



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
May 2, 2017 – 5:30 p.m.
Board Room**

AGENDA (p. 1-2)

- I. CALL TO ORDER.....** David Dunn, President
- II. INVOCATION** Chaplain Farrell Ard
- III. MISSION/VISION/VALUES OF MEDICAL CENTER HEALTH SYSTEM** David Dunn, p. 3
- IV. MAY 2017 EMPLOYEES OF THE MONTH** William Webster
 - Clinical: Jesus Dominguez, Service Coordinator, Cath Lab
 - Non-Clinical: Susan Thornton, Community Relations Coordinator,
Communications & Marketing
 - Nurse of the Month: Amanda Molina, RN, 9-Central
- V. VOLUNTEER SERVICES RECOGNITION.....**Patricia Garcia
- VI. CLABSI and CAUTI RECOGNITION AWARD** Chad Dunavan
- VII. FACES OF NURSING.....**Chad Dunavan
- VIII. REVIEW OF MINUTES** David Dunn, p. 4-12
 - A. Regular Meeting – April 4, 2017**
- IX. ECHD BOARD SUMMARY OF OBLIGATION FOR TAX SUPPORT** Virgil Trower, p. 13
- X. COMMITTEE REPORTS**
 - A. Finance Committee** Virgil Trower, p. 14-103
 - 1. Financials for six months ended March 31, 2017
 - 2. Quarterly Investment Report: Quarter 2, FY-2017
 - 3. Quarterly Investment Officer’s Certification: Quarter 2, FY-2017
 - 4. CERs:
 - a. Nihon Kohden Monitors for Emergency Department
 - b. ECHD Police Radios

- B. Joint Conference** Greg Shipkey, MD, p. 104-110
 - 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

- C. Audit Committee** Judy Hayes, p. 111-119
 - 1. BKD-FY 2017 External Audit Proposal (Action)

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

XII. PRESIDENT/CEO REPORT William Webster

- A. MCHS Organization**
Wide Performance Improvement Plan Approval Heather Bulman, p. 120-129

- B. MCHS Organization Wide**
Risk Management Plan Approval Heather Bulman, p. 130-135

XIII. EXECUTIVE SESSION

Meeting held in closed session as to (1) consultation with attorney regarding legal matters pursuant to Section 551.071 of the Texas Open Meetings Act, and, (2) deliberation by the governing board of certain providers of health care services of the hospital pursuant to Section 551.085 of the Texas Open Meetings Act.

XIV. MCH PROCARE PROVIDER AGREEMENTS Julian Beseril

XV. PHYSICIAN RECRUITMENT AGREEMENT Ron Griffin

XVI. ADJOURNMENT David Dunn

If during the course of the meeting covered by this notice, the Board of Directors needs to meet in executive session, then such closed or executive meeting or session, pursuant to Chapter 551, Government Code of Texas, 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
April 4, 2017**

MINUTES OF THE MEETING

- MEMBERS PRESENT:** David Dunn, President
Judy Hayes, Vice President
Mary Lou Anderson
David Nelson
Mary Thompson
Virgil Trower
- MEMBERS ABSENT:** Richard Herrera
- OTHERS PRESENT:** William Webster, President/Chief Executive Officer
Tony Ruiz, Senior Vice President/Chief Operating Officer
Jon Riggs, Senior Vice President/Chief Financial Officer
Matt Collins, Vice President, Support Services
Robbi Banks, Vice President, Human Resources
Ron Griffin, Chief Legal Counsel
Dr. Arun Mathews, CMO/CMIO (Acute)
Dr. Augusto Sepulveda, CMO/CMIO (Ambulatory)
Dr. Gregory Shipkey, Chief of Staff
Ron Griffin, Vice President/Chief Legal Counsel
Virginia (Gingie) Sredanovich, ECHD Board Secretary
Various other interested members of the Media,
Medical Staff, Employees, Retirees and Citizens

I. CALL TO ORDER

David Dunn, 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. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Mary Thompson presented the Mission, Vision and Values of Medical Center Health System.

IV. APRIL 2017 EMPLOYEES OF THE MONTH

Mr. Webster introduced the April 2017 Employees of the Month as follows:

- Clinical: Raquel Juarez, Special Imaging Technologist, Radiology Diagnostics
- Non-Clinical: Kelly Puga, Executive Assistant, Information Technology
- Nurse of the Month: Katrina Loera, RN, 6-Central

V. PINK THE BASIN PRESENTATION

Jacqui Gore introduced Mara Barham, President of Pink the Basin. Ms. Barham gave a presentation regarding various events held by Pink the Basin and also gave special thanks to the ECHD Board for their continued support of Pink the Basin, and breast cancer awareness in the Permian Basin. On behalf of Pink the Basin, Ms. Barham presented the Ector County Hospital District with a check for \$145,000 to provide mammograms for patients that are in need of breast care imaging at Medical Center Hospital, but may not be able to pay for these services.

VI. REVIEW OF MINUTES

A. Regular Meeting – March 7, 2017

David Dunn presented the minutes of the Regular ECHD Board meeting held on March 7, 2017 and asked if there were any additions or corrections.

Mary Thompson moved and David Dunn seconded the motion to accept the minutes of the Regular ECHD Board meeting held March 7, 2017 as presented. The motion carried.

VII. ECHD BOARD SUMMARY OF OBLIGATION FOR TAX SUPPORT

Virgil Trower presented the ECHD Summary of Obligation for Tax Support for informational purposes only.

VIII. COMMITTEE REPORTS

A. Finance Committee

1. Financials for the five months ended February 28, 2017

Virgil Trower moved and David Nelson seconded the motion to approve the financial report for the five months ended February 28, 2017, as

recommended to the ECHD Board by the Finance Committee. The motion carried.

2. **CER:**
- a. Sorin LivaNova S5 Heart Lung Perfusion System
XTRA Cell Savers
 - b. Hologic Affirm Prone Biopsy System
(Stereotactic Breast Biopsy Unit)

Judy Hayes moved and Virgil Trower seconded the motion to approve the CERs: Sorin LivaNova S5 Heart Lung Perfusion System XTRA Cell Savers, and the Hologic Affirm Prone Biopsy System (Stereotactic Breast Biopsy Unit) as recommended to the ECHD Board by the Finance Committee. The motion carried.

B. Joint Conference Committee

Dr. Gregory Shipkey, 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
Le, Chuong MD	Medicine	Neurology	RTNA	04/04/2017-03/31/2018
Kim, Sam MD	Medicine	Internal Medicine	MCH ProCare	04/04/2017-03/31/2018

Allied Health Professional (AHP) Staff Applicants

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
*Cipriani, Michael NP	Surgery	Nurse Practitioner	Private	Dr. Srikanth Deme	04/04/2017-03/31/2019

** *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 in Privileges	Dates
Anderson, Joy MD	OB/GYN	Associate to Active	OB/GYN	Texas Tech		06/01/2017 - 05/31/2019

Bello, Violeta MD	Pediatrics	Active	Pediatrics	Private		07/01/2017 - 06/30/2019
Benigno, Jose MD	Pediatrics	Active	Pediatrics	Private		07/01/2017 - 06/30/2019
Bennett, Robert MD	Pediatrics	Active	Neonatal-Perinatal	Texas Tech		07/01/2017 - 06/30/2019
Dragun, Michael MD	Surgery	Active	Urology	WTX Urology	Add: Cryoablation of the Prostate; Hand Assisted Laparoscopic Nephrectomy ; Hand Assisted Laparoscopic Nephroureterectomy; Advance Laparoscopic Surgery, DaVinci Surgical System, Robotic Laparoscopic Radical Prostatectomy	06/01/2017 - 05/31/2019
Giraldo, Santiago MD	Medicine	Associate to Active	Internal Medicine	ProCare		06/01/2017 - 05/31/2019
Gupta, Ashutosh MD	Medicine	Associate to Active	Gastroenterology	ProCare		06/01/2017 - 05/31/2019
Mudduluru, Manjula MD	Pediatrics	Associate to Active	Neonatal-Perinatal	Texas Tech		06/01/2017 - 05/31/2019
Osiecki, Kristen DO	Emergency Medicine	Associate to Active	Emergency Medicine	BEPO		06/01/2017 - 05/31/2019
Rembert, Frank MD	Radiology	Telemedicine	Teleradiology	VRAD		05/01/2017 - 04/30/2019
Staub, John MD	Surgery	Active	Urology	WTX Urology		06/01/2017 - 05/31/2019
Taylor, Brian DO	Emergency Medicine	Associate to Active	Emergency Medicine	BEPO		06/01/2017 - 05/31/2019

Blank **Staff Category** column signifies no change

Allied Health Professionals

Applicant	Department	Specialty/ Privileges	Group	Sponsoring Physician(s)	Change in Privileges	Dates
Hinojosa, Jennifer RN	Medicine	Research Coordinator	Texas Tech	Dr. Craig Spellman		05/01/2017 – 04/30/2019
Parker, Benjamin CRNA	Anesthesia	CRNA	ProCare	Dr. Gillala, Dr. Batch, Dr. Bryan, Dr. Tang, Dr. Munnell, Dr. Young, Dr. Bhari Jayadevappa	Add: Regional anesthesia techniques, including but not limited to –caudal – epidural – intercostal – intracapsular –local infiltration – lower extremity – nerve blocks, diagnostic/th erapeutic – peribulbar – periocular block – retrobulbar – subarachnoid –topical – transtracheal –upper extremity	06/01/2017 – 05/31/2019
Tarpley, James CRNA	Anesthesia	CRNA	ProCare	Dr. Gillala; Dr. Price	None	05/01/2017 – 04/30/2019

Blank **Staff Category** column signifies no change

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

Clinical/ Additional Privileges

Staff Member	Department	Privilege
Dragun, Michael MD	Surgery	Add: Cryoablation of the Prostate; Hand Assisted Laparoscopic Nephrectomy; Hand Assisted Laparoscopic Nephroureterectomy; Advance Laparoscopic Surgery; DaVinci Surgical System; Robotic Laparoscopic Radical Prostatectomy
Parker, Benjamin CRNA	Anesthesia	Add: Regional anesthesia techniques, including but not limited to – caudal –epidural –intercostal –intracapsular –local infiltration –lower extremity –nerve blocks, diagnostic/therapeutic –peribulbar –periocular block –retrobulbar –subarachnoid –topical –transtracheal –upper extremity

3. Change in Medical Staff or AHP Staff Status

Resignation / Expiration of Privileges

Staff Member	Staff Category	Department	Effective Date	Action
Kindle, Kristopher CRNA	Allied Health Professional	Anesthesia	03/08/2017	Resigned
Lynch, Philip CRNA	Allied Health Professional	Anesthesia	03/08/2017	Resigned
Presley, John CRNA	Allied Health Professional	Anesthesia	03/08/2017	Resigned
Sheehan, James MD	Active	Radiology	02/17/2017	Resigned
White, Caroline RN	Allied Health Professional	Medicine	02/28/2017	Resigned

4. Change in Medical Staff or AHP Staff Category

Staff Category Changes

Staff Member	Department	Category
Giraldo, Santiago MD	Medicine	Associate to Active
Gupta, Ashutosh MD	Medicine	Associate to Active
Hoang, Vivian MD	Medicine	Staff Status: Telemedicine
Kona, Samata DDS	Surgery	Associate to Active
Mudduluru, Manjula MD	Pediatrics	Associate to Active
Osiecki, Kristen DO	Emergency Medicine	Associate to Active
Porter, Douglas MD	Medicine	Staff Status: Telemedicine
Taylor, Brian DO	Emergency Medicine	Associate to Active
Steinberg, Lon MD	Medicine	Staff Status: Telemedicine
Atolagbe, Adebayo MD	Pediatrics	Removal of Provisional Status
Meda, Srikala MD	Medicine	Removal of Provisional Status
Vyas, Dinesh MD	Surgery	Removal of Provisional Status
Díaz, Gustavo PA	Surgery	Removal of Provisional Status
Bauer, John MD	Surgery	Removal of Provisional Status
Williams, Natalie PA	Surgery	Removal of Provisional Status
Willis, Jack PA	Emergency Medicine	Removal of Provisional Status

Change of Credentialing Date

Staff Member	Department	Dates
Sternick, Cary MD	Surgery	02/01/2017 – 01/31/2019

5. Medical Staff Bylaws/Policy/Privilege Criteria

NONE Presented

Mary Thompson moved and Virgil Trower seconded the motion to approve the Medical Staff recommendations (Items VIII.B. 1-4) as presented, (Dr. Shipkey did not present the items under section VIII.B. 5). The motion carried.

IX. TTUHSC AT THE PERMIAN BASIN REPORT

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

X. PRESIDENT/CHIEF EXECUTIVE OFFICERS REPORT

A. MCH1 (Cerner) Go-Live Update

Gary Barnes presented the MCH1 (Cerner) Go-Live Update to the ECHD Board for informational purposes. Noted that the conversion is going as expected and opportunities for improvement have been identified and addressed as they arise. No action was taken.

B. Endowment Funds Distribution Approval

Jon Riggs, presented the Endowment Funds Distribution Agreement from Prosperity Bank for approval. As noted in the agreement the total net income for the Odessa Junior College Trust is \$26,663.36. Ninety percent of that amount is \$23,997.02 and this will be the amount paid to Odessa Junior College at the direction of the ECHD Board. Ten percent, \$2,666.34 will be retained as an addition to principal. The total net income for the TTUHSC-PB Trust is \$98,174.88. Ninety percent of that amount is \$88,357.39 and this amount will be paid to TTUHSC-PB at the direction of your Board. Ten percent, \$9,817.49 will be retained as an addition to principal. The total net income for the University of Texas-PB Trust is \$17,795.96. Ninety percent of that amount is \$16,016.36 and this amount will be paid to University of Texas-PB at the direction of your Board. Ten percent, \$1,799.60 will be retained as an addition to principal.

David Nelson moved, and Judy Hayes seconded the motion to approve the Endowment Funds Distributions Agreement with Prosperity Bank as presented. The motion carried.

C. GoNoodle Health Literacy Tool Agreement

John O'Hearn presented the GoNoodle Health Literacy Tool Agreement for approval. Mr. O'Hearn noted that Ector County Hospital District dba Medical Center Health System executed the "Original" Agreement with Community Health Education (HeathTeacher) on April 30, 2013 which will expire June 30, 2017. Community Health Education (HeathTeacher) has now changed their name to GoNoodle Health Literacy Tool and this proposed agreement will supersede the "Original" agreement. The GoNoodle Health Literacy Tool agreement is a three year contract with an annual license and support fee of \$130,125.00 to be paid August 1, 2017; 130,125.00 to be paid August 1, 2018; and 130,125.00 to be paid August 1, 2019. The funds for this agreement are provided through the 1115 Waiver.

Mr. O'Hearn noted that this program is of great benefit to encourage physical activity and enhance learning among elementary age students, and has been well received by the Ector County Independent School District since its implementation.

Mary Thompson moved and David Nelson seconded the motion to approve the GoNoodle Health Literacy Tool Agreement as presented. The motion carried.

D. Election Services Agreement: Ector County Elections Administrator and Ector County Hospital District

Ron Griffin presented the Election Services Agreement: Ector County Elections Administrator and Ector County Hospital District for approval.

Judy Hayes moved and Virgil Trower seconded the motion to approve the Election Services Agreement: Ector county Elections Administrator and Ector County Hospital District as presented. The motion carried.

XI. EXECUTIVE SESSION

David Dunn stated that the Board would now go into Executive Session for consultation with attorney regarding legal matters pursuant to the Texas Open Meetings Act.

Executive Session began at 6:11 p.m.

Executive Session ended at 8:44 p.m.

No action was taken during Executive Session.

XII. MCH PROCARE PROVIDER AGREEMENTS

In Julian Beseril's absence, (having been excused at the time of Executive Session) William Webster presented four (4) MCH ProCare provider agreement as follows:

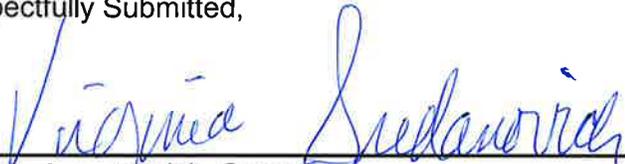
- Punaepalli Sridhar Reddy, M.D., Anesthesia. This is a three year full-time employment agreement with in-house Anesthesia coverage. Employment effective by August 31, 2017.
- Ramcharitha Kandikatla, M.D., Hospitalist. This is a three year full-time employment agreement for Nocturnist. Employment effective upon licensing, privileging and credentialing.
- Kalyan Chakrala, M.D., Gastroenterology. This is a three year full-time employment agreement. Employment effective September 1, 2017.
- Julia C. Gilmore, P.A., Urgent Care/Retail Clinics. This is a three year full-time employment agreement for Urgent Care/Retail Clinics. Staffing hours: three 12-hour Urgent Care shifts or 10-hour Retail clinic shifts per week as needed plus one weekend (Saturday and Sunday) per month.

Mary Thompson moved and Virgil Trower seconded the motion to approve the four (4) MCH ProCare Provider agreements: Punaepalli Sridhar Reddy, M.D., Anesthesia; Ramcharitha Kandikatla, M.D., Hospitalist; Kalyan Chakrala, M.D., Gastroenterology; and Julia C. Gilmore, P.A., Urgent Care/Retail Clinics as presented. The motion carried

XIII. ADJOURNMENT

There being no further business to come before the Board, David Dunn adjourned the meeting at 8:46 p.m.

Respectfully Submitted,



Virginia Sredanovich, Secretary
Ector County Hospital District Board of Directors

**ECHD Summary of Obligations for District Tax Support
For the Six Months Ended March 31, 2017**

YTD Uncompensated Care Obligations

Ector County Jail Inmates	\$	446,840
Family Health Center	\$	1,735,304
ECHDA Indigent/Charity @ Cost	\$	14,327,701
Uncompensated Care @ Cost	\$	28,102,870

Total Uncompensated Care Obligation **44,612,715**

Tax Revenues **\$ 21,976,060**

Short Fall between District Obligations **22,636,655**

& District Tax Revenue



DATE: April 28, 2017

TO: Board of Directors – Finance Committee
 Ector County Hospital District

FROM: Jon E. Riggs 
 Senior Vice President and Chief Financial Officer

Subject: Financial Report for the month ended March 31, 2017

Attached are the Financial Statements for the month ended March 31, 2017.

Operating Account - Cash Collections and Disbursements

The following summary is of operating cash receipts and disbursements for the month:

Deposits	Year to Date	March
A/R Payments FHC	1,247,547	221,241
A/R payments *	101,454,684	18,876,268
Non A/R pmts	15,510,725	2,455,013
Sales Tax	16,007,639	2,759,040
Ad Valorem	10,043,804	327,882
Total Deposits	144,264,399	24,639,444
<u>Disbursements</u>		
Accounts Payable & Payroll	150,821,759	24,232,632
Group Medical	10,598,189	1,655,912
Transfer to Foundation (LTAC)	-	
Flex Benefit	387,916	118,061
Worker's Comp Claims	119,731	42,133
Total Disbursements	161,927,595	26,048,738
Transfer (To)/From Reserves	18,978,761	2,400,000
Net Increase/(Decrease) in Cash	1,315,565	990,706

* Includes Patient A/R, MCH Pro Fees and Bad Debt Collections.

Operating Results - Hospital Operations:

For the month ended March, earnings before interest depreciation and amortization (EBIDA) was a surplus of \$1.2M comparing favorably to the budget of \$906K by 32.0%. Inpatient (I/P) revenue was above budget by \$3.1M driven by IP admissions and associated ancillary tests. Outpatient (O/P) revenue was above budget by \$3.2M due to increased volume in the cath lab and surgical cases. Net Patient Revenue was \$62K or 0.3% above the budget of \$19.0M. Net operating revenue was \$1.0M or 4.5% above budget due primarily to increased sales tax revenue. On a year-to-date (YTD) basis net operating revenue was 0.3% above budget at \$134.1M.

Operating expenses for the month were over budget by \$532K due to unfavorable salaries and wages of \$654K, temporary labor of \$372K, and purchased services of \$163K. The preceding was partially offset by favorable benefits of \$629K. For the six months ended March, EBIDA is \$4.2M or 13.7% unfavorable to the budget of \$4.9M.

Operating Results - ProCare (501a) Operations:

For the month of March the net loss from operations before capital contributions was \$1.2M compared to a budgeted loss of \$1.3M. Net operating revenue was above budget by \$177K. Total operating costs were above budget by \$67K. Increased temporary labor \$228K was the primary driver of the favorable operating costs. After MCH capital contributions of \$1.4M for the month and \$7.9M YTD, ProCare showed a positive contribution of \$187K for the month and \$262K YTD.

Operating Results - Family Health Center Operations:

For the month of March the net gain / loss from operations by location:

- Clements: \$229K loss compared to a budgeted loss of \$85K. Unfavorable variance caused by decreased net operating revenue of \$168K, resulting from a YTD net revenue adjustment to align with cash collections.
- West University: \$32K gain compared to a budgeted loss of \$68K. Positive variance caused by increased net revenue of \$37K, resulting from a YTD net revenue adjustment to align with cash collections, and decreased Physician Services expense of \$56K caused by decreased provider utilization.

Blended Operating Results - Ector County Hospital District:

For the month of March EBIDA was \$1.4M compared to a budget of \$934K that was created by an accumulation of the variances previously described. On a YTD basis EBIDA was \$4.6M compared to a budget of \$5.0M.

Volume:

Total admissions for the month were 1,230 or 6.0% above budget and 9.2% above last year. YTD admissions were 6,756 or 0.6% above budget and 6.0% above last year. Patient days for the month were 6,338 or 11.3% above budget and 1.1% above last year. YTD patient days were 33,916, or 3.0% above budget and 5.3% below last year. Due to the preceding, total average length of stay (ALOS) was 5.2 for the month, and 5.0 YTD. Observation days were below budget by 7.1% and were above prior year by 2.3%. On a YTD basis, observation days are 11.9% below budget and 0.7% above prior year.

Emergency room visits totaled 4,457 resulting in an increase compared to budget of 17.3% and an increase as compared to last year of 10.8%. YTD ED visits were 25,009 or 7.6% above budget and 0.5% above prior year. Total O/P occasions of service were 0.4% below budget for the month and 1.6% above last year. YTD O/P occasions were 0.6% below budget and 3.8% below last year.

Revenues:

I/P revenues were above budget for the month by \$3.1M due to increased I/P admissions and the resulting I/P ancillary services. O/P revenues were above budget for the month by \$3.2M as a result of increased cath lab procedures and surgical case volume. Total patient revenue was above budget by \$6.3M and total revenue deductions were \$6.3M above budget, leaving net patient revenue above budget by \$62K.

Operating Expenses:

Total operating expenses for the month were 2.5% above budget. Major unfavorable variances include salaries and wages, temporary labor, and purchased services that were partially offset by favorable benefit expenses. Salaries and wages unfavorable variance of \$654K was the result of a prior month under accrual of paid personal leave (PPL). Temporary labor unfavorable variance of \$372K is the result of open positions in numerous departments. Purchased services unfavorable variance of \$163K was due to expenses being paid in a different month than budgeted; however, a YTD basis this line item is still under budget. Favorable benefits expense of \$629K was the result of decreased medical claims of \$295K and pharmacy benefit expense of \$288K.

