-	-
Assets whose use is Limited	33,209	-	15,603	17,606
TOTAL ASSETS	\$ 402,096,172	\$ 358,051,889	\$ 13,078,691	\$ 30,965,592
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	\$ 4,637,900	\$ 4,637,900	\$ -	\$ -
Self-Insurance Liability - Current Portion	3,833,600	3,833,600	-	-
Accounts Payable	55,795,245	17,884,766	5,605,329	32,305,150
Accrued Interest	353,930	49,802	-	304,128
Accrued Salaries and Wages	10,457,188	5,909,425	6,391,578	(1,843,815)
Accrued Compensated Absences	4,453,045	4,316,028	255,178	(118,161)
Due to Third Party Payors	885,677	1,158,950	-	(273,273)
Deferred Revenue	6,975,181	535,857	859,437	5,579,887
Total Current Liabilities	87,391,765	38,326,327	13,111,522	35,953,916
ACCRUED POST RETIREMENT BENEFITS	76,212,887	67,655,988	-	8,556,899
SELF-INSURANCE LIABILITIES - Less Current Portion	2,161,470	2,161,470	-	-
LONG-TERM DEBT - Less Current Maturities	48,071,383	49,892,633	-	(1,821,250)
Total Liabilities	213,837,506	158,036,419	13,111,522	42,689,565
FUND BALANCE	188,258,667	200,015,470	(32,831)	(11,723,973)
TOTAL LIABILITIES AND FUND BALANCE	\$ 402,096,172	\$ 358,051,889	\$ 13,078,691	\$ 30,965,592

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
APRIL 2018**

	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	\$ 48,944,674	\$ 51,428,102	-4.8%	\$ 44,949,052	8.9%	\$ 352,664,920	\$ 345,715,994	2.0%	\$ 319,569,669	10.4%
Outpatient Revenue	55,614,738	57,304,243	-2.9%	45,479,946	22.3%	380,393,984	388,522,214	-2.1%	353,827,080	7.5%
TOTAL PATIENT REVENUE	\$ 104,559,412	\$108,732,345	-3.8%	\$ 90,428,998	15.6%	\$ 733,058,904	\$ 734,238,208	-0.2%	\$ 673,396,750	8.9%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 63,374,776	\$ 64,197,934	-1.3%	\$ 39,910,436	58.8%	\$ 478,776,404	\$ 431,888,344	10.9%	\$ 379,757,592	26.1%
Policy Adjustments	998,133	7,061,502	-85.9%	17,525,477	-94.3%	13,401,866	47,545,813	-71.8%	52,794,977	-74.6%
Uninsured Discount	14,518,187	3,474,162	317.9%	4,366,143	232.5%	57,810,916	23,397,391	147.1%	26,451,518	118.6%
Indigent	272,029	2,357,797	-88.5%	475,330	-42.8%	3,186,829	15,884,321	-79.9%	12,799,785	-75.1%
Provision for Bad Debts	5,975,983	10,141,508	-41.1%	9,626,080	-37.9%	37,953,555	68,235,195	-44.4%	63,425,149	-40.2%
TOTAL REVENUE DEDUCTIONS	\$ 85,139,107	\$ 87,232,905	-2.4%	\$ 71,903,466	18.4%	\$ 591,129,571	\$ 586,951,064	0.7%	\$ 535,229,022	10.4%
	81.43%	80.23%		79.51%		80.64%	79.94%		79.48%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,156,242	\$ 1,156,242	0.0%	\$ 200,243	477.4%	\$ 8,093,697	8,093,697	0.0%	\$ 1,482,619	445.9%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	6,773,262	7,000,000	-3.2%	7,000,000	-3.2%
Medicaid Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	132,051	-	0.0%	-	0.0%
TOTAL OTHER PATIENT REVENUE	\$ 2,156,242	\$ 2,156,242	0.0%	\$ 1,200,243	79.7%	\$ 14,999,010	\$ 15,093,697	-0.6%	\$ 8,482,619	76.8%
NET PATIENT REVENUE	\$ 21,576,548	\$ 23,655,683	-8.8%	\$ 19,725,776	9.4%	\$ 156,928,343	\$ 162,380,841	-3.4%	\$ 146,650,347	7.0%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 4,800,003	\$ 4,348,580	10.4%	\$ 4,116,186	16.6%	\$ 37,200,800	\$ 32,139,816	15.7%	\$ 26,092,246	42.6%
Other Revenue	801,654	926,062	-13.4%	1,125,586	-28.8%	5,534,195	6,379,338	-13.2%	6,795,247	-18.6%
TOTAL OTHER REVENUE	\$ 5,601,657	\$ 5,274,642	6.2%	\$ 5,241,773	6.9%	\$ 42,734,995	\$ 38,519,154	10.9%	\$ 32,887,493	29.9%
NET OPERATING REVENUE	\$ 27,178,204	\$ 28,930,325	-6.1%	\$ 24,967,548	8.9%	\$ 199,663,338	\$ 200,899,995	-0.6%	\$ 179,537,841	11.2%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 12,841,723	\$ 12,929,450	-0.7%	\$ 13,293,694	-3.4%	\$ 89,859,400	\$ 88,322,729	1.7%	\$ 88,349,270	1.7%
Benefits	3,875,191	3,771,511	2.7%	2,138,967	81.2%	26,030,802	26,829,725	-3.0%	19,198,497	35.6%
Temporary Labor	809,890	903,757	-10.4%	1,183,760	-31.6%	6,584,786	6,424,051	2.5%	7,450,108	-11.6%
Physician Fees	1,100,415	1,237,043	-11.0%	385,376	185.5%	8,325,169	8,706,260	-4.4%	2,578,110	222.9%
Texas Tech Support	967,104	1,000,000	-3.3%	-	-	5,993,970	7,000,000	-14.4%	-	-
Purchased Services	2,763,587	1,936,387	42.7%	1,964,415	40.7%	15,803,852	15,002,959	5.3%	16,324,905	-3.2%
Supplies	4,726,075	4,598,287	2.8%	4,113,080	14.9%	33,013,134	31,576,455	4.5%	32,138,333	2.7%
Utilities	297,006	300,876	-1.3%	309,357	-4.0%	2,345,661	2,322,440	1.0%	2,430,454	-3.5%
Repairs and Maintenance	1,016,519	1,208,044	-15.9%	863,197	17.8%	6,392,623	8,232,389	-22.3%	6,767,806	-5.5%
Leases and Rent	110,919	134,350	-17.4%	124,413	-10.8%	891,722	933,623	-4.5%	868,195	2.7%
Insurance	151,228	116,058	30.3%	112,350	34.6%	935,247	804,468	16.3%	982,208	-4.8%
Interest Expense	273,227	273,227	0.0%	263,627	3.6%	1,923,074	1,923,074	0.0%	1,845,391	4.2%
ECHDA	538,545	44,092	1121.4%	35,791	1404.7%	1,599,587	311,109	414.2%	225,619	609.0%
Other Expense	184,167	233,139	-21.0%	168,957	9.0%	1,268,773	1,488,031	-14.7%	1,249,305	1.6%
TOTAL OPERATING EXPENSES	\$ 29,655,594	\$ 28,686,220	3.4%	\$ 24,956,985	18.8%	\$ 200,967,801	\$ 199,877,313	0.5%	\$ 180,408,201	11.4%
Depreciation/Amortization	\$ 1,719,267	\$ 1,849,814	-7.1%	\$ 1,967,064	-12.6%	\$ 12,055,427	\$ 13,215,437	-8.8%	\$ 11,663,766	3.4%
(Gain) Loss on Sale of Assets	-	-	0.0%	-	0.0%	(1,952)	-	0.0%	803	-343.0%
TOTAL OPERATING COSTS	\$ 31,374,861	\$ 30,536,034	2.7%	\$ 26,924,049	16.5%	\$ 213,021,276	\$ 213,092,750	0.0%	\$ 192,072,770	10.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (4,196,657)	\$ (1,605,709)	161.4%	\$ (1,956,501)	114.5%	\$ (13,357,938)	\$ (12,192,755)	9.6%	\$ (12,534,930)	6.6%
Operating Margin	-15.44%	-5.55%	178.2%	-7.84%	97.1%	-6.69%	-6.07%	10.2%	-6.98%	-4.2%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 4,995	\$ 27,440	-81.8%	\$ 34,940	-85.7%	\$ 159,234	\$ 180,079	-11.6%	\$ 237,494	-33.0%
Tobacco Settlement	935,087	859,458	8.8%	859,458	8.8%	935,087	859,458	8.8%	859,458	8.8%
Donations	-	180	-100.0%	53,848	-100.0%	923	12,969	-92.9%	100,755	-99.1%
Build America Bonds Subsidy	84,413	84,323	0.1%	84,142	0.3%	591,164	590,261	0.2%	588,905	0.4%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (3,172,161)	\$ (634,308)	400.1%	\$ (924,112)	243.3%	\$ (11,671,529)	\$ (10,549,988)	10.6%	\$ (10,748,317)	8.6%
Unrealized Gain/(Loss) on Investments	\$ -	\$ -	0.0%	\$ -	-	\$ (99,874)	\$ -	0.0%	\$ (406,557)	-75.4%
Investment in Subsidiaries	9,178	39,019	-76.5%	13,080	-29.8%	47,430	273,136	-82.6%	147,196	-67.8%
CHANGE IN NET POSITION	\$ (3,162,983)	\$ (595,288)	431.3%	\$ (911,032)	247.2%	\$ (11,723,973)	\$ (10,276,852)	14.1%	\$ (11,007,678)	6.5%
EBIDA	\$ (1,170,489)	\$ 1,527,752	-176.6%	\$ 1,319,659	-188.7%	\$ 2,254,528	\$ 4,861,660	-53.6%	\$ 2,501,480	-9.9%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
APRIL 2018**

	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	\$ 48,944,674	\$ 51,428,102	-4.8%	\$ 44,949,052	8.9%	\$ 352,664,920	\$ 345,715,994	2.0%	\$ 319,569,669	10.4%
Outpatient Revenue	43,134,095	44,473,960	-3.0%	35,853,953	20.3%	291,013,790	302,832,703	-3.9%	268,556,945	8.4%
TOTAL PATIENT REVENUE	\$ 92,078,769	\$ 95,902,062	-4.0%	\$ 80,803,006	14.0%	\$ 643,678,710	\$ 648,548,697	-0.8%	\$ 588,126,615	9.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 59,100,654	\$ 56,242,457	5.1%	\$ 33,896,059	74.4%	\$ 433,598,784	\$ 379,017,599	14.4%	\$ 324,583,163	33.6%
Policy Adjustments	874,726	6,761,737	-87.1%	17,509,427	-95.0%	11,710,349	45,567,307	-74.3%	52,470,046	-77.7%
Uninsured Discount	14,483,476	3,152,832	359.4%	4,327,715	234.7%	57,251,689	21,246,920	169.5%	24,071,626	137.8%
Indigent Care	255,789	2,143,282	-88.1%	323,724	-21.0%	2,758,169	14,443,563	-80.9%	11,296,015	-75.6%
Provision for Bad Debts	789,947	9,428,115	-91.6%	8,846,743	-91.1%	18,334,569	63,536,011	-71.1%	58,012,119	-68.4%
TOTAL REVENUE DEDUCTIONS	\$ 75,504,591	\$ 77,728,423	-2.9%	\$ 64,903,669	16.3%	\$ 523,653,561	\$ 523,811,401	0.0%	\$ 470,432,968	11.3%
	82.00%	81.05%		80.32%		81.35%	80.77%		79.99%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 281,242	\$ 281,242	0.0%	\$ (674,757)	-141.7%	\$ 1,968,697	\$ 1,968,697	0.0%	\$ (4,642,381)	-142.4%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	6,773,262	7,000,000	-3.2%	7,000,000	-3.2%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	132,051	-	0.0%	-	0.0%
TOTAL OTHER PATIENT REVENUE	\$ 1,281,242	\$ 1,281,242	0.0%	\$ 325,243	293.9%	\$ 8,874,010	\$ 8,968,697	-1.1%	\$ 2,357,619	276.4%
NET PATIENT REVENUE	\$ 17,855,421	\$ 19,454,881	-8.2%	\$ 16,224,580	10.1%	\$ 128,899,160	\$ 133,705,993	-3.6%	\$ 120,051,266	7.4%
OTHER REVENUE										
Tax Revenue	\$ 4,800,003	\$ 4,348,580	10.4%	\$ 4,116,186	16.6%	\$ 37,200,800	\$ 32,139,816	15.7%	\$ 26,092,246	42.6%
Other Revenue	661,817	783,192	-15.5%	986,122	-32.9%	4,575,449	5,401,028	-15.3%	5,842,967	-21.7%
TOTAL OTHER REVENUE	\$ 5,461,820	\$ 5,131,772	6.4%	\$ 5,102,308	7.0%	\$ 41,776,249	\$ 37,540,844	11.3%	\$ 31,935,213	30.8%
NET OPERATING REVENUE	\$ 23,317,241	\$ 24,586,653	-5.2%	\$ 21,326,888	9.3%	\$ 170,675,408	\$ 171,246,837	-0.3%	\$ 151,986,479	12.3%
OPERATING EXPENSE										
Salaries and Wages	\$ 9,223,708	\$ 8,694,611	6.1%	\$ 9,171,911	0.6%	\$ 62,746,678	\$ 59,314,626	5.8%	\$ 61,339,174	2.3%
Benefits	3,503,809	3,325,773	5.4%	1,755,552	99.6%	22,973,533	23,441,006	-2.0%	15,633,784	46.9%
Temporary Labor	609,635	713,329	-14.5%	848,014	-28.1%	4,914,875	4,939,555	-0.5%	5,663,463	-13.2%
Physician Fees	986,511	1,076,984	-8.4%	84,827	1063.0%	7,242,997	7,546,047	-4.0%	509,161	1322.5%
Texas Tech Support	967,104	1,000,000	-3.3%	-	0.0%	5,993,970	7,000,000	-14.4%	-	0.0%
Purchased Services	2,654,827	1,975,988	34.4%	2,149,650	23.5%	15,857,290	15,473,028	2.5%	17,086,261	-7.2%
Supplies	4,591,047	4,471,036	2.7%	4,021,439	14.2%	31,990,822	30,667,538	4.3%	31,204,811	2.5%
Utilities	292,922	297,041	-1.4%	305,140	-4.0%	2,320,787	2,294,015	1.2%	2,402,055	-3.4%
Repairs and Maintenance	1,014,919	1,206,792	-15.9%	863,197	17.6%	6,384,965	8,223,445	-22.4%	6,760,453	-5.6%
Leases and Rentals	(78,792)	(53,457)	47.4%	(57,839)	36.2%	(464,097)	(378,619)	22.6%	(384,426)	20.7%
Insurance	97,738	64,092	52.5%	65,938	48.2%	597,018	448,647	33.1%	656,884	-9.1%
Interest Expense	273,227	273,227	0.0%	263,627	3.6%	1,923,074	1,923,074	0.0%	1,845,391	4.2%
ECHDA	538,545	44,092	1121.4%	35,791	1404.7%	1,599,587	311,109	414.2%	225,619	609.0%
Other Expense	84,660	154,836	-45.3%	107,816	-21.5%	767,796	915,859	-16.2%	786,488	-2.4%
TOTAL OPERATING EXPENSES	\$ 24,759,860	\$ 23,244,346	6.5%	\$ 19,615,064	26.2%	\$ 164,849,295	\$ 162,119,331	1.7%	\$ 143,729,119	14.7%
Depreciation/Amortization	\$ 1,698,614	\$ 1,827,006	-7.0%	\$ 1,938,656	-12.4%	\$ 11,895,607	\$ 13,045,726	-8.8%	\$ 11,466,463	3.7%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	-	0.0%	(1,952)	-	100.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 26,458,474	\$ 25,071,352	5.5%	\$ 21,553,720	22.8%	\$ 176,742,951	\$ 175,165,057	0.9%	\$ 155,195,582	13.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (3,141,233)	\$ (484,699)	548.1%	\$ (226,832)	1284.8%	\$ (6,067,543)	\$ (3,918,220)	54.9%	\$ (3,209,103)	89.1%
Operating Margin	-13.47%	-1.97%	583.4%	-1.06%	1166.6%	-3.56%	-2.29%	55.4%	-2.11%	68.4%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 4,995	\$ 27,440	-81.8%	\$ 34,940	-85.7%	\$ 159,234	\$ 180,079	-11.6%	\$ 237,494	-33.0%
Tobacco Settlement	935,087	859,458	8.8%	859,458	8.8%	935,087	859,458	8.8%	859,458	8.8%
Donations	-	180	-100.0%	53,848	-100.0%	923	12,969	-92.9%	100,755	-99.1%
Build America Bonds Subsidy	84,413	84,323	0.1%	84,142	0.3%	591,164	590,261	0.2%	588,905	0.4%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ (2,116,738)	\$ 486,702	-534.9%	\$ 805,557	-362.8%	\$ (4,381,134)	\$ (2,275,453)	92.5%	\$ (1,422,490)	208.0%
Procure Capital Contribution	(863,169)	(1,121,010)	-23.0%	(1,520,974)	-43.2%	(7,552,452)	(8,274,534)	-8.7%	(9,379,601)	-19.5%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (2,979,907)	\$ (634,308)	369.8%	\$ (715,417)	316.5%	\$ (11,933,586)	\$ (10,549,987)	13.1%	\$ (10,802,091)	10.5%
Unrealized Gain/(Loss) on Investments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ (99,874)	\$ -	0.0%	\$ (406,557)	-75.4%
Investment in Subsidiaries	9,178	39,019	-76.5%	13,080	-29.8%	47,430	273,136	-82.6%	147,196	-67.8%
CHANGE IN NET POSITION	\$ (2,970,728)	\$ (595,288)	399.0%	\$ (702,337)	323.0%	\$ (11,986,030)	\$ (10,276,852)	16.6%	\$ (11,061,451)	8.4%
EBIDA	\$ (998,888)	\$ 1,504,945	-166.4%	\$ 1,499,946	-166.6%	\$ 1,832,652	\$ 4,691,949	-60.9%	\$ 2,250,403	-18.6%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
APRIL 2018**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 12,480,643	\$ 12,830,284	-2.7%	\$ 9,625,993	29.7%	\$ 89,380,194	\$ 85,689,511	4.3%	\$ 85,270,135	4.8%
TOTAL PATIENT REVENUE	\$ 12,480,643	\$ 12,830,284	-2.7%	\$ 9,625,993	29.7%	\$ 89,380,194	\$ 85,689,511	4.3%	\$ 85,270,135	4.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 4,274,122	\$ 7,955,477	-46.3%	\$ 6,014,376	-28.9%	\$ 45,177,620	\$ 52,870,744	-14.6%	\$ 55,174,429	-18.1%
Policy Adjustments	123,407	299,765	-58.8%	16,050	668.9%	1,691,517	1,978,506	-14.5%	324,931	420.6%
Uninsured Discount	34,710	321,330	-89.2%	38,428	-9.7%	559,227	2,150,471	-74.0%	2,379,893	-76.5%
Indigent	16,241	214,516	-92.4%	151,606	-89.3%	428,660	1,440,758	-70.2%	1,503,771	-71.5%
Provision for Bad Debts	5,186,036	713,393	627.0%	779,337	565.4%	19,618,986	4,699,184	317.5%	5,413,031	262.4%
TOTAL REVENUE DEDUCTIONS	\$ 9,634,516	\$ 9,504,481	1.4%	\$ 6,999,797	37.6%	\$ 67,476,010	\$ 63,139,664	6.9%	\$ 64,796,054	4.1%
	77.20%	74.08%		72.72%		75.49%	73.68%		75.99%	
Medicaid Supplemental Payments	\$ 875,000	\$ 875,000	0.0%	\$ 875,000	0.0%	6,125,000	6,125,000	0.0%	\$ 6,125,000	0.0%
NET PATIENT REVENUE	\$ 3,721,127	\$ 4,200,802	-11.4%	\$ 3,501,196	6.3%	\$ 28,029,184	\$ 28,674,848	-2.3%	\$ 26,599,081	5.4%
OTHER REVENUE										
Other Income	\$ 139,837	\$ 142,870	-2.1%	\$ 139,465	0.3%	\$ 958,746	\$ 978,310	-2.0%	\$ 952,281	0.7%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 3,860,964	\$ 4,343,672	-11.1%	\$ 3,640,661	6.1%	\$ 28,987,930	\$ 29,653,158	-2.2%	\$ 27,551,362	5.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 3,618,015	\$ 4,234,839	-14.6%	\$ 4,121,783	-12.2%	\$ 27,112,723	\$ 29,008,103	-6.5%	\$ 27,010,097	0.4%
Benefits	371,382	445,738	-16.7%	383,416	-3.1%	3,057,269	3,388,719	-9.8%	3,564,713	-14.2%
Temporary Labor	200,255	190,427	5.2%	335,746	-40.4%	1,669,910	1,484,496	12.5%	1,786,645	-6.5%
Physician Fees	113,904	160,058	-28.8%	300,549	-62.1%	1,082,172	1,160,213	-6.7%	2,068,949	-47.7%
Purchased Services	108,760	(39,601)	-374.6%	(185,234)	-158.7%	(53,439)	(470,069)	-88.6%	(761,356)	-93.0%
Supplies	135,028	127,251	6.1%	91,641	47.3%	1,022,312	908,916	12.5%	933,522	9.5%
Utilities	4,083	3,835	6.5%	4,217	-3.2%	24,874	28,425	-12.5%	28,399	-12.4%
Repairs and Maintenance	1,600	1,252	27.8%	-	0.0%	7,658	8,944	-14.4%	7,353	4.2%
Leases and Rentals	189,711	187,807	1.0%	182,251	4.1%	1,355,819	1,312,242	3.3%	1,252,620	8.2%
Insurance	53,490	51,966	2.9%	46,412	15.3%	338,229	355,821	-4.9%	325,324	4.0%
Other Expense	99,506	78,303	27.1%	61,141	62.7%	500,977	572,172	-12.4%	462,818	8.2%
TOTAL OPERATING EXPENSES	\$ 4,895,734	\$ 5,441,875	-10.0%	\$ 5,341,921	-8.4%	\$ 36,118,506	\$ 37,757,981	-4.3%	\$ 36,679,082	-1.5%
Depreciation/Amortization	\$ 20,653	\$ 22,807	-9.4%	\$ 28,408	-27.3%	\$ 159,819	\$ 169,711	-5.8%	\$ 197,303	-19.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	803	0.0%
TOTAL OPERATING COSTS	\$ 4,916,387	\$ 5,464,682	-10.0%	\$ 5,370,329	-8.5%	\$ 36,278,325	\$ 37,927,692	-4.3%	\$ 36,877,188	-1.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (1,055,423)	\$ (1,121,010)	-5.9%	\$ (1,729,668)	-39.0%	\$ (7,290,395)	\$ (8,274,535)	-11.9%	\$ (9,325,827)	-21.8%
Operating Margin	-27.34%	-25.81%	5.9%	-47.51%	-42.5%	-25.15%	-27.90%	-9.9%	-33.85%	-25.7%
MCH Contribution	\$ 863,169	\$ 1,121,010	-23.0%	\$ 1,520,974	-43.2%	\$ 7,552,452	\$ 8,274,534	-8.7%	\$ 9,379,601	-19.5%
CAPITAL CONTRIBUTION	\$ (192,254)	\$ -	-100.0%	\$ (208,694)	-7.9%	\$ 262,057	\$ -	-100.0%	\$ 53,774	387.3%
EBIDA	\$ (171,601)	\$ 22,807	-852.4%	\$ (180,287)	-4.8%	\$ 421,877	\$ 169,711	148.6%	\$ 251,076	68.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	10,530	9,330	12.86%	9,039	16.50%	70,789	66,867	5.87%	66,282	6.80%
Total Hospital Visits	4,824	4,803	0.44%	6,085	-20.72%	34,580	33,257	3.98%	31,087	11.24%
Total Procedures	11,727	10,072	16.43%	10,458	12.13%	82,561	64,588	27.83%	64,969	27.08%
Total Surgeries	908	745	21.88%	661	37.37%	5,901	5,507	7.15%	5,380	9.68%
Total Provider FTE's	85.1	93.5	-8.96%	84.8	0.35%	86.2	93.5	-7.79%	85.6	0.70%
Total Staff FTE's	126.0	135.2	-6.80%	123.9	1.69%	127.4	135.2	-5.76%	124.7	2.17%
Total Administrative FTE's	11.1	38.0	-70.79%	34.9	-68.19%	19.6	38.0	-48.42%	33.7	-41.84%
Total FTE's	222.2	266.7	-16.68%	243.6	-8.78%	233.2	266.7	-12.55%	244.0	-4.43%

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
APRIL 2018**

	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	\$ 318,101	\$ 446,239	-28.7%	\$ 356,941	-10.9%	\$ 2,500,401	\$ 3,019,461	-17.2%	\$ 2,755,817	-9.3%
TOTAL PATIENT REVENUE	\$ 318,101	\$ 446,239	-28.7%	\$ 356,941	-10.9%	\$ 2,500,401	\$ 3,019,461	-17.2%	\$ 2,755,817	-9.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ (315,847)	\$ 159,075	-298.6%	\$ 263,436	-219.9%	\$ 476,386	\$ 1,072,003	-55.6%	\$ 1,128,159	-57.8%
Self Pay Adjustments	(69,146)	1,035	-6781.7%	90,430	-176.5%	112,101	6,974	1507.4%	74,293	50.9%
Bad Debts	635,974	93,932	577.1%	(213,471)	-397.9%	1,414,547	633,009	123.5%	425,064	232.8%
TOTAL REVENUE DEDUCTIONS	\$ 250,982	\$ 254,042	-1.2%	\$ 140,395	78.8%	\$ 2,003,033	\$ 1,711,986	17.0%	\$ 1,627,515	23.1%
	78.9%	56.9%		39.3%		80.1%	56.7%		59.1%	
NET PATIENT REVENUE	\$ 67,119	\$ 192,198	-65.1%	\$ 216,546	-69.0%	\$ 497,368	\$ 1,307,476	-62.0%	\$ 1,128,302	-55.9%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ 8,802	0.0%	\$ 5,305	-100.0%	\$ 10,595	\$ 61,617	0.0%	\$ 5,305	99.7%
TOTAL OTHER REVENUE	\$ -	\$ 8,802	-100.0%	\$ 5,305	-100.0%	\$ 10,595	\$ 61,617	-82.8%	\$ 5,305	99.7%
NET OPERATING REVENUE	\$ 67,119	\$ 201,000	-66.6%	\$ 221,850	-69.7%	\$ 507,963	\$ 1,369,093	-62.9%	\$ 1,133,607	-55.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 75,232	\$ 279,458	-73.1%	\$ 28,572	163.3%	\$ 308,020	\$ 708,952	-56.6%	\$ 227,779	35.2%
Benefits	28,578	106,895	-73.3%	5,469	422.5%	112,776	280,176	-59.7%	58,055	94.3%
Physician Services	69,371	7,328	846.7%	287,338	-75.9%	1,017,017	1,336,609	-23.9%	1,665,017	-38.9%
Cost of Drugs Sold	1,257	4,984	-74.8%	6,972	-82.0%	30,081	33,749	-10.9%	36,337	-17.2%
Supplies	3,068	8,880	-65.5%	9,243	-66.8%	25,514	100,513	-74.6%	62,890	-59.4%
Utilities	1,861	4,581	-59.4%	2,846	-34.6%	26,970	34,597	-22.0%	34,338	-21.5%
Repairs and Maintenance	267	2,667	-90.0%	2,191	-87.8%	31,500	18,670	68.7%	23,676	33.0%
Leases and Rentals	354	500	-29.3%	467	-24.3%	2,683	3,500	-23.4%	3,303	-18.8%
Other Expense	1,000	1,019	-1.9%	100	900.0%	8,089	7,632	6.0%	8,595	-5.9%
TOTAL OPERATING EXPENSES	\$ 180,986	\$ 416,312	-56.5%	\$ 343,198	-47.3%	\$ 1,562,649	\$ 2,524,399	-38.1%	\$ 2,119,989	-26.3%
Depreciation/Amortization	\$ 5,150	\$ 5,392	-4.5%	\$ 5,420	-5.0%	\$ 36,222	\$ 37,913	-4.5%	\$ 38,403	-5.7%
TOTAL OPERATING COSTS	\$ 186,136	\$ 421,704	-55.9%	\$ 348,618	-46.6%	\$ 1,598,871	\$ 2,562,312	-37.6%	\$ 2,158,392	-25.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (119,017)	\$ (220,704)	-46.1%	\$ (126,768)	-6.1%	\$ (1,090,909)	\$ (1,193,219)	-8.6%	\$ (1,024,785)	6.5%
Operating Margin	-177.32%	-109.80%	61.5%	-57.14%	210.3%	-214.76%	-87.15%	146.4%	-90.40%	137.6%
EBIDA	\$ (113,867)	\$ (215,312)	-47.1%	\$ (121,347)	-6.2%	\$ (1,054,686)	\$ (1,155,306)	-8.7%	\$ (986,383)	6.9%

	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	885	1,182	-25.1%	766	15.5%	6,669	8,094	-17.6%	8,668	-23.1%
Dental Visits	-	762	-100.0%	689	-100.0%	350	5,060	-93.1%	4,654	-92.5%
Total Visits	885	1,944	-54.5%	1,455	-39.2%	7,019	13,154	-46.6%	13,322	-47.3%
Average Revenue per Office Visit	359.44	229.55	56.6%	245.32	46.5%	356.23	229.55	55.2%	206.86	72.2%
Hospital FTE's (Salaries and Wages)	18.9	26.2	-28.0%	4.7	302.9%	8.6	10.6	-18.9%	5.0	71.5%
Clinic FTE's - (Physician Services)	-	-	0.0%	20.8	-100.0%	12.3	15.6	-21.3%	21.8	-43.7%

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
APRIL 2018**

	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	\$ 285,166	\$ 245,519	16.1%	\$ 245,780	16.0%	\$ 2,291,627	\$ 1,908,723	20.1%	\$ 1,538,854	48.9%
TOTAL PATIENT REVENUE	\$ 285,166	\$ 245,519	16.1%	\$ 245,780	16.0%	\$ 2,291,627	\$ 1,908,723	20.1%	\$ 1,538,854	48.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 18,301	\$ 100,382	-81.8%	\$ 53,051	-65.5%	\$ 656,237	\$ 676,474	-3.0%	\$ 423,131	55.1%
Self Pay Adjustments	2,377	16,730	-85.8%	16,450	-85.5%	94,008	112,746	-16.6%	15,192	518.8%
Bad Debts	227,417	34,982	550.1%	115,868	96.3%	1,246,282	235,741	428.7%	562,487	121.6%
TOTAL REVENUE DEDUCTIONS	\$ 248,094	\$ 152,094	63.1%	\$ 185,369	33.8%	\$ 1,996,527	\$ 1,024,960	94.8%	\$ 1,000,810	99.5%
	87.00%	61.95%		75.42%		87.12%	53.70%		65.04%	
NET PATIENT REVENUE	\$ 37,072	\$ 93,425	-60.3%	\$ 60,411	-38.6%	\$ 295,100	\$ 883,763	-66.6%	\$ 538,043	-45.2%
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	\$ 37,072	\$ 93,425	-60.3%	\$ 60,411	-38.6%	\$ 295,100	\$ 883,763	-66.6%	\$ 538,043	-45.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 39,898	\$ 159,292	-75.0%	\$ 3,650	993.1%	\$ 109,571	\$ 338,140	-67.6%	\$ 23,915	358.2%
Benefits	15,156	60,931	-75.1%	699	2068.2%	40,117	133,632	-70.0%	6,095	558.2%
Physician Services	58,935	3,050	1832.3%	153,337	-61.6%	656,556	801,184	-18.1%	984,233	-33.3%
Cost of Drugs Sold	5,338	1,895	181.7%	3,421	56.0%	24,647	14,731	67.3%	14,761	67.0%
Supplies	8,694	5,349	62.5%	5,840	48.9%	37,089	41,324	-10.2%	38,585	-3.9%
Utilities	2,614	2,149	21.6%	1,974	32.4%	18,204	15,026	21.1%	15,929	14.3%
Repairs and Maintenance	-	833	-100.0%	1,465	-100.0%	3,814	5,833	-34.6%	9,853	-61.3%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 130,636	\$ 233,500	-44.1%	\$ 170,385	-23.3%	\$ 889,998	\$ 1,349,871	-34.1%	\$ 1,093,370	-18.6%
Depreciation/Amortization	\$ 40,154	\$ 39,985	0.4%	\$ 41,241	-2.6%	\$ 280,738	\$ 279,892	0.3%	\$ 288,686	-2.8%
TOTAL OPERATING COSTS	\$ 170,790	\$ 273,484	-37.6%	\$ 211,626	-19.3%	\$ 1,170,736	\$ 1,629,762	-28.2%	\$ 1,382,057	-15.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (133,718)	\$ (180,059)	-25.7%	\$ (151,215)	-11.6%	\$ (875,636)	\$ (746,000)	17.4%	\$ (844,013)	3.7%
Operating Margin	-360.70%	-192.73%	87.2%	-250.31%	44.1%	-296.73%	-84.41%	251.5%	-156.87%	89.2%
EBIDA	\$ (93,564)	\$ (140,075)	-33.2%	\$ (109,974)	-14.9%	\$ (594,898)	\$ (466,108)	27.6%	\$ (555,327)	7.1%

	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	633	633	0.0%	403	57.1%	4,599	5,259	-12.5%	4,293	7.1%
Optometry Visits	216	298	-27.5%	284	-23.9%	1,767	1,983	-10.9%	1,889	-6.5%
Total Visits	849	931	-8.8%	687	23.6%	6,366	7,242	-12.1%	6,182	3.0%
Average Revenue per Office Visit	335.88	263.71	27.4%	357.76	-6.1%	359.98	263.56	36.6%	248.92	44.6%
Hospital FTE's (Salaries and Wages)	12.4	13.8	-9.9%	1.0	1175.2%	4.9	4.7	4.6%	1.0	386.6%
Clinic FTE's - (Physician Services)	-	-	0.0%	14.0	-100.0%	8.3	9.2	-8.9%	14.3	-41.7%

**ECTOR COUNTY HOSPITAL DISTRICT
APRIL 2018**

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	\$ 33,973,856	36.9%	\$ 27,456,406	33.9%	\$ 245,183,154	38.1%	\$ 241,174,177	40.9%
Medicaid	9,137,882	9.9%	9,009,833	11.2%	60,660,516	9.4%	63,976,767	10.9%
Commercial	28,973,213	31.5%	26,188,917	32.4%	186,237,005	28.9%	166,810,793	28.4%
Self Pay	16,091,979	17.5%	15,811,733	19.6%	121,984,196	19.0%	76,382,929	13.0%
Other	3,901,839	4.2%	2,336,117	2.9%	29,613,839	4.6%	39,781,949	6.8%
TOTAL	\$ 92,078,769	100.0%	\$ 80,803,006	100.0%	\$ 643,678,710	100.0%	\$ 588,126,615	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 5,855,034	34.0%	\$ 4,543,200	35.5%	\$ 47,010,926	37.9%	\$ 36,126,001	31.3%
Medicaid	1,961,904	11.4%	698,929	5.5%	10,641,294	8.6%	11,079,329	9.6%
Commercial	7,298,494	42.5%	5,591,116	43.8%	46,622,924	37.6%	50,384,741	43.6%
Self Pay	1,337,309	7.8%	972,994	7.6%	9,152,451	7.4%	9,009,427	7.8%
Other	747,512	4.3%	974,518	7.6%	10,545,211	8.5%	8,883,490	7.7%
TOTAL	\$ 17,200,253	100.0%	\$ 12,780,757	100.0%	\$ 123,972,804	100.0%	\$ 115,482,988	100.0%
TOTAL NET REVENUE	16,574,178		15,899,337		120,025,149		117,693,648	
% OF GROSS REVENUE	18.0%		19.7%		18.6%		20.0%	
VARIANCE	626,074		(3,118,580)		3,947,655		(2,210,660)	
% VARIANCE TO CASH COLLECTIONS	3.8%		-19.6%		3.3%		-1.9%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
APRIL 2018**

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	\$ 49,749	15.6%	\$ 64,321	18.0%	\$ 259,470	10.4%	\$ 363,434	13.2%
Medicaid	124,866	39.4%	54,197	15.2%	944,943	37.8%	746,245	27.1%
PHC	-	0.0%	124,673	34.9%	26,599	1.1%	854,908	31.0%
Commercial	60,913	19.1%	51,278	14.4%	501,209	20.0%	384,169	13.9%
Self Pay	81,896	25.7%	46,847	13.1%	763,632	30.5%	319,521	11.6%
Other	676	0.2%	15,625	4.4%	4,548	0.2%	87,540	3.2%
TOTAL	\$ 318,101	100.0%	\$ 356,941	100.0%	\$ 2,500,401	100.0%	\$ 2,755,817	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 2,797	4.9%	\$ 14,794	17.4%	\$ 18,909	4.6%	\$ 98,555	9.9%
Medicaid	14,605	25.4%	22,411	26.4%	117,854	28.4%	479,723	47.9%
PHC	-	0.0%	14,520	17.1%	5,626	1.4%	127,826	12.8%
Commercial	20,485	35.6%	11,096	13.1%	143,503	34.6%	126,128	12.6%
Self Pay	19,584	34.1%	22,105	26.0%	128,048	30.9%	168,175	16.8%
Other	-	0.0%	-	0.0%	512	0.1%	102	0.0%
TOTAL	\$ 57,472	100.0%	\$ 84,925	100.0%	\$ 414,453	100.0%	\$ 1,000,508	100.0%
TOTAL NET REVENUE	67,119		216,546		497,368		1,128,302	
% OF GROSS REVENUE	21.1%		60.7%		19.9%		40.9%	
VARIANCE	(9,647)		(131,620)		(82,915)		(127,794)	
% VARIANCE TO CASH COLLECTIONS	-14.4%		-60.8%		-16.7%		-11.3%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
APRIL 2018**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 26,785	9.4%	\$ 51,171	20.8%	\$ 272,572	11.9%	\$ 287,188	18.7%
Medicaid	151,711	53.2%	81,930	33.3%	1,072,471	46.7%	566,526	36.8%
PHC	232	0.1%	31,017	12.6%	59,038	2.6%	248,751	16.2%
Commercial	50,689	17.8%	52,684	21.4%	434,434	19.0%	251,793	16.4%
Self Pay	55,750	19.5%	26,304	10.7%	448,177	19.6%	134,944	8.8%
Other	-	0.0%	2,674	1.1%	4,935	0.2%	49,652	3.2%
TOTAL	\$ 285,166	100.0%	\$ 245,780	100.0%	\$ 2,291,627	100.0%	\$ 1,538,854	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 1,468	5.4%	\$ 9,273	23.2%	\$ 10,690	5.2%	\$ 83,517	22.5%
Medicaid	2,273	8.4%	12,540	31.4%	51,852	25.0%	120,978	32.5%
PHC	-	0.0%	1,650	4.1%	3,613	1.7%	25,786	6.9%
Commercial	8,706	32.0%	6,502	16.3%	59,266	28.6%	65,437	17.6%
Self Pay	14,726	54.2%	9,921	24.8%	81,430	39.2%	75,888	20.4%
Other	-	0.0%	40	0.1%	597	0.3%	283	0.1%
TOTAL	\$ 27,174	100.0%	\$ 39,926	100.0%	\$ 207,449	100.0%	\$ 371,890	100.0%
TOTAL NET REVENUE	37,072		60,411		295,100		538,043	
% OF GROSS REVENUE	13.0%		24.6%		12.9%		35.0%	
VARIANCE	(9,898)		(20,485)		(87,651)		(166,154)	
% VARIANCE TO CASH COLLECTIONS	-26.7%		-33.9%		-29.7%		-30.9%	

**ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
APRIL 2018**

<u>Cash and Cash Equivalents</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 4,686,040	\$ -	\$ 4,686,040
Payroll	4,042	-	4,042
Worker's Comp Claims	9,895	-	9,895
Group Medical	110,821	-	110,821
Flex Benefits	4,811	-	4,811
Mission Fitness	494,111	-	494,111
Petty Cash	9,420	-	9,420
Dispro	0	1,181,203	1,181,203
Debt Service	457,051	-	457,051
Tobacco Settlement	0	-	0
General Liability	-	1,901,880	1,901,880
Professional Liability	-	1,979,617	1,979,617
Funded Worker's Compensation	-	1,202,691	1,202,691
Funded Depreciation	-	7,227,762	7,227,762
Designated Funds	-	1,122,097	1,122,097
	<hr/>	<hr/>	<hr/>
Total Cash and Cash Equivalents	\$ 5,776,192	\$ 14,615,251	\$ 20,391,442

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 4,000,000	\$ 4,000,000
Funded Depreciation	-	18,000,000	18,000,000
Funded Worker's Compensation	-	1,000,000	1,000,000
General Liability	-	1,000,000	1,000,000
Professional Liability	-	1,000,000	1,000,000
Designated Funds	2,042,875	-	2,042,875
Allowance for Change in Market Values	-	(371,300)	(371,300)
	<hr/>	<hr/>	<hr/>
Total Investments	\$ 2,042,875	\$ 24,628,700	\$ 26,671,575
Total Unrestricted Cash and Investments			\$ 47,063,018

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,683,506	\$ -	\$ 4,683,506
Assets Held By Trustee - Debt Payment Reserves	858,972	-	858,972
Assets Held In Endowment	-	6,175,784	6,175,784
Restricted TPC, LLC	447,620	-	447,620
Restricted MCH West Texas Services	2,086,429	-	2,086,429
Total Restricted Assets	<hr/>	<hr/>	<hr/>
	\$ 8,076,528	\$ 6,175,784	\$ 14,252,312

Total Cash & Investments			<hr/> \$ 61,315,330 <hr/>
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**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
APRIL 2018**

	Hospital	Procure	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	\$ (11,986,030)	\$ 262,057	\$ (11,723,972)
Noncash Expenses:			
Depreciation and Amortization	11,850,632	97,870	11,948,502
Unrealized Gain/Loss on Investments	(99,874)	-	(99,874)
Accretion (Bonds)	(0)	-	(0)
Changes in Assets and Liabilities			
Patient Receivables, Net	(11,938,164)	886,517	(11,051,647)
Taxes Receivable/Deferred	5,710,761	774	5,711,535
Inventories, Prepays and Other	(12,191,340)	347,849	(11,843,491)
Accounts Payable	29,357,794	2,947,355	32,305,150
Accrued Expenses	(2,254,343)	578,889	(1,675,454)
Due to Third Party Payors	(273,273)	-	(273,273)
Accrued Post Retirement Benefit Costs	8,556,899	-	8,556,899
Net Cash Provided by Operating Activities	\$ 16,733,063	\$ 5,121,312	\$ 21,854,374
Cash Flows from Investing Activities:			
Investments	\$ (16,627,226)	\$ -	\$ (16,627,226)
Acquisition of Property and Equipment	(5,631,327)	(2,809)	(5,634,136)
Cerner Project Costs	(7,490)	-	(7,490)
Net Cash used by Investing Activities	\$ (22,266,043)	\$ (2,809)	\$ (22,268,852)
Cash Flows from Financing Activities:			
Net Repayment of Long-term Debt/Bond Issuance	\$ (1,821,250)	\$ -	\$ (1,821,250)
Net Cash used by Financing Activities	\$ (1,821,250)	\$ -	\$ (1,821,250)
Net Increase (Decrease) in Cash	\$ (7,354,230)	\$ 5,118,503	\$ (2,235,728)
Beginning Cash & Cash Equivalents @ 9/30/2017	\$ 41,997,985	\$ 3,182,405	\$ 45,180,390
Ending Cash & Cash Equivalents @ 4/30/2018	\$ 34,643,754	\$ 8,300,908	\$ 42,944,662
Balance Sheet			
Cash and Cash Equivalents	\$ 20,391,442	\$ 8,300,908	\$ 28,692,350
Restricted Assets	14,252,312	-	14,252,312
Ending Cash & Cash Equivalents @ 4/30/2018	\$ 34,643,754	\$ 8,300,908	\$ 42,944,662

