



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS REGULAR MEETING
OCTOBER 2, 2018 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

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. HUDDLE BOARD PROCESS TEAM REPORT** Robbi Banks
- VI. OCTOBER 2018 EMPLOYEES OF THE MONTH**.....Rick Napper
 - Clinical: Ayenne Anos, Lead Laboratory Technician, Microbiology Lab
 - Non-Clinical: Leticia Amador, Unit Clerk, Emergency Department
 - Nurse: Crystal Hershey, Registered Nurse, 8 Central
- VII. TPC PRESENTATION** Cheryl McQueen
- VIII. RONALD MCDONALD HOUSE CHARITIES**..... Dina Jeffries/Linda Limon
- IX. CONSENT AGENDA**Mary Thompson, p.4-21
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
 - A. Minutes for Regular Meeting – September 4, 2018**
 - B. Special Meeting – September 6, 2018**
 - C. Special Meeting – September 17, 2018**
 - D. Special Meeting – September 20, 2018**
 - E. Special Meeting – September 28, 2018**
 - F. Annual Evaluation of the Infection Control Program**
 - G. Ector County Hospital District Assistance (ECHDA) Program Annual Approval**
- X. COMMITTEE REPORTS**
 - A. Finance Committee**David Dunn, p.22-95
 - 1. Financial Report for Eleven Months Ended August 31, 2018

- B. Joint Conference Committee** Fernando Boccalandro, MD, p.96-102
 - 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

XI. TTUHSC AT THE PERMIAN BASIN REPORT Gary Ventolini, MD

XII. PRESIDENT/CHIEF EXECUTIVE OFFICER’S UPDATERick Napper

Bowie/Bonham Middle Schools Project Update

XIII. JANUARY 2019 THROUGH JANUARY 2020 BOARD/FINANCE COMMITTEE MEETING DATES APPROVAL Mary Thompson

January 8, 2019	<i>To Be Determined (Board Retreat)</i>	October 1, 2019
February 5, 2019	June 4, 2019	November 5, 2019
March 5, 2019	July 2, 2019	December 3, 2019
April 2, 2019	August 6, 2019	<u>January 7, 2020</u>
May 7, 2019	September 3, 2019	

XIV. EXECUTIVE SESSION

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.

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION.....p.103-108

- A. MCH ProCare Provider Agreements**
- B. Epix GI Anesthesia Management LLC Agreement**
- C. Sterile Processing Improvement Plan Agreements**
- D. Huron Consulting Services LLC Agreement**
- E. NRC Health Agreement**

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
SEPTEMBER 4, 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 Bocalandro, Chief of Staff
Dr. Donald Davenport, Vice Chief of Staff
Miles Nelson, Legal Counsel
Jan Ramos, ECHD Board Secretary
Dr. Gary Ventolini, 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

Richard Herrera presented the Mission, Vision and Values of Medical Center Health System.

V. SEPTEMBER 2018 EMPLOYEES OF THE MONTH

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

- Clinical: Jorge Martinez, Lead Diagnostic Technologist, Radiology
- Non-Clinical: Doug Herget, Staff Chaplain, Pastoral Care Department
- Nurse: Jhun Florencio, Registered Nurse, 7 Central

VI. PINK THE BASIN PRESENTATION

Bridgette Meyers, Executive Director of Pink the Basin, reported that the organization was able to grant Medical Center Health System \$175,000 to help offset the cost of mammograms. MCHS is the highest funded system supported by the organization. The annual fundraiser luncheon is scheduled for October 2, 2018. She also presented each Board member with a pin to wear to show support during October, Breast Cancer Awareness Month.

VII. TAX ABATEMENT AGREEMENT – OBERON SOLAR, LLC

Wesley Burnett, Director of Economic Development, Odessa Chamber of Commerce presented a tax abatement agreement with Oberon Solar, LLC. They will provide a minimum of \$50 million capital investment for a 50 megawatt solar project in western Ector County that may end up being the largest solar project in the state of Texas. This will be a 100% abatement for years 1-5 and a 50% abatement for years 6-10.

David Dunn moved and Richard Herrera seconded the motion to approve the Oberon Solar, LLC tax abatement agreement as presented. The motion carried unanimously.

VIII. CONSENT AGENDA

A. Minutes for Regular Meeting – August 7, 2018

B. Special Meeting – August 16, 2018

Bryn Dodd moved and Richard Herrera seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously.

IX. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Ten Months Ended July 31, 2018

David Dunn moved and Bryn Dodd seconded the motion to approve the Financial Report for Ten Months Ended July 31, 2018 as presented. The motion carried unanimously.

2. Capital Expenditure Request: NICU Transporter

Chad Dunavan, Chief Nursing Officer, presented the Capital Expenditure Request for a NICU Transporter. The objective is to purchase a new NICU transporter to supplement the two existing ones for which maintenance is no longer supported. These units are used to pick up patients and transport them to Medical Center Hospital. This cost of \$120,357.00 will be reimbursed by Children’s Miracle Network funds.

David Dunn moved and Don Hallmark seconded the motion to approve the Capital Expenditure Request: NICU Transporter as presented. The motion carried unanimously.

3. Capital Expenditure Request: Storage Disc Expansion

Linda Carpenter, Vice President Information Technology, presented the Capital Expenditure Request for Storage Disc Expansion. The objective is to purchase All-Flash, a solid-state storage disk system designed to increase performance and replace two systems that will be at end of life early next year. This project is expected to cost \$79,031.61 from Dell, with annual fees of \$6,156.13 (operational cost) the first three years. The amount of \$73,888.00 will come from budgeted funds for this project with the remaining \$5,143.61 to come from contingency funds.

David Dunn moved and Ben Quiroz seconded the motion to approve the Capital Expenditure Request: Storage Disc Expansion as presented. The motion carried unanimously.

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
*Crockett, Donald MD	Surgery	Surgery	TTUHSC	09/04/2018 – 09/03/2019
Erickson, Helaman MD	Surgery	Dentistry	Permian Basin Oral Surgery	"
Gandra, Ragha MD	Medicine	Internal Medicine	Premier Physicians	"
*Houser, Joshua MD	Emergency	Emergency Medicine	BEPO	"
Kiani, Sarah MD	Medicine	Internal Medicine	TTUHSC	"
Kolli, Swapna MD	Medicine	Internal Medicine	TTUHSC	"
*Petr, Christopher MD	OB/GYN	OB/GYN	MCH ProCare	"
Rosenthal, Jon MD	Emergency	Emergency Medicine	BEPO	"

Allied Health Professional (AHP) Staff Applicants

Applicant	Department	Specialty/ Privileges	Group	Sponsoring Physician(s)	Dates
*Budhathoki, Monika FNP	Medicine	Nurse Practitioner	ProCare	Kalyan Chakrala, MD Ashutosh Gupta, MD Sindhu Kaitha, MD	09/04/2018 – 09/03/2020
Johnson, Melissa CNM	OB/GYN	Midwife		Fanous Ghassan, MD	"
Stout, Scott FNP	Emergency Medicine	Nurse Practitioner	BEPO	Rolando Diaz, MD	"

**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	Changes to Privileges	Dates
Ansari, Asif MD	Internal Medicine	Active	Nephrology			10/1/2018 – 9/31/2020
Castillo, Manuel MD	Pediatrics	Associate	Pediatrics			"
Kaitha, Sindhu MD	Internal Medicine	Associate	Gastroenterology	ProCare		"
Korsvik-Wysocki, Holly MD	Radiology	Telemedicine	Radiology	VRAD		"
Moore, Lee MD	OB/GYN	Active	OB/GYN	TTUHSC		"
Nicell, Donald MD	Radiology	Telemedicine	Radiology	VRAD		"
Okwuwa, Ikemefuna MD	Family Medicine	Active	Family Medicine	TTUHSC		"
Ortega, Martin MD	Family Medicine	Active	Family Medicine	TTUHSC		"
Patel, Tejas MD	Cardiology	Active	Cardiology	ProCare		"
Kakarala, Bharat MD	Radiology	Associate	Radiology			10/3/2018 – 10/2/2019
Brunner, Hillary MD	Surgery	Active	Podiatry	Basin Podiatry		11/1/2018 – 10/31/2020
Edwards, Joel DDS	Surgery	Active	Pediatric Dentistry			"
Julian, Scott MD	OB/GYN	Active	OB/GYN	TTUHSC		"
Makii, Michael MD	OB/GYN	Active	OB/GYN	TTUHSC		"
Ventolini, Gary MD	OB/GYN	Professor	OB/GYN	TTUHSC		"

Blank **Staff Category** column signifies no change

Allied Health Professionals

Applicant	Department	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Obafial, Rhoena, CRNA	Anesthesia	Nurse Anesthetist	ProCare			10/1/2018 – 9/31/2020
Torres, Pedro PA	Emergency Medicine	Physician Assistant	BEPO	Gregory Shipkey, MD Neill Slater, MD		"

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

Clinical/ Additional Privileges

Staff Member	Department	Privilege
Huston, James MD	Internal Medicine	ADD: Full privileges for Hospice and Palliative Medicine
Guillen, Phillip MD	Surgery	ADD: Full privileges for Surgery of the Hand

3. Change in Medical Staff or AHP Staff Status

Resignation / Expiration of Privileges

Staff Member	Staff Category	Department	Effective Date	Action
Ackerman, Chris NP	AHP	Emergency Medicine	7/10/2018	Resigned
Bgoya, Kaneza MD	Associate	Internal Medicine	9/30/2018	Lapse in Privileges
Heidlebaugh, Michael MD	Active	Emergency Medicine	3/20/2018	Resigned

4. Change in Medical Staff or AHP Staff Category

Staff Category Changes

Staff Member	Department	Category
Castillo, Manuel MD	Pediatrics	Associate to Active
Kaitha, Sindhu, MD	Internal Medicine	Associate to Active

Change in Credentialing Date

None were presented.

5. Medical Staff Bylaws/Policy/Privilege Criteria

a. Medical Staff OPPE/FPPE Practice Evaluation Form

David Dunn moved and Mary Lou Anderson seconded the motion to approve the Medical Staff recommendation (Items VII. B. 1-5) as presented. The motion carried unanimously.

X. TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER AT THE PERMIAN BASIN REPORT

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

XI. PRESIDENT/CHIEF EXECUTIVE OFFICER'S UPDATE

A. Productivity Team 100 Day Workout Report

Christin Timmons, Associate Chief Nursing Officer, and the Productivity Team presented their 100-day workout report. This team with the top 10 department where salaries were over budget and focused on working to decrease incentive in overtime usage, flex staffing and schedules, and reviewed each department for efficiency projects. This has yielded over \$3.7 million in savings and will be rolled out to other departments in the future.

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

B. Quarterly Quality Report

Heather Bulman, Chief Patient Experience Officer, presented a quarterly quality report. She focused on year over year change in inpatient and emergency department satisfaction scores and Medicare readmission rates.

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

C. Annual Organization Wide Performance Improvement Plan

Heather Bulman present the annual organization wide performance improvement plan. This shows the Joint Commission how data is analyzed in order to prioritize quality improvement initiatives.

Don Hallmark moved and Mary Lou Anderson seconded the motion to approve the annual organization wide performance improvement plan as presented. The motion carried unanimously.

D. Annual Organization Risk Management Plan

Heather Bulman presented the annual organization risk management plan, also known as policy MCH-1109, Medical Center Health System Organizational Culture of Safety. This identifies to the Joint Commission how safety culture is communicated and how staff and physicians are educated in reporting safety concerns.

Ben Quiroz moved and Richard Herrera seconded the motion to approve the annual organization risk management plan as presented. The motion carried unanimously.

E. Quarterly Human Resources Report

Robbi Banks presented a quarterly human resources report. This focused on hospital wide turnover, a report on retirees HRA usage, a benefits update, including open enrollment and biometric screening, and a report on Town Hall meetings.

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

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, Robert Abernethy, Jan Ramos, and Miles Nelson, Shafer Law Firm.

Executive Session began at 6:36 pm.
Executive Session ended at 7:30 p.m.

No action was taken during Executive Session.

XIII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. MCH ProCare Provider Agreement(s)

Rick Napper presented the MCH ProCare Provider Agreement for Srikala Meda, M.D. This is a one year, full-time employment agreement, for the MCHS Hospitalist Group. Dr. Meda is moving to PRN at her request.

Richard Herrera moved and Don Hallmark seconded the motion to approve the MCH ProCare provider agreement with Srikala Meda, M.D., as presented. The motion carried unanimously.

B. NRC Health Agreement

Rick Napper presented the NRC Health Letter of Agreement to provide patient experience reporting.

David Dunn moved and Richard Herrera seconded the motion to approve the NRC Health Letter of Agreement as presented. The motion carried unanimously.

XIV. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 7:31 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 6, 2018 – 5:00 p.m.**

MINUTES OF THE MEETING

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

MEMBERS ABSENT: Richard Herrera

OTHERS PRESENT: Rick Napper, President/Chief Executive Officer
Robert Abernethy, Chief Financial Officer
Chad Dunavan, Chief Nursing Officer
Heather Bulman, Chief Patient Experience Officer
Miles Nelson, Shafer Law Firm
Eric Rich, Shafer Law Firm
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Mary Thompson, President, called the meeting to order at 5:02 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. REVIEW OF THE PROPOSED FISCAL YEAR 2019 OPERATING AND CAPITAL BUDGET

Robert Abernethy, Chief Financial Officer, presented the proposed Fiscal Year 2019 Operating and Capital Budgets for discussion and review. He thanked Grant Trollope, Controller, and the staff of Financial Accounting for their hard work in preparing the budget, using the new budgeting software.

The presentation was for information purposes only, no action was taken.

III. PROPOSE 2018 AD VALOREM TAX RATE FOR THE 2019 BUDGET YEAR

Robert Abernethy stated the Fiscal Year 2019 budget is based on an ad valorem tax rate of 0.11272 per \$100 valuation for 2018.

Don Hallmark made the following motion:

"I make a motion to propose a 2018 ad valorem tax rate of 0.11272 for the 2019 budget year, and that the entire amount be allocated to maintenance and operations according to the proposed Fiscal Year 2019 Operating and Capital Budget."

David Dunn seconded the motion. The motion carried unanimously.

IV. IF REQUIRED, SET DATE, TIME AND PLACE FOR PUBLIC HEARINGS ON THE 2018 AD VALOREM TAX RATE

Robert Abernethy stated that because the proposed 2018 Ad Valorem Tax Rate exceeds the rollback tax rate, it is required that the Ector County Hospital District Board hold two public hearings on the proposed 2018 Ad Valorem Tax Rate.

Mary Lou Anderson made the following motion:

"I move to set and schedule two public hearings on the proposed ad valorem tax rate for this Board of Directors to convene and accept public comment, with the first public hearing to be held in this Board Room at 5:00 p.m. on Monday, September 17, 2018, and the second public hearing to be held in this Board Room at 5:00 p.m. on Thursday, September 20, 2018."

Ben Quiroz the motion. The motion carried unanimously.

V. SET DATE, TIME AND PLACE FOR PUBLIC HEARING TO ACCEPT COMMENTS FROM THE PUBLIC ON THE PROPOSED FISCAL YEAR 2019 OPERATING AND CAPITAL BUDGET

Robert Abernethy stated that it is necessary to set a date, time and place for a public hearing to accept comments from the public on the proposed Fiscal Year 2019 Operating and Capital Budget as required by both enabling legislation and Health and Human Services Code.

Bryn Dodd made the following motion:

"I move that the Ector County Hospital District Board convene and hold the public hearing to accept comments from the public on the Fiscal Year 2019 Operating and Capital Budget on Friday, September 28, 2018 at 12:00 noon in this Board Room."

David Dunn seconded the motion. The motion carried unanimously.

VI. SET DATE, TIME AND PLACE TO VOTE TO APPROVE THE PROPOSED FISCAL YEAR 2019 OPERATING AND CAPITAL BUDGET

Robert Abernethy asked for a motion to set the date, time and place to approve the proposed Fiscal Year 2019 Operating and Capital Budget.

Bryn Dodd made the following motion:

"I move that the Ector County Hospital District Board adopt a budget for Fiscal Year 2019 at the conclusion of the September 28, 2018 hearing to accept comments from the public on the proposed Fiscal Year 2019 Operating and Capital Budget."

Ben Quiroz seconded the motion. The motion carried unanimously.

VII. SET DATE, TIME AND PLACE TO VOTE ON THE 2018 AD VALOREM TAX RATE

Robert Abernethy asked for a motion to set the date, time and place to vote to approve the 2018 Ad Valorem tax rate.

Mary Lou Anderson made the following motion:

"I move that the Ector County Hospital District Board vote to approve the proposed 2018 Ad Valorem Tax Rate at the meeting of the Ector County Hospital District Board of Directors, which is now scheduled to be held on Friday, September 28, 2018 at 12:00 noon in this Board Room."

David Dunn seconded the motion. The motion carried unanimously.

VIII. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 5:31 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 17, 2018 – 5:00 p.m.**

MINUTES OF THE MEETING

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

MEMBERS ABSENT: Mary Thompson, President
David Dunn, Vice President
Richard Herrera

OTHERS PRESENT: Rick Napper, President/Chief Executive Officer
Robert Abernethy, Chief Financial Officer
Heather Bulman, Chief Patient Experience Officer
Miles Nelson, Shafer Law Firm
Eric Rich, Shafer Law Firm
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

In the absence of Mary Thompson and David Dunn, Don Hallmark called the meeting to order at 5:14 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. PUBLIC HEARING

Mr. Hallmark stated *“The Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed 2018 Ad Valorem Tax Rate. For those wishing to make public comments and who have not already done so, please sign in with Ms. Ramos, the ECHD Board Secretary. Comments to the Board will be limited to 3 minutes. Our Counsel will give each speaker a 1-minute warning prior to the expiration of the 3-minute time limit.”*

No members of the public requested to address the ECHD Board of Directors.

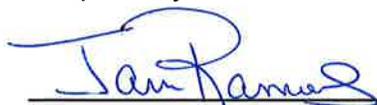
Mr. Hallmark then stated *“The next Special Meeting of the ECHD Board of Directors will occur on September 20, 2018 at 5:00 p.m. in this Board Room. At that Special Meeting, the ECHD Board of Directors is open to accept comments from the public regarding the proposed 2018 Ad Valorem Tax Rate.”*

"A Special Meeting of the ECHD Board of Directors will be held in this Board Room on September 28, 2018 at 12:00 p.m. noon to accept comments from the public on the proposed Fiscal Year 2019 Operating and Capital Budget and to vote on the proposed 2018 Ad Valorem Tax Rate."

III. ADJOURNMENT

There being no further business to come before the Board, Don Hallmark adjourned the meeting at 5:21 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 20, 2018 – 5:00 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
Eric Rich, Shafer Law Firm
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Mary Thompson called the meeting to order at 5:00 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. PUBLIC HEARING

Ms. Thompson stated *“The Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed 2018 Ad Valorem Tax Rate. For those wishing to make public comments and who have not already done so, please sign in with Ms. Ramos, the ECHD Board Secretary. Comments to the Board will be limited to 3 minutes. Our Counsel will give each speaker a 1-minute warning prior to the expiration of the 3-minute time limit.”*

There was one member of the public who requested to address the ECHD Board of Directors. Public comments were presented by Elaine Gollaher.

After the public comments were received, Ms. Thompson asked if there were additional public comments regarding the 2018 Ad Valorem Tax Rate. There were no further comments from the public.

Ms. Thompson then stated *“A Special Meeting of the ECHD Board of Directors will be held in this Board Room on September 28, 2018 at 12:00 p.m. noon to accept comments from the public on the proposed Fiscal Year 2019 Operating and Capital Budget and to vote on the proposed 2018 Ad Valorem Tax Rate.”*

III. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 5:18 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jan Ramos". The signature is written in black ink and is positioned above a horizontal line.

Jan Ramos, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 28, 2018 – 12:00 noon**

MINUTES OF THE MEETING

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

MEMBERS ABSENT: Don Hallmark
Ben Quiroz

OTHERS PRESENT: Rick Napper, President/Chief Executive Officer
Robert Abernethy, Chief Financial Officer
Chad Dunavan, Chief Nursing Officer
Heather Bulman, Chief Patient Experience Officer
Eric Rich, Shafer Law Firm
Jan Ramos, ECHD Board Secretary

I. CALL TO ORDER

Mary Thompson called the meeting to order at 12:00 noon in the Board Room of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. PUBLIC HEARING

Ms. Thompson stated *“The Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed Fiscal Year 2019 Operating and Capital Budget. For those wishing to make public comments and who have not already done so, please sign in with Ms. Ramos, the ECHD Board Secretary. Comments to the Board will be limited to 3 minutes. Our Counsel will give each speaker a 1-minute warning prior to the expiration of the 3-minute time limit.”*

There were no members of the public who requested to address the ECHD Board of Directors.

III. CONSIDER APPROVAL OF THE FY 2019 OPERATING AND CAPITAL BUDGET

Mary Thompson opened the floor to Robert Abernethy, Chief Financial Officer, to provide the review of the FY 2019 Operating and Capital Budget.

David Dunn moved and Richard Herrera seconded the motion to approve the FY 2019 Operating and Capital Budget as presented. The motion carried unanimously.

IV. CONSIDER APPROVAL OF THE FY 2019 MCH PROFESSIONAL CARE FUNDING AGREEMENT

Robert Abernethy presented the FY 2019 MCH Professional Care Funding Agreement. In consideration of listed medical services provided by MCH ProCare, Ector County Hospital District agrees to pay MCH ProCare a Support Payment for the covered services not to exceed \$12,000,000.00 for the Ector County Hospital District's fiscal year ending September 30, 2019. The Support Payment shall be paid in an amount determined by Ector County Hospital District to approximately equal any anticipated or incurred Pro Care deficiency in operating expenses for medical services.

David Dunn moved and Mary Lou Anderson seconded the motion to approve the FY 2019 MCH Professional Care Funding Agreement as presented. The motion carried unanimously.

V. CONSIDER APPROVAL OF THE 2018 AD VALOREM TAX RATE

Robert Abernethy presented the Resolution of the Board of Directors of the Ector County Hospital District as follows:

**TAX RESOLUTION OF THE BOARD OF DIRECTORS
OF THE ECTOR COUNTY HOSPITAL DISTRICT
IN ECTOR COUNTY, TEXAS**

On the 28th day of September 2018, at a Special Meeting of the Board of Directors for the Ector County Hospital District (ECHD), a government entity, held in the City of Odessa, Ector County, Texas with a quorum of the Board Members present, the following Resolution was adopted:

WHEREAS, the ECHD has been duly organized in accordance with the laws of the State of Texas; and

WHEREAS, it is necessary that the ad valorem taxes be levied for the Maintenance and Operations of ECHD for the fiscal year 2019 and tax year 2018;

WHEREAS, the Tax Assessor-Collector has certified and published an effective tax rate for 2018 of \$0.112720 on each one hundred dollars (\$100) of valuation and a proposed tax rate of \$0.112720 on each one hundred dollars (\$100) of valuation as required by the Texas Tax Code;

WHEREAS, the Board of Directors of the ECHD has previously adopted and approved a budget for the 2019 fiscal year in compliance with state law;

WHEREAS, the Board of Directors of the ECHD has complied with all procedural requirements for the setting of the 2018 ad valorem tax rate as specified by the Texas Tax Code; and

WHEREAS, upon motion made by Bryn Dodd and seconded by Richard Herrera to pass, approve and adopt this Resolution setting the ad valorem tax rate for 2018.

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of ECHD to adopt the following ad valorem tax rate:

\$0.000 per \$100 valuation for debt service and \$0.112720 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.112720 per \$100 valuation for tax year 2018.

THE FOLLOWING VOTE WAS RECORDED:

Bryn Dodd (District 1)	Yes: _____	No: _____	Absent: _____
Mary Lou Anderson (District 2)	Yes: _____	No: _____	Absent: _____
Richard Herrera (District 3)	Yes: _____	No: _____	Absent: _____
David Dunn (District 4)	Yes: _____	No: _____	Absent: _____
Don Hallmark (District 5)	Yes: _____	No: _____	Absent: _____
Mary Thompson (District 6)	Yes: _____	No: _____	Absent: _____
Ben Quiroz (District 7)	Yes: _____	No: _____	Absent: _____

THIS TAX RATE WILL RAISE MORE TAXES FOR MAINTENANCE AND OPERATIONS THAN LAST YEAR'S TAX RATE.

BE IT FURTHER RESOLVED that, upon the adoption of this Resolution, the Secretary of the Board of Directors of the ECHD shall certify to a copy of this Resolution and forward to the Ector County Assessor and Collector of Taxes.

This Resolution shall take effect from and immediately upon its adoption.

 Mary Thompson, President
 Ector County Hospital District
 Board of Directors

 Jan Ramos, Secretary
 Ector County Hospital District
 Board of Directors

Bryn Dodd moved and Richard Herrera seconded the motion to adopt the TAX RESOLUTION OF THE BOARD OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT IN ECTOR COUNTY, TEXAS, as presented. The following vote was recorded:

Bryn Dodd	Yes
Mary Lou Anderson	Yes
Richard Herrera	Yes
David Dunn	Yes
Don Hallmark	Absent
Mary Thompson	Yes
Ben Quiroz	Absent

There being five votes for and none against, NOW, THEREFORE BE IT RESOLVED AND ORDERED by the Board of Directors of ECHD to adopt the following ad valorem tax rate: \$0.000 per \$100 valuation for debt service and \$0.112720 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.112720 per \$100 valuation for tax year 2018.

VI. ADJOURNMENT

There being no further business to come before the Board, Mary Thompson adjourned the meeting at 12:18 p.m.

Respectfully submitted,



Jan Ramos, Secretary
Ector County Hospital District Board of Directors

Medical Center Health System
Infection Control Risk Assessment
 2018

BACKGROUND

As part of its commitment to quality care and service, *Medical Center Health System*, conducts a periodic assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. Analysis of surveillance activities and the results of the organization's infection prevention and control data.
3. The care, treatment, and services provided.

SCOPE OF ASSESSMENT

This risk assessment is organization-wide in scope. It covers inpatient and ambulatory care settings as well as general outpatient care settings. If the organization offers home health and long-term care services, then these settings are also included.

PROCESS

The risk analysis is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The assessment is facilitated by Infection Prevention RN CIC and presented to the Infection Prevention Committee for review and approval.

Once risks are identified, the organization prioritizes those risks that are of epidemiological significance. Certain risks are automatically prioritized based on their nature, scope, and impact on the care, treatment, and services provided. These risks are outlined on this document as well.

Specific strategies are developed and implemented to address the prioritized risks. These strategies may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, or combinations thereof. Strategies may differ in approach, form, scope, application, and/or duration depending on the specific risk issue, the care setting(s), and environment involved,

ASSESSMENT FINDINGS / MITIGATION STRATEGIES

The table below outlines the prioritized risks identified as the result of the assessment; provides a brief description of those risks, assigns a risk level (low, medium, or high) based on the care setting, outlines – in summary form – actions that have been or will be taken by the organization to address the risks, and how the organization will evaluate the effectiveness of actions taken:

Legend*

- I = Inpatient services such as medical surgical, critical care, maternal / child, surgery, behavioral health, and other care units
- A = Ambulatory care services such as outpatient surgery, procedural and diagnostic services, and the Emergency Department
- O = Outpatient services such as primary and specialty care clinics, wellness centers, infusion centers, rehabilitation clinics, and other services
- H = Home health, hospice, home pharmacy, DME, and other home health services
- L = Long-term care, sub-acute care, skilled nursing, and other long term care services.

* For each setting, the risk assessment also takes into account - as applicable - support services such as facilities, environmental services, materials management, sterile supply and processing, dietary, clinical laboratory, and all other departments and services of the organization.

Allocation – Enter the Level of Assessed Risk for Each Care Setting:

- L = Low risk
- M = Medium Risk
- H = High Risk

Prioritized Risk Description	Care Setting / Risk Level (See legend)					Summary of Risk Mitigation Strategies	How Effectiveness of Strategies is Evaluated
	I	A	O	H	L		
Transmission of infection through potential non-compliance to CDC and/or WHO guidelines and recommendations for hand hygiene	M	M	M	N/A	N/A	Additional HH dispensers added to 2 units. Utilize JV for HH observations.	Direct observation and recording of hand hygiene compliance and sharing data with all key stakeholders

						Review of products to assist with hand hygiene compliance and blood draws.	
Unprotected exposure to pathogens throughout the organization through potential non-compliance with policies addressing category / disease specific isolation and other precautions.	M	M	M	N/A	N/A	Education of related policies and procedures Annual PPE education. Recommend revision of Isolation Signage	Education given through general orientation Net Learning annual review of PPE with record of completion reports available Revision of Isolation Signs in process.
Potential for transmission of infection related to procedures, medical equipment, and medical devices related to appropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, as well as use of personal protective equipment.	M	M	M	N/A	N/A	Disinfection wipes for use throughout MCH for "shared equipment" Sterile processing department Participated in Annual Clinical Carnival	Education given through Net Learning, General Nursing Orientation, and Clinical Carnivals.
Prioritized Risk Description	Care Setting / Risk Level (See legend)					Summary of Risk Mitigation Strategies	How Effectiveness of Strategies is Evaluated
	I	A	O	H	L		
Potential for infection in ambulatory care and outpatient settings due to potential prolonged wait times in common areas and potential exposure to infectious individuals.	N/A	M	M	N/A	N/A	Hand sanitizers Infectious Disease screening PPE	Evaluation and walk through observation and drills EOC rounds
Potential for infection in inpatient setting due to potential prolonged wait times in common areas and potential exposure to infectious individuals.	M	N/A	N/A	N/A	N/A	Hand sanitizers Infectious Disease screening PPE	Evaluation and walk through observation and drills
Community-wide outbreaks of communicable diseases (such as SARS and influenza) that carry the potential of adversely impacting operations and service capabilities	M	H	H	N/A	N/A	Development of policies and procedures Infectious Disease Response Team and designated Unit	Continued surveillance and screening Routinely scheduled drills Evaluation and walk through observation
Potential for a bioterrorism event that would require specific responses from the organization to successfully meet the threat.	L	L	L	N/A	N/A	Development of policies and procedures Infectious Disease Response Team and designated Unit	Continued surveillance and screening Routinely scheduled drills Evaluation and walk through observation
Acquisition and transmission of multi-drug resistant organisms that carry the potential for increased transmission among patients and staff.							
• MRSA	M	M	M	N/A	N/A	Daily surveillance Isolation of patients as needed Protocol in CPOE for ordering Isolation Screening for colonization in ICU/CCU	Reporting of incident Monitoring isolation precaution adherence PPE requirements Hand Hygiene Screening for colonization in ICU/CCU
• VRE	L	L	L	N/A	N/A	Daily surveillance	Reporting of incident

						Isolation of patients as needed Protocol in CPOE for ordering Isolation	Monitoring isolation precaution adherence PPE requirements Hand Hygiene Screening for colonization in ICU/CCU
• CDI	H	L	L	N/A	N/A	Daily surveillance Isolation of patients as needed Protocol in CPOE for ordering Isolation Interdisciplinary CDiff task force implemented.	Reporting of incident Ongoing monitoring isolation precaution adherence PPE requirements and appropriate Hand Hygiene Compliance. Hand Hygiene Mandatory reporting where applicable
• ESBL	M	L	L	N/A	N/A	Daily surveillance Isolation of patients as needed Protocol in CPOE for ordering Isolation	Reporting of incident Monitoring isolation precaution adherence PPE requirements Hand Hygiene
• Community Incident of MDRO creating potential for increased transmission among staff and patients	M	M	M	N/A	N/A	Daily surveillance Isolation of patients as needed Protocol in CPOE for ordering Isolation MDRO Screening for ICU/CCU patients	Reporting of incident Monitoring isolation precaution adherence PPE requirements Hand Hygiene Mandatory reporting where applicable
• CRE	L	L	L	N/A	N/A	Daily surveillance Isolation of patients as needed Protocol in CPOE for ordering Isolation	Reporting of incident Monitoring isolation precaution adherence PPE requirements Hand Hygiene Mandatory reporting where applicable
Potential for the following based on the results of surveillance and other data, review of the literature, patient population, and scope of services provided.							
• Central Line Infections	L	L	L	N/A	N/A	Device Utilization Update Bundle documentation	Review of Bundle Documentation available in EHR

• Ventilator Associate Event	L	L	N/A	N/A	N/A	Surveillance Bundle documentation Checklist Team Collaboration	Mandatory reporting where applicable Involvement in CUSP4MVP Early Ambulation
• Catheter Associated UTI's	H	N/A	N/A	N/A	N/A	Surveillance Checklist Bundle documentation CAUTI Team Implemented	Device Utilization Review
• Surgical Site Infections	H	L	N/A	N/A	N/A	Surveillance Education for PATOS documentation FY18 COLO SIR 2.62 KPRO SIR 4.30	Mandatory reporting where applicable Surgeon Letter and RCA process implemented to determine and address root causes.
• MRSA Bacteriemia	L	L	L	N/A	N/A	Surveillance	Mandatory reporting where applicable
• LabID CDI	M	M	L	N/A	N/A	Surveillance	Mandatory reporting where applicable

Prioritized Risk Description	Care Setting / Risk Level (See legend)					Summary of Risk Mitigation Strategies	How Effectiveness of Strategies is Evaluated
	I	A	O	H	L		
Employee Health							
<ul style="list-style-type: none"> Lack of Staff Immunization 	L	L	L	N/A	N/A	Annual offering of influenza vaccination for all employees Hepatitis B vaccination and TDap	Monitor employees for appropriate immunization identification during flu season Employee must wear mask if they have not been vaccinated for flu during peak of season and as needed.
<ul style="list-style-type: none"> Lack of Compliance with Annual Health Policy Review 	L	L	L	N/A	N/A	Human Resource direction	Monitored and followed by Employee Health and Wellness and part of employees annual evaluation
Environment							
<ul style="list-style-type: none"> Lack of Hemodialysis Monitoring 	L	N/A	N/A	N/A	N/A	EOC rounding with recommendation of relocation of HD unit.	Relocation of HD unit approved and in process.
<ul style="list-style-type: none"> Lack of Sterilizer Monitoring 	L	L	N/A	N/A	N/A	HLD education. Monthly rounding Temp and Humidity Monitoring Storage addressed	Monitoring of process controls with recording of results Education on-going for appropriate use, recording requirements Use of engineered cabinets to control Temp and Humidity
<ul style="list-style-type: none"> Failure to Identify Construction Risks 	L	L	L	N/A	N/A	Weekly meeting with Construction team	ICRA's addressed and signed at weekly meeting. Report at EOC committee meeting.
Other							
<ul style="list-style-type: none"> Blood Culture Contamination Rate >3% 	M	M	M	N/A	N/A	Surveillance and reporting via micro department with reports sent out; this process has been interrupted with conversion of new EHR.	. Education offered by lab and unit specific nurse educator. Review of products for blood culture collection

• New Program	M	M	M	N/A	N/A	Addressed as arises	Team collaboration for development of policies and procedures
• New Procedure	M	M	M	N/A	N/A	Addressed as arise	Team collaboration for development of policies and procedures
• Influenza immunization non-compliance in patients	L	N/A	L	N/A	N/A	Addressed on admission or presentation within healthcare network/setting	Vaccine offered and documented to all patients within the MCH system and providers
• Pneumonia Immunization	M	M	M	N/A	N/A	Addressed on admission or presentation within healthcare network/setting	Vaccine offered and documented to all patients within the MCH system and providers. Policy revised to address the new Recommendations for vaccination. Staff and patient education offered

MEDICAL CENTER HEALTH SYSTEM
ANNUAL EVALUATION OF THE INFECTION CONTROL PROGRAM
2019

PURPOSE

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

PROGRAM GOALS

The goals of the infection prevention and control program are:

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

PROGRAM SCOPE

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

INFECTION CONTROL RISK ASSESSMENT

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

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
 - Medical Center Health System (MCHS) is a 402 bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principle industry is oil and gas related service. The population of Ector County is approximately 154,000. Medical Center Hospital (MCH) serves a seventeen (17) county level II trauma district, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico. So, patients could possibly be from out of the country. Patients are received via private transport, ground medical transport, and medical flight services.
2. The results of the organization's infection prevention and control data as evidenced by but not limited to:

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

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

These reports require collaboration with the Cerner support team, IT, and Infection Prevention to ensure customization of reports for surveillance and reporting.

3. The care, treatment, and services provided.

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

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

- *Any unresolved goals for year ending December 31, 2018 maybe continued as priorities for Infection Prevention or other departments with periodic evaluation of performance to determine any continued unresolved issues.*
 - *2019 high priority areas identified by the Annual Risk Assessment include:*
4. *Increasing potential for CDI events. Participation in Agency for Healthcare Quality and Research Antimicrobial Stewardship Program. Implementation of a multidisciplinary task force to address the complexity of CDI prevalence and transmission.*
 5. *Increasing potential for Catheter Associated Urinary Tract Infections. A CAUTI team formed to address ongoing training and standard work.*
 6. *Increasing potential for Surgical Site Infections. FY18 COLO SIR 2.62, national average is 0.98 and KPRO SIR is 4.30, national average is ≤ 1.00 . Education provided for appropriate PATOS documentation and RCA process implemented to determine root causes.*
 7. *Construction/Renovation plans are an ongoing part of operations. Increasing the need for surveillance and monitoring during the construction/renovation activity.*

EMERGING / REEMERGING PROBLEMS IN THE HEALTHCARE COMMUNITY

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

1. Notices from the public health department

- Located within the Department of State Health Services (DSHS) Region 9/10 with the main office being in El Paso, TX and a satellite office located 30 miles east of Odessa in Midland, TX. Ector County has a county funded Health Department and most notifiable conditions are reported directly to the ECHD (Ector County Health Department) with occasional special surveillances (i.e. seasonal flu) reported directly to DSHS. The Infection Prevention Coordinator(s) are in frequent contact with both DSHS and ECHD. MCH transmits data to DSHS via ECHD by syndromic surveillance or NEDS which is a statewide surveillance system that runs at ECHD.

2. Notices and recommendations from the Center for Disease Control

3. Current literature and recommendations from professional organization's as well as accrediting and regulatory agencies.

- Infection Prevention Department consists of three-FTEs-one with credentialing and membership in professional organizations. Clerical and administrative support is received from the Quality and Patient Safety Department.

SUCCESS OF INFECTION CONTROL INTERVENTIONS

The organization undertook several initiatives to prevent and control infection during the evaluation period of 2018. A summary of the effectiveness of significant interventions is noted below.

- Antimicrobial Stewardship Program which was in development over the past several years has become more fine-tuned within the healthcare organization with bimonthly reports presented at the Infection Prevention Committee meeting.
- Education and training on Transport of Contaminated Medical Instruments and High Level Disinfection Guidelines.
- Workflow and Supply Storage Redesign to meet guidelines for Temperature and Humidity Monitoring.

The CAUTI Rate per 1000 patient days in our ICUs went from 0.3 in 2017 to 1.71 in FY2018. Education continues hospital wide and several new initiatives were implemented to include daily Device Utilization review, Dyad Rounding, RCA process, and development of a CAUTI Team. The CLABSI rate per 1000 patient days in our ICU's continue to be at 0 with the exception of 1 month in FY 2018.

MCHs goal for FY 2019 is to align with Performance Improvement Best Practices and implement Nurse Driven protocol to address reductions in Device utilization. Education will be provided by Nursing Unit Educators and Infection Prevention.

INFECTION PREVENTION AND CONTROL GUIDELINES

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

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

DETERMINATION OF EFFECTIVENESS

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

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

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

Infection Prevention Committee
Infection Prevention Director

MEMORANDUM

TO: Ector County Hospital District Board of Directors
FROM: Robert Abernethy, Chief Financial Officer 
SUBJECT: Ector County Hospital District Assistance (ECHDA) Program
DATE: October 1, 2018

Attached for your review and approval is the revised Ector County Hospital District Assistance Policy as is required on an annual basis. To ensure compliance and to expand our assistance program to those who qualify we are recommending the following changes:

- Increase income thresholds to be in alignment with the most recent published Federal Poverty Guidelines.
- Remove the \$10.00 copay for services at physician's offices.

We recommend your approval of this revised policy to become effective October 1, 2018. Thank you for your consideration.

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAL CENTER HEALTH SYSTEM**

Eligibility for the Ector County Hospital District Assistance Program (ECHDA)

Reviewed Date: 10/02/2018

Effective Date: 11/01/2018

POLICY: Ector County Hospital District was created in November of 1989. It is the responsibility of the District to provide an adequate level of healthcare services for indigent residents of the District. Such services shall be provided by the mandated provider, Medical Center Hospital, of Odessa, Texas.

GENERAL

This policy is intended as a guideline for eligibility determination of the individual and the responsibility of Ector County Hospital District Assistance (ECHDA). ECHDA shall exercise its best judgment in determining the ability of patients and/or legally responsible individuals to make payments for services provided, taking into consideration the rights and human dignity of the applicant.

The request for assistance and the proof of eligibility is the responsibility of the applicant. The District's responsibility is:

- To advise the applicant of policies and procedures governing the request for medical assistance.
- To assist the applicant in completing the application.
- To render a written decision based upon its findings.

Applicants are assured of confidentiality of both financial and medical information. Since each application and the circumstances surrounding the applicant are closely reviewed, it may become necessary to make exceptions to this policy. The Chief Financial Officer or designee may waive or make exceptions to the guidelines governing this policy.

The department responsible in carrying out the Assistance Program of the District is ECHDA. The offices are located at 425 N Sam Houston, Odessa, TX. Hours of operation are Monday through Friday, except holidays, from 8:00 a.m. to 5:00 p.m. The phone number is 432-640-1053.

APPLICATION

Applications for ECHDA are available upon request at the following locations:

Ector County Hospital District Assistance
425 N Sam Houston
Odessa, TX 79761
432-640-1053

Medical Center Health System Business Office
425 N Sam Houston
Odessa, TX 79761
432-640-1000

MCHS Family Health Clinic
840 W Clements
Odessa, TX 79763
432-333-3888

MCHS Family Health Clinic
6030 W University Blvd.
Odessa, TX 79764
432-640-6600

A copy of the application is attached to **Addendum 1A**. If assistance is needed in completing the application, the applicant is requested to call or come by one of the locations listed above.

Applications must be completed, signed and submitted with required documents to one of the locations previously listed within two hundred forty (240) days from the first billing statement date, for inpatient and outpatient services. If an applicant is married (legally or common law) and the spouse is a household member, the spouse must also sign the application.

Approved applications are valid for a period not to exceed six (6) months. Approved applications for Medicare applicants are valid for a period not to exceed twelve (12) months. Any change in the applicant's income, resources or residency other than federal cost of living adjustments will require notification to ECHDA for possible reapplication and reconsideration of eligibility.

Misrepresentations of facts or any attempt to circumvent the policy of ECHDA in order to become or remain eligible for medical assistance is grounds for refusal of assistance.