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
MARCH 2017**

	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	1,203	1,129	6.5%	1,094	10.0%	6,563	6,546	0.3%	6,225	5.4%
Neonatal ICU (NICU)	27	31	-12.3%	32	-15.6%	193	169	14.5%	149	29.5%
Total Admissions	1,230	1,160	6.0%	1,126	9.2%	6,756	6,715	0.6%	6,374	6.0%
Patient Days										
Adult & Pediatric	4,950	4,229	17.0%	4,822	2.7%	26,443	24,777	6.7%	27,830	-5.0%
ICU	506	490	3.3%	490	3.3%	2,645	2,683	-1.4%	2,759	-4.1%
CCU	453	487	-7.0%	486	-6.8%	2,392	2,668	-10.3%	2,782	-14.0%
NICU	429	489	-12.3%	474	-9.5%	2,436	2,803	-13.1%	2,434	0.1%
Total Patient Days	6,338	5,695	11.3%	6,272	1.1%	33,916	32,931	3.0%	35,805	-5.3%
Observation (Obs) Days	751	808	-7.1%	734	2.3%	4,084	4,638	-11.9%	4,055	0.7%
Nursery Days	205	255	-19.5%	277	-26.0%	1,363	1,395	-2.3%	1,133	20.3%
Total Occupied Beds / Bassinets	7,294	6,758	7.9%	7,283	0.2%	39,363	38,964	1.0%	40,993	-4.0%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.91	4.61	6.5%	5.30	-7.3%	4.80	4.60	4.2%	5.36	-10.5%
NICU	15.89	15.89	0.0%	14.81	7.3%	12.62	16.63	-24.1%	16.34	-22.7%
Total ALOS	5.15	4.91	5.0%	5.57	-7.5%	5.02	4.90	2.4%	5.62	-10.6%
Average Daily Census	204.5	183.7	11.3%	202.3	1.1%	186.4	180.9	3.0%	195.7	-4.8%
Hospital Case Mix Index (CMI)	1.4534	1.4974	-2.9%	1.4091	3.1%	1.4718	1.4974	-1.7%	1.4984	-1.8%
Medicare										
Admissions	515	485	6.2%	453	13.7%	2,746	2,723	0.8%	2,539	8.2%
Patient Days	3,389	2,222	52.5%	2,754	23.1%	15,190	13,484	12.7%	15,253	-0.4%
Average Length of Stay	6.58	4.58	43.7%	6.08	8.2%	5.53	4.95	11.7%	6.01	-7.9%
Case Mix Index	1.5996			1.7647	-9.4%	1.6840			1.7595	-4.3%
Medicaid										
Admissions	160	151	6.0%	152	5.3%	905	901	0.4%	772	17.2%
Patient Days	781	702	11.3%	787	-0.8%	4,174	4,057	2.9%	4,041	3.3%
Average Length of Stay	4.88	4.65	5.0%	5.18	-5.7%	4.61	4.50	2.4%	5.23	-11.9%
Case Mix Index	1.0588			1.0026	5.6%	1.0651			1.1496	-7.4%
Commercial										
Admissions	122	115	6.1%	110	10.9%	646	643	0.5%	658	-1.8%
Patient Days	557	500	11.4%	662	-15.9%	3,038	2,957	2.7%	3,605	-15.7%
Average Length of Stay	4.57	4.35	5.0%	6.02	-24.1%	4.70	4.60	2.3%	5.48	-14.2%
Case Mix Index	1.2943			1.5756	-17.9%	1.3981			1.3767	1.6%
Blue Cross										
Admissions	161	152	5.9%	145	11.0%	942	940	0.2%	939	0.3%
Patient Days	997	896	11.3%	635	57.0%	4,302	4,174	3.1%	4,087	5.3%
Average Length of Stay	6.19	5.89	5.1%	4.38	41.4%	4.57	4.44	2.8%	4.35	4.9%
Case Mix Index	1.4368			1.4878	-3.4%	1.4077			1.4304	-1.6%
Exchange										
Admissions	2	2	0.0%	1	100.0%	4	4	0.0%	17	-76.5%
Patient Days	2	2	0.0%	2	0.0%	10	10	0.0%	77	-87.0%
Average Length of Stay	1.00	1.00	0.0%	2.00	-50.0%	2.50	2.50	0.0%	4.53	-44.8%
Case Mix Index	0.8889			1.1090	-19.8%	1.0994			1.7667	-37.8%
Self Pay										
Admissions	211	199	6.0%	201	5.0%	1,194	1,185	0.8%	1,137	5.0%
Patient Days	1,212	1,089	11.3%	1,172	3.4%	6,903	6,700	3.0%	7,178	-3.8%
Average Length of Stay	5.74	5.47	5.0%	5.83	-1.5%	5.78	5.65	2.3%	6.31	-8.4%
Case Mix Index	1.3315			1.4901	-10.6%	1.4536			1.4512	0.2%
All Other										
Admissions	59	56	5.4%	64	-7.8%	319	319	0.0%	318	0.3%
Patient Days	316	284	11.3%	262	20.6%	1,593	1,549	2.8%	1,341	18.8%
Case Mix Index	1.5184			1.5540	-2.3%	1.9014			1.6763	13.4%
Radiology										
InPatient	4,394	4,100	7.2%	3,975	10.5%	23,580	22,460	5.0%	22,924	2.9%
OutPatient	7,957	8,077	-1.5%	7,584	4.9%	43,406	44,249	-1.9%	44,182	-1.8%
Cath Lab										
InPatient	534	297	79.9%	230	132.2%	2,156	1,626	32.6%	1,503	43.4%
OutPatient	545	285	91.5%	299	82.3%	2,184	1,559	40.1%	1,468	48.8%
Laboratory										
InPatient	66,228	65,267	1.5%	64,409	2.8%	360,671	357,549	0.9%	361,057	-0.1%
OutPatient	41,296	41,043	0.6%	39,317	5.0%	222,847	224,847	-0.9%	225,664	-1.2%
NonPatient	7,923	7,586	4.4%	6,649	19.2%	44,667	41,559	7.5%	35,941	24.3%
Other										
Deliveries	140	143	-2.0%	139	0.7%	839	827	1.4%	683	22.8%
Surgical Cases										
InPatient	311	338	-8.0%	348	-10.6%	1,855	1,851	0.2%	2,037	-8.9%
OutPatient	694	611	13.6%	581	19.4%	3,590	3,483	3.1%	3,544	1.3%
Total Surgical Cases	1,005	949	5.9%	929	8.2%	5,445	5,335	2.1%	5,581	-2.4%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
MARCH 2017**

	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	4,457	3,798	17.3%	4,024	10.8%	25,009	23,252	7.6%	24,881	0.5%
Observation Days	751	808	-7.1%	734	2.3%	4,084	4,638	-11.9%	4,055	0.7%
GI Procedures (Endo)	307	458	-33.0%	390	-21.3%	1,984	2,600	-23.7%	2,051	-3.3%
Other O/P Occasions of Service	25,060	25,621	-2.2%	24,939	0.5%	143,134	144,835	-1.2%	150,152	-4.7%
Total O/P Occasions of Svc.	30,575	30,685	-0.4%	30,087	1.6%	174,211	175,324	-0.6%	181,139	-3.8%
Hospital Operations										
Manhours Paid	279,675	291,888	-4.2%	294,202	-4.9%	1,645,280	1,668,576	-1.4%	1,708,915	-3.7%
FTE's	1,578.8	1,647.8	-4.2%	1,660.8	-4.9%	1,582.0	1,604.4	-1.4%	1,634.2	-3.2%
Adjusted Patient Days	11,938	9,559	24.9%	10,528	13.4%	62,650	55,416	13.1%	60,215	4.0%
Hours / Adjusted Patient Day	23.43	30.53	-23.3%	27.94	-16.2%	26.26	30.11	-12.8%	28.38	-7.5%
Occupancy - Actual Beds	58.6%	52.6%	11.3%	71.5%	-18.1%	53.4%	51.8%	3.0%	69.1%	-22.8%
FTE's / Adjusted Occupied Bed	4.1	5.3	-23.3%	4.9	-16.2%	4.6	5.3	-12.8%	5.0	-7.5%
InPatient Rehab Unit										
Admissions	41	38	7.9%	40	2.5%	238	208	14.4%	219	8.7%
Patient Days	462	379	21.9%	399	15.8%	2,768	2,408	14.9%	2,537	9.1%
Average Length of Stay	11.3	10.0	13.0%	10.0	13.0%	11.6	11.6	0.4%	11.6	0.4%
Manhours Paid	6,909	7,048	-2.0%	6,557	5.4%	40,236	41,120	-2.1%	40,821	-1.4%
FTE's	39.0	39.8	-2.0%	37.0	5.4%	38.7	39.5	-2.1%	39.0	-0.9%
Center for Primary Care - Clements										
Total Medical Visits	1,214	1,370	-11.4%	1,266	-4.1%	7,902	7,803	1.3%	7,401	6.8%
Total Dental Visits	757	785	-3.6%	658	15.0%	3,965	4,011	-1.1%	3,512	12.9%
Manhours Paid	827	897	-7.9%	1,337	-38.2%	5,285	5,207	1.5%	7,700	-31.4%
FTE's	4.7	5.1	-7.9%	7.5	-38.2%	5.1	5.0	1.5%	7.4	-31.0%
Center for Primary Care - West University										
Total Medical Visits	571	904	-36.8%	743	-23.1%	3,890	4,650	-16.4%	3,829	1.6%
Total Optometry	368	315	16.8%	275	33.8%	1,605	1,602	0.2%	1,403	14.4%
Manhours Paid	173	188	-8.4%	173	-0.2%	1,044	1,156	-9.6%	1,143	-8.6%
FTE's	1.0	1.1	-8.4%	1.0	-0.2%	1.0	1.1	-9.6%	1.1	-8.1%
Total ECHD Operations										
Total Admissions	1,271	1,198	6.1%	1,166	9.0%	6,994	6,923	1.0%	6,593	6.1%
Total Patient Days	6,800	6,074	12.0%	6,671	1.9%	36,684	35,339	3.8%	38,342	-4.3%
Total Patient and Obs Days	7,551	6,882	9.7%	7,405	2.0%	40,768	39,977	2.0%	42,397	-3.8%
Total FTE's	1,623.5	1,693.7	-4.1%	1,707.4	-4.9%	1,626.8	1,650.1	-1.4%	1,682.7	-3.3%
FTE's / Adjusted Occupied Bed	3.9	4.6	-14.9%	4.3	-7.6%	4.4	4.6	-4.2%	4.4	0.2%
Total Adjusted Patient Days	12,808	11,377	12.6%	12,440	3.0%	67,766	65,851	2.9%	70,617	-4.0%
Hours / Adjusted Patient Day	22.45	26.37	-14.9%	24.31	-7.6%	24.97	26.06	-4.2%	24.92	0.2%
Outpatient Factor	1.8836	1.8731	0.6%	1.8649	1.0%	1.8474	1.8635	-0.9%	1.8418	0.3%
Blended O/P Factor	2.1479	2.0839	3.1%	2.0501	4.8%	2.1228	2.0741	2.3%	2.0332	4.4%
Total Adjusted Admissions	2,394	2,219	7.9%	2,174	10.1%	12,920	12,825	0.7%	12,143	6.4%
Hours / Adjusted Admisssion	120.13	135.18	-11.1%	139.10	-13.6%	130.95	133.80	-2.1%	144.91	-9.6%
FTE's - Hospital Contract	71.1	51.5	38.2%	42.0	69.2%	67.5	50.4	34.0%	39.5	70.7%
FTE's - Mgmt Services	46.2	62.2	-25.7%	53.1	-13.0%	49.0	62.2	-21.2%	49.4	-0.9%
Total FTE's (including Contract)	1,740.7	1,807.3	-3.7%	1,802.5	-3.4%	1,743.3	1,762.6	-1.1%	1,771.6	-1.6%
Total FTE'S per Adjusted Occupied Bed (including Contract)										
	4.2	4.9	-14.4%	4.5	-6.2%	4.7	4.9	-3.9%	4.6	2.0%
Urgent Care Visits										
Health & Wellness	-	-	0.0%	496	-100.0%	396	589	-32.8%	3,865	-89.8%
Golder	509	682	-25.4%	662	-23.1%	3,094	4,431	-30.2%	4,392	-29.6%
JBS Clinic	941	755	24.6%	935	0.6%	5,600	5,476	2.3%	6,330	-11.5%
West University	638	527	21.1%	505	26.3%	3,268	3,445	-5.1%	3,420	-4.4%
42nd Street	533	389	37.0%	-	0.0%	2,221	1,751	26.8%	-	0.0%
Total Urgent Care Visits	2,621	2,353	11.4%	2,598	0.9%	14,579	15,692	-7.1%	18,007	-19.0%
Wal-Mart Clinic Visits										
East Clinic	679	324	109.6%	340	99.7%	2,476	1,953	26.8%	1,932	28.2%
West Clinic	423	162	161.1%	209	102.4%	1,583	1,007	57.2%	1,013	56.3%
Total Wal-Mart Visits	1,102	486	126.7%	549	100.7%	4,059	2,960	37.1%	2,945	37.8%
Mission Fitness										
Memberships	2,193	2,236	-1.9%	2,356	-6.9%	2,193	2,236	-1.9%	2,356	-6.9%
Visits	8,467	8,300	2.0%	8,550	-1.0%	45,648	47,050	-3.0%	48,145	-5.2%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
MARCH 2017**

	<u>HOSPITAL</u>	<u>PRO CARE</u>	<u>ECTOR COUNTY HOSPITAL DISTRICT</u>
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 28,889,585	\$ 3,967,400	\$ 32,856,984
Investments	34,923,642	-	34,923,642
Patient Accounts Receivable - Gross	181,559,662	18,776,723	200,336,385
Less: 3rd Party Allowances	(75,108,359)	(9,663,644)	(84,772,003)
Bad Debt Allowance	(78,744,181)	(3,975,390)	(82,719,571)
Net Patient Accounts Receivable	27,707,122	5,137,689	32,844,811
Taxes Receivable	5,440,548	-	5,440,548
Accounts Receivable - Other	17,671,206	2,633,907	20,305,113
Inventories	6,724,247	245,933	6,970,180
Prepaid Expenses	3,887,694	204,390	4,092,084
Total Current Assets	<u>125,244,043</u>	<u>12,189,319</u>	<u>137,433,362</u>
CAPITAL ASSETS:			
Property and Equipment	414,409,188	522,945	414,932,133
Construction in Progress	30,018,450	-	30,018,450
	<u>444,427,637</u>	<u>522,945</u>	<u>444,950,583</u>
Less: Accumulated Depreciation and Amortization	(244,080,838)	(260,199)	(244,341,037)
Total Capital Assets	<u>200,346,799</u>	<u>262,746</u>	<u>200,609,545</u>
INTANGIBLE ASSETS / GOODWILL - NET	<u>159,375</u>	<u>377,621</u>	<u>536,996</u>
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	5,474,733	-	5,474,733
Restricted Assets Held in Endowment	6,285,545	-	6,285,545
Restricted Corner Escrow	1,513,225	-	1,513,225
Restricted MCH West Texas Services	1,879,888	-	1,879,888
Pension, Deferred Outflows of Resources	37,430,525	-	37,430,525
Assets whose use is Limited	-	7,111	7,111
TOTAL ASSETS	<u>\$ 378,334,134</u>	<u>\$ 12,836,796</u>	<u>\$ 391,170,930</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	\$ 4,548,229	\$ -	\$ 4,548,229
Self-Insurance Liability - Current Portion	4,863,777	-	4,863,777
Accounts Payable	11,447,105	4,017,506	15,464,611
Accrued Interest	144,965	-	144,965
Accrued Salaries and Wages	5,596,071	5,044,802	10,640,873
Accrued Compensated Absences	5,073,659	234,252	5,307,911
Due to Third Party Payors	2,849,474	-	2,849,474
Deferred Revenue	4,645,615	1,360,350	6,005,965
Total Current Liabilities	<u>39,168,895</u>	<u>10,656,910</u>	<u>49,825,805</u>
ACCRUED POST RETIREMENT BENEFITS	65,724,958	-	65,724,958
SELF-INSURANCE LIABILITIES - Less Current Portion	1,927,389	-	1,927,389
LONG-TERM DEBT - Less Current Maturities	53,197,747	-	53,197,747
Total Liabilities	<u>160,018,990</u>	<u>10,656,910</u>	<u>170,675,900</u>
FUND BALANCE	<u>218,315,144</u>	<u>2,179,886</u>	<u>220,495,031</u>
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 378,334,134</u>	<u>\$ 12,836,796</u>	<u>\$ 391,170,930</u>

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
MARCH 2017**

	CURRENT YEAR	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 32,856,984	\$ 45,227,505	\$ 2,734,905	\$ (15,105,425)
Investments	34,923,642	35,050,242	-	(126,600)
Patient Accounts Receivable - Gross	200,336,385	148,713,694	16,584,930	35,037,761
Less: 3rd Party Allowances	(84,772,003)	(60,195,113)	(6,708,166)	(17,868,724)
Bad Debt Allowance	(82,719,571)	(58,888,563)	(5,103,621)	(18,727,387)
Net Patient Accounts Receivable	32,844,811	29,630,017	4,773,143	(1,558,349)
Taxes Receivable	5,440,548	5,446,479	-	(5,931)
Accounts Receivable - Other	20,305,113	20,974,403	2,482,086	(3,151,377)
Inventories	6,970,180	6,694,960	230,652	44,568
Prepaid Expenses	4,092,084	2,769,408	391,597	931,079
Total Current Assets	137,433,362	145,793,014	10,612,383	(18,972,035)
CAPITAL ASSETS:				
Property and Equipment	414,932,133	409,630,693	597,374	4,704,066
Construction in Progress	30,018,450	19,810,539	-	10,207,910
	444,950,583	429,441,232	597,374	14,911,977
Less: Accumulated Depreciation and Amortization	(244,341,037)	(234,529,317)	(299,182)	(9,512,538)
Total Capital Assets	200,609,545	194,911,915	298,192	5,399,438
INTANGIBLE ASSETS / GOODWILL - NET	536,996	203,049	439,873	(105,926)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	5,474,733	4,661,597	-	813,136
Restricted Assets Held in Endowment	6,285,545	6,351,234	-	(65,689)
Restricted Cerner Escrow	1,513,225	3,267,237	-	(1,754,012)
Restricted MCH West Texas Services	1,879,888	1,759,115	-	120,773
Pension, Deferred Outflows of Resources	37,430,525	37,430,525	-	-
Assets whose use is Limited	7,111	-	19,273	(12,162)
TOTAL ASSETS	\$ 391,170,930	\$ 394,377,686	\$ 11,369,721	\$ (14,576,477)
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	\$ 4,548,229	\$ 4,594,799	\$ -	\$ (46,570)
Self-Insurance Liability - Current Portion	4,863,777	4,863,777	-	-
Accounts Payable	15,464,611	24,328,868	3,332,924	(12,197,181)
Accrued Interest	144,965	96,889	-	48,076
Accrued Salaries and Wages	10,640,873	6,125,126	4,774,793	(259,045)
Accrued Compensated Absences	5,307,911	4,239,710	239,077	829,124
Due to Third Party Payors	2,849,474	2,483,539	-	365,935
Deferred Revenue	6,005,965	416,599	1,105,510	4,483,857
Total Current Liabilities	49,825,805	47,149,306	9,452,303	(6,775,804)
ACCRUED POST RETIREMENT BENEFITS	65,724,958	65,346,188	-	378,770
SELF-INSURANCE LIABILITIES - Less Current Portion	1,927,389	1,927,389	-	-
LONG-TERM DEBT - Less Current Maturities	53,197,747	54,724,037	-	(1,526,290)
Total Liabilities	170,675,900	169,146,920	9,452,303	(7,923,323)
FUND BALANCE	220,495,031	225,230,766	1,917,418	(6,653,154)
TOTAL LIABILITIES AND FUND BALANCE	\$ 391,170,930	\$ 394,377,686	\$ 11,369,721	\$ (14,576,477)

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
MARCH 2017**

	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 Routine Revenue	\$ 9,188,670	\$ 9,153,780	0.4%	\$ 9,585,111	-4.1%	\$ 51,554,117	\$ 52,824,296	-2.4%	\$ 54,149,660	-4.8%
Inpatient Ancillary Revenue	40,499,801	37,462,386	8.1%	36,284,354	11.6%	223,066,501	213,483,587	4.5%	200,876,908	11.0%
Outpatient Revenue	57,038,294	50,526,458	12.9%	48,165,748	18.4%	308,347,135	286,034,530	7.8%	263,488,704	17.0%
TOTAL PATIENT REVENUE	\$ 106,726,764	\$ 97,142,624	9.9%	\$94,035,213	13.5%	\$ 582,967,752	\$ 552,342,413	5.5%	\$ 518,515,272	12.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 62,755,176	\$ 54,903,551	14.3%	\$ 52,857,921	18.7%	\$ 339,847,156	\$ 313,225,211	8.5%	\$ 287,182,379	18.3%
Policy Adjustments	5,957,756	7,321,323	-18.6%	8,806,796	-32.4%	35,269,500	41,677,100	-15.4%	38,869,271	-9.3%
Uninsured Discount	3,104,997	4,674,132	-33.6%	3,798,035	-18.2%	18,642,745	25,765,353	-27.6%	23,461,238	-20.5%
Indigent	923,619	2,116,408	-56.4%	1,345,273	-31.3%	12,324,456	12,025,692	2.5%	9,958,205	23.8%
Provision for Bad Debts	12,141,949	6,471,352	87.6%	5,314,521	128.5%	53,799,069	35,783,014	50.3%	36,081,556	49.1%
TOTAL REVENUE DEDUCTIONS	\$ 84,883,498	\$ 75,486,765	12.4%	\$ 72,122,546	17.7%	\$ 459,882,926	\$ 428,476,369	7.3%	\$ 395,552,648	16.3%
	79.53%	77.71%		76.70%		78.89%	77.57%		76.29%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 345,675	\$ 297,632	16.1%	\$ 541,667	-36.2%	\$ 1,282,376	1,785,792	-28.2%	\$ 2,500,123	-48.7%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	6,000,000	6,000,000	0.0%	6,000,000	0.0%
Medicaid Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	511,243	-100.0%
TOTAL OTHER PATIENT REVENUE	\$ 1,345,675	\$ 1,297,632	3.7%	\$ 1,541,667	-12.7%	\$ 7,282,376	\$ 7,785,792	-6.5%	\$ 9,011,366	-19.2%
NET PATIENT REVENUE	\$ 23,188,942	\$ 22,953,491	1.0%	\$ 23,454,333	-1.1%	\$ 130,367,202	\$ 131,651,835	-1.0%	\$ 131,973,990	-1.2%
OTHER REVENUE										
Tax Revenue	\$ 3,753,777	\$ 3,063,184	22.5%	\$ 3,100,135	21.1%	\$ 21,976,060	\$ 20,073,726	9.5%	\$ 21,477,673	2.3%
Other Revenue	1,288,700	1,014,448	27.0%	1,090,328	18.2%	5,669,661	5,413,501	4.7%	6,213,059	-8.7%
TOTAL OTHER REVENUE	\$ 5,042,477	\$ 4,077,632	23.7%	\$ 4,190,462	20.3%	\$ 27,645,721	\$ 25,487,227	8.5%	\$ 27,690,732	-0.2%
NET OPERATING REVENUE	\$ 28,231,419	\$ 27,031,123	4.4%	\$ 27,644,796	2.1%	\$ 158,012,922	\$ 157,139,063	0.6%	\$ 159,664,722	-1.0%
OPERATING EXPENSES										
Salaries and Wages	\$ 13,851,456	\$ 13,236,647	4.6%	\$ 12,539,792	10.5%	\$ 75,055,576	\$ 76,795,994	-2.3%	\$ 73,944,274	1.5%
Benefits	2,065,030	2,817,933	-26.7%	3,001,689	-31.2%	17,059,529	16,674,618	2.3%	17,571,975	-2.9%
Temporary Labor	1,261,611	661,446	90.7%	556,000	126.9%	6,266,348	3,763,719	66.5%	3,676,737	70.4%
Physician Fees	397,189	385,875	2.9%	333,396	19.1%	2,192,734	2,284,188	-4.0%	2,230,721	-1.7%
Texas Tech Support	-	-	0.0%	16,696	-100.0%	-	-	0.0%	100,177	-100.0%
Purchased Services	2,586,435	2,393,519	8.1%	2,347,410	10.2%	14,360,490	14,510,403	-1.0%	14,255,850	0.7%
Supplies	4,949,438	5,008,616	-1.2%	4,912,744	0.7%	28,025,253	28,389,162	-1.3%	28,094,367	-0.2%
Utilities	393,727	342,980	14.8%	339,418	16.0%	2,121,097	1,845,212	15.0%	1,886,187	12.5%
Repairs and Maintenance	965,141	1,005,072	-4.0%	980,361	-1.6%	5,904,609	5,396,209	9.4%	5,774,575	2.3%
Leases and Rent	122,104	139,108	-12.2%	133,037	-8.2%	743,782	890,184	-16.4%	843,645	-11.8%
Insurance	181,233	131,690	37.6%	115,752	56.6%	869,858	788,880	10.3%	739,050	17.7%
Interest Expense	263,627	263,979	-0.1%	268,440	-1.8%	1,581,764	1,583,873	-0.1%	1,610,639	-1.8%
ECHDA	45,520	67,109	-32.2%	36,408	25.0%	189,827	402,655	-52.9%	198,889	-4.6%
Other Expense	182,203	213,491	-14.7%	241,385	-24.5%	1,080,348	1,382,312	-21.8%	1,424,401	-24.2%
TOTAL OPERATING EXPENSES	\$ 27,264,715	\$ 26,667,466	2.2%	\$ 25,822,528	5.6%	\$ 155,451,216	\$ 154,707,408	0.5%	\$ 152,351,486	2.0%
Depreciation/Amortization	\$ 1,566,265	\$ 1,559,128	0.5%	\$ 1,741,126	-10.0%	\$ 9,695,840	\$ 9,587,283	1.1%	\$ 10,469,172	-7.4%
(Gain) Loss on Sale of Assets	803	-	0.0%	-	0.0%	803	-	0.0%	(6,540)	-112.3%
TOTAL OPERATING COSTS	\$ 28,831,783	\$ 28,226,594	2.1%	\$ 27,563,654	4.6%	\$ 165,147,859	\$ 164,294,692	0.5%	\$ 162,814,118	1.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (600,364)	\$ (1,195,472)	-49.8%	\$ 81,142	-839.9%	\$ (7,134,937)	\$ (7,155,629)	-0.3%	\$ (3,149,396)	126.5%
Operating Margin	-2.13%	-4.42%	-51.9%	0.29%	-824.5%	-4.52%	-4.55%	-0.8%	-1.97%	128.9%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 36,739	\$ 34,112	7.7%	\$ 35,771	2.7%	\$ 202,554	\$ 200,269	1.1%	\$ 196,735	3.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	2,702	174,124	-98.4%	11,968	-77.4%	46,907	229,384	-79.6%	112,524	-58.3%
Build America Bonds Subsidy	84,142	81,320	3.5%	86,944	-3.2%	504,763	487,917	3.5%	505,847	-0.2%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (476,781)	\$ (905,916)	-47.4%	\$ 215,825	-320.9%	\$ (6,380,713)	\$ (6,238,060)	2.3%	\$ (2,334,290)	173.3%
Unrealized Gain/(Loss) on Investments	\$ 17,200	\$ -	0.0%	\$ 94,337	-81.8%	\$ (406,557)	\$ -	0.0%	\$ 11,812	-3541.8%
Investment in Subsidiaries	41,042	16,373	150.7%	26,166	56.9%	134,116	98,237	36.5%	89,160	50.4%
CHANGE IN NET POSITION	\$ (418,539)	\$ (889,543)	-52.9%	\$ 336,327	-224.4%	\$ (6,653,154)	\$ (6,139,822)	8.4%	\$ (2,233,318)	197.9%
EBIDA	\$ 1,411,353	\$ 933,564	51.2%	\$ 2,345,893	-39.8%	\$ 4,624,450	\$ 5,031,334	-8.1%	\$ 9,846,493	-53.0%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
MARCH 2017**