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2018

	<u>ACTUAL COLLECTIONS</u>	<u>BUDGETED COLLECTIONS</u>	<u>VARIANCE</u>	<u>PRIOR YEAR COLLECTIONS</u>	<u>VARIANCE</u>
<u>AD VALOREM</u>					
OCTOBER	\$ 276,462	\$ 1,300,000	\$ (1,023,538)	\$ 249,105	\$ 27,357
NOVEMBER	584,006	1,300,000	(715,994)	924,056	(340,049)
DECEMBER	1,135,578	1,300,000	(164,422)	2,885,709	(1,750,131)
JANUARY	5,479,301	1,300,000	4,179,301	3,390,679	2,088,622
FEBRUARY	3,286,610	1,300,000	1,986,610	2,266,373	1,020,237
MARCH	3,496,754	1,300,000	2,196,754	327,882	3,168,872
APRIL	791,566	1,300,000	(508,434)	152,119	639,448
TOTAL	<u>\$ 15,050,277</u>	<u>\$ 9,100,000</u>	<u>\$ 5,950,277</u>	<u>\$ 10,195,922</u>	<u>\$ 4,854,355</u>
<u>SALES</u>					
OCTOBER	\$ 3,753,619	\$ 3,217,497	\$ 536,122	\$ 2,339,047	\$ 1,414,571
NOVEMBER	3,777,148	3,477,235	299,912	2,839,057	938,091
DECEMBER	3,829,080	3,174,525	654,555	2,324,023	1,505,057
JANUARY	3,865,539	3,434,343	431,196	2,583,565	1,281,974
FEBRUARY	4,197,093	3,734,649	462,444	3,162,907	1,034,186
MARCH	4,263,080	2,952,986	1,310,094	2,759,040	1,504,039
APRIL	4,415,242	3,048,580	1,366,662	3,121,450	1,293,792
TOTAL	<u>\$ 28,100,800</u>	<u>\$ 23,039,816</u>	<u>\$ 5,060,984</u>	<u>\$ 19,129,089</u>	<u>\$ 8,971,711</u>
TAX REVENUE	<u>\$ 43,151,077</u>	<u>\$ 32,139,816</u>	<u>\$ 11,011,261</u>	<u>\$ 29,325,011</u>	<u>\$ 13,826,066</u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2018**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (2,484,655)	\$ 7,030,444		\$ 4,545,789
2nd Qtr	(1,055,492)	2,447,801		1,392,309
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (3,540,147)	\$ 9,478,245		\$ 5,938,098
UC				
1st Qtr	\$ (555,750)	\$ -		(555,750)
2nd Qtr	(2,925,445)	6,784,427		3,858,982
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (3,481,195)	\$ 6,784,427		\$ 3,303,232
Regional UPL (Community Benefit)				
1st Qtr	\$ (3,062,308)	\$ -		\$ (3,062,308)
2nd Qtr	(2,017,498)	-		(2,017,498)
3rd Qtr	-	-		-
4th Qtr	-	-		-
REGIONAL UPL TOTAL	\$ (5,079,806)	\$ -		\$ (5,079,806)
DSRIP				
1st Qtr	\$ (7,327,897)	\$ -		\$ (7,327,897)
2nd Qtr	(8,826,302)	20,469,161		11,642,859
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ (16,154,199)	\$ 20,469,161		\$ 4,314,962
MCH Cash Activity	\$ (28,255,347)	\$ 36,731,833		\$ 8,476,486
ProCare Cash Activity			\$ 6,125,000	\$ 6,125,000
Blended Cash Activity	\$ (28,255,347)	\$ 36,731,833	\$ 6,125,000	\$ 14,601,486

INCOME STATEMENT ACTIVITY:

FY 2018 Accrued / (Deferred) Adjustments:

	MCH	PROCARE	BLENDED
DSH Accrual	\$ 2,289,691	\$ -	\$ 2,289,691
Uncompensated Care Accrual	5,211,100	-	5,211,100
Regional UPL Accrual	(5,532,095)	-	(5,532,095)
Regional UPL Benefit	-	6,125,000	6,125,000
Medicaid Supplemental Payments	1,968,697	6,125,000	8,093,697
DSRIP Accrual	6,773,262	-	6,773,262
Total Adjustments	\$ 8,741,959	\$ 6,125,000	\$ 14,866,959

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF APRIL 30, 2018**

	A	B	C	D	E=A+B+C+D	F	G=E+F	H	H-G
RE NUMBER/ITEM	CIP BALANCE AS OF 4/1/2018	APRIL "+" ADDITIONS	APRIL "-." ADDITIONS	APRIL TRANSFERS	CIP BALANCE AS OF 4/30/2018	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) BOARD APRVD/BUDGET
<u>RENOVATIONS</u>									
RE17-1313 ED WAITING RENOVATION	\$ 2,222	\$ 22	\$ -	\$ -	\$ 2,244	\$ -	\$ 2,244	\$ 20,000	\$ 17,756
RE18-1315 HOSPITALIST OFFICE (2 WEST)	675	22,364	-	-	23,039	-	23,039	50,000	26,961
RE18-1320 BUSINESS OFFICE RENOVATION	1,172	4,890	-	-	6,062	-	6,062	10,000	3,938
RE18-1323 TRAUMA/OR UPGRADES	-	-	-	-	-	-	-	30,000	30,000
SUB-TOTAL	\$ 4,069	\$ 27,276	\$ -	\$ -	\$ 31,345	\$ -	\$ 31,345	\$ 110,000	\$ 78,655
<u>MINOR BUILDING IMPROVEMENT</u>									
RE15-1259 PBX - FLOORING REMEDIATION (MAIN HOSPITAL 1ST FLOOR)	\$ 13,030	\$ -	\$ -	\$ -	\$ 13,030	\$ -	\$ 13,030	\$ 45,000	\$ 31,970
RE17-1303 ONE DOCTORS PLACE	11,892	-	-	-	11,892	-	11,892	45,000	33,108
RE17-1314 GOLDER SITE SIGNAGE	3,983	4,125	-	-	8,107	-	8,107	20,000	11,893
RE18-1317 MAMMOGRAPHY RENOVATION	20,412	35,917	-	-	56,329	-	56,329	75,000	18,671
RE18-1318 SURFACE LOT UPGRADES	20,940	-	-	-	20,940	-	20,940	40,000	19,060
RE18-1319 315 GOLDER UPGRADES	14,587	-	-	-	14,587	-	14,587	20,000	5,413
RE18-1321 PRO BUILDING IT INFRASTRUCTURE	-	-	-	-	-	-	-	25,000	25,000
RE18-1322 FIRE SYSTEM UPGRADE	-	-	-	-	-	-	-	125,000	125,000
RE18-1324 ICU LOGISTICS MANAGEMENT SPACE	-	737	-	-	737	-	737	45,000	44,264
SUB-TOTAL	\$ 84,843	\$ 40,778	\$ -	\$ -	\$ 125,622	\$ -	\$ 125,622	\$ 440,000	\$ 314,378
<u>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</u>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	\$ 489,723	\$ 1,913	\$ -	\$ -	\$ 491,636	\$ -	\$ 491,636	\$ 903,575	\$ 411,939
SUB-TOTAL	\$ 489,723	\$ 1,913	\$ -	\$ -	\$ 491,636	\$ -	\$ 491,636	\$ 903,575	\$ 411,939
TOTAL CONSTRUCTION IN PROGRESS	\$ 578,636	\$ 69,968	\$ -	\$ -	\$ 648,603	\$ -	\$ 648,603	\$ 1,453,575	\$ 804,972

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
APRIL 2018

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

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2018 CAPITAL EQUIPMENT
CONTINGENCY FUND
APRIL 2018**

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget		\$ 600,000	\$ -	\$ -	\$ 600,000
Oct-17	Clear-Lead Mobile X-Ray Barriers	7290	-	-	4,095	(4,095)
Oct-17	AVL Equipment	9080	-	-	4,187	(4,187)
Nov-17	Dell Workstation	9070	-	-	2,799	(2,799)
Nov-17	Powermics	9070	-	-	11,500	(11,500)
Nov-17	Software	9070	-	-	3,375	(3,375)
Dec-17	Patient Services Refrigeration 2-door	8020	-	-	6,249	(6,249)
Dec-17	Patient Services Refrigerator-single do	8020	-	-	4,650	(4,650)
Dec-17	PowerMic Microphones	9070	-	-	11,500	(11,500)
Dec-17	Downtime PCs	9070	-	-	3,375	(3,375)
Dec-17	Downtime PCs	9070	-	-	2,799	(2,799)
Dec-17	Interface - THA Smart Ribbon	9070	-	-	34,008	(34,008)
Jan-18	Gearview License	9070	-	-	6,320	(6,320)
Jan-18	Premier Pass Training Courses	9070	-	-	43,390	(43,390)
Jan-18	Maestro 4000 Cardiac Ablation System	7220	-	-	43,500	(43,500)
Feb-18	CCW SW Upgrade	6620	-	-	27,095	(27,095)
Mar-18	Gynnie Stretcher	6850	-	-	10,623	(10,623)
Mar-18	MediaWriter - CD/DVD Burner	9070	-	-	10,733	(10,733)
Mar-18	Cables	9080	-	-	2,735	(2,735)
Mar-18	Network Switches - Cisco Catalyst	9080	-	-	3,306	(3,306)
Mar-18	APC Smart-UPS	9080	-	-	2,492	(2,492)
Mar-18	Cabling	9080	-	-	6,687	(6,687)
			\$ 600,000	\$ -	\$ 245,419	\$ 354,581

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
APRIL 2018**

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
AR DISPRO/UPL	\$ (3,648,407)	\$ -	\$ -	\$ (3,648,407)
AR UNCOMPENSATED CARE	2,211,296	303,428	-	1,907,869
AR DSRIP	14,327,897	11,642,859	-	2,685,038
AR NURSING HOME UPL	-	-	-	-
AR BAB REVENUE	168,827	84,142	-	84,684
AR PHYSICIAN GUARANTEES	840,192	652,652	-	187,540
AR ACCRUED INTEREST	59,721	129,868	-	(70,148)
AR OTHER:	16,212,411	4,641,338	3,400,671	8,170,401
Procure On-Call Fees	162,300	-	155,300	7,000
Procure A/R - FHC	165,732	-	339,398	(173,666)
Other Misc A/R	15,884,379	4,641,338	2,905,974	8,337,067
AR DUE FROM THIRD PARTY PAYOR	2,350,660	2,295,679	-	54,981
PROCARE-INTERCOMPANY RECEIVABLE	6,708,346	4,331,016	-	2,377,330
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 39,230,943	\$ 24,080,983	\$ 3,400,671	\$ 11,749,288
PROCARE-INTERCOMPANY LIABILITY	\$ (6,708,346)	\$ -	\$ (4,331,016)	\$ (2,377,330)

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
APRIL 2018**

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	VAR	PRIOR YR	YR VAR	ACTUAL	BUDGET	VAR	PRIOR YR	YR VAR
INPATIENT REHAB	0.8	0.7	12.0%	-	0.0%	1.6	0.7	121.8%	1.4	11.4%
LABOR AND DELIVERY	0.7	2.0	-63.4%	2.2	-66.5%	1.5	2.0	-24.1%	2.0	-24.3%
CARDIOPULMONARY	1.4	-	0.0%	-	0.0%	1.5	-	0.0%	-	0.0%
OPERATING ROOM	-	3.7	-100.0%	5.8	-100.0%	1.1	3.6	-69.8%	4.7	-76.7%
NEO-NATAL INTENSIVE CARE	0.6	2.2	-71.4%	1.1	-44.7%	1.0	2.3	-55.1%	2.1	-51.1%
4 EAST	0.6	1.5	-60.3%	-	0.0%	1.0	1.5	-30.6%	1.3	-20.5%
TRAUMA SERVICE	0.8	-	0.0%	1.3	-36.6%	1.0	-	0.0%	0.5	94.6%
INTENSIVE CARE UNIT 2	-	1.1	-100.0%	-	0.0%	0.9	1.1	-15.3%	1.0	-7.4%
PM&R - OCCUPATIONAL	0.4	0.4	19.7%	0.5	-9.2%	0.7	0.3	107.0%	0.4	73.0%
INTENSIVE CARE UNIT 4 (CCU)	0.6	1.5	-59.0%	-	0.0%	0.6	1.5	-59.7%	1.4	-56.2%
STERILE PROCESSING	0.9	-	0.0%	1.0	-8.6%	0.6	-	0.0%	0.1	323.7%
9 CENTRAL	3.6	1.0	253.1%	-	0.0%	0.5	1.0	-46.7%	0.9	-43.5%
PATIENT ACCOUNTING	2.6	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
EMERGENCY DEPARTMENT	-	0.7	-100.0%	0.5	-100.0%	0.4	0.7	-50.1%	0.7	-48.5%
PHARMACY DRUGS/I.V. SOLUTIONS	-	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
PM&R - PHYSICAL	-	0.4	-100.0%	0.5	-100.0%	0.3	0.4	-35.8%	0.4	-37.4%
5 WEST	0.5	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
CARDIOPULMONARY - NICU	-	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
ENGINEERING	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
6 Central	-	1.1	-100.0%	-	0.0%	0.0	1.1	-99.0%	0.9	-98.8%
7 CENTRAL	-	2.0	-100.0%	-	0.0%	-	1.9	-100.0%	1.7	-100.0%
PERFORMANCE IMPROVEMENT (QA)	-	-	0.0%	0.9	-100.0%	-	-	0.0%	0.8	-100.0%
8 CENTRAL	-	0.9	-100.0%	-	0.0%	-	0.8	-100.0%	0.8	-100.0%
CHW - SPORTS MEDICINE	-	-	0.0%	-	0.0%	-	-	0.0%	0.7	-100.0%
6 West	-	0.7	-100.0%	-	0.0%	-	0.6	-100.0%	0.6	-100.0%
HUMAN RESOURCES	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
4 CENTRAL	-	0.5	-100.0%	-	0.0%	-	0.5	-100.0%	0.4	-100.0%
FINANCIAL ACCOUNTING	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
5 CENTRAL	-	0.4	-100.0%	-	0.0%	-	0.3	-100.0%	0.3	-100.0%
OP SURGERY	-	0.2	-100.0%	-	0.0%	-	0.2	-100.0%	0.1	-100.0%
IMAGING - ULTRASOUND	-	0.1	-100.0%	-	0.0%	-	0.1	-100.0%	0.1	-100.0%
CERNER	-	0.0	-100.0%	(0.0)	-100.0%	-	0.0	-100.0%	0.0	-100.0%
IMAGING - DIAGNOSTICS	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
RECOVERY ROOM	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - CHEMISTRY	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - MICROBIOLOGY	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
LABORATORY - TRANSFUSION SERVICES	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
PM&R - SPEECH	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
MEDICAL STAFF	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
SUBTOTAL	13.7	20.9	-34.5%	13.7	0.0%	13.8	20.6	-33.0%	23.3	-40.8%
TRANSITION LABOR										
INTENSIVE CARE UNIT 4 (CCU)	5.7	5.5	4.5%	7.3	-21.1%	9.7	5.4	79.6%	6.0	61.7%
7 CENTRAL	5.1	4.5	13.5%	6.7	-23.1%	5.5	4.3	28.5%	4.9	13.6%
8 CENTRAL	2.6	2.8	-8.3%	4.7	-44.2%	3.6	2.7	33.7%	3.2	13.9%
NEO-NATAL INTENSIVE CARE	3.8	2.0	87.3%	3.7	4.7%	3.6	2.2	66.8%	2.3	53.0%
INTENSIVE CARE UNIT 2	3.5	3.2	7.8%	3.3	5.6%	3.4	3.2	7.9%	3.4	1.7%
INPATIENT REHAB	3.0	2.1	38.3%	3.6	-18.7%	2.9	2.1	37.5%	2.9	-1.4%
6 Central	2.3	3.0	-24.4%	3.8	-39.0%	2.9	2.9	-0.4%	3.1	-6.3%
4 EAST	2.6	2.5	1.1%	4.6	-44.2%	2.8	2.4	14.7%	2.8	0.6%
LABORATORY - CHEMISTRY	2.5	1.1	114.3%	1.1	127.1%	2.2	1.1	93.7%	1.3	61.9%
OPERATING ROOM	2.1	0.7	212.9%	2.6	-20.9%	2.1	0.7	218.3%	1.8	16.7%
EMERGENCY DEPARTMENT	1.0	2.1	-50.5%	3.9	-73.0%	1.7	2.2	-20.6%	2.5	-29.0%
5 CENTRAL	1.4	2.0	-29.9%	2.2	-35.5%	1.7	1.9	-11.8%	2.0	-16.4%
LABORATORY - HEMATOLOGY	1.4	0.3	309.0%	1.1	27.0%	1.2	0.3	267.2%	0.4	176.0%
OP SURGERY	0.9	0.8	13.8%	0.9	-1.3%	1.0	0.8	22.4%	0.8	19.9%
CHW - SPORTS MEDICINE	-	0.7	-100.0%	2.5	-100.0%	0.5	0.7	-18.8%	1.5	-63.6%
4 CENTRAL	0.1	1.0	-92.4%	1.3	-94.0%	0.5	1.0	-52.3%	1.1	-56.7%
PM&R - OCCUPATIONAL	1.0	0.4	131.9%	0.5	102.1%	0.4	0.4	9.2%	0.6	-29.0%
PM&R - PHYSICAL	-	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
9 CENTRAL	0.4	2.3	-84.1%	4.5	-91.6%	0.4	2.2	-83.6%	2.8	-86.6%
6 West	-	0.8	-100.0%	0.1	-100.0%	0.1	0.7	-90.3%	0.7	-89.4%
LABOR AND DELIVERY	-	0.5	-100.0%	0.1	-100.0%	0.1	0.5	-86.9%	0.4	-84.9%
5 WEST	-	0.2	-100.0%	-	0.0%	0.0	0.1	-94.5%	0.1	-94.5%
CERNER	-	-	0.0%	0.5	-100.0%	-	-	0.0%	0.3	-100.0%
TRAUMA SERVICE	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
SUBTOTAL	39.3	38.7	1.4%	58.7	-33.1%	46.7	37.8	23.4%	44.8	4.1%
GRAND TOTAL	53.0	59.7	-11.2%	72.4	-26.8%	60.5	58.4	3.6%	68.2	-11.3%

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
APRIL 2018**

	CURRENT MONTH						YEAR TO DATE					
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR
RT TEMPORARY LABOR	\$ 30,755	\$ -	\$ 30,755	100.0%	\$ -	100.0%	\$ 185,445	\$ -	\$ 185,445	100.0%	\$ -	100.0%
TRAUMA TEMPORARY LABOR	7,550	-	7,550	100.0%	21,517	-64.9%	79,877	-	79,877	100.0%	71,450	11.8%
ICU2 TEMPORARY LABOR	(5)	797	(802)	-100.7%	-	100.0%	78,820	5,541	73,280	1322.8%	5,067	1455.7%
PI TEMPORARY LABOR	23,622	-	23,622	100.0%	19,865	18.9%	72,584	-	72,584	100.0%	141,398	-48.7%
REHAB TEMPORARY LABOR	12,093	6,594	5,499	83.4%	5,412	123.4%	93,430	45,877	47,553	103.7%	27,294	242.3%
L & D TEMPORARY LABOR	12,251	12,252	(1)	0.0%	23,234	-47.3%	131,023	86,580	44,442	51.3%	96,638	35.6%
4E TEMPORARY LABOR	8,142	8,037	105	1.3%	5,550	46.7%	97,680	54,698	42,983	78.6%	53,323	83.2%
OT TEMPORARY LABOR	4,163	4,210	(47)	-1.1%	4,595	-9.4%	50,413	29,245	21,168	72.4%	35,965	40.2%
ICU4 TEMPORARY LABOR	8,297	11,022	(2,725)	-24.7%	-	100.0%	54,924	76,635	(21,711)	-28.3%	(47,364)	-216.0%
OR TEMPORARY LABOR	-	48,396	(48,396)	-100.0%	87,955	-100.0%	78,157	336,465	(258,308)	-76.8%	447,492	-82.5%
ALL OTHER	\$ 68,623	\$ 63,071	\$ 5,551	8.8%	\$ 50,261	36.5%	\$ 248,593	\$ 447,146	\$ (198,552)	-44.4%	\$ 496,271	-49.9%
TOTAL TEMPORARY LABOR	\$ 175,490	\$ 154,378	\$ 21,111	13.7%	\$ 218,390	-19.6%	\$ 1,170,946	\$ 1,082,186	\$ 88,760	8.2%	\$ 1,327,534	-11.8%
ICU4 TRANSITION LABOR	\$ 67,045	\$ 88,194	\$ (21,149)	-24.0%	\$ 75,265	-10.9%	\$ 834,841	\$ 613,228	\$ 221,613	36.1%	\$ 639,442	30.6%
OR TRANSITION LABOR	24,075	9,694	14,380	148.3%	29,304	-17.8%	186,332	67,397	118,935	176.5%	174,699	6.7%
CHEM TRANSITION LABOR	14,420	7,802	6,618	84.8%	7,845	83.8%	120,624	54,243	66,381	122.4%	65,376	84.5%
8C TRANSITION LABOR	30,257	36,707	(6,450)	-17.6%	57,945	-47.8%	306,955	247,387	59,569	24.1%	287,974	6.6%
REHAB TRANSITION LABOR	36,348	31,141	5,207	16.7%	30,150	20.6%	274,625	216,641	57,983	26.8%	313,627	-12.4%
HEMA TRANSITION LABOR	7,956	2,889	5,068	175.4%	9,052	-12.1%	66,591	20,082	46,509	231.6%	26,468	151.6%
OP SURGERY TRANSITION LABOR	10,896	9,925	971	9.8%	10,777	1.1%	80,517	69,003	11,514	16.7%	69,741	15.5%
OP PM&R TRANSITION LABOR	2,642	7,727	(5,085)	-65.8%	22,240	-88.1%	63,180	53,721	9,458	17.6%	113,265	-44.2%
ED TRANSITION LABOR	12,573	25,647	(13,073)	-51.0%	43,660	-71.2%	145,711	188,077	(42,365)	-22.5%	207,115	-29.6%
5C TRANSITION LABOR	24,893	29,237	(4,344)	-14.9%	32,909	-24.4%	139,074	196,881	(57,807)	-29.4%	208,840	-33.4%
ICU2 TRANSITION LABOR	40,767	49,904	(9,138)	-18.3%	34,998	16.5%	276,396	346,980	(70,584)	-20.3%	352,294	-21.5%
6C TRANSITION LABOR	27,307	46,869	(19,562)	-41.7%	45,869	-40.5%	225,555	315,623	(90,067)	-28.5%	323,101	-30.2%
4E TRANSITION LABOR	26,871	47,205	(20,334)	-43.1%	44,463	-39.6%	206,825	321,281	(114,455)	-35.6%	325,070	-36.4%
ALL OTHER	108,095	166,011	(57,915)	-34.9%	185,146	-41.6%	816,703	1,146,825	(330,122)	-28.8%	1,228,917	-33.5%
TOTAL TRANSITION LABOR	\$ 434,145	\$ 558,951	\$ (124,806)	-22.3%	\$ 629,624	-31.0%	\$ 3,743,929	\$ 3,857,369	\$ (113,440)	-2.9%	\$ 4,335,929	-13.7%
GRAND TOTAL TEMPORARY LABOR	\$ 609,635	\$ 713,329	\$ (103,694)	-14.5%	\$ 848,014	-28.1%	\$ 4,914,875	\$ 4,939,555	\$ (24,680)	-0.5%	\$ 5,663,463	-13.2%
CERNER OTHER PURCH SVCS	\$ 231,062	\$ 54,145	\$ 176,917	326.7%	\$ (34,476)	-770.2%	\$ 1,080,813	\$ 379,015	\$ 701,798	185.2%	\$ 995,336	8.6%
PA E-SCAN DATA SYSTEM	253,902	36,079	217,823	603.7%	72,610	249.7%	744,282	252,554	491,728	194.7%	289,085	157.5%
PT ACCTS COLLECTION FEES	316,882	82,186	234,696	285.6%	80,111	295.6%	883,024	562,477	320,547	57.0%	557,432	58.4%
UC-CPC 42ND STREET PURCH SVCS-OTHER	55,559	40,033	15,526	38.8%	38,001	46.2%	423,451	275,640	147,810	53.6%	225,322	87.9%
ADM BOND AMENDMENT FEES	-	-	-	100.0%	-	100.0%	130,967	-	130,967	100.0%	-	100.0%
MED ASSETS CONTRACT	63,308	25,985	37,323	143.6%	14,744	329.4%	206,810	90,106	116,704	129.5%	101,193	104.4%
H&W OTHER PURCH SVCS	40,670	758	39,912	5262.9%	611	6556.7%	99,364	2,680	96,684	3607.1%	2,533	3822.8%
OR FEES (PERFUSSION SERVICES)	24,213	15,445	8,769	56.8%	20,142	20.2%	182,839	98,093	84,747	86.4%	121,868	50.0%
REF LAB ARUP PURCH SVCS	96,405	76,300	20,105	26.4%	54,483	76.9%	566,524	487,474	79,050	16.2%	465,990	21.6%
SERV EXC SURVEY SERVICES	53,606	46,667	6,939	14.9%	46,484	15.3%	399,520	326,667	72,853	22.3%	441,476	-9.5%
AMBULANCE FEES	9,476	6,439	3,038	47.2%	12,218	-22.4%	104,808	33,113	71,695	216.5%	141,221	-25.8%
DC AM HEALTHWAYS MGMT FEE	8,200	-	8,200	100.0%	8,000	2.5%	61,359	-	61,359	100.0%	57,170	7.3%
HISTOLOGY SERVICES	41,426	22,065	19,362	87.7%	16,414	152.4%	278,587	223,436	55,151	24.7%	210,991	32.0%
PI FEES (TRANSITION NURSE PROGRAM)	15,970	22,904	(6,934)	-30.3%	28,609	-44.2%	212,405	160,327	52,078	32.5%	249,263	-14.8%
ADM CONSULTANT FEES	97,527	32,583	64,944	199.3%	8,468	1051.7%	281,895	228,083	53,812	23.6%	508,919	-44.6%
NSG OTHER PURCH SVCS	22,642	1,913	20,729	1083.8%	41,537	-45.5%	56,953	13,388	43,565	325.4%	53,012	7.4%
HR RECRUITING FEES	13,005	13,977	(973)	-7.0%	(5,657)	-329.9%	169,022	120,225	48,797	40.6%	81,923	106.3%
ADM CONTRACT STRYKER	19,500	21,660	(2,160)	-10.0%	24,417	-20.1%	188,134	148,240	39,894	26.9%	156,717	20.0%
CREDIT CARD FEES	9,867	6,990	2,876	41.1%	21,812	-54.8%	106,833	74,568	32,265	43.3%	94,799	12.7%
FIN ACCT COST REPORT/CONSULTANT FEES	893	13,000	(12,107)	-93.1%	48,782	-98.2%	98,205	67,523	30,682	45.4%	138,032	-28.9%
PRO OTHER PURCH SVCS	(2,928)	8,263	(11,191)	-135.4%	7,424	-139.4%	119,125	91,459	27,666	30.2%	90,620	31.5%
ADMIN OTHER FEES	11,286	10,934	352	3.2%	18,662	-39.5%	97,775	76,537	21,238	27.7%	105,218	-7.1%
ADM APPRAISAL DIST FEE	50,717	12,035	38,682	321.4%	12,035	321.4%	101,434	84,247	17,187	20.4%	48,141	110.7%
4E OTHER PURCH SVCS	-	17	(17)	-100.0%	(1,713)	-100.0%	61,073	49,910	11,163	22.4%	42,894	42.4%
CREDIT CARD FEES	8,291	17,072	(8,781)	-51.4%	16,417	-49.5%	121,467	153,307	(31,841)	-20.8%	151,440	-19.8%
MISSION FITNESS OTHER PURCH SVCS	7,163	16,029	(8,866)	-55.3%	14,029	-48.9%	74,617	108,050	(33,433)	-30.9%	102,015	-26.9%
PHARMACY SERVICES	28,321	32,672	(4,350)	-13.3%	23,213	22.0%	165,232	221,863	(56,631)	-25.5%	172,722	-4.3%
TELECOM SERVICES	4,119	18,382	(14,263)	-77.6%	9,456	-56.4%	124,008	187,226	(63,218)	-33.8%	119,497	3.8%
COMM REL MEDIA PLACEMENT	11,583	27,500	(15,917)	-57.9%	9,644	20.1%	53,123	120,000	(66,877)	-55.7%	88,500	-40.0%
ADMIN LEGAL FEES	71,958	42,276	29,682	70.2%	77,814	-7.5%	222,722	295,931	(73,209)	-24.7%	386,049	-42.3%
UOM (EHR FEES)	6,678	29,472	(22,794)	-77.3%	30,072	-77.8%	100,067	184,224	(84,157)	-45.7%	272,151	-63.2%
HK SVC CONTRACT PURCH SVC	10,997	74,499	(63,502)	-85.2%	41,229	-73.3%	416,527	517,944	(101,418)	-19.6%	386,719	7.7%
COMM REL MEDIA PLACEMENT	38,417	58,500	(20,083)	-34.3%	53,349	-28.0%	259,239	396,000	(136,761)	-34.5%	421,407	-38.5%
PRIMARY CARE WEST OTHER PURCH SVCS	58,935	3,050	55,885	1832.3%	153,337	-61.6%	656,556	801,184	(144,627)	-18.1%	984,233	-33.3%
IT INFORMATION SOLUTIONS SVCS	10,463	183,167	(172,704)	-94.3%	39,907	-73.8%	218,311	410,047	(191,736)	-46.8%	441,766	-50.6%
PA ELIGIBILITY FEES	38,200	54,393	(16,193)	-29.8%	64,363	-40.6%	163,922	359,428	(195,507)	-54.4%	389,352	-57.9%
FHC OTHER PURCH SVCS	67,771	5,328	62,443	1172.0%	285,363	-76.3%	1,008,292	1,322,609	(314,317)	-23.8%	1,653,892	-39.0%
ALL OTHERS	858,744	863,271	(4,527)	-0.5%	797,739	7.6%	5,618,005	6,549,450	(931,445)	-14.2%	6,337,363	-11.4%
TOTAL PURCHASED SERVICES	\$ 2,654,627	\$ 1,975,988	\$ 678,639	34.4%	\$ 2,149,650	23.5%	\$ 15,857,290	\$ 15,473,028	\$ 384,263	2.5%	\$ 17,066,261	-7.2%

**Ector County Hospital District
Debt Service Coverage Calculation
APRIL 2018**

Average Annual Debt Service Requirements of 110%:

	FYTD			Annualized
	ProCare	ECHD	Consolidated	Consolidated
Decrease in net position	262,057	(11,986,030)	(11,723,973)	(20,098,240)
Deficiency of revenues over expenses	262,057	(11,986,030)	(11,723,973)	(20,098,240)
Depreciation/amortization	159,819	11,895,607	12,055,427	20,666,446
GASB 68	-	8,523,872	8,523,872	14,612,352
Interest expense	-	1,923,074	1,923,074	3,296,699
(Gain) or loss on fixed assets	-	-	-	-
Unusual / infrequent / extraordinary items	-	-	-	-
Unrealized (gains) / losses on investments	-	99,874	99,874	171,212
Consolidated net revenues	421,877	10,456,398	10,878,273	18,648,468

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%
2018	3,704,144.87	1,084,539.55	4,788,684.42	5,267,552.87
2019	3,704,003.09	1,050,540.12	4,754,543.21	5,229,997.53
2020	3,703,513.46	1,014,199.56	4,717,713.02	5,189,484.33
2021	3,703,965.62	975,673.80	4,679,639.42	5,147,603.37
2022	3,703,363.82	930,657.44	4,634,021.26	5,097,423.38
2023	3,704,094.49	883,666.27	4,587,760.76	5,046,536.84
2024	3,703,936.71	834,581.31	4,538,518.02	4,992,369.83
2025	3,703,757.92	783,331.19	4,487,089.11	4,935,798.02
2026	3,703,381.35	729,820.73	4,433,202.08	4,876,522.29
2027	3,702,861.24	670,848.36	4,373,709.60	4,811,080.56
2028	3,703,256.93	609,138.35	4,312,395.28	4,743,634.81
2029	3,702,288.56	544,540.00	4,246,828.56	4,671,511.42
2030	3,701,769.56	476,952.84	4,178,722.40	4,596,594.64
2031	3,701,420.06	406,226.18	4,107,646.24	4,518,410.86
2032	3,701,960.19	332,209.33	4,034,169.52	4,437,586.47
2033	3,701,063.45	254,726.47	3,955,789.92	4,351,368.91
2034	3,700,496.62	173,652.02	3,874,148.64	4,261,563.50
2035	3,700,933.18	88,810.18	3,789,743.36	4,168,717.70
	3,702,789.51	658,006.32	4,360,795.82	

OR

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

	Bonds	
Debt Service	4,788,684	← higher of the two

	Current FYTD	
Covenant Computation	227.2%	(needs to be 110% or higher)

389.4%



Financial Presentation

For the Month Ended

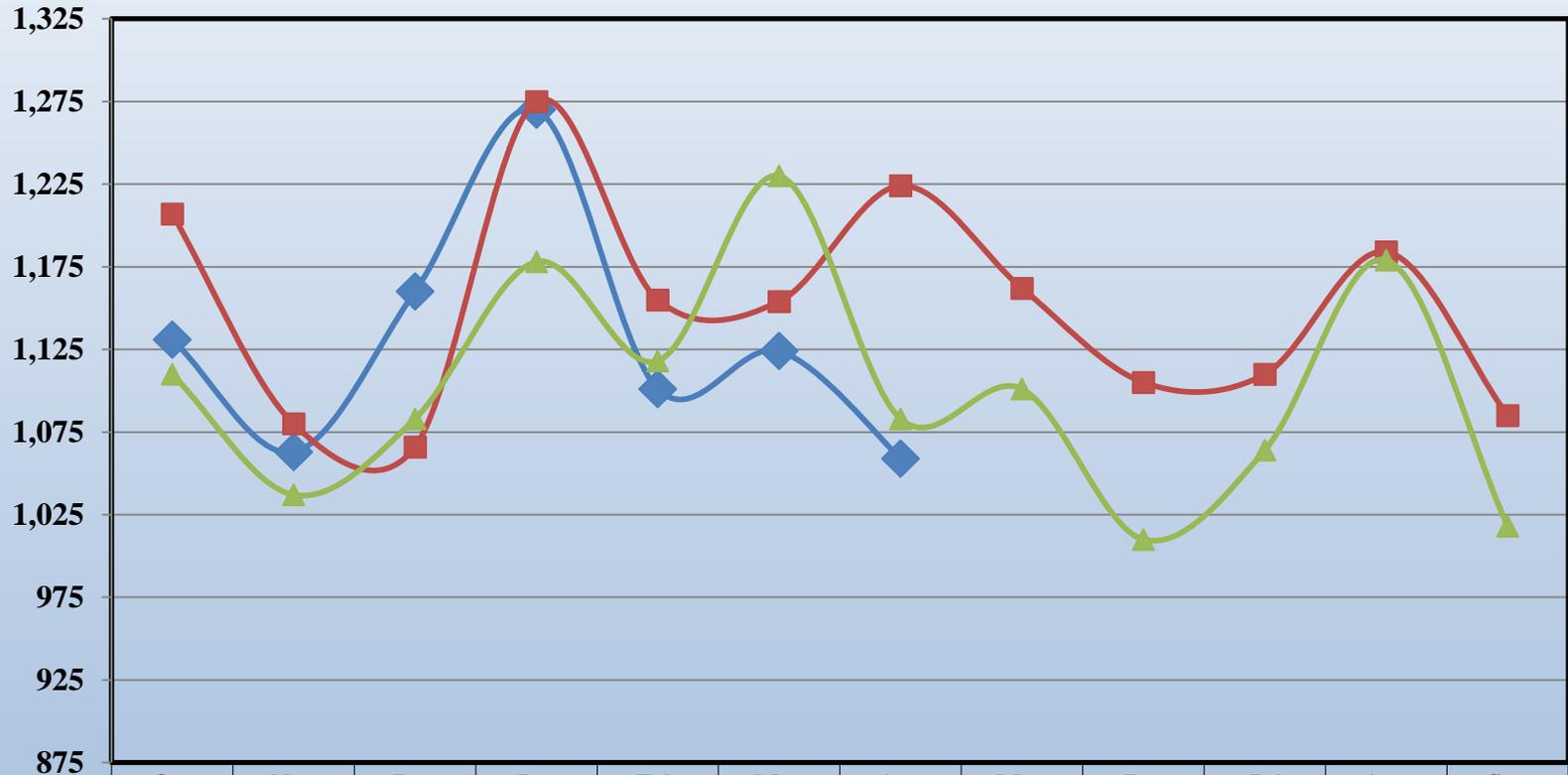
April 30, 2018

Volume



Admissions

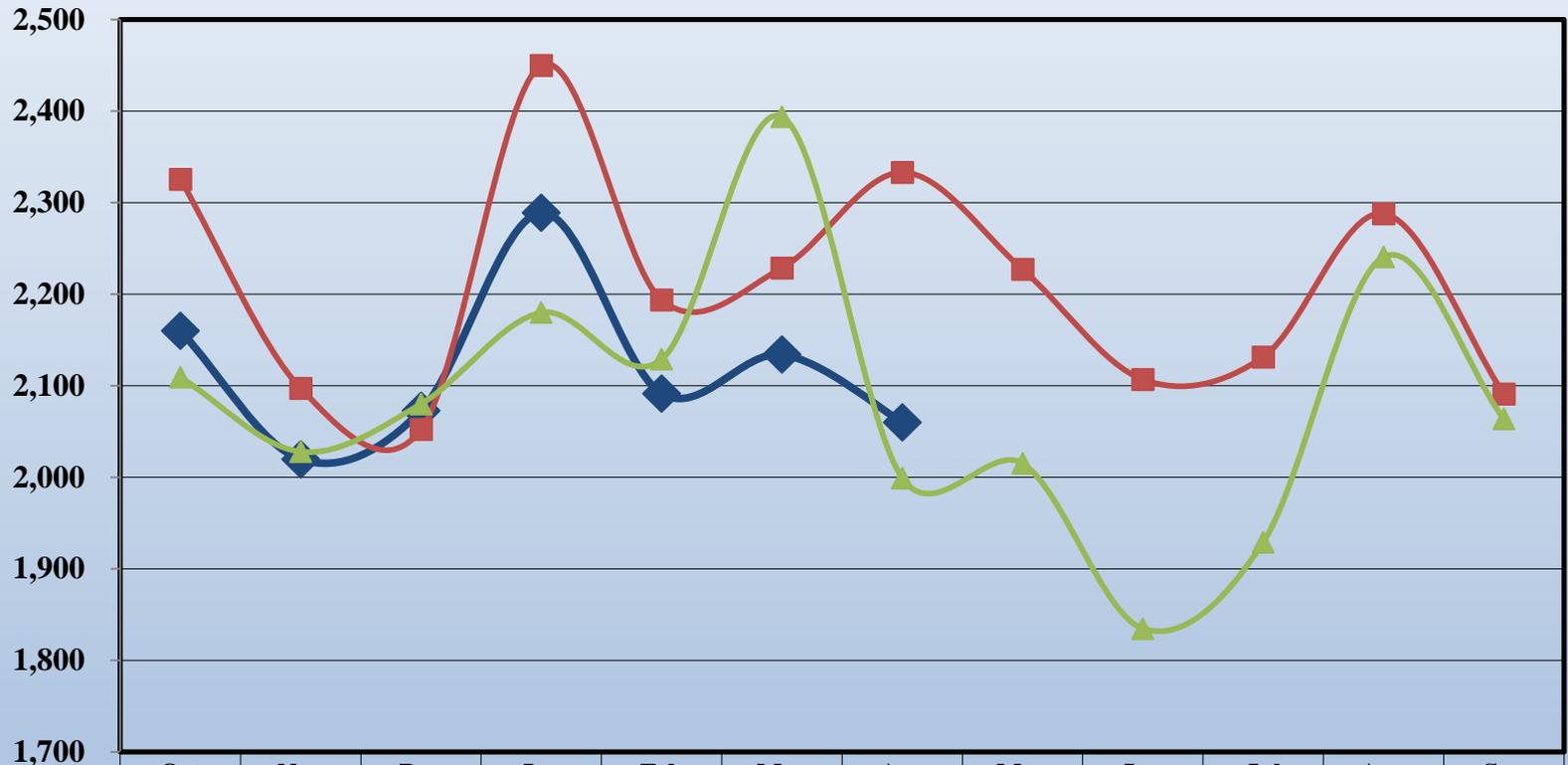
Total – Adults and NICU



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	1,131	1,063	1,160	1,270	1,101	1,124	1,059					
■ FY 2018 Budget	1,207	1,080	1,066	1,275	1,155	1,154	1,224	1,162	1,105	1,110	1,184	1,085
▲ FY 2017	1,110	1,037	1,083	1,178	1,118	1,230	1,083	1,101	1,010	1,064	1,179	1,018