If an applicant qualifies for and fails to cooperate or follow through with an application for any other source of assistance, the application for ECHDA may be denied. All other federal, state, local and private sources must be exhausted before eligibility can be determined for ECHDA. ECHDA staff will assist the applicant in determining what other sources of assistance are available to the applicant.

Any applicant approved for state/local assistance programs with an appropriate verification process determining indigence may qualify for ECHDA.

All ECHDA applications will be pended if applicant is seeking assistance from another source (i.e. SSI, Medicaid, Section 1011, Liability) until applicant has received approval or denial from other source.

Subrogation - The filing of an application for or receipt of services constitutes an assignment of the applicant's or recipient's right to recovery from:

- 1) Personal injury insurance
- 2) Other sources
- 3) Another person for personal injury caused by the other person's negligence or wrong.

ECHDA reserves the right to any of the recoveries listed above to reimburse the cost of services that have been previously paid by the program.

ELIGIBILITY

Residency Verification:

Social Security cards must be provided for all household members of an applicant's household.

Any person convicted of a crime who during the commission of that crime sustained injuries which required hospital care will not be eligible for ECHDA

Inmates or residents of a state school or institution operated by the Texas Department of Corrections, Texas Department of Mental Health and Mental Retardation, Texas Youth Commission, Texas School for the Blind, Texas School for the Deaf, or any other state agency or who are inmates, patients, or residents of a school or institution operated by a federal agency, are not considered residents of the county in which the facility is located.

Only legal residents of Ector County are eligible for benefits under this program except for the MCH Family Health Clinic. A legal resident is defined as one who voluntarily lives in Ector County, Texas and who is a citizen or has obtained permanent resident alien status. All applicants must prove residency. Proof of residency may include, but is not limited to any of the following:

- Valid voter registration card for Ector County
- Current enrollment of children of the household in a public or private school
- Current/recent utility bills
- Current notes payable or accounts payable to financial institutions
- Current property tax receipts, Attorney General Letters, Social Security Letters
- Current rent receipt or lease or mortgage payment

Individuals residing in Ector County temporarily for medical purposes only will not be eligible for ECHDA, except for the MCH Family Health Clinic. The burden of proving residency is the applicant's responsibility.

INCOME

Applicants that have no source of income and are eligible to work will be required to show proof of registration with the Texas Workforce Commission.

Income types and income limits are found in **Addendum 1**.

RESOURCES

Resource types and limits are found in **Addendum 2**.

HOSPITAL INDEMNITY PLANS

Applicants who are covered under Hospital Indemnity Plans (Daily Benefit Plans) may still be eligible to receive assistance from ECHDA. However, the applicant will be required to assign these benefits to ECHDA.

HOUSEHOLD VERIFICATION

A household unit consists of all dependents of the head of the household. In determining the composition of a household, the following guidelines will be followed:

- **One person household:**
 - An adult living with others who are not legally responsible for supporting each other.
 - An adult living alone
 - A minor child living alone or with others who are not legally responsible for the child's support

- **Household Groups:**
 - Two persons legally married or common law who live together
 - One or both legal parents and their legal minor children
 - A managing conservator and a minor child. (A managing conservator is a person designated by a court to have daily legal responsibility for a child).

- **Separate Households:**
 - One household may live with another household. Determine eligibility for each of these households independently, regardless of household configurations
 - Minor child with minor child(ren) or unborn child(ren)

MEDICAID RECIPIENTS

All Medicaid Recipients are disqualified from ECHDA per Texas Department of Health for the County Indigent Health Care Program, except for Medicaid non-covered services.

SERVICE PROGRAMS

If an applicant is approved for ECHDA, he/she and dependents are eligible for the following services depending upon which income guidelines are met.

HOSPITAL SERVICES

Inpatient hospital care, emergency room care, and/or outpatient care to include diagnostic testing and therapy treatments available only at Medical Center Hospital in Odessa, TX. Services shall not include durable medical equipment.

PHARMACY

Prescriptions will be limited to 3 prescriptions per month for 90 days supply and shall be authorized for applicants meeting the income and resource guidelines with the following stipulation and limitations:

- Prescriptions must be written by a MCHS authorized provider or a specialist consulted by the MCHS authorized provider
- Prescriptions may require a copay (\$9 for all formulary medications \$20 for all approved non-formulary)
- ECHD assistance will not subsidize other prescription programs, including the Medicare Discount Prescription Program
- In all cases the lowest cost alternatives medicines shall be issued (see formulary)
- Authorized prescriptions are restricted to those listed on the approved ECHDA formulary
- No over the counter medications shall be authorized except insulin syringes, test strips, needles, and glucometers
- Pain medications will be approved for eligible applicants who are terminally ill or for one time coverage after an accident or surgery
- There may be a one-time emergency issuance of medications not to exceed a fourteen (14) day supply prior to application processing / completion

Guidelines for Indigent Pharmacy Reimbursement from Drug Vendors

Some pharmacy costs provided to the indigent program can be reimbursed by participating drug vendors. When possible, the district will apply for these recoveries and will obtain the following documentation from the recipient in order to submit the application for reimbursement:

- Patient power of Attorney Form - Patients will sign patient power of attorney form required by the vendor for drug reimbursement when completing application.
- Proof of Income – Proof of patient's income will be provided to the Pharmacy on patients that have applied for assistance with ECHDA to be included with the request for reimbursement.

Non-formulary process

- Any non-formulary medication can be filled one time if the medication cost is \$50 or less at the contract pharmacist's discretion by e-mailing the MCH Director of Pharmacy (DOP) the patient's name and the name and quantity of the medication filled.
- Any non-formulary medication with a cost between \$50.01 and \$100.00 will require approval from the case manager before filling. The case manager shall notify the DOP by e-mail of the one-time approval and shall request a review for approval of any subsequent refills if a maintenance medication is involved.
- Any non-formulary medication with a cost greater than \$100.01 will require approval from the DOP or designee before filling.

ECHDA use of 340B drugs

MCH provides an assistance program for patients living in Ector County. Patients requesting this program must follow all guidelines set by the ECHDA business office policies. If the patient is enrolled in the ECHDA program then the following requirements are to be followed if the patient is to use the 340B discount program.

- The individual must meet the "patient" definition for MCH:
 - a. The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care.
 - b. The individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (referrals) such that the responsibility for the care provided remains with the covered entity.
- MCH patients enrolled in the ECHDA program must use contracted pharmacies that are listed on the PSA/HRSA data base when a prescription is generated from a qualified visit.
- Family Health Clinic (FHC) patients enrolled in ECHDA program must use contracted pharmacies that are listed under the Federally Qualified Health Center Look-Alike (FQHCLA) PSA/HRSA data base when a prescription is generated from a qualified visit.
- Patient will not qualify for the 340B drugs if a prescription is the only service provided to the patient. A visit must be documented and verification of the visit must be available for review using MCH or MCH affiliates electronic medical records (EMR).

PHYSICIANS

Physician office visits shall be authorized prior to services being performed for individuals who meet the approved income and resource guidelines. Physician office visits will be limited to:

- One primary care or mid-level physician visit per month.
- One Specialist office visit per month.

ECHDA reserves the right to utilize the services of the MCH Family Health Clinic and MCH Procure for applicants who qualify for physician office visit assistance. ECHDA will not cover physician office visits for non- MCH Family Health Clinic or non- MCH Procure Participating physicians unless referred to a specialist by said physician. Reimbursement for services rendered will be under the most current Medicaid Fee Schedule as set by the County Indigent Health Care Program for the State of Texas. Utilization of physicians shall be monitored and may be limited or eliminated if deemed necessary.

The MCH Family Health Clinic is available to both residents and non- residents of Ector County or the United States of America. A sliding fee schedule is utilized to determine the amount owed by the applicant. Applicants who seek a physician office visit can be required by ECHDA to utilize the MCH Family Health Clinic. Failure to do so can result in the applicant being denied future assistance.

LIMITATIONS

Limitations and exclusions of services provided are set forth in **Addendum 3**.

REPORTING CHANGES

Applicants must report changes, which affect eligibility within 14 days after the date that the change actually occurred. Changes may be reported by mail, by telephone, in person or by someone acting on behalf of the applicant. ECHDA staff will document any changes reported on the case files.

ANNUAL REVIEW

The policy of the Ector County Hospital District Assistance Program shall be subject to review at least annually by the ECHD Board of Directors.

APPEALS

If an applicant is denied benefits under ECHD Assistance due to income exceeding the guidelines, the applicant has the right to appeal. All regular monthly receipts must be provided to ECHDA staff. Expenses incurred, such as credit card receipts, will not be included in the appeal request, unless it can be proven that the debt was incurred for medical expenses.

All other instances for appeal will need to be submitted in writing to the ECHDA office where the applicant applied. This is required to be done within ninety (90) days of the ineligibility determination date. A response from ECHDA is required to be made within ten (10) days of receipt. The appeal process may be continued following the current County Indigent Health Care Program guidelines set forth by the Texas Department of Health.

DISCLAIMER

Any issue not directly addressed by this document will require a review and written approval by the CFO of Medical Center Hospital with the approval by Medical Center Hospital Administration and the ECHD Board of Directors.

All individuals will be eligible for screening for this program and authorized by this program without regard to race, age, creed, color, national origin, sex or physical handicap.

ECHDA shall have the right to amend or modify the eligibility guidelines from time to time with approval of the MCHS Board of Directors. Said amendments or modifications shall be effective after publication of such changes in a newspaper of general circulation in Ector County, Texas.

ADDENDUM 1

INCOME

DEFINITION:

For the purposes of eligibility for this program, income shall be defined as total cash receipts from all sources before taxes. The limits of allowable income are listed in **Addendum 2B**

A household must pursue and take advantage of all income to which they are legally entitled. There are deductions for earned income that are not allowed for unearned income.

TYPES OF INCOME:

Income is a type of payment that is a regular and predictable gain to a household. Income is either earned or unearned.

- Earned Income is income related to work
- Unearned income is income received without performing work. And includes benefits from other programs.

Alien Sponsor - Count income if the applicant is a legal alien of less than 3 years and was required to have a sponsor per immigration statutes, count the income and resources of the sponsor.

Cash Contributions - Counts as unearned income unless provided by:

- A person living in the home but not a member of the applicant's household
- A person who shares household expenses with the applicant
- No landlord/tenant relationship exists

Child Income - Exempt if minor child:

- Is still a student and
- Is not considered emancipated and
- Is working less than thirty (30) hours a week

Child Support - Counts as unearned income

Crime Victim Compensation - Exempt

Disability Insurance Benefits - Counts as unearned income

Dividends and Royalties - Counts as unearned income

Educational Assistance - Exempt

Energy Assistance - Exempt

Lump Sum Payment - Count lump-sum payments received once a year or less frequently as a resource in the month received, unless specifically exempt.

Mineral Rights - Count as unearned income.

Pension/Retirement Benefits - Count as unearned income.

Property Income - Count as self employment income if received:

- As rent;
- As lease; or,
- In an installment plan as a result of property sold. The balance of the note is not considered a resource.

Self-Employment Income - Count as earned income minus the following allowed expenses:

- Labor
- Sales tax/property tax
- Raw material/seed/fertilizer
- Rent/utilities
- Fuel
- Repair and maintenance to maintain property for income purposes
- Supplies
- Interest from business loans on income producing property
- Insurance premiums

Note: Depreciation, capital asset improvements or costs not related to self-employment are not counted.

Social Security Benefits - Count, a copy of the most recent social Security check or a benefit printout from social Security must be supplied by applicant.

Trust Fund Withdrawals - Counts as unearned income.

Unemployment Compensation - Gross benefits are counted as unearned income.

Veterans/VA Benefits - Counts as unearned income.

Wages/Salaries/Commissions - Counts as earned income.

VERIFYING INCOME

Income must be verified at initial application, when changes are reported or when a case is reviewed if questionable.

Budgeting income is the process of calculating income and deductions using a best estimate of the household's current and future income and circumstances:

- Income that is received in one month AND is likely to be received in the next month; OR,
- Income that is received in one month AND was received on a regular and predictable basis in past months; OR,
- Income that is received in one month AND is more than the maximum income limit for the household's size.
 - Earned income may be verified by any of the following:
 - Current pay stubs for current/recent month
 - W-2 forms
 - Sales records
 - Signed statements by employers
 - Unearned income may be verified by any of the following:
 - Award letters
 - Court orders or public decrees (support documents)
 - Notes for cash contributions unless the person providing the cash is also a member of the household or shares household expenses with the applicant
 - Printouts or letters from Social Security
 - Self-employment income may be verified by any of the following:
 - Business records
 - Current income tax returns
 - Quarterly profit and loss statements from CPA
 - Terminated income may be verified by any one of the following:
 - A written statement from employer with termination date
 - Notice of termination of benefits from government agency

If the applicant claims to have no income, support must be verified by one or more of the following:

- Applicant that is able to work must provide proof of registration with TWC
- Information from the last employer, showing the last date of employment, address and phone number of company, copy of last check stub, etc.
- If supported by a friend or relative, the friend or relative must sign a statement of that support
- If living off savings, a bank statement must be presented for the past 3 months

DETERMINING MONTHLY AMOUNT:

If information received is:

- Yearly income - divide by 12
- Weekly income - multiply by 4.33
- Bi-weekly income - multiply by 2.17

From the household's monthly gross income, deduct \$120.00 per employed household member for work related expenses.

ADDENDUM 1A

**ECTOR COUNTY HOSPITAL DISTRICT
FINANCIAL INCOME GUIDELINES**

**INPATIENT/OUTPATIENT HOSPITAL SERVICES
&
PRESCRIPTION PROGRAM**

ANNUAL INCOME

<u>Family Size</u>	<u>Income Limits/Yr. 225%</u>
1	\$27,315.00
2	\$37,035.00
3	\$46,755.00
4	\$56,475.00
5	\$66,195.00
6	\$75,915.00
7	\$85,635.00

100% assistance for up to 225% of FPL.

ADDENDUM 2

RESOURCES

Resources will be used to determine eligibility for all assistance programs of the District except for the Family Health Clinic. Definitions and examples of resources are listed in Addendum 3.

DEFINITIONS

Resources - assets or possessions. Examples are cash, bank accounts, stocks, bonds, certificates of deposit, vehicles, boats, campers, land other than homestead, and mineral rights.

Fair Market Value - the amount a resource would bring if sold on the current local market.

Equity - the amount of money that would be available to the owner after the sale of a resource. This amount is determined by subtracting from the fair market value any money still owed on the item and the costs normally associated with the sale and transfer of the item.

Personal possessions - furniture, appliances, jewelry, clothing, livestock, farm equipment and other items if the household uses them to meet personal needs essential for daily living.

Inaccessible resources - resources not legally available to the household.

RESOURCE LIMIT

Total household resources cannot exceed \$3,000 for hospital bill assistance and \$2,000 for physician office visit and prescription assistance.

Total household resources cannot exceed \$3,000.00 for assistance when a person who is aged or disabled and who meets relationship requirements lives in the home.

TYPES OF RESOURCES

Resources are either countable or exempt as follows:

401K = Exempt if applicant is still employed by the employer offering the plan.

Homestead - Exempt. A homestead is the household's usual residence (within the state of Texas) and surrounding property that is not separated by property owned by others. Surrounding property that is separated by public rights of way such as roads is considered as part of the homestead. Temporary unoccupied residence due to employment training or future employment, illness, casualty, or natural disaster if the household intends to return is exempt.

Exempt a household that does not currently own a home but owns or is purchasing real property on which they intend to build or are building a permanent home, receive an exemption for the real property and if partially completed, for the home.

Burial Plot - Exempt

Income Producing Property

- Exempt if the property is essential to a client's employment or self-employment. (Examples: tools of a trade, farm machinery, stock and inventory). Continue to exempt this property during temporary periods of unemployment if the client expects to return to work.
- Exempt if the property annually produces income consistent with its fair market value, even if used only on a seasonal basis.

Individual Retirement Accounts (IRA's) - Deduct any amount of penalty incurred for early withdrawal and the remainder is counted.

Jointly Owned Property - Exempt if the property is jointly owned by the household and other owners and the household proves that:

- The property cannot be sold or divided without the other owner's consent; and,
- The other owners will not sell or divide the property.

Keogh Plans - Deduct any penalty for early withdrawal and count the remainder. Exception: The Keogh Plan does not count if there is a contractual withdrawal agreement with other people who are not household members and who share the same fund. This type of Keogh Plan is considered an inaccessible resource.

Insurance Settlements - Counts minus any amount earmarked and spent for the household's bills for burial, medical expenses or damaged /lost possessions.

Lawsuit Settlements - Counts minus any amount earmarked and spent for the household's bills for burial, legal expenses, medical expenses or damaged/lost possessions.

Life Insurance - Exempt

Liquid Resource - Counts if readily negotiable. Examples: cash, checking account, savings account, a savings certificate, notes, bonds and stocks.

Lump Sum Payment - Counts for lump sum payments included but not limited to: retroactive lump sums from Social Security, railroad retirement benefits or other payments, and refunds of security deposits on rental property or utilities.

Non-Liquid Resource - Counts. Examples: personal property, a licensed vehicle, a building and land.

Personal Possessions - Exempt. If a personal possession is sold, the money received from the sale as a liquid resource is counted.

Prepaid Burial Insurance - Exempt up to \$1,500 cash value of a prepaid burial insurance policy, funeral plan or funeral agreement for each certified household member.

Real Property - Counts, unless the household is making a good faith effort to sell it. Real property is land and any improvement on it.

Retirement Account - Exempt until the money is withdrawn, if the money is withdrawn as a monthly check, it counts as income. If the money is withdrawn as a lump sum, it counts as a resource.

Trust Funds - Exempt irrevocable trust funds or property in probate. Any withdrawals count as unearned income, not as a resource.

Vehicles - Each vehicle with a fair market value of less than or equal to \$5,000 is exempt, regardless of the number of vehicles owned by the household. The fair market value in excess of \$5,000 of each licensed vehicle is counted toward the household's total limitation on available resources.

A licensed vehicle is exempt if it is used more than fifty percent (50%) of the time for income-producing purposes. Example: a self employed applicant uses a tow truck, welding truck or tractor trailer to make a living.

The following are suggestions for determining the fair market value of a vehicle:

- The average trade-in value listed in the current National Automobile Dealer's Association (NADA) Car Guide is used. The loan value of the vehicle is used only if other sources are unavailable.
- If the household thinks that the average trade-in value listed in the NADA is incorrect because of the vehicle's condition (body damage), the household may provide verification from a reliable source, such as a bank loan officer or licensed car dealer.
- Increased value due to low mileage or optional equipment is not counted.
- The household must prove the value of antique, custom-made, or classic vehicles if an accurate appraisal cannot be made by staff.
- The household's estimated value of vehicles no longer listed in NADA is accepted unless the value is questionable and would affect eligibility. In this case the household should provide an appraisal from a licensed car dealer or some other evidence of the value, such as a tax assessment or newspaper ad showing the sale price of a similar vehicle.
- For new vehicles not yet listed in the NADA, the household should provide an estimate of the trade-in value from a new car dealer or a bank loan officer. If this is not possible, the household's estimate is accepted unless it is questionable and would affect eligibility.

PENALTY FOR TRANSFERRING RESOURCES - A household is ineligible if within three months before application or any time after certification it transferred a countable resource for less than the fair market value to qualify for county medical assistance.

The household is ineligible for two years beginning with the date that the resource was transferred. If spouses are legally separated, transfer of separate property by one spouse does not affect the eligibility of the other spouse.

THIS PENALTY APPLIES ONLY IF THE VALUE OF THE TRANSFERRED RESOURCE PLUS THE HOUSEHOLD'S OTHER COUNTABLE RESOURCES WOULD HAVE AFFECTED ELIGIBILITY.

ADDENDUM 3

EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS

The following services and supplies are excluded:

- Not specifically provided by the Ector County Hospital or an approved provider.
- Not medically necessary
- Provided to a patient before or after the date the patient is eligible for the program
- Provided outside the United States
- Not claimed (billed) by the provider within 90 days from the date of service or 90 days from the date of eligibility, if the patient was eligible in one or more of the three months before the application month
- Elective surgeries
- Provided by a patient's immediate relative or household member
- Payable by or available under any health, accident or other insurance coverage, by any private or other governmental benefit system, by any legally liable third party or under other contract
- Provided by military medical facilities, or Veterans provided by military medical facilities, or Veterans Administration facilities, or United States public health service hospitals
- Related to any condition covered under the worker's compensation laws.

SPECIFIC EXCLUSIONS

The following specific services or supplies are excluded:

- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care.
- Whole blood or packed red cells available at no cost to the patient
- Take home items and drugs or non-prescribed drugs
- Treatment of flatfoot conditions, subluxations of the foot, and routine foot care and hygiene, including cutting or removal of corns, warts, calluses, and nail trimming
- Prosthetic and orthopedic devices
- Social and educational counseling with the exception of diabetic teaching/counseling provided at Medical Center Hospital
- Custodial care
- Autopsies
- Recreational therapy
- Separate fees for completing or filing a claim under the program

- Services or supplies that are not reasonable and necessary for diagnosis and/or treatment
- Dentures
- Prescriptions for and the cost of supportive devices and special shoes
- Eyeglasses and examinations for the prescription and fitting of eyeglasses
- Hearing aids
- Medical transportation unless ECHDA approved for emergency medical services as an optional service
- Chiropractors

LIMITED SERVICES

The following services are covered by the program:

- **Plain x-ray at office locations of providers covered by the plan**
- **CLIA waved lab tests at office locations of providers covered by the plan**
- **Steroid injections at office locations of providers covered by the plan**
- **US FNA 10022 at office locations of providers covered by the plan**
- **US Guidance for needle place 76942 at office locations of providers covered by the plan**
- **US of Neck 76536 at office locations of providers covered by the plan**

Exclude the following services and supplies unless the specified conditions are met:

- Immunizations and vaccines unless directly related to the treatment of an injury, direct exposure to a disease, or provided by the MCH Family Health Clinic.
- Services or supplies provided in a routine physical examination except in connection with family planning services provided by MCH Family Health Clinic
- Services or supplies provided in connection with cosmetic surgery unless they are:
 - Required for the prompt repair of an accidental injury;
 - Required for improvement of the functioning of a malformed body member; or,
 - Authorized for specific purposes by ECHDA or its designee before the services or supplies are received.
- Routine circumcision if the patient is more than three days old
- A private inpatient hospital room unless a patient
 - Has a critical or contagious illness;
 - Is disturbing other patients; or,
 - Is admitted on an emergency basis and other rooms are not available.
- Dental care except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life threatening situation exists and refers the patient to a dentist.
- Ambulation aids and other durable medical equipment and supplies unless they are provided in a hospital setting.

- Parenteral hyperalimentation therapy as an outpatient hospital service unless medically necessary to sustain life.
- Alcohol and drug abuse treatment services unless provided in mandated hospital, Medical Center Hospital, and the hospital admission is medically necessary for the treatment of a physical condition other than the alcohol or drug abuse.
- Alcohol and drug detoxification treatment alone, unless the patient is admitted to mandated hospital, the physician determines hospital admission is medically necessary, and the hospital stay does not exceed 5 days.
- Abortions are not covered unless the attending physician certifies in writing that, in his professional judgement, the mother's life would be endangered if the fetus is carried to term.
- Outpatient psychiatric services performed by a psychiatrist, a mental health worker, or a social worker are excluded.



DATE: September 28, 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 August 31, 2018

Attached are the Financial Statements for the month ended August 31, 2018 and a high level summary of the months activity.

Blended Operating Results - Ector County Hospital District:

The Change in Net Position for the month of July was a gain of \$1,118,356 comparing favorably to a budgeted deficit of \$808,517. On a year to date basis, our Change in Net Position is a deficit of \$14,340,077 comparing unfavorably to a budgeted deficit of \$12,653,418.

Operating Results - Hospital Operations:

For the month ended August, the positive change in net position was \$497,110 comparing favorably to the budget loss of \$808,517 by 161.5%. Inpatient (I/P) revenue was below budget by \$2,994,127 or 5.6% driven primarily by decreased patient acuity reflected by decreased critical care patient days. Outpatient (O/P) revenue was below budget by \$2,159,217 or 4.6% due to decreased observation days and surgeries. Net Patient Revenue was \$2,247,025 or 11.2% below the budget of \$20,059,747 due to decreased volumes, cash collections, and continued accounts receivable clean up in the Cerner system. Net operating revenue was \$825,178 or 3.2%, below budget due to decreased net patient revenue that was partially offset by increased sales tax receipts.

Operating expenses for the month were under budget by \$1,700,745 due to favorable benefits, temporary labor, and physician fees. Benefits expenses were favorable due to true up of \$1,807,113 in GASB 68 expenses reported by TCDRS, as well as discontinuance of monthly GASB 68 expense accrual of \$1,217,696 due to performance of TCDRS held investments in calendar year 2017. Favorable temporary labor caused by favorable contract labor FTE variance of 12.2 FTEs. Favorable physician fees was caused by favorable call pay expenses by \$147,315, as well as other individually immaterial variances in medical directorships. Major unfavorable variances include

purchased services and ECHDA expenses. caused by \$604,252 in unbudgeted contract coding, \$349,254 in additional collection fees and consulting in the Business Office, and \$381,399 in Information Technology due to consulting costs that are all related to correcting workflows in Cerner. Other purchased service variances include \$150,118 in consulting fees for former interim CIO, \$92,638 in 1115 waiver consulting, and \$122,597 for FHC provider staffing.

Operating Results - ProCare (501a) Operations:

For the month of August the net loss from operations before capital contributions was \$51,401 compared to a budgeted loss of \$1,131,730. Net operating revenue was above budget by \$1,034,597 due to favorable deductions from revenue during the month. Total operating costs were under budget by \$45,732. The favorable variance was caused by favorable staffing that resulted in favorable salaries, wages, benefits, and temporary labor by \$265,264. Purchased services were unfavorable to budget by \$310,253 due to increased contract coder use, and decreased provider fees from MCH. After MCH capital contributions of \$672,647 for the month and \$10,133,361 YTD. ProCare showed a positive contribution of \$621,246 for the month and contribution of \$1,283,313 YTD.

Operating Results - Family Health Center Operations:

For the month of August the net loss from operations by location:

- Clements: \$121,248 loss compared to a budgeted loss of \$192,842. Net revenue was unfavorable by \$139,257 due to closure of dental services in October and decreased medical visits for the month. Operating costs were \$210,852 favorable to budget due to decreased staffing caused by closure of dental services and decreased visits.
- West University: \$75,832 loss compared to a budgeted loss of \$187,661. Net revenue was unfavorable by \$80,338 due to decreased volumes and cash collections. Operating costs were favorable by \$192,166 driven by favorable salaries, wages and benefits.

Volume:

Total admissions for the month were 1,193 or 0.8% above budget and 1.4% above last year. YTD admissions were 12,508 or below budget by 1.7% below budget and 2.7% above last year. Patient days for the month were 5,413 or 3.6% below budget and 8.2% below last year. YTD patient days were 60,770 or 0.5% above budget and 2.8% below last year. Due to the preceding, total average length of stay (ALOS) was 4.54 for the month and 4.86 YTD. Observation days were below budget by 22.5% and below prior year by 2.9%. YTD observation days were below budget by 11.7% and below prior year by 8.4%

Emergency room visits for the month were 4,175 resulting in a decrease compared to budget of 0.7% and an increase compared to last year of 6.8%. YTD emergency room visits were 48,300 resulting in an increase compared to budget of 7.3% and an increase to prior year of 7.1%. Total O/P occasions of service for the month were 20.5% below budget for the month and 3.1% above last year.

Revenues:

Inpatient (I/P) revenue was below budget by \$2,994,127 or 5.6% driven primarily by decreased patient acuity reflected by decreased critical care patient days. Outpatient (O/P) revenue was below budget by \$2,159,217 or 4.6% due to decreased observation days and surgeries. Net Patient Revenue was \$2,247,025 or 11.2% below the budget of

\$20,059,747 due to decreased volumes, cash collections, and continued accounts receivable clean up in the Cerner system. Net operating revenue was \$825,178 or 3.2%, below budget due to decreased net patient revenue that was partially offset by increased sales tax receipts.

Operating Expenses:

Operating expenses for the month were under budget by \$1,700,745 due to favorable benefits, temporary labor, and physician fees. Benefits expenses were favorable due to true up of \$1,807,113 in GASB 68 expenses reported by TCDRS, as well as discontinuance of monthly GASB 68 expense accrual of \$1,217,696 due to performance of TCDRS held investments in calendar year 2017. Favorable temporary labor caused by favorable contract labor FTE variance of 12.2 FTEs. Favorable physician fees was caused by favorable call pay expenses by \$147,315, as well as other individually immaterial variances in medical directorships. Major unfavorable variances include purchased services and ECHDA expenses. caused by \$604,252 in unbudgeted contract coding, \$349,254 in additional collection fees and consulting in the Business Office, and \$381,399 in Information Technology due to consulting costs that are all related to correcting workflows in Cerner. Other purchased service variances include \$150,118 in consulting fees for former interim CIO, \$92,638 in 1115 waiver consulting, and \$122,597 for FHC provider staffing.

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

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	1,162	1,153	0.8%	1,146	1.4%	12,199	12,404	-1.7%	11,860	2.9%
Neonatal ICU (NICU)	31	31	0.0%	33	-6.1%	309	318	-2.8%	333	-7.2%
Total Admissions	1,193	1,184	0.8%	1,179	1.2%	12,508	12,722	-1.7%	12,193	2.6%
Patient Days										
Adult & Pediatric	4,304	4,200	2.5%	4,816	-10.6%	46,981	45,884	2.4%	49,450	-5.0%
ICU	405	487	-16.8%	346	17.1%	4,474	4,927	-9.2%	4,588	-2.5%
CCU	337	440	-23.4%	338	-0.3%	4,202	4,460	-5.8%	4,197	0.1%
NICU	367	486	-24.4%	395	-7.1%	5,113	5,198	-1.6%	4,308	18.7%
Total Patient Days	5,413	5,613	-3.6%	5,895	-8.2%	60,770	60,469	0.5%	62,543	-2.8%
Observation (Obs) Days	603	778	-22.5%	621	-2.9%	6,961	7,881	-11.7%	7,599	-8.4%
Nursery Days	261	246	6.1%	161	62.1%	2,630	2,496	5.4%	2,368	11.1%
Total Occupied Beds / Bassinets	6,277	6,637	-5.4%	6,677	-6.0%	70,361	70,846	-0.7%	72,510	-3.0%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.34	4.45	-2.3%	4.80	-9.5%	4.56	4.46	2.4%	4.91	-7.1%
NICU	11.84	15.67	-24.4%	11.97	-1.1%	16.55	16.35	1.2%	12.94	27.9%
Total ALOS	4.54	4.74	-4.3%	5.00	-9.3%	4.86	4.75	2.2%	5.13	-5.3%
Acute / Adult & Pediatric w/o OB	5.00			5.66	-11.7%	5.39			5.61	-3.9%
Average Daily Census	174.6	181.1	-3.6%	190.2	-8.2%	181.4	180.5	0.5%	186.7	-2.8%
Hospital Case Mix Index (CMI)	1.4759	1.4657	0.7%	1.4882	-0.8%	1.5176	1.4657	3.5%	1.4091	7.7%
Medicare										
Admissions	429	425	0.9%	442	-2.9%	4,891	4,973	-1.6%	4,872	0.4%
Patient Days	2,020	2,095	-3.6%	2,312	-12.6%	24,674	33,733	-26.9%	26,993	-8.6%
Average Length of Stay	4.71	4.93	-4.5%	5.23	-10.0%	5.04	6.78	-25.6%	5.54	-8.9%
Case Mix Index	1.5503			1.6173	-4.1%	1.6449			1.7111	-3.9%
Medicaid										
Admissions	143	142	0.7%	124	15.3%	1,501	1,530	-1.9%	1,452	3.4%
Patient Days	617	640	-3.6%	557	10.8%	7,788	7,762	0.3%	6,746	15.4%
Average Length of Stay	4.31	4.51	-4.3%	4.49	-3.9%	5.19	5.07	2.3%	4.65	11.7%
Case Mix Index	1.2330			0.9929	24.2%	1.1727			0.8939	31.2%
Commercial										
Admissions	327	325	0.6%	332	-1.5%	3,314	3,373	-1.7%	3,072	7.9%
Patient Days	1,461	1,515	-3.6%	1,737	-15.9%	15,204	15,181	0.2%	15,201	0.0%
Average Length of Stay	4.47	4.66	-4.2%	5.23	-14.6%	4.59	4.50	1.9%	4.95	-7.3%
Case Mix Index	1.5619			1.5481	0.9%	1.5349			1.4522	5.7%
Self Pay										
Admissions	261	259	0.8%	258	1.2%	2,523	2,562	-1.5%	2,361	6.9%
Patient Days	1,141	1,183	-3.6%	1,154	-1.1%	11,577	11,484	0.8%	12,280	-5.7%
Average Length of Stay	4.37	4.57	-4.3%	4.47	-2.3%	4.59	4.48	2.4%	5.20	-11.8%
Case Mix Index	1.3506			1.3912	-2.9%	1.3878			1.2295	12.9%
All Other										
Admissions	33	33	0.0%	23	43.5%	279	284	-1.8%	436	-36.0%
Patient Days	174	180	-3.3%	135	28.9%	1,527	1,529	-0.1%	2,263	-32.5%
Average Length of Stay	5.27	5.45	-3.3%	5.87	-10.2%	5.47	5.38	1.7%	5.19	5.4%
Case Mix Index	1.5092			2.0003	-24.6%	1.8169			1.6795	8.2%
Radiology										
InPatient	4,327	3,839	12.7%	4,296	0.7%	48,616	38,889	25.0%	43,932	10.7%
OutPatient	8,078	7,767	4.0%	8,510	-5.1%	82,298	78,680	4.6%	81,050	1.5%
Cath Lab										
InPatient	569	457	24.5%	572	-0.5%	6,078	4,637	31.1%	4,515	34.6%
OutPatient	612	481	27.2%	637	-3.9%	6,038	4,871	24.0%	4,885	23.6%
Laboratory										
InPatient	68,348	62,743	8.9%	59,929	14.0%	762,078	635,613	19.9%	663,846	14.8%
OutPatient	52,550	46,028	14.2%	48,293	8.8%	523,776	466,285	12.3%	435,619	20.2%
NonPatient	7,878	2,495	215.8%	1,740	352.8%	85,959	25,278	240.1%	54,189	58.6%
Other										
Deliveries	165	153	8.1%	193	-14.5%	1,721	1,547	11.3%	1,540	11.8%
Surgical Cases										
InPatient	322	343	-6.1%	306	5.2%	3,138	3,473	-9.6%	3,259	-3.7%
OutPatient	655	671	-2.4%	636	3.0%	6,534	6,801	-3.9%	6,481	0.8%
Total Surgical Cases	977	1,014	-3.6%	942	3.7%	9,672	10,274	-5.9%	9,740	-0.7%
GI Procedures (Endo)										
InPatient	128	116	10.3%	97	32.0%	1,128	1,176	-4.1%	1,118	0.9%
OutPatient	349	279	25.1%	318	9.7%	2,990	2,829	5.7%	2,450	22.0%
Total GI Procedures	477	395	20.8%	415	14.9%	4,118	4,005	2.8%	3,568	15.4%

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

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	4,175	4,206	-0.7%	3,908	6.8%	48,300	45,033	7.3%	45,097	7.1%
Observation Days	603	778	-22.5%	621	-2.9%	6,961	7,881	-11.7%	7,599	-8.4%
Other O/P Occasions of Service	19,982	25,121	-20.5%	19,375	3.1%	199,690	254,491	-21.5%	239,128	-16.5%
Total O/P Occasions of Svc.	24,760	30,105	-17.8%	23,904	3.6%	254,951	307,405	-17.1%	291,824	-12.6%
Hospital Operations										
Manhours Paid	277,006	276,027	0.4%	290,856	-4.8%	3,016,196	2,926,753	3.1%	3,060,716	-1.5%
FTE's	1,563.7	1,558.2	0.4%	1,641.9	-4.8%	1,575.6	1,528.9	3.1%	1,598.9	-1.5%
Adjusted Patient Days	10,272	10,595	-3.1%	10,907	-5.8%	111,843	113,410	-1.4%	113,907	-1.8%
Hours / Adjusted Patient Day	26.97	26.05	3.5%	26.67	1.1%	26.97	25.81	4.5%	26.87	0.4%
Occupancy - Actual Beds	50.0%	51.9%	-3.6%	54.5%	-8.2%	52.0%	51.7%	0.5%	53.5%	-2.8%
FTE's / Adjusted Occupied Bed	4.7	4.6	3.5%	4.7	1.1%	4.7	4.5	4.5%	4.7	0.4%
InPatient Rehab Unit										
Admissions	41	34	20.6%	32	28.1%	364	366	-0.5%	396	-8.1%
Patient Days	466	418	11.5%	269	73.2%	4,763	4,494	6.0%	4,569	4.2%
Average Length of Stay	11.4	12.3	-7.6%	8.4	35.2%	13.1	12.3	6.6%	11.5	13.4%
Manhours Paid	6,779	6,571	3.2%	6,246	8.5%	71,566	64,944	10.2%	73,125	-2.1%
FTE's	38.3	37.1	3.2%	35.3	8.5%	37.4	33.9	10.2%	38.2	-2.1%
Center for Primary Care - Clements										
Total Medical Visits	1,181	1,298	-9.0%	1,097	7.7%	10,517	12,894	-18.4%	12,518	-16.0%
Total Dental Visits	-	821	-100.0%	783	-100.0%	350	8,302	-95.8%	7,564	-95.4%
Manhours Paid	3,241	769	321.6%	803	303.3%	23,219	8,307	179.5%	9,263	150.7%
FTE's	18.3	4.3	321.6%	4.5	303.3%	12.1	4.3	179.5%	4.8	150.7%
Center for Primary Care - West University										
Total Medical Visits	661	785	-15.8%	639	3.4%	6,869	8,080	-15.0%	6,295	9.1%
Total Optometry	288	281	2.5%	366	-21.3%	2,798	3,124	-10.4%	3,014	-7.2%
Manhours Paid	1,899	169	1026.8%	179	958.4%	13,902	1,821	663.4%	1,913	626.7%
FTE's	10.7	1.0	1026.8%	1.0	958.4%	7.3	1.0	663.4%	1.0	626.7%
Total ECHD Operations										
Total Admissions	1,234	1,218	1.3%	1,211	1.9%	12,872	13,088	-1.7%	12,589	2.2%
Total Patient Days	5,879	6,031	-2.5%	6,164	-4.6%	65,533	64,963	0.9%	67,112	-2.4%
Total Patient and Obs Days	6,482	6,809	-4.8%	6,785	-4.5%	72,494	72,844	-0.5%	74,711	-3.0%
Total FTE's	1,631.0	1,600.6	1.9%	1,682.7	-3.1%	1,632.4	1,568.1	4.1%	1,642.9	-0.6%
FTE's / Adjusted Occupied Bed	4.5	4.4	4.0%	4.6	-0.9%	4.5	4.2	6.9%	4.5	0.6%
Total Adjusted Patient Days	11,156	11,384	-2.0%	11,405	-2.2%	120,631	121,839	-1.0%	122,174	-1.3%
Hours / Adjusted Patient Day	25.90	24.91	4.0%	26.14	-0.9%	25.90	24.64	5.1%	25.74	0.6%
Outpatient Factor	1.8976	1.8877	0.5%	1.8502	2.6%	1.8410	1.8756	-1.8%	1.8204	1.1%
Blended O/P Factor	2.1402	2.1206	0.9%	2.0603	3.9%	2.0938	2.1194	-1.2%	2.0527	2.0%
Total Adjusted Admissions	2,342	2,288	2.3%	2,241	4.5%	23,695	24,434	-3.0%	22,918	3.4%
Hours / Adjusted Admisssion	123.39	123.92	-0.4%	133.04	-7.3%	131.88	122.85	7.3%	137.23	-3.9%
FTE's - Hospital Contract	47.4	59.6	-20.4%	68.4	-30.7%	57.2	58.3	-2.0%	67.9	-15.7%
FTE's - Mgmt Services	23.2	15.2	53.3%	50.2	-53.7%	27.1	30.8	-12.1%	49.2	-45.0%
Total FTE's (including Contract)	1,701.7	1,675.3	1.6%	1,801.3	-5.5%	1,716.7	1,657.3	3.6%	1,760.0	-2.5%
Total FTE'S per Adjusted Occupied Bed (including Contract)	4.7	4.6	3.7%	4.9	-3.4%	4.8	4.5	6.3%	4.8	-1.2%
ProCare FTEs	220.6	266.3	-17.2%	249.2	-11.5%	228.3	266.3	-14.3%	247.6	-7.8%
Total System FTEs	1,922.3	1,941.6	-1.0%	2,050.5	-6.3%	1,945.0	1,923.6	1.1%	2,007.6	-3.1%
Urgent Care Visits										
Health & Wellness	-	-	0.0%	-	0.0%	-	-	0.0%	396	-100.0%
Golder	-	-	0.0%	479	-100.0%	-	-	0.0%	5,153	-100.0%
JBS Clinic	940	658	42.9%	988	-4.9%	11,232	9,683	16.0%	9,774	14.9%
West University	618	488	26.6%	500	23.6%	7,419	6,511	13.9%	5,452	36.1%
42nd Street	499	555	-10.1%	422	18.2%	7,267	6,120	18.7%	4,055	79.2%
Total Urgent Care Visits	2,057	1,701	20.9%	2,389	-13.9%	25,918	22,314	16.2%	24,830	4.4%
Wal-Mart Clinic Visits										
East Clinic	1,195	479	149.5%	561	113.0%	5,453	4,338	25.7%	4,260	28.0%
West Clinic	592	477	24.1%	588	0.7%	3,899	2,915	33.8%	2,999	30.0%
Total Wal-Mart Visits	1,787	956	86.9%	1,149	55.5%	9,352	7,253	28.9%	7,259	28.8%