	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 Routine Revenue	\$ 9,188,670	\$ 9,153,780	0.4%	\$ 9,585,111	-4.1%	\$ 51,554,117	\$ 52,824,296	-2.4%	\$ 54,149,660	-4.8%
Inpatient Ancillary Revenue	40,499,801	37,462,386	8.1%	36,284,354	11.6%	223,066,501	213,483,587	4.5%	200,876,908	11.0%
Outpatient Revenue	43,902,381	40,702,874	7.9%	39,670,554	10.7%	232,702,992	229,951,671	1.2%	214,673,867	8.4%
TOTAL PATIENT REVENUE	\$ 93,590,851	\$ 87,319,039	7.2%	\$ 85,540,018	9.4%	\$ 507,323,609	\$ 496,259,554	2.2%	\$ 469,700,435	8.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 54,307,607	\$ 51,083,152	6.3%	\$ 49,657,110	9.4%	\$ 290,687,103	\$ 291,545,608	-0.3%	\$ 267,933,866	8.5%
Policy Adjustments	5,867,102	5,778,923	1.5%	7,619,979	-23.0%	34,960,619	32,841,371	6.5%	31,548,790	10.8%
Uninsured Discount	2,862,842	4,270,559	-33.0%	3,393,230	-15.6%	16,301,281	23,395,234	-30.3%	21,387,865	-23.8%
Indigent Care	670,709	2,069,121	-67.6%	1,321,033	-49.2%	10,972,291	11,758,725	-6.7%	9,572,080	14.6%
Provision for Bad Debts	11,261,106	5,509,382	104.4%	4,522,479	149.0%	49,165,375	30,181,832	62.9%	30,716,665	60.1%
TOTAL REVENUE DEDUCTIONS	\$ 74,969,367	\$ 68,711,137	9.1%	\$ 66,513,832	12.7%	\$ 402,086,669	\$ 389,722,771	3.2%	\$ 361,159,266	11.3%
	80.10%	78.69%		77.76%		79.26%	78.53%		76.89%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ (529,325)	\$ (577,368)	-8.3%	\$ (333,333)	58.8%	\$ (3,967,624)	\$ (3,464,208)	14.5%	\$ (2,749,877)	44.3%
DSRIP	1,000,000	1,000,000	0.0%	1,000,000	0.0%	6,000,000	6,000,000	0.0%	6,000,000	0.0%
Medicaid Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	511,243	-100.0%
TOTAL OTHER PATIENT REVENUE	\$ 470,675	\$ 422,632	11.4%	\$ 666,667	-29.4%	\$ 2,032,376	\$ 2,535,792	-19.9%	\$ 3,761,366	-46.0%
NET PATIENT REVENUE	\$ 19,092,160	\$ 19,030,534	0.3%	\$ 19,692,853	-3.1%	\$ 107,269,317	\$ 109,072,576	-1.7%	\$ 112,302,535	-4.5%
OTHER REVENUE										
Tax Revenue	\$ 3,753,777	\$ 3,063,184	22.5%	\$ 3,100,135	21.1%	\$ 21,976,060	\$ 20,073,726	9.5%	\$ 21,477,673	2.3%
Other Revenue	1,146,030	875,261	30.9%	969,232	18.2%	4,856,845	4,537,181	7.0%	5,376,495	-9.7%
TOTAL OTHER REVENUE	\$ 4,899,807	\$ 3,938,445	24.4%	\$ 4,069,367	20.4%	\$ 26,832,905	\$ 24,610,907	9.0%	\$ 26,854,167	-0.1%
NET OPERATING REVENUE	\$ 23,991,966	\$ 22,968,980	4.5%	\$ 23,762,221	1.0%	\$ 134,102,221	\$ 133,683,483	0.3%	\$ 139,156,702	-3.6%
OPERATING EXPENSE										
Salaries and Wages	\$ 9,879,997	\$ 9,225,572	7.1%	\$ 8,816,230	12.1%	\$ 52,167,263	\$ 52,825,605	-1.2%	\$ 52,452,493	-0.5%
Benefits	1,637,055	2,266,429	-27.8%	2,563,693	-36.1%	13,878,232	13,267,803	4.6%	14,643,879	-5.2%
Temporary Labor	918,700	546,616	68.1%	438,516	109.5%	4,815,450	3,074,739	56.6%	2,361,074	104.0%
Physician Fees	71,671	75,236	-4.7%	68,833	4.1%	424,334	431,636	-1.7%	469,993	-9.7%
Texas Tech Support	-	-	0.0%	16,696	-100.0%	-	-	-	100,177	-100.0%
Purchased Services	2,627,687	2,464,562	6.6%	2,439,938	7.7%	14,936,611	15,004,187	-0.5%	15,080,043	-1.0%
Supplies	4,811,412	4,866,710	-1.1%	4,770,747	0.9%	27,183,372	27,589,940	-1.5%	27,351,156	-0.6%
Utilities	389,966	338,910	15.1%	337,498	15.5%	2,096,915	1,818,407	15.3%	1,870,635	12.1%
Repairs and Maintenance	962,837	1,004,272	-4.1%	978,471	-1.6%	5,897,256	5,388,409	9.4%	5,752,164	2.5%
Leases and Rentals	(60,481)	(55,983)	8.0%	(35,597)	69.9%	(326,587)	(198,107)	64.9%	(161,934)	101.7%
Insurance	135,623	85,992	57.7%	77,929	74.0%	590,946	515,954	14.5%	479,125	23.3%
Interest Expense	263,627	263,979	-0.1%	268,440	-1.8%	1,581,764	1,583,873	-0.1%	1,610,639	-1.8%
ECHDA	45,520	67,109	-32.2%	36,408	25.0%	189,827	402,655	-52.9%	198,889	-4.6%
Other Expense	138,329	140,794	-1.8%	175,027	-21.0%	678,672	867,431	-21.8%	980,682	-30.8%
TOTAL OPERATING EXPENSES	\$ 21,821,946	\$ 21,290,199	2.5%	\$ 20,952,830	4.1%	\$ 124,114,055	\$ 122,572,532	1.3%	\$ 123,189,014	0.8%
Depreciation/Amortization	\$ 1,538,084	\$ 1,531,511	0.4%	\$ 1,713,173	-10.2%	\$ 9,526,945	\$ 9,417,237	1.2%	\$ 10,301,334	-7.5%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	-	0.0%	-	-	100.0%	(6,500)	-100.0%
TOTAL OPERATING COSTS	\$ 23,360,030	\$ 22,821,711	2.4%	\$ 22,666,003	3.1%	\$ 133,641,000	\$ 131,989,769	1.3%	\$ 133,483,848	0.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ 631,936	\$ 147,269	329.1%	\$ 1,096,218	-42.4%	\$ 461,221	\$ 1,693,714	-72.8%	\$ 5,672,854	-91.9%
Operating Margin	2.63%	0.64%	310.8%	4.61%	-42.9%	0.34%	1.27%	-72.9%	4.08%	-91.6%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 36,739	\$ 34,112	7.7%	\$ 35,771	2.7%	\$ 202,554	\$ 200,269	1.1%	\$ 196,735	3.0%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	2,702	174,124	-98.4%	11,968	-77.4%	46,907	229,384	-79.6%	112,524	-58.3%
Build America Bonds Subsidy	84,142	81,320	3.5%	86,944	-3.2%	504,763	487,917	3.5%	505,847	-0.2%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 755,519	\$ 436,824	73.0%	\$ 1,230,901	-38.6%	\$ 1,215,445	\$ 2,611,283	-53.5%	\$ 6,487,960	-81.3%
Procure Capital Contribution	(1,419,582)	(1,342,740)	5.7%	(1,026,388)	38.3%	(7,858,626)	(8,849,342)	-11.2%	(8,124,536)	-3.3%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (664,063)	\$ (905,916)	-26.7%	\$ 204,512	-424.7%	\$ (6,643,181)	\$ (6,238,058)	6.5%	\$ (1,636,576)	305.9%
Unrealized Gain/(Loss) on Investments	\$ 17,200	\$ -	0.0%	\$ 94,337	-81.8%	\$ (406,557)	\$ -	0.0%	\$ 11,812	-3541.8%
Investment in Subsidiaries	41,042	16,373	150.7%	26,166	56.9%	134,116	98,237	36.5%	89,160	50.4%
CHANGE IN NET POSITION	\$ (605,821)	\$ (889,543)	-31.9%	\$ 325,015	-286.4%	\$ (6,915,621)	\$ (6,139,821)	12.6%	\$ (1,535,604)	350.4%
EBIDA	\$ 1,195,891	\$ 905,947	32.0%	\$ 2,306,628	-48.2%	\$ 4,193,087	\$ 4,861,289	-13.7%	\$ 10,376,369	-59.6%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
MARCH 2017**

	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	\$ 13,135,913	\$ 9,823,585	33.7%	\$ 8,495,195	54.6%	\$ 75,644,143	\$ 56,082,858	34.9%	\$ 48,814,837	55.0%
TOTAL PATIENT REVENUE	\$ 13,135,913	\$ 9,823,585	33.7%	\$ 8,495,195	54.6%	\$ 75,644,143	\$ 56,082,858	34.9%	\$ 48,814,837	55.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 8,447,568	\$ 3,820,399	121.1%	\$ 3,200,811	163.9%	\$ 49,160,053	\$ 21,679,603	126.8%	\$ 19,248,513	155.4%
Policy Adjustments	90,654	1,542,400	-94.1%	1,186,816	-92.4%	308,881	8,835,729	-96.5%	7,320,481	-95.8%
Uninsured Discount	242,155	403,573	-40.0%	404,805	-40.2%	2,341,465	2,370,119	-1.2%	2,073,372	12.9%
Indigent	252,910	47,287	434.8%	24,240	943.4%	1,352,165	266,967	406.5%	386,124	250.2%
Provision for Bad Debts	880,843	961,970	-8.4%	792,043	11.2%	4,633,694	5,601,181	-17.3%	5,364,891	-13.6%
TOTAL REVENUE DEDUCTIONS	\$ 9,914,131	\$ 6,775,629	46.3%	\$ 5,608,715	76.8%	\$ 57,796,258	\$ 38,753,599	49.1%	\$ 34,393,382	68.0%
	75.47%	68.97%		66.02%		76.41%	69.10%		70.46%	
Medicaid Supplemental Payments	\$ 875,000	\$ 875,000	0.0%	\$ 875,000	0.0%	5,250,000	5,250,000	0.0%	\$ 5,250,000	0.0%
NET PATIENT REVENUE	\$ 4,096,782	\$ 3,922,956	4.4%	\$ 3,761,480	8.9%	\$ 23,097,885	\$ 22,579,260	2.3%	\$ 19,671,455	17.4%
OTHER REVENUE										
Other Income	\$ 142,671	\$ 139,187	2.5%	\$ 121,095	17.8%	\$ 812,816	\$ 876,320	-7.2%	\$ 836,564	-2.8%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 4,239,453	\$ 4,062,143	4.4%	\$ 3,882,575	9.2%	\$ 23,910,701	\$ 23,455,580	1.9%	\$ 20,508,019	16.6%
OPERATING EXPENSE										
Salaries and Wages	\$ 3,971,458	\$ 4,011,075	-1.0%	\$ 3,723,562	6.7%	\$ 22,888,314	\$ 23,970,389	-4.5%	\$ 21,491,781	6.5%
Benefits	427,974	551,504	-22.4%	437,996	-2.3%	3,181,297	3,406,815	-6.6%	2,928,096	8.6%
Temporary Labor	342,911	114,830	198.6%	117,484	191.9%	1,450,899	688,980	110.6%	1,315,663	10.3%
Physician Fees	325,518	310,639	4.8%	264,563	23.0%	1,768,400	1,852,552	-4.5%	1,760,728	0.4%
Purchased Services	(41,252)	(71,044)	-41.9%	(92,528)	-55.4%	(576,122)	(493,785)	16.7%	(824,193)	-30.1%
Supplies	138,025	141,905	-2.7%	141,997	-2.8%	841,881	799,222	5.3%	743,211	13.3%
Utilities	3,760	4,070	-7.6%	1,919	95.9%	24,182	26,805	-9.8%	15,552	55.5%
Repairs and Maintenance	2,304	800	188.0%	1,890	21.9%	7,353	7,800	-5.7%	22,411	-67.2%
Leases and Rentals	182,585	195,092	-6.4%	168,634	8.3%	1,070,369	1,088,291	-1.6%	1,005,579	6.4%
Insurance	45,610	45,698	-0.2%	37,824	20.6%	278,912	272,926	2.2%	259,925	7.3%
Other Expense	43,874	72,697	-39.6%	66,358	-33.9%	401,676	514,881	-22.0%	443,718	-9.5%
TOTAL OPERATING EXPENSES	\$ 5,442,769	\$ 5,377,266	1.2%	\$ 4,869,699	11.8%	\$ 31,337,161	\$ 32,134,876	-2.5%	\$ 29,162,472	7.5%
Depreciation/Amortization	\$ 28,181	\$ 27,617	2.0%	\$ 27,952	0.8%	\$ 168,895	\$ 170,046	-0.7%	\$ 167,837	0.6%
(Gain)/Loss on Sale of Assets	803	-	0.0%	-	0.0%	803	-	0.0%	(40)	0.0%
TOTAL OPERATING COSTS	\$ 5,471,753	\$ 5,404,883	1.2%	\$ 4,897,651	11.7%	\$ 31,506,859	\$ 32,304,923	-2.5%	\$ 29,330,270	7.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (1,232,300)	\$ (1,342,740)	-8.2%	\$ (1,015,076)	21.4%	\$ (7,596,158)	\$ (8,849,343)	-14.2%	\$ (8,822,250)	-13.9%
Operating Margin	-29.07%	-33.05%	-12.1%	-26.14%	11.2%	-31.77%	-37.73%	-15.8%	-43.02%	-26.2%
MCH Contribution	\$ 1,419,582	\$ 1,342,740	5.7%	\$ 1,026,388	38.3%	\$ 7,858,627	\$ 8,849,342	-11.2%	\$ 8,124,536	-3.3%
CAPITAL CONTRIBUTION	\$ 187,282	\$ -	-100.0%	\$ 11,313	1555.5%	\$ 262,468	\$ -	-100.0%	\$ (697,714)	-137.6%
EBIDA	\$ 215,463	\$ 27,617	680.2%	\$ 39,265	448.7%	\$ 431,363	\$ 170,046	153.7%	\$ (529,877)	-181.4%

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	11,389	10,085	12.93%	8,909	27.84%	57,243	53,845	6.31%	50,045	14.38%
Total Hospital Visits	4,210	4,706	-10.54%	5,400	-22.04%	25,002	26,600	-6.01%	27,247	-8.24%
Total Procedures	54,967	58,677	-6.32%	66,015	-16.74%	314,476	339,992	-7.50%	329,728	-4.63%
Total Surgeries	913	783	16.60%	636	43.55%	4,719	4,127	14.34%	3,621	30.32%
Total Provider FTE's	81.7	93.8	-12.90%	80.1	2.00%	85.7	92.0	-6.89%	82.0	4.51%
Total Staff FTE's	129.6	134.3	-3.50%	118.4	9.46%	124.8	132.7	-5.95%	113.1	10.34%
Total Administrative FTE's	32.6	35.5	-8.17%	33.4	-2.40%	33.5	35.5	-5.63%	34.5	-2.90%
Total FTE's	243.9	263.6	-7.47%	231.9	5.17%	244.0	260.2	-6.24%	229.6	6.27%

**ECTOR COUNTY HOSPITAL DISTRICT
CENTER FOR PRIMARY CARE CLEMENTS - OPERATIONS SUMMARY
MARCH 2017**

	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	\$ 398,437	\$ 396,280	0.5%	\$ 474,494	-16.0%	\$ 2,398,876	\$ 2,172,843	10.4%	\$ 1,989,344	20.6%
TOTAL PATIENT REVENUE	\$ 398,437	\$ 396,280	0.5%	\$ 474,494	-16.0%	\$ 2,398,876	\$ 2,172,843	10.4%	\$ 1,989,344	20.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 29,695	\$ 107,145	-72.3%	\$ 184,758	-83.9%	\$ 864,723	\$ 608,900	42.0%	\$ 805,998	7.3%
Self Pay Adjustments	(17,840)	20,958	-185.1%	(1,997)	793.2%	(16,138)	119,103	-113.5%	143,268	-111.3%
Bad Debts	319,486	41,580	668.4%	94,982	236.4%	638,534	227,786	180.3%	166,865	282.7%
TOTAL REVENUE DEDUCTIONS	\$ 331,342	\$ 169,683	95.3%	\$ 277,743	19.3%	\$ 1,487,120	\$ 955,788	55.6%	\$ 1,116,130	33.2%
	83.2%	42.8%		58.5%		62.0%	44.0%		56.1%	
NET PATIENT REVENUE	\$ 67,095	\$ 226,597	-70.4%	\$ 196,751	-65.9%	\$ 911,756	\$ 1,217,055	-25.1%	\$ 873,214	4.4%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ 8,802	0.0%	\$ -	0.0%	\$ -	\$ 52,815	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ 8,802	-100.0%	\$ -	0.0%	\$ -	\$ 52,815	-100.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 67,095	\$ 235,400	-71.5%	\$ 196,751	-65.9%	\$ 911,756	\$ 1,269,870	-28.2%	\$ 873,214	4.4%
OPERATING EXPENSE										
Salaries and Wages	\$ 30,087	\$ 33,661	-10.6%	\$ 40,761	-26.2%	\$ 199,207	\$ 195,338	2.0%	\$ 244,206	-18.4%
Benefits	4,985	8,269	-39.7%	11,853	-57.9%	52,996	49,062	8.0%	68,178	-22.3%
Physician Services	235,435	246,005	-4.3%	209,439	12.4%	1,377,679	1,440,556	-4.4%	1,202,067	14.6%
Cost of Drugs Sold	2,248	6,290	-64.3%	984	128.4%	29,365	34,588	-15.1%	34,999	-16.1%
Supplies	9,214	12,626	-27.0%	8,910	3.4%	53,647	71,400	-24.9%	48,658	10.3%
Utilities	3,466	2,986	16.1%	2,809	23.4%	31,492	17,837	76.6%	17,885	76.1%
Repairs and Maintenance	2,857	3,348	-14.7%	3,150	-9.3%	21,485	15,749	36.4%	11,944	79.9%
Leases and Rentals	472	543	-12.9%	540	-12.6%	2,836	3,059	-7.3%	3,047	-6.9%
Other Expense	2,016	948	112.7%	1,000	101.6%	8,495	6,122	38.8%	6,475	31.2%
TOTAL OPERATING EXPENSES	\$ 290,781	\$ 314,674	-7.6%	\$ 279,447	4.1%	\$ 1,777,202	\$ 1,833,711	-3.1%	\$ 1,637,460	8.5%
Depreciation/Amortization	\$ 5,421	\$ 5,246	3.3%	\$ 5,271	2.8%	\$ 32,982	\$ 31,925	3.3%	\$ 32,236	2.3%
TOTAL OPERATING COSTS	\$ 296,201	\$ 319,920	-7.4%	\$ 284,718	4.0%	\$ 1,810,184	\$ 1,865,636	-3.0%	\$ 1,669,697	8.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (229,106)	\$ (84,521)	171.1%	\$ (87,967)	160.4%	\$ (898,427)	\$ (595,767)	50.8%	\$ (796,483)	12.8%
Operating Margin	-341.46%	-35.91%	851.0%	-44.71%	663.7%	-98.54%	-46.92%	110.0%	-91.21%	8.0%
EBIDA	\$ (223,685)	\$ (79,274)	182.2%	\$ (82,696)	170.5%	\$ (865,445)	\$ (563,842)	53.5%	\$ (764,246)	13.2%

	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	1,214	1,370	-11.4%	1,266	-4.1%	7,902	7,803	1.3%	7,401	6.8%
Dental Visits	757	785	-3.6%	658	15.0%	3,965	4,011	-1.1%	3,512	12.9%
Total Visits	1,971	2,155	-8.5%	1,924	2.4%	11,867	11,814	0.5%	10,913	8.7%
Average Revenue per Office Visit	202.15	183.89	9.9%	246.62	-18.0%	202.15	183.93	9.9%	182.29	10.9%
Hospital FTE's (Salaries and Wages)	4.7	5.1	-7.9%	7.5	-38.2%	5.1	5.0	1.5%	7.4	-31.0%
Clinic FTE's - (Physician Services)	20.6	28.6	-27.8%	18.1	13.8%	21.9	28.6	-23.2%	16.1	36.1%