Adjusted Admissions

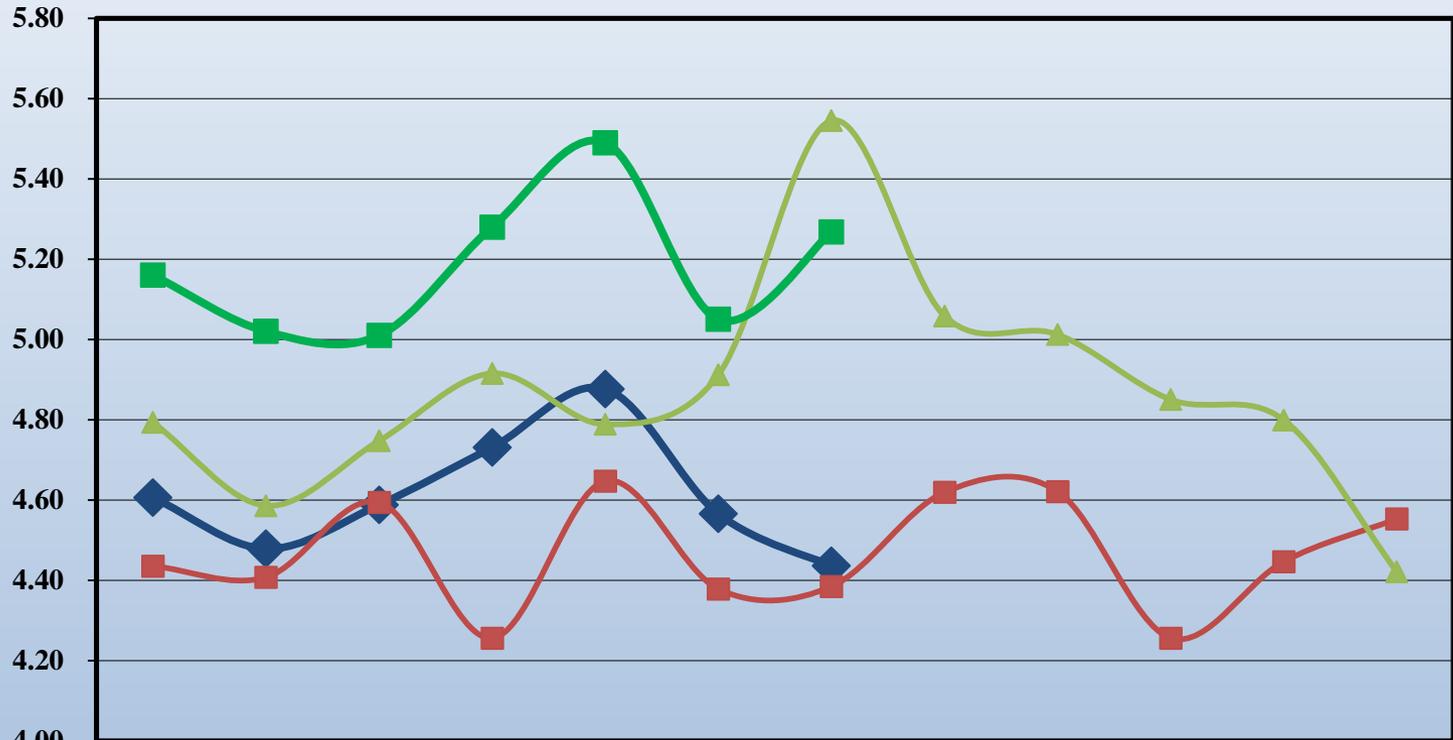
Including Acute & Rehab Unit



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	2,160	2,020	2,073	2,289	2,092	2,134	2,060					
■ FY 2018 Budget	2,326	2,097	2,052	2,450	2,194	2,229	2,333	2,227	2,107	2,131	2,288	2,091
▲ FY 2017	2,109	2,028	2,080	2,180	2,129	2,394	1,999	2,015	1,835	1,929	2,241	2,064

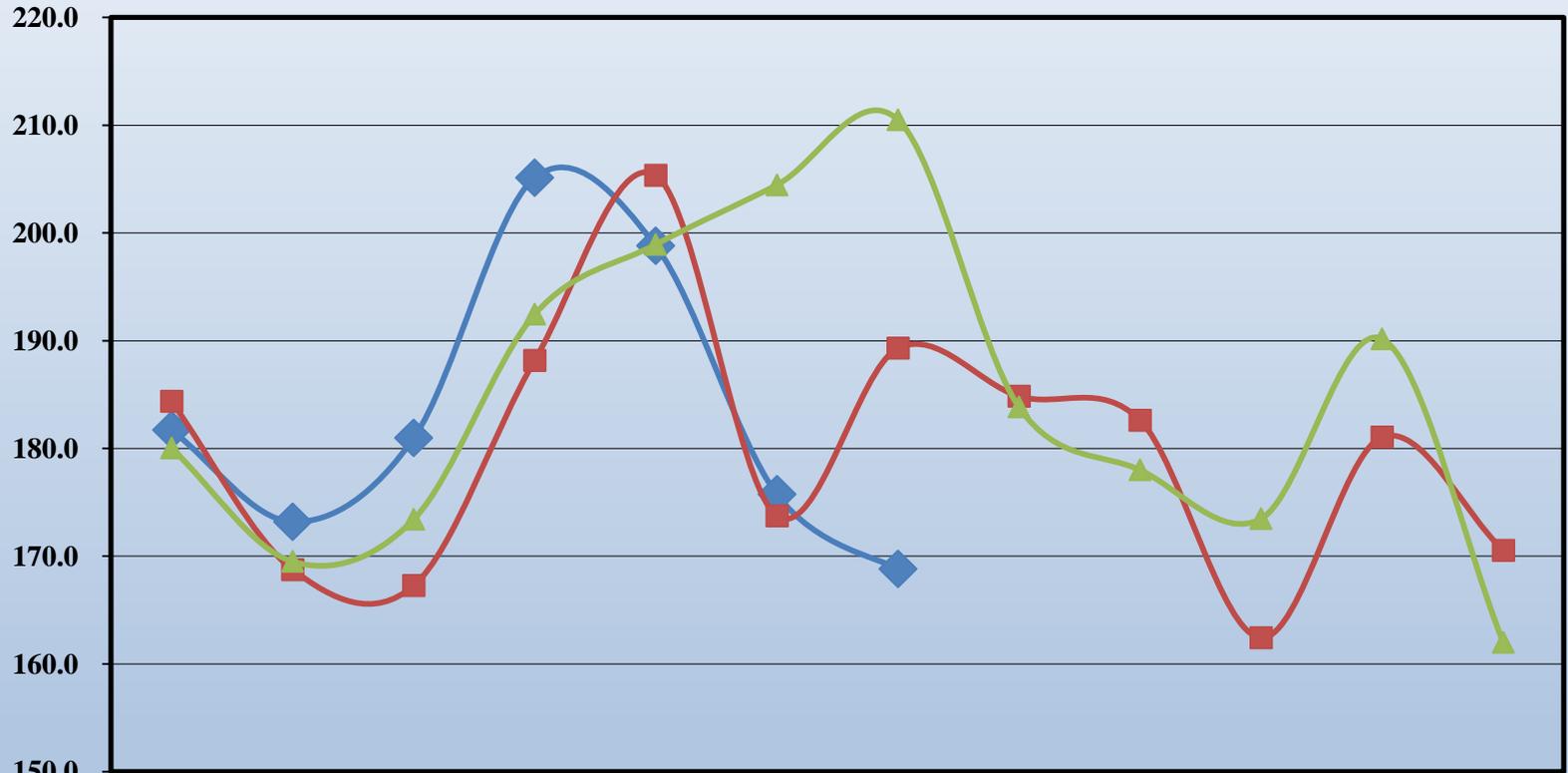
Average Length of Stay

Total – Adults and PEDI



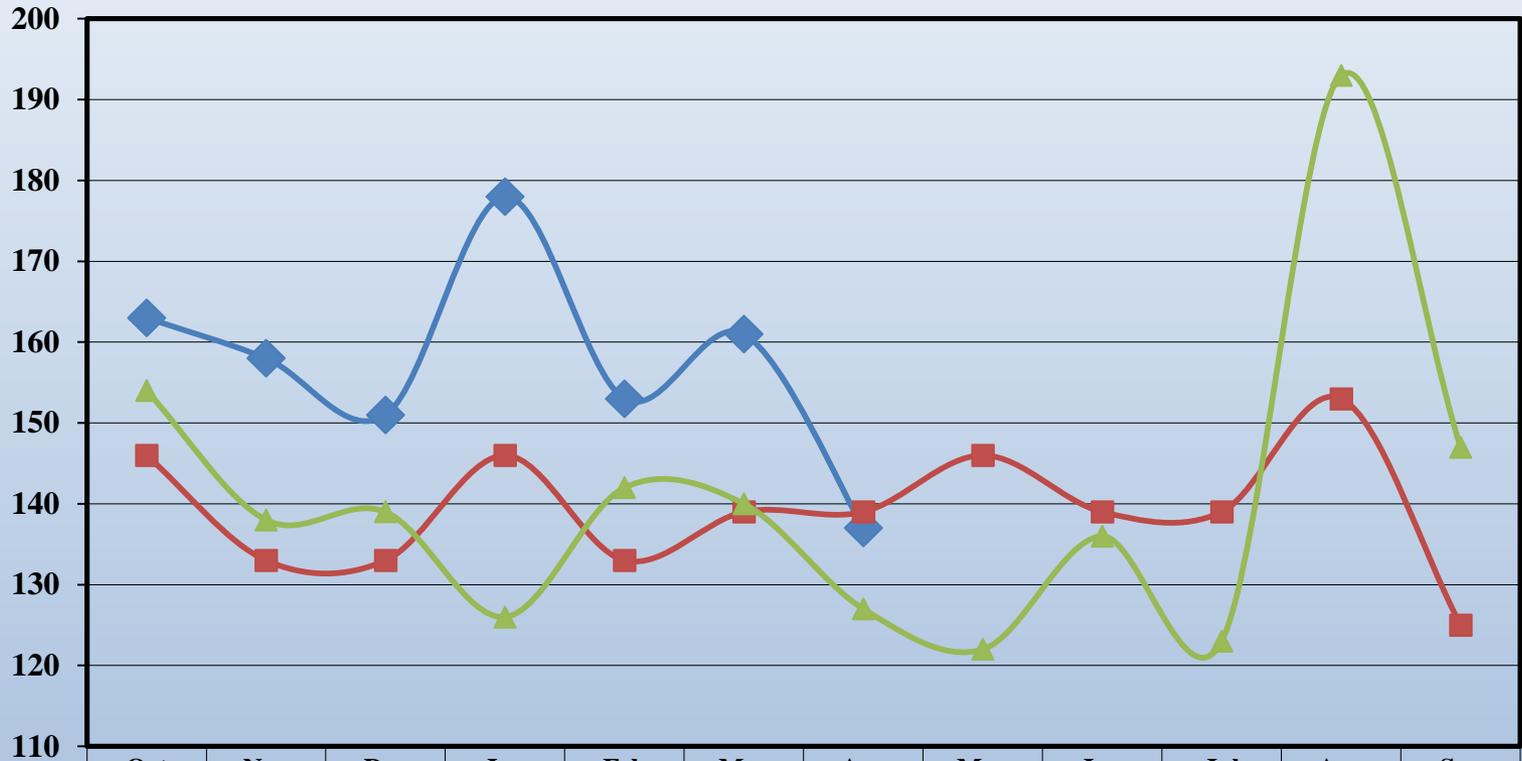
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	4.61	4.48	4.59	4.73	4.88	4.57	4.44					
FY 2018 Budget	4.44	4.41	4.59	4.26	4.65	4.38	4.38	4.62	4.62	4.26	4.45	4.55
FY 2017	4.79	4.59	4.75	4.92	4.79	4.91	5.55	5.06	5.01	4.85	4.80	4.42
FY 2018 Excluding OB	5.16	5.02	5.01	5.28	5.49	5.05	5.27					

Average Daily Census



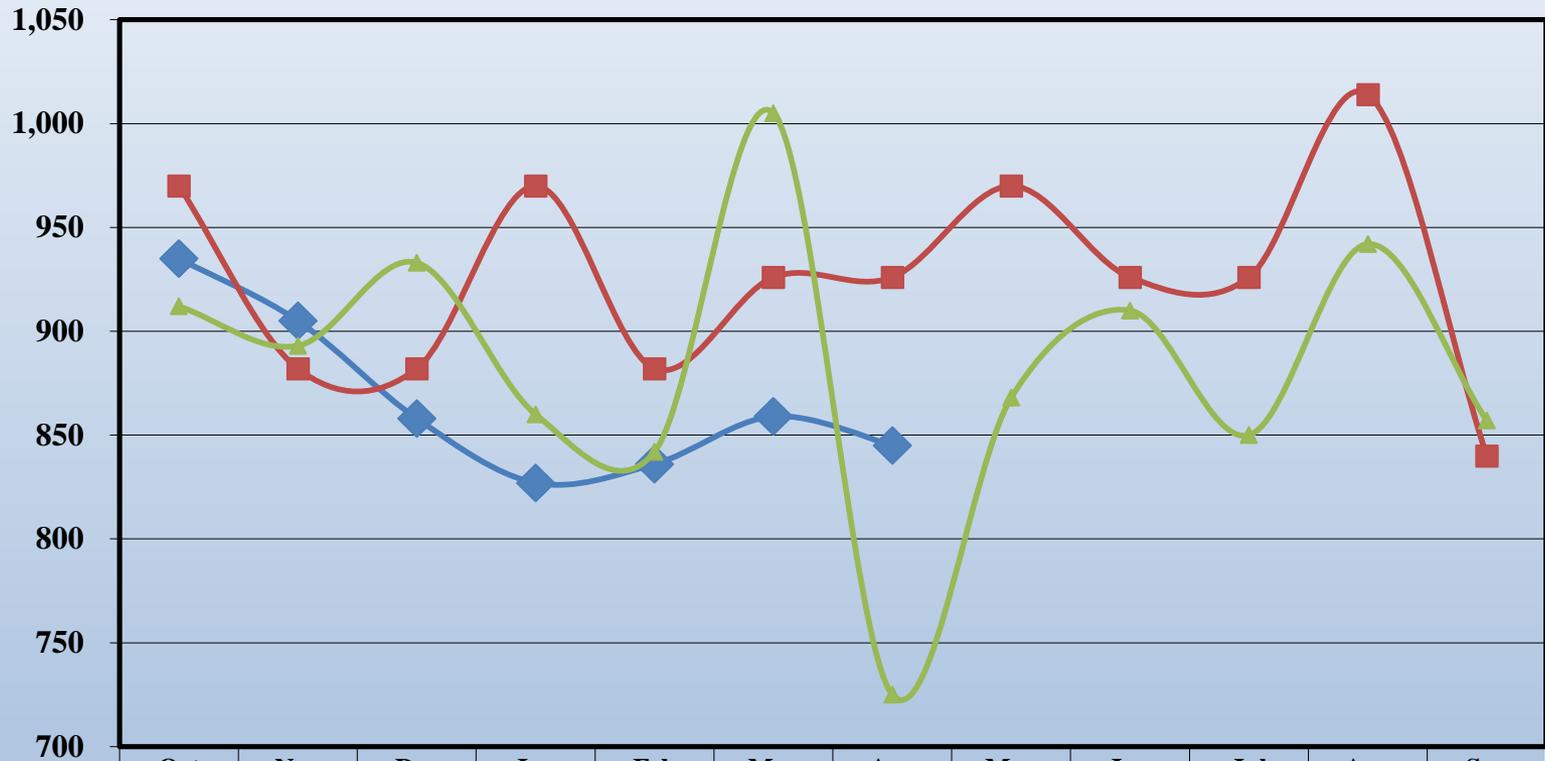
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	181.7	173.2	181.0	205.1	198.8	175.7	168.8					
■ FY 2018 Budget	184.4	168.8	167.3	188.2	205.4	173.8	189.3	184.8	182.6	162.4	181.1	170.5
▲ FY 2017	180.0	169.5	173.4	192.5	198.9	204.5	210.5	183.8	178.0	173.5	190.2	162.0

Deliveries



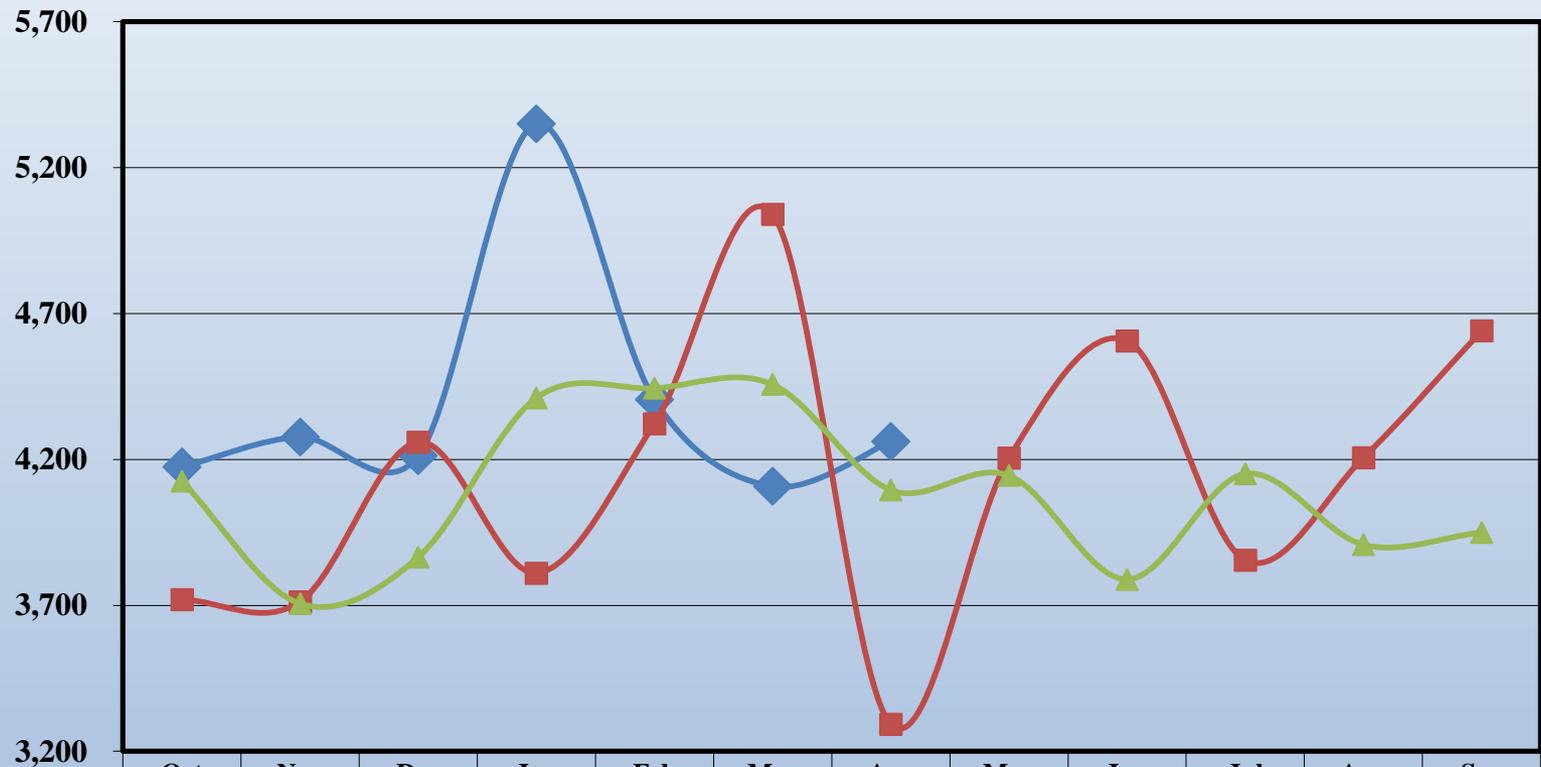
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	163	158	151	178	153	161	137					
FY 2018 Budget	146	133	133	146	133	139	139	146	139	139	153	125
FY 2017	154	138	139	126	142	140	127	122	136	123	193	147

Total Surgical Cases



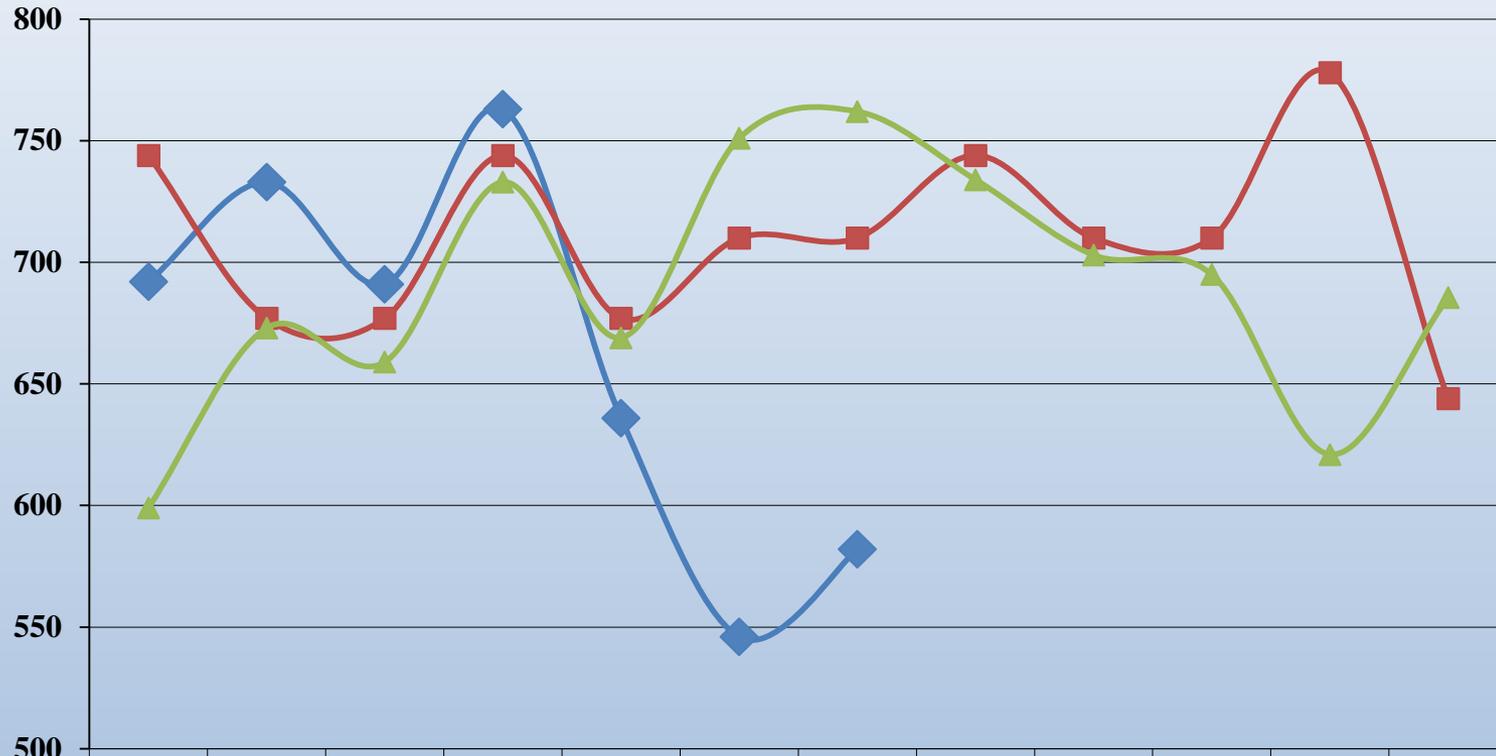
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	935	905	858	827	836	859	845					
■ FY 2018 Budget	970	882	882	970	882	926	926	970	926	926	1,014	840
▲ FY 2017	912	893	933	860	842	1,005	725	868	910	850	942	857

Emergency Room Visits



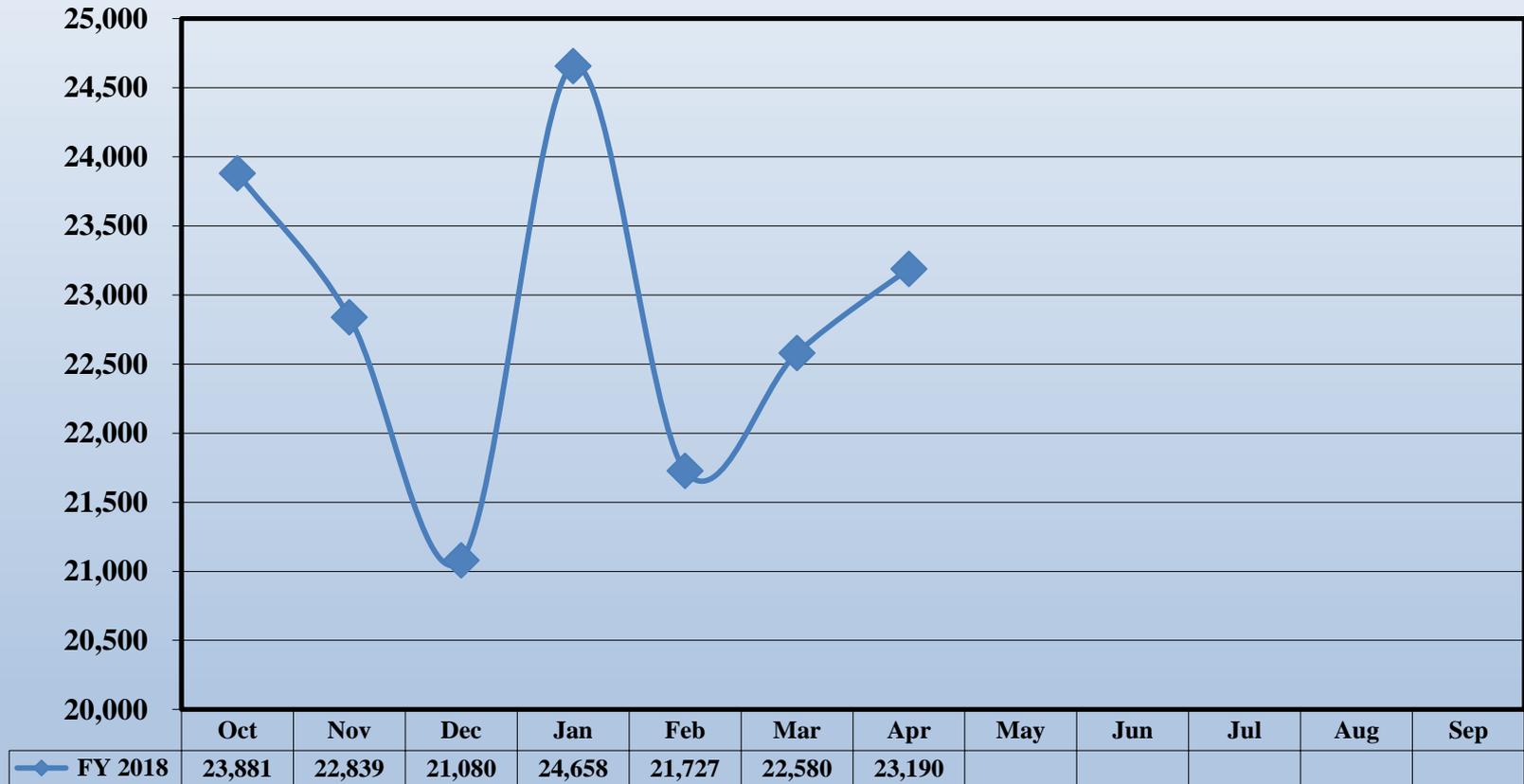
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	4,175	4,277	4,213	5,350	4,405	4,108	4,262					
FY 2018 Budget	3,720	3,713	4,260	3,811	4,323	5,040	3,293	4,205	4,607	3,855	4,206	4,641
FY 2017	4,126	3,706	3,865	4,411	4,444	4,457	4,095	4,145	3,789	4,151	3,908	3,950

Observation Days



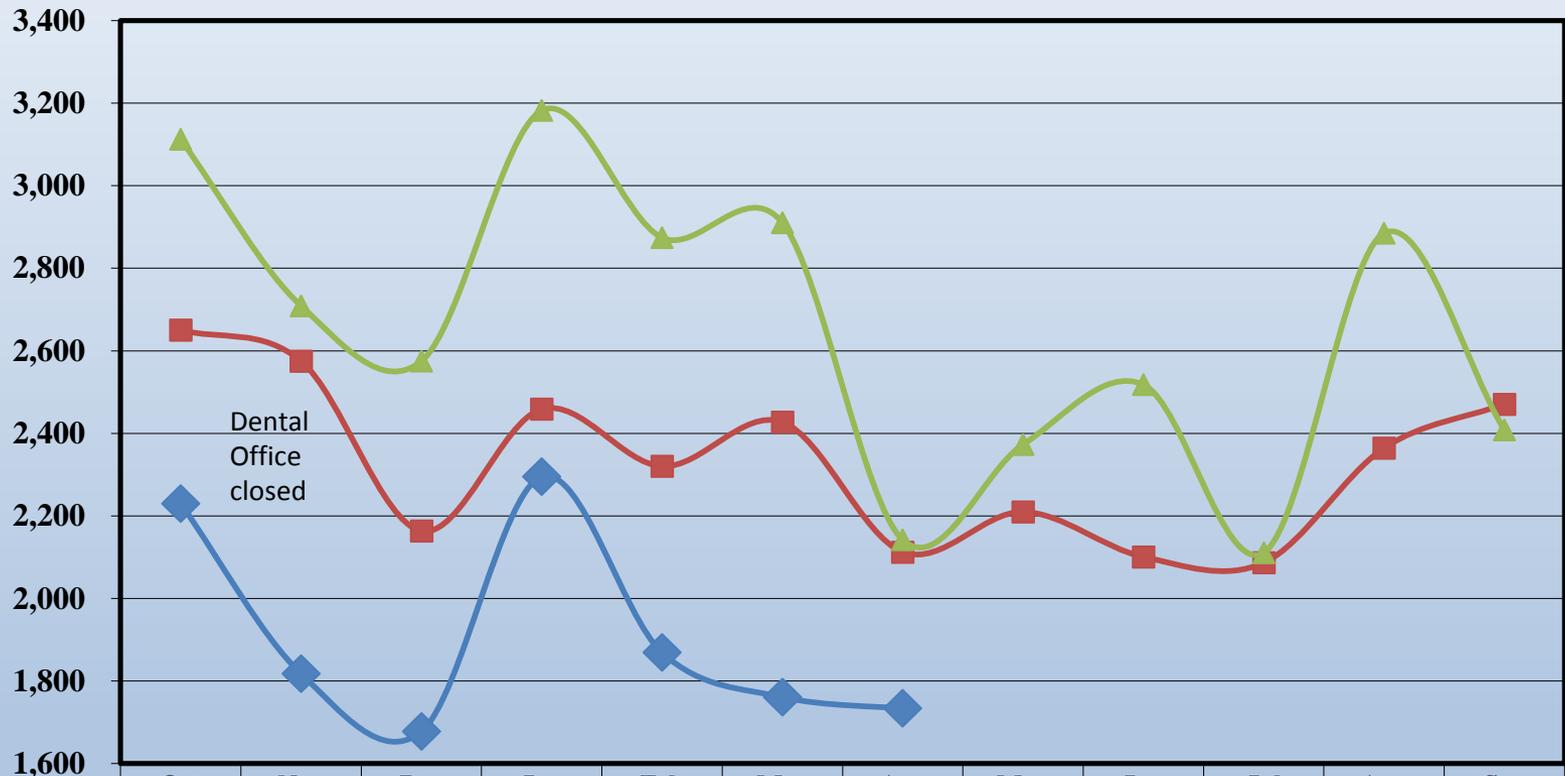
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	692	733	691	763	636	546	582					
FY 2018 Budget	744	677	677	744	677	710	710	744	710	710	778	644
FY 2017	599	673	659	733	669	751	762	734	703	695	621	686

Total Outpatient Occasions of Service



Center for Primary Care Total Visits

(FQHC - Clements & West University)



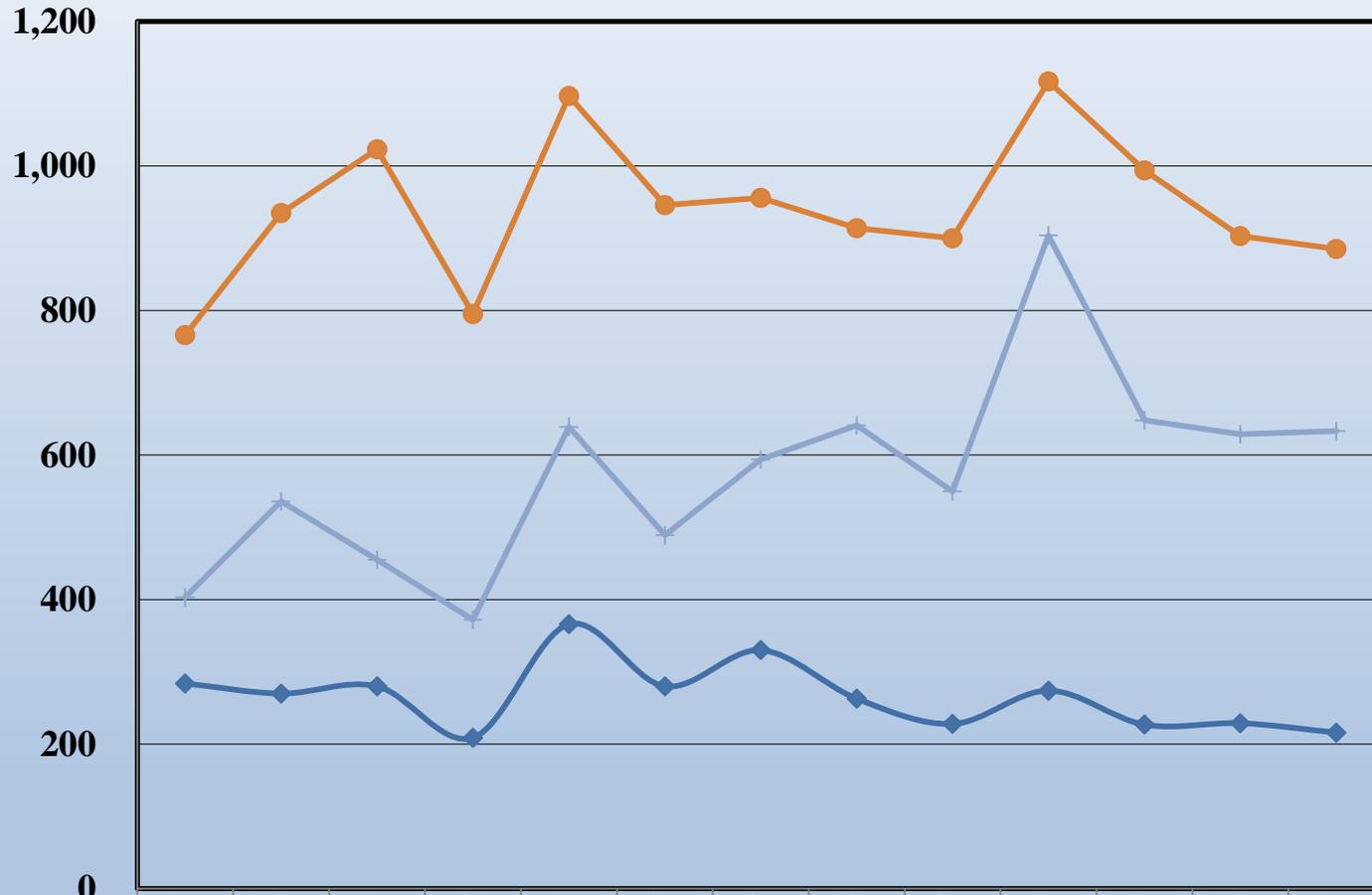
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	2,230	1,818	1,678	2,295	1,869	1,761	1,734					
FY 2018 Budget	2,650	2,575	2,164	2,459	2,320	2,427	2,113	2,210	2,101	2,087	2,364	2,471
FY 2017	3,112	2,709	2,575	3,182	2,874	2,910	2,142	2,373	2,518	2,111	2,885	2,408

Budget excludes Dental Clinic after 10/31/2017

Center for Primary Care Visits

(FQHC - Clements and West University)

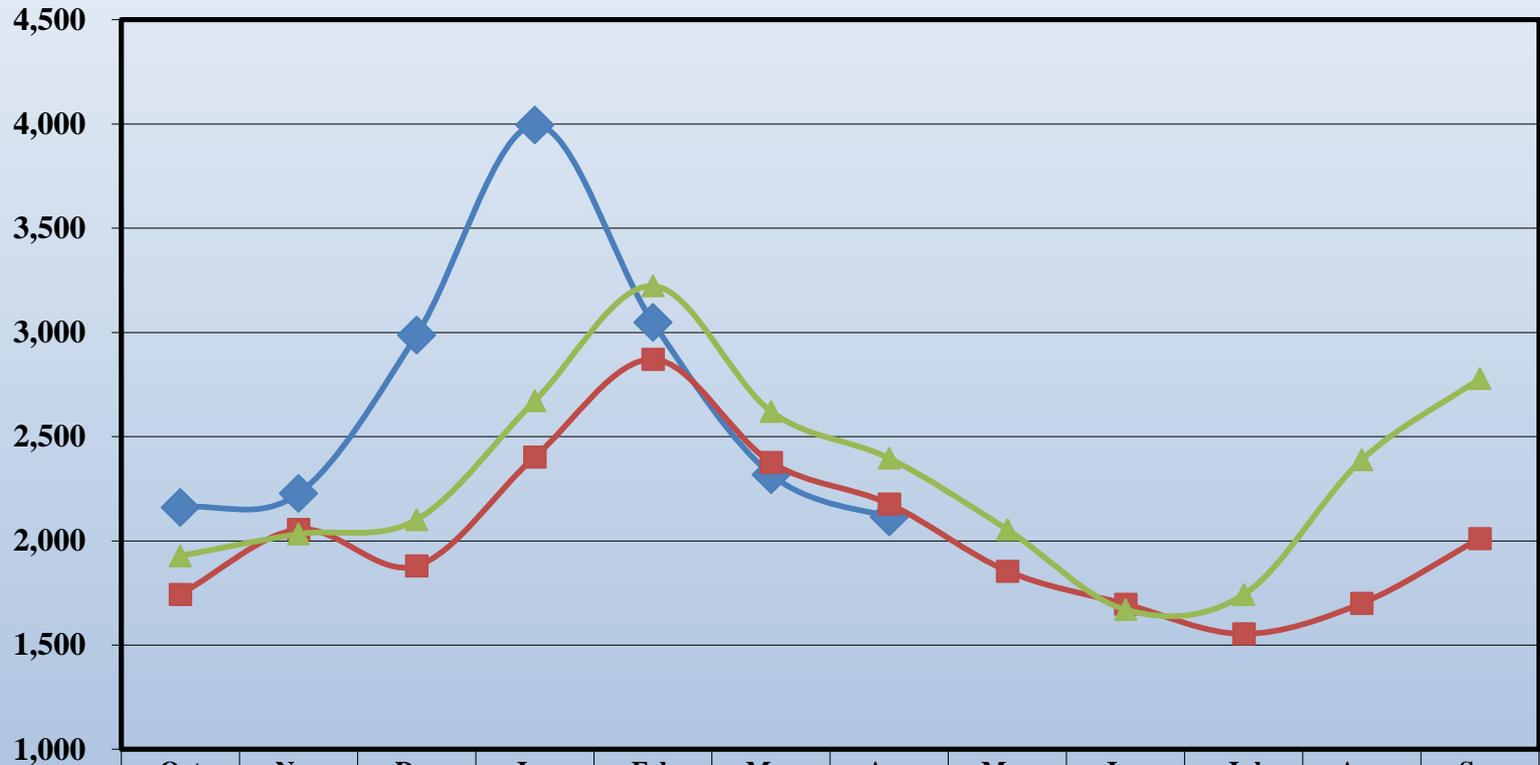
Thirteen Month Trending – Excluding Dental Clinic



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
—●— Clements Medical	766	935	1,023	795	1,097	946	956	914	900	1,117	994	903	885
—+— W. University Medical	403	536	455	372	639	489	594	641	550	904	648	629	633
—◆— W. University Optometry	284	270	280	209	366	280	330	263	228	274	227	229	216

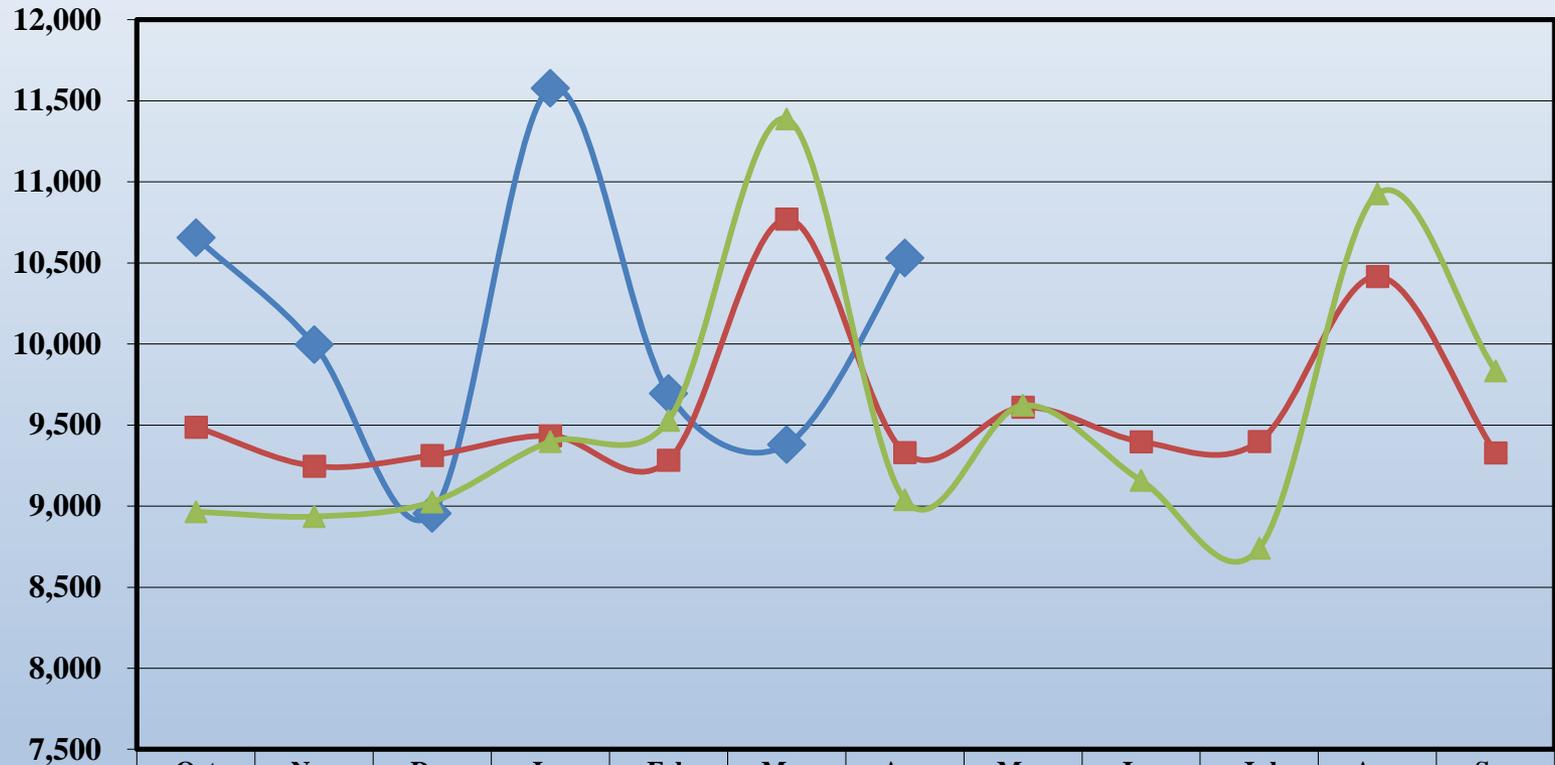
Urgent Care Visits

(Health and Wellness, Golder, JBS Clinic, West University & 42nd Street)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	2,161	2,227	2,988	3,995	3,048	2,318	2,115					
FY 2018 Budget	1,744	2,055	1,880	2,403	2,871	2,377	2,177	1,855	1,697	1,554	1,701	2,012
FY 2017	1,928	2,033	2,102	2,672	3,223	2,621	2,396	2,054	1,670	1,742	2,389	2,779