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

	HOSPITAL	PRO CARE	ECTOR COUNTY HOSPITAL DISTRICT
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 24,690,889	\$ 6,049,596	\$ 30,740,485
Investments	20,690,188	-	20,690,188
Patient Accounts Receivable - Gross	255,000,535	50,823,842	305,824,377
Less: 3rd Party Allowances	(87,829,490)	(16,252,776)	(104,082,266)
Bad Debt Allowance	(128,964,498)	(29,991,295)	(158,955,793)
Net Patient Accounts Receivable	38,206,547	4,579,771	42,786,319
Taxes Receivable	7,725,474	-	7,725,474
Accounts Receivable - Other	34,431,583	5,121,204	39,552,787
Inventories	6,855,949	222,472	7,078,421
Prepaid Expenses	4,288,436	312,829	4,601,265
Total Current Assets	136,889,066	16,285,873	153,174,938
CAPITAL ASSETS:			
Property and Equipment	462,855,283	520,697	463,375,980
Construction in Progress	176,820	-	176,820
	463,032,103	520,697	463,552,800
Less: Accumulated Depreciation and Amortization	(271,682,369)	(322,499)	(272,004,867)
Total Capital Assets	191,349,735	198,198	191,547,933
INTANGIBLE ASSETS / GOODWILL - NET	35,633	201,238	236,872
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	7,018,772	-	7,018,772
Restricted Assets Held in Endowment	6,095,260	-	6,095,260
Restricted Corner Escrow	-	-	-
Restricted TPC, LLC	382,641	-	382,641
Restricted MCH West Texas Services	2,119,390	-	2,119,390
Pension, Deferred Outflows of Resources	19,031,459	-	19,031,459
Assets whose use is Limited	-	49,976	49,976
TOTAL ASSETS	\$ 362,921,956	\$ 16,735,285	\$ 379,657,241
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	47,371,233	10,781,835	58,153,068
Accrued Interest	1,319,753	-	1,319,753
Accrued Salaries and Wages	5,623,437	4,702,968	10,326,405
Accrued Compensated Absences	4,109,598	-	4,109,598
Due to Third Party Payors	336,420	-	336,420
Deferred Revenue	1,706,373	-	1,706,373
Total Current Liabilities	68,938,313	15,484,802	84,423,116
ACCRUED POST RETIREMENT BENEFITS	60,410,446	-	60,410,446
SELF-INSURANCE LIABILITIES - Less Current Portion	2,161,470	-	2,161,470
LONG-TERM DEBT - Less Current Maturities	47,019,646	-	47,019,646
Total Liabilities	178,529,875	15,484,802	194,014,678
FUND BALANCE	184,392,080	1,250,483	185,642,563
TOTAL LIABILITIES AND FUND BALANCE	\$ 362,921,956	\$ 16,735,285	\$ 379,657,241

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

	CURRENT YEAR	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 30,740,485	\$ 28,613,702	\$ 3,182,405	\$ (1,055,622)
Investments	20,690,188	9,944,475	-	10,745,713
Patient Accounts Receivable - Gross	305,824,377	261,880,248	31,937,883	12,006,247
Less: 3rd Party Allowances	(104,082,266)	(111,292,583)	(19,277,473)	26,487,790
Bad Debt Allowance	<u>(158,955,793)</u>	<u>(120,430,575)</u>	<u>(7,312,604)</u>	<u>(31,212,614)</u>
Net Patient Accounts Receivable	42,786,319	30,157,090	5,347,806	7,281,422
Taxes Receivable	7,725,474	7,863,699	-	(138,226)
Accounts Receivable - Other	39,552,787	24,080,983	3,400,671	12,071,133
Inventories	7,078,421	6,963,047	239,016	(123,643)
Prepaid Expenses	4,601,265	3,944,229	345,688	311,349
Total Current Assets	<u>153,174,938</u>	<u>111,567,227</u>	<u>12,515,586</u>	<u>29,092,125</u>
CAPITAL ASSETS:				
Property and Equipment	463,375,980	455,174,078	517,888	7,684,014
Construction in Progress	176,820	1,173,137	-	(996,317)
	<u>463,552,800</u>	<u>456,347,215</u>	<u>517,888</u>	<u>6,687,697</u>
Less: Accumulated Depreciation and Amortization	<u>(272,004,867)</u>	<u>(254,567,501)</u>	<u>(285,754)</u>	<u>(17,151,612)</u>
Total Capital Assets	<u>191,547,933</u>	<u>201,779,714</u>	<u>232,134</u>	<u>(10,463,915)</u>
INTANGIBLE ASSETS / GOODWILL - NET	236,872	115,702	315,368	(194,198)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	7,018,772	4,673,001	-	2,345,771
Restricted Assets Held in Endowment	6,095,260	6,224,654	-	(129,393)
Restricted MCH West Texas Services	2,119,390	1,985,952	-	133,438
Pension, Deferred Outflows of Resources	19,031,459	31,204,964	-	(12,173,506)
Assets whose use is Limited	49,976	-	15,603	34,373
TOTAL ASSETS	<u>\$ 379,657,241</u>	<u>\$ 358,051,889</u>	<u>\$ 13,078,691</u>	<u>\$ 8,526,661</u>
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	58,153,068	17,884,766	5,605,329	34,662,972
Accrued Interest	1,319,753	49,802	-	1,269,951
Accrued Salaries and Wages	10,326,405	5,909,425	6,391,578	(1,974,598)
Accrued Compensated Absences	4,109,598	4,316,028	255,178	(461,607)
Due to Third Party Payors	336,420	1,158,950	-	(822,530)
Deferred Revenue	1,706,373	535,857	859,437	311,078
Total Current Liabilities	<u>84,423,116</u>	<u>38,326,327</u>	<u>13,111,522</u>	<u>32,985,267</u>
ACCRUED POST RETIREMENT BENEFITS	60,410,446	67,655,988	-	(7,245,542)
SELF-INSURANCE LIABILITIES - Less Current Portion	2,161,470	2,161,470	-	-
LONG-TERM DEBT - Less Current Maturities	47,019,646	49,892,633	-	(2,872,987)
Total Liabilities	<u>194,014,678</u>	<u>158,036,419</u>	<u>13,111,522</u>	<u>22,866,737</u>
FUND BALANCE	<u>185,642,563</u>	<u>200,015,470</u>	<u>(32,831)</u>	<u>(14,340,077)</u>
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 379,657,241</u>	<u>\$ 358,051,889</u>	<u>\$ 13,078,691</u>	<u>\$ 8,526,660</u>

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
AUGUST 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	\$ 50,324,513	\$ 53,318,640	-5.6%	\$ 49,698,891	1.3%	\$ 552,650,124	\$ 554,002,224	-0.2%	\$ 510,678,065	8.2%
Outpatient Revenue	57,381,044	59,749,698	-4.0%	52,693,748	8.9%	604,474,540	620,154,313	-2.5%	544,612,633	11.0%
TOTAL PATIENT REVENUE	\$ 107,705,558	\$ 113,068,337	-4.7%	\$ 102,392,639	5.2%	\$ 1,157,124,665	\$ 1,174,156,538	-1.5%	\$ 1,055,290,698	9.6%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 52,440,753	\$ 66,882,961	-21.6%	\$ 63,452,025	-17.4%	\$ 728,143,050	\$ 690,406,161	5.5%	\$ 620,547,741	17.3%
Policy Adjustments	2,534,398	7,407,207	-65.8%	(3,626,048)	-169.9%	17,003,066	76,108,409	-77.7%	49,340,440	-65.5%
Uninsured Discount	5,513,815	3,635,264	51.7%	6,125,527	-10.0%	84,229,598	37,419,903	125.1%	52,722,640	59.8%
Indigent	(1,419,655)	2,467,003	-157.5%	760,002	-286.8%	2,217,357	25,415,597	-91.3%	14,234,408	-84.4%
Provision for Bad Debts	27,790,376	10,622,757	161.6%	17,204,941	61.5%	105,388,245	109,160,802	-3.5%	102,815,657	2.5%
TOTAL REVENUE DEDUCTIONS	\$ 86,859,686	\$ 91,015,192	-4.6%	\$ 83,916,447	3.5%	\$ 936,981,315	\$ 938,510,872	-0.2%	\$ 839,660,885	11.6%
	80.65%	80.50%		81.96%		80.97%	79.93%		79.57%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,156,242	\$ 1,156,242	0.0%	\$ 297,632	288.5%	\$ 12,718,667	12,718,667	0.0%	\$ 2,673,149	375.8%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	10,773,262	11,000,000	-2.1%	11,000,000	-2.1%
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%	\$ 1,297,632	66.2%	\$ 23,623,980	\$ 23,718,667	-0.4%	\$ 13,673,149	72.8%
NET PATIENT REVENUE	\$ 23,002,114	\$ 24,209,388	-5.0%	\$ 19,773,825	16.3%	\$ 243,767,329	\$ 259,364,333	-6.0%	\$ 229,302,962	6.3%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,314,108	\$ 4,960,958	27.3%	\$ 4,510,296	40.0%	\$ 61,219,962	\$ 50,931,633	20.2%	\$ 42,351,380	44.6%
Other Revenue	986,385	922,841	6.9%	961,124	2.6%	9,045,227	10,114,666	-10.6%	10,283,400	-12.0%
TOTAL OTHER REVENUE	\$ 7,300,493	\$ 5,883,799	24.1%	\$ 5,471,420	33.4%	\$ 70,265,189	\$ 61,046,299	15.1%	\$ 52,634,779	33.5%
NET OPERATING REVENUE	\$ 30,302,606	\$ 30,093,187	0.7%	\$ 25,245,245	20.0%	\$ 314,032,518	\$ 320,410,632	-2.0%	\$ 281,937,741	11.4%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 13,125,231	\$ 13,574,650	-3.3%	\$ 13,089,673	0.3%	\$ 141,204,427	\$ 141,599,554	-0.3%	\$ 140,033,301	0.8%
Benefits	287,206	3,752,991	-92.3%	11,971,362	-97.6%	30,576,099	41,859,378	-27.0%	38,042,645	-19.6%
Temporary Labor	920,169	859,258	7.1%	1,199,338	-23.3%	10,297,586	9,800,922	5.1%	12,335,498	-16.5%
Physician Fees	1,034,712	1,267,883	-18.4%	228,163	353.5%	12,532,298	13,729,293	-8.7%	3,741,724	234.9%
Texas Tech Support	1,086,956	1,000,000	8.7%	-	-	10,022,650	11,000,000	-8.9%	-	-
Purchased Services	3,883,456	1,849,255	110.0%	2,813,708	38.0%	31,473,100	22,200,679	41.8%	25,891,673	21.6%
Supplies	4,860,891	4,801,037	1.2%	4,777,822	1.7%	51,641,175	50,108,148	3.1%	50,928,228	1.4%
Utilities	369,716	398,070	-7.1%	339,064	9.0%	3,686,259	3,618,087	1.9%	3,738,447	-1.4%
Repairs and Maintenance	1,098,610	1,186,610	-7.4%	1,117,908	-1.7%	10,435,049	13,054,113	-20.1%	10,828,397	-3.6%
Leases and Rent	146,428	157,265	-6.9%	143,033	2.4%	1,401,730	1,479,111	-5.2%	1,414,560	-0.9%
Insurance	169,244	117,107	44.5%	118,861	42.4%	1,556,684	1,270,149	22.6%	1,575,431	-1.2%
Interest Expense	271,212	271,212	0.0%	282,609	-4.0%	3,010,951	3,010,951	0.0%	2,999,726	0.4%
ECHDA	205,015	45,325	352.3%	16,027	1179.2%	2,718,094	491,176	453.4%	316,007	760.1%
Other Expense	279,353	198,905	40.4%	202,733	37.8%	1,959,253	2,277,868	-14.0%	1,953,189	0.3%
TOTAL OPERATING EXPENSES	\$ 27,738,198	\$ 29,479,569	-5.9%	\$ 36,300,302	-23.6%	\$ 312,515,356	\$ 315,499,429	-0.9%	\$ 293,798,826	6.4%
Depreciation/Amortization	\$ 1,652,128	\$ 1,827,703	-9.6%	\$ 2,103,269	-21.4%	\$ 18,745,134	\$ 20,584,502	-8.9%	\$ 19,863,862	-5.6%
(Gain) Loss on Sale of Assets	(1,500)	-	0.0%	1,096	-236.9%	(3,452)	-	0.0%	(53,427)	-93.5%
TOTAL OPERATING COSTS	\$ 29,388,826	\$ 31,307,272	-6.1%	\$ 38,404,667	-23.5%	\$ 331,257,039	\$ 336,083,931	-1.4%	\$ 313,609,261	5.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ 913,780	\$ (1,214,085)	-175.3%	\$ (13,159,422)	-106.9%	\$ (17,224,521)	\$ (15,673,299)	9.9%	\$ (31,671,520)	-45.6%
Operating Margin	3.02%	-4.03%	-174.7%	-52.13%	-105.8%	-5.48%	-4.89%	12.1%	-11.23%	-51.2%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 104,012	\$ 27,746	274.9%	\$ 35,068	196.6%	\$ 377,681	\$ 290,866	29.8%	\$ 478,179	-21.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	935,087	859,458	8.8%	859,458	8.8%
Donations	-	254,480	-100.0%	15,361	-100.0%	67,429	512,791	-86.9%	479,717	-85.9%
Build America Bonds Subsidy	84,413	84,323	0.1%	84,142	0.3%	928,818	927,552	0.1%	925,474	0.4%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 1,102,206	\$ (847,537)	-230.0%	\$ (13,024,852)	-108.5%	\$ (14,915,507)	\$ (13,082,631)	14.0%	\$ (28,928,692)	-48.4%
Unrealized Gain/(Loss) on Investments	\$ -	\$ -	0.0%	\$ -	-	\$ (119,060)	\$ -	0.0%	\$ (414,595)	-71.3%
Investment in Subsidiaries	16,150	39,019	-58.6%	22,462	-28.1%	694,491	429,213	61.8%	1,286,577	-46.0%
CHANGE IN NET POSITION	\$ 1,118,356	\$ (808,517)	-238.3%	\$ (13,002,390)	-108.6%	\$ (14,340,077)	\$ (12,653,418)	13.3%	\$ (28,056,710)	-48.9%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
AUGUST 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	\$ 50,324,513	\$ 53,318,640	-5.6%	\$ 49,698,891	1.3%	\$ 552,650,124	\$ 554,002,224	-0.2%	\$ 510,678,065	8.2%
Outpatient Revenue	45,169,987	47,329,204	-4.6%	42,255,905	6.9%	464,806,282	485,077,435	-4.2%	419,402,593	10.8%
TOTAL PATIENT REVENUE	\$ 95,494,500	\$ 100,647,844	-5.1%	\$ 91,954,796	3.8%	\$ 1,017,456,406	\$ 1,039,079,659	-2.1%	\$ 930,080,658	9.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 47,126,183	\$ 59,238,726	-20.4%	\$ 57,037,934	-17.4%	\$ 656,929,261	\$ 606,999,534	8.2%	\$ 542,345,858	21.1%
Policy Adjustments	1,019,972	7,121,963	-85.7%	(3,835,423)	-126.6%	12,116,940	72,976,385	-83.4%	46,983,850	-74.2%
Uninsured Discount	5,376,448	3,320,797	61.9%	6,087,356	-11.7%	82,789,447	34,027,102	143.3%	49,559,504	67.1%
Indigent Care	(1,500,047)	2,257,463	-166.4%	748,723	-300.3%	1,612,411	23,131,475	-93.0%	12,409,447	-87.0%
Provision for Bad Debts	26,940,464	9,930,389	171.3%	15,895,209	69.5%	80,992,395	101,753,400	-20.4%	94,136,213	-14.0%
TOTAL REVENUE DEDUCTIONS	\$ 78,963,020	\$ 81,869,339	-3.5%	\$ 75,933,800	4.0%	\$ 834,440,454	\$ 838,887,896	-0.5%	\$ 745,434,872	11.9%
	82.69%	81.34%		82.58%		82.01%	80.73%		80.15%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 281,242	\$ 281,242	0.0%	\$ (577,368)	-148.7%	\$ 3,093,667	\$ 3,093,667	0.0%	\$ (6,951,851)	-144.5%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	10,773,262	11,000,000	-2.1%	11,000,000	-2.1%
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%	\$ 422,632	203.2%	\$ 13,998,980	\$ 14,093,667	-0.7%	\$ 4,048,149	245.8%
NET PATIENT REVENUE	\$ 17,812,722	\$ 20,059,747	-11.2%	\$ 16,443,629	8.3%	\$ 197,014,931	\$ 214,285,430	-8.1%	\$ 188,693,936	4.4%
OTHER REVENUE										
Tax Revenue	\$ 6,314,108	\$ 4,960,958	27.3%	\$ 4,510,296	40.0%	\$ 61,219,962	\$ 50,931,633	20.2%	\$ 42,351,380	44.6%
Other Revenue	840,419	771,721	8.9%	827,225	1.6%	7,473,564	8,555,626	-12.6%	8,768,567	-14.8%
TOTAL OTHER REVENUE	\$ 7,154,527	\$ 5,732,679	24.8%	\$ 5,337,521	34.0%	\$ 68,693,526	\$ 59,487,259	15.5%	\$ 51,119,946	34.4%
NET OPERATING REVENUE	\$ 24,967,249	\$ 25,792,427	-3.2%	\$ 21,781,150	14.6%	\$ 265,708,458	\$ 273,772,689	-2.9%	\$ 239,813,881	10.8%
OPERATING EXPENSE										
Salaries and Wages	\$ 9,223,966	\$ 9,258,243	-0.4%	\$ 9,123,419	1.1%	\$ 99,367,788	\$ 95,762,946	3.8%	\$ 97,145,737	2.3%
Benefits	(13,414)	3,335,353	-100.4%	11,729,901	-100.1%	26,205,469	36,775,091	-28.7%	33,067,078	-20.8%
Temporary Labor	529,816	735,822	-28.0%	757,091	-30.0%	7,220,396	7,796,169	-7.4%	8,862,857	-18.5%
Physician Fees	917,167	1,088,810	-15.8%	71,413	1184.3%	10,877,437	11,869,110	-8.4%	785,540	1284.7%
Texas Tech Support	1,086,956	1,000,000	8.7%	-	0.0%	10,022,650	11,000,000	-8.9%	-	0.0%
Purchased Services	3,655,677	1,931,729	89.2%	3,022,948	20.9%	30,458,623	22,925,724	32.9%	27,356,250	11.3%
Supplies	4,750,665	4,665,361	1.8%	4,631,978	2.6%	50,117,441	48,672,425	3.0%	49,461,221	1.3%
Utilities	364,797	393,735	-7.3%	334,804	9.0%	3,640,679	3,572,327	1.9%	3,693,786	-1.4%
Repairs and Maintenance	1,098,411	1,185,358	-7.3%	1,117,477	-1.7%	10,426,698	13,040,161	-20.0%	10,817,946	-3.6%
Leases and Rentals	(38,503)	(30,542)	26.1%	(42,121)	-8.6%	(689,398)	(585,406)	17.8%	(575,282)	19.8%
Insurance	125,622	64,092	96.0%	71,790	75.0%	1,006,945	705,017	42.8%	1,061,078	-5.1%
Interest Expense	271,212	271,212	0.0%	282,609	-4.0%	3,010,951	3,010,951	0.0%	2,999,726	0.4%
ECHDA	205,015	45,325	352.3%	16,027	1179.2%	2,718,094	491,176	453.4%	316,007	760.1%
Other Expense	194,485	128,118	51.8%	91,379	112.8%	1,199,243	1,409,517	-14.9%	1,184,654	1.2%
TOTAL OPERATING EXPENSES	\$ 22,371,872	\$ 24,072,617	-7.1%	\$ 31,208,715	-28.3%	\$ 255,583,017	\$ 256,445,207	-0.3%	\$ 236,176,599	8.2%
Depreciation/Amortization	\$ 1,631,696	\$ 1,802,165	-9.5%	\$ 2,076,881	-21.4%	\$ 18,503,366	\$ 20,315,214	-8.9%	\$ 19,560,169	-5.4%
(Gain)/Loss on Disposal of Assets	(1,500)	-	0.0%	-	0.0%	(3,452)	-	100.0%	(55,325)	-93.8%
TOTAL OPERATING COSTS	\$ 24,002,068	\$ 25,874,782	-7.2%	\$ 33,285,596	-27.9%	\$ 274,082,931	\$ 276,760,420	-1.0%	\$ 255,681,442	7.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ 965,181	\$ (82,355)	-1272.0%	\$ (11,504,446)	-108.4%	\$ (8,374,474)	\$ (2,987,731)	180.3%	\$ (15,867,561)	-47.2%
Operating Margin	3.87%	-0.32%	-1310.7%	-52.82%	-107.3%	-3.15%	-1.09%	188.8%	-6.62%	-52.4%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 104,012	\$ 27,746	274.9%	\$ 35,068	196.6%	\$ 377,681	\$ 290,866	29.8%	\$ 478,179	-21.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	935,087	859,458	8.8%	859,458	8.8%
Donations	-	254,480	-100.0%	15,361	-100.0%	67,429	512,791	-86.9%	479,717	-85.9%
Build America Bonds Subsidy	84,413	84,323	0.1%	84,142	0.3%	928,818	927,552	0.1%	925,474	0.4%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 1,153,607	\$ 284,193	305.9%	\$ (11,369,875)	-110.1%	\$ (6,065,460)	\$ (397,063)	1427.6%	\$ (13,124,733)	-53.8%
Procure Capital Contribution	(672,647)	(1,131,730)	-40.6%	(1,615,508)	-58.4%	(10,133,360)	(12,685,567)	-20.1%	(15,890,179)	-36.2%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 480,960	\$ (847,536)	-156.7%	\$ (12,985,383)	-103.7%	\$ (16,198,820)	\$ (13,082,630)	23.8%	\$ (29,014,912)	-44.2%
Unrealized Gain/(Loss) on Investments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ (119,060)	\$ -	0.0%	\$ (414,595)	-71.3%
Investment in Subsidiaries	16,150	39,019	-58.6%	22,462	-28.1%	694,491	429,213	61.8%	1,286,577	-46.0%
CHANGE IN NET POSITION	\$ 497,110	\$ (808,517)	-161.5%	\$ (12,962,922)	-103.8%	\$ (15,623,389)	\$ (12,653,417)	23.5%	\$ (28,142,929)	-44.5%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
AUGUST 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	\$ 12,211,057	\$ 12,420,494	-1.7%	\$ 10,437,843	17.0%	\$ 139,668,258	\$ 135,076,879	3.4%	\$ 125,210,040	11.5%
TOTAL PATIENT REVENUE	\$ 12,211,057	\$ 12,420,494	-1.7%	\$ 10,437,843	17.0%	\$ 139,668,258	\$ 135,076,879	3.4%	\$ 125,210,040	11.5%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 5,314,570	\$ 7,644,235	-30.5%	\$ 6,414,091	-17.1%	\$ 71,213,789	\$ 83,406,627	-14.6%	\$ 78,201,884	-8.9%
Policy Adjustments	1,514,425	285,245	430.9%	209,375	623.3%	4,886,125	3,132,023	56.0%	2,356,590	107.3%
Uninsured Discount	137,367	314,467	-56.3%	38,171	259.9%	1,440,151	3,392,801	-57.6%	3,163,135	-54.5%
Indigent	80,392	209,539	-61.6%	11,278	612.8%	604,946	2,284,122	-73.5%	1,824,961	-66.9%
Provision for Bad Debts	849,912	692,368	22.8%	1,309,732	-35.1%	24,395,850	7,407,402	229.3%	8,679,444	181.1%
TOTAL REVENUE DEDUCTIONS	\$ 7,896,666	\$ 9,145,854	-13.7%	\$ 7,982,647	-1.1%	\$ 102,540,861	\$ 99,622,976	2.9%	\$ 94,226,014	8.8%
	64.67%	73.64%		76.48%		73.42%	73.75%		75.25%	
Medicaid Supplemental Payments	\$ 875,000	\$ 875,000	0.0%	\$ 875,000	0.0%	9,625,000	9,625,000	0.0%	\$ 9,625,000	0.0%
NET PATIENT REVENUE	\$ 5,189,391	\$ 4,149,640	25.1%	\$ 3,330,196	55.8%	\$ 46,752,398	\$ 45,078,903	3.7%	\$ 40,609,027	15.1%
OTHER REVENUE										
Other Income	\$ 145,966	\$ 151,120	-3.4%	\$ 133,899	9.0%	\$ 1,571,663	\$ 1,559,040	0.8%	\$ 1,514,833	3.8%
TOTAL OTHER REVENUE	\$ 145,966	\$ 151,120	-3.4%	\$ 133,899	9.0%	\$ 1,571,663	\$ 1,559,040	0.8%	\$ 1,514,833	3.8%
NET OPERATING REVENUE	\$ 5,335,357	\$ 4,300,760	24.1%	\$ 3,464,095	54.0%	\$ 48,324,060	\$ 46,637,943	3.6%	\$ 42,123,859	14.7%
OPERATING EXPENSE										
Salaries and Wages	\$ 3,901,265	\$ 4,316,408	-9.6%	\$ 3,966,254	-1.6%	\$ 41,836,639	\$ 45,836,609	-8.7%	\$ 42,887,564	-2.5%
Benefits	300,620	417,638	-28.0%	241,461	24.5%	4,370,630	5,084,287	-14.0%	4,975,568	-12.2%
Temporary Labor	390,352	123,436	216.2%	442,248	-11.7%	3,077,190	2,004,753	53.5%	3,472,640	-11.4%
Physician Fees	117,545	179,073	-34.4%	156,750	-25.0%	1,654,861	1,860,183	-11.0%	2,956,184	-44.0%
Purchased Services	227,779	(82,474)	-376.2%	(209,240)	-208.9%	1,014,477	(725,045)	-239.9%	(1,464,577)	-169.3%
Supplies	110,226	135,676	-18.8%	145,844	-24.4%	1,523,734	1,435,723	6.1%	1,467,007	3.9%
Utilities	4,919	4,335	13.5%	4,260	15.5%	45,580	45,760	-0.4%	44,662	2.1%
Repairs and Maintenance	199	1,252	-84.1%	430	-53.7%	8,351	13,952	-40.1%	10,452	-20.1%
Leases and Rentals	184,931	187,807	-1.5%	185,154	-0.1%	2,091,129	2,064,518	1.3%	1,989,841	5.1%
Insurance	43,622	53,015	-17.7%	47,071	-7.3%	549,739	565,133	-2.7%	514,353	6.9%
Other Expense	84,868	70,787	19.9%	111,354	-23.8%	760,009	868,351	-12.5%	768,535	-1.1%
TOTAL OPERATING EXPENSES	\$ 5,366,326	\$ 5,406,952	-0.8%	\$ 5,091,587	5.4%	\$ 56,932,339	\$ 59,054,222	-3.6%	\$ 57,622,227	-1.2%
Depreciation/Amortization	\$ 20,432	\$ 25,538	-20.0%	\$ 26,388	-22.6%	\$ 241,768	\$ 269,288	-10.2%	\$ 303,693	-20.4%
(Gain)/Loss on Sale of Assets	-	-	0.0%	1,096	0.0%	-	-	0.0%	1,899	0.0%
TOTAL OPERATING COSTS	\$ 5,386,758	\$ 5,432,490	-0.8%	\$ 5,119,071	5.2%	\$ 57,174,108	\$ 59,323,510	-3.6%	\$ 57,927,819	-1.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (51,401)	\$ (1,131,730)	-95.5%	\$ (1,654,976)	-96.9%	\$ (8,850,048)	\$ (12,685,568)	-30.2%	\$ (15,803,959)	-44.0%
Operating Margin	-0.96%	-26.31%	-96.3%	-47.78%	-98.0%	-18.31%	-27.20%	-32.7%	-37.52%	-51.2%
MCH Contribution	\$ 672,647	\$ 1,131,730	-40.6%	\$ 1,615,508	-58.4%	\$ 10,133,361	\$ 12,685,567	-20.1%	\$ 15,890,179	-36.2%
CAPITAL CONTRIBUTION	\$ 621,246	\$ -	-100.0%	\$ (39,468)	-1674.0%	\$ 1,283,313	\$ -	-100.0%	\$ 86,219	1388.4%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH				YEAR TO DATE					
Total Office Visits	11,170	10,417	7.23%	10,926	2.23%	109,894	105,692	3.98%	104,728	4.93%
Total Hospital Visits	4,889	4,797	1.92%	4,449	9.89%	53,967	51,963	3.86%	48,509	11.25%
Total Procedures	12,211	8,492	43.79%	10,137	20.46%	129,138	101,035	27.82%	100,192	28.89%
Total Surgeries	994	765	29.93%	992	0.20%	9,567	8,608	11.14%	8,793	8.80%
Total Provider FTE's	84.4	96.9	-12.86%	86.2	-2.09%	85.6	96.9	-11.62%	85.2	0.47%
Total Staff FTE's	124.2	131.4	-5.51%	128.3	-3.20%	126.1	131.4	-4.06%	127.7	-1.25%
Total Administrative FTE's	12.0	38.0	-68.42%	34.7	-65.42%	16.6	38.0	-56.32%	34.7	-52.16%
Total FTE's	220.6	266.3	-17.16%	249.2	-11.48%	228.3	266.3	-14.27%	247.6	-7.79%

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
AUGUST 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	\$ 420,859	\$ 486,410	-13.5%	\$ 393,175	7.0%	\$ 4,016,685	\$ 4,865,479	-17.4%	\$ 4,247,599	-5.4%
TOTAL PATIENT REVENUE	\$ 420,859	\$ 486,410	-13.5%	\$ 393,175	7.0%	\$ 4,016,685	\$ 4,865,479	-17.4%	\$ 4,247,599	-5.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ (22,926)	\$ 167,549	-113.7%	\$ 345,209	-106.6%	\$ 645,424	\$ 1,716,821	-62.4%	\$ 1,405,736	-54.1%
Self Pay Adjustments	(5,969)	1,090	-647.7%	(802)	644.6%	149,311	11,169	1236.9%	(131,423)	-213.6%
Bad Debts	361,376	98,936	265.3%	(103,725)	-448.4%	2,409,666	1,013,769	137.7%	1,265,811	90.4%
TOTAL REVENUE DEDUCTIONS	\$ 332,480	\$ 267,576	24.3%	\$ 240,682	38.1%	\$ 3,204,401	\$ 2,741,758	16.9%	\$ 2,540,124	26.2%
	79.0%	55.0%		61.2%		79.8%	56.4%		59.8%	
NET PATIENT REVENUE	\$ 88,380	\$ 218,835	-59.6%	\$ 152,493	-42.0%	\$ 812,284	\$ 2,123,720	-61.8%	\$ 1,707,475	-52.4%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ 8,802	0.0%	\$ -	0.0%	\$ 10,595	\$ 96,827	0.0%	\$ 6,108	73.5%
TOTAL OTHER REVENUE	\$ -	\$ 8,802	-100.0%	\$ -	0.0%	\$ 10,595	\$ 96,827	-89.1%	\$ 6,108	73.5%
NET OPERATING REVENUE	\$ 88,380	\$ 227,637	-61.2%	\$ 152,493	-42.0%	\$ 822,879	\$ 2,220,547	-62.9%	\$ 1,713,582	-52.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 76,814	\$ 281,990	-72.8%	\$ 32,495	136.4%	\$ 602,787	\$ 1,840,659	-67.3%	\$ 345,642	74.4%
Benefits	(112)	101,589	-100.1%	41,779	-100.3%	158,968	706,854	-77.5%	117,652	35.1%
Physician Services	105,967	7,357	1340.3%	248,108	-57.3%	1,365,374	1,366,126	-0.1%	2,612,141	-47.7%
Cost of Drugs Sold	7,428	5,434	36.7%	3,432	116.5%	52,907	54,369	-2.7%	52,647	0.5%
Supplies	6,784	9,531	-28.8%	3,599	88.5%	37,654	137,024	-72.5%	90,310	-58.3%
Utilities	5,255	5,029	4.5%	3,767	39.5%	44,334	54,970	-19.3%	48,462	-8.5%
Repairs and Maintenance	855	2,667	-67.9%	2,093	-59.1%	37,746	29,339	28.7%	39,407	-4.2%
Leases and Rentals	365	500	-26.9%	451	-19.1%	4,133	5,500	-24.9%	5,112	-19.2%
Other Expense	1,150	1,019	12.9%	1,633	-29.6%	12,606	13,078	-3.6%	13,228	-4.7%
TOTAL OPERATING EXPENSES	\$ 204,507	\$ 415,117	-50.7%	\$ 337,357	-39.4%	\$ 2,316,510	\$ 4,207,919	-44.9%	\$ 3,324,601	-30.3%
Depreciation/Amortization	\$ 5,121	\$ 5,363	-4.5%	\$ 5,421	-5.5%	\$ 56,764	\$ 59,422	-4.5%	\$ 60,085	-5.5%
TOTAL OPERATING COSTS	\$ 209,627	\$ 420,479	-50.1%	\$ 342,778	-38.8%	\$ 2,373,274	\$ 4,267,340	-44.4%	\$ 3,384,686	-29.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (121,248)	\$ (192,842)	-37.1%	\$ (190,285)	-36.3%	\$ (1,550,395)	\$ (2,046,793)	-24.3%	\$ (1,671,104)	-7.2%
Operating Margin	-137.19%	-84.71%	61.9%	-124.78%	9.9%	-188.41%	-92.18%	104.4%	-97.52%	93.2%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	1,181	1,298	-9.0%	1,097	7.7%	10,517	12,894	-18.4%	12,518	-16.0%
Dental Visits	-	821	-100.0%	783	-100.0%	350	8,302	-95.8%	7,564	-95.4%
Total Visits	1,181	2,119	-44.3%	1,880	-37.2%	10,867	21,196	-48.7%	20,082	-45.9%
Average Revenue per Office Visit	356.36	229.55	55.2%	209.14	70.4%	369.62	229.55	61.0%	211.51	74.8%
Hospital FTE's (Salaries and Wages)	18.3	26.2	-30.2%	4.5	303.3%	12.1	16.4	-25.8%	4.8	150.7%
Clinic FTE's - (Physician Services)	-	-	0.0%	22.6	-100.0%	7.8	9.9	-21.3%	21.9	-64.6%

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 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	\$ 311,707	\$ 281,057	10.9%	\$ 305,837	1.9%	\$ 3,424,705	\$ 2,952,820	16.0%	\$ 2,506,744	36.6%
TOTAL PATIENT REVENUE	\$ 311,707	\$ 281,057	10.9%	\$ 305,837	1.9%	\$ 3,424,705	\$ 2,952,820	16.0%	\$ 2,506,744	36.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ (80,288)	\$ 105,730	-175.9%	\$ 108,924	-173.7%	\$ 287,074	\$ 1,083,378	-73.5%	\$ 953,704	-69.9%
Self Pay Adjustments	(11,241)	17,622	-163.8%	1,233	-1011.7%	52,996	180,563	-70.6%	(32,341)	-263.9%
Bad Debts	362,713	36,845	884.4%	115,273	214.7%	2,642,559	377,541	599.9%	933,725	183.0%
TOTAL REVENUE DEDUCTIONS	\$ 271,185	\$ 160,197	69.3%	\$ 225,430	20.3%	\$ 2,982,629	\$ 1,641,481	81.7%	\$ 1,855,088	60.8%
	87.00%	57.00%		73.71%		87.09%	55.59%		74.00%	
NET PATIENT REVENUE	\$ 40,522	\$ 120,860	-66.5%	\$ 80,407	-49.6%	\$ 442,076	\$ 1,311,339	-66.3%	\$ 651,656	-32.2%
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	\$ 40,522	\$ 120,860	-66.5%	\$ 80,407	-49.6%	\$ 442,076	\$ 1,311,339	-66.3%	\$ 651,656	-32.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 35,326	\$ 186,608	-81.1%	\$ 3,579	887.1%	\$ 256,604	\$ 1,007,624	-74.5%	\$ 37,927	576.6%
Benefits	(51)	67,227	-100.1%	4,601	-101.1%	67,672	386,950	-82.5%	12,910	424.2%
Physician Services	25,871	3,383	664.6%	124,944	-79.3%	909,638	813,777	11.8%	1,549,013	-41.3%
Cost of Drugs Sold	5,209	2,169	140.1%	-	0.0%	31,563	22,790	38.5%	19,328	63.3%
Supplies	6,751	6,075	11.1%	5,932	13.8%	53,665	63,986	-16.1%	58,954	-9.0%
Utilities	4,852	2,241	116.5%	2,070	134.3%	33,587	24,111	39.3%	25,093	33.8%
Repairs and Maintenance	-	833	-100.0%	1,538	-100.0%	3,814	9,167	-58.4%	13,704	-72.2%
Other Expense	-	-	0.0%	-	0.0%	81	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 77,957	\$ 268,536	-71.0%	\$ 142,665	-45.4%	\$ 1,356,625	\$ 2,328,404	-41.7%	\$ 1,716,929	-21.0%
Depreciation/Amortization	\$ 38,397	\$ 39,985	-4.0%	\$ 41,241	-6.9%	\$ 439,596	\$ 439,830	-0.1%	\$ 453,650	-3.1%
TOTAL OPERATING COSTS	\$ 116,354	\$ 308,521	-62.3%	\$ 183,905	-36.7%	\$ 1,796,221	\$ 2,768,234	-35.1%	\$ 2,170,579	-17.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (75,832)	\$ (187,661)	-59.6%	\$ (103,499)	-26.7%	\$ (1,354,145)	\$ (1,456,895)	-7.1%	\$ (1,518,924)	-10.8%
Operating Margin	-187.14%	-155.27%	20.5%	-128.72%	45.4%	-306.31%	-111.10%	175.7%	-233.09%	31.4%

	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	661	785	-15.8%	639	3.4%	6,869	8,080	-15.0%	6,295	9.1%
Optometry Visits	288	281	2.5%	366	-21.3%	2,798	3,124	-10.4%	3,014	-7.2%
Total Visits	949	1,066	-11.0%	1,005	-5.6%	9,667	11,204	-13.7%	9,309	3.8%
Average Revenue per Office Visit	328.46	263.66	24.6%	304.32	7.9%	354.27	263.56	34.4%	269.28	31.6%
Hospital FTE's (Salaries and Wages)	10.7	13.8	-22.4%	1.0	958.4%	7.3	8.0	-9.4%	1.0	626.7%
Clinic FTE's - (Physician Services)	-	-	0.0%	14.6	-100.0%	5.3	5.8	-8.9%	13.9	-62.0%

**ECTOR COUNTY HOSPITAL DISTRICT
AUGUST 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	\$ 33,650,998	35.3%	\$ 34,170,206	37.3%	\$ 379,427,953	37.2%	\$ 372,113,891	40.0%
Medicaid	9,677,504	10.1%	7,034,337	7.6%	97,187,238	9.6%	100,801,777	10.8%
Commercial	28,965,395	30.3%	27,156,079	29.5%	297,767,978	29.3%	269,751,443	29.0%
Self Pay	18,675,970	19.6%	18,238,545	19.8%	194,487,597	19.1%	131,663,405	14.2%
Other	4,524,633	4.7%	5,355,629	5.8%	48,585,640	4.8%	55,750,142	6.0%
TOTAL	\$ 95,494,500	100.0%	\$ 91,954,796	100.0%	\$ 1,017,456,406	100.0%	\$ 930,080,658	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,316,795	36.4%	\$ 7,041,712	38.5%	\$ 74,416,639	37.0%	\$ 54,475,729	31.4%
Medicaid	2,413,314	12.0%	1,115,956	6.1%	19,632,547	9.8%	15,292,389	8.8%
Commercial	8,548,665	42.5%	4,845,656	26.5%	79,428,802	39.5%	70,010,576	40.4%
Self Pay	1,530,662	7.6%	1,251,938	6.8%	14,573,173	7.3%	12,693,929	7.3%
Other	305,350	1.5%	4,052,616	22.1%	12,884,438	6.4%	20,906,504	12.1%
TOTAL	\$ 20,114,786	100.0%	\$ 18,307,877	100.0%	\$ 200,935,598	100.0%	\$ 173,379,127	100.0%
TOTAL NET REVENUE	16,531,480		16,020,996		183,015,951		184,645,787	
% OF GROSS REVENUE	17.3%		17.4%		18.0%		19.9%	
VARIANCE	3,583,306		2,286,881		17,919,647		(11,266,660)	
% VARIANCE TO CASH COLLECTIONS	21.7%		14.3%		9.8%		-6.1%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 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	\$ 61,469	14.6%	\$ 31,905	8.1%	\$ 549,224	13.7%	\$ 483,579	11.4%
Medicaid	164,614	39.1%	74,119	18.9%	1,499,771	37.2%	1,113,991	26.1%
PHC	-	0.0%	62,979	16.0%	26,528	0.7%	1,081,177	25.5%
Commercial	77,493	18.4%	63,752	16.2%	762,089	19.0%	692,446	16.3%
Self Pay	116,090	27.6%	159,793	40.6%	1,172,246	29.2%	788,036	18.6%
Other	1,194	0.3%	627	0.2%	6,827	0.2%	88,371	2.1%
TOTAL	\$ 420,859	100.0%	\$ 393,175	100.0%	\$ 4,016,685	100.0%	\$ 4,247,599	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,214	7.4%	\$ 215	1.3%	\$ 35,037	5.0%	\$ 99,536	8.9%
Medicaid	38,708	39.9%	4,662	28.6%	234,401	33.1%	460,994	41.4%
PHC	-	0.0%	1,734	10.6%	5,674	0.8%	147,797	13.3%
Commercial	29,488	30.4%	3,749	23.0%	229,597	32.5%	156,201	14.0%
Self Pay	21,609	22.3%	5,942	36.4%	201,548	28.5%	249,463	22.4%
Other	-	0.0%	9	0.1%	740	0.1%	168	0.0%
TOTAL	\$ 97,019	100.0%	\$ 16,311	100.0%	\$ 706,998	100.0%	\$ 1,114,158	100.0%
TOTAL NET REVENUE	88,380		152,493		812,284		1,707,475	
% OF GROSS REVENUE	21.0%		38.8%		20.2%		40.2%	
VARIANCE	8,640		(136,181)		(105,286)		(593,316)	
% VARIANCE TO CASH COLLECTIONS	9.8%		-89.3%		-13.0%		-34.7%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 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	\$ 37,626	12.1%	\$ 48,336	15.8%	\$ 468,480	13.7%	\$ 410,296	16.4%
Medicaid	145,656	46.7%	\$ 92,727	30.3%	1,551,918	45.3%	941,214	37.5%
PHC	-	0.0%	\$ 17,109	5.6%	62,298	1.8%	294,067	11.7%
Commercial	57,944	18.6%	\$ 58,633	19.2%	635,257	18.5%	434,862	17.3%
Self Pay	70,481	22.6%	\$ 87,000	28.4%	700,636	20.5%	371,685	14.8%
Other	-	0.0%	\$ 2,032	0.7%	6,117	0.2%	54,619	2.2%
TOTAL	\$ 311,707	100.0%	\$ 305,837	100.0%	\$ 3,424,705	100.0%	\$ 2,506,744	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 45,698	43.3%	\$ 2,802	6.4%	\$ 66,016	14.6%	\$ 99,091	20.3%
Medicaid	29,067	27.5%	14,313	32.9%	149,353	33.1%	151,129	30.9%
PHC	-	0.0%	2,068	4.8%	3,392	0.8%	31,289	6.4%
Commercial	21,265	20.1%	5,972	13.7%	120,265	26.7%	82,694	16.9%
Self Pay	9,562	9.1%	18,057	41.5%	111,651	24.7%	124,300	25.4%
Other	-	0.0%	281	0.6%	561	0.1%	713	0.1%
TOTAL	\$ 105,593	100.0%	\$ 43,494	100.0%	\$ 451,239	100.0%	\$ 489,216	100.0%
TOTAL NET REVENUE	40,522		80,407		442,076		651,656	
% OF GROSS REVENUE	13.0%		26.3%		12.9%		26.0%	
VARIANCE	65,070		(36,912)		9,163		(162,440)	
% VARIANCE TO CASH COLLECTIONS	160.6%		-45.9%		2.1%		-24.9%	