**ECTOR COUNTY HOSPITAL DISTRICT
MARCH 2017**

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	\$ 39,874,315	42.6%	\$ 36,523,761	42.7%	\$ 214,765,334	42.4%	\$ 197,846,529	42.2%
Medicaid	8,328,465	8.9%	8,002,457	9.4%	54,221,287	10.7%	50,778,810	10.8%
Blue Cross	9,962,948	10.6%	10,132,973	11.8%	59,601,835	11.7%	54,641,035	11.6%
Commercial	16,523,732	17.7%	13,018,382	15.2%	79,133,820	15.6%	80,497,291	17.1%
Self Pay	12,581,584	13.4%	12,492,391	14.6%	60,615,781	11.9%	57,821,613	12.3%
Other	6,319,807	6.8%	5,370,054	6.3%	38,985,553	7.7%	28,115,157	6.0%
TOTAL	\$ 93,590,851	100.0%	\$ 85,540,018	100.0%	\$ 507,323,609	100.0%	\$ 469,700,435	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,143,706	37.3%	\$ 6,699,090	34.2%	\$ 32,210,052	31.4%	\$ 33,227,116	32.1%
Medicaid	2,233,451	11.7%	2,152,232	11.0%	10,586,560	10.3%	9,068,629	8.7%
Blue Cross	2,702,915	14.2%	3,802,219	19.5%	19,767,367	19.2%	21,774,173	21.0%
Commercial	4,139,116	21.7%	4,316,603	22.1%	24,171,834	23.5%	25,584,047	24.6%
Self Pay	1,692,799	8.9%	1,690,750	8.7%	8,196,040	8.0%	8,530,061	8.2%
Other	1,185,522	6.2%	885,147	4.5%	7,770,377	7.6%	5,612,109	5.4%
TOTAL	\$ 19,097,509	100.0%	\$ 19,546,043	100.0%	\$ 102,702,231	100.0%	\$ 103,796,135	100.0%
TOTAL NET REVENUE	18,621,484		19,026,187		105,236,940		108,541,168	
% OF GROSS REVENUE	19.9%		22.2%		20.7%		23.1%	
VARIANCE	476,025		519,856		(2,534,709)		(4,745,034)	
% VARIANCE TO CASH COLLECTIONS	2.6%		2.7%		-2.4%		-4.4%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
MARCH 2017**

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	\$ 73,754	18.5%	\$ 59,894	12.6%	\$ 297,551	12.4%	\$ 229,963	11.6%
Medicaid	92,983	23.3%	114,885	24.2%	695,891	29.0%	529,096	26.6%
PHC	125,472	31.6%	167,665	35.4%	728,973	30.4%	661,531	33.2%
Commercial	58,077	14.6%	78,629	16.6%	332,754	13.9%	294,906	14.8%
Self Pay	35,604	8.9%	39,125	8.2%	272,180	11.3%	210,321	10.6%
Other	12,547	3.1%	14,296	3.0%	71,527	3.0%	63,528	3.2%
TOTAL	\$ 398,437	100.0%	\$ 474,494	100.0%	\$ 2,398,876	100.0%	\$ 1,989,344	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 19,439	11.9%	\$ 26,361	16.9%	\$ 80,821	8.8%	\$ 123,618	14.2%
Medicaid	76,287	46.5%	52,710	33.8%	465,689	50.9%	292,144	33.5%
PHC	22,094	13.5%	24,151	15.5%	111,627	12.2%	138,148	15.9%
Commercial	14,764	9.0%	27,542	17.7%	114,853	12.5%	155,373	17.8%
Self Pay	31,358	19.1%	24,907	16.0%	142,488	15.6%	160,607	18.5%
Other	63	0.0%	86	0.1%	106	0.0%	559	0.1%
TOTAL	\$ 164,005	100.0%	\$ 155,757	100.0%	\$ 915,583	100.0%	\$ 870,449	100.0%
TOTAL NET REVENUE	67,095		196,751		911,756		873,214	
% OF GROSS REVENUE	16.8%		41.5%		38.0%		43.9%	
VARIANCE	96,910		(40,994)		3,826		(2,765)	
% VARIANCE TO CASH COLLECTIONS	144.4%		-20.8%		0.4%		-0.3%	

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
MARCH 2017**

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	\$ 37,937	18.3%	\$ 79,601	25.2%	\$ 238,241	18.4%	\$ 221,208	18.6%
Medicaid	68,156	33.0%	87,168	27.6%	481,009	37.1%	342,219	28.8%
PHC	43,752	21.1%	47,456	15.0%	214,080	16.6%	230,592	19.4%
Commercial	32,048	15.5%	57,915	18.4%	204,338	15.8%	219,188	18.5%
Self Pay	17,010	8.2%	29,832	9.5%	110,632	8.6%	120,828	10.2%
Other	8,008	3.9%	13,572	4.3%	44,773	3.5%	52,321	4.4%
TOTAL	\$ 206,910	100.0%	\$ 315,544	100.0%	\$ 1,293,074	100.0%	\$ 1,186,356	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,823	15.4%	\$ 7,048	22.9%	\$ 74,245.61	22.4%	\$ 9,798	7.1%
Medicaid	22,822	39.9%	4,584	14.9%	108,435	32.5%	56,931	41.0%
PHC	4,816	8.4%	2,483	8.1%	24,129	7.3%	11,582	8.3%
Commercial	8,802	15.4%	6,560	21.3%	58,931	17.8%	24,706	17.8%
Self Pay	11,925	20.8%	10,118	32.9%	65,978	19.9%	35,683	25.7%
Other	48	0.1%	-	0.0%	243	0.1%	164	0.1%
TOTAL	\$ 57,236	100.0%	\$ 30,793	100.0%	\$ 331,964	100.0%	\$ 138,865	100.0%
TOTAL NET REVENUE	210,605		90,367		333,549		231,382	
% OF GROSS REVENUE	101.8%		28.6%		25.8%		19.5%	
VARIANCE	(153,369)		(59,574)		(1,586)		(92,517)	
% VARIANCE TO CASH COLLECTIONS	-72.8%		-65.9%		-0.5%		-40.0%	

**ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
SIX MONTHS ENDED MARCH 31, 2017**

<u>Cash and Cash Equivalents</u>	<u>CASH</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 2,671,686		\$ -	\$ 2,671,686
Payroll	13,563		-	13,563
Worker's Comp Claims	250,385		-	250,385
UMR Group Medical	38,982		-	38,982
Flex Benefits	48,999		-	48,999
Mission Fitness	604,854		-	604,854
Petty Cash	9,420		-	9,420
Dispro	8,505,630		5,092,733	13,598,362
Debt Service	422,294		-	422,294
Tobacco Settlement	422		-	422
General Liability	-		1,891,865	1,891,865
Professional Liability	-		1,969,738	1,969,738
Funded Worker's Compensation	-		1,187,165	1,187,165
Funded Depreciation	-		5,076,521	5,076,521
Designated Funds	-		1,105,330	1,105,330
Total Cash and Cash Equivalents	\$ 12,566,234		\$ 16,323,351	\$ 28,889,585

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 10,000,000	\$ 10,000,000
Funded Depreciation	-	19,000,000	19,000,000
Funded Worker's Compensation	-	2,000,000	2,000,000
General Liability	-	1,000,000	1,000,000
Professional Liability	-	1,000,000	1,000,000
Designated Funds	90,510	1,966,032	2,056,542
Allowance for Change in Market Values	-	(132,900)	(132,900)
Total Investments	\$ 90,510	\$ 34,833,132	\$ 34,923,642
Total Unrestricted Cash and Investments			\$ 63,813,227

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,659,656	\$ -	\$ 4,659,656
Assets Held By Trustee - Debt Payment Reserves	\$ 815,078	-	815,078
Assets Held In Endowment	-	6,285,545	6,285,545
Escrow Account - Cerner Financing	1,513,225	-	1,513,225
MCH West TX Services	-	1,879,888	1,879,888
Total Restricted Assets	\$ 6,987,959	\$ 8,165,433	\$ 15,153,391

Total Cash & Investments **\$ 78,966,618**

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
SIX MONTHS ENDED MARCH 31, 2017**

	Hospital	Procare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	\$ (6,915,621)	\$ 262,468	\$ (6,653,153)
Noncash Expenses:			
Depreciation and Amortization	9,595,195	23,270	9,618,465
Unrealized Gain/Loss on Investments	(406,557)	-	(406,557)
Accretion (Bonds)	(2,110)	-	(2,110)
Changes in Assets and Liabilities			
Patient Receivables, Net	1,922,896	(364,546)	1,558,349
Taxes Receivable/Deferred	4,234,948	254,840	4,489,788
Inventories, Prepays and Other	2,155,624	20,105	2,175,729
Accounts Payable	(12,881,763)	684,582	(12,197,181)
Accrued Expenses	352,970	277,346	630,317
Due to Third Party Payors	365,935	-	365,935
Accrued Post Retirement Benefit Costs	378,770	-	378,770
	\$ (1,199,712)	\$ 1,158,066	\$ (41,647)
Net Cash Provided by Operating Activities			
Cash Flows from Investing Activities:			
Investments	\$ 533,157	\$ -	\$ 533,157
Acquisition of Property and Equipment	\$ (7,252,482)	\$ 74,429	\$ (7,178,054)
Cerner Project Costs	\$ (7,733,923)	\$ -	\$ (7,733,923)
	\$ (14,453,249)	\$ 74,429	\$ (14,378,820)
Net Cash used by Investing Activities			
Cash Flows from Financing Activities:			
Net Repayment of Long-term Debt/Bond Issuance	\$ (1,570,750)	\$ -	\$ (1,570,750)
	\$ (1,570,750)	\$ -	\$ (1,570,750)
Net Cash used by Financing Activities			
Net Increase (Decrease) in Cash	\$ (17,223,711)	\$ 1,232,494	\$ (15,991,217)
Beginning Cash & Cash Equivalents @ 9/30/2016	\$ 61,266,687	\$ 2,734,905	\$ 64,001,593
Ending Cash & Cash Equivalents @ 3/31/2017	\$ 44,042,976	\$ 3,967,400	\$ 48,010,376
Balance Sheet			
Cash and Cash Equivalents	\$ 28,889,585	\$ 3,967,400	\$ 32,856,984
Restricted Assets	15,153,391	-	15,153,391
Ending Cash & Cash Equivalents @ 3/31/2017	\$ 44,042,976	\$ 3,967,400	\$ 48,010,376

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2017

	<u>ACTUAL COLLECTIONS</u>	<u>BUDGETED COLLECTIONS</u>	<u>VARIANCE</u>	<u>PRIOR YEAR COLLECTIONS</u>	<u>VARIANCE</u>
<u>AD VALOREM</u>					
OCTOBER	\$ 249,105	\$ 994,737	\$ (745,632)	\$ 124,292	\$ 124,813
NOVEMBER	924,056	994,737	(70,681)	658,003	266,053
DECEMBER	2,885,709	994,737	1,890,972	1,147,214	1,738,495
JANUARY	3,390,679	994,737	2,395,942	3,102,060	288,619
FEBRUARY	2,266,373	994,737	1,271,636	4,653,270	(2,386,897)
MARCH	327,882	994,737	(666,855)	246,383	81,499
TOTAL	<u>\$ 10,043,804</u>	<u>\$ 5,968,420</u>	<u>\$ 4,075,383</u>	<u>\$ 9,931,222</u>	<u>\$ 112,582</u>
<u>SALES</u>					
OCTOBER	\$ 2,339,047	\$ 2,362,971	\$ (23,924)	\$ 2,887,145	\$ (548,098)
NOVEMBER	2,839,057	2,553,727	285,330	3,053,244	(214,187)
DECEMBER	2,324,023	2,256,215	67,808	2,631,851	(307,828)
JANUARY	2,583,565	2,171,303	412,261	2,457,544	126,020
FEBRUARY	3,162,907	2,692,643	470,265	2,973,484	189,424
MARCH	2,759,040	2,068,447	690,593	2,225,281	533,760
TOTAL	<u>\$ 16,007,639</u>	<u>\$ 14,105,306</u>	<u>\$ 1,902,334</u>	<u>\$ 16,228,549</u>	<u>\$ (220,910)</u>
TAX REVENUE	<u><u>\$ 26,051,443</u></u>	<u><u>\$ 20,073,726</u></u>	<u><u>\$ 5,977,717</u></u>	<u><u>\$ 26,159,771</u></u>	<u><u>\$ (108,328)</u></u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2017**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (2,597,000)	\$ 5,926,518		\$ 3,329,518
2nd Qtr	(1,301,163)	2,969,335		1,668,173
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (3,898,163)	\$ 8,895,853		\$ 4,997,690
UC				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(2,237,518)	5,195,968		2,958,449
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (2,237,518)	\$ 5,195,968		\$ 2,958,449
Regional UPL (Community Benefit)				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(22,123,615)	-		(22,123,615)
3rd Qtr	-	-		-
4th Qtr	-	-		-
REGIONAL UPL TOTAL	\$ (22,123,615)	\$ -		\$ (22,123,615)
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(7,530,059)	17,097,519		9,567,460
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ (7,530,059)	\$ 17,097,519		\$ 9,567,460
Nursing Home MPAP				
1st Qtr	\$ (18,941)	\$ 254,245		\$ 235,304
2nd Qtr	-	259,925		259,925
3rd Qtr	-	-		-
4th Qtr	-	-		-
Nursing Home MPAP TOTAL	\$ (18,941)	\$ 514,171		\$ 495,229
MCH Cash Activity	\$ (35,808,296)	\$ 31,703,510		\$ (4,104,787)
ProCare Cash Activity			\$ 5,250,000	\$ 5,250,000
Blended Cash Activity	\$ (35,808,296)	\$ 31,703,510	\$ 5,250,000	\$ 1,145,213

INCOME STATEMENT ACTIVITY:	MCH	PROCARE	BLENDED
FY 2017 Accrued / (Deferred) Adjustments:			
DSH Accrual	\$ 1,962,592	\$ -	\$ 1,962,592
Uncompensated Care Accrual	5,454,117	-	5,454,117
Regional UPL Accrual	(11,584,333)	-	(11,584,333)
Nursing Home UPL	200,000	-	200,000
Regional UPL Benefit	-	5,250,000	5,250,000
Medicaid Supplemental Payments	(3,967,624)	5,250,000	1,282,376
DSRIP Accrual	6,000,000	-	6,000,000
Total Adjustments	\$ 2,032,376	\$ 5,250,000	\$ 7,282,376

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF MARCH 31, 2017**

	A	B	C	D	E=A+B+C+D	F	G=E+F	H	H-G
ITEM	CIP BALANCE AS OF 2/1/2017	Mar "+" ADDITIONS	Mar "- " ADDITIONS	Mar TRANSFERS	CIP BALANCE AS OF 3/31/2017	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) BOARD APRVD/BUDGET
<i>RENOVATIONS</i>									
CHW TT ENDOCRONOLOGY SUITE	\$ 449	\$ -	\$ (449)	-	\$ -	\$ 887,028	\$ 887,028	850,000	\$ (37,028)
WOMEN'S CLINIC	4,315,323	916,317	3,213	-	5,234,853	-	5,234,853	5,000,000	(234,853)
42ND CLINIC RENOVATIONS	916,826	32,424	-	-	949,250	-	949,250	925,000	(24,250)
SUB-TOTAL	\$ 5,232,598	\$ 948,742	\$ 2,764	\$ -	\$ 6,184,103	\$ 887,028	\$ 7,071,131	\$ 6,775,000	\$ (296,131)
<i>MINOR BUILDING IMPROVEMENT</i>									
FAMILY HEALTH CLINIC IMPROVEMENT	\$ 15,781	\$ -	\$ -	\$ -	\$ 15,781	\$ -	\$ 15,781	\$ 45,000	\$ 29,219
UPS OR (UNINTERRUPTED POWER SUPPLY)	20,422	-	-	-	20,422	-	20,422	25,000	4,578
PBX - FLOORING REMEDIATION (MAIN HOSPITAL 1ST FLOOR)	6,247	6,783	-	-	13,030	-	13,030	45,000	31,970
GARAGE PROJECT	5,681	-	-	-	5,681	-	5,681	10,000	4,320
PROCARE ENT	51,691	4,698	-	-	56,389	-	56,389	896,000	839,611
DISCHARGE LOUNGE	12,804	-	-	-	12,804	-	12,804	25,000	12,196
SUITE 401 WSMMP	(21,674)	-	-	-	(21,674)	80,718	59,044	75,000	15,956
WTCC VAULT	2,011	3,398	-	-	5,408	-	5,408	10,000	4,592
9 CENTRAL SHOWER ROOM	1,738	11,214	-	-	12,952	-	12,952	45,000	32,048
DR ELAM OFFICE RENOVATION	18,772	-	-	(18,772)	(0)	18,772	18,772	25,000	6,228
HVAC REPAIR TEMP HUMIDITY CONTROL	175,978	47,618	-	-	223,596	-	223,596	145,000	(78,596)
BUSINESS OFFICE RENOVATION	4,221	-	(1,968)	-	2,253	-	2,253	10,000	7,747
PRE OP EXPRESS	3,540	55,743	-	-	59,283	-	59,283	45,000	(14,283)
SUB-TOTAL	\$ 297,210	\$ 129,454	\$ (1,968)	\$ (18,772)	\$ 405,924	\$ 99,490	\$ 505,414	\$ 1,401,000	\$ 895,586
<i>WORK IN PROGRESS - CERNER</i>									
CERNER	\$ 20,245,287	\$ 2,379,269	\$ -	\$ -	\$ 22,624,556	\$ -	\$ 22,624,556	\$ 25,867,367	\$ 3,242,812
SUB-TOTAL	\$ 20,245,287	\$ 2,379,269	\$ -	\$ -	\$ 22,624,556	\$ -	\$ 22,624,556	\$ 25,867,367	\$ 3,242,812
<i>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</i>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	\$ 824,370	\$ 8,811	\$ (29,313)	\$ -	\$ 803,868	\$ -	\$ 803,868	\$ 16,091,971	\$ 15,288,103
SUB-TOTAL	\$ 824,370	\$ 8,811	\$ (29,313)	\$ -	\$ 803,868	\$ -	\$ 803,868	\$ 16,091,971	\$ 15,288,103
TOTAL CONSTRUCTION IN PROGRESS	\$ 26,599,464	\$ 3,466,276	\$ (28,518)	\$ (18,772)	\$ 30,018,450	\$ 986,518	\$ 31,004,968	\$ 50,135,338	\$ 19,130,370

ECTOR COUNTY HOSPITAL DISTRICT
 CAPITAL PROJECT & EQUIPMENT EXPENDITURES
 MARCH 2017

DEPT	ITEM	CLASS	BOOKED AMOUNT
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS			
8200	DR ELAM OFFICE RENOVATION	MOVEABLE	\$ 18,772
TOTAL PROJECT TRANSFERS			\$ 18,772
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/EQUIPMENT			
	NONE		\$ -
TOTAL EQUIPMENT TRANSFERS			\$ -
TOTAL TRANSFERS FROM CIP			\$ 18,772

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2017 CAPITAL EQUIPMENT
CONTINGENCY FUND
MARCH 2017**

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget		\$ 600,000	\$ -	\$ -	\$ 600,000
Oct-16	Concrete Wheel Stops	8500	-	-	2,800	(2,800)
Oct-16	(2) Alarms in ER	8200	-	-	4,945	(4,945)
Oct-16	Sliding Glass Doors	8200	-	-	11,200	(11,200)
Oct-16	Sidewalk and Ramp	8200	-	-	7,100	(7,100)
Feb-17	Mini Split AC System	8200	-	-	3,888	(3,888)
Feb-17	Grille Operaton and Transformer	8560	-	-	2,900	(2,900)
Nov-16	Carpet	8200	-	-	2,352	(2,352)
Nov-16	Reach-in Refrigerator	8020	-	-	3,910	(3,910)
Nov-16	Boilerless Steamer	8020	13,491	-	13,653	(162)
Dec-17	InnerSpace Cabinets	7310	9,769	-	9,769	-
Dec-17	Blanket Warmer	7290	3,761	-	3,577	184
Jan-17	Ultrasound Machine, Trauma Bay	7800	55,750	-	62,875	(7,125)
Mar-17	Ultrasound Unit	7320	208,741	-	172,178	36,563
Mar-17	Fitness Rowing Machine	9310	1,262	-	2,524	(1,262)
Mar-17	Vacuum Pumps	8200	80,000	-	35,925	44,075
Mar-17	Annex Fire System	8200	-	-	28,585	(28,585)
Mar-17	Annex Fire System - Installation	8200	-	-	10,000	(10,000)
Mar-17	Ultrasound Machine - EMT	7800	-	-	469	(469)
Mar-17	Biological Safety Cabinet - EMT	7060	-	-	111	(111)
			\$ 972,774	\$ -	\$ 378,180	\$ 594,594

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
MARCH 2017**

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
AR DISPRO/UPL	\$ (3,035,098)	\$ -	\$ -	\$ (3,035,098)
AR UNCOMPENSATED CARE	2,376,585	-	-	2,376,585
AR DSRIP	5,592,336	9,159,795	-	(3,567,460)
AR NURSING HOME UPL	288,369	583,599	-	(295,229)
AR BAB REVENUE	84,142	84,233	-	(90)
AR PHYSICIAN GUARANTEES	290,797	-	-	290,797
AR ACCRUED INTEREST	138,864	79,286	-	59,578
AR OTHER:	6,721,249	4,636,431	2,482,086	(397,268)
Procare On-Call Fees	151,700	-	46,500	105,200
Procare A/R - FHC	334,253	-	391,968	(57,716)
Other Misc A/R	6,235,296	4,636,431	2,043,618	(444,752)
AR DUE FROM THIRD PARTY PAYOR	5,248,423	4,975,920	-	272,503
PROCARE-INTERCOMPANY RECEIVABLE	2,599,445	1,455,140	-	1,144,306
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 20,305,113	\$ 20,974,403	\$ 2,482,086	\$ (3,151,377)
PROCARE-INTERCOMPANY LIABILITY	\$ (2,599,445)	\$ -	\$ (1,455,140)	\$ (1,144,306)