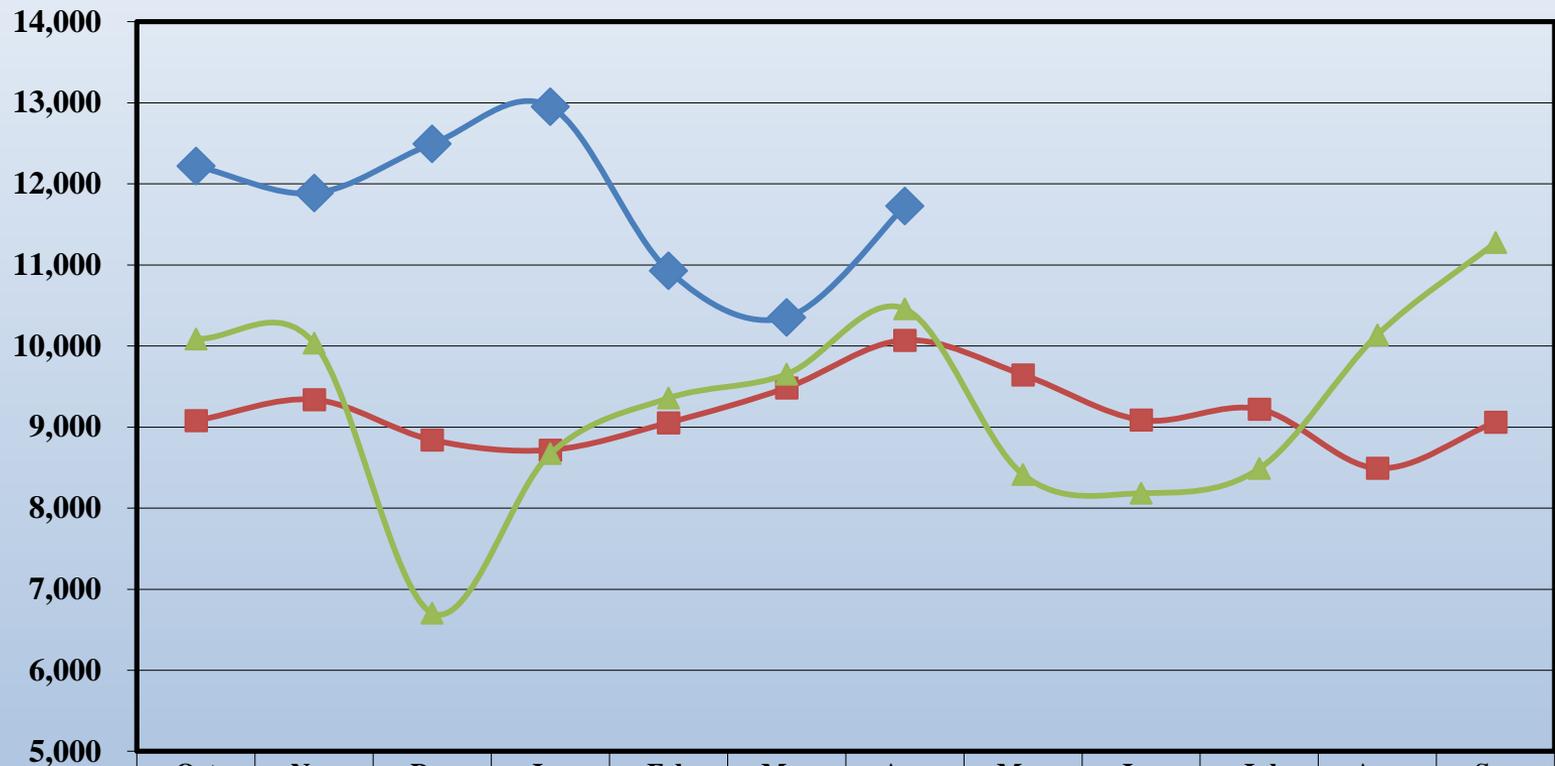
Total ProCare Office Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	10,657	9,997	8,955	11,577	9,694	9,379	10,530					
■ FY 2018 Budget	9,488	9,247	9,313	9,435	9,283	10,771	9,330	9,610	9,398	9,400	10,417	9,328
▲ FY 2017	8,965	8,936	9,026	9,398	9,529	11,389	9,039	9,622	9,158	8,740	10,926	9,834

Total ProCare Procedures

Excluding Pathology and Radiology Procedures



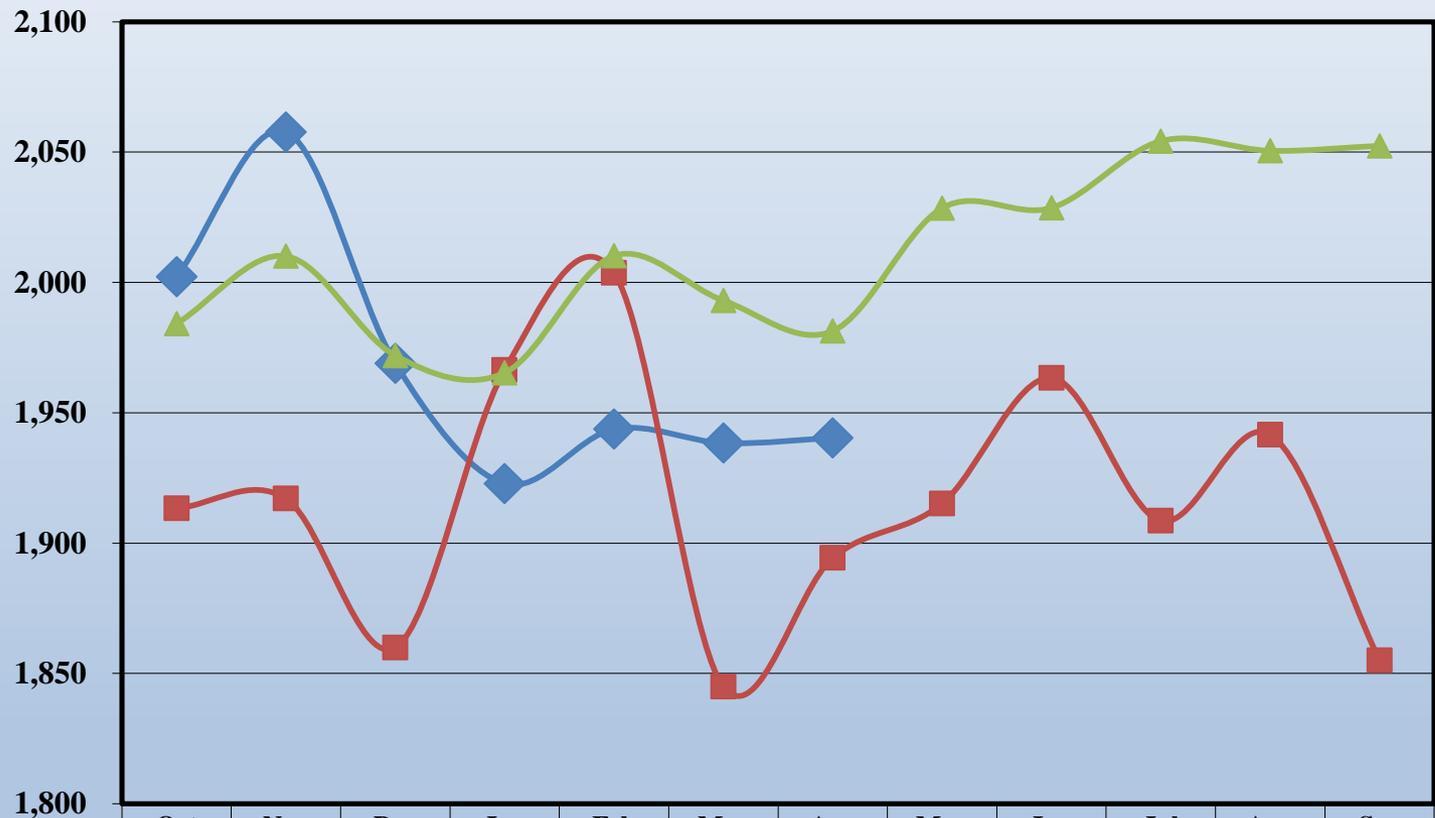
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	12,220	11,886	12,494	12,953	10,929	10,352	11,727					
■ FY 2018 Budget	9,079	9,338	8,841	8,718	9,055	9,485	10,072	9,646	9,088	9,221	8,492	9,061
▲ FY 2017	10,088	10,036	6,705	8,672	9,357	9,653	10,458	8,414	8,184	8,488	10,137	11,276

Staffing



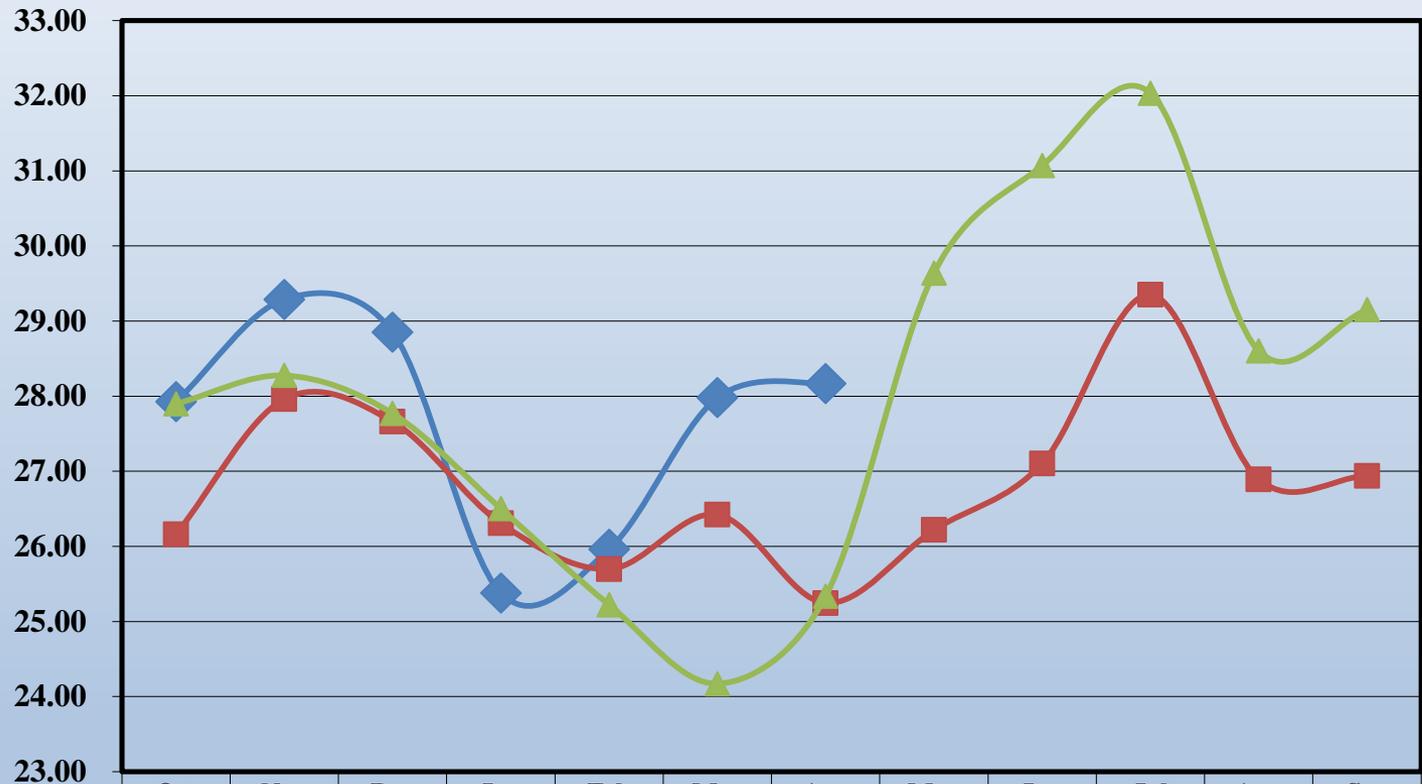
Blended FTE's

Including Contract Labor and Management Services



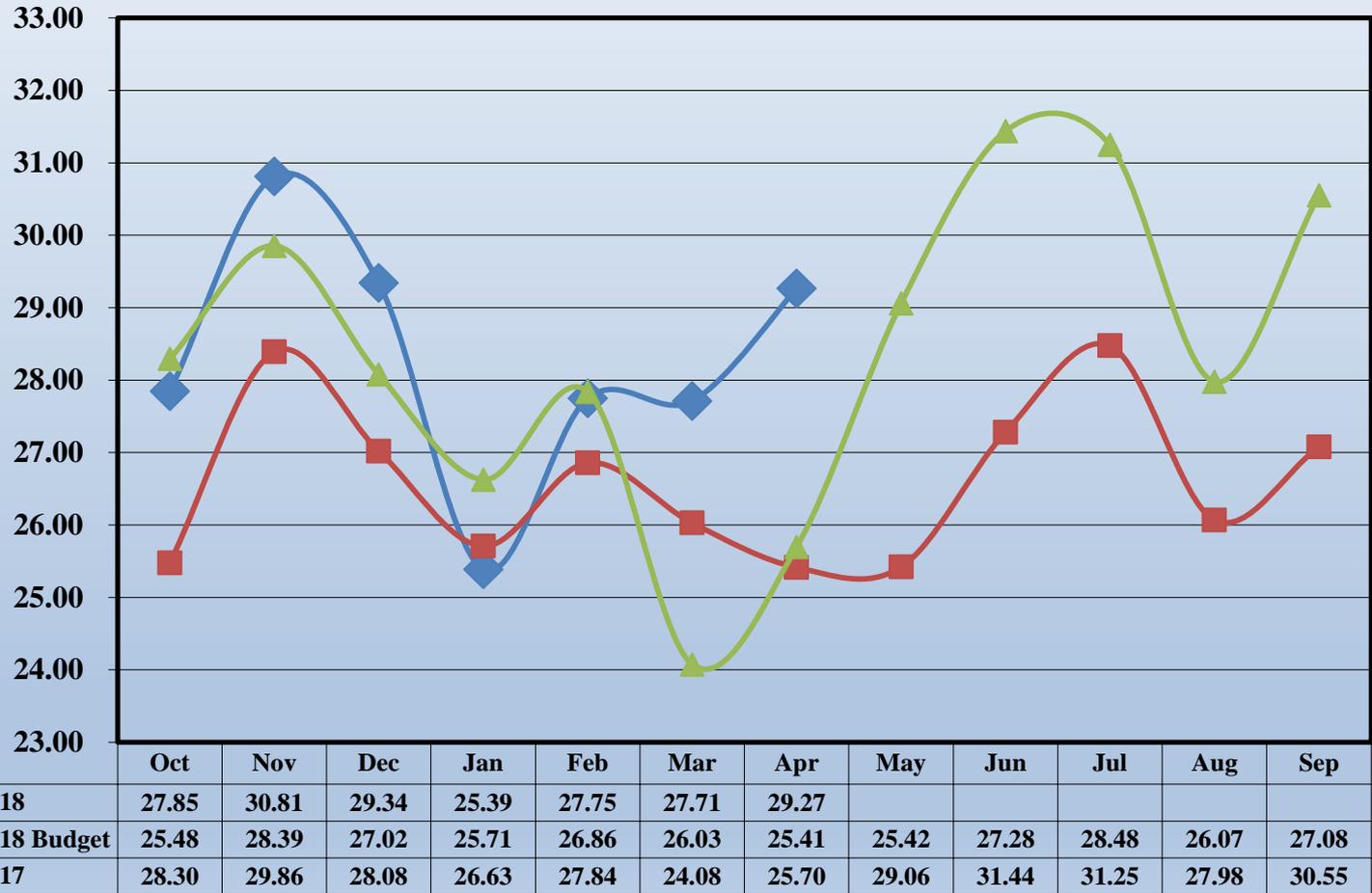
—◆— FY 2018	2,002	2,058	1,969	1,923	1,944	1,938	1,940					
—■— FY 2018 Budget	1,913	1,917	1,860	1,966	2,004	1,845	1,894	1,915	1,963	1,909	1,942	1,855
—▲— FY 2017	1,984	2,010	1,972	1,965	2,010	1,993	1,981	2,029	2,029	2,054	2,051	2,052

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



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	27.93	29.29	28.85	25.38	25.96	27.98	28.17					
■ FY 2018 Budget	26.16	27.96	27.66	26.31	25.70	26.42	25.25	26.22	27.10	29.35	26.89	26.94
▲ FY 2017	27.90	28.28	27.77	26.50	25.22	24.17	25.34	29.64	31.07	32.03	28.60	29.15

Paid Hours per Adjusted Patient Day (Medical Center Hospital)

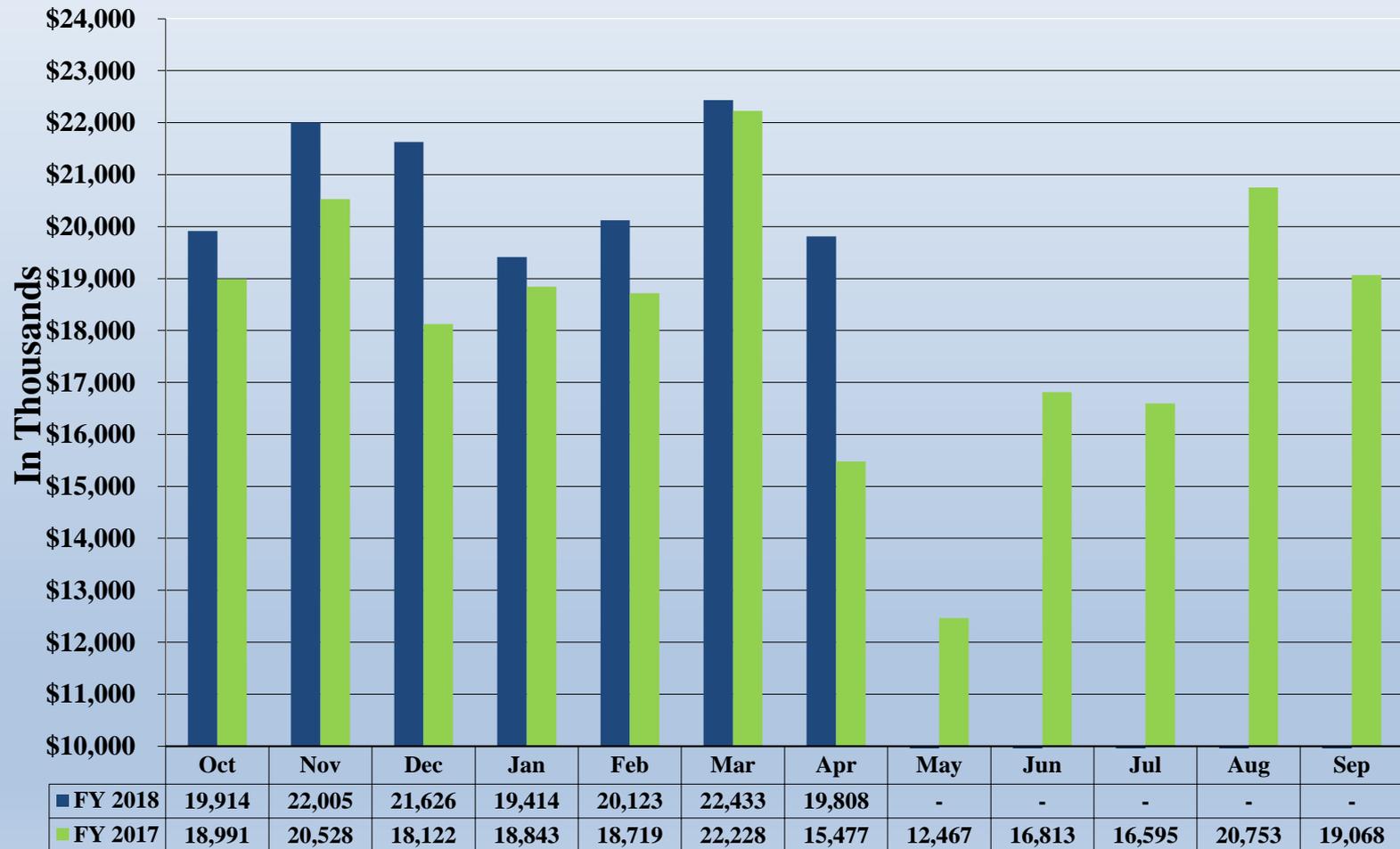


Accounts Receivable



AR Cash Receipts

Compared to Prior Year (Ector County Hospital District)



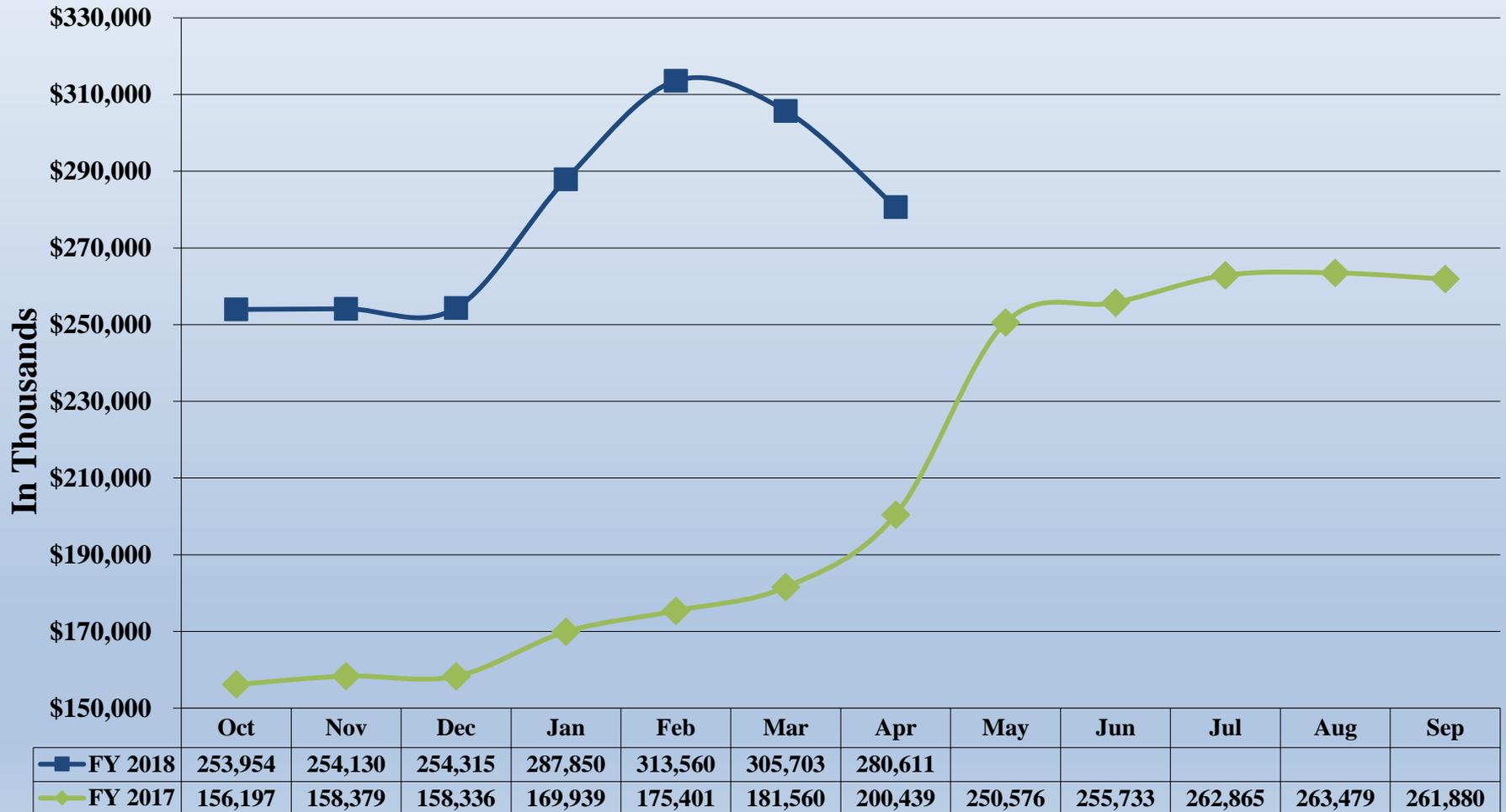
Accounts Receivable – Gross

(Ector County Hospital District)



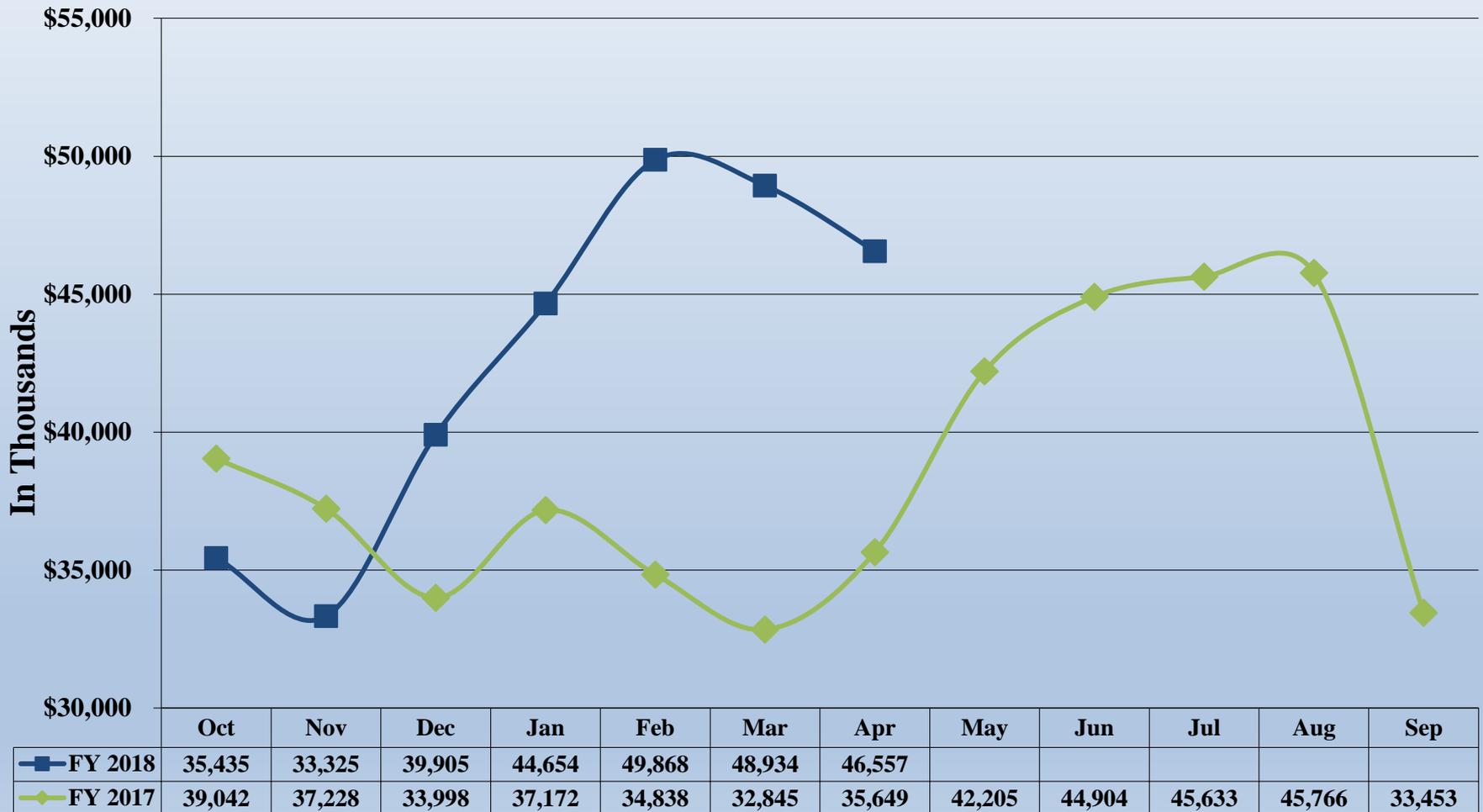
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	289,467	294,253	298,898	334,491	360,625	353,532	331,535					
FY 2017	174,381	177,619	178,296	189,969	193,828	200,336	218,307	268,915	276,281	284,593	287,469	293,818

Accounts Receivable – Gross (Medical Center Hospital)

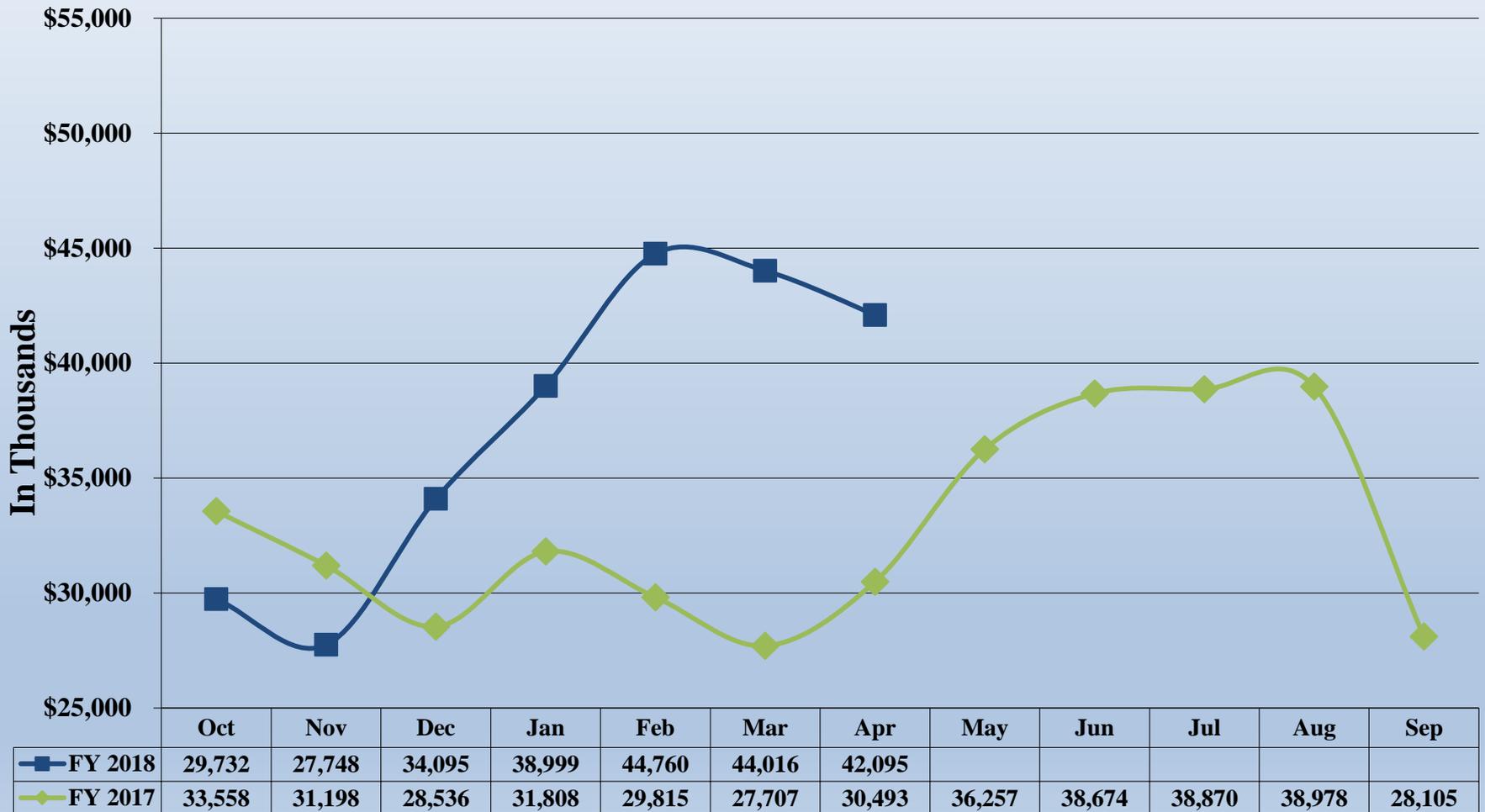


Accounts Receivable – Net

(Ector County Hospital District)

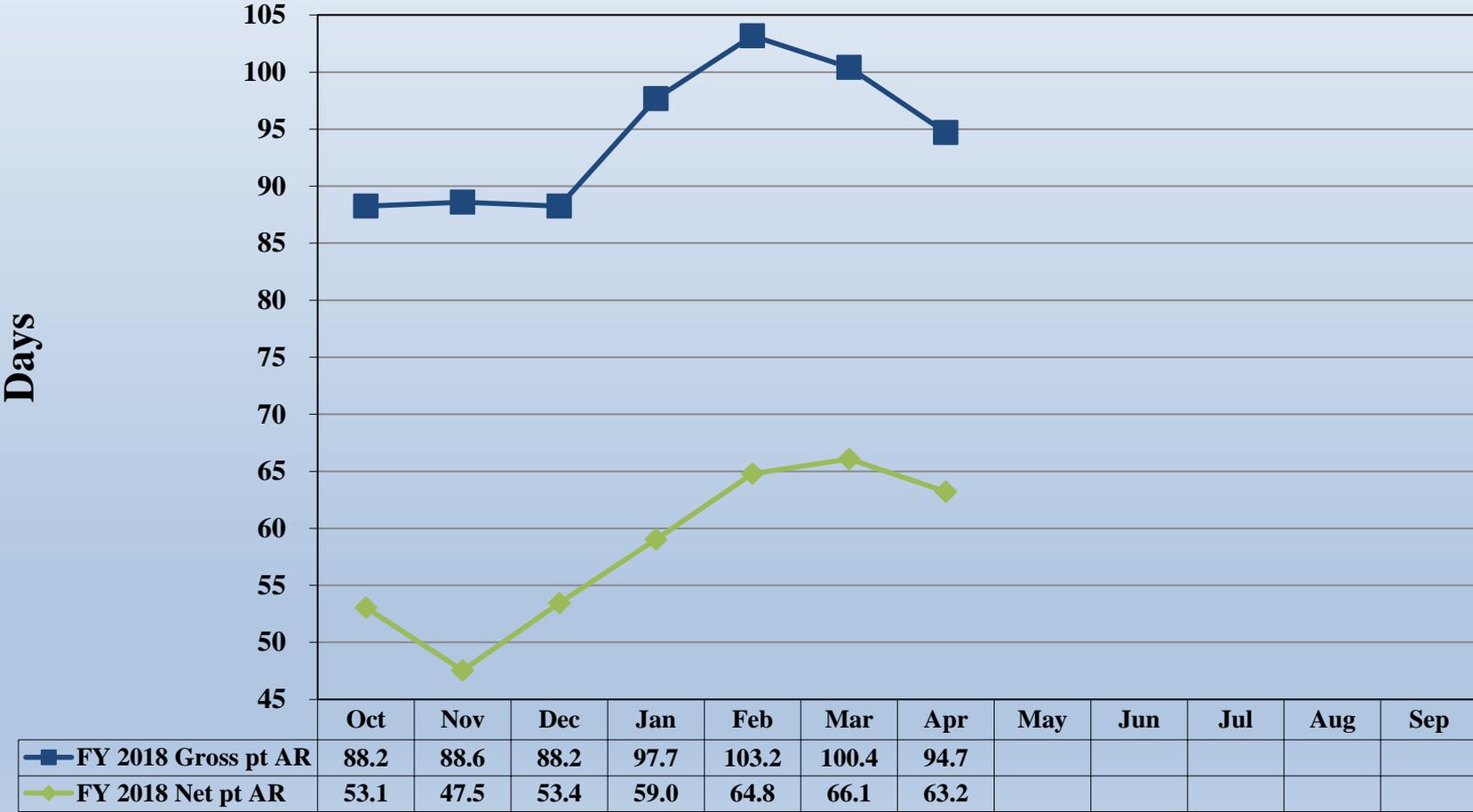


Accounts Receivable – Net (Medical Center Hospital)



Days in Accounts Receivable

Ector County Hospital District 13 Month Trending

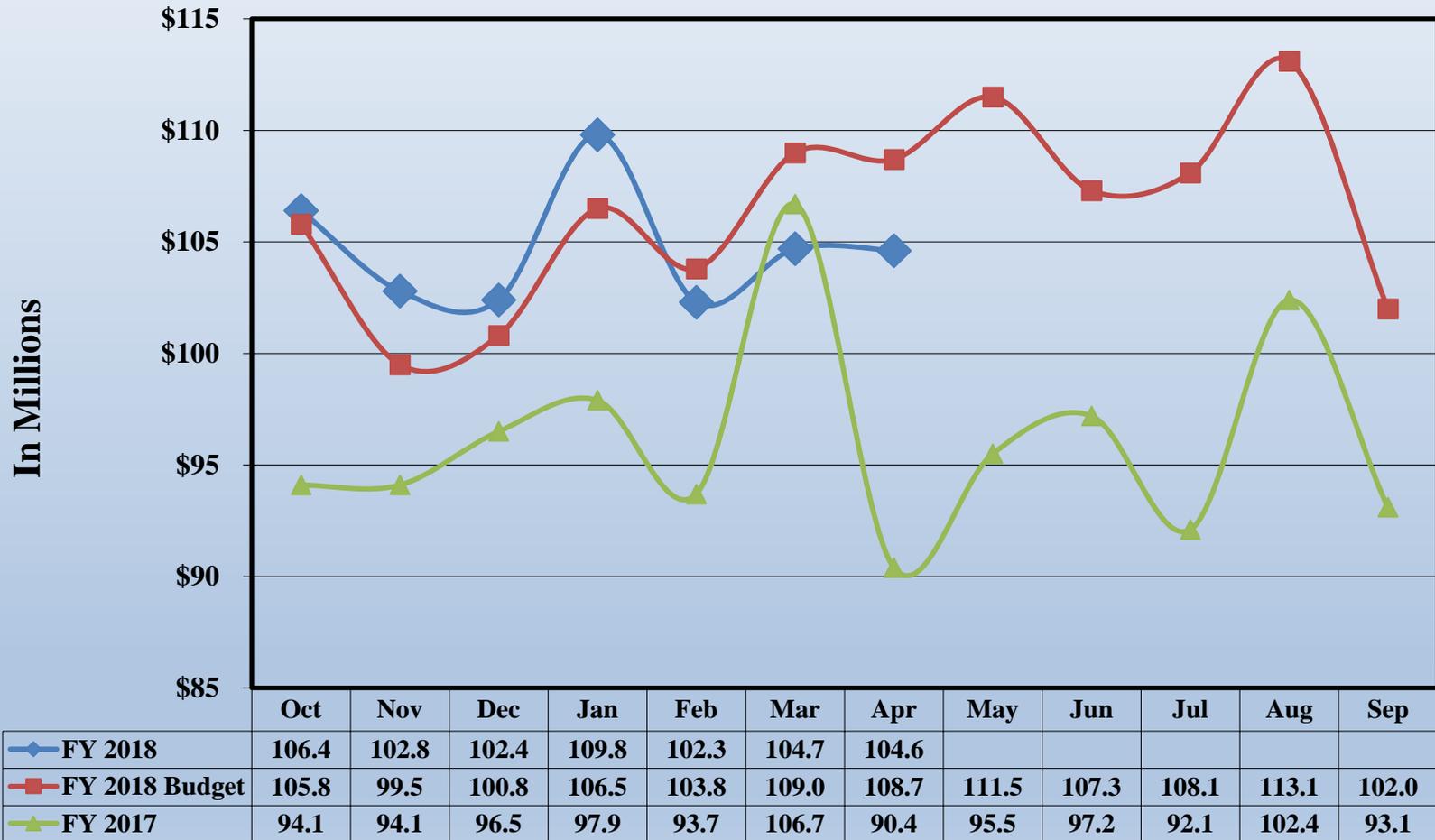


Revenues & Revenue Deductions



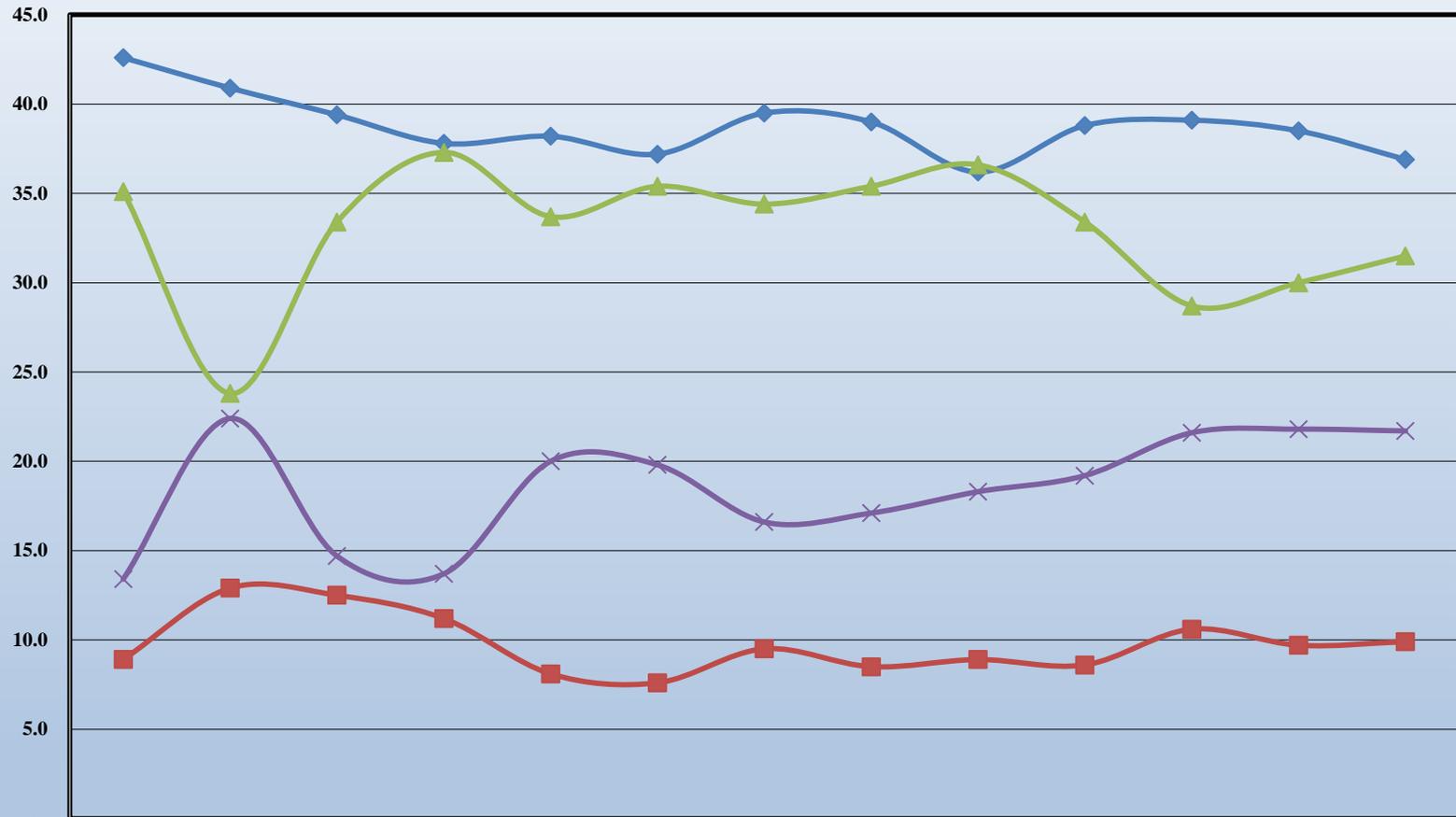
Total Patient Revenues

(Ector County Hospital District)