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

<u>Cash and Cash Equivalents</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 6,160,355	\$ -	\$ 6,160,355
Payroll	4,042	-	4,042
Worker's Comp Claims	11,804	-	11,804
Group Medical	110,821	-	110,821
Flex Benefits	46,682	-	46,682
Mission Fitness	442,361	-	442,361
Petty Cash	9,450	-	9,450
Dispro	4	1,219,273	1,219,277
Debt Service	68,908	-	68,908
Tobacco Settlement	-	-	-
General Liability	-	1,916,065	1,916,065
Professional Liability	-	2,994,474	2,994,474
Funded Worker's Compensation	-	1,214,835	1,214,835
Funded Depreciation	-	9,349,148	9,349,148
Designated Funds	-	1,142,670	1,142,670
Total Cash and Cash Equivalents	\$ 6,854,425	\$ 17,836,463	\$ 24,690,889

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 4,000,000	\$ 4,000,000
Funded Depreciation	-	13,000,000	13,000,000
Funded Worker's Compensation	-	1,000,000	1,000,000
General Liability	-	1,000,000	1,000,000
Professional Liability	-	-	-
Designated Funds	2,012,068	-	2,012,068
Allowance for Change in Market Values	-	(321,880)	(321,880)
Total Investments	\$ 2,012,068	\$ 18,678,120	\$ 20,690,188
Total Unrestricted Cash and Investments			\$ 45,381,077

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,703,728	\$ -	\$ 4,703,728
Assets Held By Trustee - Debt Payment Reserves	2,315,044	-	2,315,044
Assets Held In Endowment-Board Designated	-	6,095,260	6,095,260
Restricted TPC, LLC-Equity Stake	382,641	-	382,641
Restricted MCH West Texas Services-Equity Stake	2,119,390	-	2,119,390
Total Restricted Assets	\$ 9,520,803	\$ 6,095,260	\$ 15,616,064

Total Cash & Investments **\$ 60,997,140**

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
AUGUST 2018**

	Hospital	Procure	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	\$ (15,623,389)	\$ 1,283,313	\$ (14,340,076)
Noncash Expenses:			
Depreciation and Amortization	17,194,936	150,874	17,345,810
Unrealized Gain/Loss on Investments	(119,060)	-	(119,060)
Accretion (Bonds)	(0)	-	(0)
Changes in Assets and Liabilities			
Patient Receivables, Net	(8,049,457)	768,035	(7,281,422)
Taxes Receivable/Deferred	1,308,741	(859,437)	449,304
Inventories, Prepaids and Other	(10,587,708)	(1,671,130)	(12,258,839)
Accounts Payable	29,486,467	5,176,506	34,662,972
Accrued Expenses	777,534	(1,978,161)	(1,200,627)
Due to Third Party Payors	(822,530)	-	(822,530)
Accrued Post Retirement Benefit Costs	4,927,963	-	4,927,963
Net Cash Provided by Operating Activities	\$ 18,493,495	\$ 2,870,000	\$ 21,363,495
Cash Flows from Investing Activities:			
Investments	\$ (10,626,652)	\$ -	\$ (10,626,652)
Acquisition of Property and Equipment	(6,677,398)	(2,809)	(6,680,207)
Cerner Project Costs	(7,490)	-	(7,490)
Net Cash used by Investing Activities	\$ (17,311,540)	\$ (2,809)	\$ (17,314,349)
Cash Flows from Financing Activities:			
Net Repayment of Long-term Debt/Bond Issuance	\$ (2,872,987)	\$ -	\$ (2,872,987)
Net Cash used by Financing Activities	\$ (2,872,987)	\$ -	\$ (2,872,987)
Net Increase (Decrease) in Cash	\$ (1,691,032)	\$ 2,867,191	\$ 1,176,159
Beginning Cash & Cash Equivalents @ 9/30/2017	\$ 41,997,985	\$ 3,182,405	\$ 45,180,390
Ending Cash & Cash Equivalents @ 8/31/2018	\$ 40,306,953	\$ 6,049,596	\$ 46,356,549
Balance Sheet			
Cash and Cash Equivalents	\$ 24,690,889	\$ 6,049,596	\$ 30,740,485
Restricted Assets	15,616,064	-	15,616,064
Ending Cash & Cash Equivalents @ 8/31/2018	\$ 40,306,953	\$ 6,049,596	\$ 46,356,549

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
MAY	336,130	1,300,000	(963,870)	102,583	233,547
JUNE	209,881	1,300,000	(1,090,119)	96,229	113,652
JULY	81,348	1,300,000	(1,218,652)	66,209	15,139
AUGUST	66,527	1,300,000	(1,233,473)	45,614	20,913
TOTAL	\$ 15,744,163	\$ 14,300,000	\$ 1,444,163	\$ 10,506,558	\$ 5,237,605
<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
MAY	4,896,195	3,830,570	1,065,625	3,168,533	1,727,662
JUNE	4,179,812	3,002,790	1,177,022	3,036,516	1,143,296
JULY	4,729,048	3,097,499	1,631,549	3,398,566	1,330,482
AUGUST	5,014,108	3,660,958	1,353,149	3,802,924	1,211,183
TOTAL	\$ 46,919,962	\$ 36,631,633	\$ 10,288,329	\$ 32,535,628	\$ 14,384,334
TAX REVENUE	\$ 62,664,125	\$ 50,931,633	\$ 11,732,492	\$ 43,042,186	\$ 19,621,939

**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	(3,951,523)	9,164,014		5,212,491
4th Qtr	-	-		-
DSH TOTAL	\$ (7,491,670)	\$ 18,642,259		\$ 11,150,590
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	(4,198,337)	-		(4,198,337)
4th Qtr	-	-		-
REGIONAL UPL TOTAL	\$ (9,278,143)	\$ -		\$ (9,278,143)
DSRIP				
1st Qtr	\$ (7,327,897)	\$ -		\$ (7,327,897)
2nd Qtr	(8,826,302)	20,469,161		11,642,859
3rd Qtr	-	2,018,821		2,018,821
4th Qtr	-	6,855,401		6,855,401
DSRIP UPL TOTAL	\$ (16,154,199)	\$ 29,343,383		\$ 13,189,184
MCH Cash Activity	\$ (40,259,125)	\$ 54,770,070		\$ 14,510,945
ProCare Cash Activity			\$ 9,625,000	\$ 9,625,000
Blended Cash Activity	\$ (40,259,125)	\$ 54,770,070	\$ 9,625,000	\$ 24,135,945

INCOME STATEMENT ACTIVITY:

FY 2018 Accrued / (Deferred) Adjustments:

	MCH	PROCARE	BLENDED
DSH Accrual	\$ 3,598,086	\$ -	\$ 3,598,086
Uncompensated Care Accrual	8,188,872	-	8,188,872
Regional UPL Accrual	(8,693,292)	-	(8,693,292)
Regional UPL Benefit	-	9,625,000	9,625,000
Medicaid Supplemental Payments	3,093,667	9,625,000	12,718,667
DSRIP Accrual	10,773,262	-	10,773,262
Total Adjustments	\$ 13,866,929	\$ 9,625,000	\$ 23,491,929

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF AUGUST 31, 2018**

ITEM	CIP BALANCE AS OF 8/1/2018	AUGUST "+" ADDITIONS	AUGUST "- " ADDITIONS	AUGUST TRANSFERS	CIP BALANCE AS OF 8/31/2018	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) BOARD APRVD/BUDGET
<u>RENOVATIONS</u>									
BUSINESS OFFICE RENOVATION	8,997	-	-	-	8,997	-	8,997	10,000	1,003
TRAUMA/OR UPGRADES	14,620	-	-	-	14,620	-	14,620	30,000	15,380
ISOLATION ROOM RENOVATIONS	-	-	-	-	-	-	-	25,000	25,000
CAFETERIA RENOVATION	-	-	-	-	-	-	-	150,000	150,000
SUB-TOTAL	\$ 23,617	\$ -	\$ -	\$ -	\$ 23,617	\$ -	\$ 23,617	\$ 215,000	\$ 191,383
<u>MINOR BUILDING IMPROVEMENT</u>									
ONE DOCTORS PLACE	11,892	-	-	-	11,892	-	11,892	45,000	33,108
GOLDER SITE SIGNAGE	8,107	-	-	-	8,107	-	8,107	20,000	11,893
MAMMOGRAPHY RENOVATION	92,690	-	-	(92,690)	0	-	0	75,000	75,000
FIRE SYSTEM UPGRADE	86,500	25,000	-	-	111,500	-	111,500	125,000	13,500
ICU LOGISTICS MANAGEMENT SPACE	8,412	7,420	-	-	15,831	-	15,831	45,000	29,169
FURNITURE UPDATE: PHASE 1	-	-	-	-	-	-	-	50,000	50,000
FURNITURE UPDATE: PHASE 2	-	-	-	-	-	-	-	50,000	50,000
DIALYSIS	-	-	-	-	-	-	-	45,000	45,000
SUB-TOTAL	\$ 207,602	\$ 32,420	\$ -	\$ (92,690)	\$ 147,331	\$ -	\$ 147,331	\$ 455,000	\$ 307,669
<u>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</u>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	5,871	-	-	-	5,871	-	5,871	215,000	209,129
SUB-TOTAL	\$ 5,871	\$ -	\$ -	\$ -	\$ 5,871	\$ -	\$ 5,871	\$ 215,000	\$ 209,129
TOTAL CONSTRUCTION IN PROGRESS	\$ 237,090	\$ 32,420	\$ -	\$ (92,690)	\$ 176,820	\$ -	\$ 176,820	\$ 885,000	\$ 708,180

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
AUGUST 2018

<u>DEPT</u>	<u>ITEM</u>	<u>CLASS</u>	<u>BOOKED AMOUNT</u>
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS			
	Mammography Renovations	Building and Equipment	\$ 92,690
TOTAL PROJECT TRANSFERS			\$ 92,690
EQUIPMENT PURCHASES			
	None		\$ -
TOTAL EQUIPMENT PURCHASES			\$ -
TOTAL TRANSFERS FROM CIP/EQUIPMENT PURCHASES			\$ 92,690

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2018 CAPITAL EQUIPMENT
CONTINGENCY FUND
AUGUST 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)
Apr-18	Tango M2 Generic ATO Model	7300	-	-	6,848	(6,848)
			\$ 600,000	\$ -	\$ 252,267	\$ 347,733

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

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
AR DISPRO/UPL	\$ (7,552,503)	\$ -	\$ -	\$ (7,552,503)
AR UNCOMPENSATED CARE	5,189,068	303,428	-	4,885,640
AR DSRIP	13,520,806	11,642,859	-	1,877,947
AR NURSING HOME UPL	-	-	-	-
AR UHRIP	3,853,918	-	-	3,853,918
AR BAB REVENUE	0	84,142	-	(84,142)
AR PHYSICIAN GUARANTEES	840,192	652,652	-	187,540
AR ACCRUED INTEREST	32,704	129,868	-	(97,164)
AR OTHER:	12,903,031	4,641,338	3,400,671	4,861,022
Procure On-Call Fees	164,800	-	155,300	9,500
Procure A/R - FHC	292,494	-	339,398	(46,903)
Other Misc A/R	12,445,737	4,641,338	2,905,974	4,898,425
AR DUE FROM THIRD PARTY PAYOR	970,743	2,295,679	-	(1,324,935)
PROCARE-INTERCOMPANY RECEIVABLE	9,794,828	4,331,016	-	5,463,811
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 39,552,787	\$ 24,080,983	\$ 3,400,671	\$ 12,071,133
PROCARE-INTERCOMPANY LIABILITY	\$ (9,794,828)	\$ -	\$ (4,331,016)	\$ (5,463,811)

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

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	VAR	PRIOR PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	VAR	PRIOR PRIOR YR	PRIOR YR VAR
IT OPERATIONS	1.6	-	0.0%	-	0.0%	1.5	-	0.0%	-	0.0%
INPATIENT REHAB	2.3	0.8	206.4%	0.3	668.9%	1.7	0.7	138.8%	1.0	72.3%
9 CENTRAL	3.0	1.0	204.2%	-	0.0%	1.8	1.0	88.0%	0.6	211.3%
CARDIOPULMONARY	-	-	0.0%	-	0.0%	1.2	-	0.0%	-	0.0%
LABOR AND DELIVERY	-	2.0	-100.0%	1.4	-100.0%	1.0	2.0	-50.8%	1.9	-47.6%
NEO-NATAL INTENSIVE CARE	0.4	2.3	-84.3%	1.5	-75.8%	0.9	2.3	-60.8%	1.8	-50.5%
4 EAST	0.1	1.5	-95.4%	-	0.0%	0.9	1.5	-39.2%	0.8	9.6%
TRAUMA SERVICE	0.4	-	0.0%	0.2	145.8%	0.8	-	0.0%	0.4	92.0%
OPERATING ROOM	-	3.9	-100.0%	3.4	-100.0%	0.7	3.7	-80.0%	4.3	-83.1%
INTENSIVE CARE UNIT 2	0.2	1.2	-81.4%	-	0.0%	0.6	1.1	-45.1%	0.6	-4.2%
PM&R - OCCUPATIONAL	1.0	0.4	175.3%	0.6	60.3%	0.7	0.4	95.4%	0.5	41.8%
INTENSIVE CARE UNIT 4 (CCU)	-	1.6	-100.0%	-	0.0%	0.5	1.5	-67.7%	0.9	-44.0%
STERILE PROCESSING	1.5	-	0.0%	1.1	36.9%	0.6	-	0.0%	0.5	28.8%
PATIENT ACCOUNTING	0.9	-	0.0%	-	0.0%	0.5	-	0.0%	0.3	61.3%
EMERGENCY DEPARTMENT	-	0.6	-100.0%	1.1	-100.0%	0.2	0.7	-67.7%	0.8	-72.5%
PHARMACY DRUGS/I.V. SOLUTIONS	-	-	0.0%	0.6	-100.0%	0.2	-	0.0%	0.1	272.1%
PM&R - PHYSICAL	-	0.4	-100.0%	-	0.0%	0.2	0.4	-59.8%	0.3	-37.4%
FINANCIAL ACCOUNTING	0.9	-	0.0%	1.0	-15.3%	0.3	-	0.0%	0.2	51.0%
5 WEST	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
CARDIOPULMONARY - NICU	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
ENGINEERING	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
4 CENTRAL	0.1	0.5	-82.7%	-	0.0%	0.0	0.5	-93.8%	0.3	-89.4%
8 CENTRAL	-	0.8	-100.0%	-	0.0%	0.0	0.8	-97.6%	0.5	-96.0%
6 Central	0.1	1.1	-93.5%	-	0.0%	0.0	1.1	-98.7%	0.6	-97.8%
7 CENTRAL	-	1.9	-100.0%	-	0.0%	-	1.9	-100.0%	1.1	-100.0%
PERFORMANCE IMPROVEMENT (QA)	-	-	0.0%	-	0.0%	-	-	0.0%	0.6	-100.0%
CHW - SPORTS MEDICINE	-	-	0.0%	-	0.0%	-	-	0.0%	0.4	-100.0%
6 West	-	0.6	-100.0%	-	0.0%	-	0.6	-100.0%	0.4	-100.0%
HUMAN RESOURCES	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
5 CENTRAL	-	0.3	-100.0%	-	0.0%	-	0.3	-100.0%	0.2	-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%	0.0	-100.0%
CERNER	-	0.0	-100.0%	-	0.0%	-	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	12.4	21.1	-41.2%	11.3	9.8%	14.7	20.6	-28.6%	19.4	-24.3%
TRANSITION LABOR										
INTENSIVE CARE UNIT 4 (CCU)	4.4	5.8	-24.1%	10.1	-56.4%	7.8	5.5	43.6%	6.9	13.5%
7 CENTRAL	5.2	4.3	21.1%	6.5	-20.8%	5.2	4.3	22.4%	5.2	-0.1%
NEO-NATAL INTENSIVE CARE	4.1	2.2	86.8%	4.3	-5.0%	3.8	2.2	77.1%	2.9	34.6%
INTENSIVE CARE UNIT 2	2.4	3.4	-30.1%	2.5	-4.6%	3.2	3.2	1.4%	2.7	22.1%
8 CENTRAL	2.1	2.7	-20.8%	3.8	-44.6%	3.1	2.7	14.5%	3.5	-12.7%
INPATIENT REHAB	2.9	2.3	30.4%	4.4	-33.1%	3.0	2.1	42.0%	3.3	-9.1%
6 Central	1.3	2.9	-55.5%	3.2	-60.6%	2.4	2.9	-16.5%	3.1	-23.2%
4 EAST	2.1	2.5	-15.8%	3.7	-44.2%	2.4	2.4	-0.3%	3.1	-23.2%
LABORATORY - CHEMISTRY	2.4	1.2	97.7%	2.5	-2.9%	2.3	1.1	103.4%	1.7	38.3%
OPERATING ROOM	3.0	0.7	321.3%	1.9	56.4%	2.2	0.7	232.4%	2.0	12.3%
EMERGENCY DEPARTMENT	1.1	1.8	-37.5%	2.6	-56.6%	1.5	2.1	-30.7%	2.7	-44.1%
5 CENTRAL	1.1	1.9	-43.3%	2.3	-54.1%	1.4	1.9	-24.2%	2.2	-33.2%
LABORATORY - HEMATOLOGY	1.3	0.4	257.9%	1.2	10.0%	1.3	0.3	284.0%	0.7	89.5%
OP SURGERY	-	0.9	-100.0%	0.8	-100.0%	0.7	0.8	-12.6%	1.0	-29.0%
PM&R - OCCUPATIONAL	1.2	0.4	164.5%	0.2	428.9%	0.7	0.4	61.8%	0.5	42.9%
CHW - SPORTS MEDICINE	-	0.7	-100.0%	2.3	-100.0%	0.3	0.7	-49.1%	1.8	-81.5%
4 CENTRAL	0.1	1.0	-85.3%	0.3	-50.0%	0.3	0.9	-66.8%	0.8	-62.6%
PM&R - PHYSICAL	-	-	0.0%	1.2	-100.0%	0.3	-	0.0%	0.4	-32.6%
9 CENTRAL	0.1	2.2	-93.7%	3.1	-95.4%	0.3	2.2	-87.1%	3.0	-90.5%
LABOR AND DELIVERY	0.1	0.5	-69.3%	-	0.0%	0.1	0.5	-74.7%	0.3	-53.9%
6 West	0.1	0.7	-89.9%	0.1	-8.9%	0.1	0.7	-91.8%	0.6	-89.5%
5 WEST	-	0.2	-100.0%	-	0.0%	0.0	0.1	-96.5%	0.1	-94.5%
CERNER	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%
TRAUMA SERVICE	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
SUBTOTAL	35.0	38.5	-9.0%	57.1	-38.7%	42.5	37.7	12.6%	48.5	-12.3%
GRAND TOTAL	47.4	59.6	-20.4%	68.4	-30.7%	57.2	58.3	-2.0%	67.9	-15.7%

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

	CURRENT MONTH						YEAR TO DATE					
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR
RT TEMPORARY LABOR	\$ 2,665	\$ -	\$ 2,665	100.0%	\$ -	100.0%	\$ 227,068	\$ -	\$ 227,068	100.0%	\$ -	100.0%
IMCU9 TEMPORARY LABOR	35,899	4,781	31,118	650.8%	-	100.0%	230,194	51,524	178,670	346.8%	31,113	639.9%
TELECOM TEMPORARY LABOR	15,896	-	15,896	100.0%	-	100.0%	160,213	-	160,213	100.0%	-	100.0%
TRAUMA TEMPORARY LABOR	4,481	-	4,481	100.0%	1,000	348.1%	108,048	-	108,048	100.0%	105,333	2.6%
REHAB TEMPORARY LABOR	25,025	7,183	17,842	248.4%	3,146	695.4%	177,917	73,168	104,749	143.2%	38,451	362.7%
PI TEMPORARY LABOR	-	-	-	100.0%	-	100.0%	72,584	-	72,584	100.0%	180,930	-59.9%
ICU2 TEMPORARY LABOR	2,470	874	1,596	182.7%	-	100.0%	81,290	8,843	72,448	819.3%	5,067	1504.4%
SP TEMPORARY LABOR	11,226	-	11,226	100.0%	8,758	28.2%	61,264	-	61,264	100.0%	43,989	39.3%
4E TEMPORARY LABOR	8,126	(7,529)	15,655	-92.7%	-	100.0%	137,638	86,031	51,607	60.0%	47,773	188.1%
OT TEMPORARY LABOR	16,984	4,612	12,372	268.2%	8,702	95.2%	85,520	46,683	38,836	83.2%	62,827	36.1%
NICU TEMPORARY LABOR	2,888	11,899	(9,011)	-75.7%	11,776	-75.5%	94,555	127,324	(32,769)	-25.7%	126,821	-25.4%
ICU4 TEMPORARY LABOR	(4,490)	12,080	(16,570)	-137.2%	-	100.0%	72,140	122,296	(50,156)	-41.0%	(47,364)	-252.3%
OR TEMPORARY LABOR	-	53,005	(53,005)	-100.0%	54,511	-100.0%	78,157	536,961	(458,804)	-85.4%	671,796	-88.4%
ALL OTHER	9,690	58,211	(48,521)	-83.4%	54,762	-82.3%	287,732	658,388	(370,656)	-56.3%	682,273	-57.8%
TOTAL TEMPORARY LABOR	\$ 123,332	\$ 160,772	\$ (37,441)	-23.3%	\$ 142,655	-13.5%	\$ 1,874,320	\$ 1,711,218	\$ 163,102	9.5%	\$ 1,949,010	-3.8%
OR TRANSITION LABOR	\$ 25,494	\$ 10,617	\$ 14,876	140.1%	\$ 34,592	-26.3%	\$ 282,352	\$ 107,559	\$ 174,794	162.5%	\$ 294,386	-4.1%
CHEM TRANSITION LABOR	20,395	8,546	11,849	138.7%	25,074	-18.7%	213,936	86,567	127,369	147.1%	140,395	52.4%
HEMA TRANSITION LABOR	8,449	3,164	5,286	167.1%	9,742	-13.3%	116,123	32,048	84,074	262.3%	62,676	85.3%
REHAB TRANSITION LABOR	31,108	33,920	(2,812)	-8.3%	40,721	-23.6%	422,729	345,516	77,213	22.3%	502,232	-15.8%
OT TRANSITION LABOR	14,793	4,133	10,660	257.9%	2,663	455.5%	81,058	41,835	39,223	93.8%	45,827	76.9%
OP SURGERY TRANSITION LABOR	-	10,870	(10,870)	-100.0%	14,434	-100.0%	90,924	110,211	(19,197)	-17.4%	120,146	-24.3%
OP PM&R TRANSITION LABOR	-	8,466	(8,466)	-100.0%	14,685	-100.0%	63,180	85,735	(22,556)	-26.3%	209,073	-69.8%
ED TRANSITION LABOR	6,439	22,797	(16,358)	-76.4%	17,929	-64.1%	201,180	290,664	(89,485)	-30.8%	331,978	-39.4%
ICU2 TRANSITION LABOR	47,727	54,716	(6,988)	-12.8%	32,022	49.0%	441,487	553,758	(112,271)	-20.3%	469,566	-6.0%
5C TRANSITION LABOR	16,105	28,403	(12,299)	-43.3%	9,479	69.9%	190,212	307,474	(117,263)	-38.1%	320,157	-40.6%
6C TRANSITION LABOR	14,127	45,541	(31,414)	-69.0%	42,397	-66.7%	299,526	493,007	(193,482)	-39.2%	496,463	-39.7%
4E TRANSITION LABOR	23,209	47,731	(24,522)	-51.4%	33,455	-30.6%	286,320	505,328	(219,008)	-43.3%	483,485	-40.8%
ALL OTHER	198,639	296,145	(97,507)	-32.9%	337,241	-41.1%	2,657,051	3,125,338	(468,288)	-15.0%	3,437,463	-22.7%
TOTAL TRANSITION LABOR	\$ 406,484	\$ 575,049	\$ (168,565)	-29.3%	\$ 614,436	-33.8%	\$ 5,346,076	\$ 6,084,951	\$ (738,875)	-12.1%	\$ 6,913,848	-22.7%
GRAND TOTAL TEMPORARY LABOR	\$ 529,816	\$ 735,822	\$ (206,005)	-28.0%	\$ 757,091	-30.0%	\$ 7,220,396	\$ 7,796,169	\$ (575,773)	-7.4%	\$ 8,862,857	-18.5%
HIM CODING SERVICES	\$ 660,561	\$ 56,309	\$ 604,252	1073.1%	\$ 67,497	878.6%	\$ 3,222,705	\$ 1,078,914	\$ 2,143,790	198.7%	\$ 816,390	294.8%
CERNER OTHER PURCH SVCS	435,544	54,145	381,399	704.4%	774,622	-43.8%	2,216,428	595,695	1,620,733	272.1%	1,719,224	28.9%
PT ACCTS COLLECTION FEES	424,985	82,208	342,777	417.0%	(4,487)	-957.2%	2,442,708	880,103	1,562,605	177.5%	1,301,846	87.6%
PA E-SCAN DATA SYSTEM	41,769	36,079	5,690	15.8%	19,304	116.4%	1,809,300	396,871	1,412,429	355.9%	492,548	267.3%
EDHDA OTHER PURCH SVCS	190,052	3,905	186,148	4767.5%	520	36448.5%	1,050,371	42,950	1,007,422	2345.6%	32,073	3174.9%
ADM CONSULTANT FEES	285,316	32,583	252,732	775.6%	181,111	57.5%	799,511	358,177	441,094	123.1%	1,060,345	-24.6%
PI FEES (TRANSITION NURSE PROGRAM)	64,541	22,904	41,637	181.8%	33,566	92.3%	493,576	251,942	241,634	95.9%	443,402	11.3%
UC-CPC 42ND STREET PURCH SVCS-OTHER	40,849	37,468	3,381	9.0%	31,419	30.0%	634,332	413,156	221,176	53.5%	358,571	76.9%
SERV EXC SURVEY SERVICES	70,766	46,667	24,099	51.6%	81,424	-13.1%	733,114	513,333	219,781	42.8%	712,665	2.9%
MED ASSETS CONTRACT	50,632	21,880	28,752	131.4%	14,244	255.5%	363,958	154,197	209,761	136.0%	158,243	130.0%
ADM BOND AMENDMENT FEES	-	-	-	100.0%	-	100.0%	130,967	-	130,967	100.0%	-	100.0%
REF LAB ARUP PURCH SVCS	84,330	49,179	35,151	71.5%	70,130	20.2%	863,134	734,840	128,294	17.5%	774,127	11.5%
AMBULANCE FEES	6,873	5,210	1,663	31.9%	4,764	44.3%	179,804	53,564	126,240	235.7%	203,649	-11.7%
PRO OTHER PURCH SVCS	27,730	3,249	24,481	753.4%	6,818	306.7%	230,158	112,039	118,119	105.4%	114,767	100.5%
OR FEES (PERFUSION SERVICES)	26,870	26,773	(94)	-0.4%	22,725	13.8%	300,749	184,192	116,557	63.3%	240,785	24.9%
DC AM HEALTHWAYS MGMT FEE	8,493	-	8,493	100.0%	4,157	104.3%	94,514	-	94,514	100.0%	94,528	0.0%
HISTOLOGY SERVICES	57,688	31,903	25,785	80.8%	39,684	45.4%	448,427	359,662	88,765	24.7%	351,564	27.6%
NSG OTHER PURCH SVCS	13,594	1,913	11,682	610.8%	(3,542)	-483.8%	85,993	21,039	64,955	308.7%	75,210	14.3%
OBLD OTHER PURCH SVCS	6,128	476	5,652	1188.3%	245	2401.5%	65,280	7,820	57,461	734.8%	2,698	2319.7%
FA AUDIT FEES - INTERNAL	38,040	21,986	16,054	73.0%	-	100.0%	183,080	120,176	62,904	52.3%	85,088	115.2%
UC-WEST CLINIC - PURCH SVCS-OTHER	34,482	23,661	10,821	45.7%	24,142	42.8%	368,541	315,695	52,846	16.7%	390,688	-5.7%
4E OTHER PURCH SVCS	18,988	-	18,988	100.0%	11,610	63.5%	105,510	56,789	48,720	85.8%	87,872	20.1%
COMM REL ADVERTISEMENT PURCH SVCS	9,646	12,760	(3,114)	-24.4%	51,534	-81.3%	264,609	220,000	44,609	20.3%	238,443	11.0%
CREDIT CARD FEES	13,837	16,154	(2,317)	-14.3%	8,540	62.0%	170,695	131,338	39,357	30.3%	142,253	20.0%
ADM APPRAISAL DIST FEE	-	12,035	(12,035)	-100.0%	-	100.0%	160,150	132,388	27,763	21.0%	78,647	103.6%
ADMIN OTHER FEES	11,683	10,934	749	6.8%	239	4783.4%	146,243	120,279	25,964	21.6%	125,892	17.0%
DIET OTHER PURCH SVCS	9,847	3,516	6,331	180.1%	935	953.4%	62,626	38,672	23,954	61.9%	25,493	145.7%
TS OTHER PURCH SVCS	4,451	2,941	1,510	51.4%	3,011	47.8%	51,721	27,819	23,902	85.9%	31,822	62.5%
PH CONTRACT PURCH SVC	21,384	4,500	16,884	375.2%	14,223	50.4%	64,415	49,500	14,915	30.1%	66,194	-2.7%
MED STAFF REVIEW FEES	5,833	7,276	(1,443)	-19.8%	451	1192.3%	52,868	81,744	(28,875)	-35.3%	59,607	-11.3%
MISSION FITNESS OTHER PURCH SVCS	14,209	14,744	(535)	-3.6%	11,692	21.5%	132,804	167,242	(34,439)	-20.6%	147,834	-10.2%
COMPLIANCE CONSULTING FEES	5,277	15,817	(10,540)	-66.6%	7,127	-26.0%	102,686	142,577	(39,891)	-28.0%	148,235	-30.7%
CREDIT CARD FEES	22,775	25,468	(2,693)	-10.6%	16,720	36.2%	190,706	243,530	(52,825)	-21.7%	211,227	-12.3%
CARDIOVASCULAR SERVICES	110	12,500	(12,390)	-99.1%	30,000	-99.6%	81,634	137,500	(55,866)	-40.6%	272,090	-70.0%
ADM LEGAL SETTLEMENT FEES	-	13,099	(13,099)	-100.0%	-	100.0%	75,447	144,085	(68,638)	-47.6%	78,592	-4.0%
FIN ACCT COST REPORT/CONSULTANT FEES	2,592	35,392	(32,800)	-92.7%	5,050	-48.7%	128,419	203,978	(75,559)	-37.0%	255,590	-49.8%
COMM REL MEDIA PLACEMENT	5,941	7,500	(1,559)	-20.8%	12,994	-54.3%	72,869	150,000	(77,131)	-51.4%	139,438	-47.7%
PHARMACY SERVICES	30,531	31,915	(1,384)	-4.3%	36,549	-16.5%	267,169	351,795	(84,627)	-24.1%	248,572	7.5%
UOM (EHR FEES)	18,632	12,008	6,624	55.2%	12,030	54.9%	163,360	255,443	(92,083)	-36.0%	243,869	-33.0%
COMM REL MEDIA PLACEMENT	35,382	40,500	(5,118)	-12.6%	33,863	4.5%	398,381	585,000	(186,619)	-31.9%	569,732	-30.1%
PA ELIGIBILITY FEES	32,196	60,161	(27,965)	-46.5%	27,300	17.9%	317,402	601,169	(283,767)	-47.2%	561,105	-43.4%
IT INFORMATION SOLUTIONS SVCS	15,366	54,474	(39,108)	-71.8%	134,086	-88.5%	296,417	591,822	(295,405)	-49.9%	785,425	-62.3%
ALL OTHERS	808,738	979,540	(170,802)	-17.4%	1,236,650	-34.6%	10,435,844	11,898,557	(1,462,713)	-12.3%	13,404,576	-22.1%
TOTAL PURCHASED SERVICES	\$ 3,655,677	\$ 1,931,729	\$ 1,723,948	89.2%	\$ 3,022,948	20.9%	\$ 30,458,623	\$ 22,925,724	\$ 7,532,899	32.9%	\$ 27,356,250	11.3%

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

Average Annual Debt Service Requirements of 110%:

	FYTD			Annualized
	ProCare	ECHD	Consolidated	Consolidated
Decrease in net position	1,283,313	(15,623,389)	(14,340,077)	(15,643,721)
Deficiency of revenues over expenses	1,283,313	(15,623,389)	(14,340,077)	(15,643,721)
Depreciation/amortization	241,768	18,503,366	18,745,134	20,449,238
GASB 68	-	4,928,351	4,928,351	4,928,351
Interest expense	-	3,010,951	3,010,951	3,284,674
(Gain) or loss on fixed assets	-	-	-	-
Unusual / infrequent / extraordinary items	-	-	-	-
Unrealized (gains) / losses on investments	-	119,060	119,060	129,884
Consolidated net revenues	1,525,082	10,938,338	12,463,419	13,148,425

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	260.3%	(needs to be 110% or higher)

274.6%



Financial Presentation

For the Month Ended

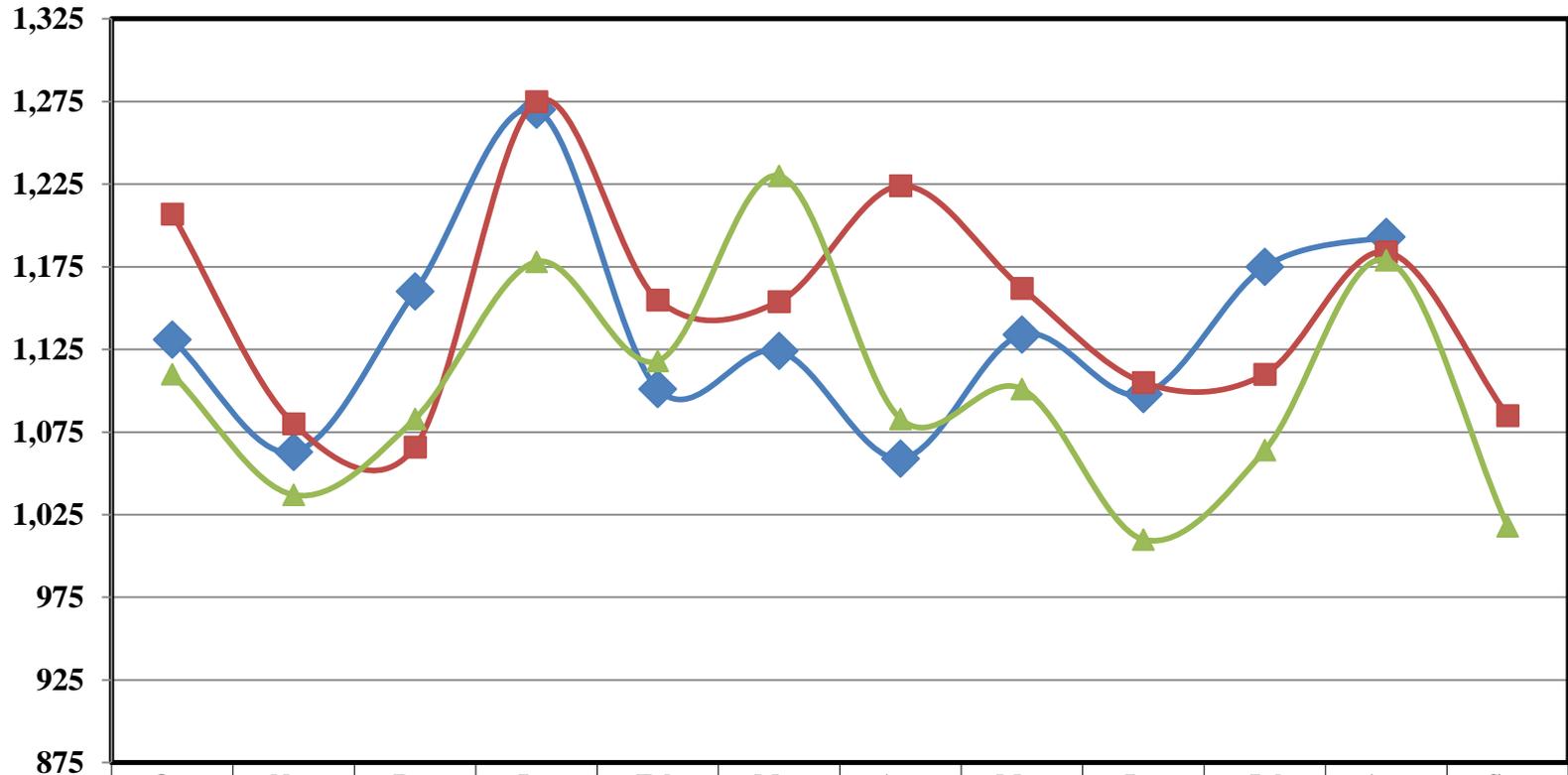
August 31, 2018

Volume



Admissions

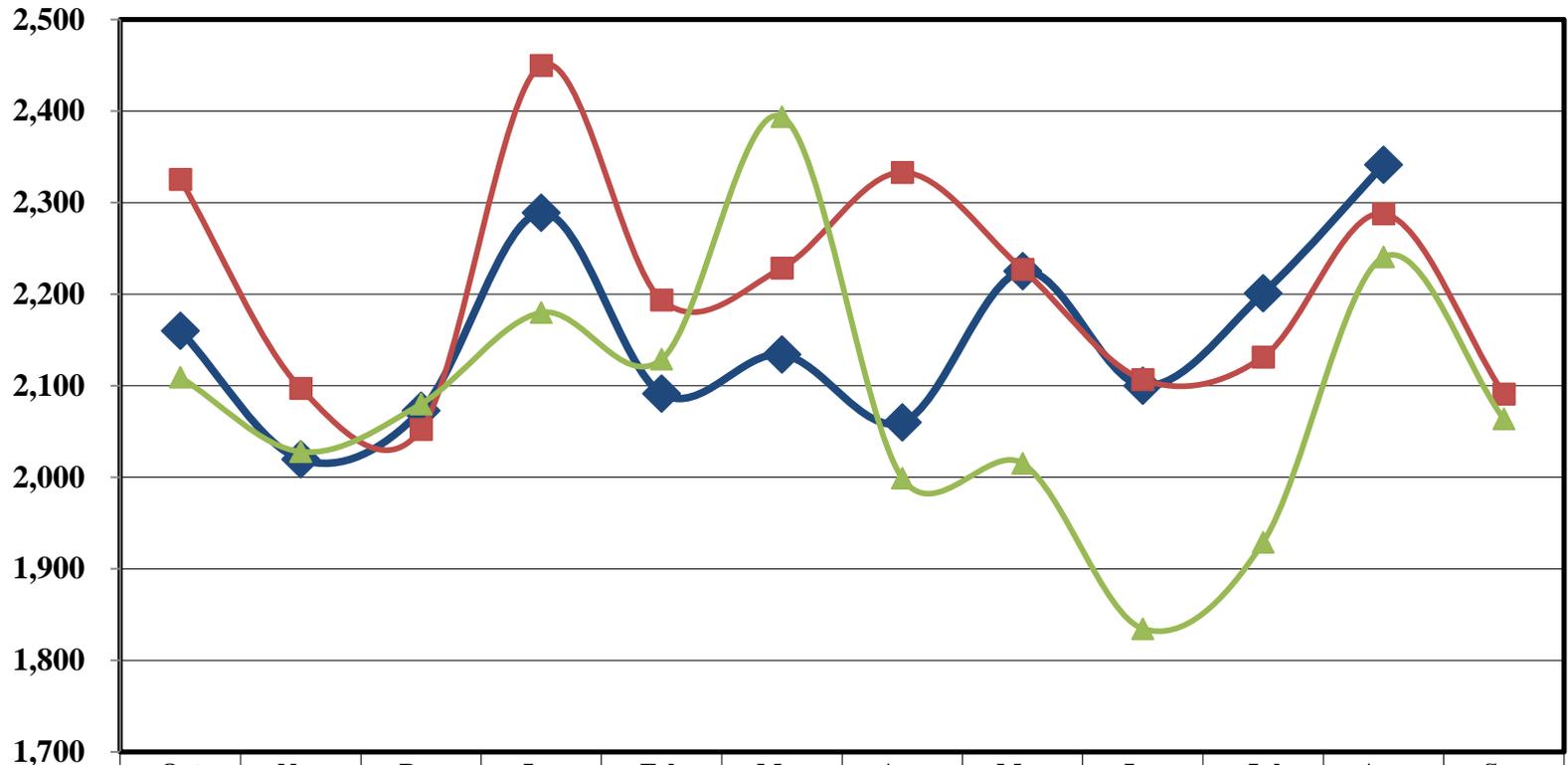
Total – Adults and NICU



	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	1,134	1,098	1,175	1,193	
■ 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