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
MARCH 2017**

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR
OPERATING ROOM	5.7	1.1	445.0%	7.2	-19.9%	4.5	1.0	336.1%	7.2	-37.0%
NEO-NATAL INTENSIVE CARE	1.2	-	0.0%	1.1	11.6%	2.3	-	0.0%	0.7	205.6%
7 CENTRAL	-	0.2	-100.0%	4.6	-100.0%	2.0	0.2	1247.0%	5.7	-64.7%
LABOR AND DELIVERY	1.6	-	0.0%	2.6	-40.0%	2.0	-	0.0%	1.4	40.1%
INPATIENT REHAB	-	0.7	-100.0%	3.0	-100.0%	1.6	0.7	150.0%	2.3	-30.0%
INTENSIVE CARE UNIT 4 (CCU)	-	1.0	-100.0%	1.1	-100.0%	1.6	1.0	69.3%	1.0	62.6%
4 EAST	0.1	-	0.0%	1.2	-94.7%	1.5	-	0.0%	0.5	219.1%
INTENSIVE CARE UNIT 2	-	-	0.0%	4.5	-100.0%	1.1	-	0.0%	2.5	-55.0%
6 CENTRAL	-	-	0.0%	0.2	-100.0%	1.1	-	0.0%	0.2	343.2%
9 CENTRAL	-	0.9	-100.0%	1.1	-100.0%	1.1	0.9	15.5%	1.0	9.1%
8 CENTRAL	-	-	0.0%	0.5	-100.0%	0.9	-	0.0%	1.0	-6.2%
CHW - SPORTS MEDICINE	-	-	0.0%	2.6	-100.0%	0.8	-	0.0%	2.7	-69.7%
PERFORMANCE IMPROVEMENT	1.1	-	0.0%	-	0.0%	0.7	-	0.0%	-	0.0%
EMERGENCY DEPARTMENT	-	1.3	-100.0%	1.1	-100.0%	0.7	1.4	-47.6%	1.9	-63.1%
6 WEST	-	0.7	-100.0%	1.0	-100.0%	0.7	0.7	0.3%	1.0	-33.3%
4 CENTRAL	-	0.1	-100.0%	1.3	-100.0%	0.5	0.1	381.3%	1.2	-59.0%
PM&R - OCCUPATIONAL	-	0.8	-100.0%	1.1	-100.0%	0.4	0.8	-47.3%	0.7	-41.0%
PM&R - PHYSICAL	1.1	0.3	279.8%	-	0.0%	0.4	0.3	46.5%	-	0.0%
TRAUMA SERVICE	1.3	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%
5 CENTRAL	-	-	0.0%	1.2	-100.0%	0.4	-	0.0%	2.0	-81.7%
OP SURGERY	-	0.4	-100.0%	-	0.0%	0.2	0.4	-58.9%	0.3	-53.0%
IMAGING - ULTRASOUND	-	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
CERNER	0.1	-	0.0%	-	0.0%	0.0	-	0.0%	-	0.0%
5 WEST	-	0.3	-100.0%	0.7	-100.0%	-	0.3	-100.0%	0.1	-100.0%
RECOVERY ROOM	-	0.1	-100.0%	-	0.0%	-	0.1	-100.0%	-	0.0%
STERILE PROCESSING	-	-	0.0%	3.1	-100.0%	-	-	0.0%	3.6	-100.0%
LABORATORY - CHEMISTRY	-	0.5	-100.0%	0.6	-100.0%	-	0.4	-100.0%	0.5	-100.0%
LABORATORY - MICROBIOLOGY	-	0.5	-100.0%	0.8	-100.0%	-	0.4	-100.0%	0.5	-100.0%
LABORATORY - TRANSFUSION S	-	0.8	-100.0%	1.0	-100.0%	-	0.8	-100.0%	1.0	-100.0%
PM&R - SPEECH	-	0.2	-100.0%	0.4	-100.0%	-	0.2	-100.0%	0.2	-100.0%
MEDICAL STAFF	-	0.3	-100.0%	-	0.0%	-	0.3	-100.0%	0.3	-100.0%
SUBTOTAL	12.1	10.1	20.5%	42.0	-71.2%	24.9	9.9	153.0%	39.5	-36.9%
TRANSITION LABOR										
INTENSIVE CARE UNIT 4 (CCU)	9.1	1.1	742.1%	-	0.0%	5.8	1.0	477.7%	-	0.0%
7 CENTRAL	5.2	5.2	-0.2%	-	0.0%	4.6	5.1	-10.9%	-	0.0%
INTENSIVE CARE UNIT 2	2.6	6.4	-59.8%	-	0.0%	3.4	6.0	-44.0%	-	0.0%
6 CENTRAL	3.5	4.1	-14.3%	-	0.0%	3.0	4.1	-28.2%	-	0.0%
8 CENTRAL	4.3	2.1	110.0%	-	0.0%	2.9	2.1	42.6%	-	0.0%
INPATIENT REHAB	4.3	2.1	108.4%	-	0.0%	2.8	2.1	37.2%	-	0.0%
4 EAST	3.9	1.1	267.5%	-	0.0%	2.5	1.0	143.3%	-	0.0%
9 CENTRAL	3.9	-	0.0%	-	0.0%	2.5	-	0.0%	-	0.0%
EMERGENCY DEPARTMENT	3.2	0.5	563.0%	-	0.0%	2.2	0.5	340.4%	-	0.0%
NEO-NATAL INTENSIVE CARE	3.8	3.2	18.8%	-	0.0%	2.1	3.1	-31.4%	-	0.0%
5 CENTRAL	2.1	2.1	3.6%	-	0.0%	2.0	2.1	-3.0%	-	0.0%
OPERATING ROOM	2.1	4.2	-49.2%	-	0.0%	1.6	4.1	-60.2%	-	0.0%
LABORATORY - CHEMISTRY	1.1	-	0.0%	-	0.0%	1.4	-	0.0%	-	0.0%
CHW - SPORTS MEDICINE	2.1	3.7	-44.7%	-	0.0%	1.3	3.6	-64.3%	-	0.0%
4 CENTRAL	1.9	1.0	83.3%	-	0.0%	1.0	1.0	-0.6%	-	0.0%
OP SURGERY	1.0	-	0.0%	-	0.0%	0.8	-	0.0%	-	0.0%
6 WEST	1.0	0.6	71.5%	-	0.0%	0.8	0.6	26.8%	-	0.0%
PM&R - OCCUPATIONAL	1.0	-	0.0%	-	0.0%	0.7	-	0.0%	-	0.0%
LABOR AND DELIVERY	-	4.1	-100.0%	-	0.0%	0.5	4.0	-88.5%	-	0.0%
LABORATORY - HEMATOLOGY	1.1	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
CERNER	1.5	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
5 WEST	0.3	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
SUBTOTAL	59.0	41.4	42.5%	-	0.0%	42.6	40.5	5.1%	-	0.0%
GRAND TOTAL	71.1	51.5	38.2%	42.0	69.2%	67.5	50.4	34.0%	39.5	70.7%

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
MARCH 2017**

	CURRENT MONTH							YEAR TO DATE						
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	PRIOR YR % VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	PRIOR YR % VAR		
OR TEMPORARY LABOR	\$ 84,556	\$ 23,812	\$ 60,744	255.1%	\$ 99,314	-14.9%	\$ 359,537	\$ 127,747	\$ 231,790	181.4%	\$ 538,122	-33.2%		
PI TEMPORARY LABOR	36,749	-	36,749	100.0%	-	100.0%	121,533	-	121,533	100.0%	-	100.0%		
NICU TEMPORARY LABOR	12,132	-	12,132	100.0%	14,089	-13.9%	68,112	-	68,112	100.0%	45,963	48.2%		
L & D TEMPORARY LABOR	17,826	-	17,826	100.0%	29,777	-40.1%	73,403	-	73,403	100.0%	86,565	-15.2%		
ED TEMPORARY LABOR	-	13,400	(13,400)	-100.0%	10,266	-100.0%	133,144	82,001	51,143	62.4%	104,957	26.9%		
ALL OTHER	50,970	90,773	(39,803)	-43.8%	285,071	-82.1%	353,414	514,621	(161,207)	-31.3%	1,585,466	-77.7%		
TOTAL TEMPORARY LABOR	\$ 202,232	\$ 127,985	\$ 74,247	58.0%	\$ 438,516	-53.9%	\$ 1,109,144	\$ 724,368	\$ 384,776	53.1%	\$ 2,361,074	-53.0%		
ICU4 TRANSITION LABOR	\$ 127,176	\$ 8,764	\$ 118,413	1351.2%	\$ -	100.0%	\$ 564,177	\$ 49,460	\$ 514,717	1040.7%	\$ -	100.0%		
4E TRANSITION LABOR	48,484	11,299	37,185	329.1%	-	100.0%	280,606	58,546	222,060	379.3%	-	100.0%		
IMCU9 TRANSITION LABOR	42,368	-	42,368	100.0%	-	100.0%	178,683	-	178,683	100.0%	-	100.0%		
REHAB TRANSITION LABOR	50,410	21,324	29,085	136.4%	-	100.0%	283,477	124,410	159,067	127.9%	-	100.0%		
ED TRANSITION LABOR	36,950	3,807	33,144	870.7%	-	100.0%	163,455	23,293	140,162	601.7%	-	100.0%		
7C TRANSITION LABOR	62,937	48,459	14,479	29.9%	-	100.0%	401,808	277,965	123,843	44.6%	-	100.0%		
8C TRANSITION LABOR	51,551	22,726	28,824	126.8%	-	100.0%	230,030	127,973	102,057	79.7%	-	100.0%		
5C TRANSITION LABOR	32,917	19,679	13,238	67.3%	-	100.0%	175,932	116,034	59,897	51.6%	-	100.0%		
OP SURGERY TRANSITION LABOR	12,362	-	12,362	100.0%	-	100.0%	58,963	-	58,963	100.0%	-	100.0%		
CHEM TRANSITION LABOR	10,676	-	10,676	100.0%	-	100.0%	57,531	-	57,531	100.0%	-	100.0%		
NICU TRANSITION LABOR	44,235	31,029	13,206	42.6%	-	100.0%	223,662	174,429	49,233	28.2%	-	100.0%		
IMCU4 TRANSITION LABOR	20,307	8,609	11,698	135.9%	-	100.0%	95,139	47,797	47,342	99.0%	-	100.0%		
ORTHO/NEURO TRANSITION LABOR	12,287	4,828	7,459	154.5%	-	100.0%	68,199	28,273	39,926	141.2%	-	100.0%		
OR TRANSITION LABOR	29,780	44,264	(14,484)	-32.7%	-	100.0%	145,395	237,469	(92,074)	-38.8%	-	100.0%		
OP PM&R TRANSITION LABOR	27,657	40,865	(13,207)	-32.3%	-	100.0%	91,024	238,528	(147,504)	-61.8%	-	100.0%		
ALL OTHER	106,371	152,980	(46,609)	-30.5%	-	100.0%	688,225	846,193	(157,969)	-18.7%	-	100.0%		
TOTAL TRANSITION LABOR	\$ 716,468	\$ 418,631	\$ 297,837	71.1%	\$ -	0.0%	\$ 3,706,305	\$ 2,350,370	\$ 1,355,935	57.7%	\$ -	0.0%		
GRAND TOTAL TEMPORARY LABOR	\$ 918,700	\$ 546,616	\$ 372,084	68.1%	\$ 438,516	109.5%	\$ 4,815,450	\$ 3,074,739	\$ 1,740,711	56.6%	\$ 2,361,074	104.0%		
CERNER OTHER PURCH SVCS	\$ 63,968	\$ 102,080	\$ (38,112)	-37.3%	\$ 19,676	225.1%	\$ 1,029,812	\$ 612,482	\$ 417,330	68.1%	\$ 703,935	46.3%		
ADM OTHER	-	-	-	100.0%	-	100.0%	195,210	-	195,210	100.0%	-	100.0%		
COMM REL MEDIA PLACEMENT	39,286	32,593	6,693	20.5%	35,915	9.4%	368,058	246,440	121,619	49.4%	271,559	35.5%		
ADM CONSULTANT FEES	276,107	63,202	212,905	336.9%	85,986	221.1%	500,451	379,213	121,238	32.0%	379,056	32.0%		
PI FEES (TRANSITION NURSE PROGRAM)	46,803	13,130	33,673	256.5%	22,524	107.8%	220,655	105,325	115,329	109.5%	180,684	22.1%		
HK SVC CONTRACT PURCH SVC	86,593	52,247	34,346	65.7%	52,247	65.7%	345,491	238,916	106,575	44.6%	238,916	44.6%		
ED FEES (BCA FEES)	4,140	-	4,140	100.0%	-	100.0%	88,535	4,269	84,266	1973.9%	4,269	1973.9%		
COMPLIANCE CONSULTING FEES	52,190	4,682	47,508	1014.7%	4,927	959.2%	112,156	34,053	78,103	229.4%	35,839	212.9%		
FA EXTERNAL AUDIT FEES	68,029	19,771	48,258	244.1%	19,304	252.4%	196,380	118,625	77,755	65.5%	115,825	69.5%		
ADMIN OTHER FEES	22,916	4,812	18,104	376.2%	12,458	83.9%	86,556	28,874	57,683	199.8%	24,066	259.7%		
HISTOLOGY SERVICES	54,360	34,533	19,827	57.4%	39,600	37.3%	194,578	138,578	55,999	40.4%	158,913	22.4%		
ADMIN LEGAL FEES	74,014	36,839	37,175	100.9%	36,318	103.8%	308,235	252,698	55,537	22.0%	249,123	23.7%		
PRO OTHER PURCH SVCS	13,910	6,134	7,776	126.8%	7,548	84.3%	83,196	36,806	46,390	126.0%	39,237	112.0%		
MED ASSETS CONTRACT	15,544	38,197	(22,653)	-59.3%	37,308	-58.3%	86,449	46,669	39,780	85.2%	45,583	89.7%		
ADM CONTRACT STRYKER	9,434	26,343	(16,909)	-64.2%	4,417	113.6%	132,300	158,057	(25,757)	-16.3%	120,537	9.8%		
FIN ACCT COST REPORT/CONSULTANT FEES	13,519	25,842	(12,323)	-47.7%	41,293	-67.3%	89,250	121,101	(31,852)	-26.3%	193,507	-53.9%		
ADM LEGAL SETTLEMENT FEES	10,000	-	10,000	100.0%	-	100.0%	78,592	115,863	(37,271)	-32.2%	231,725	-66.1%		
COMM REL WELLNESS WORKS	21,107	21,314	(207)	-1.0%	20,694	2.0%	84,844	127,886	(43,042)	-33.7%	125,233	-32.3%		
LTACH OTHER PURCH SVCS	20,000	29,963	(9,963)	-33.3%	20,000	0.0%	120,030	180,675	(60,645)	-33.6%	120,600	-0.5%		
UC-CPC 42ND STREET PURCH SVCS-OTHER	36,479	48,001	(11,522)	-24.0%	-	100.0%	187,321	248,606	(61,285)	-24.7%	-	100.0%		
OR FEES (PERFUSION SERVICES)	8,167	22,509	(14,342)	-63.7%	22,465	-63.6%	101,727	168,562	(66,836)	-39.7%	168,230	-39.5%		
UOM (EHR FEES)	60,423	51,269	9,154	17.9%	44,792	34.9%	242,079	314,368	(72,290)	-23.0%	274,653	-11.9%		
PA E-SCAN DATA SYSTEM	85,828	48,365	37,464	77.5%	23,083	271.8%	216,475	290,189	(73,713)	-25.4%	280,749	-22.9%		
HR RECRUITING FEES	6,125	30,000	(23,875)	-79.6%	47,128	-87.0%	87,580	180,000	(92,420)	-51.3%	161,994	-45.9%		
IT INFORMATION SOLUTIONS SVCS	23,381	84,583	(61,203)	-72.4%	37,259	-37.2%	401,859	507,500	(105,641)	-20.8%	197,966	103.0%		
PRIMARY CARE WEST OTHER PURCH SVCS	127,950	184,228	(56,278)	-30.5%	143,895	-11.1%	830,896	1,073,412	(242,516)	-22.6%	959,260	-13.4%		
PT ACCTS COLLECTION FEES	46,688	108,512	(61,824)	-57.0%	96,728	-51.7%	477,321	727,475	(250,154)	-34.4%	648,471	-26.4%		
ALL OTHERS	1,340,725	1,375,411	(34,686)	-2.5%	1,564,373	-14.3%	8,070,578	8,547,546	(476,968)	-5.6%	9,150,113	-11.8%		
TOTAL PURCHASED SERVICES	\$ 2,627,687	\$ 2,464,562	\$ 163,125	6.6%	\$ 2,439,938	7.7%	\$ 14,936,611	\$ 15,004,187	\$ (67,576)	-0.5%	\$ 15,080,043	-1.0%		

*Only departments with an expense of \$50,000 or more and +/-15% YTD budget variance are presented in this schedule.

**Ector County Hospital District
Debt Service Coverage Calculation
MARCH 2017**

Average Annual Debt Service Requirements of 110%:

	FYTD			Annualized
	ProCare	ECHD	Consolidated	Consolidated
Decrease in net position	262,468	(6,915,621)	(6,653,153)	(13,306,306)
Deficiency of revenues over expenses	262,468	(6,915,621)	(6,653,153)	(13,306,306)
Depreciation/amortization	168,895	9,526,945	9,695,840	19,391,680
Interest expense	-	1,581,764	1,581,764	3,163,528
(Gain) or loss on fixed assets	803	-	803	1,606
Unusual / infrequent / extraordinary items	-	-	-	0
Unrealized (gains) / losses on investments	-	406,557	406,557	813,114
Consolidated net revenues	432,167	4,599,644	5,031,810	10,063,621

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	Cap Lease	Key Taxable	Key Exempt	Total	110%
2017	3,708,207.37	93,139.20	641,832.00	2,489,040.00	6,932,218.57	7,625,440.43
2018	3,704,144.87		641,832.00	2,489,040.00	6,835,016.87	7,518,518.56
2019	3,704,003.09		641,832.00	2,489,040.00	6,834,875.09	7,518,362.60
2020	3,703,513.46		588,346.00	2,281,620.00	6,573,479.46	7,230,827.41
2021	3,703,965.62				3,703,965.62	4,074,362.19
2022	3,703,363.82				3,703,363.82	4,073,700.20
2023	3,704,094.49				3,704,094.49	4,074,503.94
2024	3,703,936.71				3,703,936.71	4,074,330.38
2025	3,703,757.92				3,703,757.92	4,074,133.71
2026	3,703,381.35				3,703,381.35	4,073,719.49
2027	3,702,861.24				3,702,861.24	4,073,147.36
2028	3,703,256.93				3,703,256.93	4,073,582.63
2029	3,702,288.56				3,702,288.56	4,072,517.42
2030	3,701,769.56				3,701,769.56	4,071,946.52
2031	3,701,420.06				3,701,420.06	4,071,562.06
2032	3,701,960.19				3,701,960.19	4,072,156.21
2033	3,701,063.45				3,701,063.45	4,071,169.79
2034	3,700,496.62				3,700,496.62	4,070,546.28
2035	3,700,933.18				3,700,933.18	4,071,026.50
	3,703,074.66	93,139.20	628,460.50	2,437,185.00	4,353,375.77	

OR

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

Debt Service	<u>Bonds</u> 6,932,219	← higher of the two
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Covenant Computation	<u>Current FYTD</u> 72.6%	(needs to be 110% or higher)	<u>Annualized</u> 145.2%
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**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED RATIO ANALYSIS
MARCH 31, 2017**

		YTD MARCH 2017	2015 S&P Comparison**	YTD September 2016	YTD September 2015	YTD September 2014
<u>Statement of Operations:</u>						
Salaries & Benefits/Net Pt Rev (%)	↑	70.7	55.1	69.4	69.1	68.6
Bad Debt Exp/Total Operating Revenue (%)	↑	34.7	N/A	33.2	34.6	34.7
Maximum Debt Service Coverage (x)	↓	4.5	3.8	8.7	7.1	7.9
Maximum Debt Service/Total Operating Revenue (%)	↓	1.4	N/A	1.5	1.7	1.8
EBITDA Margin (%) ¹	↓	5.4	11.5	7.2	12.6	14.4
Operating Margin (%)	↑	-2.4	3.3	-2.6	-0.7	0.7
Profit Margin (%)	↓	-1.7	5.0	-1.2	3.6	4.5
<u>Balance Sheet:</u>						
Average Age Net Fixed Assets (years)	↑	12.6	10.9	11.7	9.9	8.4
Cushion Ratio (x)	↓	17.9	18.0	22.4	25.5	21.8
Days' Cash on Hand	↓	80.0	209.8	120.2	143.9	131.7
Days in Accounts Receivable	↓	46.0	49.7	57.5	53.6	54.6
Cash Flow/Total Liabilities (%)	↓	8.2	16.5	9.4	20.0	29.9
Unrestricted Cash/Long-Term Debt (%)	↓	127.4	146.4	157.0	177.7	193.1
Long-Term Debt/Capitalization (%)	↑	20.6	36.1	17.4	18.0	18.6
Payment Period (days)	↓	55.1	N/A	65.5	57.9	51.0
<u>Other Ratios:</u>						
Inventory Turnover ²	↓	9.7	17.0	12.1	12.0	12.7

****National medians based on Standard and Poors U.S. Not-For Profit Health Care Stand-Alone Ratios**

Note 1: EBITDA - Earnings before interest, taxes, depreciation, and amortization

Note 2: Inventory Turnover - this ratio is not reported by Standard & Poor's, Moodys or Fitch. The median of 17 was obtained by contacting several like size facilities within the VHA-SW group resulting in a range of 15 to 18.



Financial Presentation

For the Month Ended

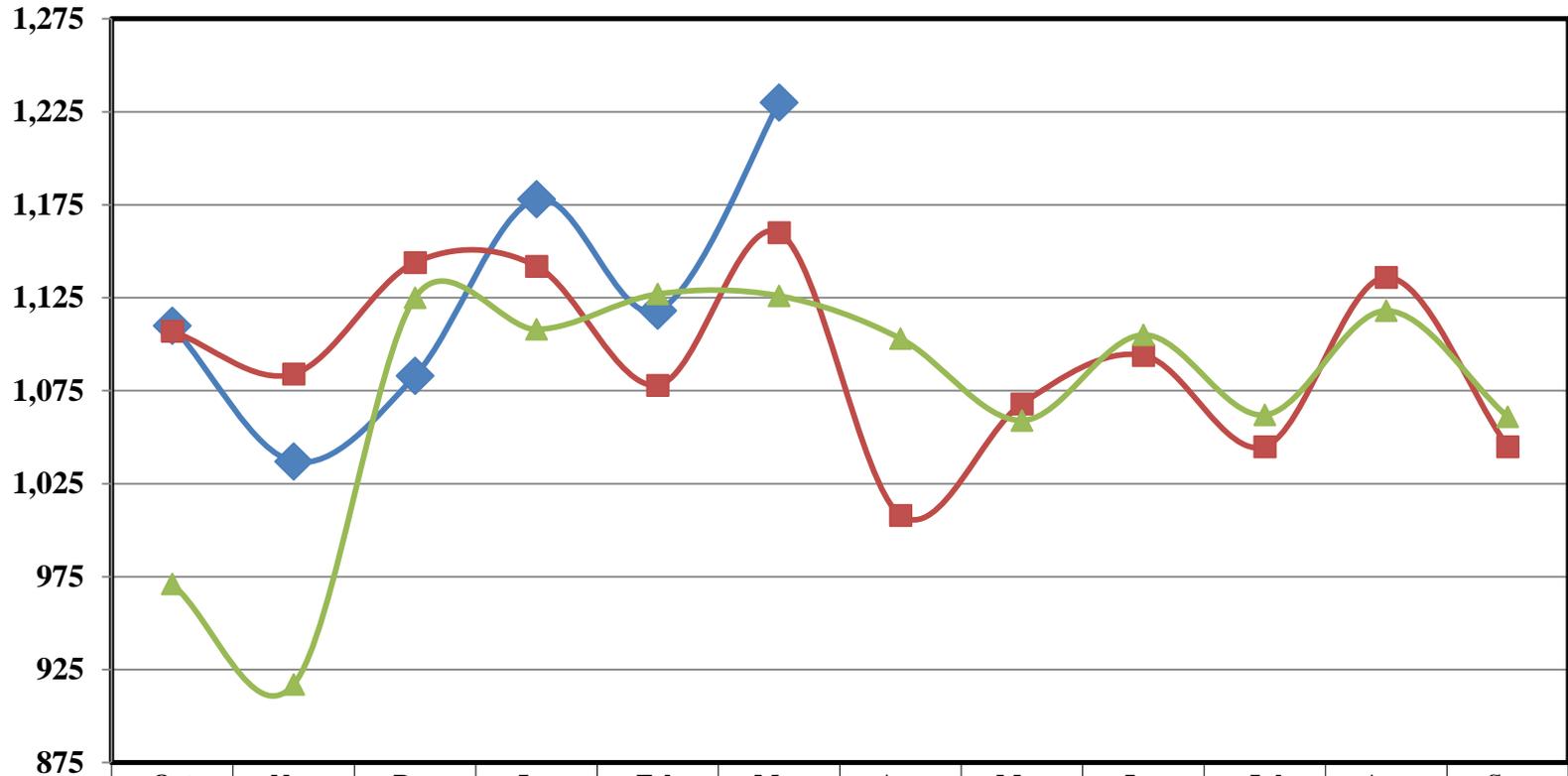
March 31, 2017

Volume



Admissions

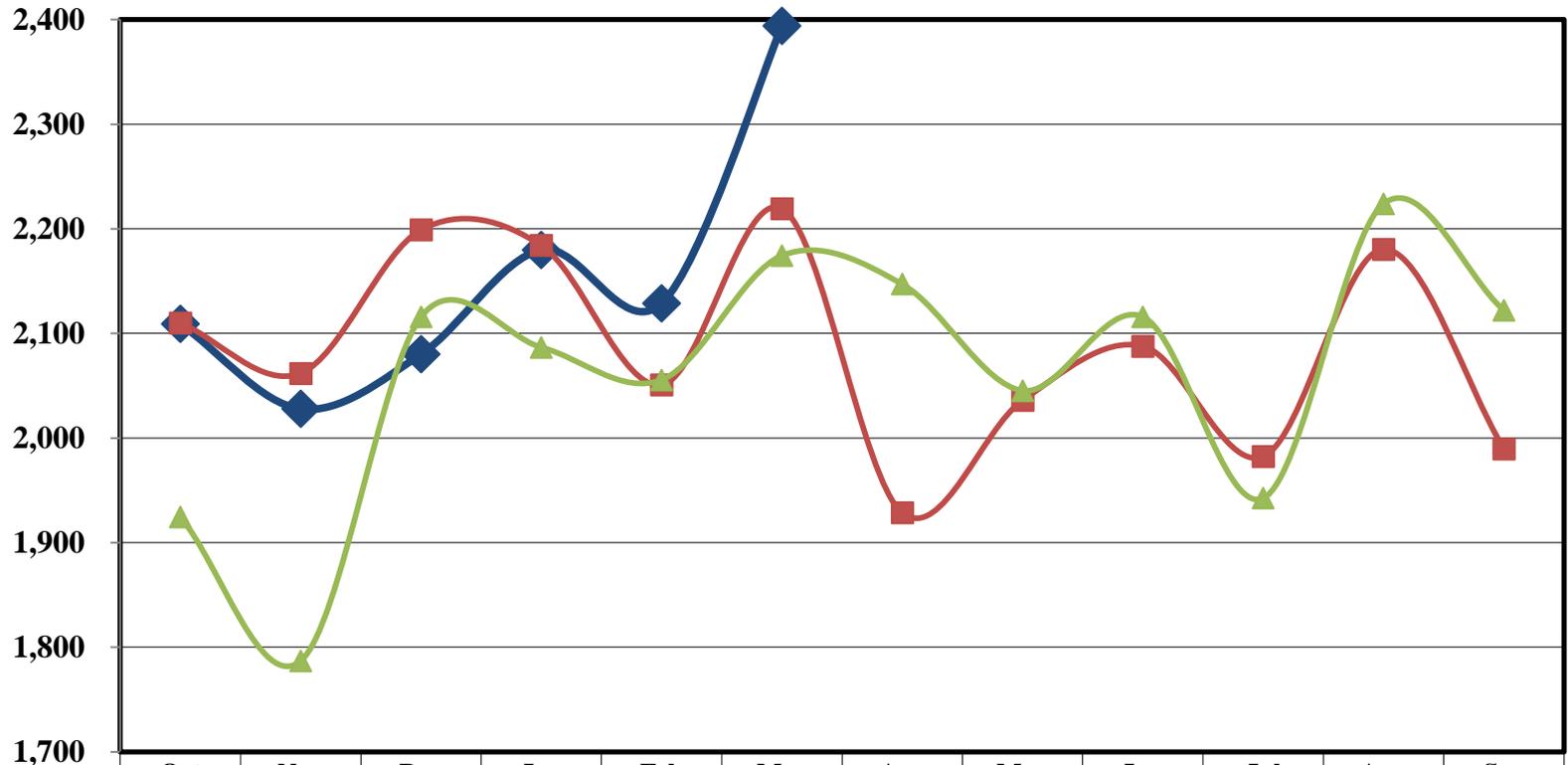
Total – Adults and NICU



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	1,110	1,037	1,083	1,178	1,118	1,230						
FY 2017 Budget	1,107	1,084	1,144	1,142	1,078	1,160	1,008	1,068	1,094	1,045	1,136	1,045
FY 2016	971	917	1,125	1,108	1,127	1,126	1,103	1,059	1,105	1,062	1,118	1,061