Hospital Revenue Payor Mix

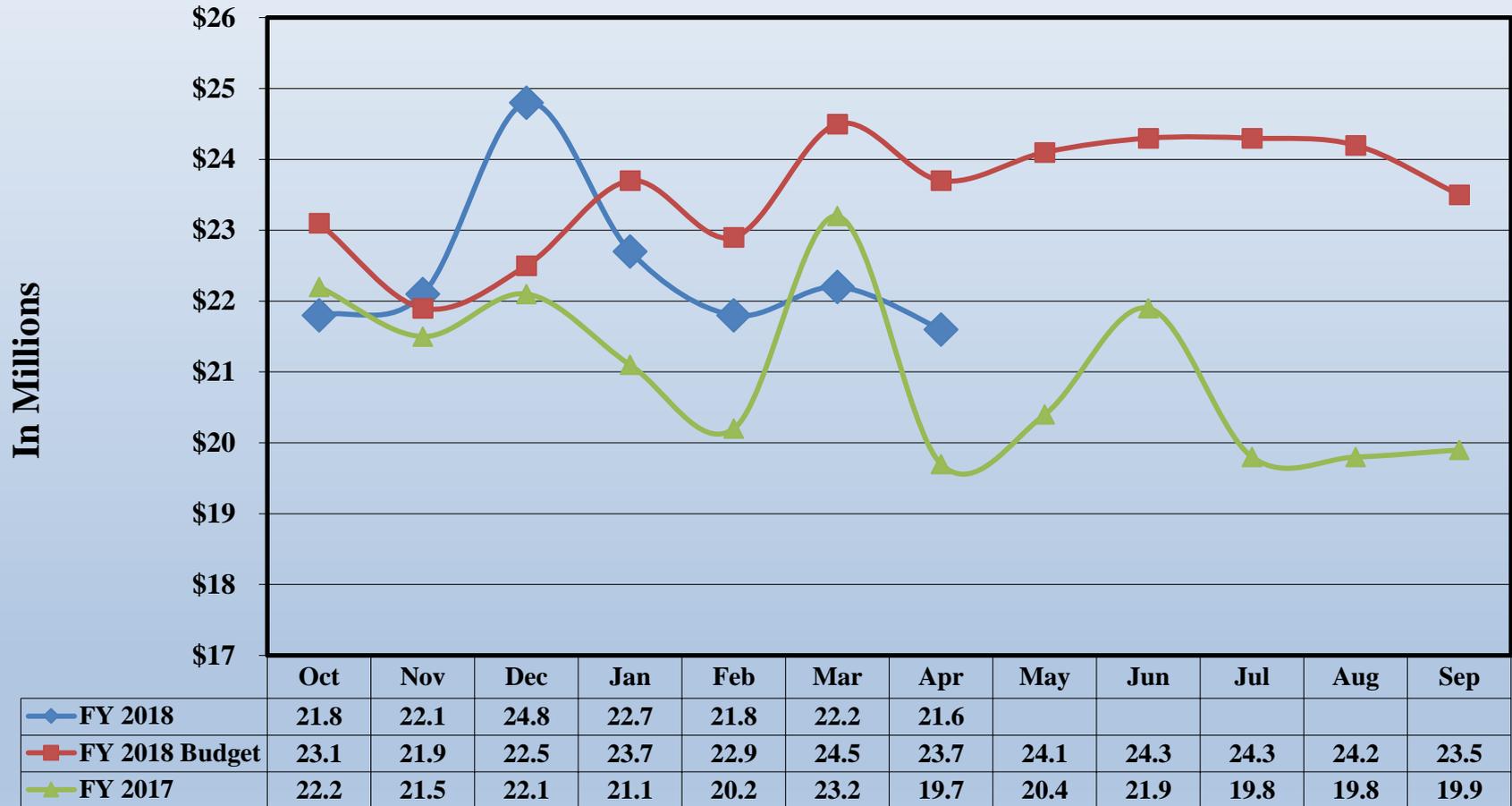
13 Month Trend



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Medicare	42.6	40.9	39.4	37.8	38.2	37.2	39.5	39.0	36.2	38.8	39.1	38.5	36.9
Medicaid	8.9	12.9	12.5	11.2	8.1	7.6	9.5	8.5	8.9	8.6	10.6	9.7	9.9
Third Party	35.1	23.8	33.4	37.3	33.7	35.4	34.4	35.4	36.6	33.4	28.7	30.0	31.5
Private	13.4	22.4	14.7	13.7	20.0	19.8	16.6	17.1	18.3	19.2	21.6	21.8	21.7

Net Patient Revenues

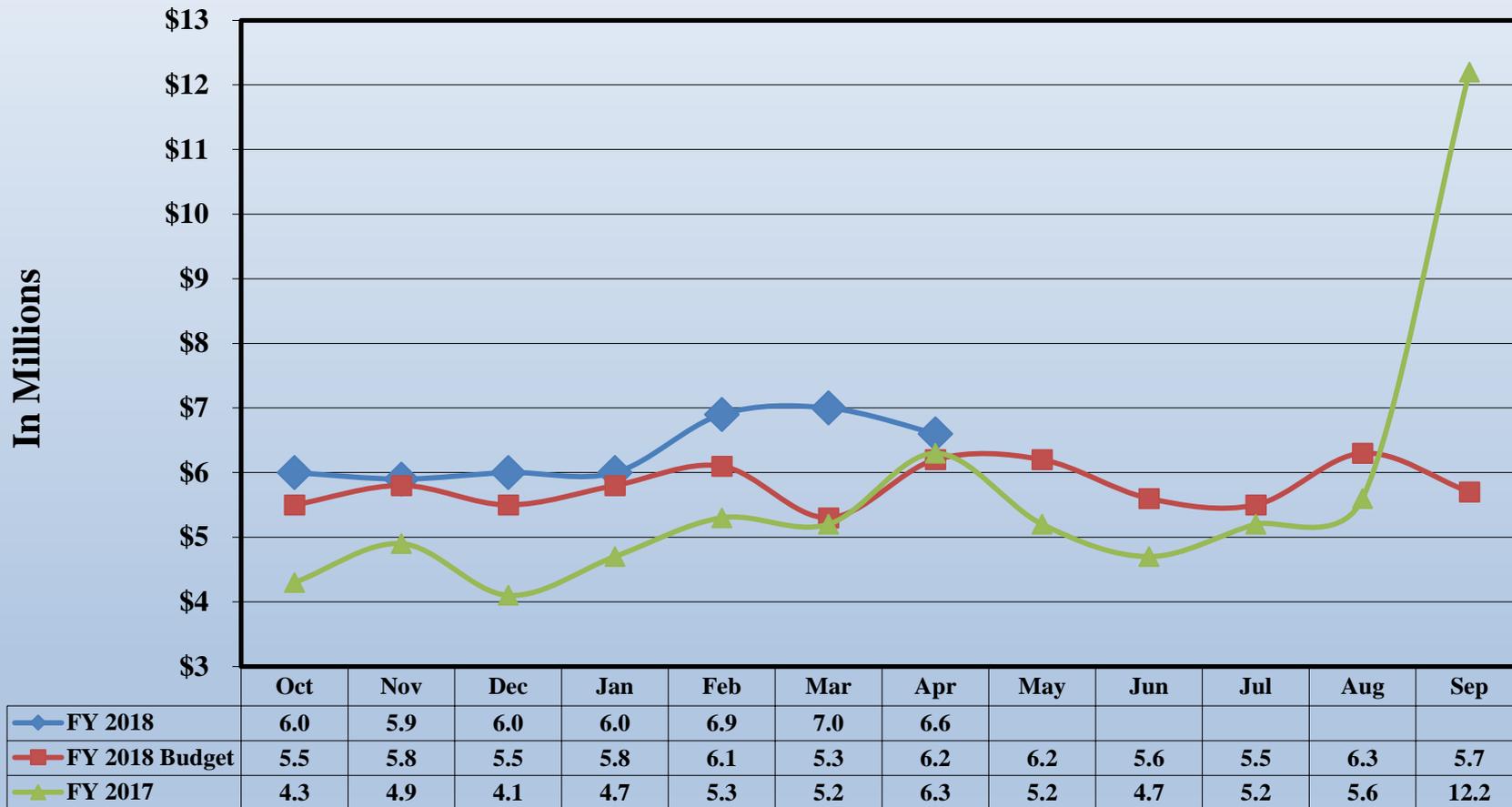
(Ector County Hospital District)



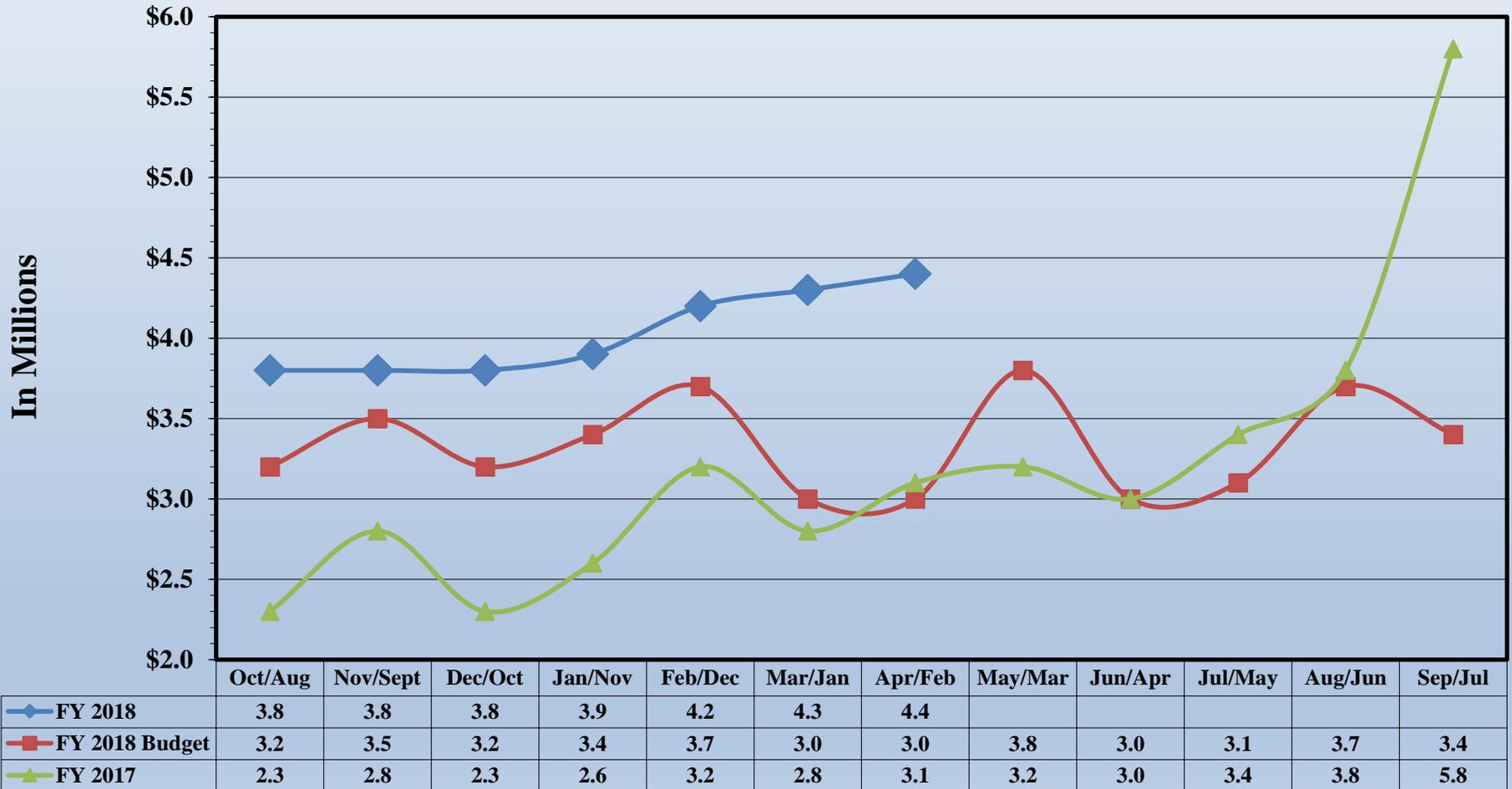
Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



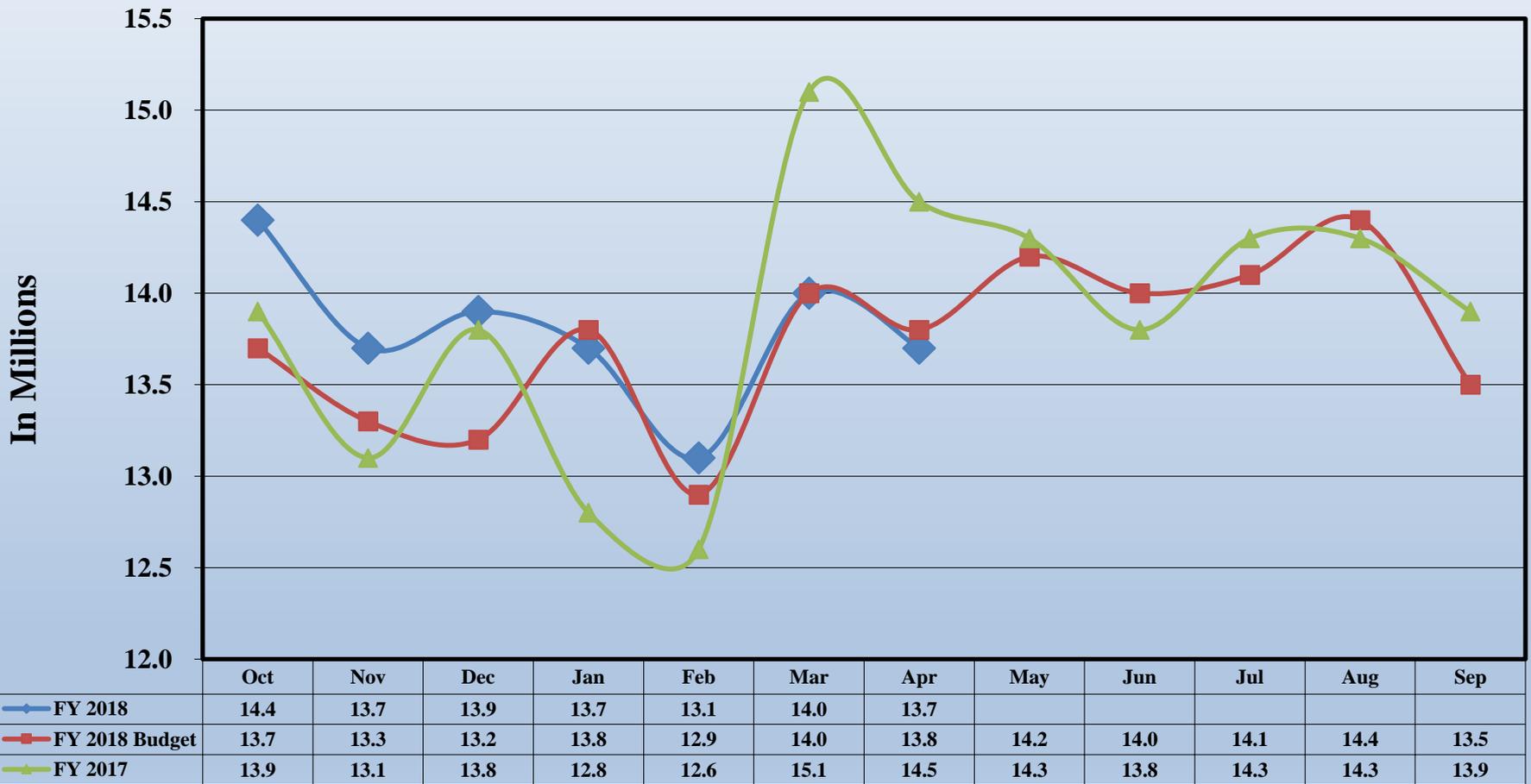
Sales Tax Receipts



Operating Expenses

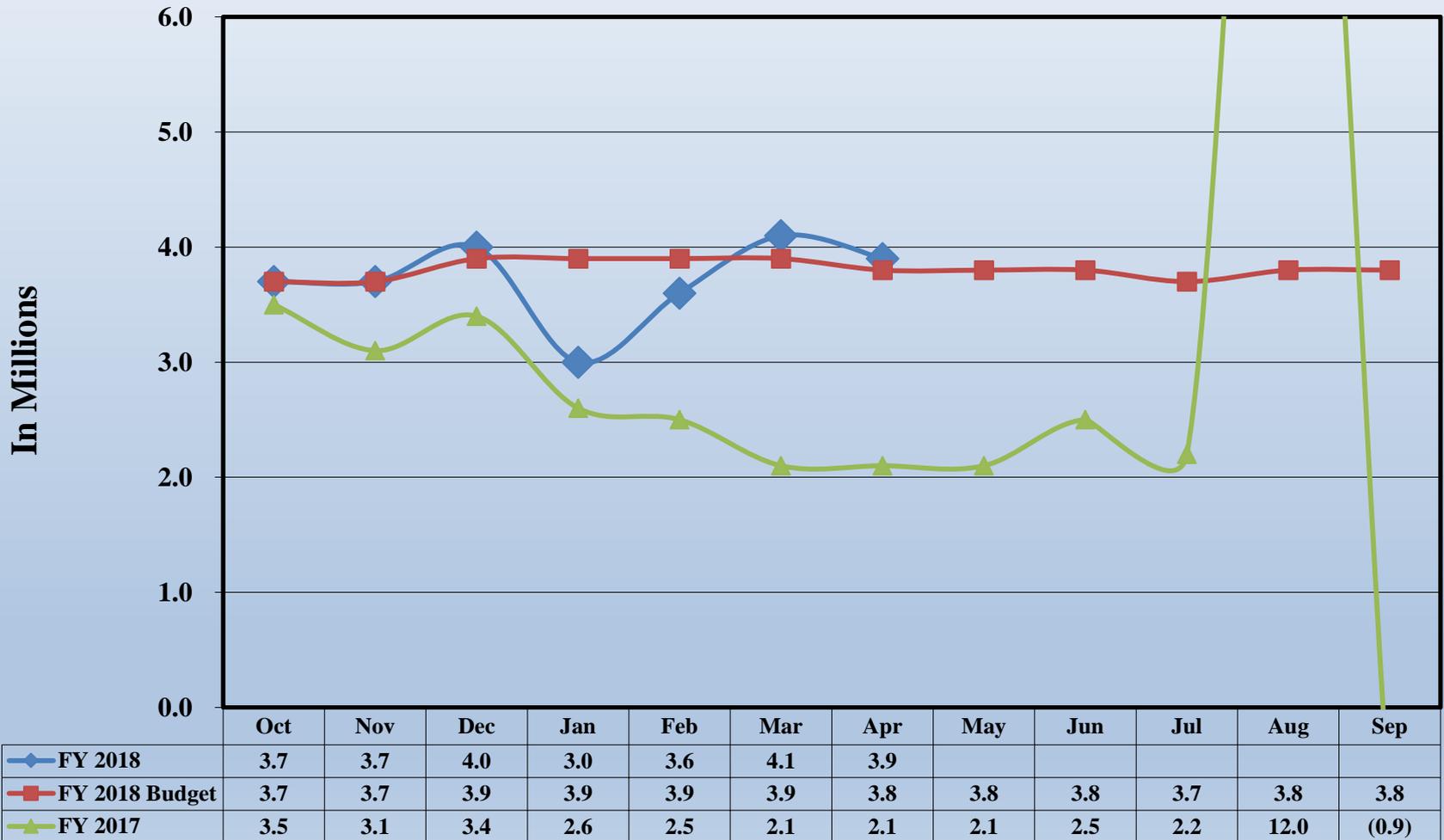


Salaries, Wages & Contract Labor (Ector County Hospital District)

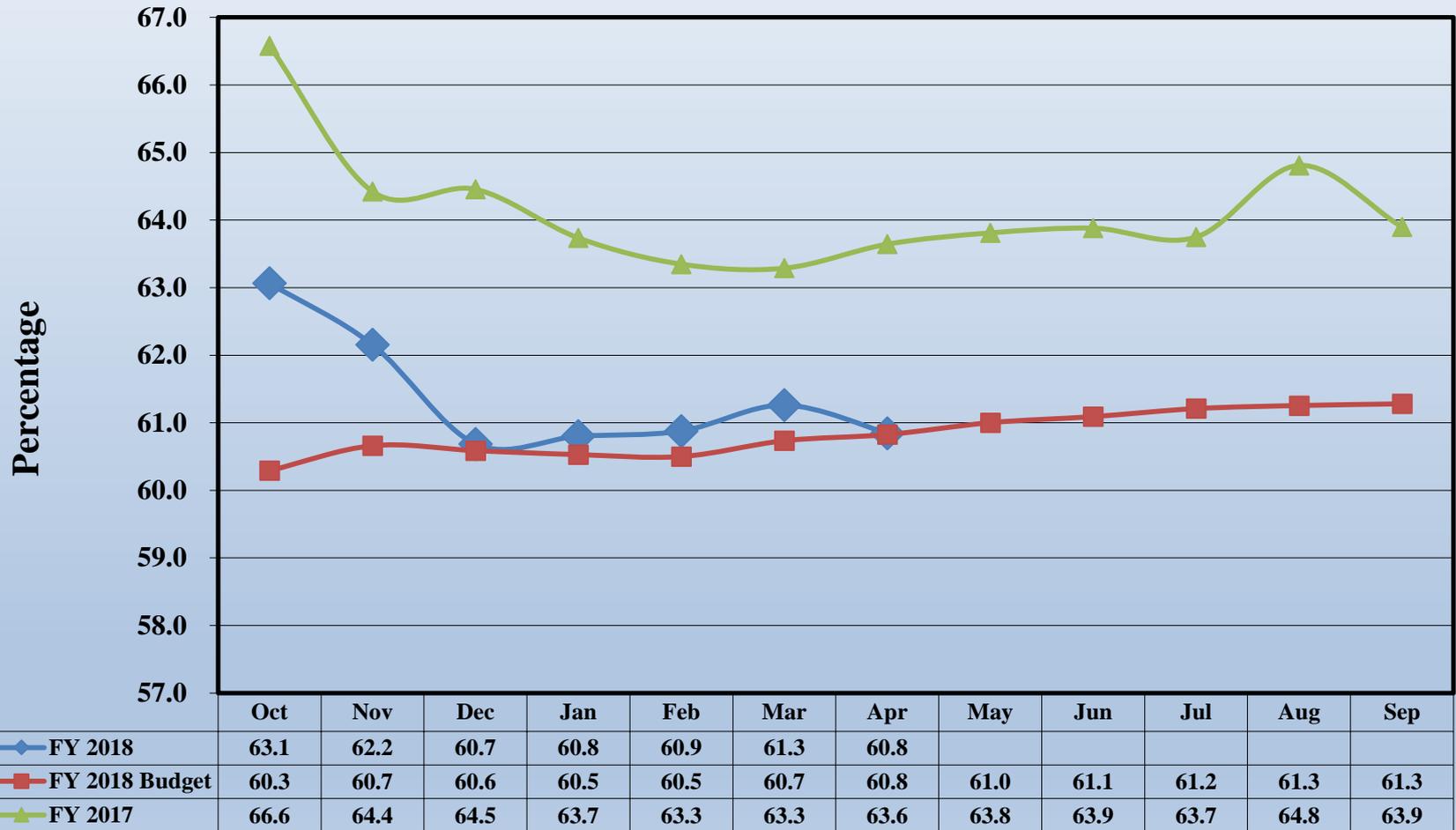


Employee Benefit Expense

(Ector County Hospital District)

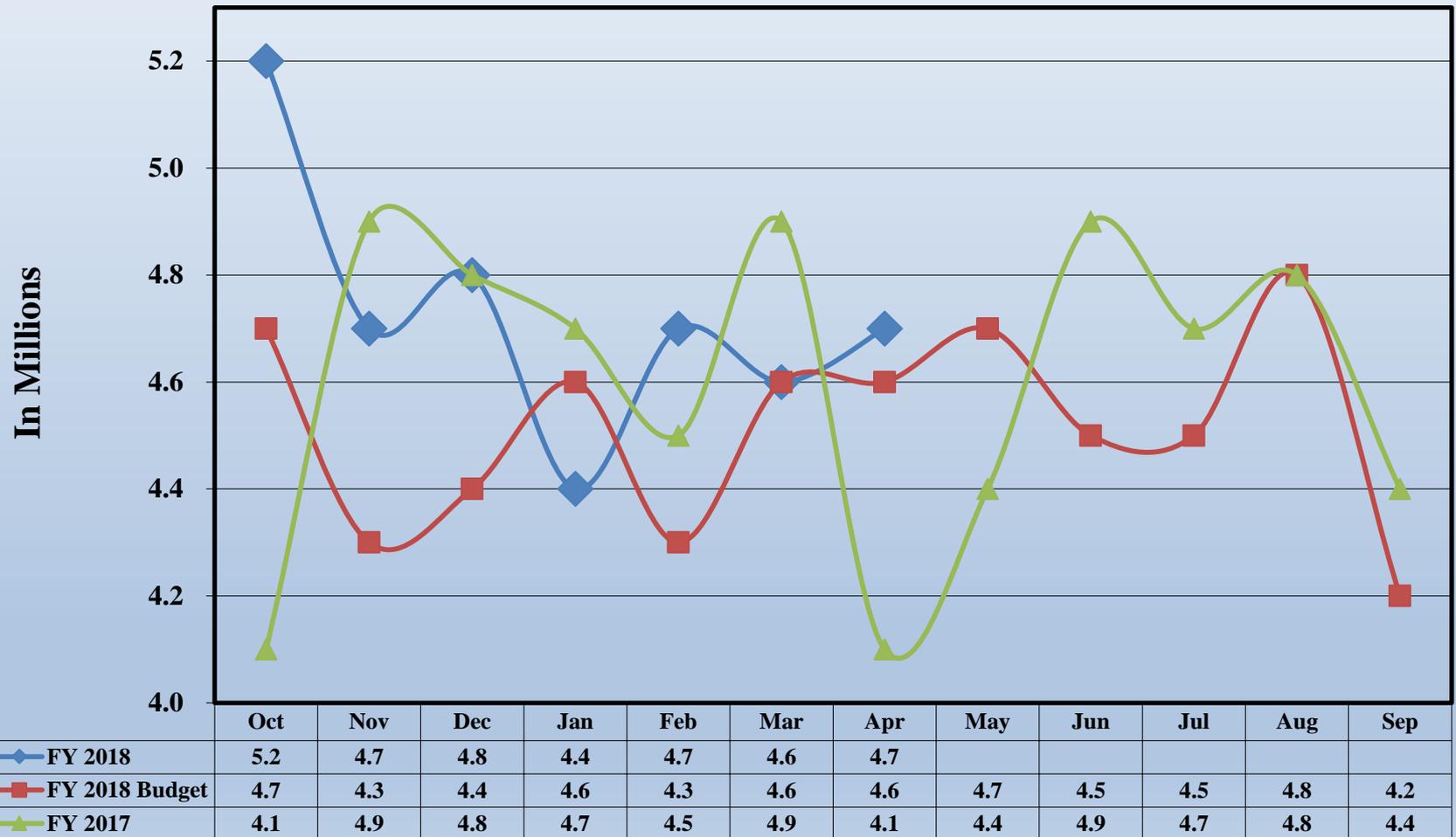


Salaries, Wages, Benefits, and Temp Labor as a % of Total Operating Expense Year-to-Date (Ector County Hospital District)



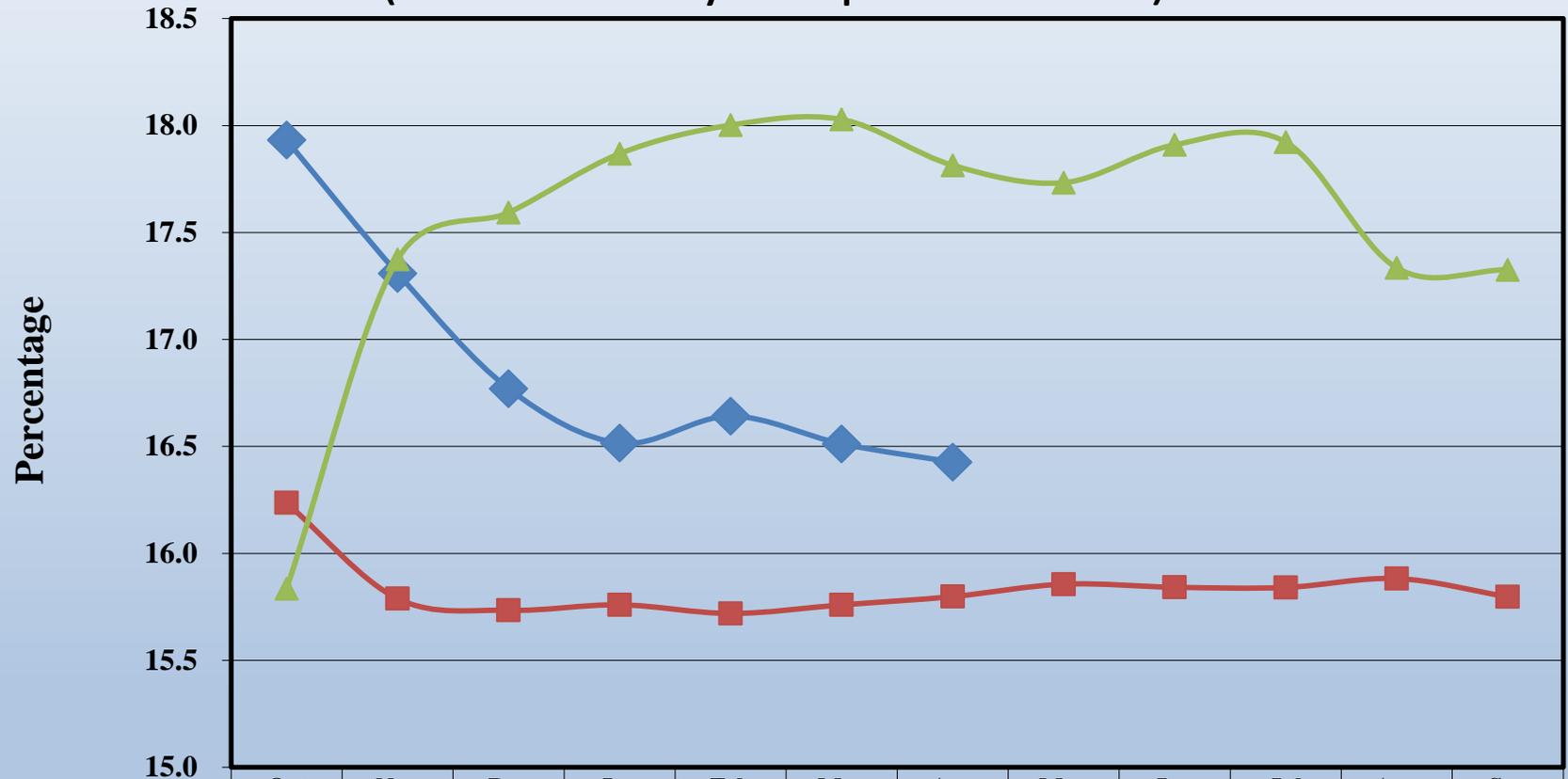
Supply Expense

(Ector County Hospital District)



Supply Expense as a % of Total Operating Expense Year-to-Date

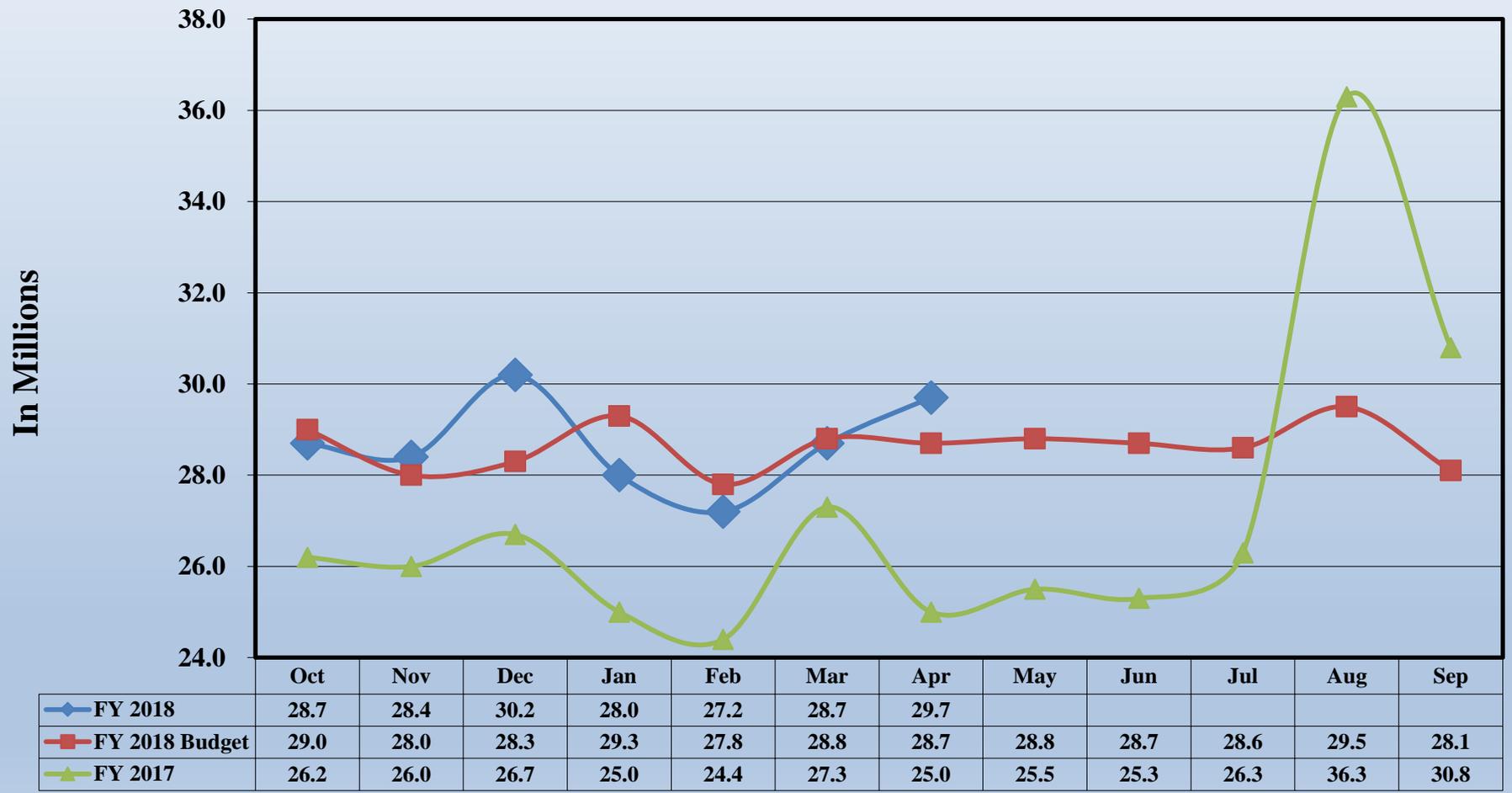
(Ector County Hospital District)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	17.9	17.3	16.8	16.5	16.6	16.5	16.4					
■ FY 2018 Budget	16.2	15.8	15.7	15.8	15.7	15.8	15.8	15.9	15.8	15.8	15.9	15.8
▲ FY 2017	15.8	17.4	17.6	17.9	18.0	18.0	17.8	17.7	17.9	17.9	17.3	17.3

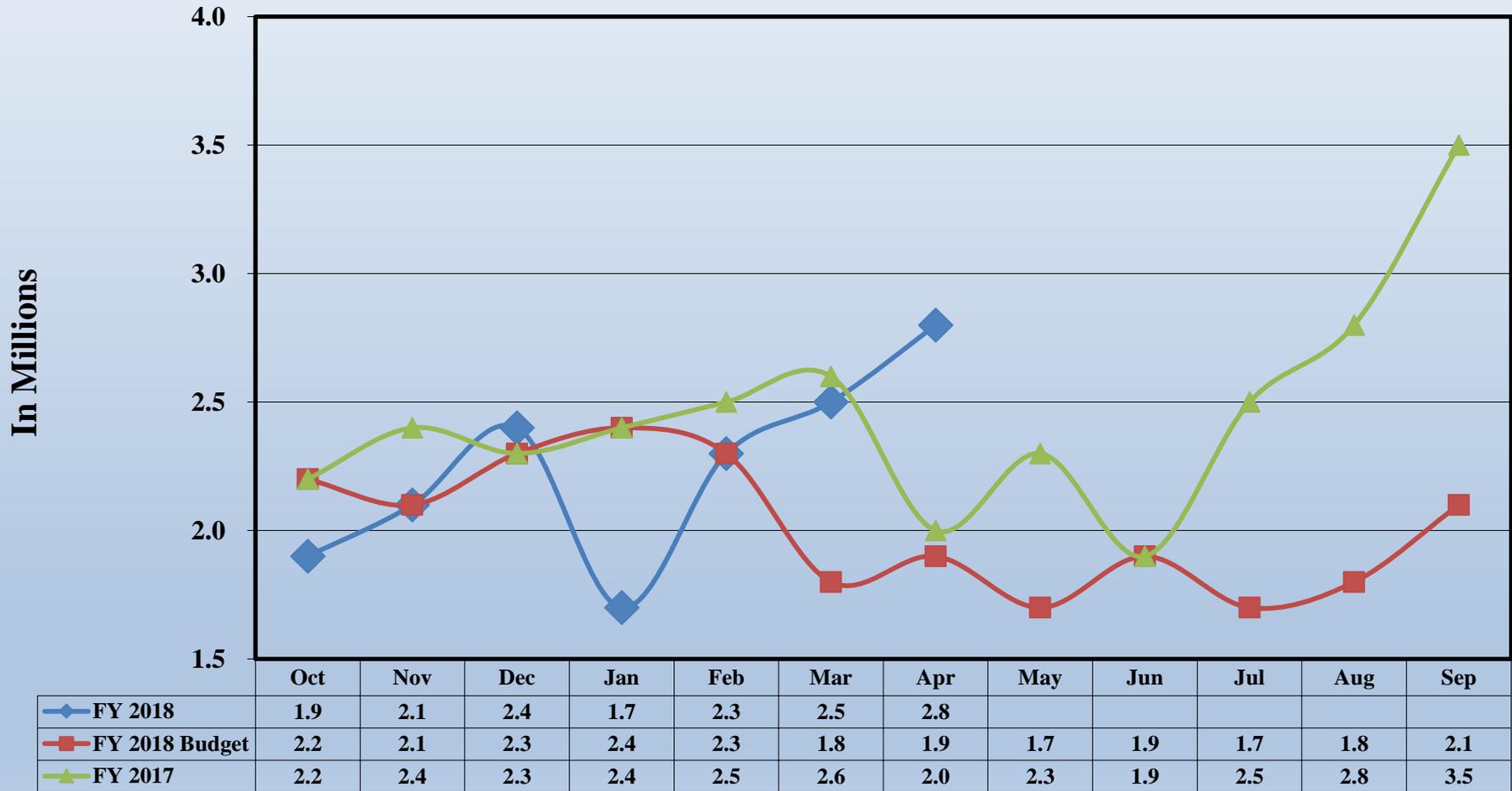
Total Operating Expense

(Ector County Hospital District)



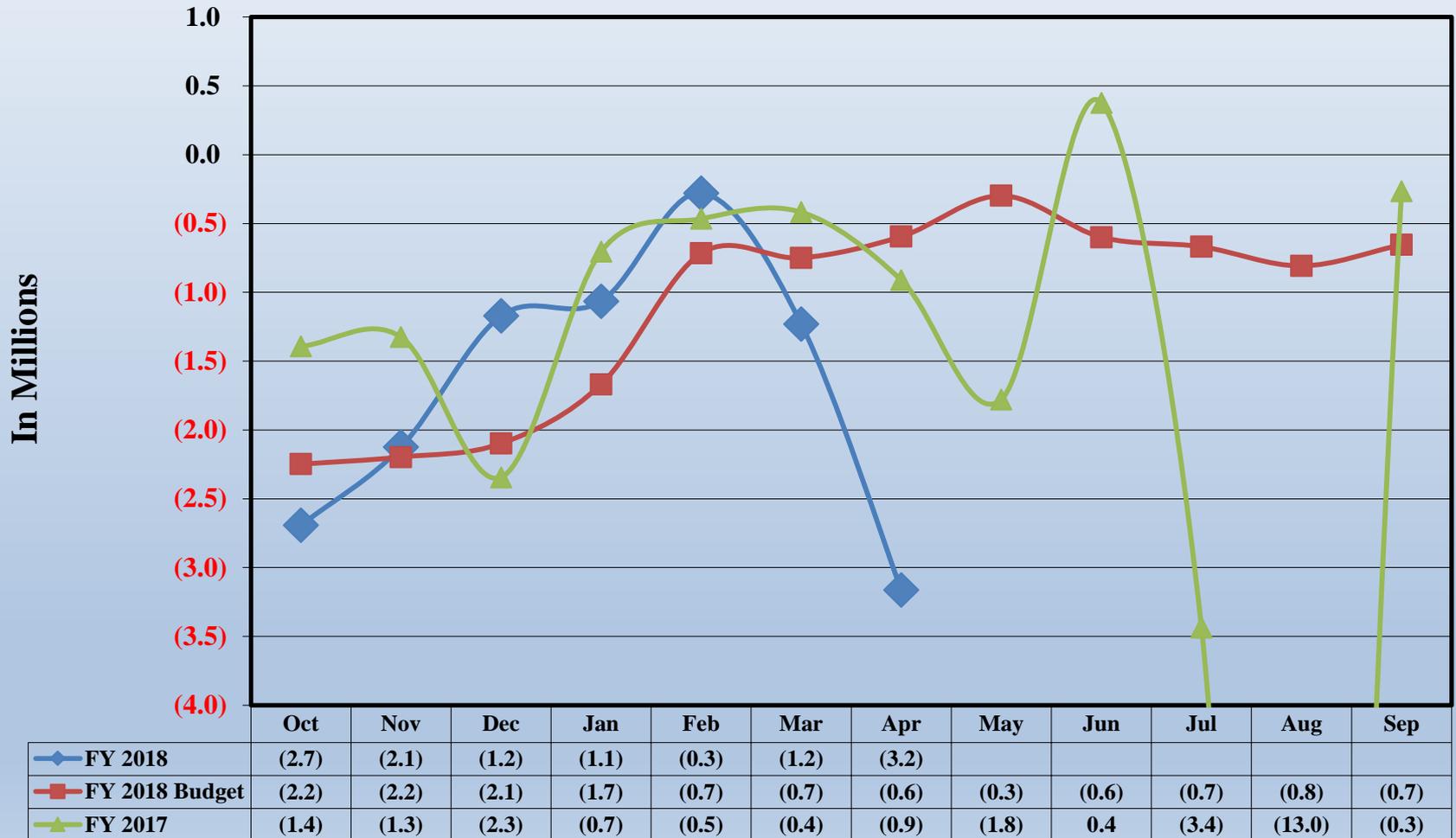
Purchased Services

(Ector County Hospital District)