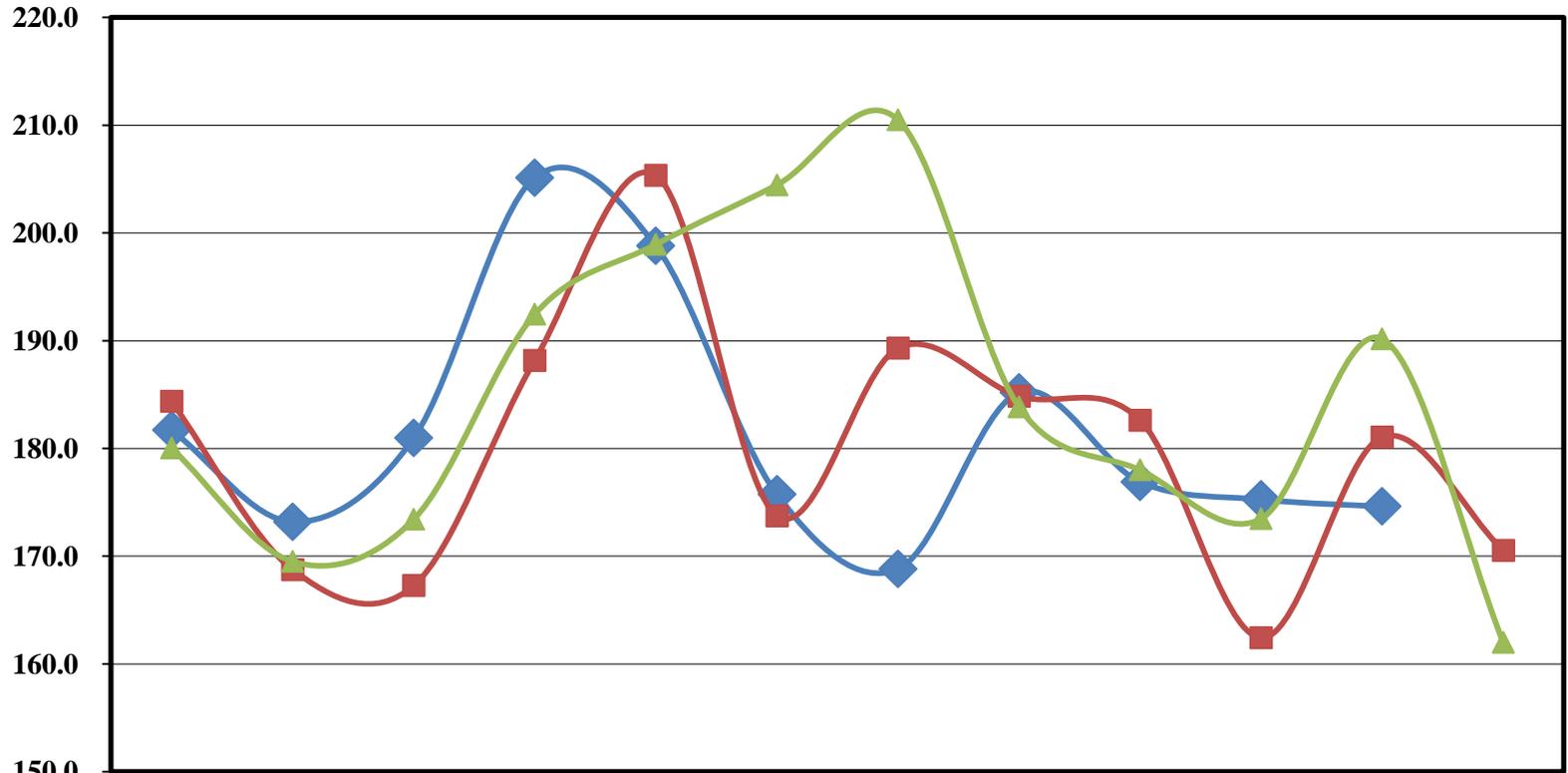
Adjusted Admissions

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	2,225	2,100	2,201	2,342	
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

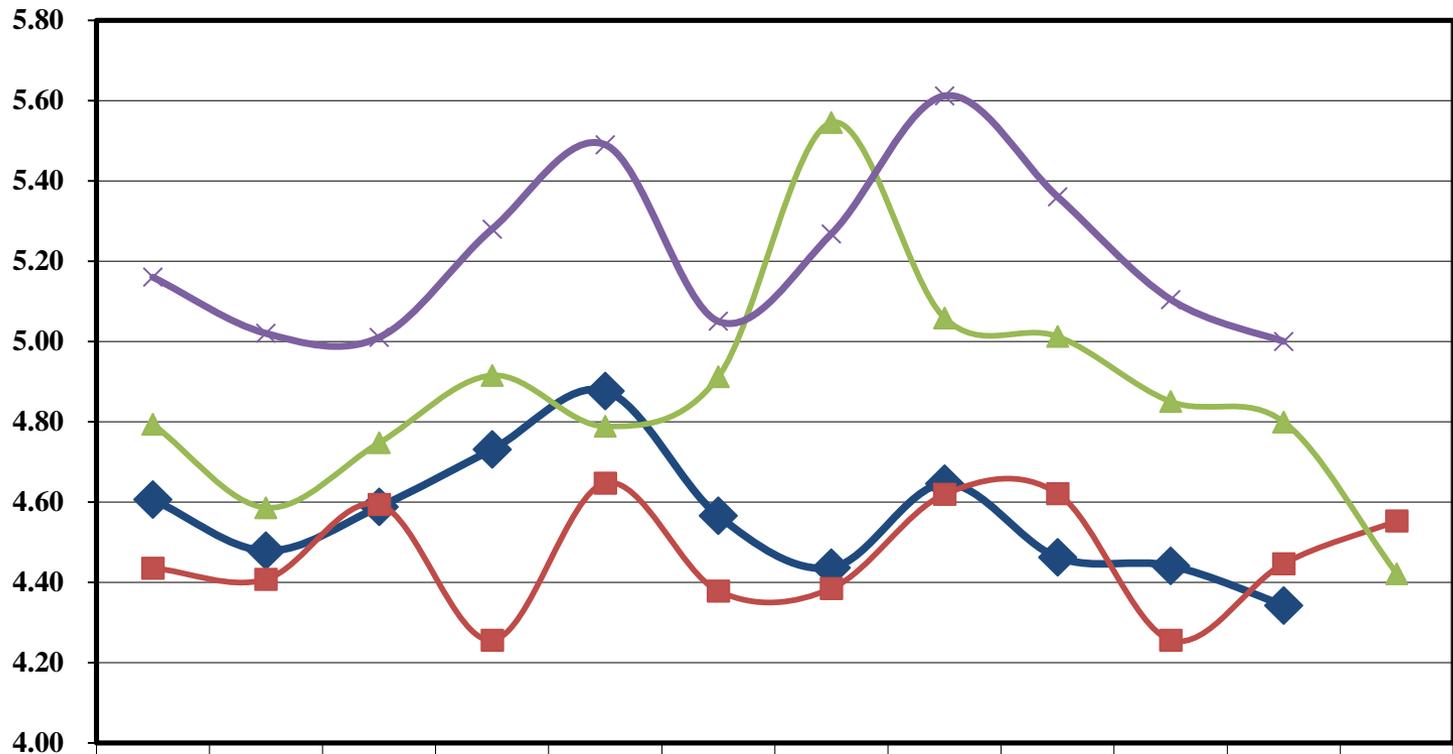
Average Daily Census



	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	185.2	176.9	175.3	174.6	
■ 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

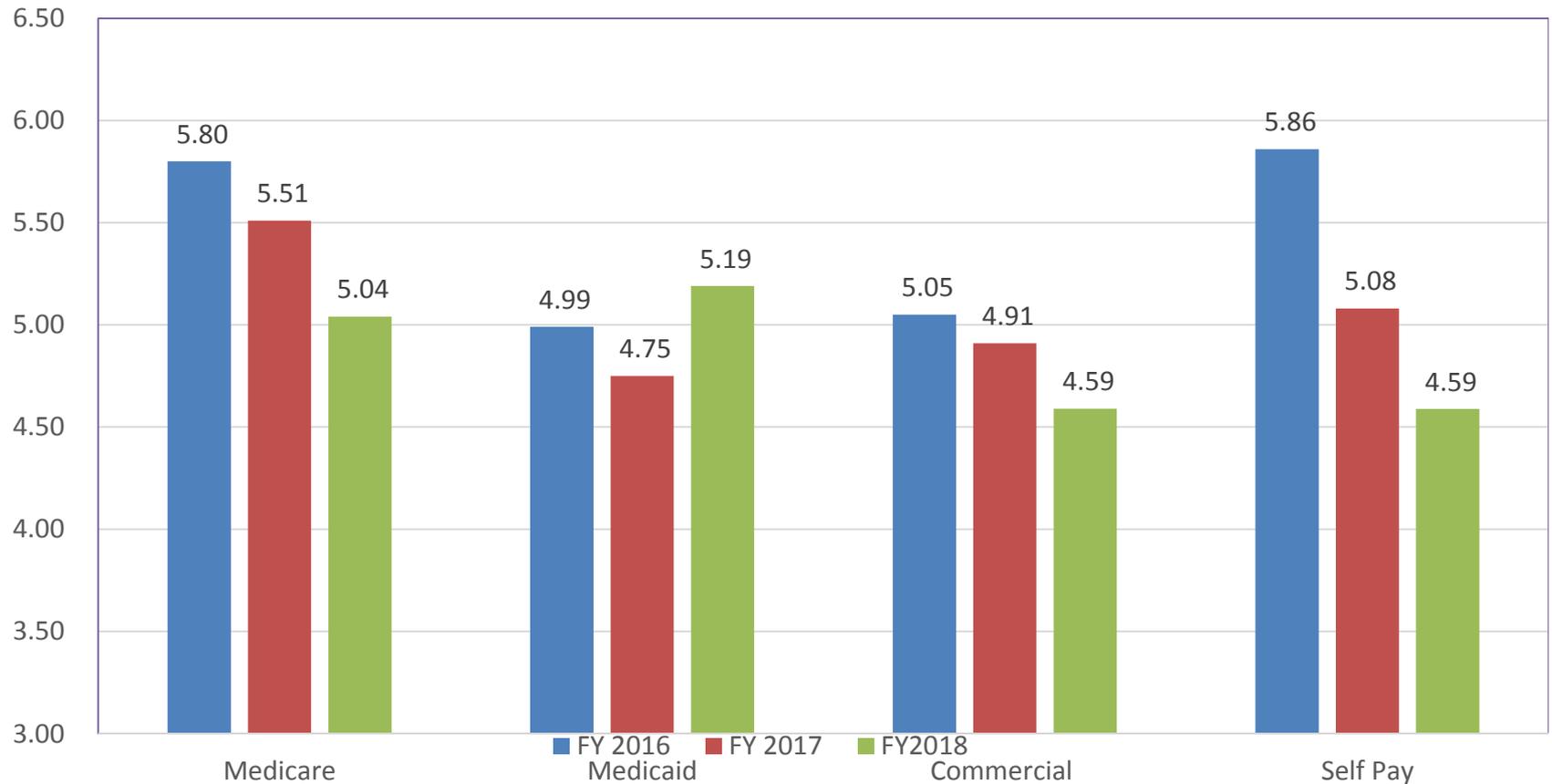
Average Length of Stay

Total – Adults and PEDI

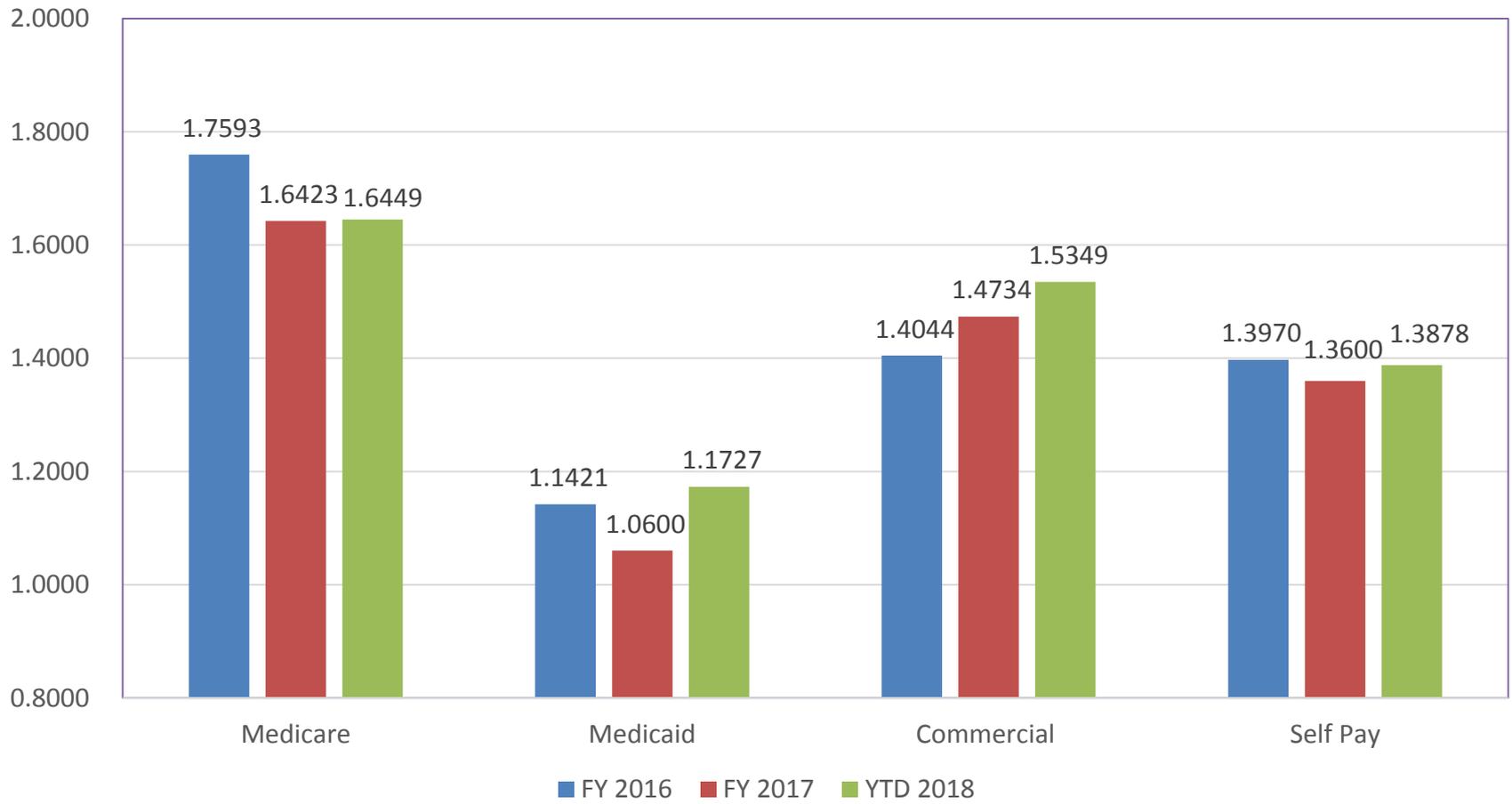


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	4.61	4.48	4.59	4.73	4.88	4.57	4.44	4.65	4.46	4.44	4.34	
FY 2018 Budget	4.44	4.41	4.59	4.26	4.65	4.38	4.38	4.62	4.62	4.26	4.45	4.55
FY 2017	4.79	4.59	4.75	4.92	4.79	4.91	5.55	5.06	5.01	4.85	4.80	4.42
FY 2018 Excluding OB	5.16	5.02	5.01	5.28	5.49	5.05	5.27	5.61	5.36	5.10	5.00	

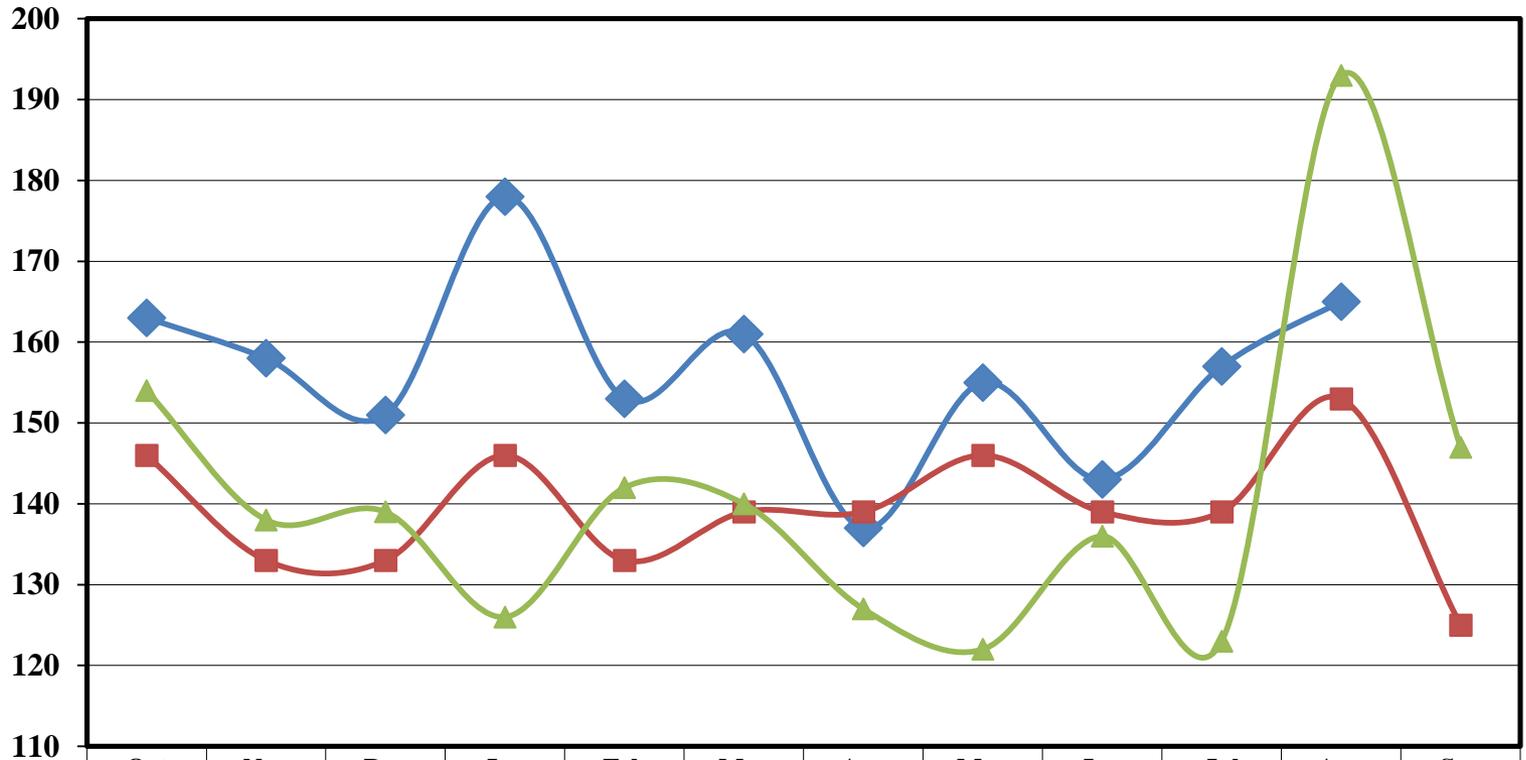
Average Length of Stay by Financial Class



Case Mix Index by Financial Class

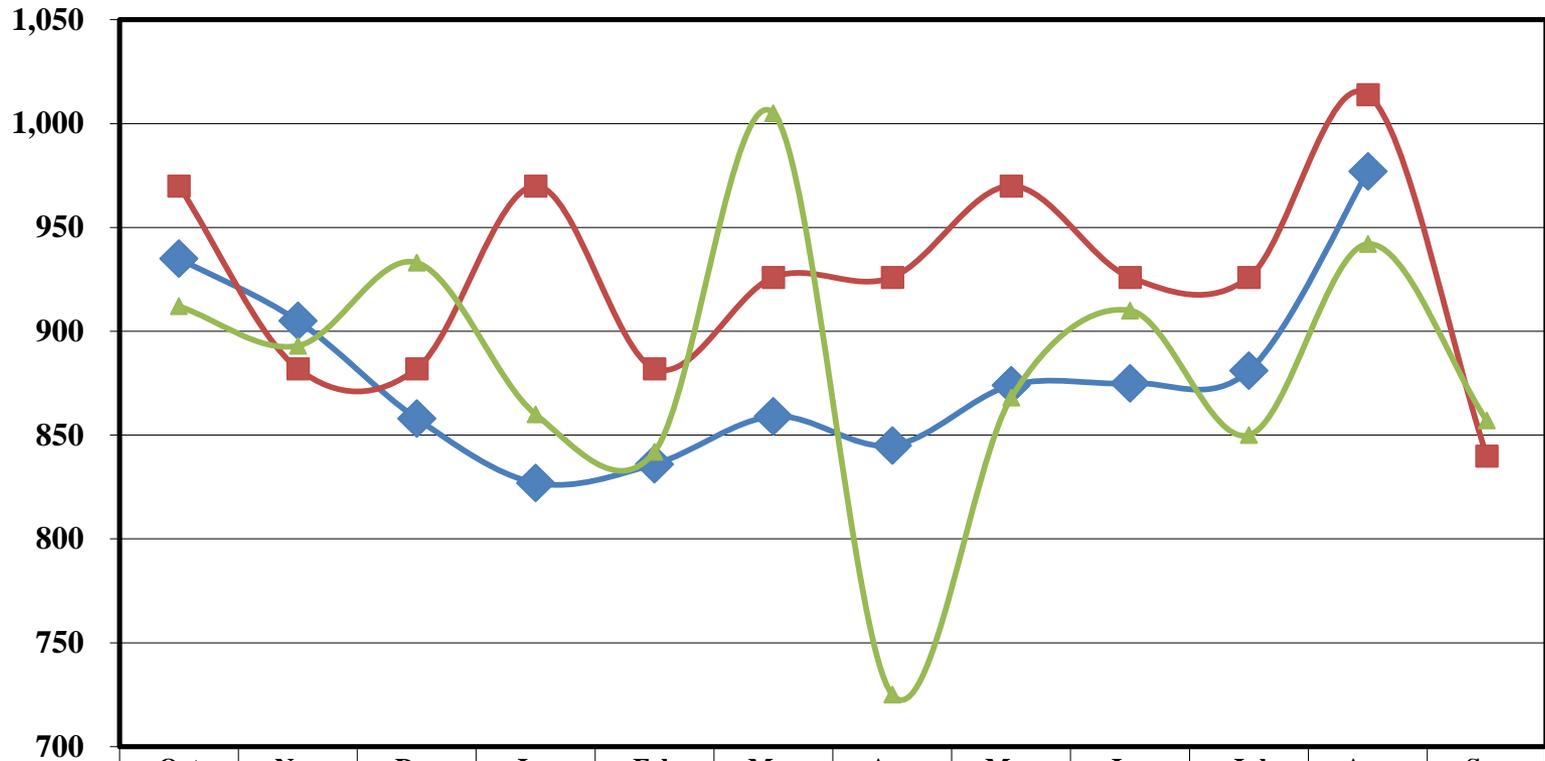


Deliveries



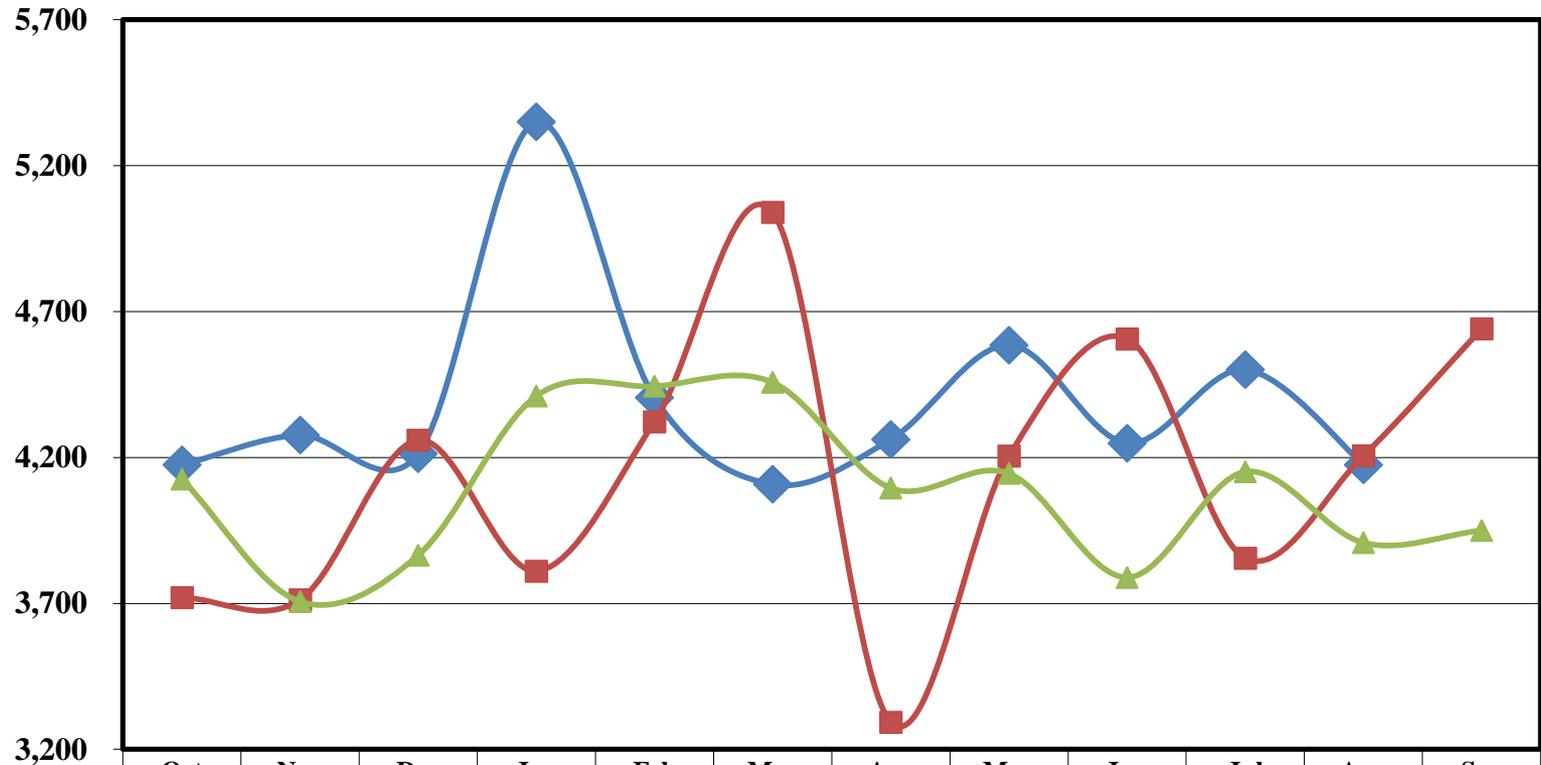
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	163	158	151	178	153	161	137	155	143	157	165	
■ FY 2018 Budget	146	133	133	146	133	139	139	146	139	139	153	125
▲ FY 2017	154	138	139	126	142	140	127	122	136	123	193	147

Total Surgical Cases



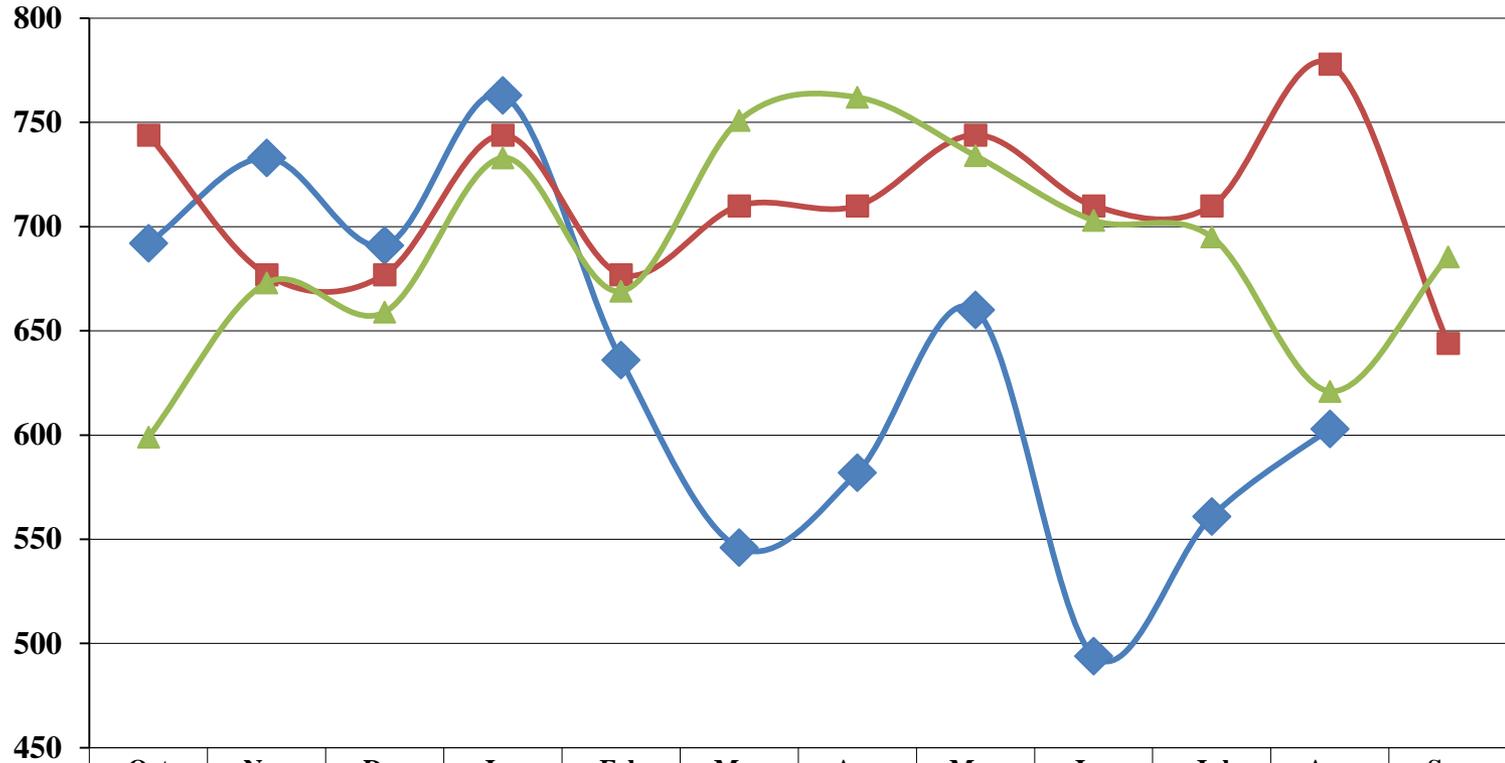
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	935	905	858	827	836	859	845	874	875	881	977	
■ FY 2018 Budget	970	882	882	970	882	926	926	970	926	926	1,014	840
▲ FY 2017	912	893	933	860	842	1,005	725	868	910	850	942	857

Emergency Room Visits



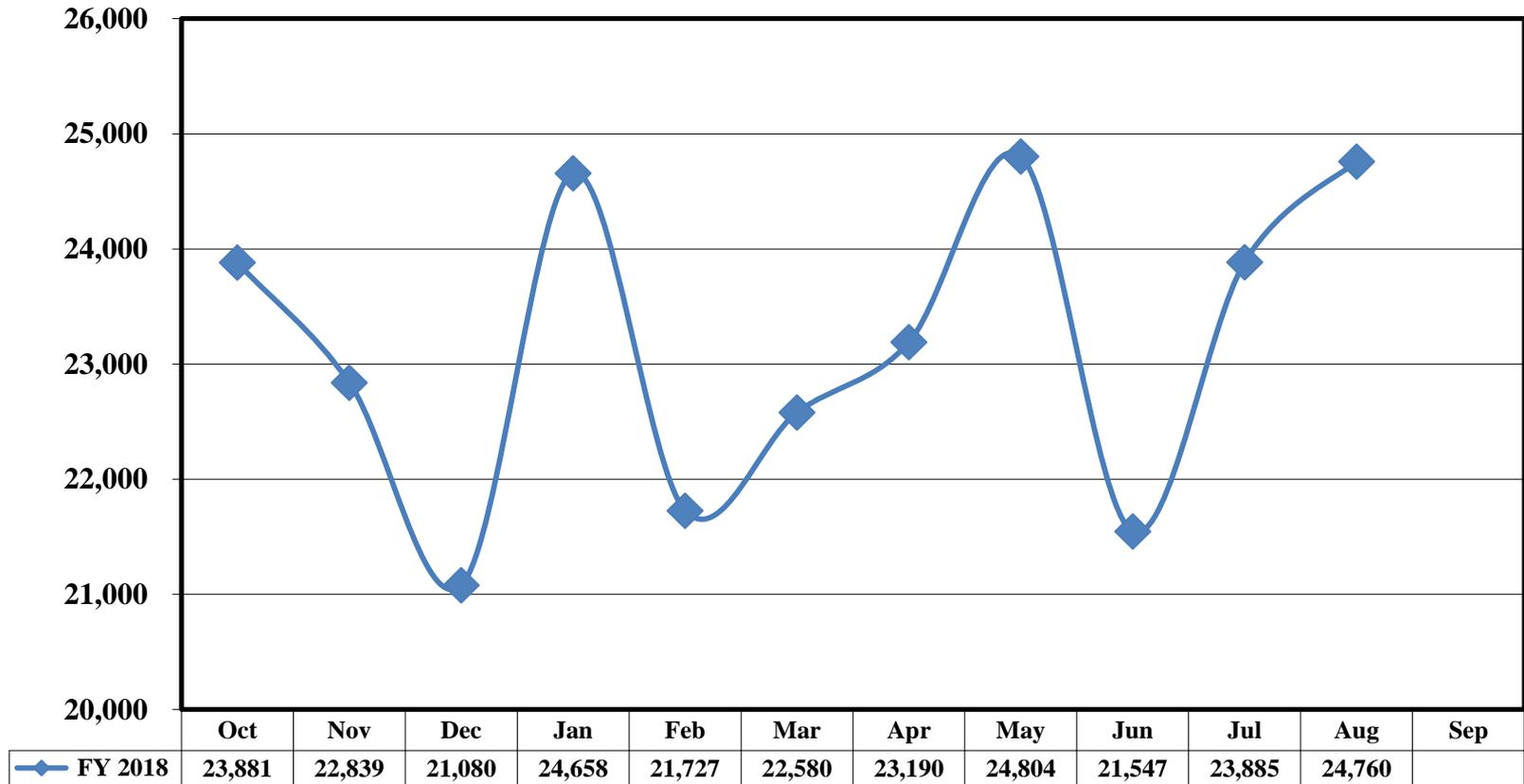
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	4,175	4,277	4,213	5,350	4,405	4,108	4,262	4,585	4,249	4,501	4,175	
■ FY 2018 Budget	3,720	3,713	4,260	3,811	4,323	5,040	3,293	4,205	4,607	3,855	4,206	4,641
▲ FY 2017	4,126	3,706	3,865	4,411	4,444	4,457	4,095	4,145	3,789	4,151	3,908	3,950

Observation Days



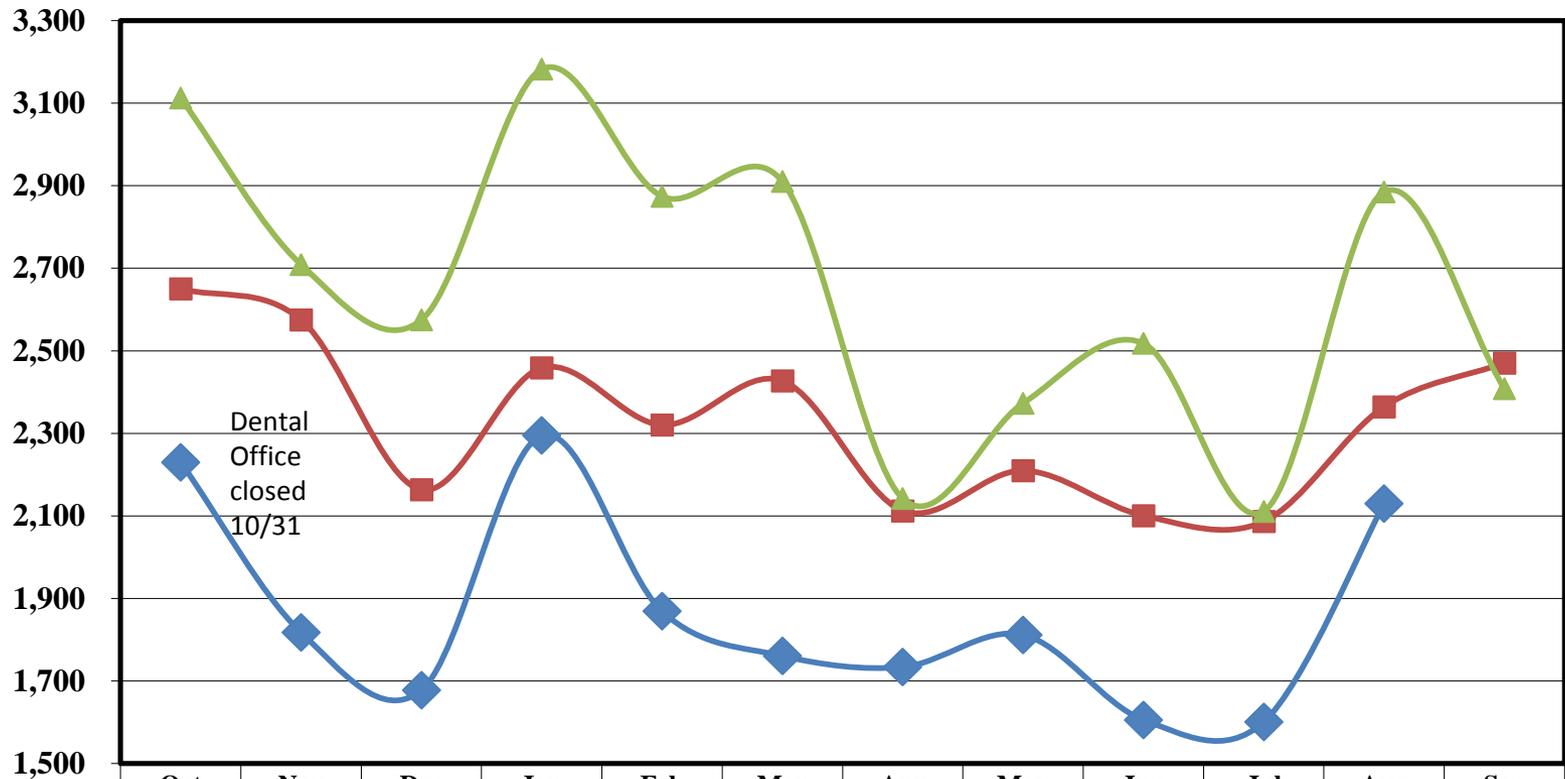
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	692	733	691	763	636	546	582	660	494	561	603	
FY 2018 Budget	744	677	677	744	677	710	710	744	710	710	778	644
FY 2017	599	673	659	733	669	751	762	734	703	695	621	686

Total Outpatient Occasions of Service



Center for Primary Care Total Visits

(FQHC - Clements & West University)



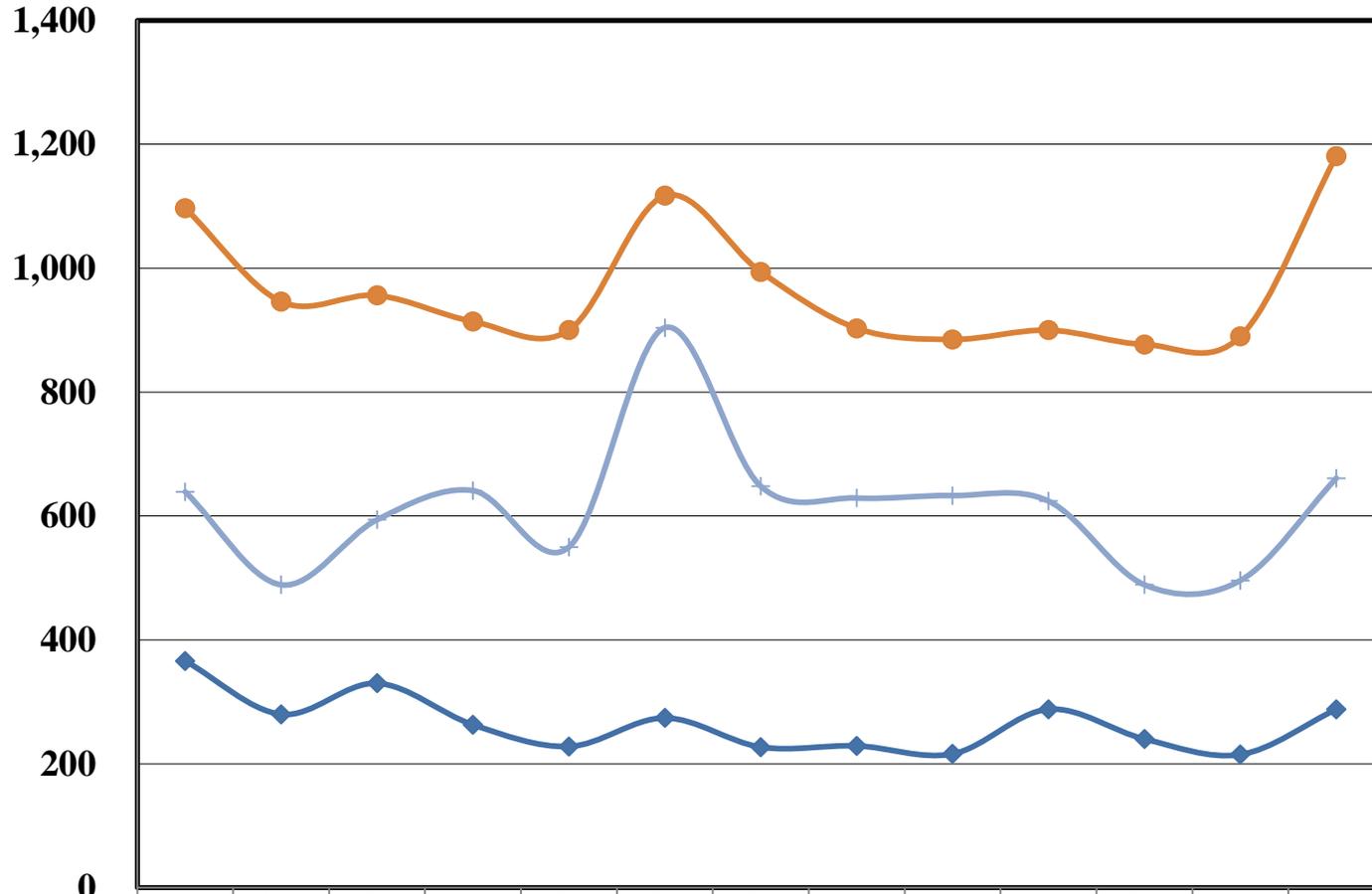
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	2,230	1,818	1,678	2,295	1,869	1,761	1,734	1,812	1,606	1,601	2,130	
FY 2018 Budget	2,650	2,575	2,164	2,459	2,320	2,427	2,113	2,210	2,101	2,087	2,364	2,471
FY 2017	3,112	2,709	2,575	3,182	2,874	2,910	2,142	2,373	2,518	2,111	2,885	2,408

Budget excludes Dental Clinic after 10/31/2017

Center for Primary Care Visits

(FQHC - Clements and West University)