Adjusted Admissions

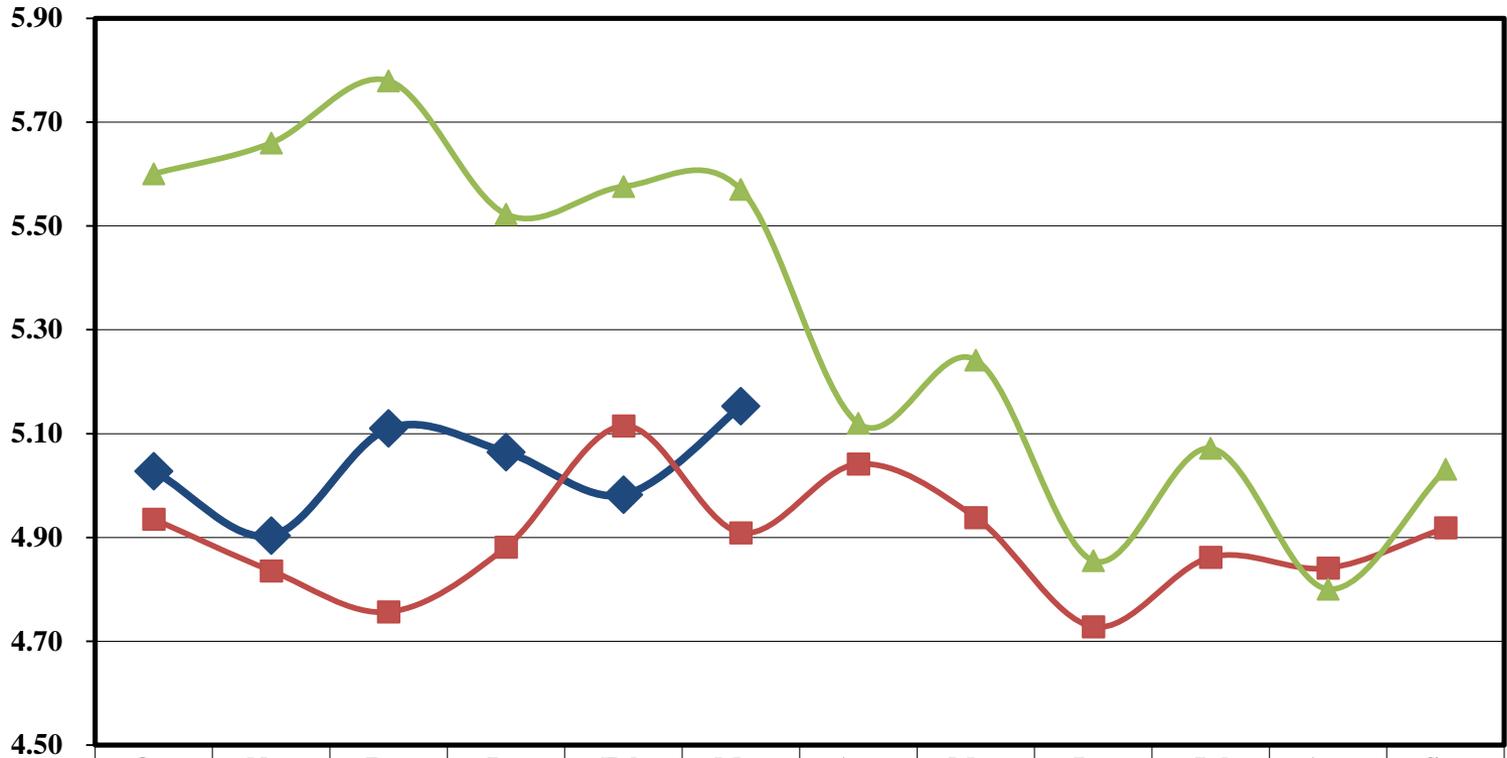
Including Acute & Rehab Unit



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	2,109	2,028	2,080	2,180	2,129	2,394						
FY 2017 Budget	2,110	2,062	2,199	2,184	2,051	2,219	1,929	2,036	2,088	1,982	2,180	1,990
FY 2016	1,925	1,787	2,116	2,087	2,056	2,174	2,147	2,045	2,116	1,942	2,224	2,122

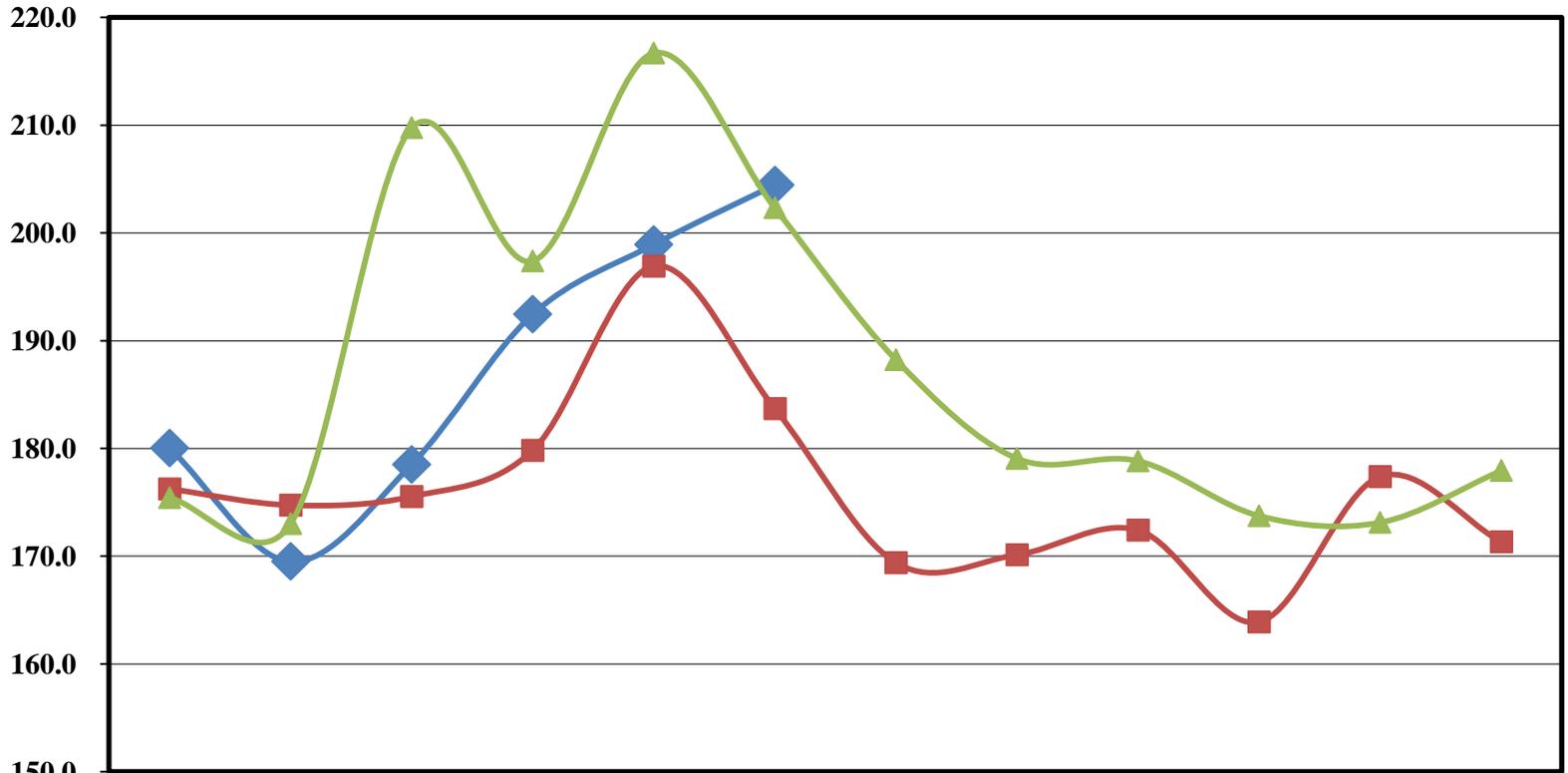
Average Length of Stay

Total – Adults and NICU



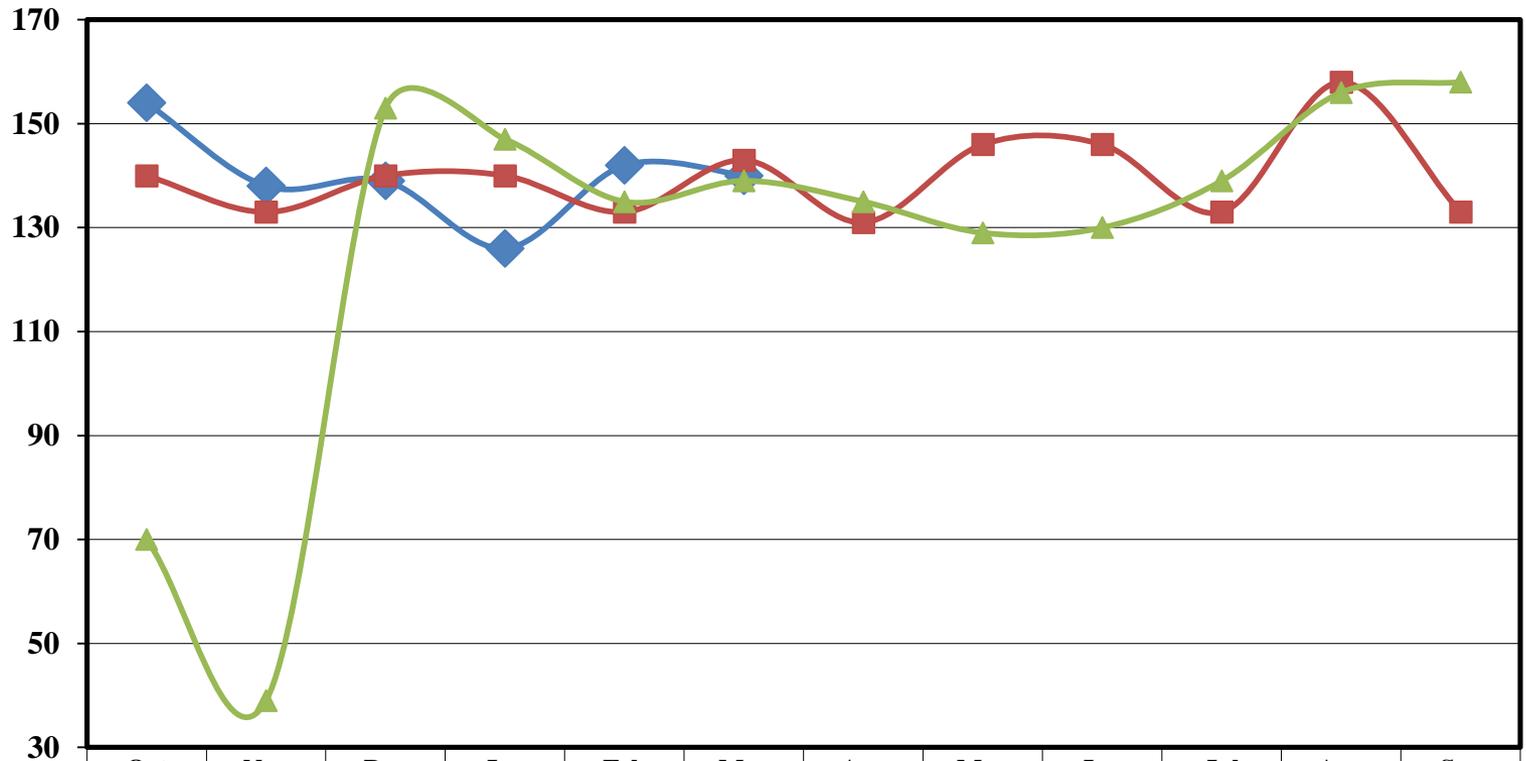
◆ FY 2017	5.03	4.90	5.11	5.06	4.98	5.15						
■ FY 2017 Budget	4.94	4.84	4.76	4.88	5.12	4.91	5.04	4.94	4.73	4.86	4.84	4.92
▲ FY 2016	5.60	5.66	5.78	5.52	5.58	5.57	5.12	5.24	4.86	5.07	4.80	5.03

Average Daily Census



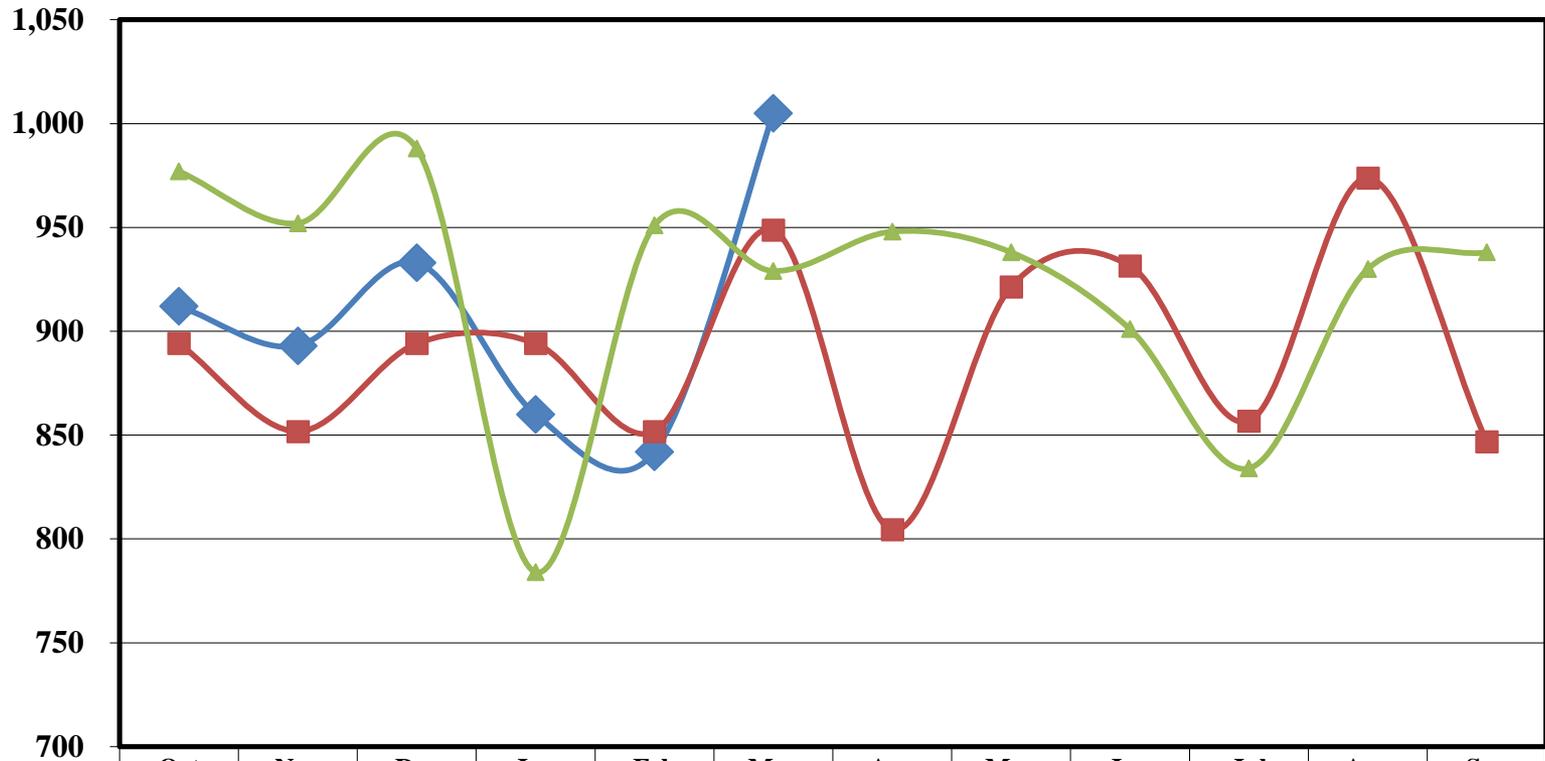
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	180.0	169.5	178.5	192.5	198.9	204.5						
■ FY 2017 Budget	176.2	174.7	175.5	179.8	196.9	183.7	169.4	170.1	172.4	163.9	177.4	171.3
▲ FY 2016	175.4	173.0	209.7	197.4	216.7	202.3	188.2	179.1	178.8	173.7	173.1	177.9

Deliveries



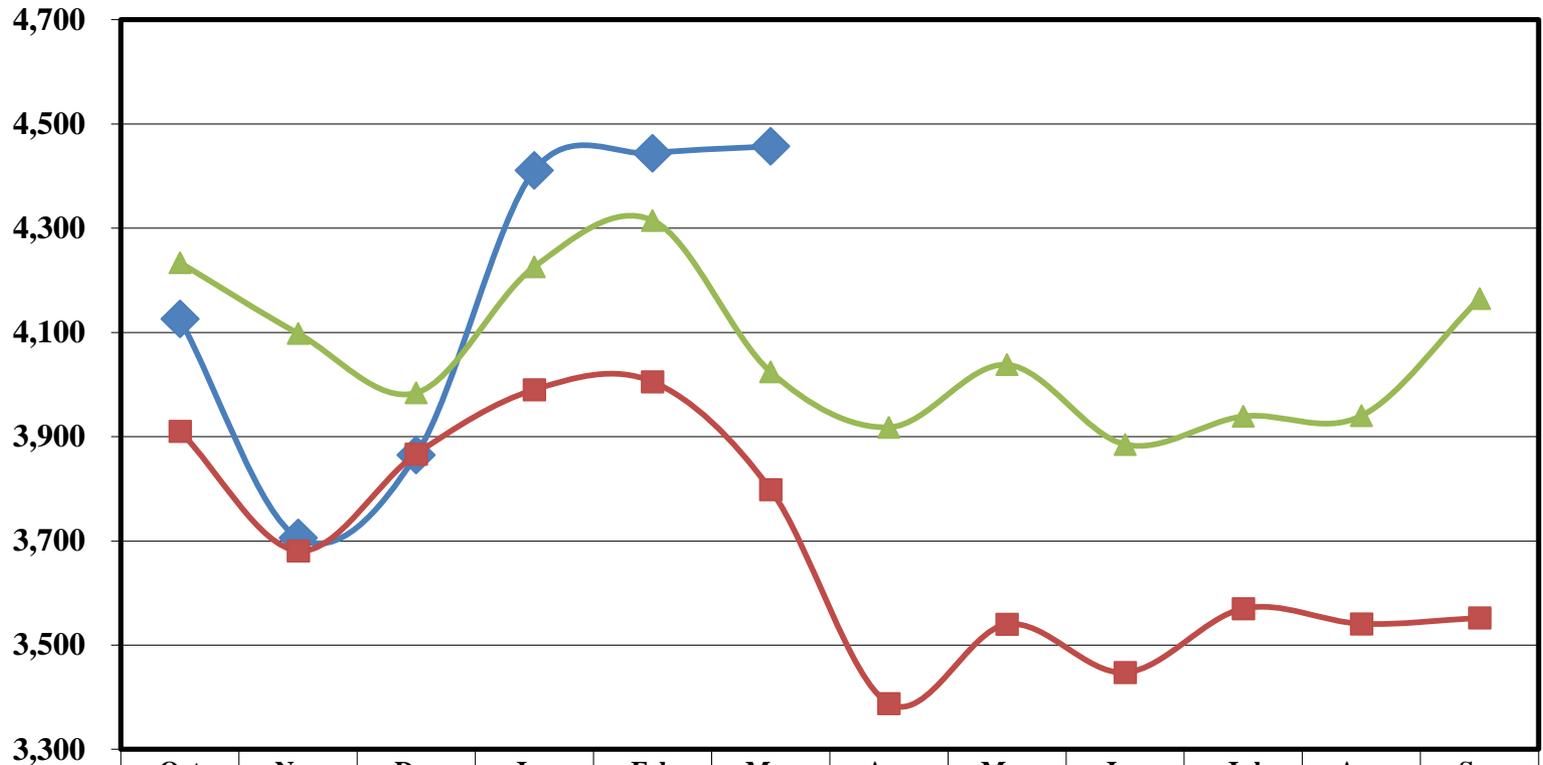
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
—◆— FY 2017	154	138	139	126	142	140						
—■— FY 2017 Budget	140	133	140	140	133	143	131	146	146	133	158	133
—▲— FY 2016	70	39	153	147	135	139	135	129	130	139	156	158