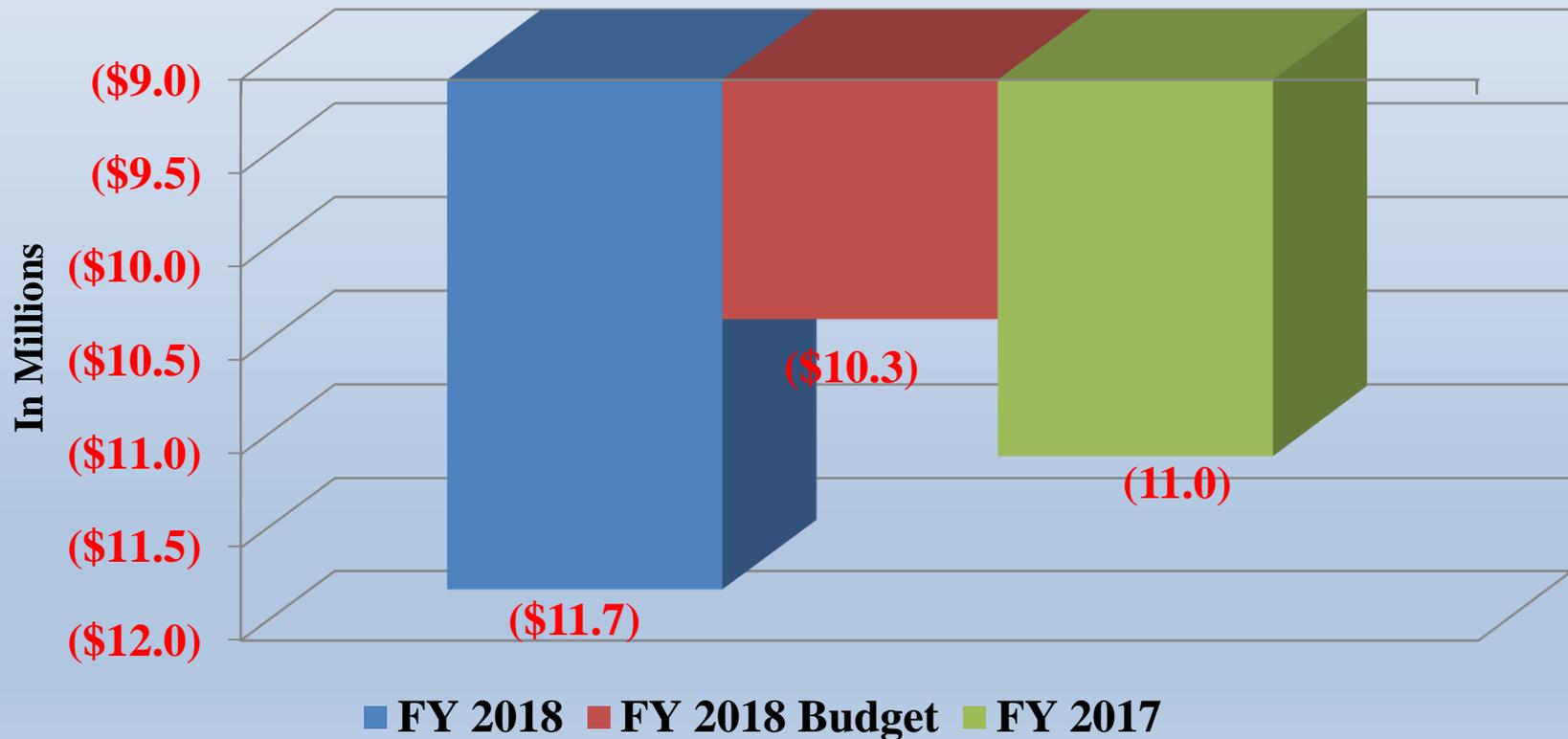
Change in Net Position

Ector County Hospital District Operations



Change in Net Position

Ector County Hospital District Operations – Year to Date



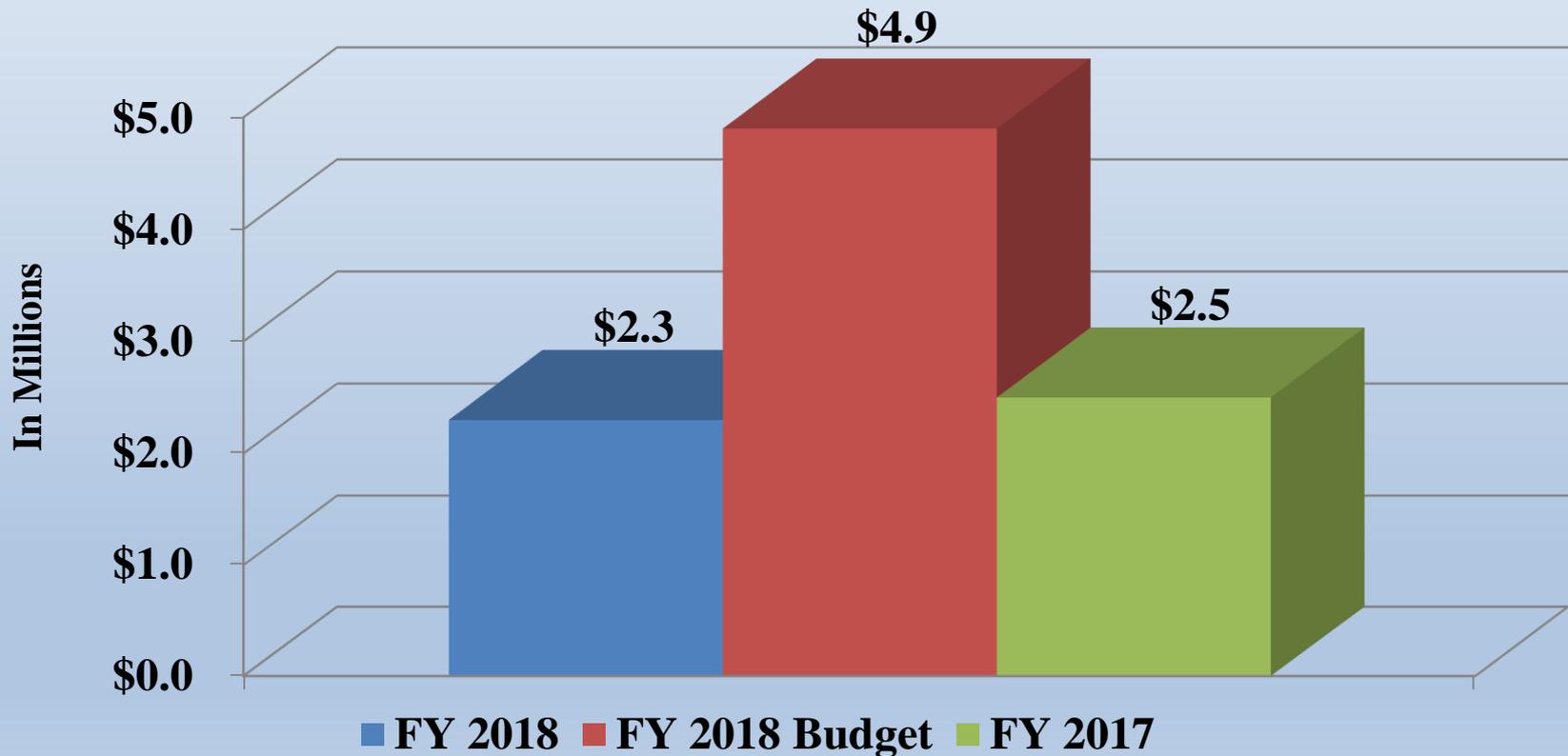
Earnings Before Interest, Depreciation & Amortization (EBIDA)

Ector County Hospital District Operations



Earnings Before Interest, Depreciation & Amortization (EBIDA)

Ector County Hospital District Operations – Year to Date







June 5, 2018

**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 Sections 4.1-4 and 6.2-6 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
*Jacob Jr., MD, Richard	Surgery	General Surgery / Trauma Surgery	Acute Surgical / EmCare	06/05/2018 – 06/04/2019
*Rafeek, Hashmi MD	Medicine	Infectious Disease	TTUHSC	06/05/2018 – 06/04/2019

Allied Health:

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
*Campbell, Chelsie NP	Pediatrics	Nurse Practitioner	TTUHSC	Dr. Robert Bennett Dr. Dimitrios Angelis Dr. Manjula Mudduluru	06/05/2018 – 06/04/2020

*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.

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



June 5, 2018

**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 Medical Staff Bylaws sections 4.4-4 and 6.6-3.

Medical Staff:

Applicant	Department	Staff Category	Specialty/Privileges	Group	Changes to Privileges	Dates
Angelis, Dimitrios MD	Pediatrics	Active	Pediatrics / Neonatal Perinatal Medicine	TTUHSC	ADD: Peripheral insertion of central catheter	08/01/2018 – 07/31/2020
Bhari Jayadevappa, Abhishek MD	Anesthesia	Associate to Active	Anesthesiology	ProCare		“ “
Chakrala, Kalyan DO	Medicine	Active	Internal Medicine / Gastroenterology	ProCare		“ “
Gowda, Dinesh MD	Pediatrics	Active	Pediatrics	TTUHSC		“ “
Hicks, Mason MD	Radiology	Associate to Active	Diagnostic Radiology	ProCare		“ “
Huston, James MD	Medicine	Associate to Active	Internal Medicine	TTUHSC		“ “
Saldanha, Vilas MD	Surgery	Associate	Orthopedic Surgery	EmCare		07/01/2018 – 06/30/2020
Selvan, Vani MD	Family Medicine	Associate to Active	Family Medicine	TTUHSC		“ “
*York, Gregory MD	Surgery	Associate	General Surgery / Trauma Surgery	EmCare		“ “

Allied Health Professionals:

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Barrera, Zoila PA	Cardiology	Physician Assistant	Procare	Dr. Sudhir Amaram Dr. Manohar Angirekula Dr. Fernando Boccalandro Dr. Tejas Patel		08/01/2018 – 07/31/2020



Advice, Opinions, Recommendations and Motions:

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

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



June 5, 2018

**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 Medical Staff Bylaws sections 4.2-11.

Change in Clinical Privileges:

Staff Member	Department	Privilege
Angelis, Dimitrios MD	Pediatrics	ADD: Peripheral insertion of central catheter
Bennett, Robert MD	Pediatrics	ADD: Peripheral insertion of central catheter
Chavez, Cynthia NP	Pediatrics	ADD: Peripheral insertion of central catheter
Hughes, Amanda NP	Pediatrics	ADD: Peripheral insertion of central catheter
Mudduluru, Manjula MD	Pediatrics	ADD: Peripheral insertion of central catheter
Wheatley, Lindsey NP	Pediatrics	ADD: Umbilical arterial Catherization; Umbilical venous Catherization; Intubation; Peripheral insertion of central catheter
Wiltse, Peter DO	Surgery	ADD: EGD & PEG

Advice, Opinions, Recommendations and Motions:

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

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



June 5, 2018

**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 the Medical Staff Bylaws section 4.4-4.

Resignation/ Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Mapula, Steve MD	Associate	Surgery	04/02/2018	Resigned

Advice, Opinions, Recommendations and Motion:

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

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



June 5, 2018

**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
Bhari Jayadevappa, Abhishek MD	Anesthesia	Associate to Active
Hicks, Mason MD	Radiology	Associate to Active
Huston, James MD	Medicine	Associate to Active
Selvan, Vani MD	Family Medicine	Associate to Active
Carrizales, Enriquez DO	Medicine	Removal of Provisional Status
Gomez, Adriana MD	Medicine	Removal of Provisional Status
Nieto, Sandra FNP	Family Medicine	Removal of Provisional Status
Barrett, Brent CRNA	Anesthesia	Removal of Provisional Status
Browning, Michael CRNA	Anesthesia	Removal of Provisional Status
Lopez, Sabino CRNA	Anesthesia	Removal of Provisional Status
Reddy, Punaepalli MD	Anesthesia	Removal of Provisional Status
Williams, Lauren CRNA	Anesthesia	Removal of Provisional Status
York, Gregory MD	Surgery	Removal of Provisional Status
James, Rebecca MD	OBGYN	Extension of Provisional Status for 6 Months



Advice, Opinions, Recommendations and Motion:

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

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



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Medical Staff Bylaws / Policies / Privilege Criteria

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommend approval of the following changes in the Privileges.

- Nephrology Privilege Form and Criteria
- CNM Privilege Form and Criteria

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 Privilege Forms and Criteria Forms.

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



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Trauma Performance Improvement and Patient Safety Plan

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following:

- Trauma Performance Improvement and Patient Safety Plan

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 Trauma Performance Improvement and Patient Safety Plan.

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

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

Specialty: Nephrology
Basic Education: MD or DO

Minimal Formal Training & Experience/Specialty Description

(ECHD approved 6/07, 06/05/2018)

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

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

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

OR

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

OR

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

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

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

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

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

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

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

Core Privileges - Nephrology

Management Privileges

Requested	Granted Y/N	<u>Privilege Description</u>
		Acute renal failure, evaluation and management
		Admit/discharge patients
		Chronic renal failure, management by conservative methods to include nutritional uremia
		Dialysis, assessment and adequacy of
		Drug dosage modification during dialysis and other extracorporeal therapies
		Drug dosing and renal toxicity in elderly patients
		Drug metabolism and renal drug toxicity disorders, evaluation and management of
		End-stage renal disease, evaluation and management of
		Extracorporeal therapies, evaluation, selection of patients, and management
		Fluid, electrolyte, acid-base disorders, evaluation and management

		Genetic and inherited renal disorders, evaluation and management of
		Glomerular and vascular diseases, evaluation and management of
		Hypertensive disorders, evaluation and management of
		Immunosuppressants, administration of
		Mineral metabolism disorder, evaluation and management of
		Nephrolithiasis, evaluation and non-surgical management
		Percutaneous biopsy, autologous and transplanted kidney - interpretation of
		Peritoneal equilibration testing
		Pregnancy renal disorders, evaluation and management of
		Rejection, all forms - diagnosis and management of
		Renal dialysis complications, diagnose and evaluate
		Renal osteodystrophy, evaluation and management of
		Renal replacement therapy, continuous
		Tubulointerstitial renal diseases, evaluation and management of
		Urinary tract infections, evaluation and management

Core Privileges - Nephrology

Procedure Privileges

Requested	Granted Y/N	Privilege Description
		Bone biopsy
		Central Venous Dialysis Catheters - Basic
		Dialysis, chronic/acute
		Hemodialysis, acute
		Peripheral Dialysis Vascular Access - Basic
		Peritoneal dialysis
		Renal Ultrasound
		Vascular access for hemodialysis, temporary placement of

Special Privileges

Requested	Granted Y/N	Privilege Description
		Moderate sedation, administer
	*****	[Interventional Nephrology] – HD PermaCath placement and exchange for dialysis
	*****	[Interventional Nephrology] – AV Access (AVE/AVG) angiogram and/or angioplasty and/or endovascular stent placement for dialysis
	*****	[Interventional Nephrology] - AV Access thrombectomies for Dialysis

Applicant Signature _____

Date _____

Division Assessment:

Approved as Requested: _____

Approved as Amended: _____

Comments:

Division Signature_____

Date_____

Department Assessment:

Approved as Requested: _____

Approved as Amended: _____

Comments:

Department Signature_____

Date_____

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

Privileges Reviewed and Recommended By:

Signature_____

Date_____

Exceptions/Conditions:

Criteria for Privileges in
Interventional Nephrology
Hemodialysis Vascular Access Procedures

ECHD approved : 06/05/2018

Minimum threshold criteria for requesting Interventional Nephrology privileges:

Eligibility: Board Certified in Nephrology

AND

Required Documentation: Currently certified by the American Board of Internal Medicine in Nephrology, or American Osteopathic Board of Internal Medicine in Nephrology.

Practice as an Interventional Nephrologist in the United States.

Have practiced as an Interventional Nephrologist in the United States for a period of not less than one year during which time no less than one-hundred twenty-five (125) procedures have been successfully completed as primary operator in the following categories within the preceding 24 calendar months.

AND

Successful completion of an ACGME or AOA accredited postgraduate training in interventional nephrology or the equivalent in hands on training and practice experience. If recently trained shall provide a letter of reference from the director of the applicant's training program. Alternatively a letter of reference may come from the applicable department chair and/or clinical service director at the facility where the applicant most recently practiced.

AND

Certified by the American Society of Diagnostic and Interventional Nephrology

AND

Hemodialysis Vascular Access Procedures:

____ Angiography of peripheral hemodialysis vascular access – 25 cases including both grafts and fistulas

____ Angioplasty of peripheral hemodialysis vascular access – 25 cases including both grafts and fistulas:

____ Thrombolysis /Thrombectomy of peripheral hemodialysis vascular success – 25 cases including both grafts and fistulas

____ Endovascular stent placement – 10 cases

____ Tunneled long-term catheter procedures – 25 cases, of which at least 13 cases must be done novo placements and the remainder may be catheter exchanges.

Reappointment:

Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully performed the following over the reappointment cycle to include 8 CME hours

____Angiography of peripheral hemodialysis vascular access – 10 cases including both grafts and fistulas

____ Angioplasty of peripheral hemodialysis vascular access – 10 cases including both grafts and fistulas:

____ Thrombolysis /Thrombectomy of peripheral hemodialysis vascular success – 5 cases including both grafts and fistulas

____ Endovascular stent placement – 2 cases

____ Tunneled long-term catheter procedures – 2 cases, of which must be done novo placements and / or catheter exchanges.

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform. I understand that by making this request, I am bound by the applicable bylaws & policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request and that I have no mental or physical condition which would limit my clinical abilities.

Applicant's Signature

Typed or printed name (applicant)

Date

Supervising Physician signature

Supervising Physician (Print Name)

Date

Ector County Hospital District – Medical Center

Delineation of Clinical Privileges and Procedures

Specialty: Certified Nurse Midwife
Basic Education: RN, APN, CNM

Minimal Formal Training & Experience /Specialty Description
 ECHD approval: (06/05/2018)

RN with post-baccalaureate academic preparation, evidenced by successful completion of a Certified Nurse Midwife (CNM) master’s degree (accredited by the American College of Nurse Midwives), 12 months of clinical practice within the area of specialization; within the past five years;

AND

Current certification by the Board of Nurse Examiners for the State of Texas to practice as an Advanced Practice Nurse; and advance practice nurse with the CNM Category.

AND

Evidence of adequate professional liability insurance consistent with Medical Center Hospital

AND

Evidence of physical and mental health status allowing applicant to participate in privileges delineated;

PHYSICIAN SUPERVISION

Must be a physician(s) who is currently appointed to Medical Center Hospital Medical Staff and has appropriate privileges, and according to a written agreement, this physician will:

1. Supervise the CNM’s practice in accordance with the MCH Medical Staff Bylaws.
2. Be available continuously or provide an alternate, providing consultation when requested and/or intervening when necessary.
3. When requested by CNM, required by policy, or in interest of patient care, assume total responsibility for patient care.

Note: A CNM granted privileges at Medical Center Hospital may provide patient care under the supervision and sponsorship of a physician(s) with appropriate privileges at Medical Center Hospital. [Medical Center Hospital Medical Staff Bylaws, Article 6]

CORE PRIVILEGES – CERTIFIED NURSE MIDWIFE

Management Privileges

Requested	Granted Y/N	Privilege Description
		Obtain medical histories and perform physical examinations (Entries in health record made by an Allied Health Professional must be co-signed by supervising physician in accordance with MCH Bylaws; section B, Article 3, paragraph 2)
	*****	NRP certification
		Develop a patient education plan
		Develop a treatment plan
		Diagnose and treat acute health problems
		Diagnose and treat chronic diseases
		Make appropriate referrals to other health professionals and/or community agencies
		Order, perform, and interpret diagnostic studies
		Prescribe treatments

		Prescribe medications (must provide a supervisor-signed "Notice of Prescriptive Authority" which requires current DPS/ DEA/TMB registration)
	*****	Co-management of premature labor/delivery at 35 weeks or earlier if an emergency
	*****	Intrapartum management of multiple gestation, only in an emergency
	*****	Co-assist with External Version
	*****	Co-management of medical complications with pregnancy

CORE PRIVILEGES – CERTIFIED NURSE MIDWIFE

Procedure Privileges

Requested	Granted Y/N	Privilege Description
	*****	Uncomplicated Delivery
	*****	Episiotomy
	*****	Repair of episiotomy, cervical, labial and vaginal lacerations
	*****	Treatment of postpartum hemorrhage
	*****	Infant resuscitation

Special Procedures – CERTIFIED NURSE MIDWIFE

Must provide evidence of competency and number of procedures performed or documentation of special training

Requested	Granted Y/N	Privilege Description
	*****	Bedside ultrasound for presentation
	*****	First assist in surgery
	*****	4 th degree lacerations

Applicant Signature _____ Date _____

Division Assessment

Approved as Requested: _____

Approved as Amended: _____

Comments:

Division Signature _____ Date _____

Department Assessment

Approved as Requested: _____

Approved as Amended: _____

Comments:

Department Signature _____ Date _____

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

Privileges Reviewed and Recommended by:

Signature _____

Date _____

Exceptions/Conditions:

Criteria for Privileges in Certified Nurse Midwife

Minimum threshold criteria for requesting privileges in Certified Nurse Midwife (CNM):

ECHD approval: (06/05/2018)

Qualifications for Certified Nurse-Midwives (CNM):

Basic education: RN or MSN

Education and Training – Successful completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education (ACME) (formerly American College of Nurse Midwives-ACNM)

Certification – Current active certification by the American Midwifery Certification Board (AMCB),

Licensure – Current active license to practice as an advanced practice nurse in the CNM Category in the state of Texas.

Required current experience – Demonstrated current competence and evidence of performance of at least 15 deliveries in the past 12 months or completion of an accredited nurse midwifery program in the past 12 months.

Ability to perform health status – Evidence of current ability to perform privileges requested is required of all applicants.

****Special privileges are requested individually in addition to requesting the core privileges. Each individual requesting special privileges must meet the specific threshold criteria as applicable. ****

_____ **Bedside ultrasound for Presentation** – Must have minimum of 30 documented

_____ **First assist in surgery-** Must have successful completion of an education program accredited by the ACME that included training as a first assist at surgery in the past 12 months.

_____ **Fourth degree lacerations** – Successful completion of an education program accredited by the ACME that included training in Fourth degree laceration repair. Must have minimum of 10 documented.

Reappointment: Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully performed at least 15 deliveries over the reappointment cycle, to include CME.

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform. I understand that by making this request, I am bound by the applicable bylaws & policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request and that I have no mental or physical condition which would limit my clinical abilities.

Applicant's Signature

Typed or printed name (applicant)

Date

Department Chair Signature

Department Chair (Print Name)

Date

Trauma Performance Improvement and Patient Safety Plan

Kathy Grove, M.D.

Trauma Program Medical Director

Julie McKee, BSN

Trauma Program Director

Revised 3/2018

Author: Trauma Services

Table of Contents:

- I. Accountability of the Trauma Program
- II. Credibility of the Trauma Program
- III Sustainability of the Trauma Program
- IV. Authority / Scope
- V. Privileging
- VI. Trauma Patient Population Criteria
- VII. Data Collection and Monitoring Compliance
- VIII. Review Process
- IX. Determination of Judgments
- X. Documentation of Analysis and Evaluation
- XI. Referral Process for Investigation or Review
- XII. Trauma PIPS Committee Structure
- XIII. Operational Staff Responsible for the Trauma PIPS Program
- XIV. Corrective Action Planning
- XV. Confidentiality Protection
- XVI. Loop Closure and Re-Evaluation
- XVII. Integration into Hospital Performance Improvement Process

I. Accountability

Medical Center Health Systems is a resource for trauma care within our community and throughout the rural JRAC region comprised of seventeen counties. Our multidisciplinary trauma team provides compassionate and uniquely specialized care for the severely injured trauma patient.

II. Credibility

Medical Center Health Systems is designated as a State of Texas Level 2 Trauma Center. MCHS is verified by the American College of Surgeon's. Our Trauma Center assures Optimal Care of the Injured Patient through processes that measure performance through data analysis and enhances future performance through peer review.

III. Sustainability

MCHS will remain the top provider and supporter of trauma care and patient needs in the region through programs designed to identify educational needs, collaborate with other members of the trauma community, and provide injury prevention.

IV. Authority / Scope

The Trauma Medical Director (TMD) and Trauma Program Director receive authority from the Medical Center Health System Board of Directors and the Medical Executive Committee to administer the trauma performance improvement and patient safety program (PIPS). The PIPS process includes but is not limited to performance evaluation, development of focused action plans, and oversight of all aspects of care provided to injured patients. The TMD determines the composition of trauma call panels in collaboration with specialty liaisons and Hospital Administration.

V. Privileging

All providers receive privileges to care for patients within Medical Center Health Systems according to criteria described in the medical staff by-laws and participation of providers on trauma call panels, as authorized by the Medical Executive Committee and MCH Board. Appendix A of this PIPS plan outlines the criteria expected of all providers who seek approval to participate on the trauma call panels.

The Trauma Program Director, in collaboration with the CEO, CNO, Nursing Directors and the Hospital's Nursing Education Department to establish competencies and Continuing Education requirements for nurses working with injured patients.

VI. Trauma Patient Population Criteria:

1. The State trauma plan defines the trauma patient as a victim of an external cause of injury that results in major or minor tissue damage or destruction.
2. The trauma patient is defined by the NTDB as any patient with ICD-10 diagnosis codes as follows:
 - a. S00-S99 with 7th character modifiers A, B, or C
 - b. T07
 - c. T14
 - d. T20 – T28 with 7th character modifier A
 - e. T30 – T32
 - f. T79.A1 – T79.A9 with 7th character modifier of A
 - g. Excluding superficial injuries
 - h. State of Texas Required Codes
 - i. lightning strikes
 - ii. drowning
 - iii. hanging
 - iv. electrocution
3. In addition to a qualifying ICD-10 code patients must have undergone:
 - a. A transfer into or out of the hospital.
 - b. An operative intervention
 - c. Admission as an inpatient or observation for greater than 23-hours;
 - d. Died after receiving any emergency department evaluation or treatment; or were dead on arrival to the facility.

VII. Data Collection and Monitoring of Compliance

Performance Improvement is a continuous process to collect data, monitor patient safety, and evaluate the quality of care provided by the Trauma Service. This is a comprehensive review of all departments and is utilized to identify variances in care, compliance to policies and procedures, and specified Practice Management Guidelines.

1. The Trauma Performance Improvement Coordinators

Every trauma patient is reviewed through the Trauma Performance Improvement Form (See attached) which is a compilation of recommended trauma audit filters recommended by the American College of Surgeons and issues that are identified as specific concerns of our

institution. The PI process encompasses all aspects of trauma care which begins with injury prevention, prehospital care, continues through in-patient services to discharge and referral to rehab.

An addition to the PI form are defined National (EAST Guidelines) and local Practice Management Guidelines with specific PI criteria. Examples are Open Fractures, Solid Organ Injury, and Burns.

The Trauma Checkout Form (See Attached) is filled out daily and designed to ensure capture of the following criteria so that it may be addressed concurrently.

- a. Mortality
- b. Serious Complications
- c. Process Variance (Resulting in Unanticipated Outcome)
- d. Transfers to and from Medical Center Health Systems
- e. Audit Filters (Concerns or deviations)

VIII. Review Process

The process of care will be monitored through concurrent patient rounds on patients admitted to the Trauma Service who qualify for entry into the trauma registry. Trauma Morning Rounds is conducted Monday through Friday and comprised of the Trauma Physician, Trauma Nurse Practitioner, Trauma PI Nurse, Pharmacist, and Social Worker following the patient from the time of admission until discharge.

The data collected after hours, on weekends, and holidays is communicated to the PI nurse at morning rounds the following business day.

Each patient undergoes a review of care with identification of opportunities for improvement.

Specific cases with identified issues are elevated to the TPM and TMD for further review. Specific action plans are developed to address each opportunity for improvement. A monthly spreadsheet is utilized to track and trend items and evaluate effectiveness of processes and improvements.

1. First Level of Review

Primary Review is completed by the Trauma Performance Improvement Coordinators and the Trauma Program Manager. Corrective action can be initiated by the PI Coordinator if there was no patient harm and no physician involvement. All reviews are reviewed by the Trauma Program Manager and Trauma Medical Director on a weekly basis.

2. Second Level of Review

The second level of review is completed by the Trauma Medical Director. Each opportunity for improvement (OFI) will be investigated. At the discretion of the TMD further action may include: Tracking and trending, education to specific providers, referral to department committees.

Referral to hospital quality department, or referral to Multidisciplinary Peer Review.

Cases to be referred to this level of review:

- a. Any issues referred to the Trauma PI nurse for further review
- b. Trauma patients transferred into or out of Medical Center Health Systems
- c. Any process variance that resulted in patient harm.
- d. Any serious complication.
- e. All deaths
- f. OFI identified by audit filters
- g. Nonsurgical admissions of injured patients

3. Third Level of Review

Third level review includes the Multidisciplinary Peer Review (MDPR),

Cases referred to this level of review include:

- a. All near miss or sentinel events
- b. Any process variance that resulted in patient harm.
- c. Any serious complication.
- d. All deaths with opportunity for improvement
- e. TMD discretion

The Multidisciplinary Peer Review is conducted after the Trauma Systems Committee Meeting. Cases presented for review are all deaths, serious complications and process variances. Tertiary reviews are categorized as follows:

- a. Predictable Occurrence w/i SOC
- b. Unpredictable Occurrence w/I SOC
- c. Systems Issue

- d. Communication Issue
- e. Acceptable deviation from PMG
- f. Deviation form SOC

4. Fourth Level of Review

Issues that remain unresolved after MDPR may be referred for outside review.

IX. Determination of Judgments

1. Deaths: All deaths are judged regarding the appropriateness of the care at either the second, third, or fourth level of review. Each death will be placed into one of the following categories:
 - a. Dead on Arrival
 - b. Died in ED
 - c. In-Hospital Death
 - d. Hospice
2. Care of each of the patients will be reviewed in MDPR and further categorized as:
 - a. Unanticipated mortality with opportunity for improvement (Preventable) – 3rd level review
 - b. Mortality without opportunity for improvement (Non-Preventable) – 2nd or 3rd level review
 - c. Anticipated mortality with opportunity for improvement (Possibly-Preventable) – 3rd level review
3. After case presentation and discussion at MDPR, the committee determines the appropriateness of care, opportunities for improvement, and recommends appropriate action plans when indicated. The committee will also forward quality concerns to the appropriate hospital department and hospital quality management committee.

X. Documentation of Analysis and Evaluation

1. Outcomes are utilized for all event documentation, meeting minute tracking, referral letters, and follow up.
2. Trauma PIPS issues will be documented initially on each patient's Trauma PI Form or in the patient's Blue Folder. A blue folder is made for any patient with complications, process variances, deaths, and at the discretion of the TPM or TMD.

3. Cases that require a third level of review are taken to the appropriate meeting. The specifics of the case are presented to the committee and after discussion, action items are agreed upon to complete event resolution.
4. At the Multidisciplinary Peer Review Committee (MDPR), preventability status and appropriateness of care are determined after review of the case. Action items are created from the discussion to complete event resolution.

XI. Referral Process for Investigation or Review

1. First level of review referral process: Opportunities for improvement, at this level may include nursing documentation deficiencies, inappropriate non-surgical service admissions, and missed trauma evaluations. The PI Coordinator will review charts to identify opportunities for improvement. .
2. Second level of review referral process: After review of the record by the TMD or TPM, referrals are generated for system issues to the appropriate hospital department, physician liaison, hospital committees, outside entities and hospital administration.
3. The TMD and or the TPM will review responses and action items to second and third level referrals and determine if event resolution has been obtained or if further action is warranted.

XII. Trauma PIPS Committee Structure

1. Trauma Systems Committee (TSC)
 - a. TSC monitors overall performance of the trauma center through systems-based analysis. The format of TSC includes continual survey readiness, operational assessments and summary of performance improvement activity.
 - b. The TSC is attended by trauma providers, CEO, CNO, leadership from all departments involved in the care of trauma patients, physician liaisons from each discipline (trauma, neurosurgery, orthopedic surgery, anesthesia, emergency medicine, and radiology), and the Trauma Program staff.
 - c. The TSC meets monthly and is chaired by the TMD.
2. Multidisciplinary Peer Review (MDPR)
 - a. MDPR is the forum for review of opportunities for improvement related to physician care.
 - b. All trauma surgeons and liaisons to the trauma program are expected to attend MDPR (50%). All providers involved in the care of trauma patients are invited to attend the meetings. The CMO, TPM, Trauma PIPS coordinators, and representatives from Hospital Quality also attend.
 - c. MDPR meets monthly and is chaired by the TMD.

XIII. Operational Staff Responsible for the Trauma PIPS Program

1. Trauma Medical Director (TMD)
 - a. The TMD is a board certified general surgeon with particular interest in the care of injured patients.
 - b. The TMD oversees all aspects of the care of injured patients.
 - c. The TMD determines membership on trauma call panels.
 - d. The TMD chairs the multidisciplinary peer review committee.
 - e. The TMD actively participates in the trauma surgery call panel and maintains full, active general surgery privileges at the hospital. The TMD collaborates with hospital administration and medical staffing leadership continuously monitoring processes and hospital issues to ensure the optimal care of the injured patient.
 - f. The TPM works closely with the Regional Advisory Council on Trauma (RAC) on program development and compliance with Texas Trauma Initiatives.

2. Trauma Program Manager (TPM)
 - a. The TPM provides direct oversight of the trauma program at Medical Center Health Systems.
 - b. The TPM directs the trauma program and collaborates with the nursing leadership of the accompanying /contributing departments to ensure that they are operating efficiently and effectively providing the services required to meet the needs of the trauma patient and the trauma system, including staff and providers.

The TPM implements the trauma PIPS program.
 - c. The TPM coordinates marketing, outreach and product development for trauma.
 - d. The TPM ensures appropriate financial accountability systems are in place and that managers are operating within guidelines.
 - e. The TPM works with the Regional Advisory Council on Trauma (RAC) on program development and compliance with Texas Trauma Initiatives.

3. Trauma PIPS Coordinators responsibilities include:
 - a. Mandatory attendance is required by a trauma PIPS coordinator at all morning report sessions held Monday – Friday at 0700 with both the night and daytime trauma surgeons on duty as well as the Advanced Practice Providers.
 - b. Generate a Trauma Performance Improvement Form on every trauma registry patient.
 - c. Identification of OFI during concurrent rounds and chart review. Resolution is initiated by elevating to higher level of review or referral to appropriate hospital departments.

- d. Education to nursing units will be provided regarding any PIPS initiatives, process improvement issues, and patient care issues. This is conducted through e-mail and unit meetings.
 - e. Responsible for the surveillance of all policies and protocols and ensure they are followed in order to provide optimal patient care. Deviations will result in a higher level of review.
4. Trauma Registrar responsibilities include:
 - a. Audit all trauma records collecting data about severity of injury and patient outcomes.
 - b. Submit data as required by the JRAC, American College of Surgeons and Texas Department of State Health Services to the required trauma registries monthly. (State, Regional, National Trauma Data Bank, TQIP)
 - c. Produce all reports for data analysis.
 - d. Maintain the trauma logs
 5. Trauma Injury Prevention and Outreach Coordinator:
 - a. All Injury Prevention activities shall be driven by our PIPS process internally and at the regional and state level.
 - b. Works closely with the Regional Advisory Council on Trauma (RAC) committees and activities.
 - c. Represent the trauma department on the hospital's Emergency Preparedness committee.

XIV. Corrective Action Planning

1. The TMD and TPM oversee all corrective action planning.
2. Action plans may be created by any of the Trauma PI team members or committees to improve any PIPS events identified.
3. The ultimate goal is to create positive outcomes that demonstrate subsequent loop closure.
4. Medical Center Health System's hospital PI utilizes the methodology of plan, do, check and act (PDCA) in addition to the trauma PI methodology.
5. Examples from the trauma corrective plan methodology include:
 - a. Organization of SWOT teams (PI improvement teams)
 - b. Education
 - c. Referral to hospital departments
 - d. Trending and tracking
 - e. External review
 - f. Creation of Practice Management Guidelines guided by Evidence Based Practice.

XV. Confidentiality Protection

1. All performance improvement activities and related documents will be considered confidential and protected as specified Texas Health and Safety code chapter 773.095, MCHS policies, and HIPPA
2. Whenever feasible, generic identifiers for patients and care providers will be utilized. No PI information will be part of the patient medical record. All PIPS documents and electronic information will be kept in a secure location with limited, controlled access. Any copies distributed at meetings will be collected at the close of the meeting.
3. All physicians and committee members will have a signed confidentiality agreement on file for the current year.

XVI. Event Resolution and Re-Evaluation

1. Event Resolution of any identified level of review issue will occur when the formulated action plan has been implemented, monitored, and an acceptable level of performance has been demonstrated through re-evaluation. "Acceptable level" may be determined through tracking, bench marking and variance analysis as decided by the TMD and or PI committee.
2. Event Resolution will be reported to trauma committee and a determination made regarding frequency of periodic review or continuous monitoring needed.

XVII. Integration into Hospital Performance Improvement Process

1. The Trauma PIPS program utilizes a multidisciplinary approach across multiple departments to review the quality of care provided to injured patients.
2. Quarterly reports are provided to the hospital quality department for integration into the Hospital Quality report to the Board of Trustees.
3. A liaison from the Hospital Quality department sits on TCSC and MDPR. This allows for the implementation of system wide action plans and event resolution.

WHEREAS, non-intentional injury is the leading cause of death for Texans between the ages of 1 and 54 years; and

WHEREAS, Medical Center Health Systems strives to demonstrate its commitment to the community by providing optimal care of injured patients; and

WHEREAS, treatment at a hospital verified as meeting American College of Surgeons trauma criteria and designated as a trauma center in the Texas trauma System is shown to improve survival of seriously injured patients.

THEREFORE, the Medical Center Health Systems Board does affirm its commitment to maintaining designation as a Level II trauma center in the Texas trauma system; and

THEREFORE, the Medical Center Health Systems Board does affirm its commitment to participate in the local, regional, state and national trauma system; and

THEREFORE, the Medical Center Health Systems Board of the Medical Center Hospital District authorizes the Trauma Medical Director to administer the trauma performance improvement program, conduct performance appraisals of providers on the trauma call panels, develop focused professional development plans for providers on the trauma call panels, oversee all aspects of care provided to injured patients and to determine, in collaboration with hospital leadership, the composition of trauma call panels.

NOW, BE IT RESOLVED that Medical Center Health Systems Board supports the hospital's needs in meeting the standards established by the American College of Surgeons, and requirements established by the state of Texas, for Level II trauma centers.

Trauma Program Medical Director
Kathy Grove, MD

Trauma Program Manager
Julie Mckee, RN, BSN

Chief of Staff
Fernando Boccalandro, MD

Vice President/Chief Nursing Officer
Chad Dunavan, DNP

Chief Executive Officer
Rick D. Napper



MEDICAL CENTER
HEALTH SYSTEM

Audit Committee Report

May 22, 2018



Topics



- **2017 / 2018 Project Plan Status**
- **Completed Project Results**
 - Revenue Cycle
 - ProCare Credit Card Usage
- **2018 / 2019 Proposed Project Plan**
- **Discussion**

2017 / 2018 Project Status



Process		Category	Summary Procedures	Status
Project Plan Period: April 2017 - March 2018				
1	Engagement Administration	Administration	Communication on audit plan coordination, project management and audit committee presentations. Participation in the regular, recurring finance committee meetings of the System.	Continuous
2	Debt Service Ratio	Financial	Weaver will calculate the current debt-service coverage ratio to ensure that covenant requirements are being met and evaluate the changes in the ratio since year-end.	Complete
3	GASB 75 Impact Analysis	Financial	Weaver will work with management to assess the impact of the GASB 75 standards for calculating and reporting post-employment benefits. The GASB 75 standard is not effective until the 2018 fiscal year for the System. We will work with management to evaluate GASB 75 valuation data (once it becomes available) and implement this new accounting standard for the close of the FY 2018 financials.	In Process Carryover to 2018/2019 Plan
4	Cerner Capitalization Testing	Financial	The System has incurred, and capitalized significant costs over the last 18 months associated with the Cerner implementation. Weaver will identify the individual transactions recorded and capitalized for Cerner and perform testing procedures to validate that transactions have been properly classified and recorded.	Complete
5	Audit Deficiencies	Financial	The financial statement audit for the year ended September 30, 2016 performed by BKD identified several audit <ul style="list-style-type: none"> i. Estimated amounts due to/from third party payers ii. Self-insured reserves iii. Net OPEB Obligation and Pension Liability iv. Miscellaneous Assets and Liabilities v. Nursing Home Activity 	Complete
6	Revenue Cycle	Financial	Revenue cycle is an area identified by BKD in the FY 2016 audit as a process with control deficiencies. Our procedures will include walking through and documenting the revenue cycle procedures at the Hospital and evaluating the internal control structure within the process. We will evaluate the appropriateness of system access for individuals involved in the process and the appropriateness of how duties are segregated.	In Process Carryover to 2018/2019 Plan
7	Contractuals and Bad Debt	Financial	Recalculate and validate the contractual and bad debt monitoring calculations prepared by management and evaluate the sufficiency of bad debt reserves.	In Process Carryover to 2018/2019 Plan
8	ProCare Credit Card Usage	Financial	Evaluate credit card recording and approval procedures, including the processes to issue new cards, monitor card usage, record and pay for credit card transaction, and compliance with Hospital System Policies. Additionally, we will examine the ProCare Credit Card policies and compare the terms and requirements to the policies in place for the Hospital System for the American Express Credit Cards.	Complete

Revenue Cycle Project

Project Background and Scope

- The revenue cycle was an area identified by BKD in the FY2016 financial audit as a process with control deficiencies.
 - Specifically, the deficiency (which also appeared in the recently issued 2017 audit report) related to a lack of segregation of duties and access restrictions of personnel within the Business Office.
- Our project included 2 primary objectives:
 1. Develop an understanding, document, and evaluate the revenue and billing procedures within the Business Office. **Complete**
 2. Evaluate the appropriateness of access permissions in Cerner for individuals within the Business Office to ensure adequate segregation of duties. **In-Process**
- The project scope included evaluating the following revenue cycle sub-processes performed within the Business Office:
 - Patient Charge Capture and Validation
 - Charge Description Master (CDM) Maintenance
 - Claim Submission
 - Collections and Payment Follow-up, including Denials Management
 - Payment Processing and Posting
 - Refunds
 - Patient Account Balance Write-offs

Project Procedures

- Our procedures included developing an understanding of the Revenue Cycle by performing walkthroughs and documenting the procedures performed at the Business Office.
- We examined supporting documentation to validate and confirm the flow of procedures, and observed individuals executing systematic and manual tasks.
- We identified and evaluated the strength of the internal controls currently in place, as well as gaps in the control design.
- Working directly with Cerner, we obtained a detailed report of the user access tables and are currently working to isolate specific objects within the tables that allow a user to perform key functions within the Business Office.
 - Once complete, we will evaluate the appropriateness of access assignments within Cerner and propose any recommended adjustments to strengthen segregation of duties.