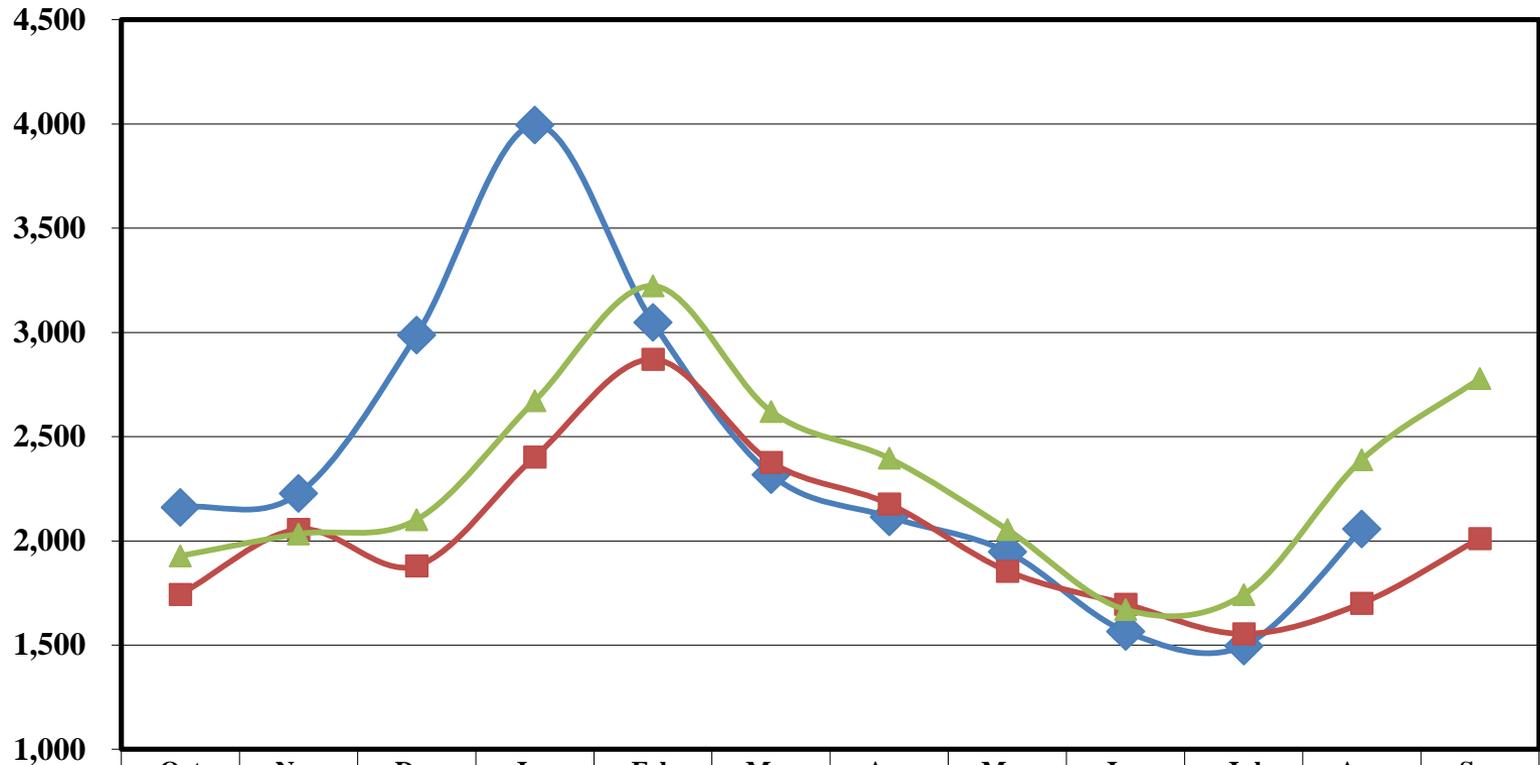
Thirteen Month Trending – Excluding Dental Clinic



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—●— Clements Medical	1,097	946	956	914	900	1,117	994	903	885	900	877	890	1,181
—+— W. University Medical	639	489	594	641	550	904	648	629	633	624	489	496	661
—◆— W. University Optometry	366	280	330	263	228	274	227	229	216	288	240	215	288

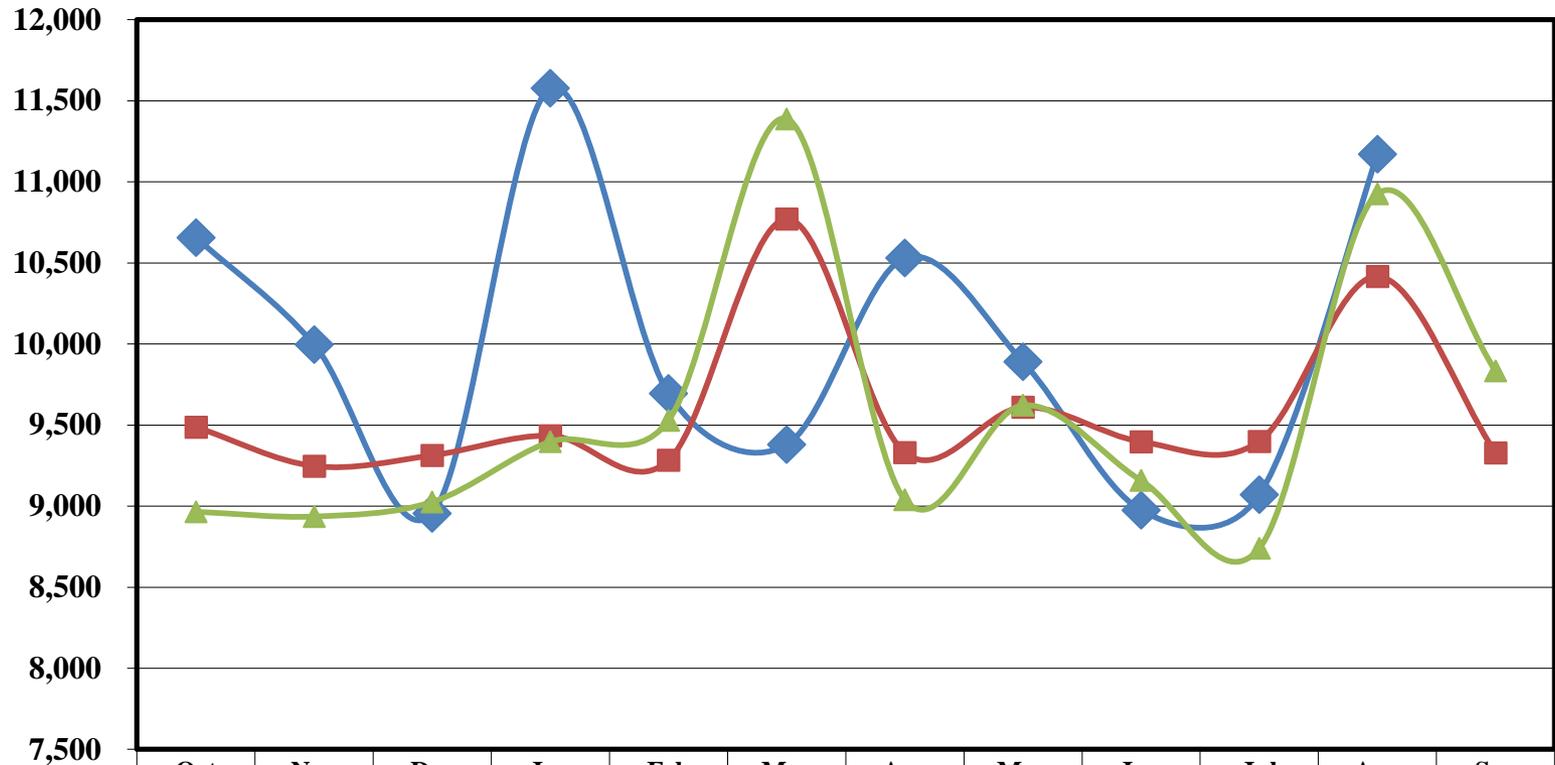
Urgent Care Visits

(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	1,947	1,566	1,496	2,057	
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

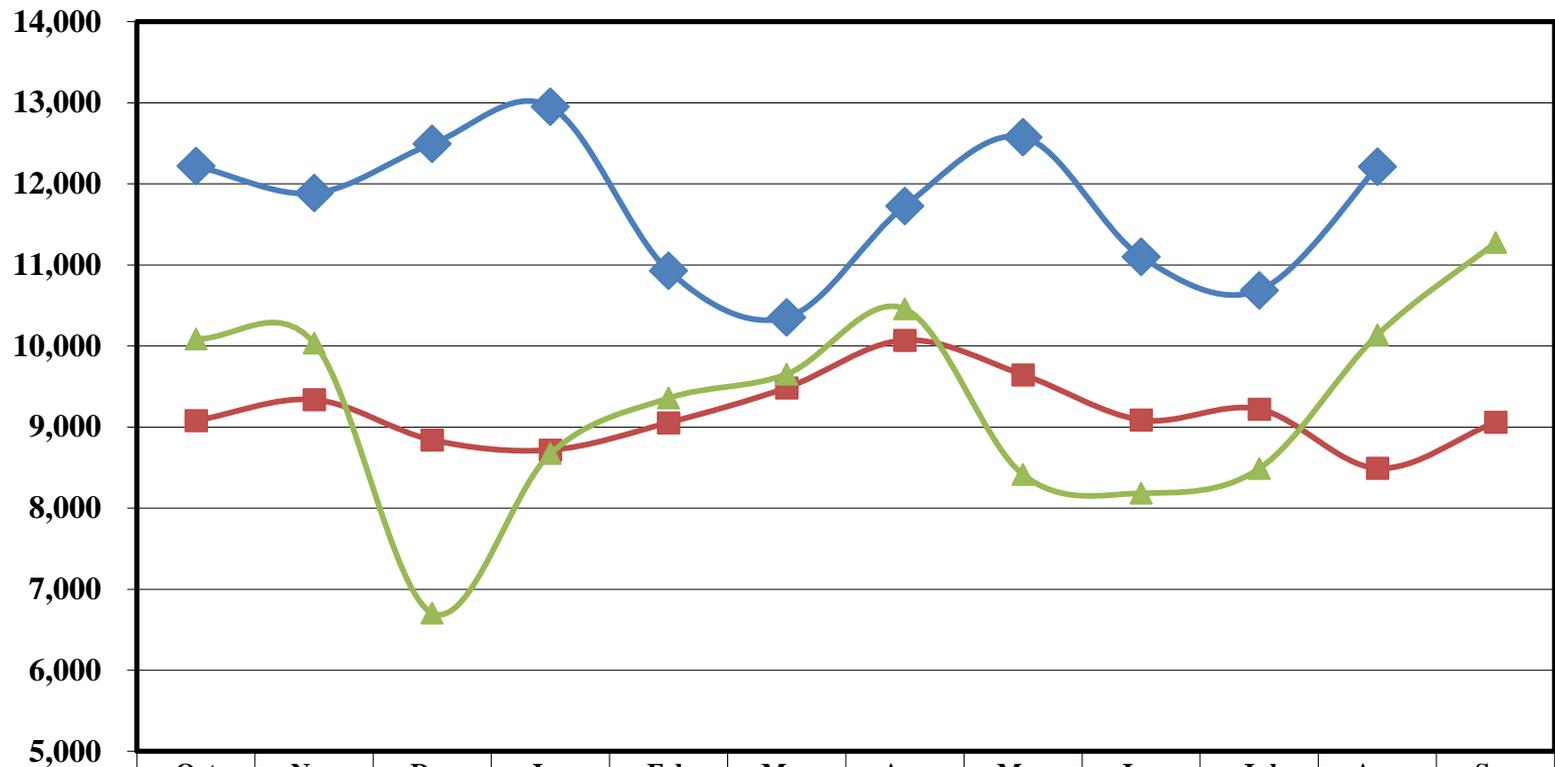
Total ProCare Office Visits



	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	9,890	8,975	9,070	11,170	
■ 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



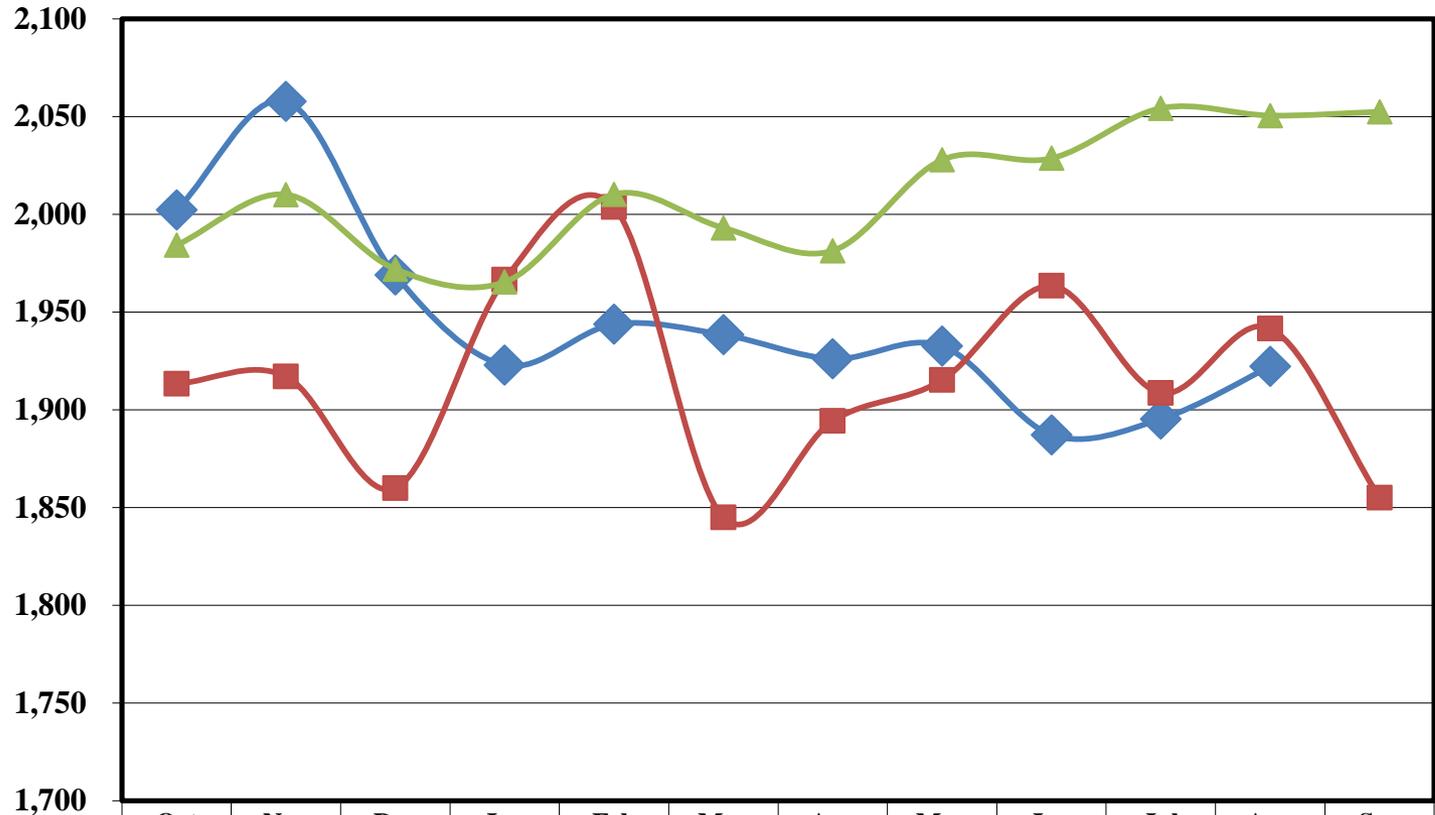
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2018	12,220	11,886	12,494	12,953	10,929	10,352	11,727	12,577	11,102	10,687	12,211	
■ FY 2018 Budget	9,079	9,338	8,841	8,718	9,055	9,485	10,072	9,646	9,088	9,221	8,492	9,061
▲ FY 2017	10,088	10,036	6,705	8,672	9,357	9,653	10,458	8,414	8,184	8,488	10,137	11,276

Staffing



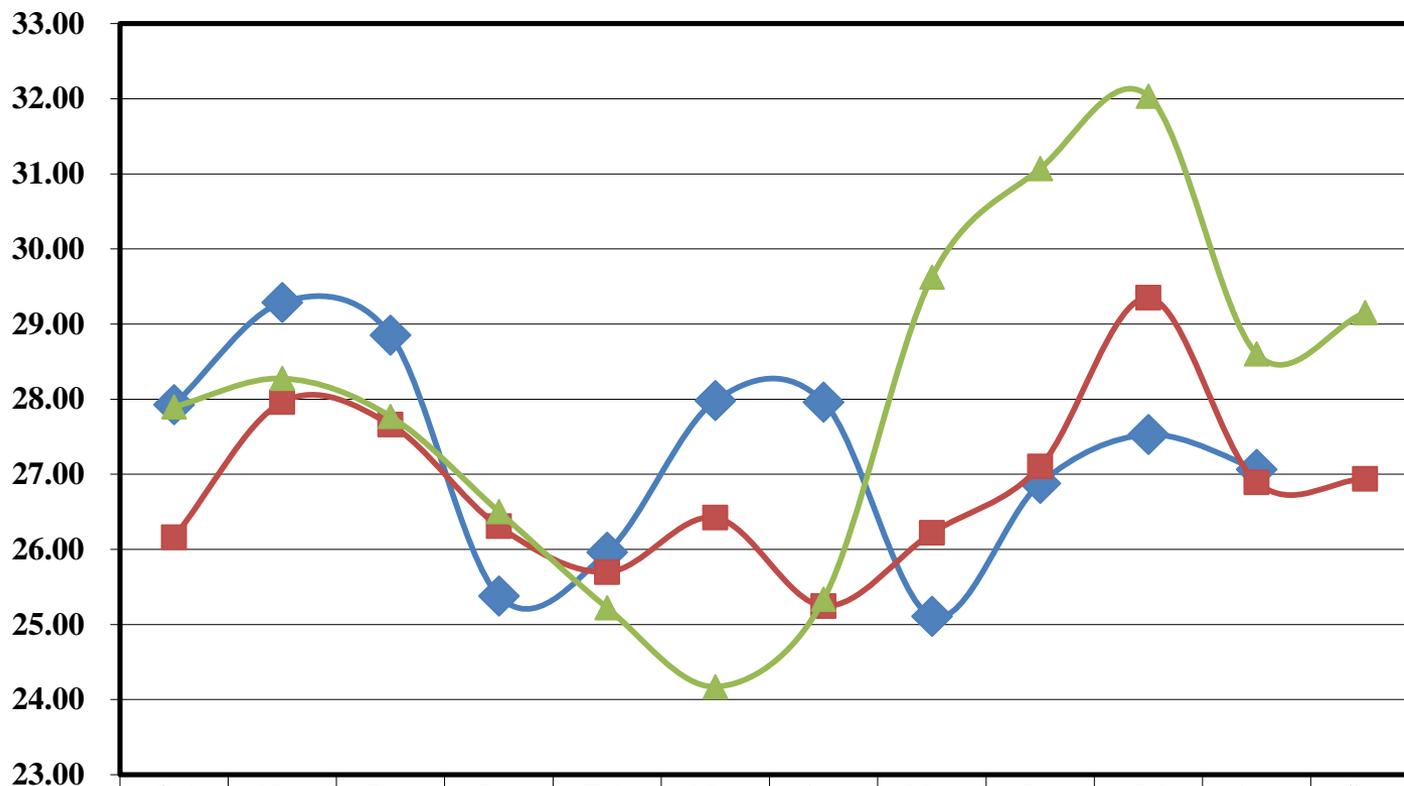
Blended FTE's

Including Contract Labor and Management Services



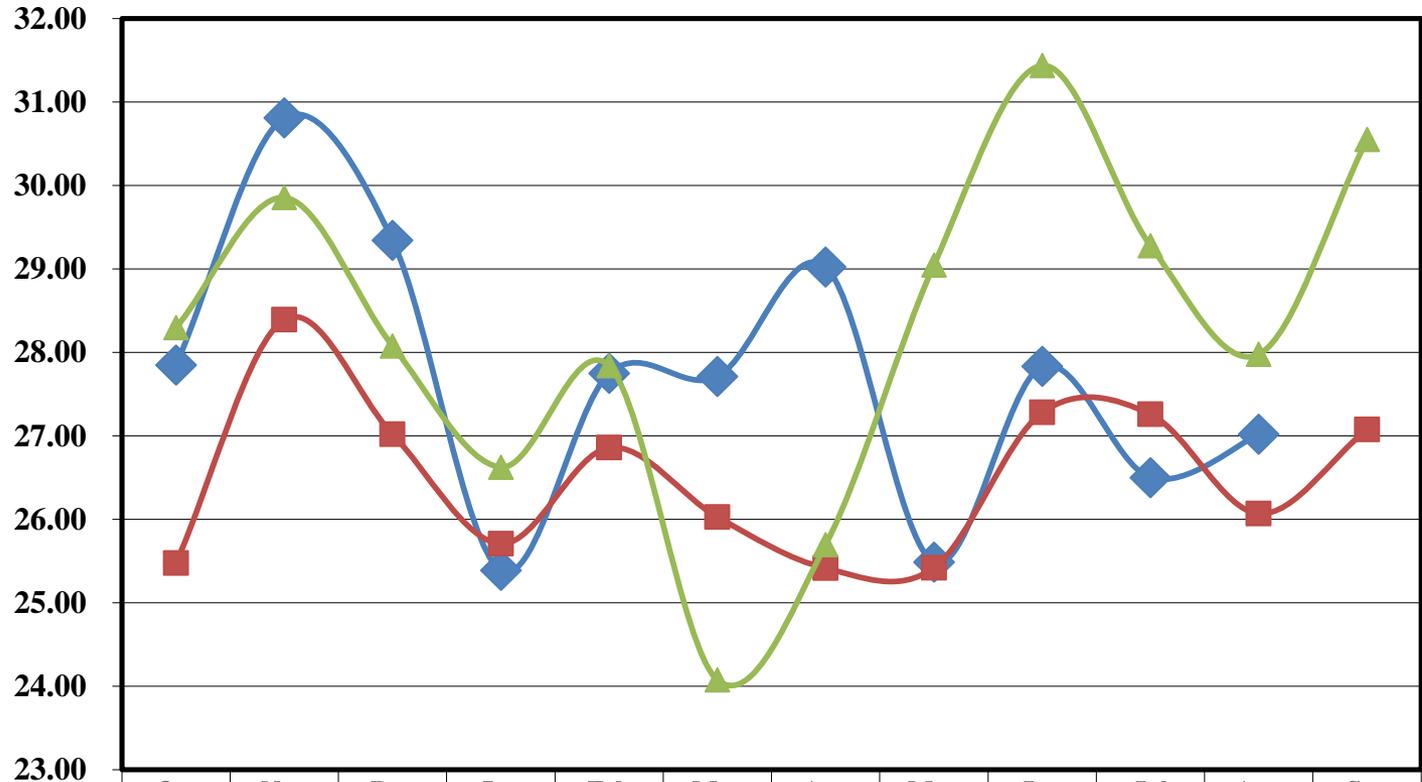
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	2,002	2,058	1,969	1,923	1,944	1,938	1,926	1,933	1,887	1,895	1,922	
FY 2018 Budget	1,913	1,917	1,860	1,966	2,004	1,845	1,894	1,915	1,963	1,909	1,942	1,855
FY 2017	1,984	2,010	1,972	1,965	2,010	1,993	1,981	2,028	2,029	2,054	2,051	2,052

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	27.96	25.11	26.88	27.53	27.06	
■ 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	29.63	31.07	32.03	28.60	29.15

Paid Hours per Adjusted Patient Day (Medical Center Hospital)



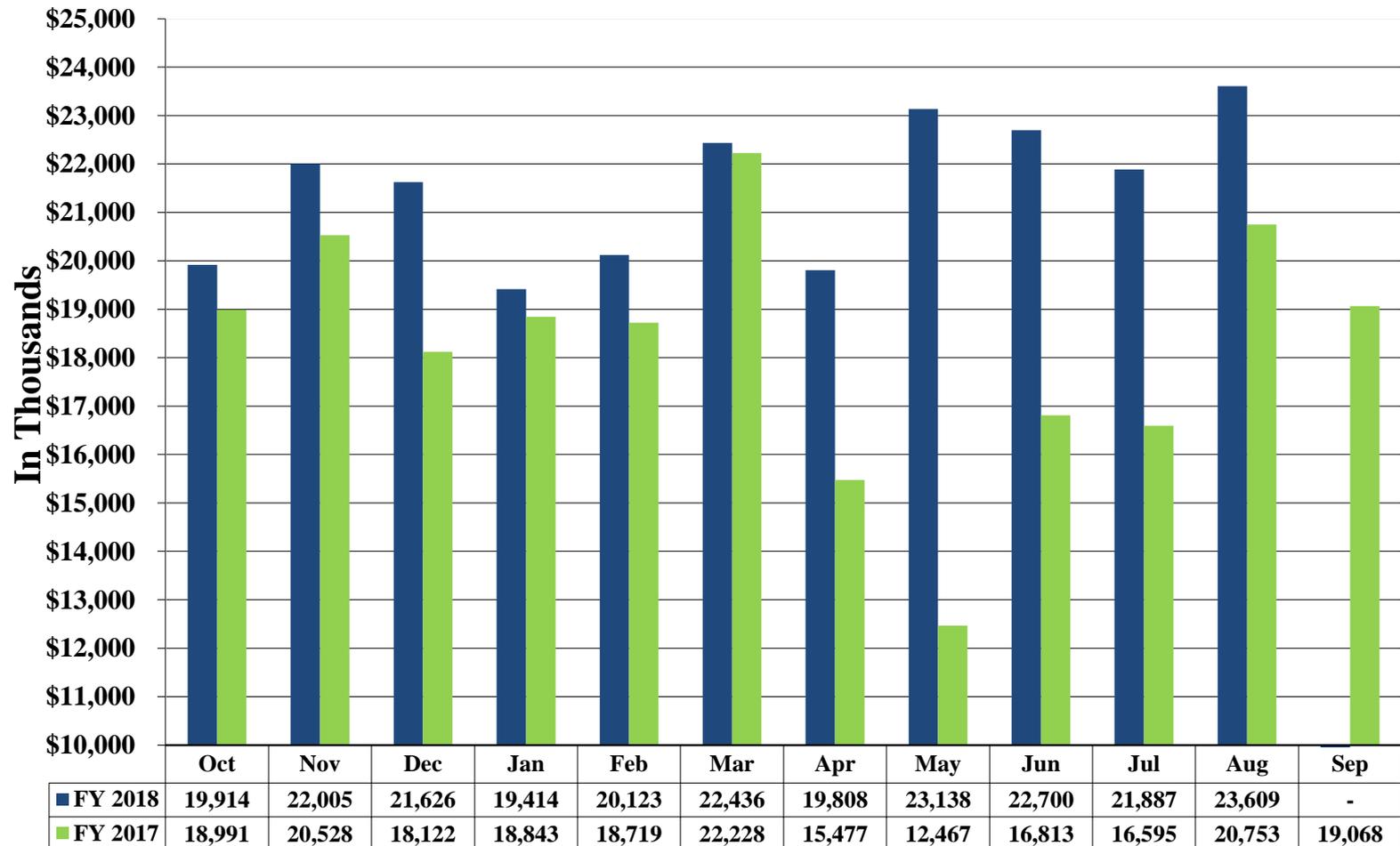
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2018	27.85	30.81	29.34	25.39	27.75	27.71	29.02	25.49	27.83	26.50	27.02	
FY 2018 Budget	25.48	28.39	27.02	25.71	26.86	26.03	25.41	25.42	27.28	27.26	26.07	27.08
FY 2017	28.30	29.86	28.08	26.63	27.84	24.08	25.70	29.05	31.44	29.28	27.98	30.55

Accounts Receivable



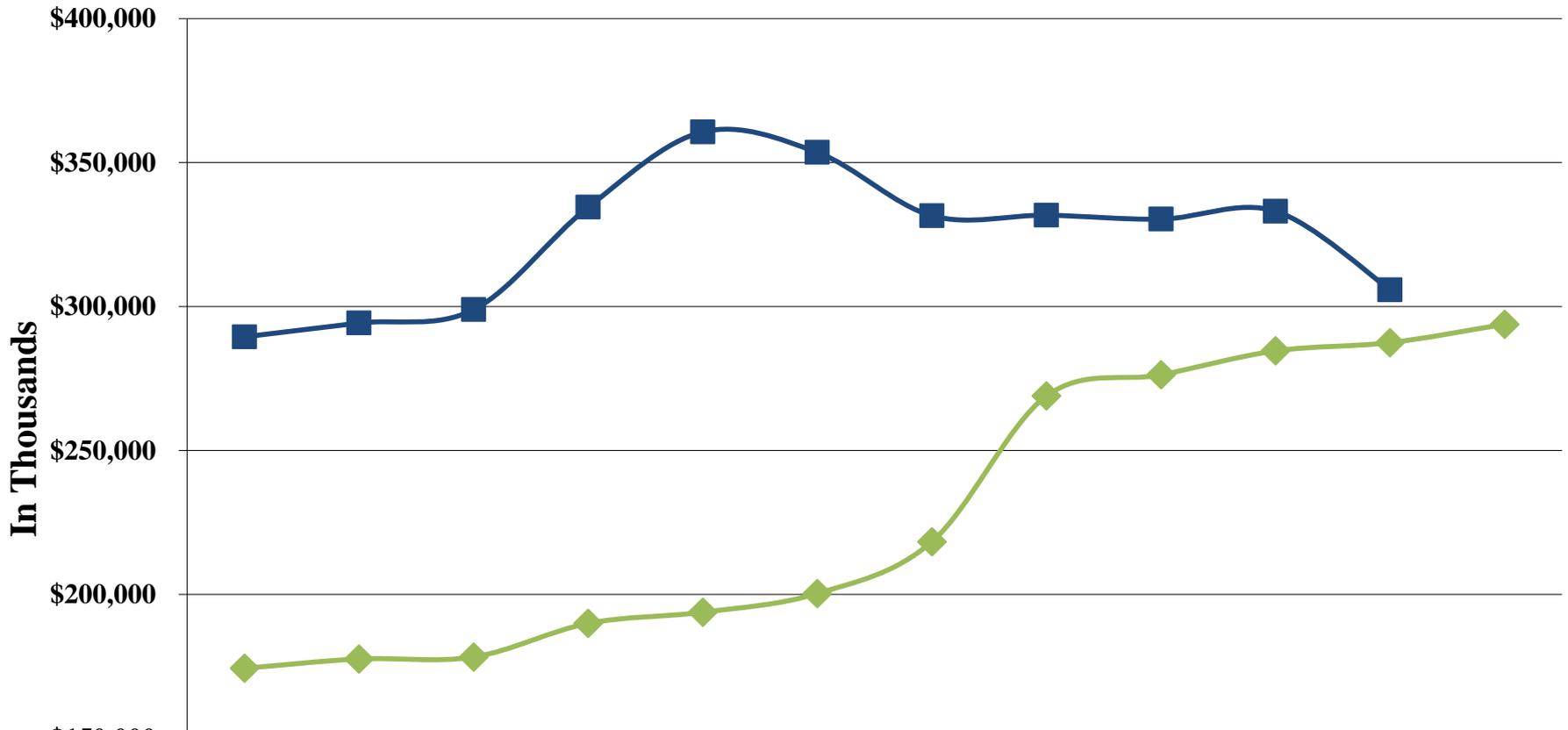
AR Cash Receipts

Compared to Prior Year (Ector County Hospital District)



Accounts Receivable – Gross

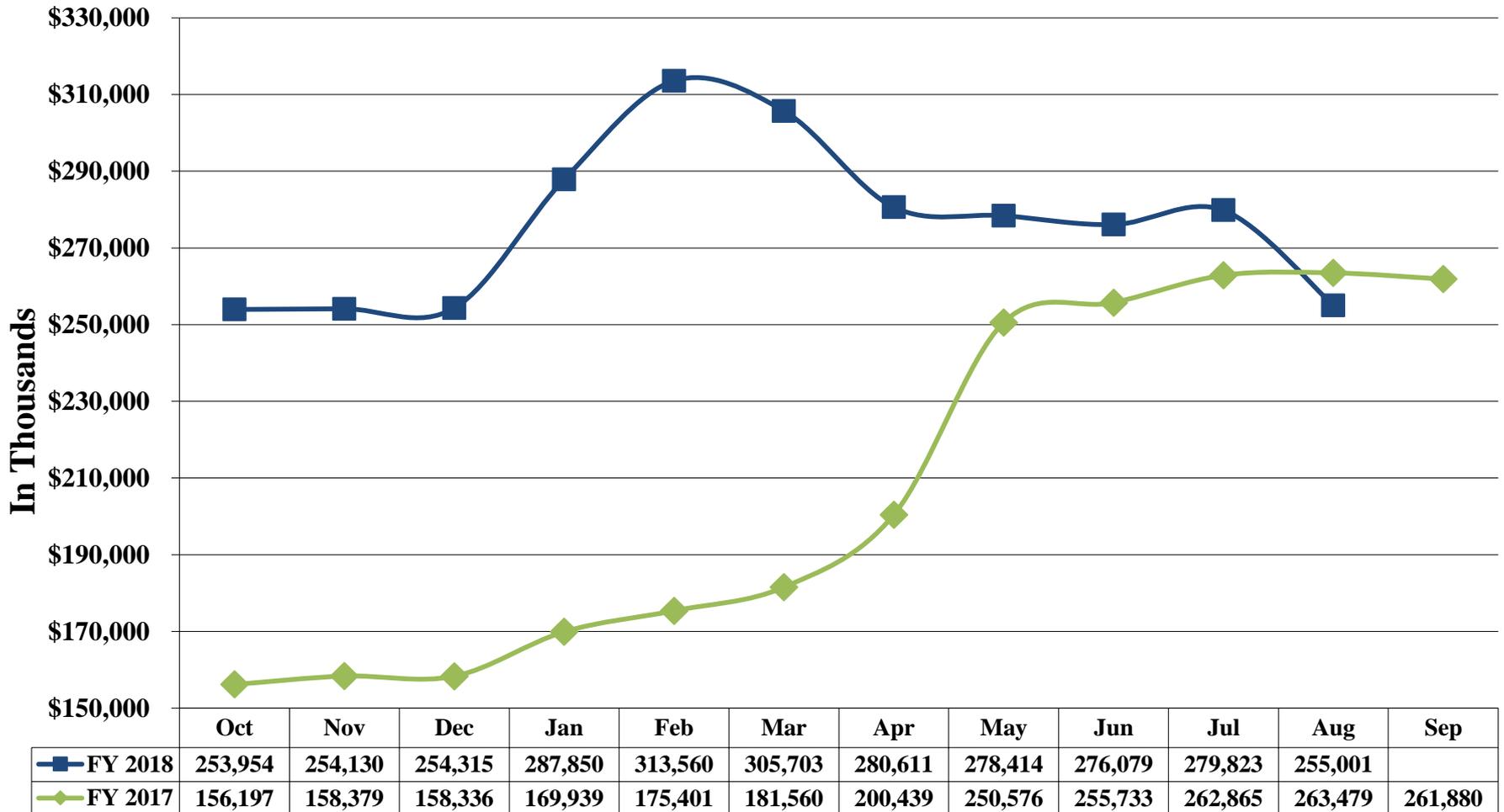
(Ector County Hospital District)



	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	331,701	330,329	333,098	305,824	
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

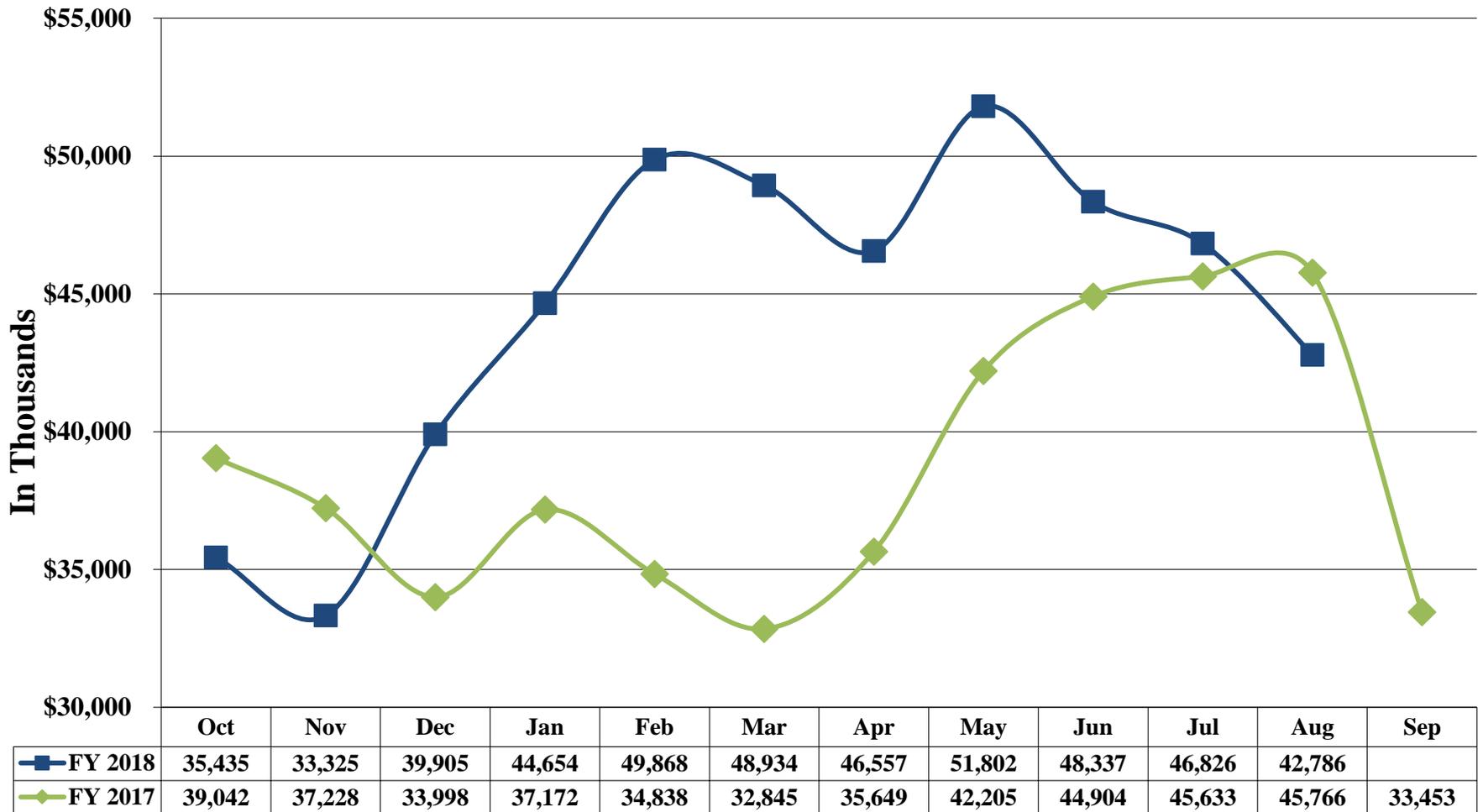
Accounts Receivable – Gross

(Medical Center Hospital)

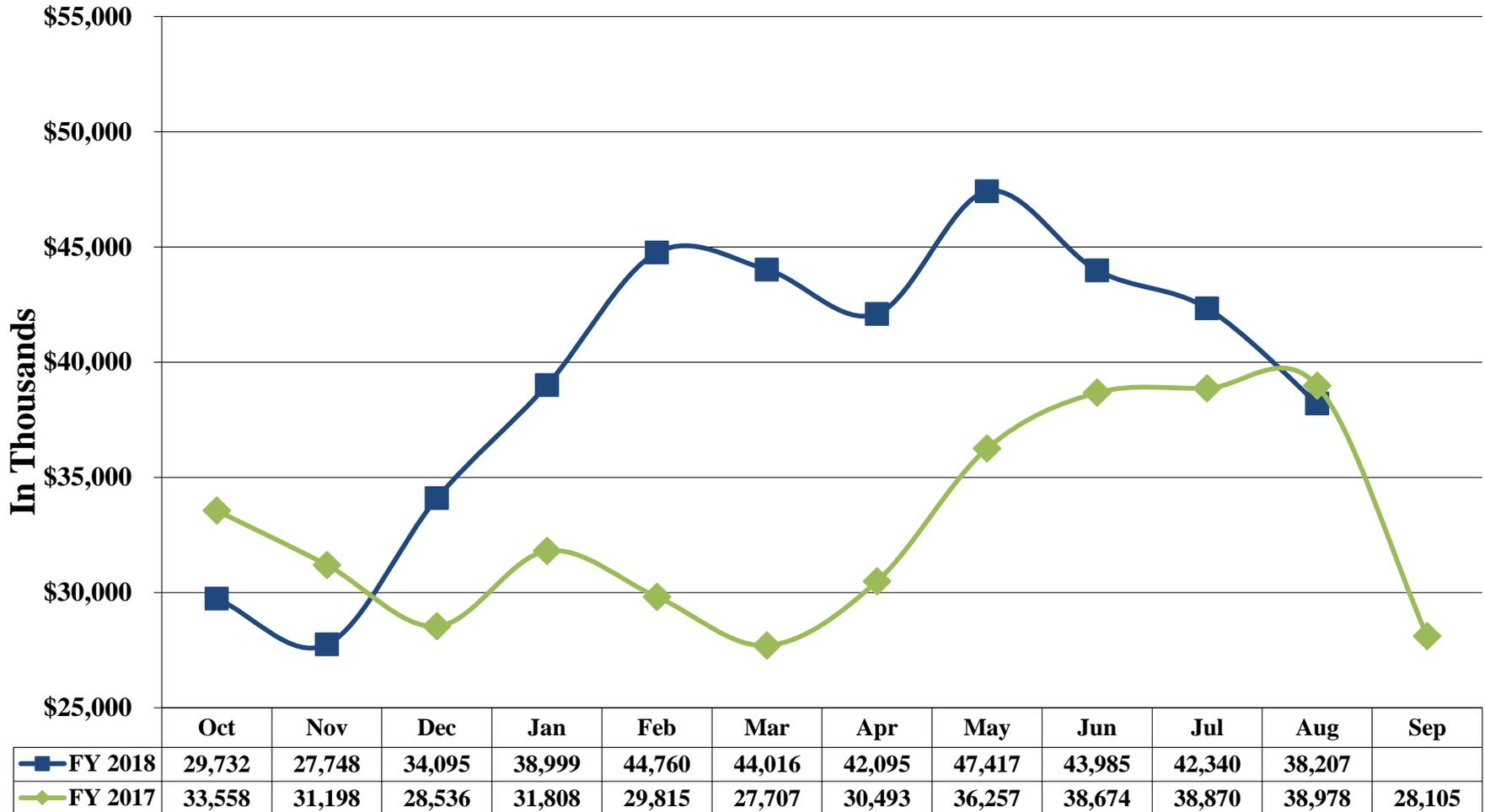


Accounts Receivable – Net

(Ector County Hospital District)