Total Surgical Cases



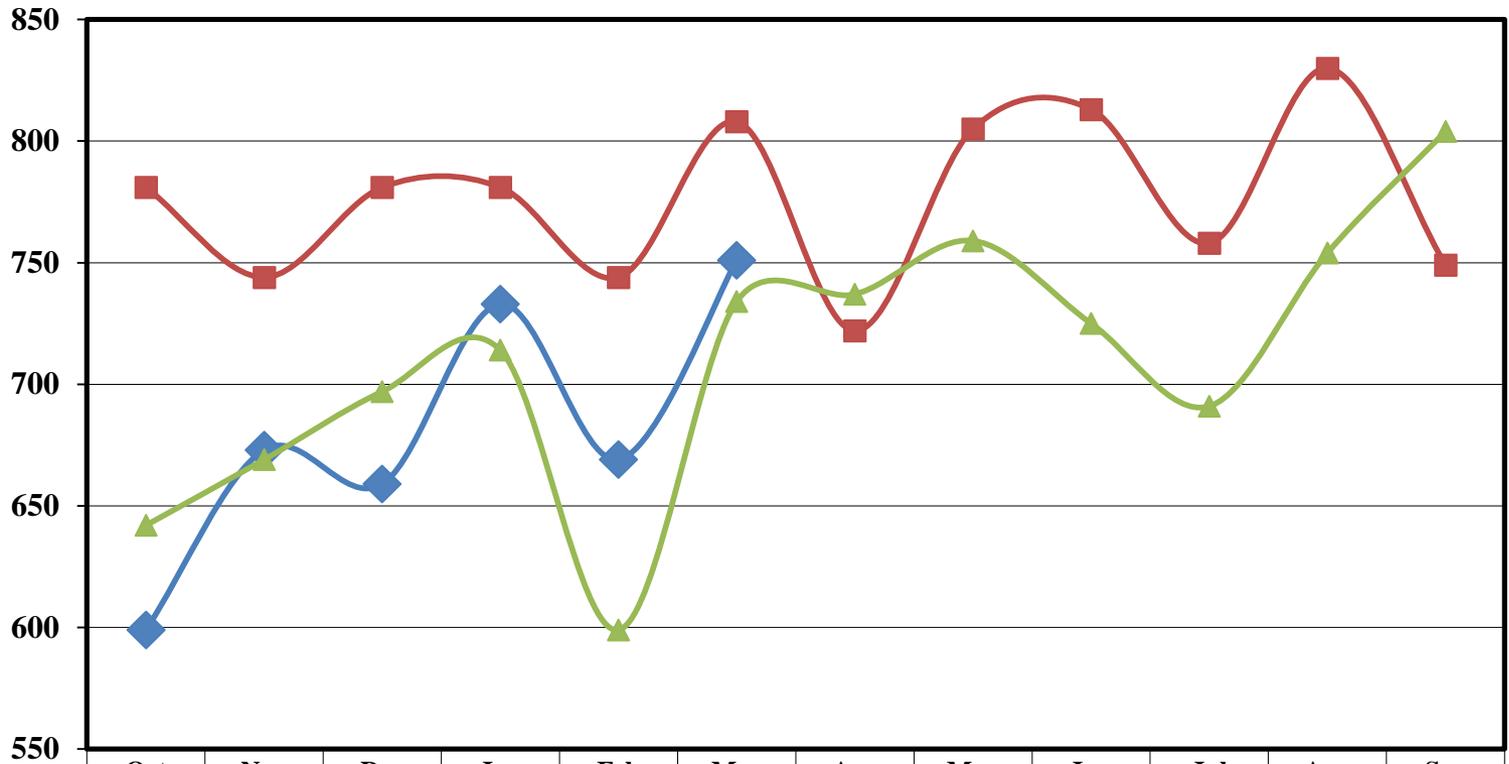
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	912	893	933	860	842	1,005						
■ FY 2017 Budget	894	852	894	894	852	949	804	921	931	857	974	847
▲ FY 2016	977	952	988	784	951	929	948	938	901	834	930	938

Emergency Room Visits



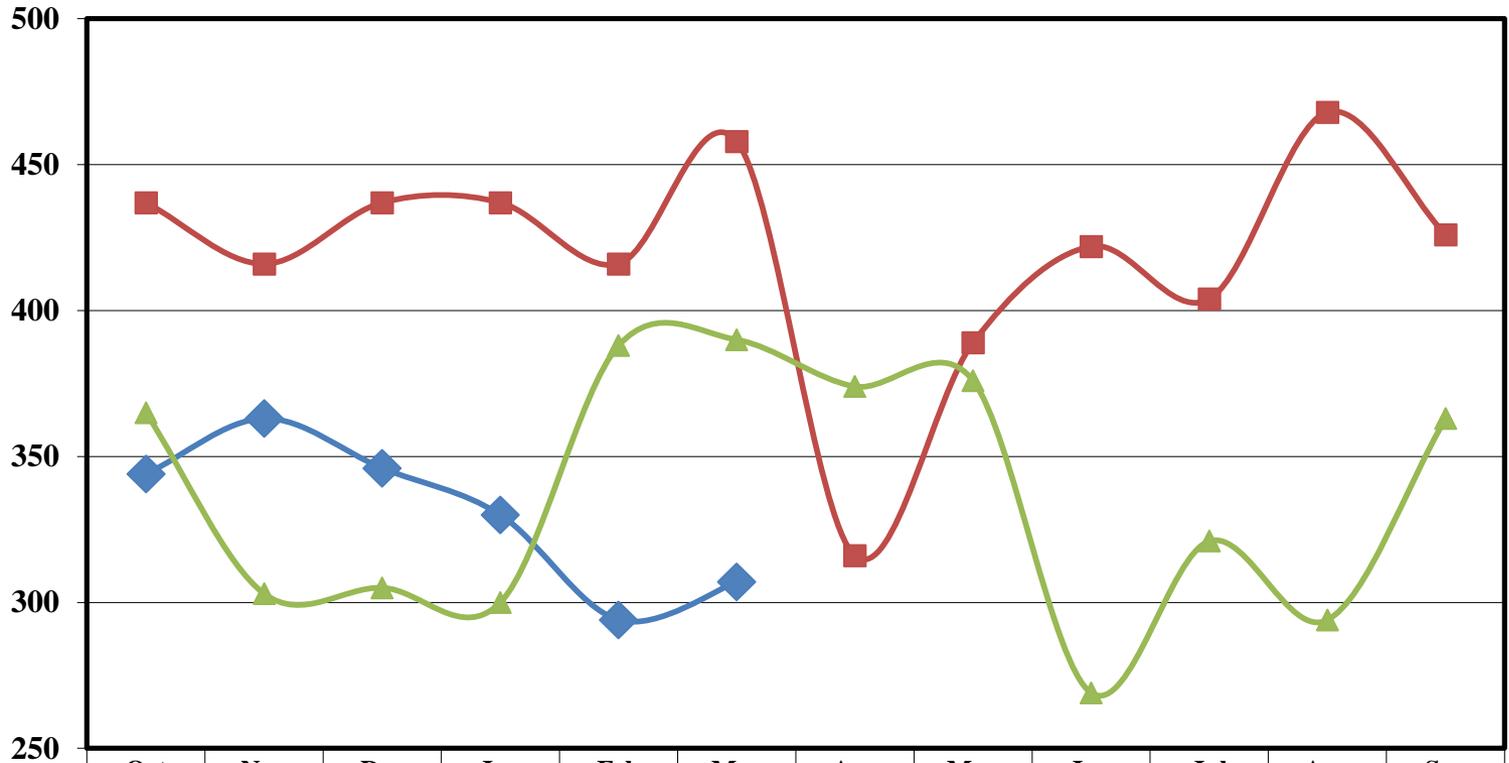
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	4,126	3,706	3,865	4,411	4,444	4,457						
FY 2017 Budget	3,911	3,681	3,867	3,990	4,005	3,798	3,388	3,540	3,447	3,570	3,541	3,552
FY 2016	4,234	4,098	3,984	4,226	4,315	4,024	3,918	4,038	3,885	3,939	3,940	4,165

Observation Days



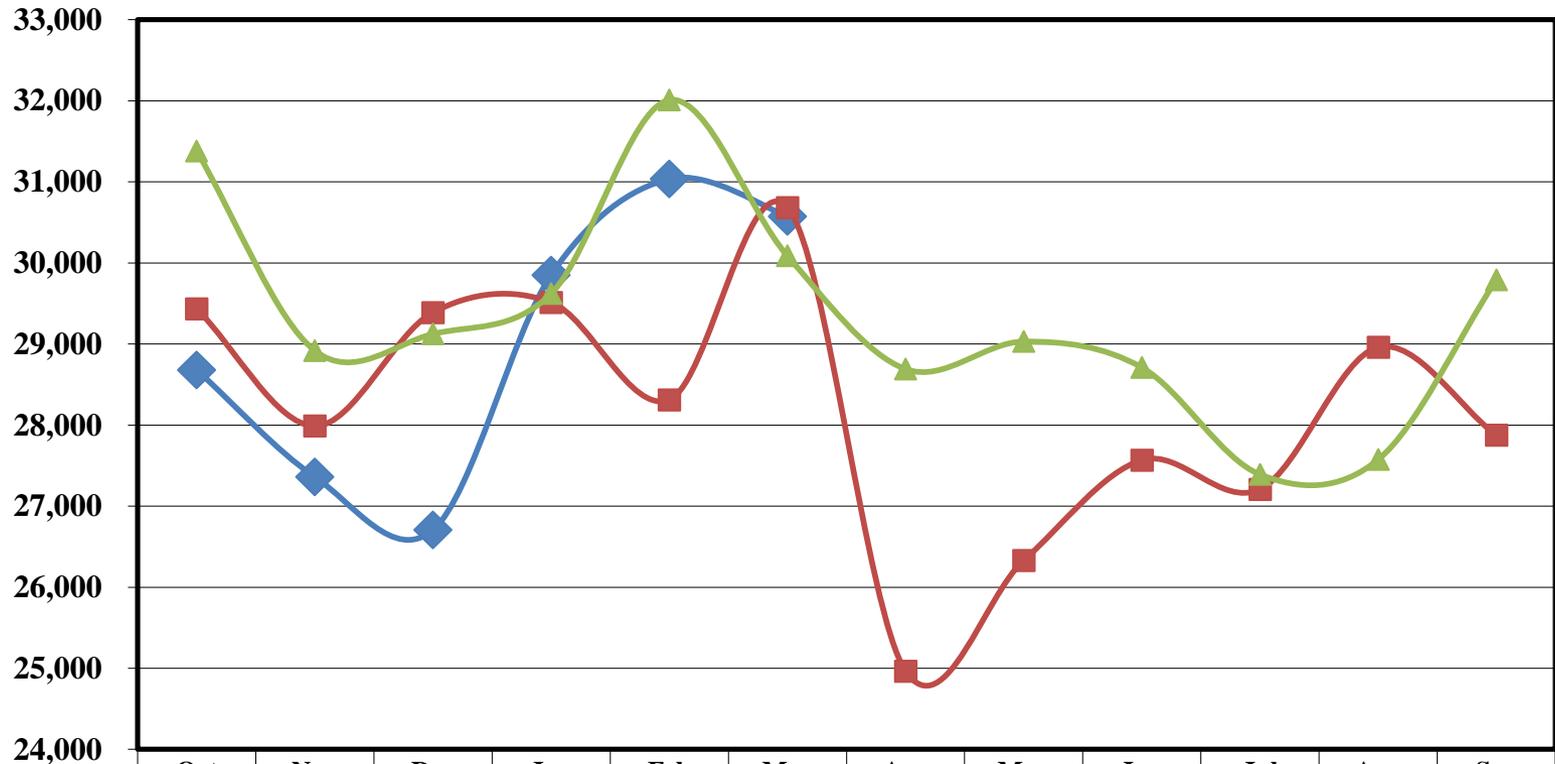
◆ FY 2017	599	673	659	733	669	751						
■ FY 2017 Budget	781	744	781	781	744	808	722	805	813	758	830	749
▲ FY 2016	642	669	697	714	599	734	737	759	725	691	754	804

Endoscopy Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	344	363	346	330	294	307						
■ FY 2017 Budget	437	416	437	437	416	458	316	389	422	404	468	426
▲ FY 2016	365	303	305	300	388	390	374	376	269	321	294	363

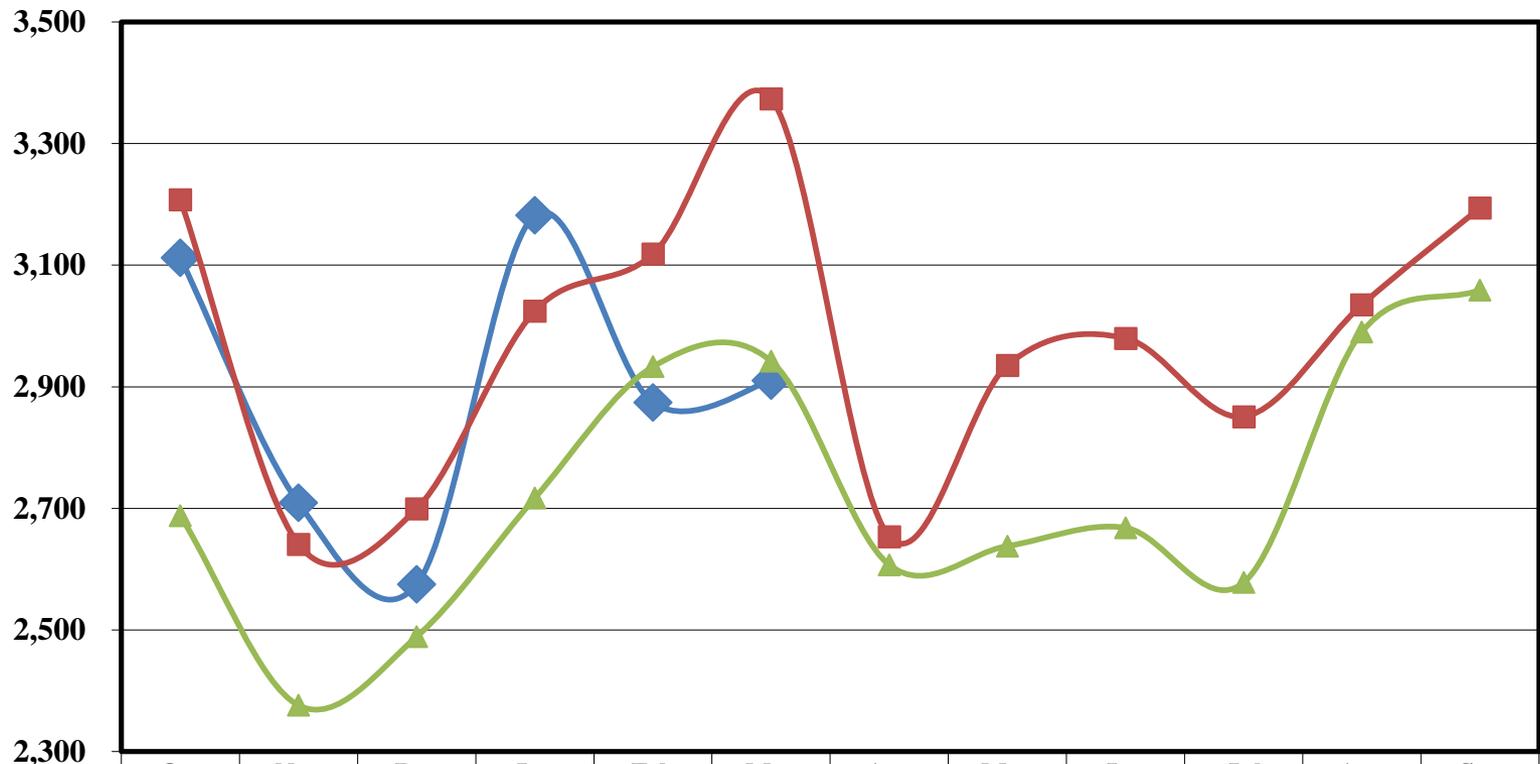
Total Outpatient Occasions of Service



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	28,681	27,360	26,707	29,852	31,036	30,575						
■ FY 2017 Budget	29,434	27,989	29,390	29,513	28,313	30,685	24,965	26,330	27,568	27,209	28,960	27,875
▲ FY 2016	31,379	28,917	29,124	29,622	32,010	30,087	28,690	29,030	28,710	27,390	27,574	29,793

Center for Primary Care Total Visits

(FQHC - Clements & West University)

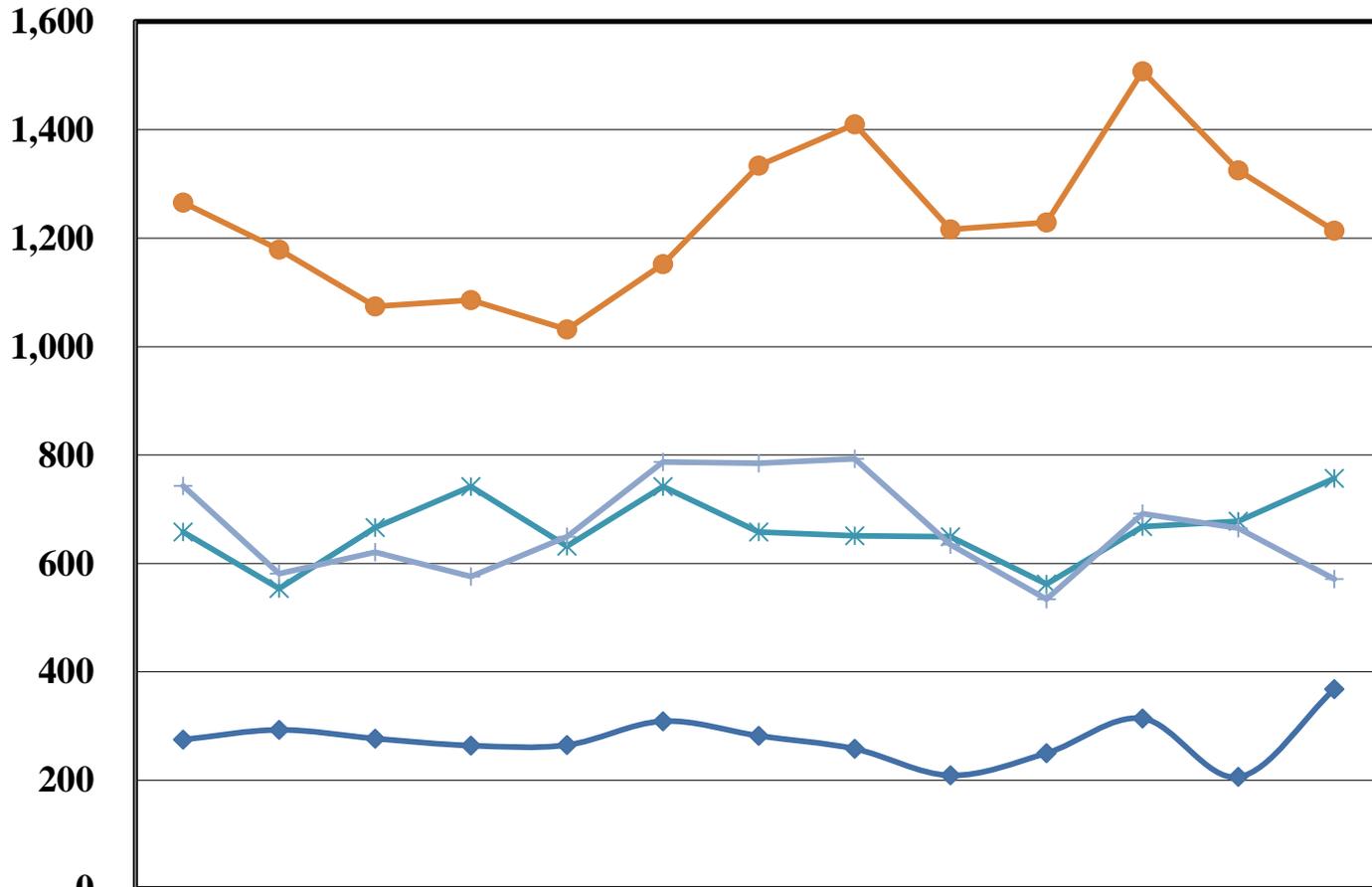


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
—◆— FY 2017	3,112	2,709	2,575	3,182	2,874	2,910						
—■— FY 2017 Budget	3,208	2,641	2,700	3,025	3,118	3,374	2,653	2,935	2,980	2,851	3,035	3,194
—▲— FY 2016	2,688	2,376	2,489	2,717	2,933	2,942	2,607	2,638	2,668	2,578	2,990	3,059

Center for Primary Care Visits

(FQHC - Clements and West University)

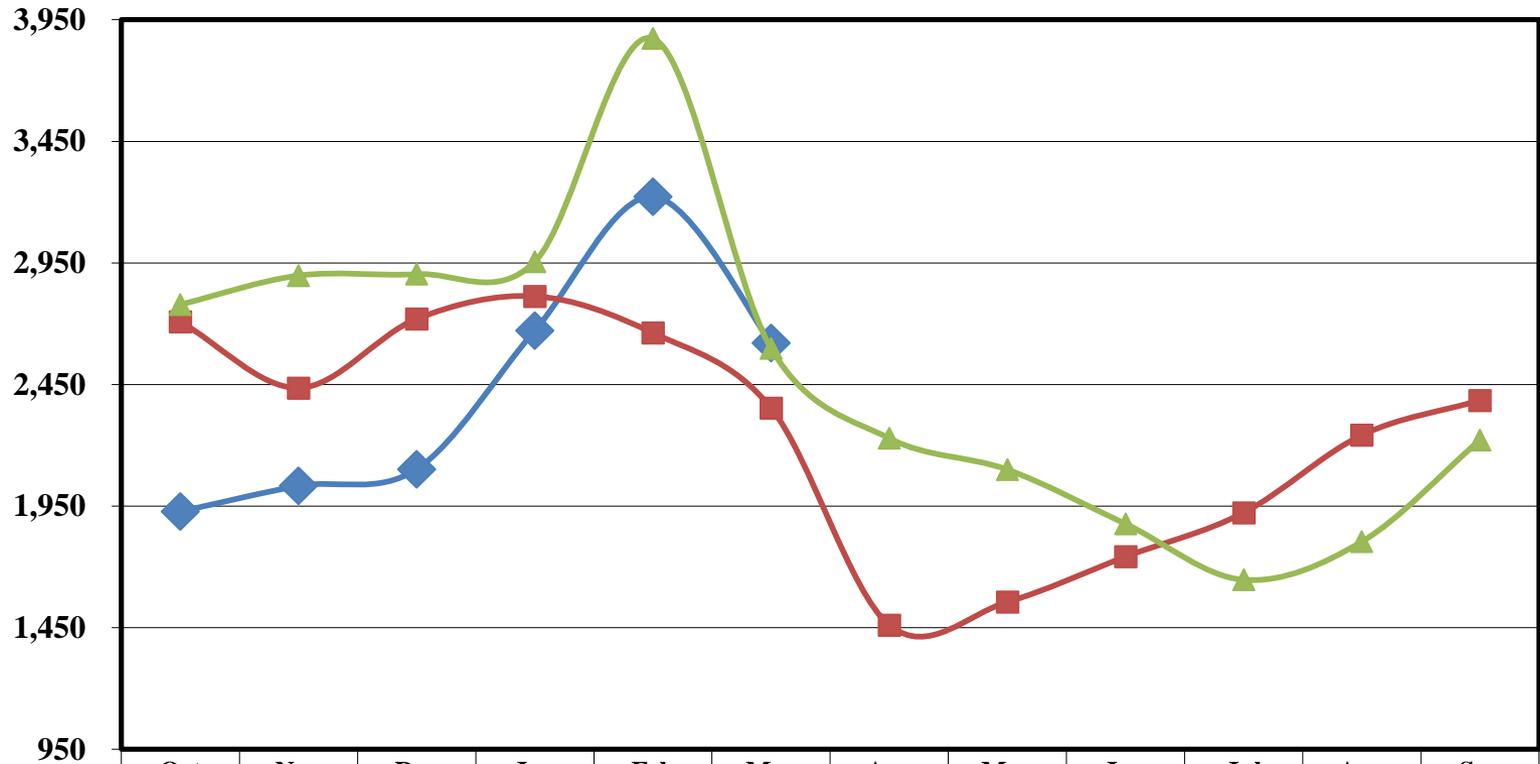
Thirteen Month Trending



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clements Dental	658	554	666	742	632	742	658	651	649	562	668	678	757
Clements Medical	1,266	1,179	1,074	1,086	1,032	1,152	1,334	1,410	1,216	1,229	1,508	1,325	1,214
W. University Medical	743	581	621	576	649	787	785	793	635	534	692	665	571
W. University Optometry	275	293	277	264	265	309	282	258	209	250	314	206	368