Revenue Cycle Project

Results

- We prepared and provided Management with process flows charts for the key revenue cycle sub-processes included within the scope of the project.
- Based on our evaluation of the process and control structure, we identified 8 root findings and provided management with recommendations to remediate the identified issues and improve the existing internal control design.
- Our findings were risk rated as High, Medium, and Low based on the following criteria:

Risk Rating	Definition
Low	There is a low risk that the System will not be able to achieve its desired objectives within this activity. This is a low priority issue, routine management attention is warranted. This is an internal control or risk management issue, the solution to which may lead to improvement in the quality and/or efficiency of the organizational entity or process being audited. Risks are limited.
Moderate	There is a moderate risk that the System will not be able to achieve its desired objectives within this activity. A risk ranking of "moderate" for any specific area indicates a risk with an average probability of occurrence, which if to occur, would have a noticeable, and possibly material, impact on the achievement of objectives within this activity. This is a medium-priority issue, timely management attention is warranted.
High	There is a high risk that the System will not be able to achieve its desired objectives within this activity. This is a high priority issue, immediate management attention is required. This is a serious internal control or risk management issue that, if not mitigated, may with a high degree of certainty adversely impact the System.

Revenue Cycle Project

Results

- The 8 issues identified and their associated risk rating are as follows:

Risk Rating	Condition Identified (as of December, 2017)	
High	1	Lack of consistent usage and understanding of the Cerner application.
	2	Lack of timeliness with which patient charges are submitted and posted to a patient account.
	3	Lack of accuracy with electronic claims submissions, resulting in a backlog of rejected claims for review by Business Office personnel.
	4	Lack of current system reporting configuration to reconcile and close a cashier drawer.
Moderate	5	Lack of timely and formal procedures to update and maintain the Charge Description Master (CDM).
	6	Patient account adjustments are approved after completed, and only for manually logged adjustments over a defined threshold.
	7	Credit balances are not removed in a timely manner from the processing queue once resolved in closed.
Low	8	Refund checks are mailed by the Refunds staff that create the refund in Cerner and have access to modify the patient account.

Project Background and Scope

- This project was identified by management and added to the 2017/2018 project plan in March, 2018.
- Management of the System identified that an independent credit card program was in place at ProCare which had not been included in prior engagements to evaluate the Hospital's credit card program.
- The project scope included evaluating the credit card procedures and transactions for ProCare, including the processes to issue new cards, monitor card usage, record and pay for credit card transactions, and ensure compliance with System policies.
- The two objectives for the project included:
 1. Ensure that credit card procedures are effectively designed and align with MCHS policies.
 2. Ensure that credit card expenses are appropriate and executed in accordance with MCHS policies.

Project Background and Scope

- We evaluated the most recently completed 12-month window at the time of our fieldwork, which included the period beginning on February 1, 2017 and ended on January 31, 2018.
- Within this period, we identified the following key data regarding the ProCare credit cards:
 - A total of 9 credit cards were issued and utilized during the examination period
 - The total credit limit across all 9 cards at any given time is \$28,000
 - The credit limit for individual cards span from \$1,000 to \$7,500
 - There were a total of 329 charges across all 9 cards during the examination period with a total value \$50,936.57

Project Procedures

- We performed procedures designed to understand and evaluate the existing processes and procedures for managing and using credit cards at ProCare. Specifically, our procedures included:
 - Performing walkthroughs with key personnel in the ProCare office and examination of relevant documentation and policies to develop and understanding and evaluate the following:
 - Adequacy of ProCare credit card policies and procedures, as well as alignment with Hospital policies
 - Procedures to approve, issue, and monitor activity associated with credit cards
 - Processes to review, record, approve, and pay for credit card expenses
 - Credit card program design, limits, and monitoring activities
 - Cards are assigned to a specific individual, and used only by the assigned person
 - Executed cardholder agreements are in place for all issued credit cards

Procedures performed, continued:

- For the period February 1, 2017 through January 31, 2018, we obtained statements for all ProCare employees with a credit card and examined 170 of 329 transactions to ensure:
 - Credit card expenses are appropriate and for authorized activities, according to policy
 - Expenses are supported by sufficient documentation, especially meals and entertainment, as well as purpose and participants in entertaining activities
 - Credit card expenses are not also reimbursed via employee expense reports
 - Statements are reviewed timely, authorized, and coded based on expense type
 - Purchases on credit cards do not circumvent other MCHS procurement and approval requirements
 - Analyze credit card purchases to ensure that they are not also included on employee expense reports

ProCare Credit Card Usage Project



Project Results:

- Based on our evaluation of the current process, we identified 8 root findings and provided management with recommendations to remediate the identified issues and improve the existing process. The 8 root issues identified and their associated risk rating include:

Risk Rating	Condition Identified (as of March, 2018)	
High	1	Lack of documentation and evidence to support specific transactions identified in our testing.
Moderate	2	Lack of specificity of the ProCare Credit Card policies and alignment with Hospital American Express Credit Card Policy.
	3	Lack of formal process and documentation for the issuance and administration of credit cards at ProCare.
	4	Lack of documentation by the cardholder to individually document and explain transactions on their credit card.
	5	Lack of formality and documentation of the consolidated credit card reconciliation process.
	6	Lack of review of the credit card agreement with Prosperity.
	7	Lack of automated credit card reporting and monitoring functionality.
	8	Inappropriate user authorization to the Prosperity Bank online portal.

Conclusion:

- Based on our evaluation of the credit card program at ProCare there are opportunities to enhance the policies and procedures with which credit card transactions are processed, documented, authorized, and recorded.
- Management should evaluate the cost and benefit to enhance and formalize the ProCare credit card program, or terminate the program and expand the Hospital's existing American Express program to include ProCare employees.

Proposed 2018 / 2019 Project Plan

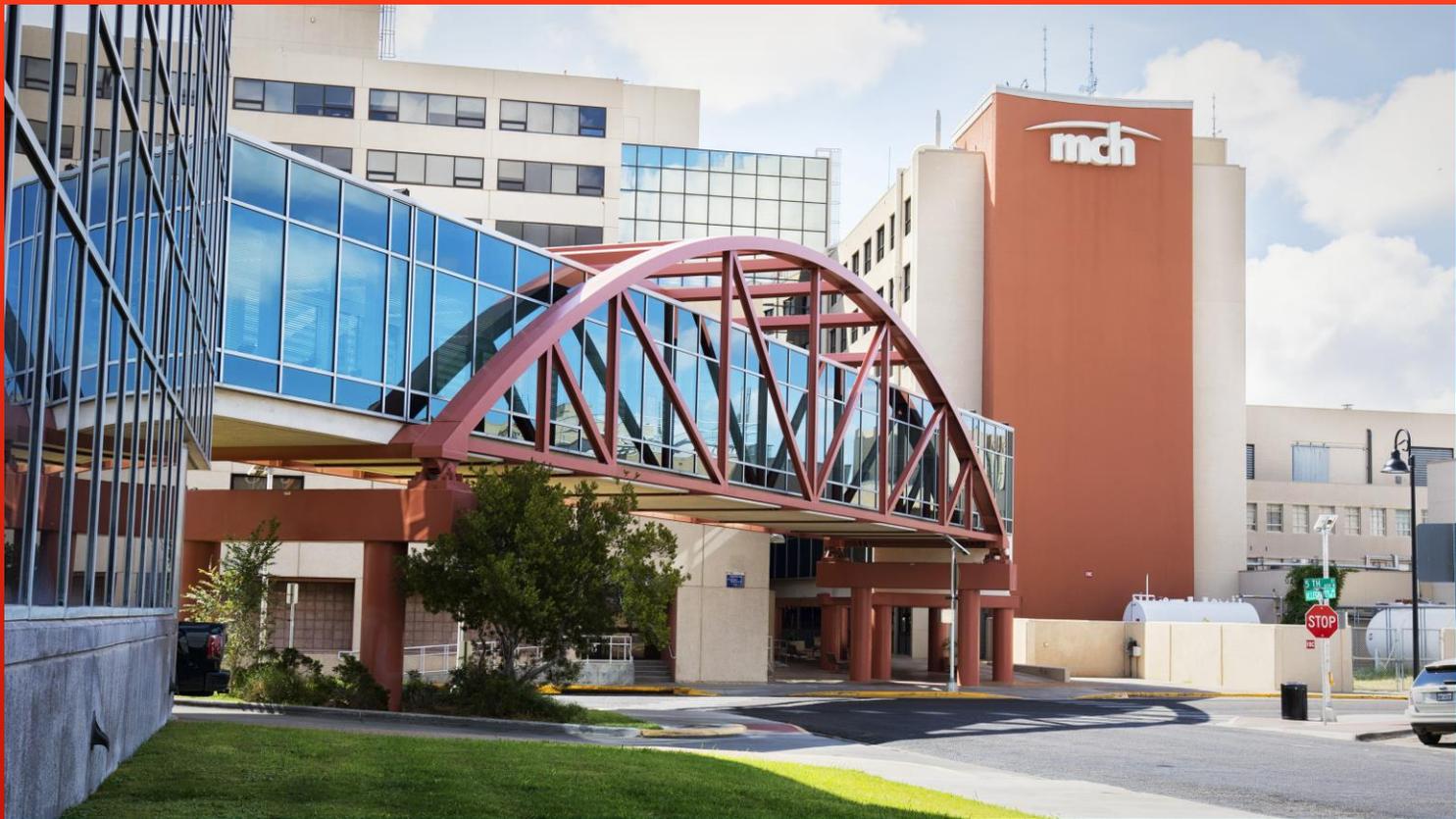


Process		Category	Summary Procedures	Proposed Timing	Estimated Hours
Project Plan Period: April 2018 - March 2019					
1	Engagement Administration	Administration	Communication on audit plan coordination, project management and audit committee presentations. Participation in the regular, recurring finance committee meetings of the System.	Continuous	100
2	Revenue Cycle	Financial	Complete the ongoing analysis of Cerner access permissions to personnel within the Business Office and evaluate for appropriate segregation of duties.	May/June 2018	60
3	Financial Close and Reporting	Financial	Evaluate the process to plan, execute, approve, and deliver financial close procedures and associated internal and external reporting on a monthly and annual basis. We will perform an evaluation of the design of the existing process and associated internal controls to ensure that financial close and reporting activities are executed in a timely, efficient, and effective manner.	May 2018	260
4	GASB 75 Impact Analysis	Financial	Weaver will work with management to assess the impact of the GASB 75 standards for calculating and reporting post-employment benefits. The GASB 75 standard effective for the 2018 fiscal year for the System. We will work with management to evaluate GASB 75 valuation data (once it becomes available) and implement this new accounting standard for the close of the FY 2018 financials.	June 2018	100
5	Contractuals and Bad Debt	Financial	Recalculate and validate the contractual and bad debt monitoring calculations prepared by management and evaluate the sufficiency of bad debt reserves.	June / July 2018	180
6	Cash Disbursements	Financial	We will perform follow up procedures to evaluate the current status of segregation of duties within the AP and cash disbursements process, as well as the establishment of access restrictions to appropriately segregate duties within the disbursements cycle.	July / August 2018	70
7	Revenue Cycle	Financial	Based on the nature of our findings in the examination of revenue processing procedures in the Billing Office in 2017, we recommend follow-up procedures be performed to evaluate the current state of the Billing Office procedures and remediation of identified issues. We will re-evaluate the existing processes and controls and confirm that previously reported issues have been appropriately remediated and implemented.	January 2019	80
8	Risk Assessment	Financial	We will conduct an update to the 2011 process level risk assessment with the input and assistance of management. The risk assessment will include strategic, operational, financial, and compliance activities across all functions and departments of the System.	January / February 2019	200
9	Special Projects	Financial / Operational	The Audit Committee and Management commonly identifies ad-hoc issues or risks that require immediate attention or remediation. The purpose of these unallocated hours is to provide flexibility for us to assist the System with these issues as they are identified.	TBD	180

Discussion

David Duree, CPA | Partner, Audit and Assurance
Direct: 432.570.3050 | Email: david.duree@weaver.com

John Wauson, CPA | Partner, Risk Advisory Services
Direct: 972.448.9239 | Email: john.wauson@weaver.com



Quality/Human Resources Update

Chief Patient Experience Officer and
VP of Human Resources



HIGHLIGHTS OF PREVIOUS QUARTER

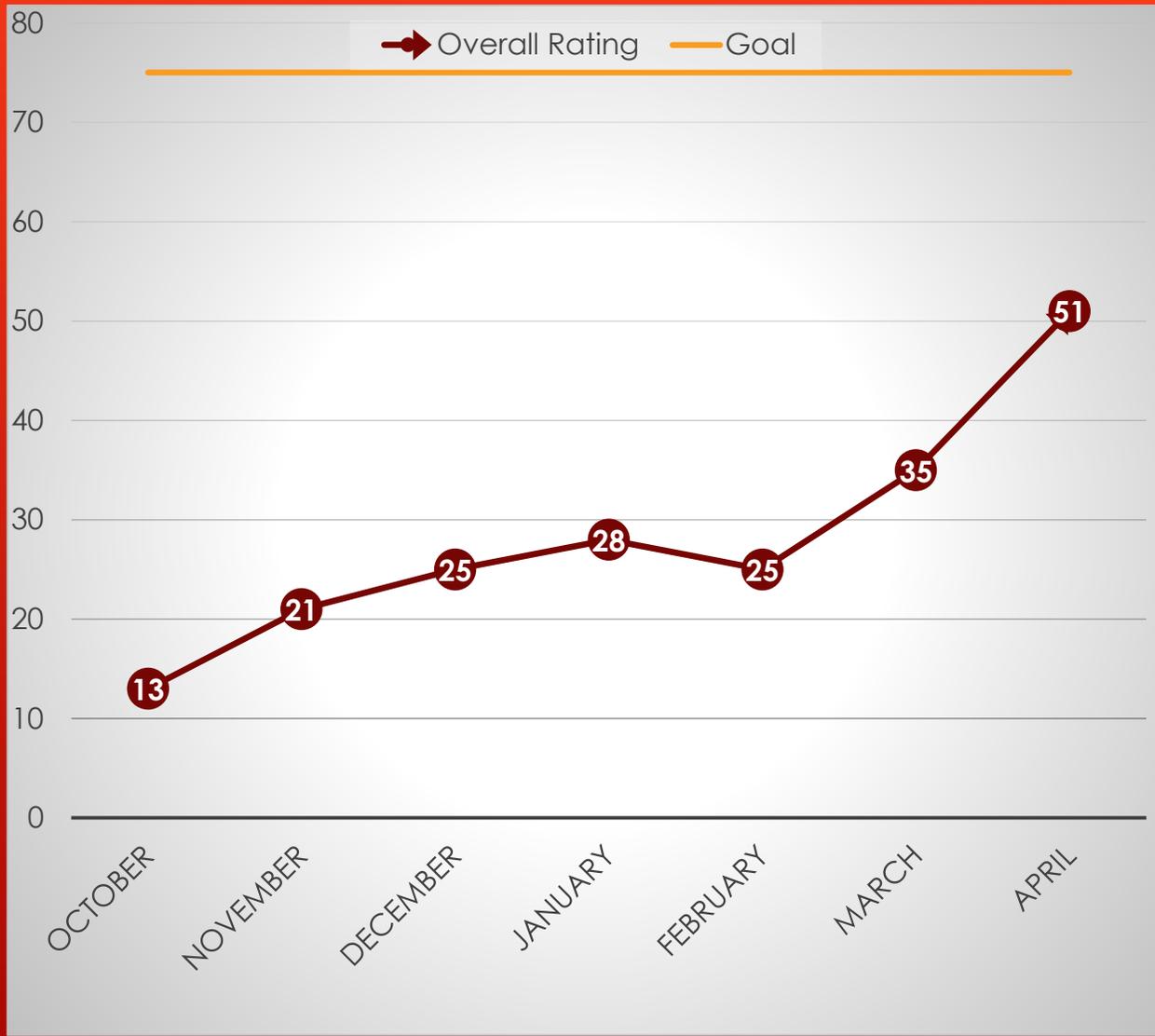


Final Joint Commission
Follow Up Survey

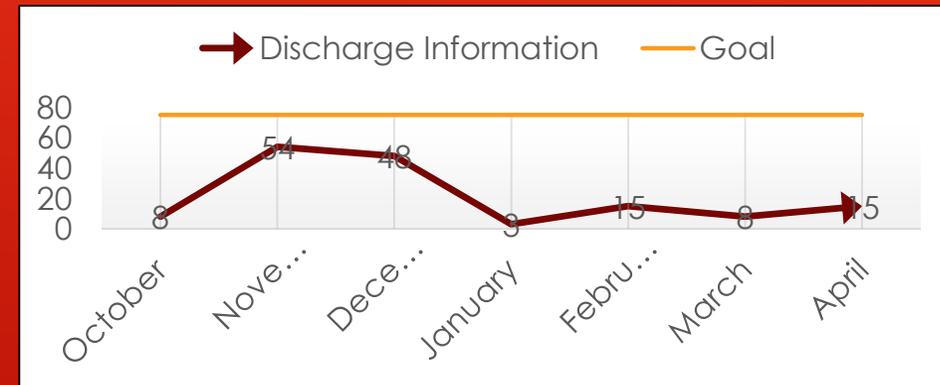
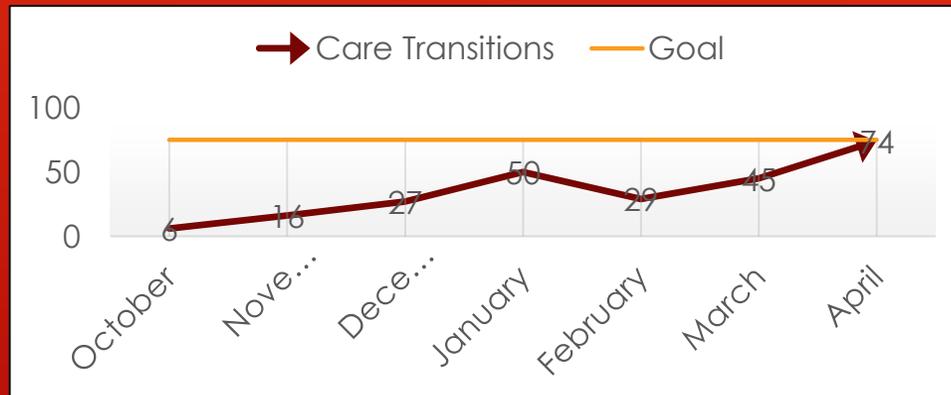
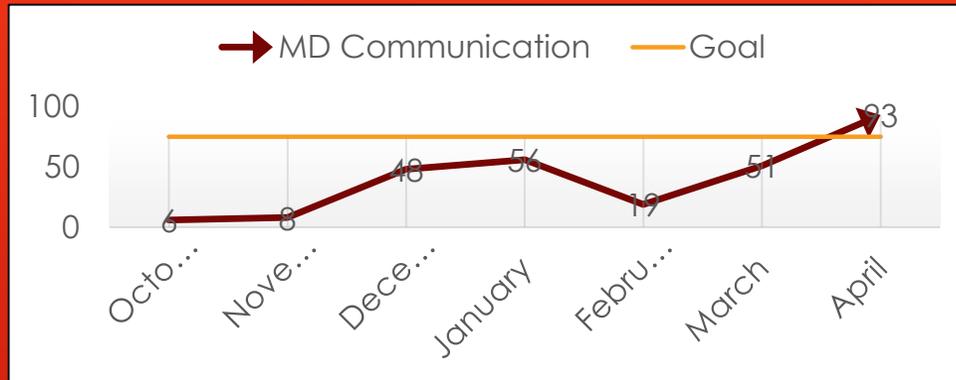
4C Overall Rating 90th
percentile

ER 90th Percentile Overall





CULTURE OF ENGAGEMENT



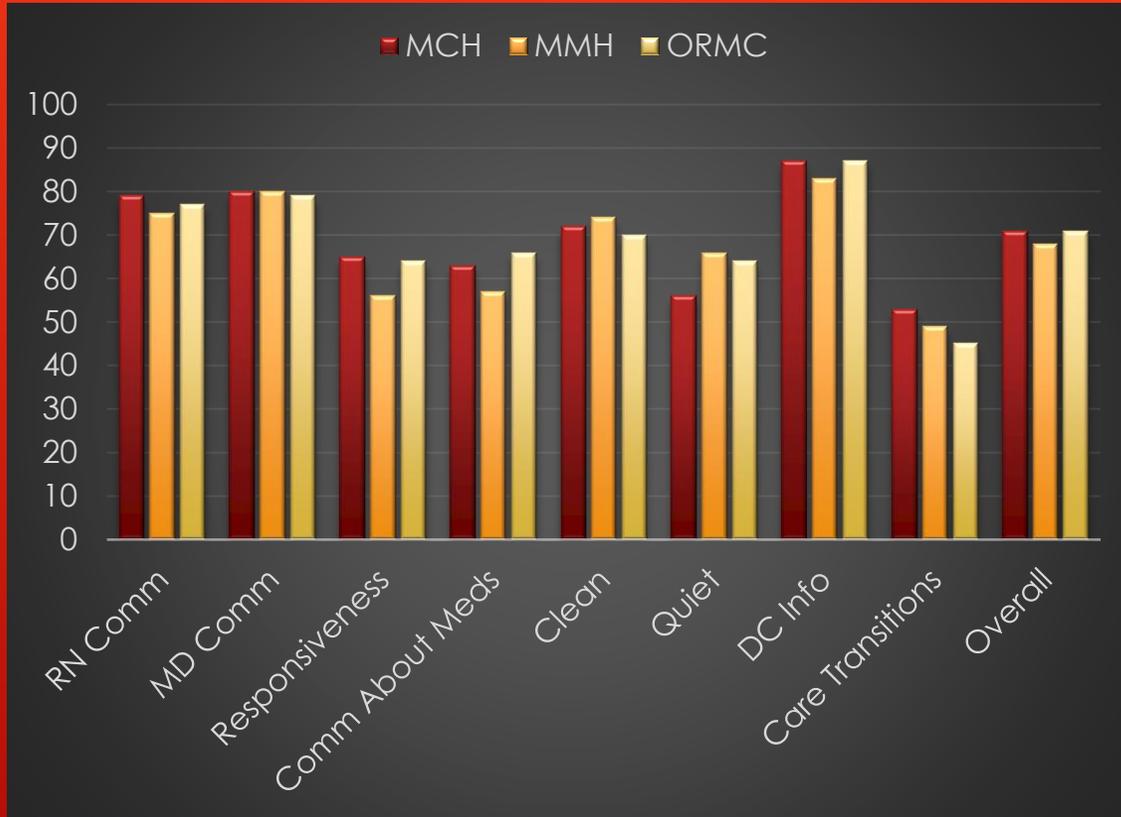
KEY STRENGTHS

- MD Communication
- Care Transitions

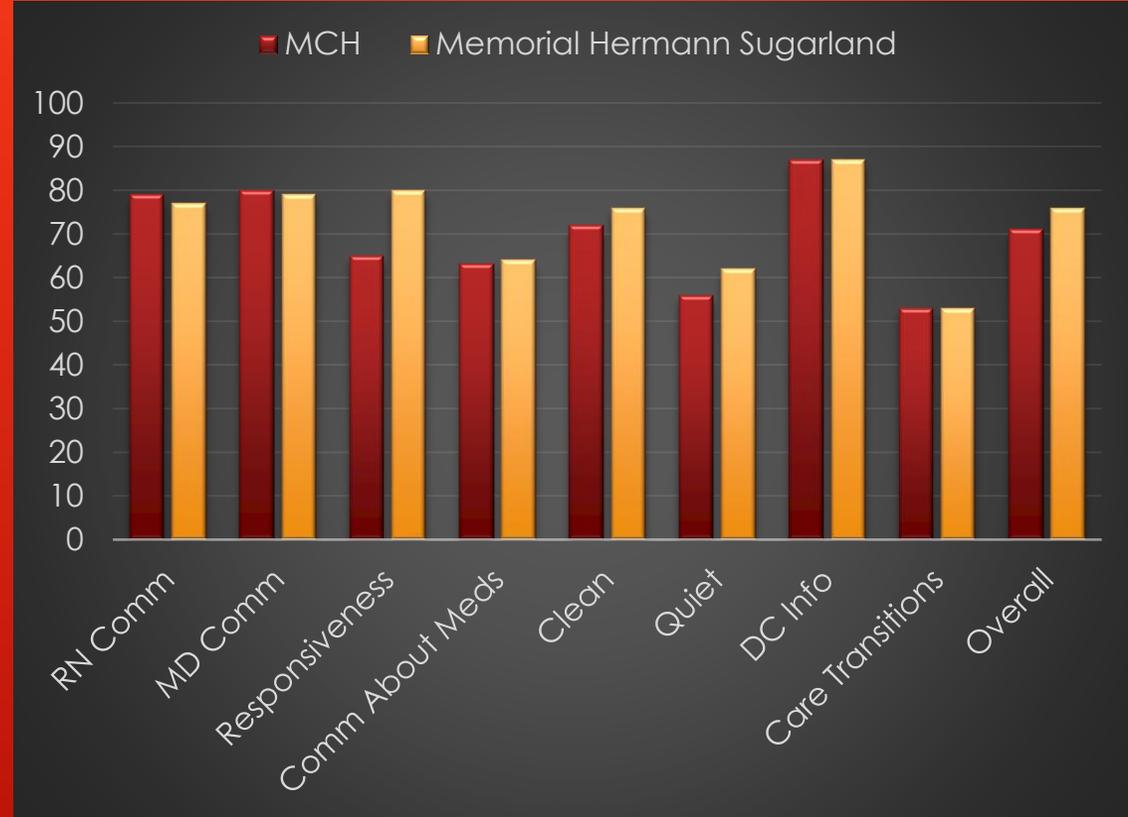
KEY CHALLENGES

- Responsiveness of Staff
- Discharge Information

Local Comparison



Baldrige Comparison



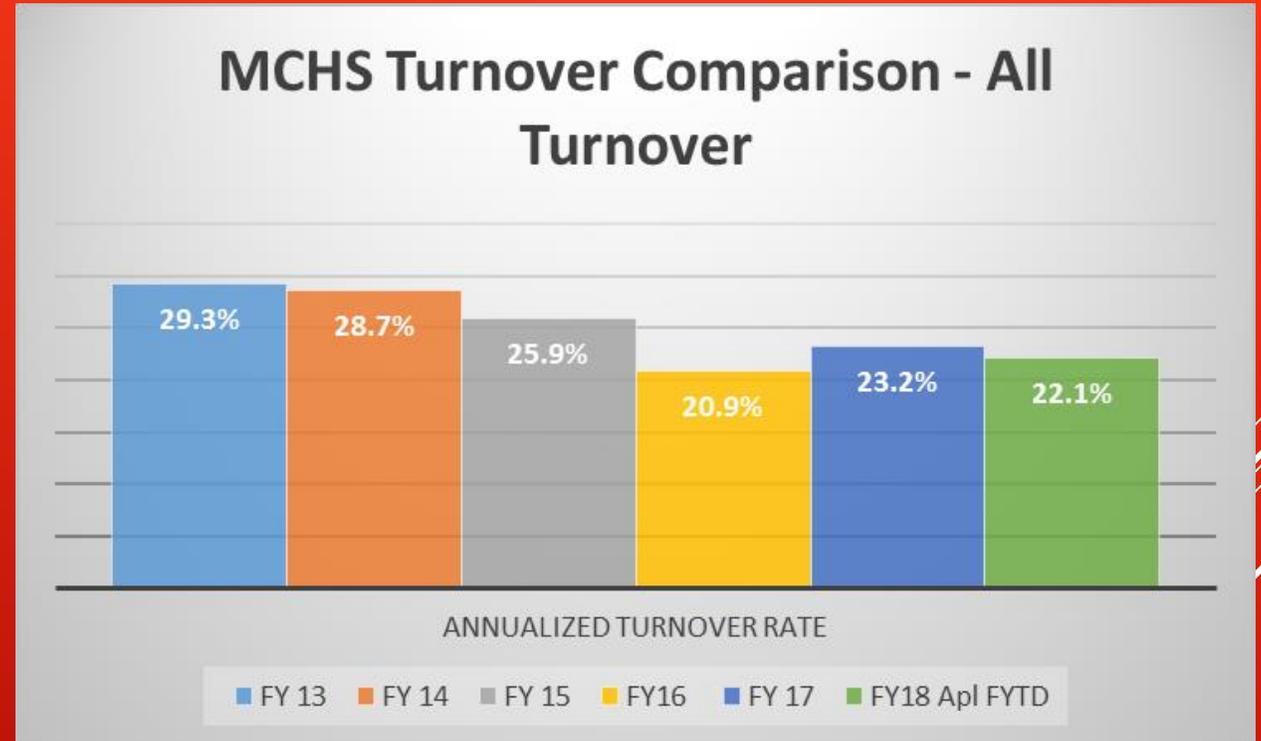
MCH: March 2018-May 23, 2018

Other Hospitals: July 2016-June 2017 (hospital compare)

Human Resources - Turnover

- ▶ Turnover Rates Oct – Apr – No PRN
 - ▶ MCHS – 22.6%
 - ▶ MCH – 21.0%
 - ▶ ProCare – 39.3%

- ▶ Turnover Rates Oct – Apr – All Turnover
 - ▶ MCHS – 22.1%
 - ▶ MCH – 21.4%
 - ▶ ProCare – 33.9%



KEY ISSUES

- Declined employee engagement
- Very competitive market
- Summer Months traditionally have increased turnover

Human Resources – HRA Update

2018 HRA Accounts as of 4/30/2018

CATEGORY	Retiree Count	Retirees Accessing Funds	2018 FUNDING	YTD CLAIMS	% OF FUNDS CLAIMED YTD
Pre-65	154	121	\$ 1,773,630.97	\$ 287,756.12	16.2%
Post 65 A&B	219	132	\$ 223,295.00	\$ 50,649.06	22.7%
Post 65 A Only	13	4	\$ 46,800.00	\$ 6,623.83	14.2%
Total	386	257	\$ 2,121,600.00	\$ 345,029.01	16.3%
Percent accessing HRA		66.6%			

2018 HRA Accounts as of 5/1/2018 - with Rollover

CATEGORY	Retiree Count	Retirees Accessing Funds	2018 FUNDING	2017 Rollover	Combined Funding	YTD CLAIMS	% OF FUNDS CLAIMED YTD
Pre-65	154	121	\$ 1,773,630.97	\$ 763,924.95	\$ 2,537,555.92	\$ 287,756.12	11.3%
Post 65 A&B	219	132	\$ 223,295.00	\$ 135,459.49	\$ 358,754.49	\$ 50,649.06	14.1%
Post 65 A Only	13	4	\$ 46,800.00	\$ 29,657.31	\$ 76,457.31	\$ 6,623.83	8.7%
Total	386	257	\$ 2,121,600.00	\$ 929,041.75	\$ 3,050,641.75	\$ 345,029.01	11.3%
Percent accessing HRA		66.6%					

KEY ISSUES

We continue to work with WageWorks on identified customer service issues. At the end of April, we have been assigned a new Account Manager with Wage Works. In addition, we are working to stop HRA members from being routed to oversee call centers. HR is also keeping a log of retirees that contact the local office due to claims issues. From 4/25/18 to 5/24/18, HR has assisted 17 retirees with claims resolution.

Human Resources – HRA Update

Retiree PRPM:

- 2016 - \$1,246.33
- 2017 - \$ 471.42

**Annual Savings \$3,782,000.00
from 2016 to 2017.**

Retiree HRA Update

After fully-funding Health Reimbursement Arrangement (HRA) accounts for retirees in 2017, MCHS saved over \$3,500,000 in retiree healthcare expenses compared to 2016. Following a negotiated increase to HRA accounts, expected 2018 savings versus 2016 are \$915,000 and risk is limited to HRA administration and contributions rather than medical/pharmacy claims.

	Retirees	MCHS Contributions	Administrative Fees	Annual Cost per Retiree	Paid Claims	Rollover Amount
2016*	396	\$5,685,000	\$241,000	\$14,956	--	--
2017	379	\$2,122,000	\$22,000	\$5,657	\$1,210,000	\$912,000
2018**	380	\$4,753,000	\$15,000	\$12,547	--	--

*Claims and administrative fees under self-insured arrangement.

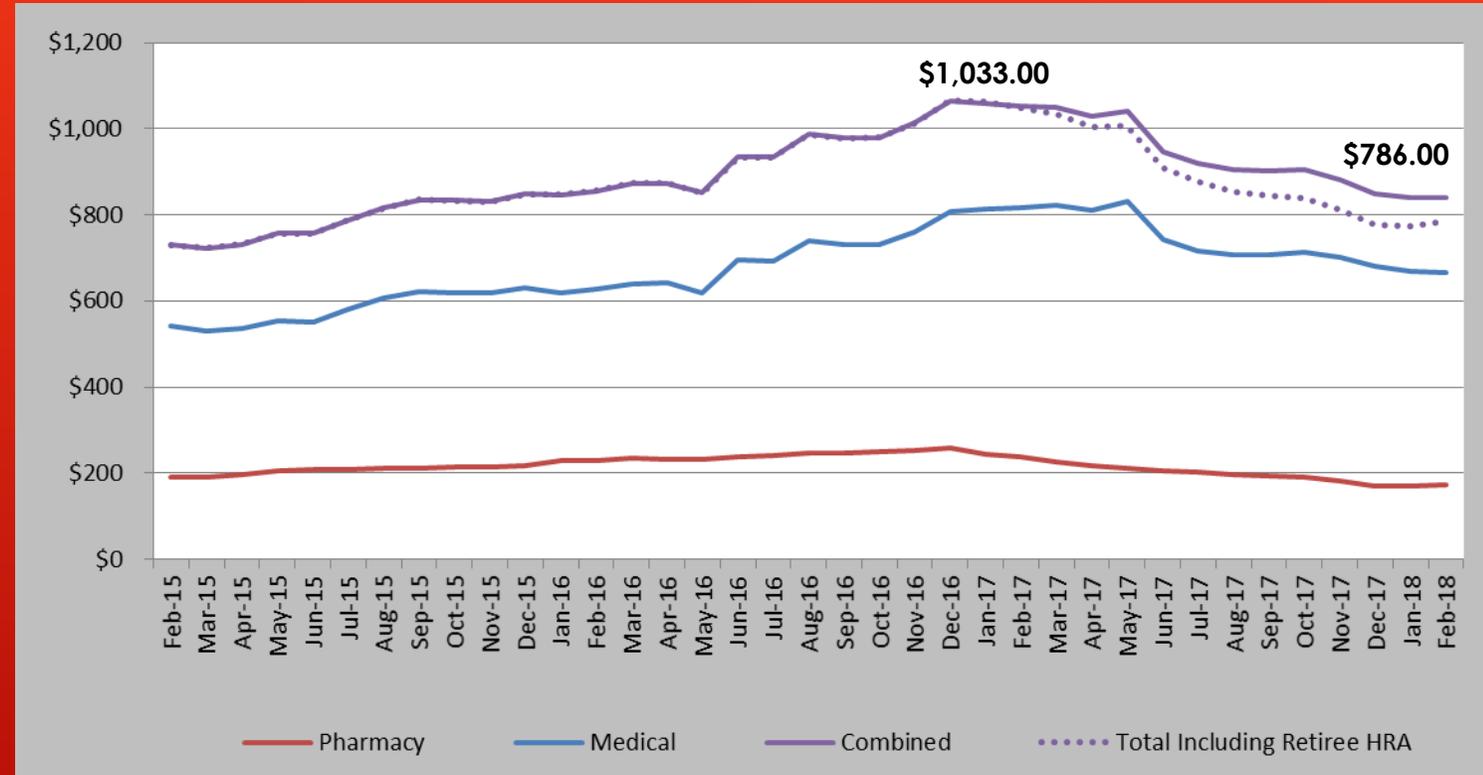
**2018 MCHS contributions include increased annual disbursements of: \$12,500 for Pre-65, \$2,500 for Post-65 and \$3,600 for Post-65 retirees without Medicare Part B.

Human Resources – Benefits Update

Combined PEPM:

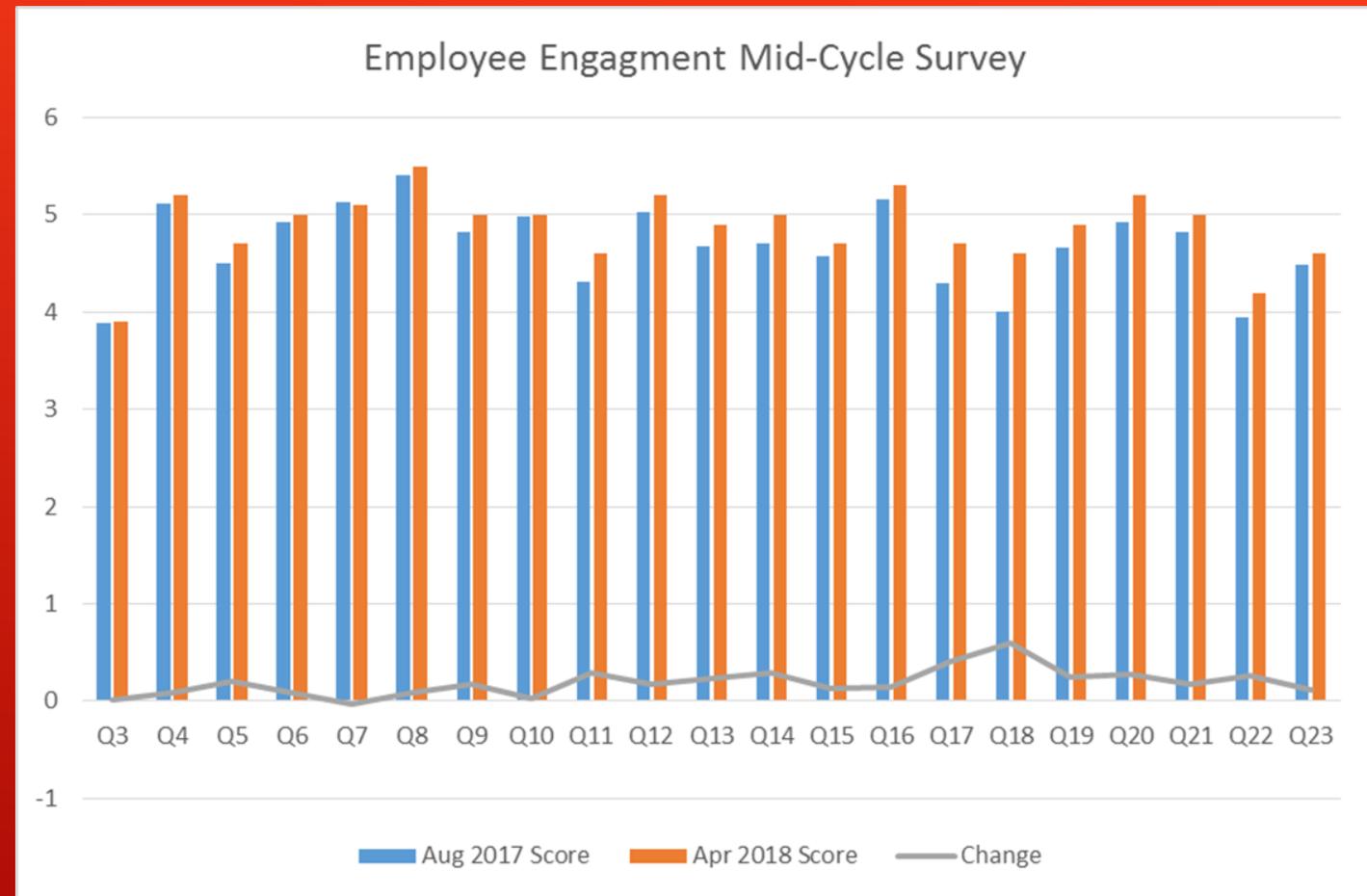
- January 2017 - \$1,033.00
- January 2018 - \$ 786.00

12 month trend when combining MCH, ProCare & HRA shows positive trend in the last 12 months of (24%)



Human Resources – Employee Engagement

Question	Aug 2017 Score	Apr 2018 Score	Change
Q3	3.89	3.9	0.01
Q4	5.11	5.2	0.09
Q5	4.5	4.7	0.2
Q6	4.92	5	0.08
Q7	5.13	5.1	-0.03
Q8	5.41	5.5	0.09
Q9	4.82	5	0.18
Q10	4.98	5	0.02
Q11	4.31	4.6	0.29
Q12	5.03	5.2	0.17
Q13	4.67	4.9	0.23
Q14	4.71	5	0.29
Q15	4.57	4.7	0.13
Q16	5.16	5.3	0.14
Q17	4.29	4.7	0.41
Q18	4	4.6	0.6
Q19	4.66	4.9	0.24
Q20	4.92	5.2	0.28
Q21	4.83	5	0.17
Q22	3.94	4.2	0.26
Q23	4.48	4.6	0.12



Strong Points

- Employee Relations
 - Weekly E-Team Recap
 - Weekly Cerner Recap
 - Monthly Newsletter
 - Employee Activities i.e. Cinco de Mayo Luncheon and Employee Picnic
- Center for Women & Infants – 16.2% better than budget
- Urgent Care – JBS Parkway – 19.1% better than budget
- Urgent Care – West University – 23.6% better than budget
- Urgent Care – 42nd Street – 38.7% better than budget
- Clinics at Walmart – 23.9% better than budget

Opportunities for Improvement

- Joint Care Center and ProCare Orthopedics
 - Recruiting second orthopedic surgeon
- TTUHSC Marketing
- Physician Engagement
 - Physician Information Session – Friday, May 17

Weaknesses

- Access to Services
 - Long wait for appointments with ProCare physicians
- Turnover of ProCare Physicians
 - Recruiting to fill open positions
- Community Perception Challenges
 - Community presentations
 - Community outreach
 - Positive media stories

Challenges

- Leadership Transition
 - Recruiting to fill open E-Team positions
 - Onboarding new E-Team members
- Marketing to Multiple Generations
 - Increasing digital advertising while continuing to promote some service lines traditionally

Community Events

- Food Truck Fridays – Second Friday of every month June through August - 11 am to 2 pm
- Odessa, Texas Farmers Markets – Fourth Saturday of every month June through September 2018
- TTUHSC Medical Student Welcome Reception – Thursday, July 12
- ECISD New Teacher Welcome Reception – Thursday, August 16
- Family Health Clinic – Health Kids Fun Day – Friday, August 17
- UTPB Football Tailgating – Schedule TBA
- Permian Basin Health Fair – Saturday, October 6

Marketing Projects

- FY17 Annual Report
- Nursing Education Video
- Joint Care Educational Materials
- My MCH Record Promotion
- Farmers Market Promotion
- Sports Physicals Promotion
- ProCare Women's Clinic Promotion
- CABG Brochures – English & Spanish

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

ATTORNEYS AT LAW

1301 EAST 8TH STREET, SUITE 200
ODESSA, TEXAS 79761-4703

432/332-9047

FAX: 432/333-7012

Mark A. Flowers

May 24, 2018

Rick Napper
CEO/Administrator
Ector County Hospital District
P.O. Drawer 7239
Odessa, TX 79760

RE: REQUEST FOR A DECISION FROM THE ECTOR COUNTY HOSPITAL DISTRICT TO SELL PROPERTY FOR LESS THAN MARKET VALUE SPECIFIED IN THE JUDGMENT OF FORECLOSURE AND ALSO LESS THAN THE TOTAL AMOUNT OF JUDGMENTS AGAINST THE PROPERTY

Dear Mr. Napper:

Please place on the agenda of the next meeting of the Ector County Hospital District a request to sell property located in the Midway Country Estates Subdivision in Gardendale for \$40,500.00, which is less than the market value specified in the judgment of foreclosure against the property and is also less than the total amount of the judgment against the property. A similar letter was sent regarding this offer on April 17, but this letter is being sent to provide additional information.