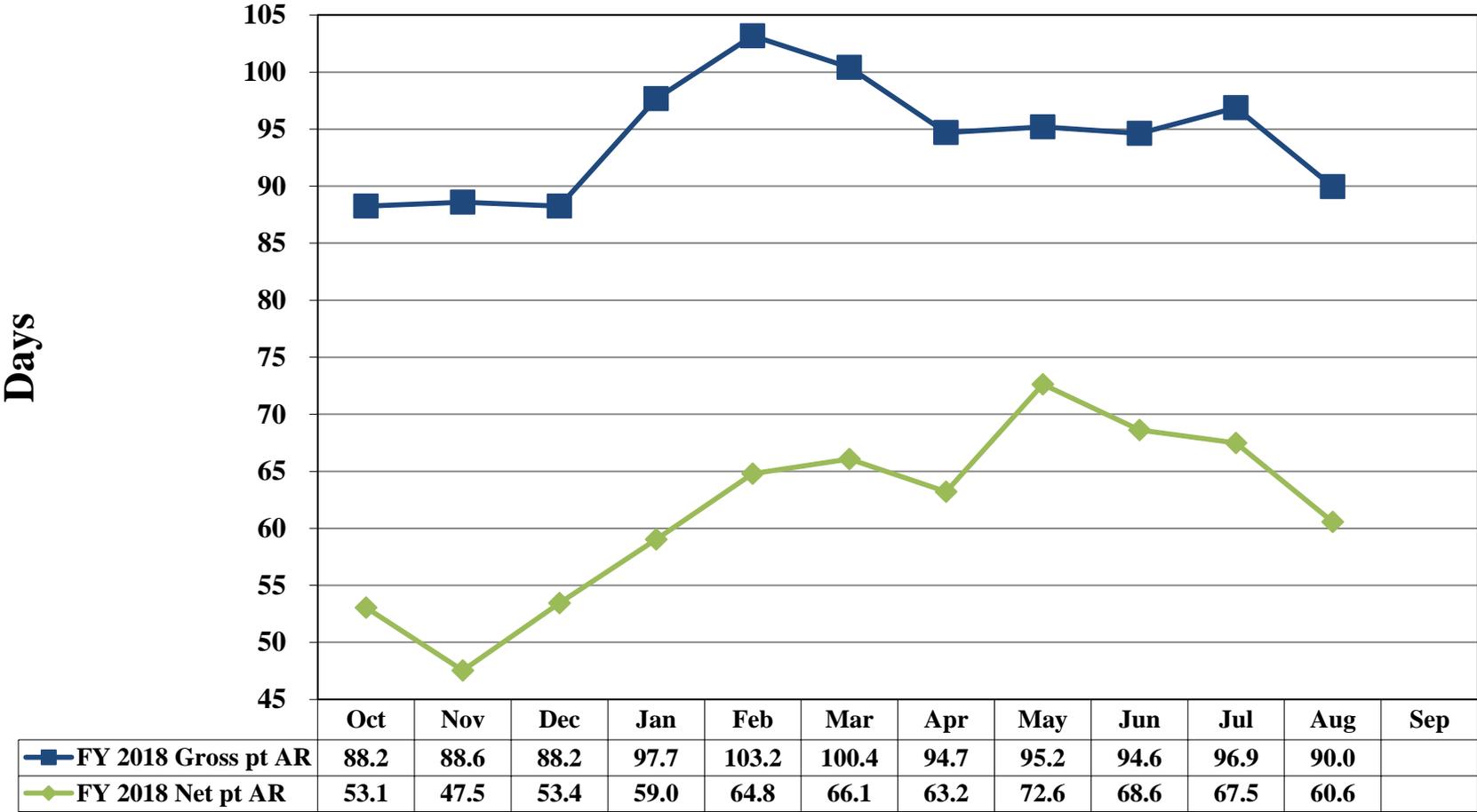


Accounts Receivable – Net (Medical Center Hospital)



Days in Accounts Receivable

Ector County Hospital District

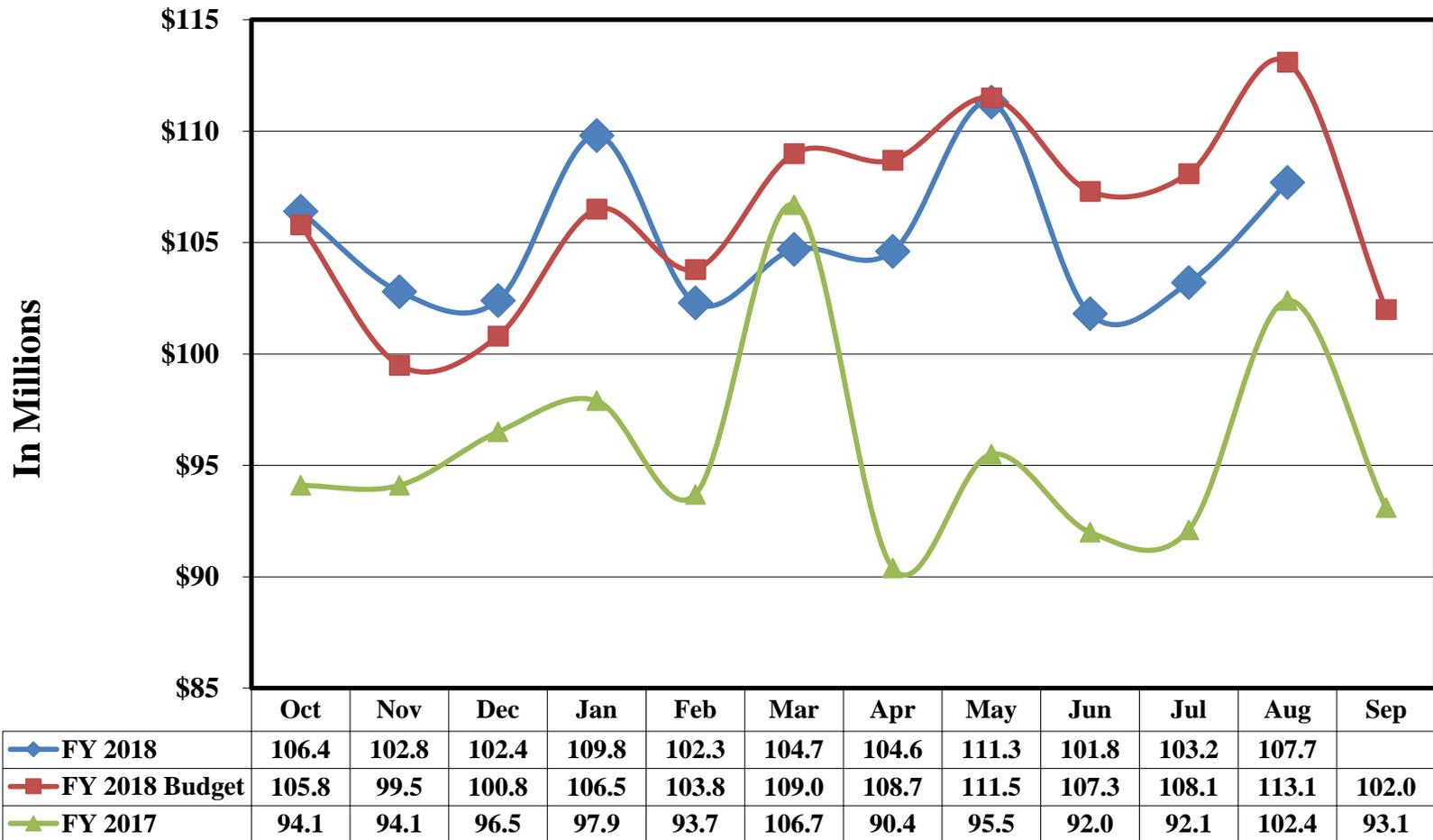


Revenues & Revenue Deductions



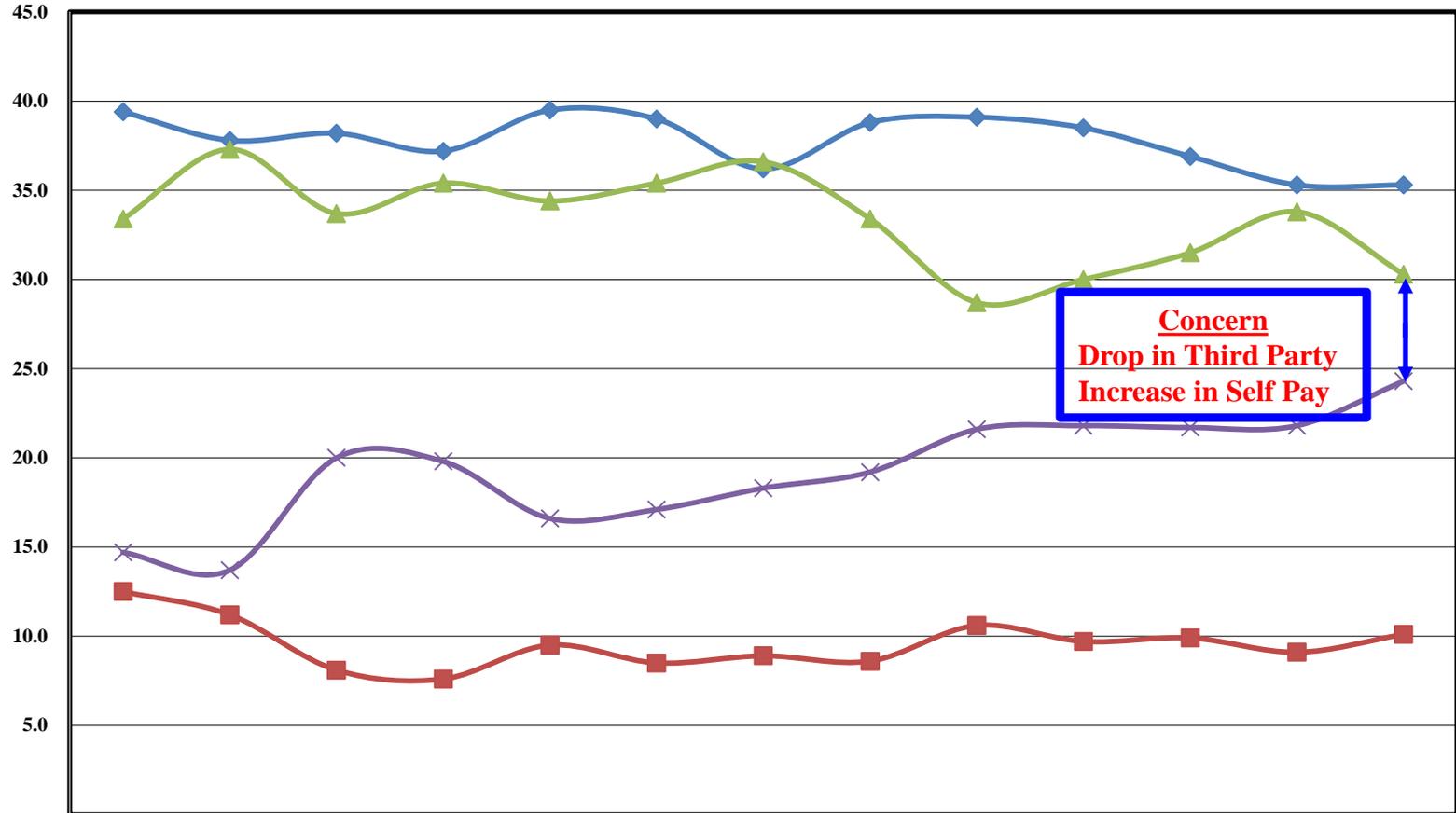
Total Patient Revenues

(Ector County Hospital District)



Hospital Revenue Payor Mix

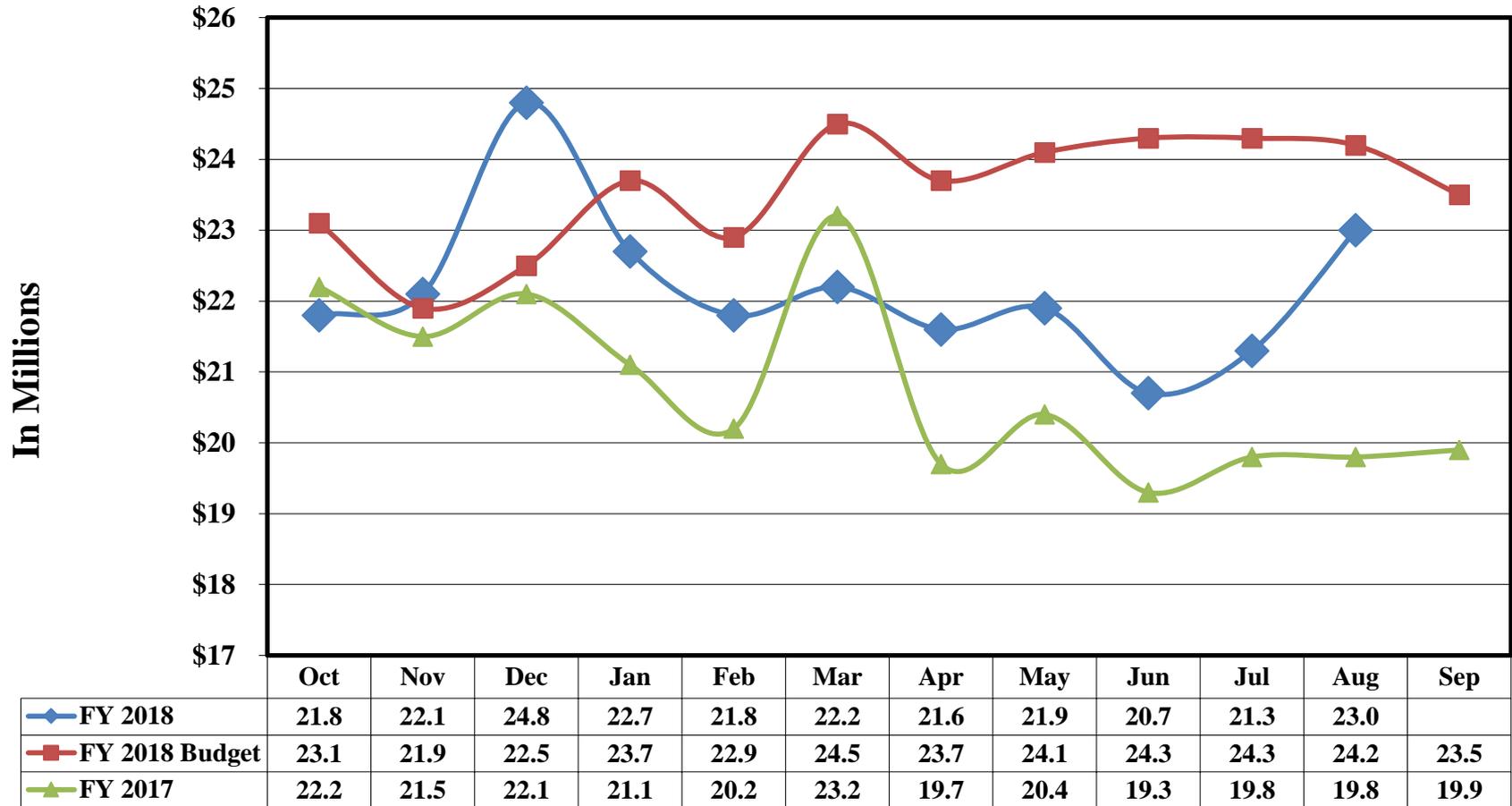
13 Month Trend



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Medicare	39.4	37.8	38.2	37.2	39.5	39.0	36.2	38.8	39.1	38.5	36.9	35.3	35.3
Medicaid	12.5	11.2	8.1	7.6	9.5	8.5	8.9	8.6	10.6	9.7	9.9	9.1	10.1
Third Party	33.4	37.3	33.7	35.4	34.4	35.4	36.6	33.4	28.7	30.0	31.5	33.8	30.3
Private	14.7	13.7	20.0	19.8	16.6	17.1	18.3	19.2	21.6	21.8	21.7	21.8	24.3

Net Patient Revenues

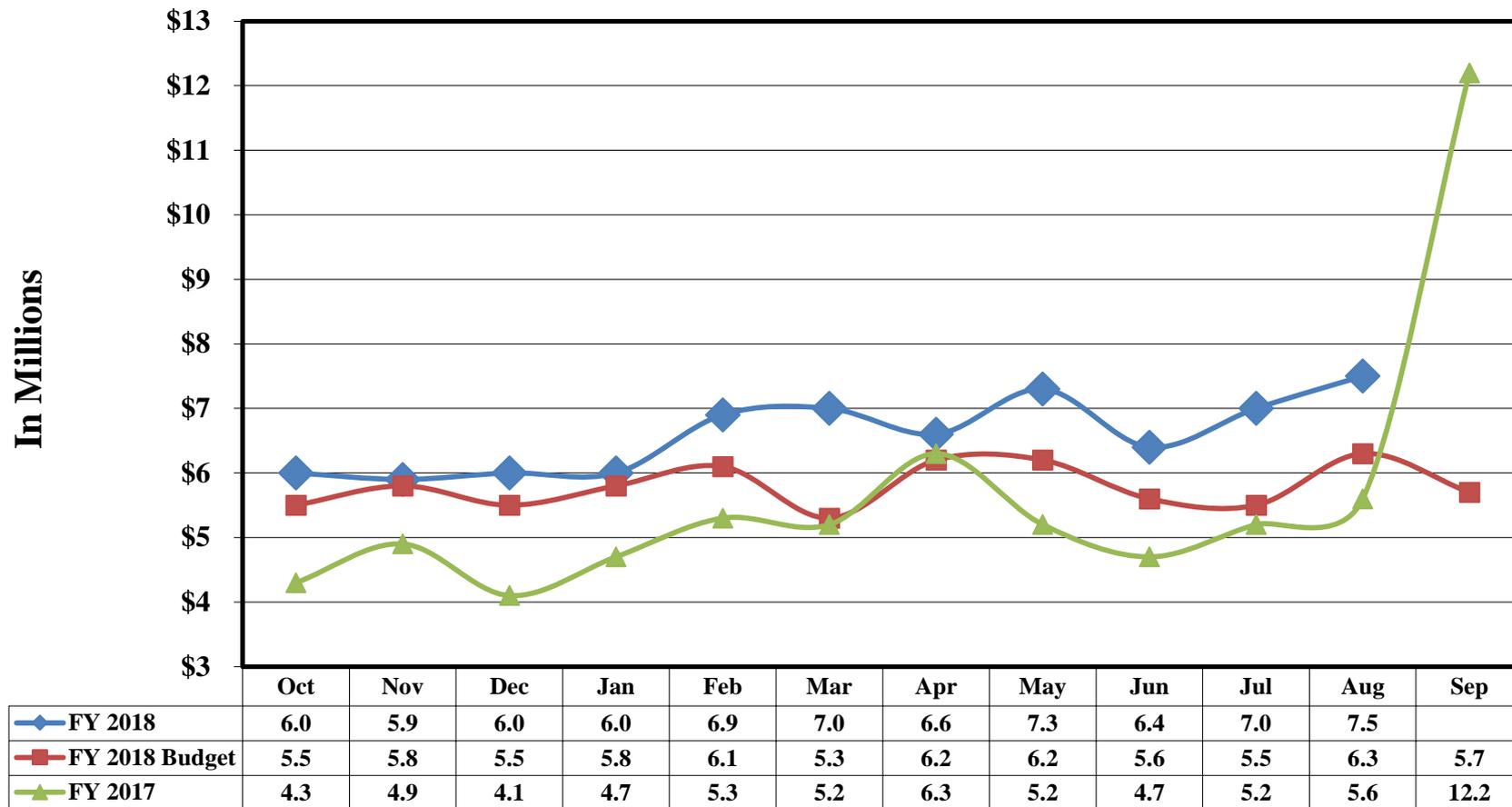
(Ector County Hospital District)



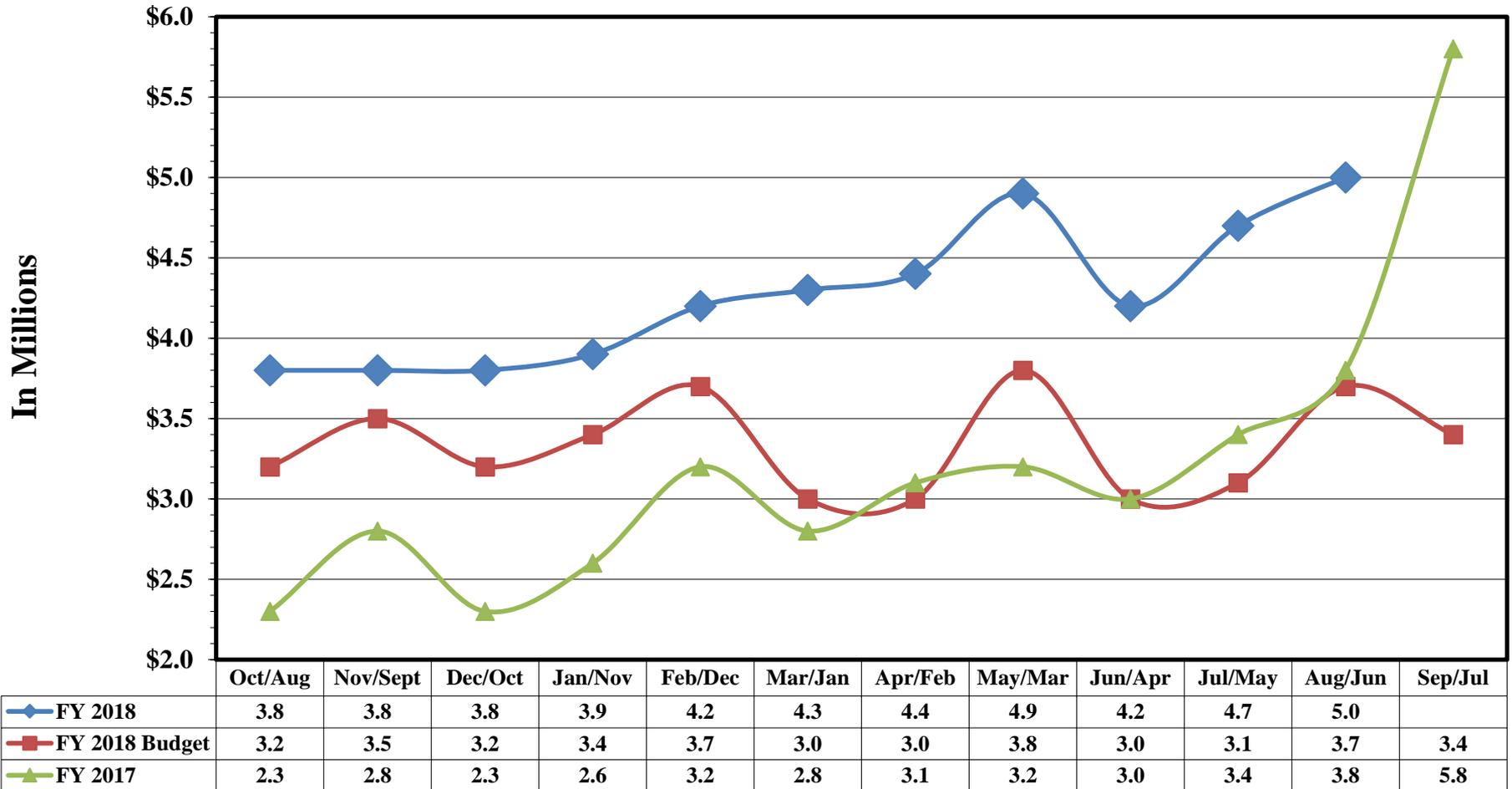
Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



Sales Tax Receipts

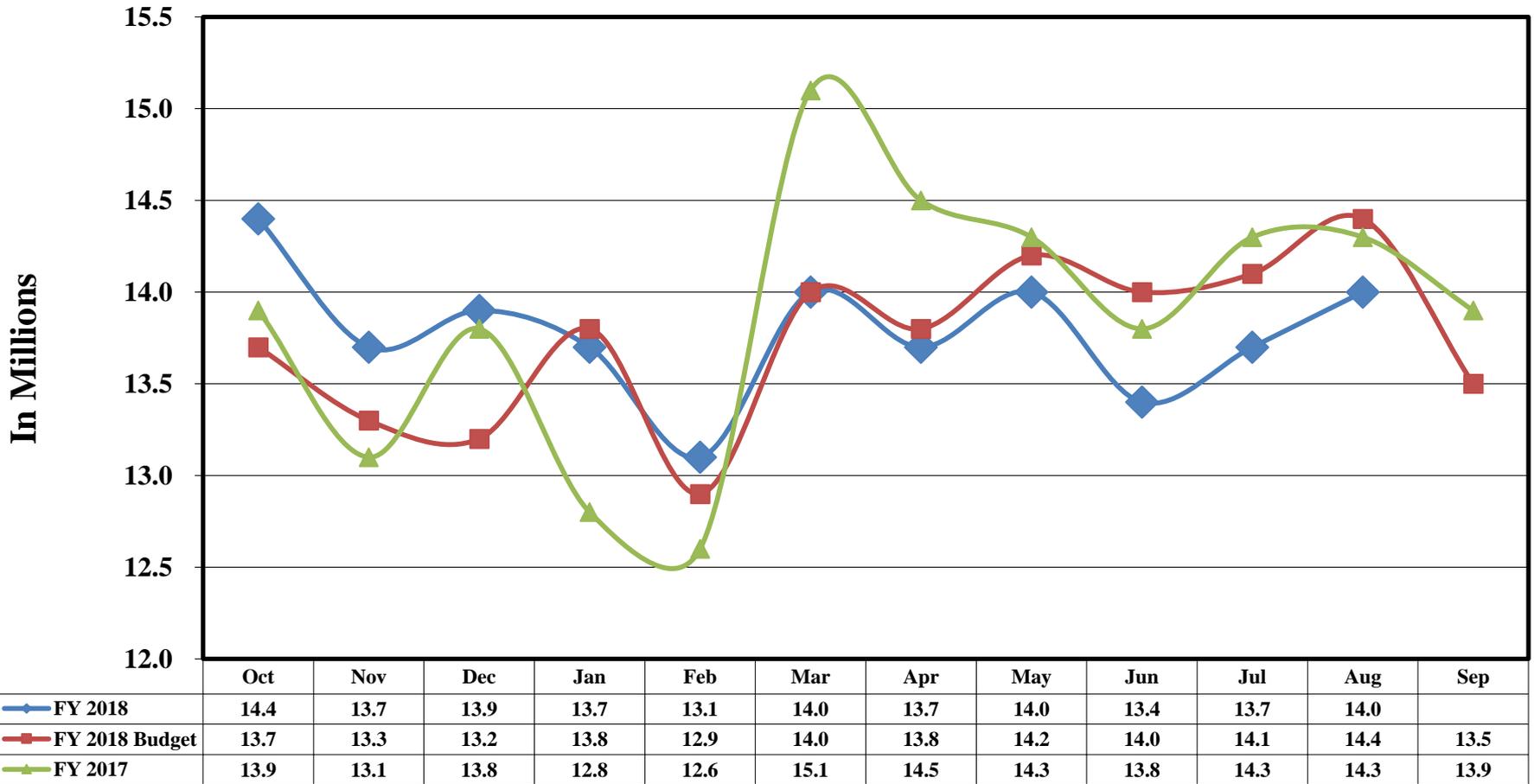


Operating Expenses



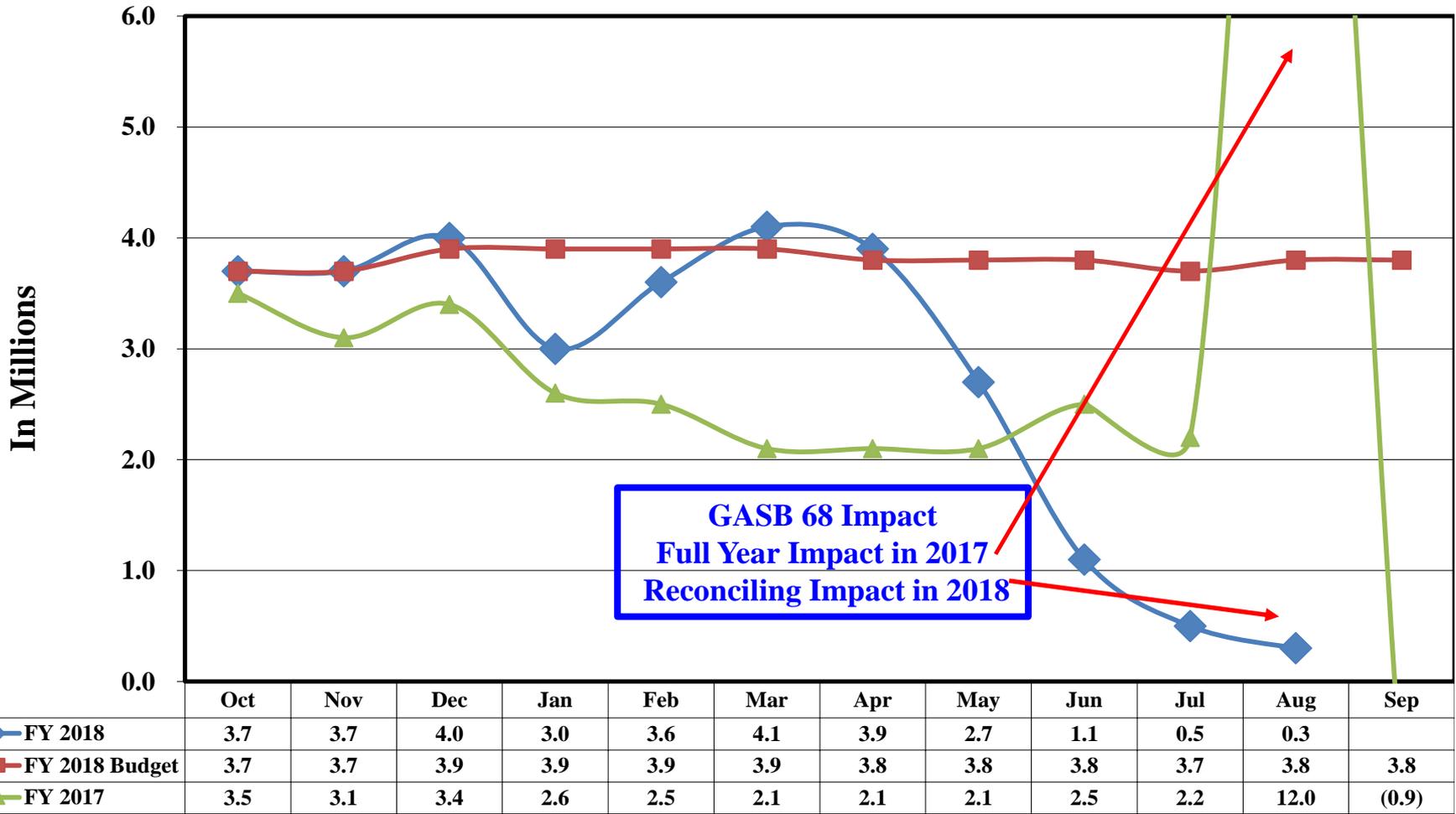
Salaries, Wages & Contract Labor

(Ector County Hospital District)

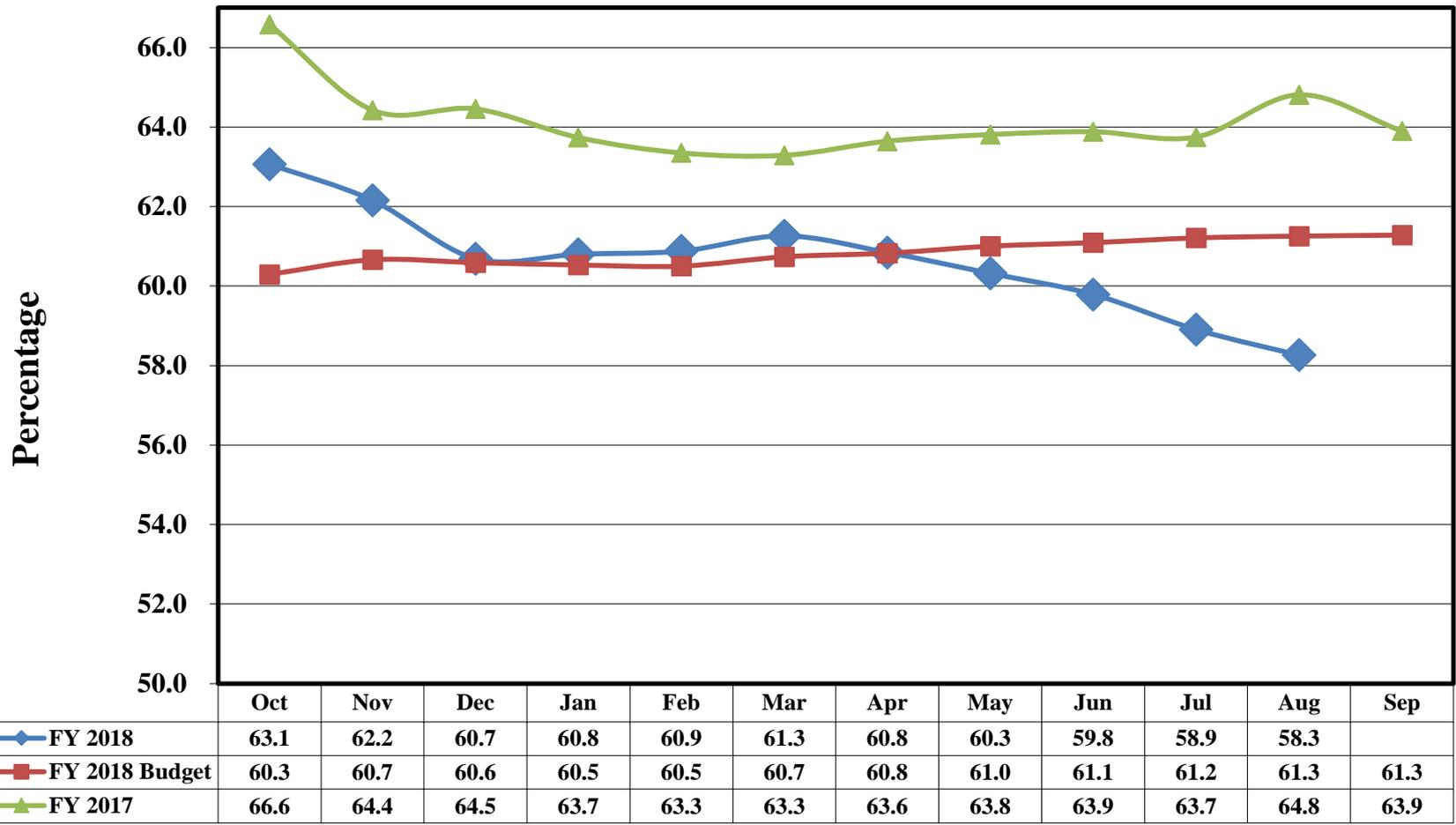


Employee Benefit Expense

(Ector County Hospital District)

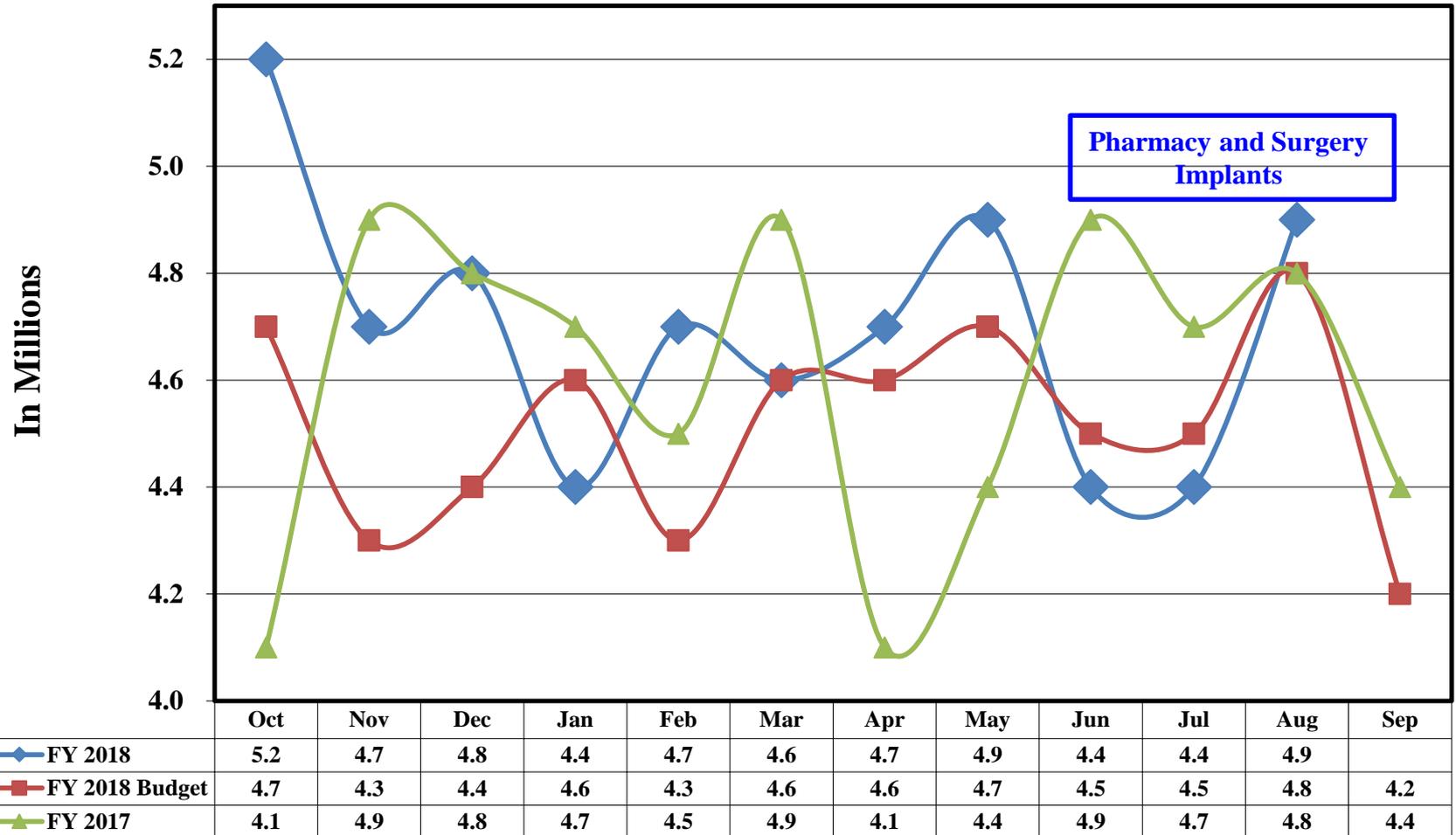


Salaries, Wages, Benefits, and Temp Labor as a % of Total Operating Expense Year-to-Date (Ector County Hospital District)



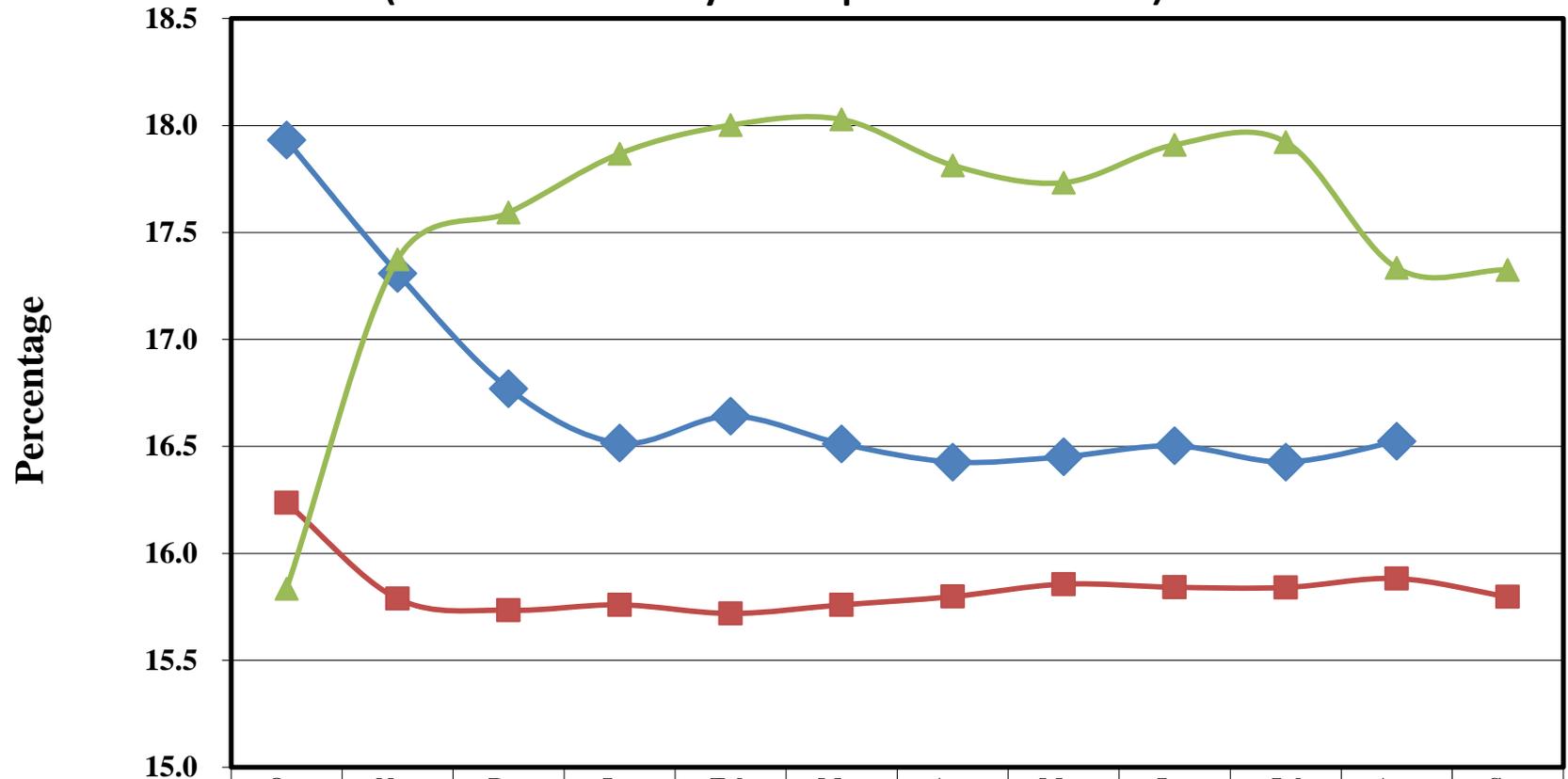
Supply Expense

(Ector County Hospital District)



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

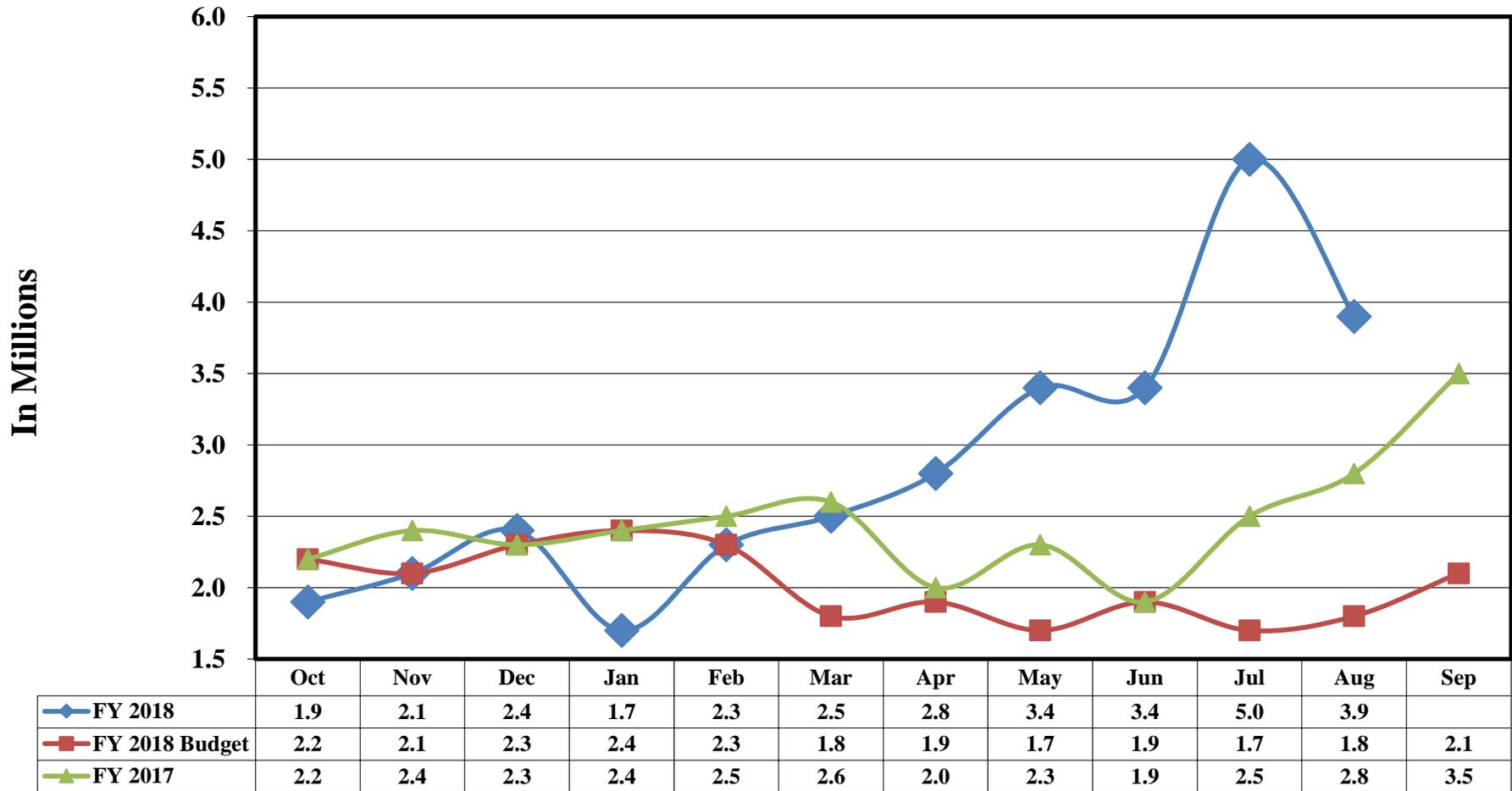
(Ector County Hospital District)



	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	16.5	16.5	16.4	16.5	
■ 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

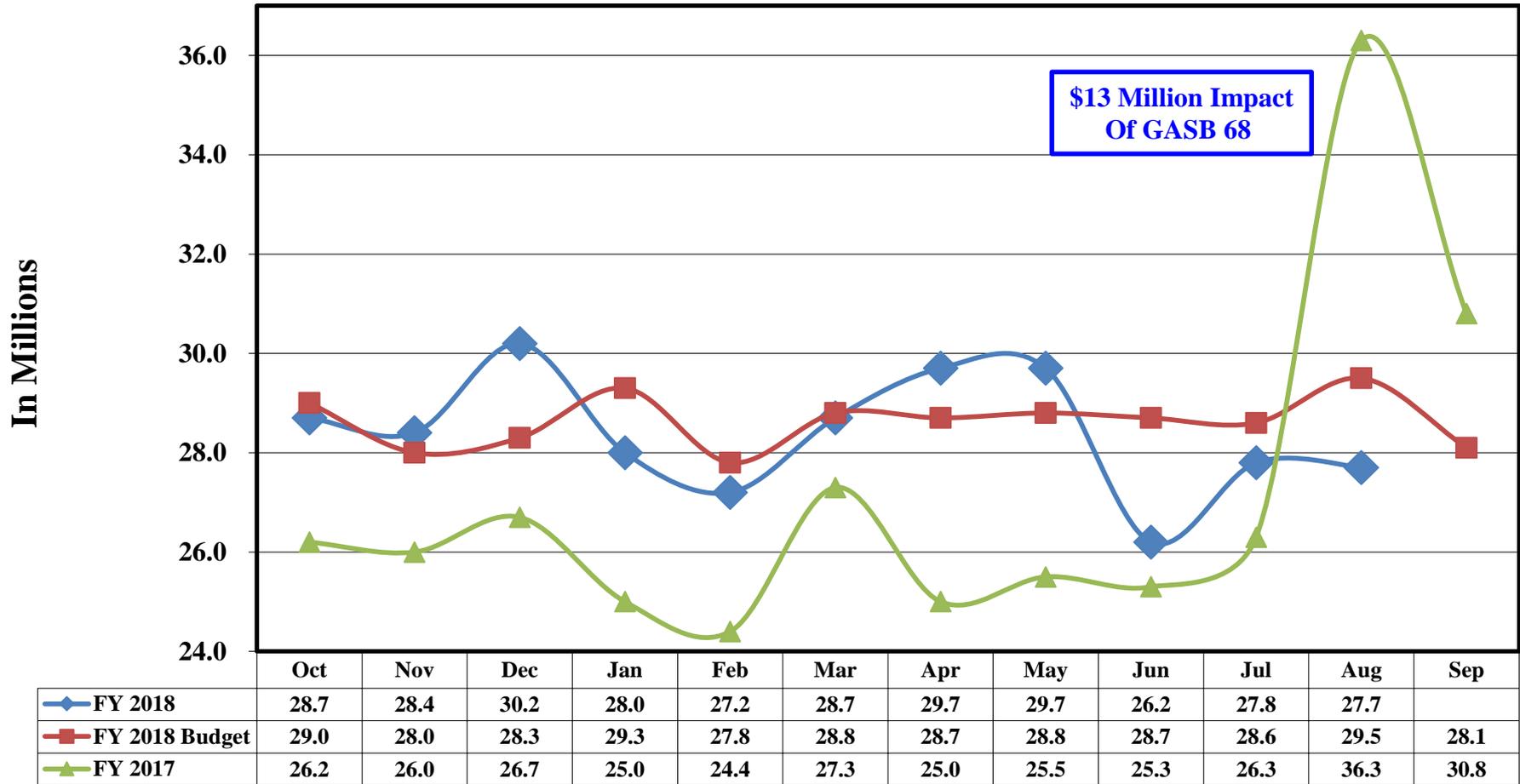
Purchased Services

(Ector County Hospital District)



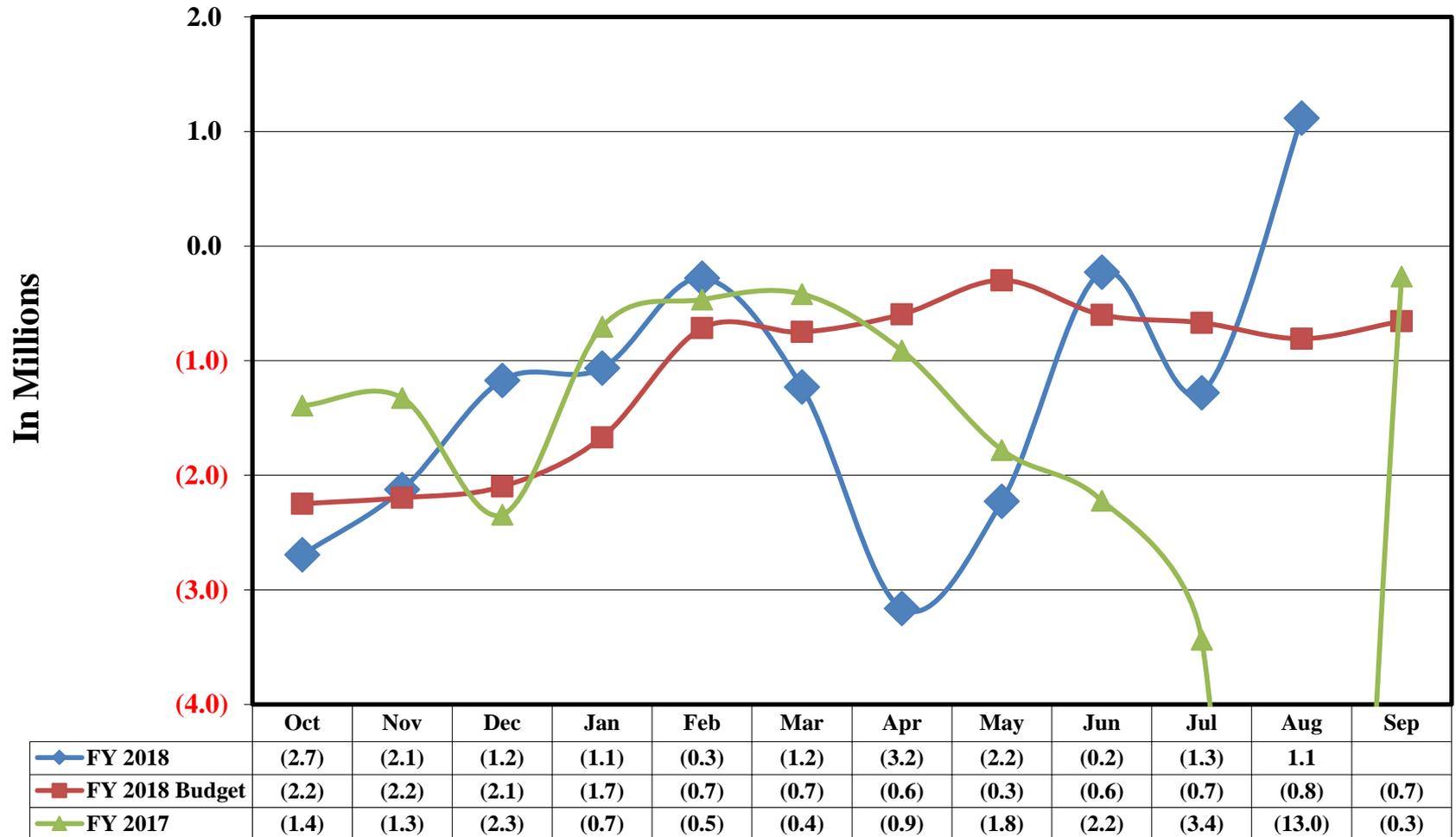
Total Operating Expense

(Ector County Hospital District)



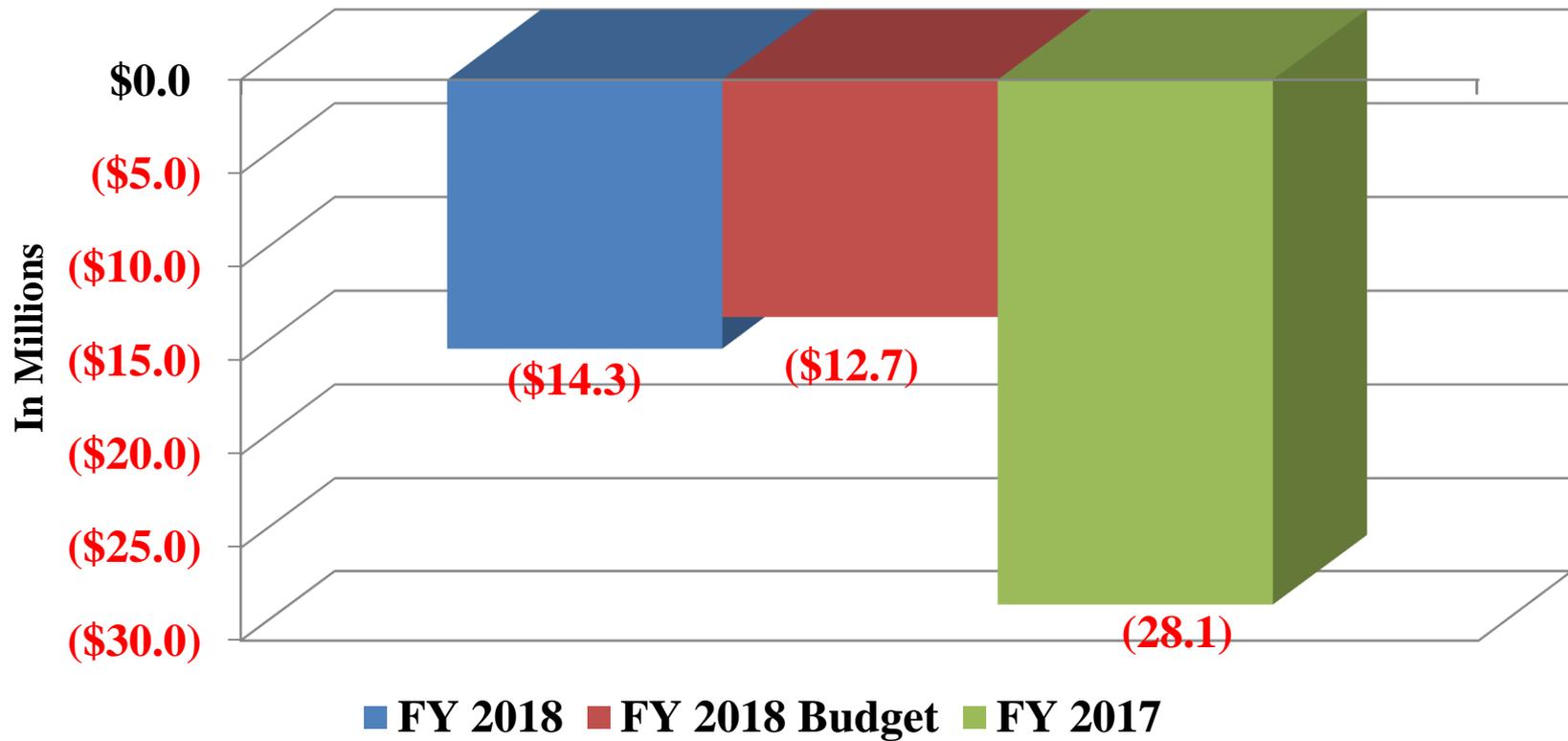
Change in Net Position

Ector County Hospital District Operations



Change in Net Position

Ector County Hospital District Operations – Year to Date

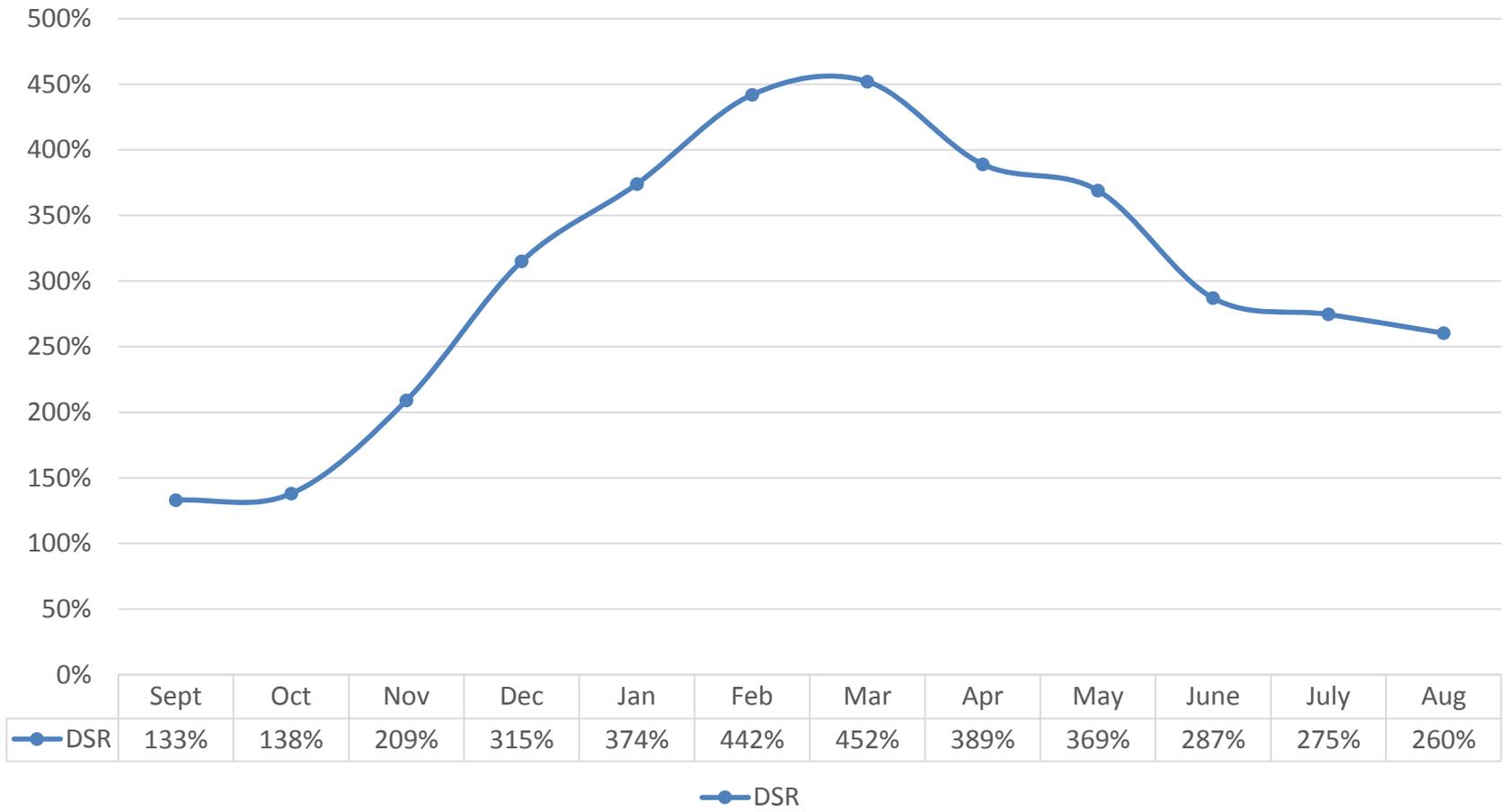


Days Cash on Hand



Year-to-Date Debt Service Ratio

Must be Greater Than 110%







October 2, 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
Ben Abda, Rafik DO	Radiology	Radiology/ Telemedicine	VRAD	10/02/2018 – 10/01/2019
Henry, Charles MD	Radiology	Radiology/ Telemedicine	VRAD	"
Huff, Mary MD	Radiology	Radiology/ Telemedicine	VRAD	"
*Irving, Steven, MD	Emergency	Emergency Medicine	BEPO	"
Viney, Robert Shelton MD	Surgery	Surgery	TTUHSC	"

Allied Health:

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
*Cooper, Christy CNS	Radiology	Radiology	Procure	Dr. Rodenko, Dr. Anderson, and Dr. Townsend	10/02/2018 – 10/01/2020

*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



October 2, 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
Morgan, Joseph DPM	Surgery	Courtesy	Podiatry	Permian Basin Foot and Ankle		11/01/2018 – 10/31/2019
Auringer, Michael MD	Family Medicine	Courtesy	Family Medicine	Pro Care		12/01/2018 – 11/30/2019
Oliver, Larry MD	Internal Medicine	Courtesy	Nephrology			01/01/2019 – 12/31/2019
Rao, Vivek MD	Internal Medicine	Courtesy	Allergy/Immunology			01/01/2019 – 12/31/2019
Adams, Scott MD	Radiology	Associate to Active	Radiology	American Radiology Associates		11/01/2018 – 10/31/2020
Alamo, Jorge MD	Family Medicine	Associate to Active	Family Medicine	Pro Care		"
Aljarwi, Mohammed MD	Pediatrics	Associate to Active	Pediatric Hospitalist	Covenant Medical Group		"
Awtrey, Staton MD	Surgery	Active	Cardiothoracic	Premiere Family Care		"
Davison, William Davis MD	Medicine	Associate to Active	Family Medicine	Pro Care		"
Hughes, T.M MD	Surgery	Active	Urology			"
Ladha, Alim MD	Surgery	Active	Neurology			"

Melotti, Michelle MD	Radiology	Telemedicine	Radiology	VRAD		"
Merkle, Paul MD	Surgery	Active	Orthopedic		Delete: Hand Traumatic and non-traumatic disorders, operative and non-operative treatment.	"
Sussman, Arlene MD	Radiology	Telemedicine	Telemedicine/Electro monitoring	VRAD		"
Pal, Vabhav MD	Medicine	Associate to Active	Internal Medicine	TTUHSC		"
Thummala, Harika MD	Medicine	Associate to Active	Hospitalist	Pro Care		"
Vyas, Arpita MD	Pediatrics	Associate to Active	Endocrinology	TTUHSC		"

Allied Health Professionals:

Applicant	Department	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Emily Gully, FNP	Surgery	Nurse Practitioner	West Texas Neurosurgery	Dr. John Dorman		10/02/2018 – 10/01/2020
Cherid, Gherima CNS	Internal Medicine	Active	Nurse Practitioner	Diabetes Center		01/01/2019 – 12/31/2020

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



October 2, 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
Bello, Violetta MD	Pediatrics	Leave of Absence 08/31/2018 till 08/30/2019
Petr, Christopher MD	OB/GYN	Add: da Vinci Surgical System
York, Gregory MD	Surgery/ Trauma	Delete: ACLS has a current ATLS

Advice, Opinions, Recommendations and Motions:

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

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



October 2, 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
Berry, Shiree MD	Active	Trauma Surgery	11/30/2018	Lapse in Privileges
Bhairavarasu, Kalpana MD	Active	Medicine	08/10/2018	Resigned
Bini, John MD	Surgery	Trauma Surgery	12/31/2018	Lapse in Privileges
Henry, Robert MD	Active	Radiology	08/13/2018	Resigned
Kotapati, Sessa Krishna MD	Active	Medicine	08/31/2018	Resigned
Le, Trang MD	Active	Medicine	08/10/2018	Resigned
Mayne, Jennifer MD	Active	Radiology	08/20/2018	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



October 2, 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/ Change to Credentialing Date:

Staff Member	Department	Category
Adams, Scott MD	Radiology	Associate to Active
Alamo, Jorge MD	Medicine	Associate to Active
Aljarwi, Mohammed MD	Pediatrics	Associate to Active
Davison, Davis William MD	Medicine	Associate to Active
PaL, Vabhav MD	Medicine	Associate to Active
Thummala, Harika MD	Medicine	Associate to Active
Vyas, Arpita MD	Medicine	Associate to Active
Lehr, Jackie FNP	OBGYN	Removal of Provisional Status
Chen, Aaron MD	Emergency Medicine	Removal of Provisional Status
Novicio, Ma Ellen, FNP	Medicine	Removal of Provisional Status
Ayyagari, Krishna MD	Medicine	Removal of Provisional Status
Porter, Douglas MD	Medicine	Removal of Provisional Status
Guillen, Philip MD	Surgery	Removal of Provisional Status
Wiltse, Peter MD	Surgery	Removal of Provisional Status
Dickens, Jessie MD	Surgery	1 year of Extension of Provisional Status
Prudencio, Steven FNP	Family Medicine	Removal of Provisional Status
Dent, Marena DO	Family Medicine	1 year of Extension of Provisional Status
Kubic, Yulia CRNA	Anesthesia	Removal of Provisional Status
Morrison, Keith CRNA	Anesthesia	Removal of Provisional Status



Changes to Credentialing Dates:

NONE

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

Epix Executive Summary – Anesthesia Management

Epix Healthcare was selected to formally review the Anesthesia service line. They conducted numerous interviews with key stakeholders during the week of June 23rd, 2018. While on-site Epix identified the following needs for enhancement: increased CRNA recruitment, inter-departmental culture and leadership, employment agreement standardization, and revenue cycle management specific to Anesthesia services. Epix's proposed management package is highlighted below:

Management Package

- Three (3) year Service Agreement
- Recruitment (Physicians & CRNAs)
 - Year 1 Contractual Expectations
 - CRNA – Recruit / Fill 4-5 FTE Positions
 - Physician – Begin Recruiting 1 FTE Position
 - Year 2 Contractual Expectations
 - CRNA – Recruit / Fill 3-5 FTE Positions
 - Physician – Recruit 1 FTE Position, if Needed
 - Year 3 Contractual Expectations
 - CRNA – Recruit / Fill 3-5 FTE Positions
 - Physician – Continue Needed Recruitment
- Leadership Development & Mentoring
- Revenue Cycle Management
- Quality Reporting
- Operational Support
 - On-site support from Epix's VP of Operations (min. 10 days / month)
 - On-site support from Epix's CMO (min. 1 day / month)
- Monthly / Quarterly Review Meetings
- Early out, with cause, immediately following performance default with failure to remedy within 30 days.
- Early out, without cause, after two (2) years and with 90-Day written notice.

Fee Structure

1. Management fee: \$390,000 / year
2. Billing & Collections: 7% of Net receipts
3. Quality Reporting: \$600 / year / FT provider for access to clinical data registries
4. Recruiting fees:
 - a. \$25,000 / FT Physician placed by Epix
 - b. \$15,000 / FT CRNA placed by Epix

STRYKER STERILE PROCESSING AGREEMENT

Date: October, 2, 2018

To: Ector County Hospital District Board of Directors

Through: Rick Napper, CEO
Chad Dunavan RN, DNP CNO

From: Don Owens

Re: Fee Per Case Stryker Agreement

Provide On-site SPD Support for Minimally Invasive and Total Joint Procedures

- Decontamination, assembly, wrapping of Minimally Invasive, Robotics instrumentation Sets, cameras, scopes, and OR Flexible Scopes per IFU
- Preventative Maintenance documentation after each procedure with log
- Complete daily inventory of minimally invasive instrumentation and equipment
- Ensure equipment and instrumentation availability prior to beginning of MIS/Total Joint procedures
- Proactive approach for instrumentation availability, critical turnover needs within MI procedures
- Preference card support for MIS Procedures
- Assistance with Reprocessing initiatives to maximize savings opportunities
- Assistance with repair facilitation of minimally invasive equipment and instrumentation
- Continuous Education and In-servicing on an as needed basis
- Proactively identify areas for greater process efficiency and organization within OR an
- Provide quality and efficiency reports based on scope of work and benchmark metrics

SERVICE

- On-site Support Go-Live 60-90 days from executed contract

SPD Support:

- Monday – Friday 6:30am to 8:30pm
- Weekend -Tray Call

Fee Per Case (Estimated 180-200 Minimally Invasive and Total Joint Cases/Month):

- Fee Per Case (Month 1 – 3) = \$210.40
- Fee Per Case (Month 4+) = \$127.90

FTE IMPACT

Stryker will provide 4 SPD Staff

SERVICE CONTRACT TERM AND TERMINATION

This Agreement shall be automatically renewed on a month to month basis, unless one Party provides the other Party at least thirty (30) days prior written notice of termination (a "Termination Notice"). Either Party may terminate this Agreement at any time, without cause, with sixty (60) days prior written notice to the other Party.

COMMITTEE APPROVAL

ECHD Board of Directors
Surgery Committee

October 2, 2018
September 17, 2018

Pending
Approved



MOAB STERILIZATION STAFFING SERVICE AGREEMENT

Date: October, 2, 2018

To: Ector County Hospital District Board of Directors

Through: Rick Napper, CEO
Chad Dunavan RN, DNP CNO

From: Don Owens

Re: MOAB Agency Staffing Agreement

Provide On-site SPD Support:

MOAB is a temporary Sterile Processing staffing agency that bridges labor gaps by providing trained resources that perform all of the expected functions of SPD technicians. Moab Sterilization Staffing provides vetted sterilization technicians to staff the sterile processing department. They understand the critical importance of a well-run SPD, and that's why the sterile processing technicians are high-quality professionals that won't sacrifice patient safety.

RATES:

Sterile Processing Technician	\$68.50/hr
On Call	\$7.50/hr
Overtime/Call back	\$75.00/hr

FTE IMPACT

Will be determined as needed

SERVICE CONTRACT TERM AND TERMINATION

This Agreement shall commence on (the "Effective Date") and shall continue for **26 Weeks**, expiring (the "Initial Term"). This Agreement will automatically renew at the end of the Initial Term for additional terms of **26 weeks** (each a "Renewal Term") unless either Party provides written notice of termination to the other at least thirty (30) days prior to the end of any Renewal Term.

COMMITTEE APPROVAL

ECHD Board of Directors
Surgery Committee

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MEMORANDUM

TO: Ector County Hospital District Board of Directors
FROM: Robert Abernethy, Chief Financial Officer
SUBJECT: Managed Care Contracting Strategy Development
DATE: October 1, 2018

As we begin the process of re-negotiating managed care contracts, it has become apparent that we will need assistance in developing our financial position with these contracts, particularly the Blue Cross agreements. We are proposing to engage Huron to assist us in determining the financial viability of future contracts.

The proposed project will focus on completing targeted benchmarking and analyses that will provide the foundation for managed care contracting strategy and on developing and refining strategies to employ during contract negotiations. The primary objectives for this project are surfacing opportunities to enhance net patient revenues collected from Blue Cross and positioning MCHS to capture those opportunities during the current round of contract negotiations. Combining insights from your team, Huron's project team, and analyses of information gleaned from internal and external databases, Huron will be able to develop comprehensive maps of improvement opportunities.

The cost of the project is \$230,000, with the projected return to be in excess of \$2 million from the increased Net Revenue from Blue Cross.

MEDICAL CENTER HEALTH SYSTEM SUMMARY OF FINDINGS OCTOBER 2, 2018

1

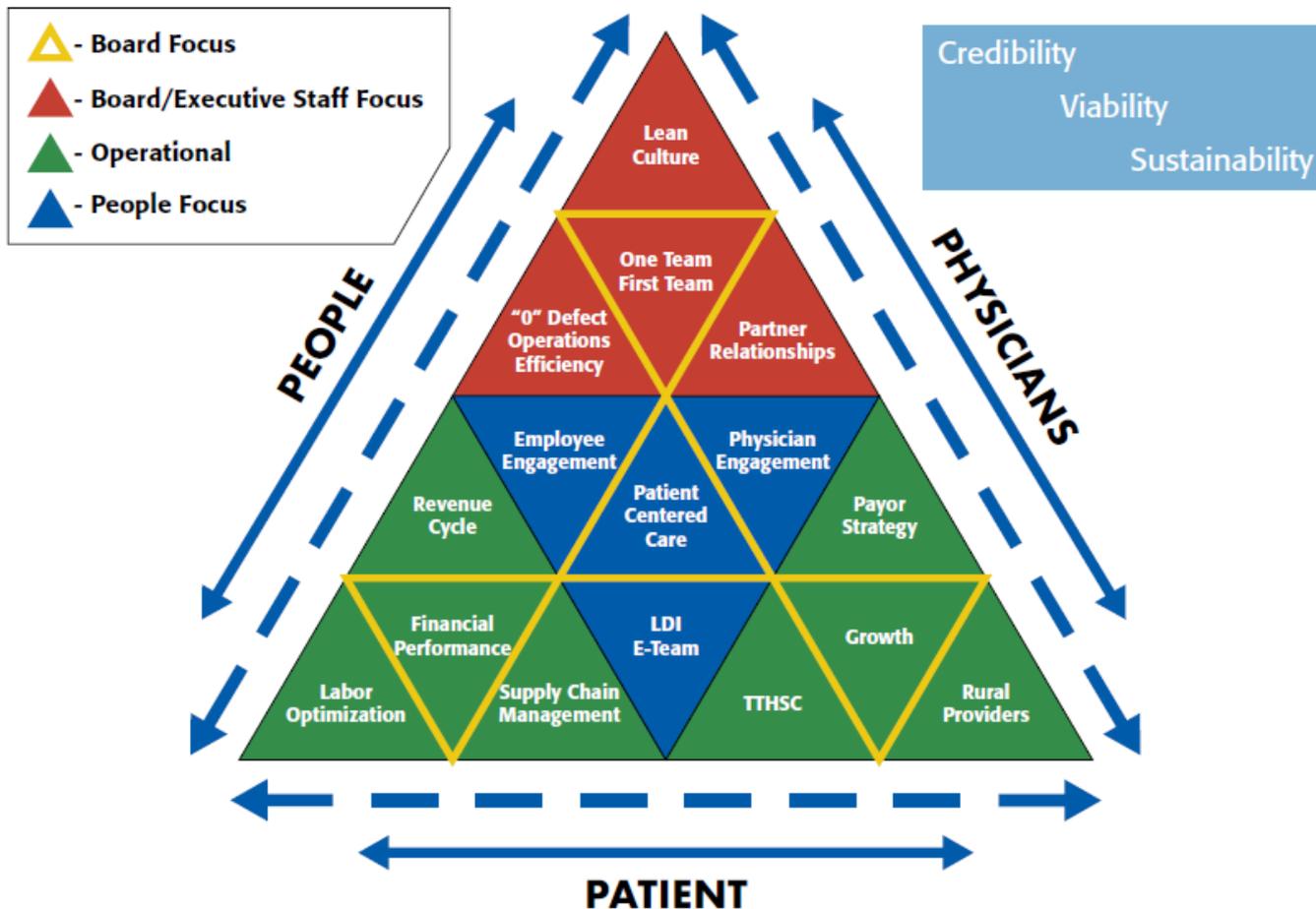
EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

ORGANIZATIONAL ALIGNMENT

Management Action Plan (MAP)

October 2018 - September 2019



EXECUTIVE SUMMARY

KEY THEMES



Strengths

- + Leadership team has **clear organizational goals and action plan**; The team has created an **environment focused on continuous performance improvement** (e.g., Alignment Room)
- + Many tenured employees who have **strong institutional knowledge** and loyalty to the organization
- + **Up front collections** of co-pays and deductibles are **leading practice**
- + **Strong knowledge of labor management practices** across the organization. Several clinical departments are effectively flexing their staffing as volumes increase and decrease.
- + **Bedside rounds have been implemented** including one physician per unit; some patients are being **rounded on daily**
- + The **Utilization Review** team is meeting best practice by **completing their initial reviews within 24 hours of admit**; a physician advisor is in place to support appropriate status management
- + Several **positive changes** were implemented to **employee benefit programs** for the 2018 plan year; time away from work programs are well designed and leading practice
- + **Supply Chain leadership is very effective** and utilizing strong pricing positions within the Texas Purchasing Coalition
- + **Pharmacy leadership is strong** and has been **successful in expanding clinical and operational programs**, including progressive high-cost product alternative dosing strategies

EXECUTIVE SUMMARY

KEY THEMES



Opportunities

- + **Optimization of reporting** and accessibility to data for front line leadership to lead effectively
- + Knowledge sharing of labor management best practices between departments; **ensuring leaders are flexing staff** as volumes shift
- + Refinement of care planning process in order to **reduce long Length of Stay**
- + **Engage physician leadership** in initiative development through alignment of goals
- + **Reducing avoidable denials and write-offs** through improved front end eligibility/screening and more proactive and effective follow-up
- + **Improving the overall effectiveness of the Clinical Documentation Program** which will result in more accurate CMI outcomes
- + Address staffing barriers through **creative staffing models** and internal training and development



Environmental Factors

- + **Strong competition in community for recruiting** and retaining nursing and support staff
- + **Leverage of outsourced resources** in multiple areas throughout the institution
- + Serves a unique community currently experiencing a **strong economic boom**

BENEFIT FINDINGS

TOTALS BY AREA

	Medical Center Hospital		
Focus Area	Low Target	Mid Target	High Target
Revenue Optimization			
<i>Revenue Cycle</i>	\$5.0M	\$6.5M	\$8.0M
<i>Clinical Documentation Improvement</i>	\$1.7M	\$1.9M	\$2.1M
<i>Net Staffing Recommendations</i>	(\$400K)	(\$400K)	(\$400K)
Operational Effectiveness			
<i>Clinical Effectiveness</i>	\$1.28M	\$1.69M	\$2.10M
<i>Labor Optimization</i>	\$1.81M	\$2.39M	\$2.98M
<i>Human Resources</i>	\$550K	\$700K	\$850K
Supply Chain Management	\$1.44M	\$2.42M	\$3.4M
Pharmacy	\$1.49M	\$7.05M	\$9.85M
Grand Total – Recurring Benefit	\$12.87M	\$22.25M	\$28.88M
Additional One-Time Opportunity			
One-Time Cash Flow	\$6.0M	\$8.0M	\$10.0M

2

SUCCESS FACTORS

SUCCESS FACTORS

CHANGE MANAGEMENT MODEL

Effective implementation of change requires an agile approach. MCHS should utilize the existing Studer framework and continually assess the ten critical elements of implementation, planning necessary adjustments to the current strategy, implementing changes to approach, and monitoring the outcomes of adjustments made along the way.



SUCCESS FACTORS

CRITICAL SUCCESS FACTORS FOR IMPLEMENTATION

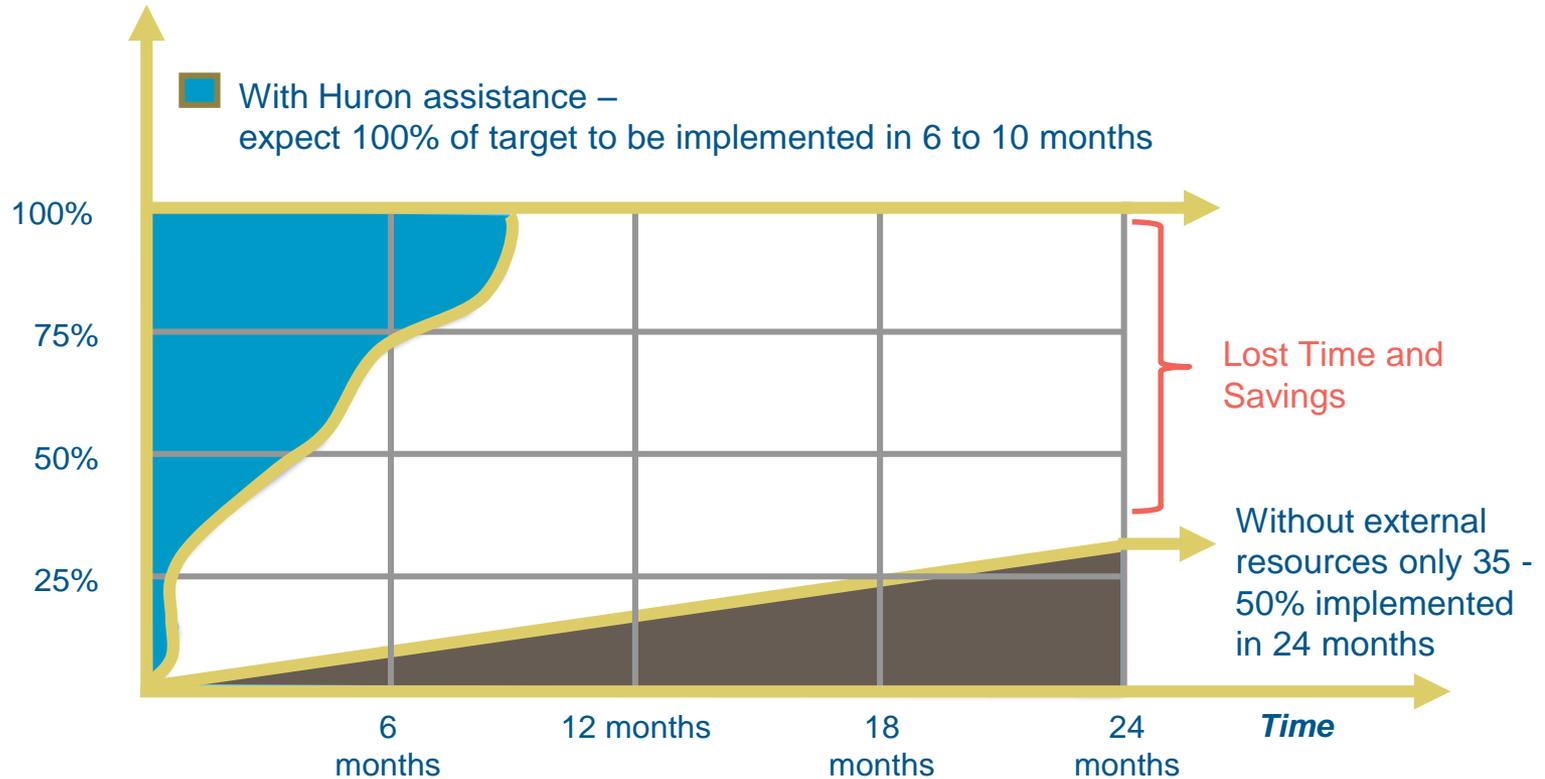
Our most successful projects have been those where leadership takes the following actions:

- + Instills a **sense of urgency** at all levels of the organization while **appropriately prioritizing** high value initiatives; provides time, talent, and resources as necessary
- + **Clearly defines a vision**, organizational and area-specific goals to support coordinated decision-making and implementation
- + **Owns, leads, and manages** the engagement
- + Holds teams **accountable for significant results** in accordance with **defined timetables and milestones**
- + Ensures leadership has the **appropriate tools and information** to effectively implement and sustain change. Supplement with external resources as needed.
- + **Empowers employees** to lead, participate, and contribute to change initiatives
- + **Communicates clearly and frequently** with employees about the engagement needs and progress

SUCCESS FACTORS

EXCEPTIONAL RESULTS: SPEED-TO-VALUE

Opportunity to Implement Cost Savings Targets



Thank You



To: MCHS Board of Directors
Through: Rick Napper, President and CEO
From: Heather Bulman, Chief Patient Experience Officer
Date: October 2, 2018
Subject: NRC Health

Engagement Objective

NRC Health offers an innovative real-time alternative to traditional Patient Satisfaction surveys that will increase the number of survey returns that MCHS receives significantly. NRC Health will also be able to get survey returns to MCHS faster than Press Ganey is able to get the returns delivered. NRC Health offers a robust data analytics platform for patient satisfaction, employee engagement, physician engagement, and patient safety culture survey results. The cost of investment with NRC Health is significantly lower than the cost of the same services from Press Ganey. Surveys that will be sent by NRC Health include:

- Inpatient/HCAHPS
- Emergency Department
- Ambulatory Surgery
- Outpatient Services
- Urgent Care
- Medical Group/CG CAHPS
- Employee & Physician Engagement (w/ unlimited Pulse surveys available)
- Provider Well-Being Assessment
- AHRQ Patient Safety Culture
- Exit Surveys

After review of the NRC Membership Subscription Agreement and analysis of MCHS' current state of employee, physician, and patient engagement, it is recommend that the Board approve the Letter of Agreement to engage NRC Health for our patient, employee, physician, and patient safety surveys.