Pursuant to the inter-local agreement, which was set up to sell these properties, Trower Realtors has obtained a contract on the property and the buyer, Michael Todd Welch, has deposited \$500.00 with Atkins Peacock & Linebarger Goggan, LLP. The property is located in the Midway Country Estates Subdivision in Gardendale and has a tax appraised value of \$156,495.00. I have attached an exhibit (Attachment 1) indicating what each jurisdiction will receive after all costs are paid.

While this bid may seem low compared to the tax appraised value listed above, you may wish to consider additional factors in making your decision. Most of the properties that are foreclosed upon for taxes are individual lots. This set of properties is a part of an addition located partially in Ector County but mostly in Midland County. In the early 1980s, this addition was originally planned to consist of a large number of one-half acre (approximate) lots, and a plat map of such one-half acre lots was sent to the Ector County Appraisal District. As a result, tax appraisal accounts were created to correlate to these one-half acre lots. (See Attachment 2 for an image of this plat map that was delivered to the appraisal district.)

After this plat map was delivered to the appraisal district, and tax appraisals were made on half-acre lots, the developer appears to have a change in plans. I infer this because he filed with the county a different plat map which increases the size of the lots to approximately 1 acre and includes, as a result of increasing the sizes, fewer lots and streets. (See Attachment 3 for an image of this plat map that was later filed with the county clerk.)

While development of this addition continued in the Midland County portion of this addition, it did not appear that any of the lots in Ector County ever sold. Ultimately, the developer appears to have abandoned further management or marketing efforts. This is a key factor to consider, because, without an owner actively managing a property, there is no participant in the tax appraisal system to contest a proposed tax appraisal value if it exceeds current market values. I say this because this letter does include the tax appraisal value of these properties. This is included at the request of the various taxing entities for guidance as to the market value of a property, but when an owner of a property has not participated in the appraisal process by reviewing notices of appraised value, and administratively contesting such values, those values can cease to be accurate reflections of market values.

In addition to these factors, while this addition was originally developed for residential purposes, it has since been redeveloped for oil production. There are three wells, a pond, and a tank battery on this property. These structures, equipment, caliche and rock paved pads, and fencing around them render a substantial portion of this land unusable, and predominate all of this land. These presence of these things makes the remainder of the land undesirable (in may layman's opinion) for residential development. (See Attachment 4 which depicts a satellite image of the footprint of the well development and Attachment 5 which includes pictures taken from the ground of these structures and equipment.)

The school district, which is owed the largest amount of money on this property, has considered and approved this offer.

I request that this be placed on the agenda to obtain a decision from the Hospital District on whether to sell the above described property for less than the market value and the total judgment amount taken against the property by the taxing entities.

If you have any questions, please do not hesitate to call me at 231-1150.

Sincerely,



Mark A. Flowers
Attorney

Meeting Date: _____
_____ Approved OR _____ Not Approved

ATTACHMENT 1

Tax Resale Distribution Sheet

Address: Property in Midway Country Estates
Cause #: B-8336-T; Ector County Vs. G.H. Miller, et al
Legal Description: See attached for legal description

	<u>Taxes Owed</u>	<u>Percentage</u>	<u>\$ to be Received</u>
SCHOOL	\$171,799.94	0.60	\$27,090.84
COLLEGE	\$19,327.50	0.07	\$3,160.60
CED	\$23,622.50	0.08	\$3,612.11
HOSPITAL	\$8,909.48	0.03	\$1,354.54
COUNTY	\$62,831.02	0.22	\$9,933.31

BID PRICE:	\$40,500.00
REALTOR'S FEE:	\$2,430.00
CLOSING:	\$0.00
COURT COSTS:	\$620.00
SHERIFF'S FEE:	\$100.00
COSTS:	\$658.60
	<hr/>
	\$36,691.40

DEED TRANSFERRING TITLE INTO ECTOR CO, TRUSTEE RECORDED ON: 10/7/2004

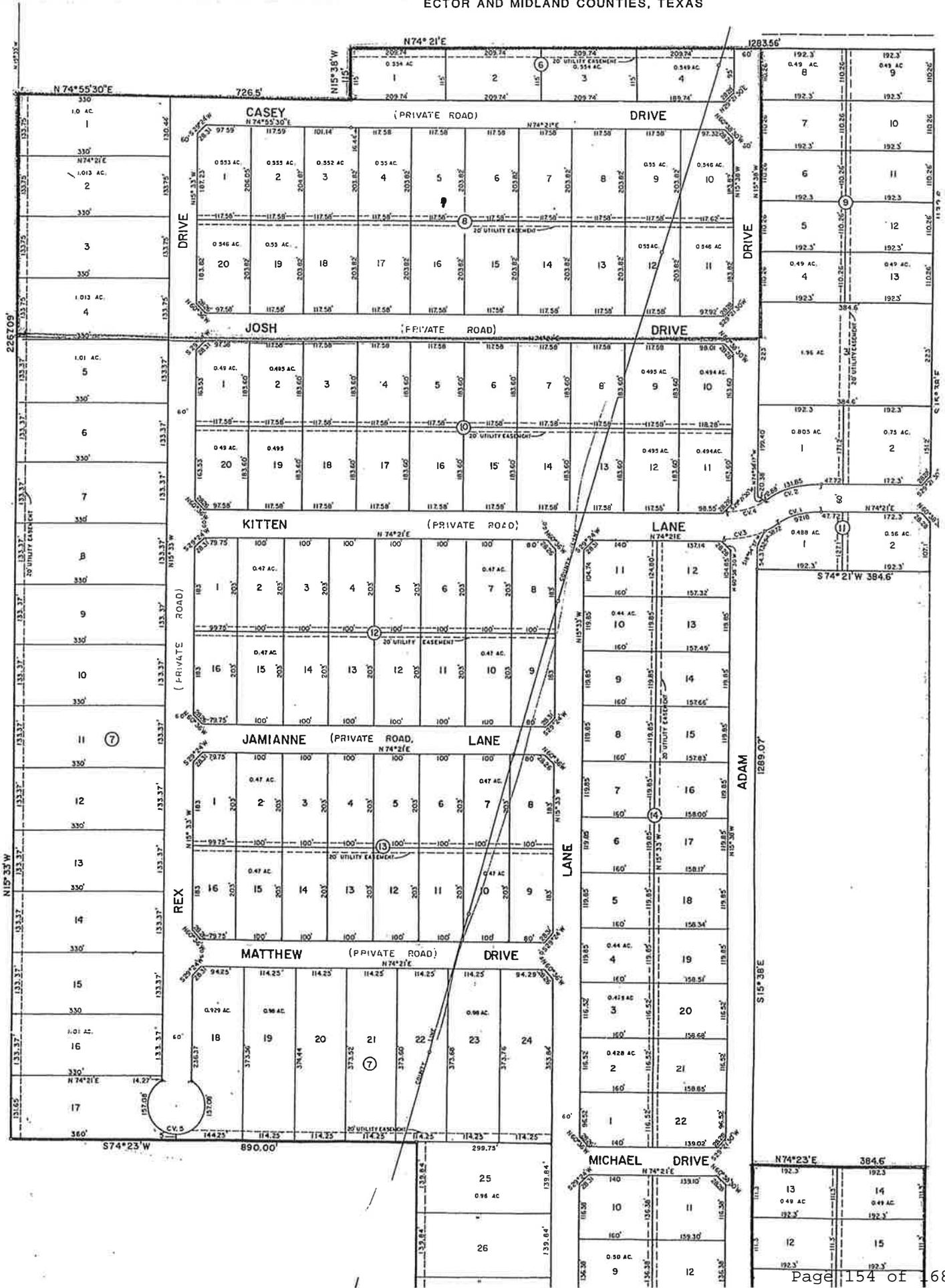
TAX RESALE PROPERTY DESCRIPTION
CAUSE #B-8336-T; Ector County vs. G.H. Miller, et al

Lots 1, 2, 3, 4, 5, 6, 7 and the West parts of Lots 8 and 9 that lie in Ector County, Block 2; Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13, Block 3; Lots 1, 2, 3, 4, 5, 6, 7, and the West parts of Lots 8 and 10 that lie in Ector County, and All of Lots 11, 12, 13, 14, 15, 16, Block 4; Lots 1, 2, 3, 4 and the West part of Lot 5 that lies in Ector County, Block 5, all said lots and blocks situated in the Midway Country Estates Subdivision, Ector County, Texas, according to the map or plat thereof, recorded in Volume/Cabinet "A", Page/Slide 55B, Plat Records, Ector County, Texas. (Accounts #19180.00090, 19180.00100, 19180.00110, 19180.00120, 19180.00130, 19180.00140, 19180.00150, 19180.00160, 19180.00170, 19180.00180, 19180.00190, 19180.00200, 19180.00210, 19180.00220, 19180.00230, 19180.00240, 19180.00250, 19180.00260, 19180.00460, 19180.00470, 19180.00480, 19180.00490, 19180.00500, 19180.00510, 19180.00520, 19180.00530, 19180.00540, 19180.00550, 19180.00560, 19180.00570, 19180.00580, 19180.00590, 19180.00600, 19180.00610, 19180.00620, 19180.00630, 19180.00640, 19180.00650, 19180.00660, 19180.00670, 19180.00680, 19180.00690, 19180.00700, 19180.00710, 19180.00720, 19180.00730, 19180.00740, 19180.00750, 19180.00760, 19180.00770, 19180.00780, 19180.00790, 19180.00800, 19180.00810, 19180.00820, 19180.00830, 19180.00840, 19180.00850, 19180.00860, 19180.00870, 19180.00880, 19180.00890, 19180.00900, 19180.00910 and 19180.00920) which is located at NCR 1298.

SUBJECT TO: ASSIGNMENT AND BILL OF SALE FROM PATRIOT RESOURCES PARTNERS, LLC TO RSP PERMIAN LLC FILED FOR RECORD ON 12/17/2010 AS DOCUMENT #40-2010-00017632

ATTACHMENT 2

A REPEAT OF MIDWAY SUBDIVISION AND 32.127 ACRES OF LAND
 IN SECTION 12, BLOCK 41, T-1-S, T&P RY CO SURVEY
 ECTOR AND MIDLAND COUNTIES, TEXAS



ATTACHMENT 3

THE STATE OF TEXAS
COUNTY OF MIDLAND

AND ALL MEN BY THESE PRESENTS

THAT WE, BEING THE PRESENT OWNERS OF MIDWAY SUBDIVISION, FOR AND CONSIDERATION OF THE BENEFITS ACCRUING TO US AS OWNERS DO HEREBY ADOPT THIS PLAN OF MIDWAY SUBDIVISION, A SUBDIVISION IN MIDLAND AND ECTOR COUNTIES, TEXAS, AND WE DO HEREBY VOLUNTARILY GRANT, CONVEY AND DEDICATE UNTO THE USE OF THE PUBLIC, THE STRAIGHT ALLEYS AND EASEMENTS AS SHOWN UPON THIS PLAN, SO LONG AS THEY SHALL BE USED FOR THE PURPOSE THEREIN INDICATED.

G. M. Miller
G. M. MILLER, PARTNER

Kenneth Kelly
KENNETH KELLY, PARTNER

THE STATE OF TEXAS
COUNTY OF ECTOR

BEFORE ME THE UNDERSIGNED AUTHORITY

A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, ON THIS DAY PERSONALLY APPEARED G. M. MILLER, PARTNER, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND THAT HE EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS 23 DAY OF March

MY COMMISSION EXPIRES:

3-17-84

J. S. Howell
J. S. HOWELL, NOTARY PUBLIC, STATE OF TEXAS

THE STATE OF TEXAS
COUNTY OF ECTOR

BEFORE ME THE UNDERSIGNED AUTHORITY

A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, ON THIS DAY PERSONALLY APPEARED KENNETH KELLY, PARTNER, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND THAT HE EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS 23 DAY OF March, 1983

MY COMMISSION EXPIRES:

3-17-84

J. S. Howell
J. S. HOWELL, NOTARY PUBLIC, STATE OF TEXAS

THE STATE OF TEXAS
COUNTY OF ECTOR

J. S. W. HOWELL, A REGISTERED PUBLIC SURVEYOR OF THE STATE OF TEXAS, DO HEREBY CERTIFY THAT THIS PLAN REPRESENTS A SURVEY MADE BY ME ON THE GROUND AND THAT THE LINES AND DIMENSIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED: 1-10-83

J. S. W. Howell
J. S. W. HOWELL, REGISTERED PUBLIC SURVEYOR

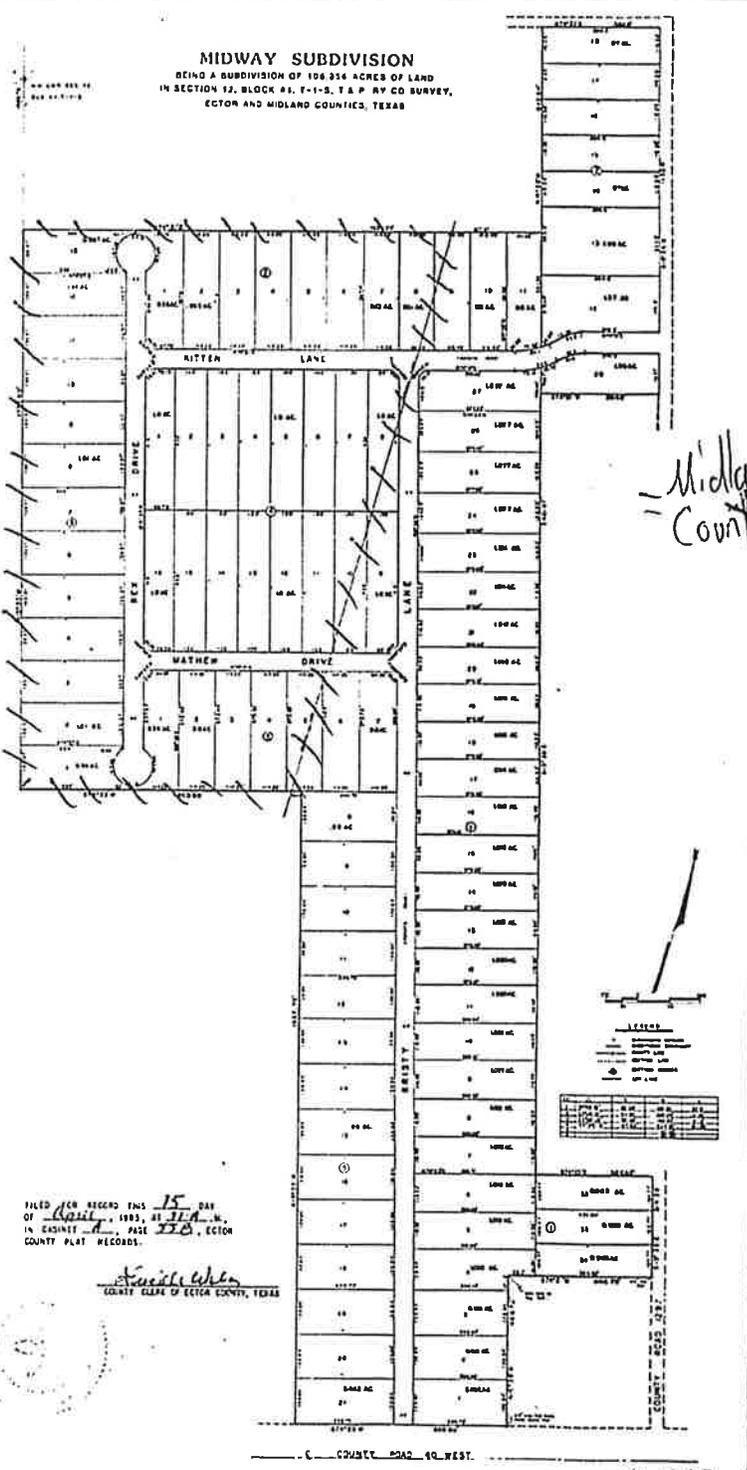
THIS IS TO CERTIFY THAT THIS PLAN OF MIDWAY SUBDIVISION WAS APPROVED BY PROPER ACTION OF THE COUNTY COMMISSIONERS' COURT OF THE COUNTY OF MIDLAND, TEXAS.

THIS DAY OF _____

COUNTY CLERK OF MIDLAND

THIS PLAN IS HEREBY APPROVED BY THE ECTOR COUNTY COMMISSIONERS COURT ON THIS 14th DAY OF April

Sam J. Fisher
S. J. FISHER, COUNTY CLERK OF ECTOR COUNTY



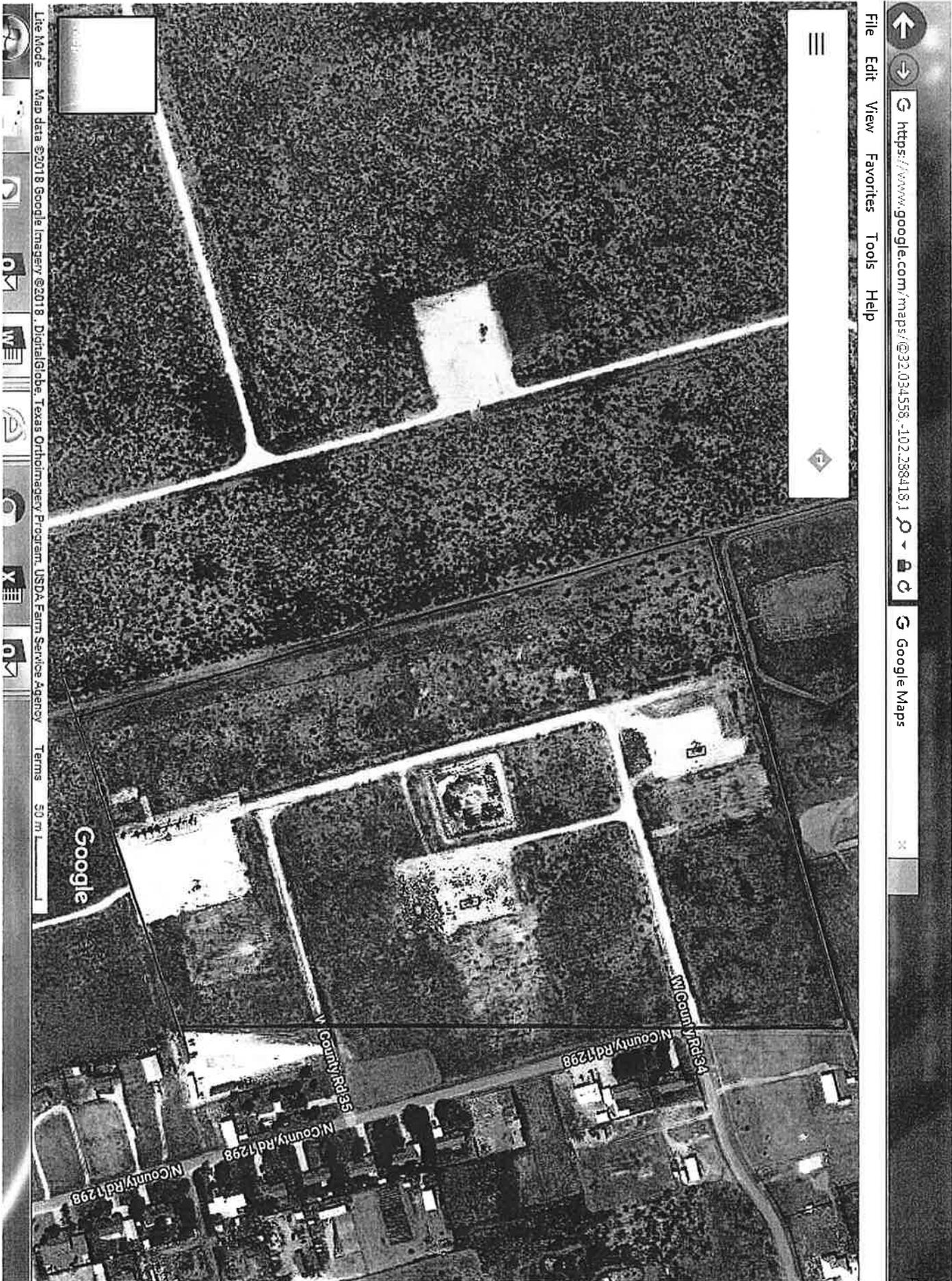
FILED FOR RECORD THIS 15 DAY OF April, 1983, AT 11 A.M. IN EXHIBIT A, PAGE 228, ECTOR COUNTY PLAT RECORDS.

Frank Allen
FRANK ALLEN, COUNTY CLERK OF ECTOR COUNTY, TEXAS

COUNTY ROAD 40 WEST

A-53B

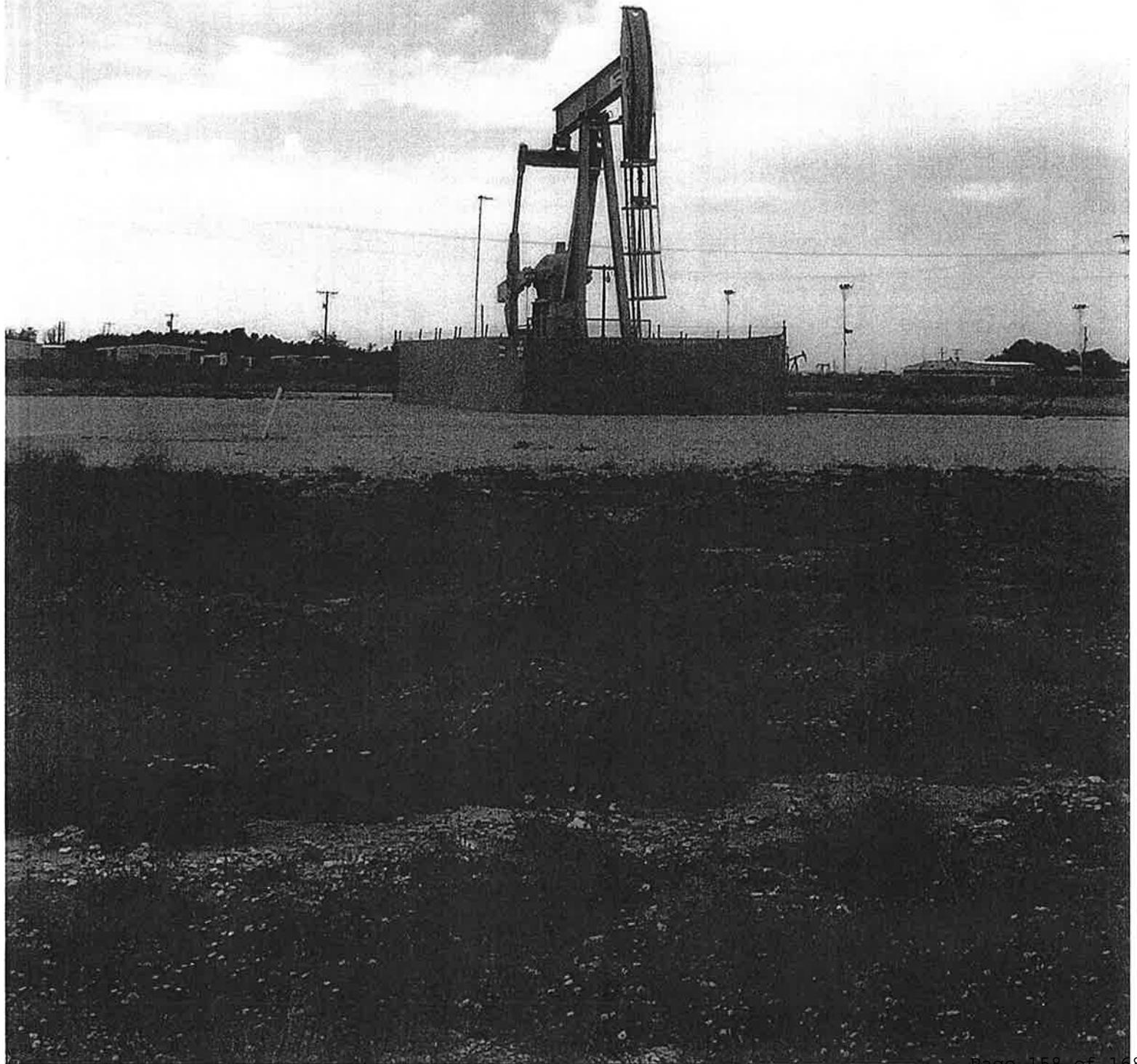
ATTACHMENT 4



ATTACHMENT 5

01/10/2010









Trower Realtors, Inc.

Residential / Commercial / Property Management

1412 E. 8th
Odessa, Texas 79761

Phone (432) 333-3211
Fax (432) 333-4329

April 17, 2018

RE: Suit #B-8336-T; Ector County, et al vs G.H. Miller, et al
Lots 1, 2, 3, 4, 5, 6, 7 and the West parts of Lots 8 and 9 that lie in Ector County, Block 2;
Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13, Block 3; Lots 1, 2, 3, 4, 5, 6, 7, and the
West parts of Lots 8 and 10 that lie in Ector County, and All of Lots 11, 12, 13, 14, 15,
16, Block 4; Lots 1, 2, 3, 4 and the West part of Lot 5 that lies in Ector County, Block 5,
all said lots and blocks situated in the Midway Country Estates Subdivision, Ector
County, Texas, according to the map or plat thereof, recorded in Volume/Cabinet "A",
Page/Slide 55B, Plat Records, Ector County, Texas. (Accounts #19180.00090,
19180.00100, 19180.00110, 19180.00120, 19180.00130, 19180.00140, 19180.00150,
19180.00160, 19180.00170, 19180.00180, 19180.00190, 19180.00200, 19180.00210,
19180.00220, 19180.00230, 19180.00240, 19180.00250, 19180.00260, 19180.00460,
19180.00470, 19180.00480, 19180.00490, 19180.00500, 19180.00510, 19180.00520,
19180.00530, 19180.00540, 19180.00550, 19180.00560, 19180.00570, 19180.00580,
19180.00590, 19180.00600, 19180.00610, 19180.00620, 19180.00630, 19180.00640,
19180.00650, 19180.00660, 19180.00670, 19180.00680, 19180.00690, 19180.00700,
19180.00710, 19180.00720, 19180.00730, 19180.00740, 19180.00750, 19180.00760,
19180.00770, 19180.00780, 19180.00790, 19180.00800, 19180.00810, 19180.00820,
19180.00830, 19180.00840, 19180.00850, 19180.00860, 19180.00870, 19180.00880,
19180.00890, 19180.00900, 19180.00910 and 19180.00920)

Ector County Taxing Entities
Odessa, Texas

Gentlemen:

This offer is for 38.064 acres in a residential neighborhood outside city limits.

The listing price is \$327,575.30 and a current tax appraisal value of \$156,495.00. This contract
is for \$40,500.00. I have had this property listed since October 7, 2004.

I recommend that we accept this offer.

Sincerely,

Shawn Crouch
Trower Realtors, Inc.

MEMORANDUM

TO: Ector County Hospital District Board of Directors
FROM: Robbi Banks, Vice President
SUBJECT: CareerBuilder Recruitment Agreement
DATE: June 5, 2018

Estimated Agreement Cost:

Year 1 = \$57,160.80
Year 2 = \$57,160.80
\$114,321.60

Budget Reference:

FY2018 Employee HR Recruitment Budget

Objective/Background:

Medical Center Hospital has relied on technology to assist the recruitment team. The CareerBuilder Recruitment Agreement is valuable tool the recruitment team for several reason.

- 1.) Need More Qualified Candidates to Add to the Funnel
 - a. CareerBuilder scrubs the MCHS career page and post 100 of our open positions on the CareerBuilder site. This increases our expose for candidates searching for positons without going directly to mchodess.com.
 - b. Job to Candidate Match - This feature automatically creates a lead list and matches up to 25 new candidates per day to all of the open positions.
- 2.) Little Time to Source
 - a. With the upgraded platform, the team has the capability to receive automated alerts from candidates that are in the database, social profiles, and now past applicants as well as talent network members.
 - b. Send customized messages up to 10,000 candidates for a job opening, hiring event, or community engagement.
- 3.) Development of a Talent Network
 - a. Giving the candidate the capability to provide their contact information from the very start will not only improve upon their experience, but allow our team to capture their information and reach out to them.
 - b. Job alerts are sent to candidates routing them back to HealthcareSource (applicant tracking tool) to complete the application.

I seek the Board's consideration on the renewal of our CareerBuilder agreement effective June 8, 2018 through June 5, 2020.

CareerBuilder Order Form

THE INFORMATION AND PRICING CONTAINED IN THIS ORDER FORM IS STRICTLY CONFIDENTIAL
ORDER FORM MUST BE EXECUTED ON OR BEFORE 06/08/2018

CareerBuilder Order Form

Order Number: CT-4268588	Account Number: APP6W560NX6ZCFQVP7W
Sales Rep: Jessica Emerick	Start Date: 06/08/2018
Payment Method: Invoice	End Date: 06/07/2020
Billing Frequency: Monthly [[SertifInitial_2]]	Order Amount: 114,321.60

Customer Contact Information

Company: Medical Center Health System	Primary contact: Robbi Banks
Address: 500 W 4th St	Email: rbanks@echd.org
Odessa, TX 79761-5059	Phone: (432) 640-1162

Billing Information

Company: Medical Center Health System	Primary contact: Liza Jimenez
Address: 500 W 4th St	Email: ljimenez@echd.org
Odessa, TX 79761	Phone: (432) 640-2173
	PO Number:

Advertising Services

	Start Date	End Date	Monthly Price	Total Price
50 United States Monthly Direct Employer Job Postings	06/08/2018	06/07/2020	915.00	21,960.00
Subtotal				21,960.00

Human Capital Software Services

	Start Date	End Date	Monthly Price	Total Price
CareerBuilder Talent Discovery Recruitment Pack - Tier 4	06/08/2018	06/07/2020	3,848.40	92,361.60
Subtotal				92,361.60

This Order Form is not binding unless signed by an authorized CareerBuilder Sales Manager. Pricing set forth herein is valid only if this Order Form is signed and returned to CareerBuilder within 15 days of 04/24/2018.

All fees payable by Company are exclusive of applicable sales, use excise or similar taxes assessed or hereafter imposed on the services (the "Taxes"). Company shall be solely responsible for all Taxes. Neither party shall be liable for any ad valorem, income, franchise, privilege, occupational or similar taxes of the other party.

Company has purchased the services listed on this Order Form (collectively, the "Services"). This Order Form provides additional terms that shall apply to Company's use of the Services. This Order Form is governed by the terms of the CareerBuilder.com Master Services Agreement found at <https://careerbuildermsa.jobs.net/page/msa> unless Company has a written master services agreement executed by an authorized CareerBuilder Sales Manager for such Services as referenced in this Order Form (whether signed or located online, as the case may be, the Master Services Agreement shall be referred to as the "MSA"). In the event of any conflict between the Order Form and the MSA, the MSA shall control. Capitalized terms not defined herein shall retain the meaning assigned in the MSA.

Medical Center Health System

Signature: _____

Name:

Date:

CareerBuilder, LLC

Approved By: Amanda Tyrrell

Signature: _____

Title: Area Sales Manager

Date: _____

CareerBuilder Order Form

Additional Terms and Conditions

Additional Terms for Recruitment Package: (includes CareerBuilder Search Professional and Talent Network services.)

The following additional terms shall apply to Company's use of the Search Professional Package ("CB Search"):

1. This CB Search Package includes Recruitment Edge functionality. Recruitment Edge aggregates data from the open web by scanning professional networking sites, talent hubs, blogs, publications and journals, and scanning social networks to find talent. Recruitment Edge may solely be used for Candidate lead generation purposes and to make initial contact with possible Candidates and must not be used to evaluate a job applicant's eligibility for employment or a current employee's eligibility for continued employment, reassignment or promotion. You are prohibited from reviewing profiles of persons who are employed by you or who have already expressed interest in employment with you outside of the Recruitment Edge platform. Any information regarding a potential Candidate that is obtained from Recruitment Edge is largely derived from public sources and is not guaranteed or verified to be accurate or up to date. Accordingly, such information should not be maintained in the individual's application file or in any subsequent employee file.

2. CareerBuilder grants Company a limited, personal, terminable, non-transferable, non-exclusive right to access Recruitment Edge via the Sites for the purpose of viewing and/or downloading a single copy of available profiles (collectively, "Profiles") solely for Company's internal use. Recruitment Edge is to be accessed and used solely by Company through its authorized Users. Company may download, one at a time, up to 150 Profiles per day (per Recruitment Edge user license). Please note that the term "download" shall include: (i) viewing or clicking on a Profile page; (ii) saving a Profile to a folder; (iii) printing a Profile; (iv) copying a Profile; (v) emailing or forwarding a Profile; and/or (vi) any other action that results or could result in Company's use of a Profile or any of the information contained therein. In addition, if a search in Recruitment Edge yields a Profile for a potential Candidate who is part of the CareerBuilder Search Database, then the search will count against that Search Database Seat's monthly download limit rather than the Recruitment Edge Seat's daily download limit.

3. Company may access CareerBuilder Search via the Sites for the purpose of viewing and/or downloading a single copy of available paper and/or video resumes (collectively "Resumes") solely for its internal use. CB Search is to be accessed and used solely by those Users whom Company authorizes to access CB Search through its account (each an "Authorized RDB User"). Each Authorized RDB User will be issued a unique Resume Database Seat (a "Seat") through which they can perform the actions described in this section. Each Seat must be purchased in advance by Company and may be accessed by using unique login credentials. Company is only permitted to assign one Seat per Authorized RDB User and Authorized RDB Users may not share their login credentials or Seat access amongst themselves, with any other co-workers or with any other third parties.

4. If Company has purchased "Small Business RDB," then Authorized RDB Users may download, one at a time, up to 50 Resumes per day (per Seat). If Company has purchased "Search Standard" or "Search Pro," then Authorized RDB Users may download, one at a time, up to 3000 Resumes per month (per Seat) with a daily download limit of no more than 300 Resumes per day (per Seat). Please note that the term "download" shall include: (i) viewing or clicking on a Resume page; (ii) saving a Resume to a folder; (iii) printing a Resume; (iv) copying a Resume; (v) emailing or forwarding a Resume; and/or (vi) any other action that results or could result in Company's use of a Resume or any of the information contained therein.

5. Neither Company nor its Authorized RDB Users may use CB Search in any way which, in CareerBuilder's sole judgment, adversely affects CareerBuilder's business, business prospects, the performance or function of any Site or CB Search, or interferes with the ability, of other subscribers to access CB Search. Further, use of CB Search by Company or by its Authorized RDB Users may not interfere or violate, in any manner, the privacy election of CareerBuilder Candidates. Company understands and agrees that any violation of this section will give CareerBuilder the right to immediately terminate any and all access to the RDB and to terminate any corresponding Order Forms.

6. Company and its Authorized RDB Users may use Company's subscription to CB Search only for seeking potential candidates for employment and are specifically prohibited from using information contained in CB Search to (i) sell or promote any products or services, (ii) send emails that, in CareerBuilder's sole judgment, are excessive in frequency or are irrelevant to a particular potential Candidate or (iii) take any other action that is, in CareerBuilder's sole judgment, inconsistent with the Agreement, misleading or incomplete, or in violation of any federal, state, or local law, statute, code, rule, or regulation.

7. CareerBuilder may terminate, suspend, update, alter or supplement, at its sole discretion, all or any part of CB

CareerBuilder Order Form

Search at any time. By permitting access to the CareerBuilder Resume Database, CareerBuilder does not convey any interest in or to CB Search or any other CareerBuilder property or Services. All right, title and interest in and to CB Search is and shall remain in CareerBuilder.

8. Supply & Demand Portal:The Search Professional Package includes access to CareerBuilder's databases containing content related to salaries and employment (the "Supply & Demand Portal"). Supply & Demand Portal provides strategic intelligence on labor markets and the competition for talent. The Supply & Demand Portal has the following features:

8.1 Input capabilities– Users can input the following in search:

- a.Keywords using Boolean search capabilities
- b.O'Net Standard Occupation Classification
- c.Location: Nationwide; State; Metropolitan Statistical Area; City, State (does include radius capabilities)

8.2 Filters – users can filter data by the following criteria:

- a.Occupation (Standard Occupation Classification)
- b.Company
- c.Company Size
- d.Industry (North American Industry Classification System)
- e.State
- f.Metropolitan Statistical Area
- g.Years of Experience
- h.Education Level
- i.Major
- j.School

8.3 Data displayed:

- a.State and Metropolitan Statistical Area heat maps
- b.Bar chart for top ten Occupations (O'Net)
- c.Bar chart for top ten Most Recent Employers
- d.Bar chart for top ten Most Recent Industries (NAICS)
- e.Bar chart for top ten States and Metropolitan Statistical Areas
- f.Bar chart of top ten cities
- g.Bar chart of Company Size for Most Recent Companies
- h.Bar chart for Years of Experience
- i.Bar chart of normalized Schools
- j.Bar chart of normalized Majors
- k.Bar chart of recent job titles
- l.Pie chart of education level
- m.Pie chart of genders
- n.Pie chart of ethnicities
- o.Pie chart of management experience
- p.Pie chart of security clearance
- q.Pie chart of relocation willingness
- r.Bar chart of military experience
- s.Bar chart of languages spoken

The following additional terms shall apply to Company's use of the Talent Network:

1. Talent Network Services(the "Services"): The Services, and the definitions for any capitalized terms provided below, are described in our Talent Network Services Description Exhibit, which is located at <http://www.careerbuilder.com/jobposter/terms.aspx?ID=talentnetworkservicedescription>.

a.Global language capabilities (post Launch):CareerBuilder will develop a Talent Network Site for Company that utilizes the language(s) indicated above. If this Order Form indicates multiples language above, then the Talent Network Site can be multi-lingual and will allow Candidates to toggle between languages. (Languages should only be selected for relevant countries in which Company wishes to recruit. If Company needs unique Talent Network Sites in each country (versus translations of the same Talent Network Site), then additional Talent Network Sites must be purchased).

b.Multiple Brand Capabilities: If Company has indicated above that it would like to have multiple company brands displayed on its Talent Network Site, please note that Members will be combined into one Member Search

CareerBuilder Order Form

Database and unique branding per company will be limited to logo displays in search results. If unique branding or separate databases are required, additional Talent Network Sites must be purchased.

2. Data Extracts: After termination of Talent Network Services and upon request by Company, Company shall receive (i) a copy of all Candidate resumes stored on behalf of Company by CareerBuilder in a standard format (e.g., text or CSV file) and (ii) a copy of all Candidate information, including contact information (if provided). Upon request, additional standard or custom extracts may be available at additional cost. Whether a data extraction is “custom” and subject to additional costs shall be at CareerBuilder’s sole discretion. CareerBuilder does not warrant that all or that any particular elements of Company Data can be extracted and made available independent of the Services. Company shall have forty-five (45) days from the termination of the Order Form to request a copy of the Company Data from CareerBuilder; and, if requested, CareerBuilder shall use commercially reasonable efforts to provide a copy of that data within fifteen (15) days. After such forty-five (45) day period, CareerBuilder shall have no obligation to maintain or provide any Company Data and shall thereafter, unless legally prohibited, have the right to delete all Company Data in its systems or otherwise in its possession or under its control and delete all records related to Company’s use of the Services.

CareerBuilder Order Form

Additional Terms and Conditions

The following additional terms shall apply to Company's use of the MyCandidates Services:

1. MyCandidates Data. "MyCandidates Data" is the Company's Candidate data, shared with CareerBuilder, that will be normalized, aggregated and enriched for Company's use as part of the Services. Each candidate record must include: date stamp, email address, country code, zip code, resume text and unique URL of the candidate's record from an ATS or from Talent Network (the "Required Data Fields"). The MyCandidates Data can originate from the Company's ATS or, if Company has purchased such services, from the Talent Network Site or from applink. Further, the MyCandidates Data is considered to be Company Data, as such term is defined in the MSA, and Company's rights and obligations regarding the MyCandidates Data shall be the same as those described for Company Data.

2. MyCandidates Services. The MyCandidates Service will normalize, aggregate and enrich Company's MyCandidates Data in a separate, dedicated section on Supply & Demand Portal to include the same input capabilities and filters as described for the Supply & Demand Portal, but with the following data displays as customized for the MyCandidates Data:

Company's MyCandidates Data displayed:

- a. Summary number of de-duplicated resume documents
- b. Trend line of candidates over last 24 months
- c. State heat map
- d. Bar chart of top Metropolitan Statistical Areas
- e. Bar chart for top ten Occupations (O'Net)
- f. Bar chart for top ten Most Recent Employers
- g. Bar chart for top ten Most Recent Industries (NAICS)
- h. Bar chart of Company Size for Most Recent Companies
- i. Bar chart for Years of Experience
- j. Bar chart for Education Levels
- k. Bar chart of normalized Schools
- l. Bar chart of normalized Majors
- m. Pie chart of data sources
- n. Individual resumes that meet search criteria

3. Company Responsibilities. Company or Company's ATS Partner must provide CareerBuilder with XML file of their candidate data in order to build the MyCandidates database. Company or Company's ATS must upload the XML file according to the technical specifications below to start the process. Company or Company's ATS can continue to upload additional XML files with new candidate data on a daily, weekly, monthly or quarterly basis. Company can bypass this responsibility if Company's Talent Network candidates or those candidates who have applied for jobs via CareerBuilder's applink are being used to build Company's MyCandidates database.

4. Technical Specifications. Company's MyCandidates Data must be formatted in XML file. Each unique candidate should have the Required Data Fields. First upload the XML file to the secure FTP site and then notify CareerBuilder.

5. Geographic Limitations. The Supply & Demand Portal and MyCandidates only supports data regarding the U.S. labor market. The MyCandidates Data will be hosted by CareerBuilder and will be accessible on the CareerBuilder website from the Supply & Demand Portal.

CareerBuilder Order Form

Additional Terms and Conditions

Products Included:

CB Talent Discovery Recruitment Pack – Tier 4 includes up to 50 Monthly Professional Job Postings, up to 2 Talent Discovery Seats, and candidate remarketing provided by Talent Network



PROSPERITY BANK®

March 1, 2018

Mr. Robert Abernethy, CFO
Medical Center Health System
500 W. 4th Street
Odessa, Texas 79761-5001

RE: Medical Center Hospital FBO Odessa Junior College Trust
Medical Center Hospital FBO TTUHSC-PB TRUST
Medical Center Hospital FBO University of Texas-PB

Dear Sir:

Per the investment agreement, I have computed the net income for the three above referenced accounts from March 1, 2017 through February 28, 2018:

The total net income for the Odessa Junior College Trust is \$20,220.59. Ninety percent of that amount is \$18,198.53 and this will be the amount paid to Odessa Junior College at the direction of your Board. Ten percent, \$2,022.06 will be retained as an addition to principal.

The total net income for the TTUHSC-PB Trust is \$71,614.53. Ninety percent of that amount is \$64,453.08 and this amount will be paid to TTUHSC-PB at the direction of your Board. Ten percent, \$7,161.45 will be retained as an addition to principal.

The total net income for the University of Texas-PB Trust is \$11,668.05. Ninety percent of that amount is \$10,501.25 and this amount will be paid to University of Texas-PB at the direction of your Board. Ten percent, \$1,166.81 will be retained as an addition to principal.

When you have approval from the Board for the distributions, please send me a copy of the Board minutes, and I will issue the checks to the appropriate entities. Should you have any questions, please do not hesitate to contact me at 325-794-1049.

Cordially,

Mike Warren
Senior Vice President
Trust Officer