Urgent Care Visits

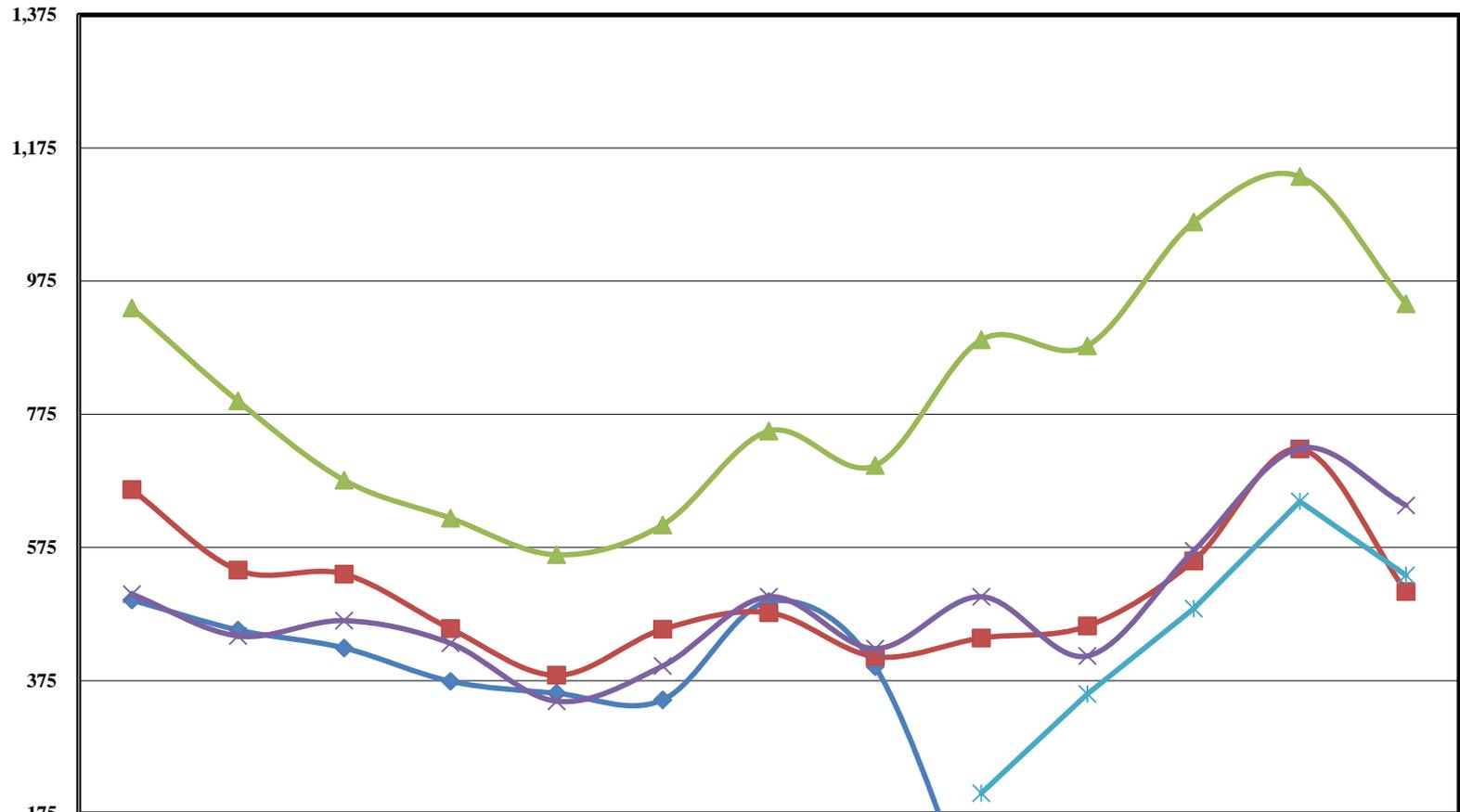
(Health and Wellness, Golder, JBS Clinic, West University & 42nd Street)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	1,928	2,033	2,102	2,672	3,223	2,621						
FY 2017 Budget	2,708	2,436	2,720	2,813	2,662	2,353	1,461	1,556	1,742	1,923	2,242	2,385
FY 2016	2,779	2,898	2,904	2,955	3,873	2,598	2,229	2,100	1,877	1,647	1,804	2,222

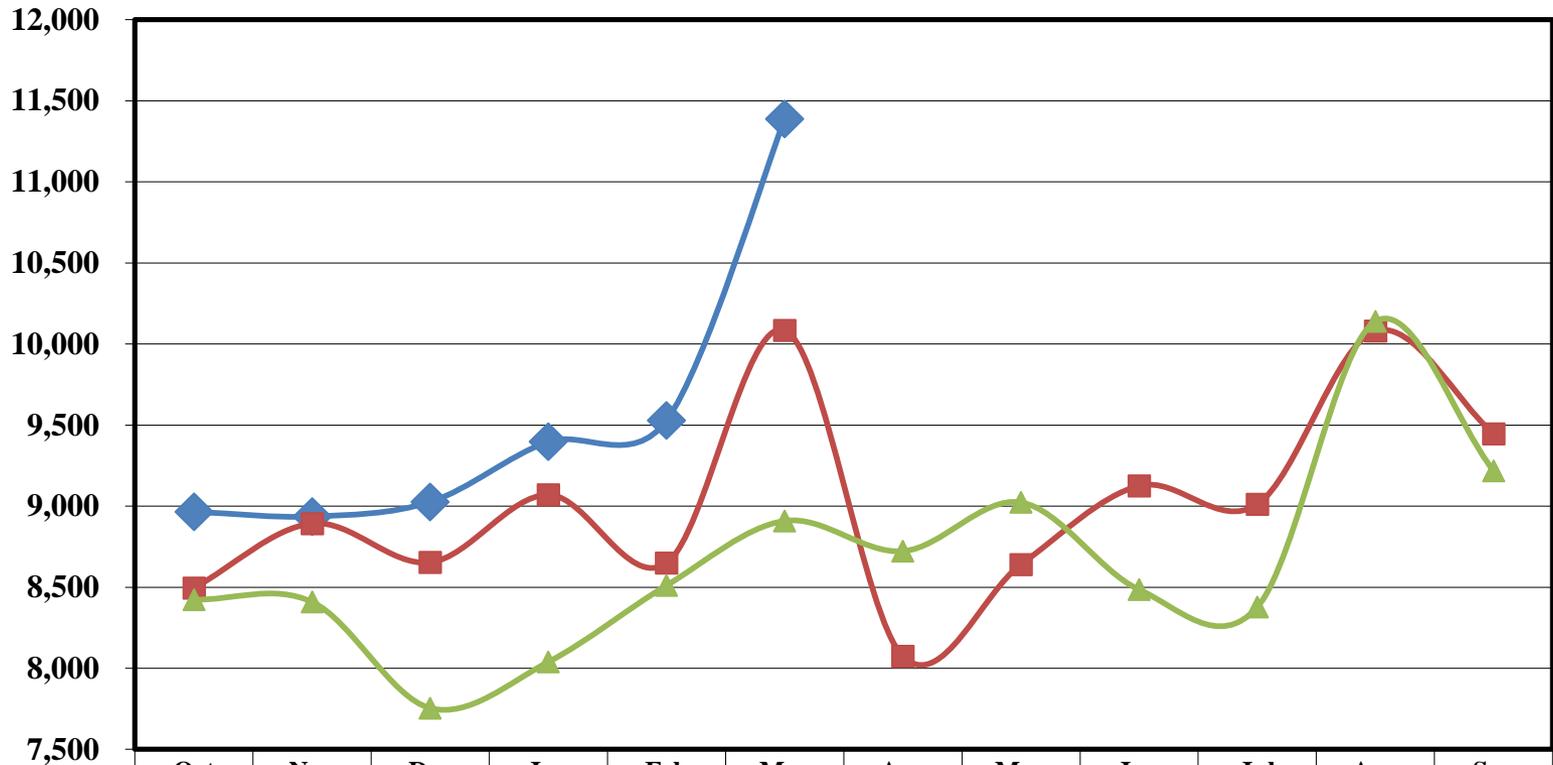
Urgent Care Visits

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



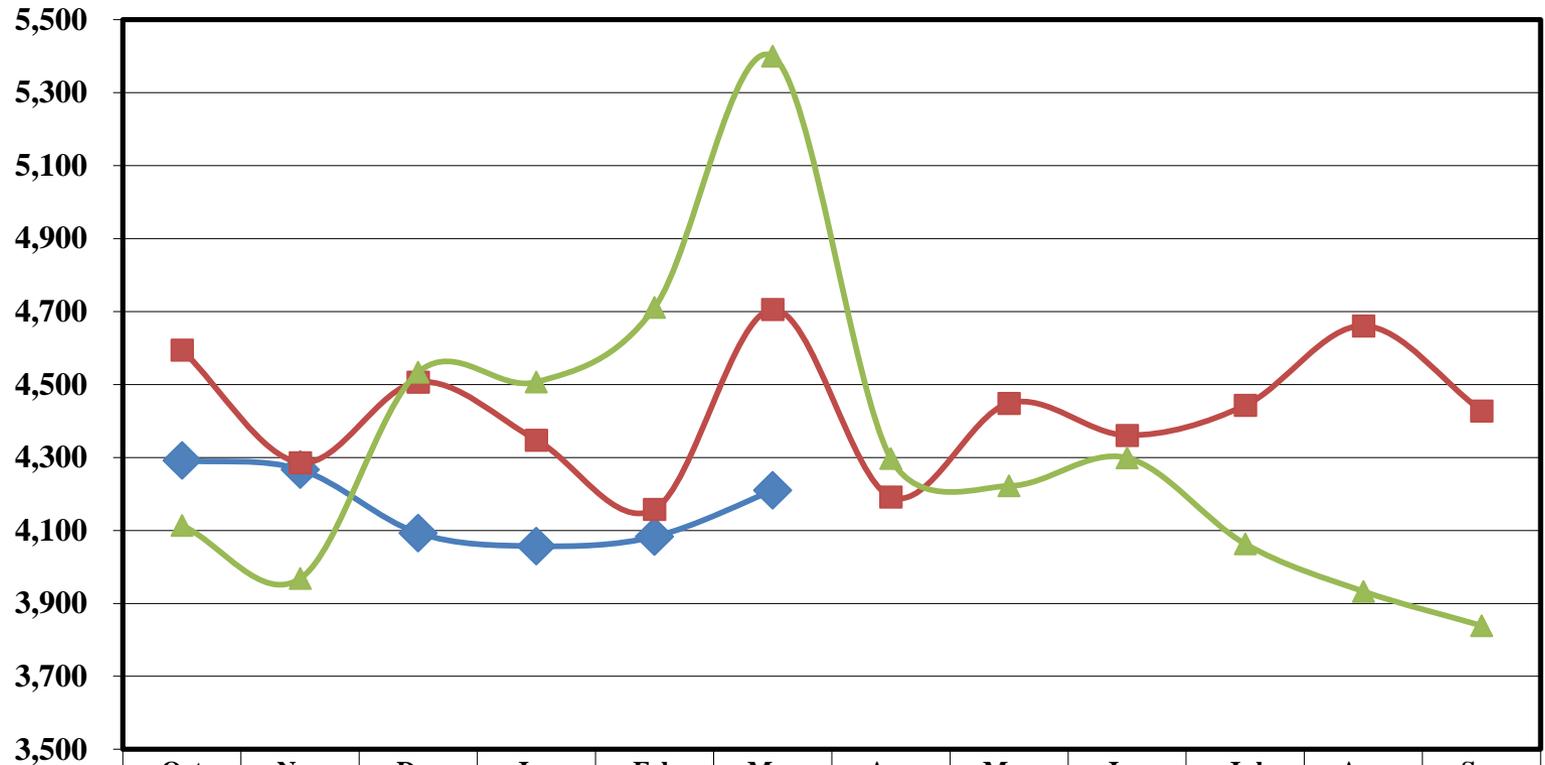
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health & Wellness	496	451	424	374	356	346	494	396	0				
Golder	662	541	535	453	383	452	477	411	439	457	555	723	509
JBS Clinic	935	795	676	619	564	609	750	698	887	878	1,064	1,132	941
West University	505	442	465	431	344	397	501	423	501	412	570	724	638
42nd Street									206	355	483	644	533

Total ProCare Office Visits



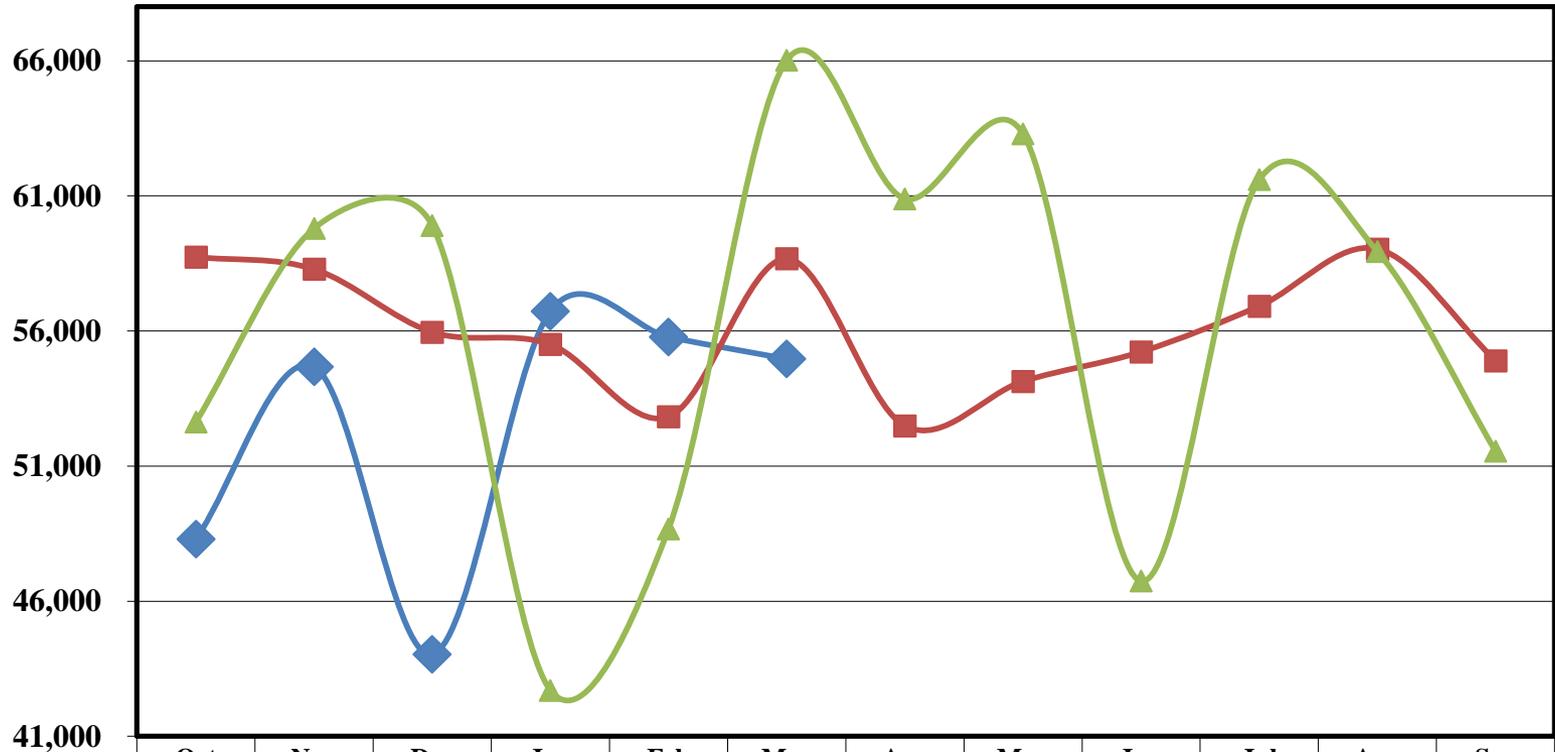
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	8,965	8,936	9,026	9,398	9,529	11,389						
■ FY 2017 Budget	8,495	8,893	8,653	9,070	8,649	10,085	8,074	8,640	9,125	9,011	10,080	9,446
▲ FY 2016	8,423	8,409	7,754	8,039	8,511	8,909	8,722	9,023	8,485	8,377	10,140	9,218

Total ProCare Hospital Visits



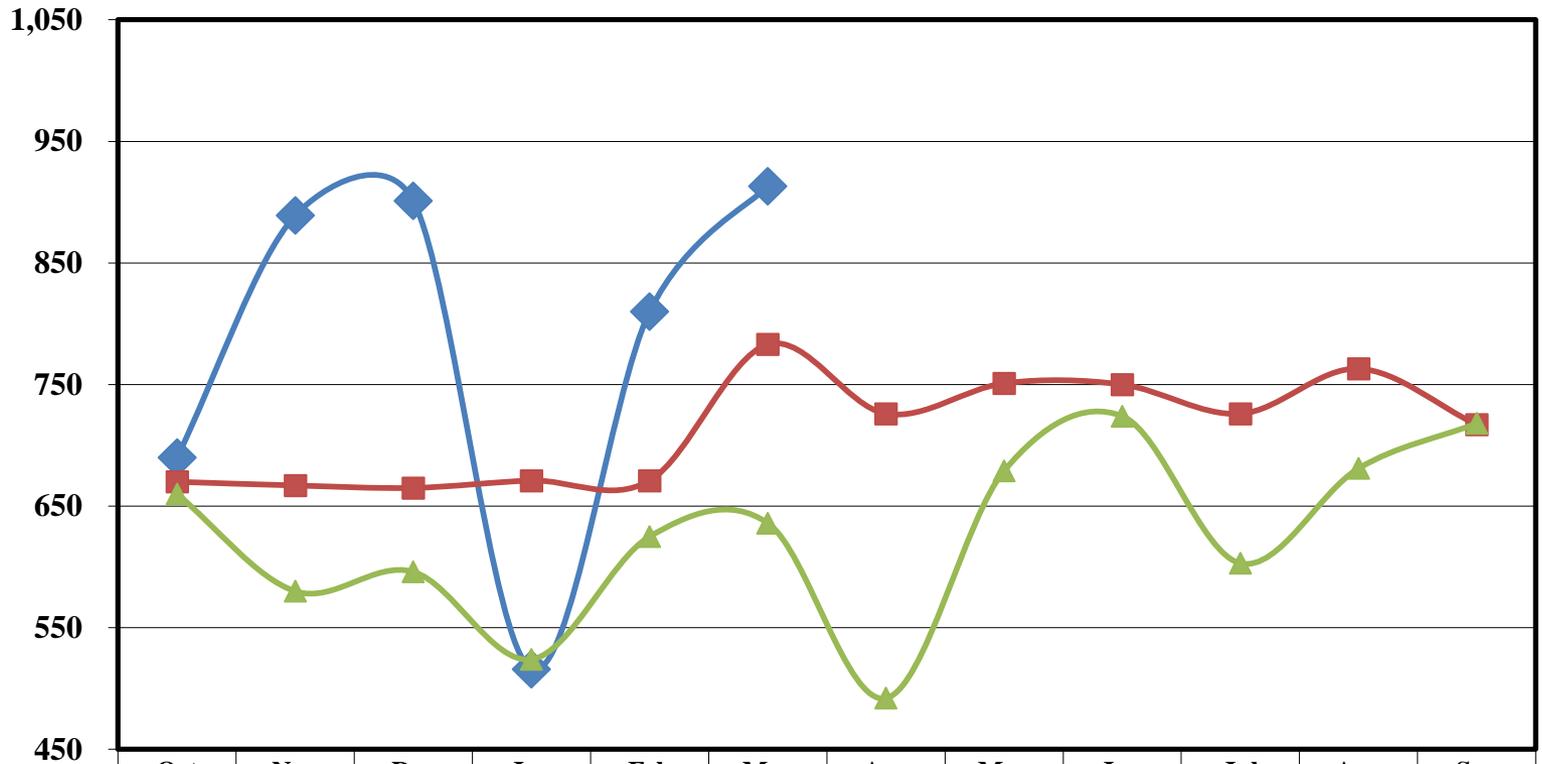
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	4,292	4,267	4,093	4,057	4,083	4,210						
■ FY 2017 Budget	4,595	4,286	4,507	4,348	4,158	4,706	4,192	4,449	4,361	4,443	4,661	4,428
▲ FY 2016	4,114	3,968	4,534	4,507	4,711	5,400	4,297	4,222	4,299	4,063	3,933	3,839

Total ProCare Procedures



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	48,296	54,671	44,033	56,732	55,777	54,967						
■ FY 2017 Budget	58,737	58,287	55,958	55,504	52,829	58,677	52,491	54,137	55,231	56,922	59,037	54,902
▲ FY 2016	52,632	59,799	59,902	42,701	48,679	66,015	60,891	63,300	46,743	61,601	58,941	51,547

Total ProCare Surgeries

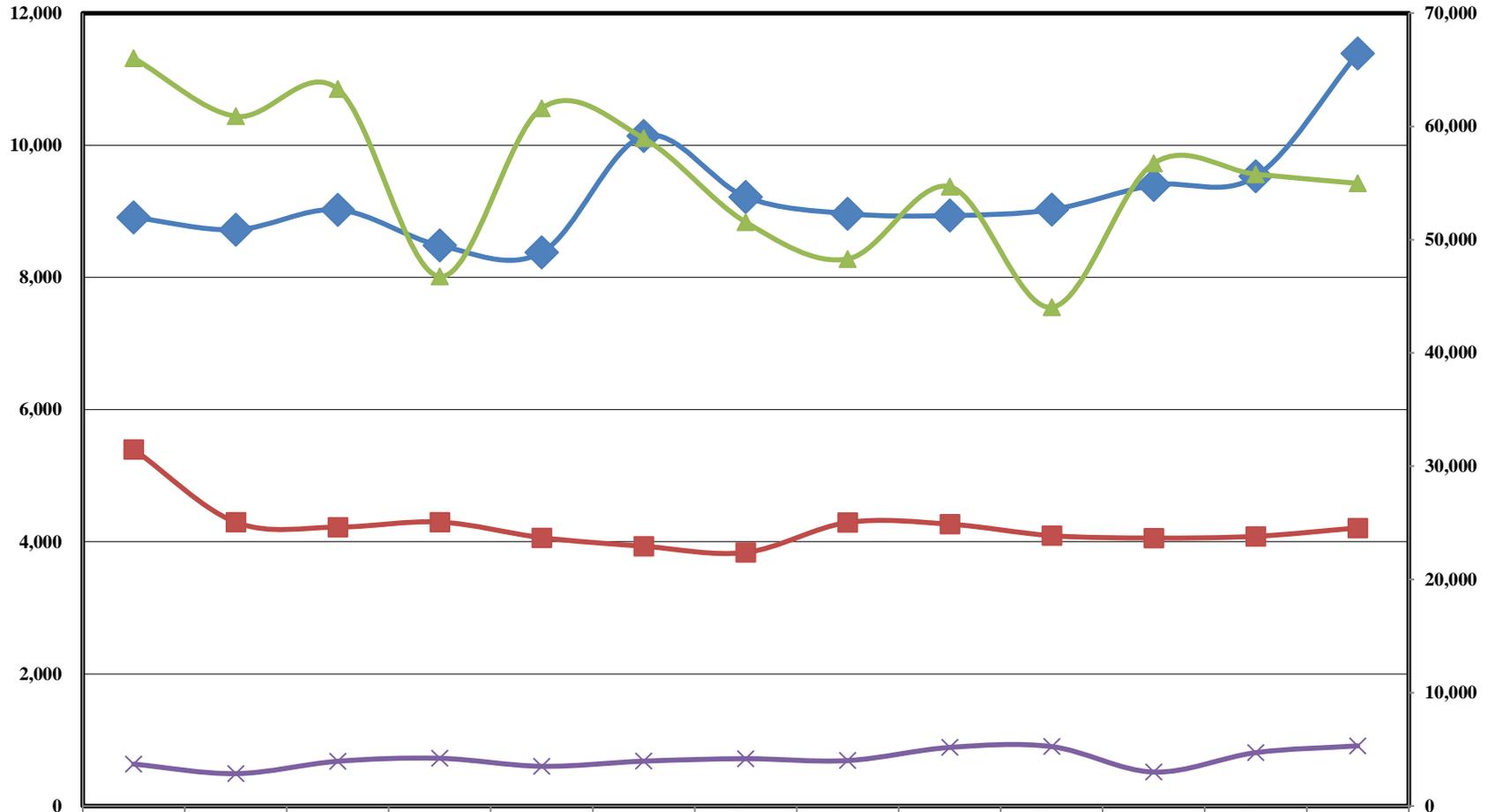


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
◆ FY 2017	690	889	901	516	810	913						
■ FY 2017 Budget	670	667	665	671	671	783	726	751	750	726	763	717
▲ FY 2016	660	580	596	524	625	636	492	679	724	603	681	718

ProCare Statistics

(Office Visits, Hospital Visits, Procedures & Surgeries)

Thirteen Month Trending



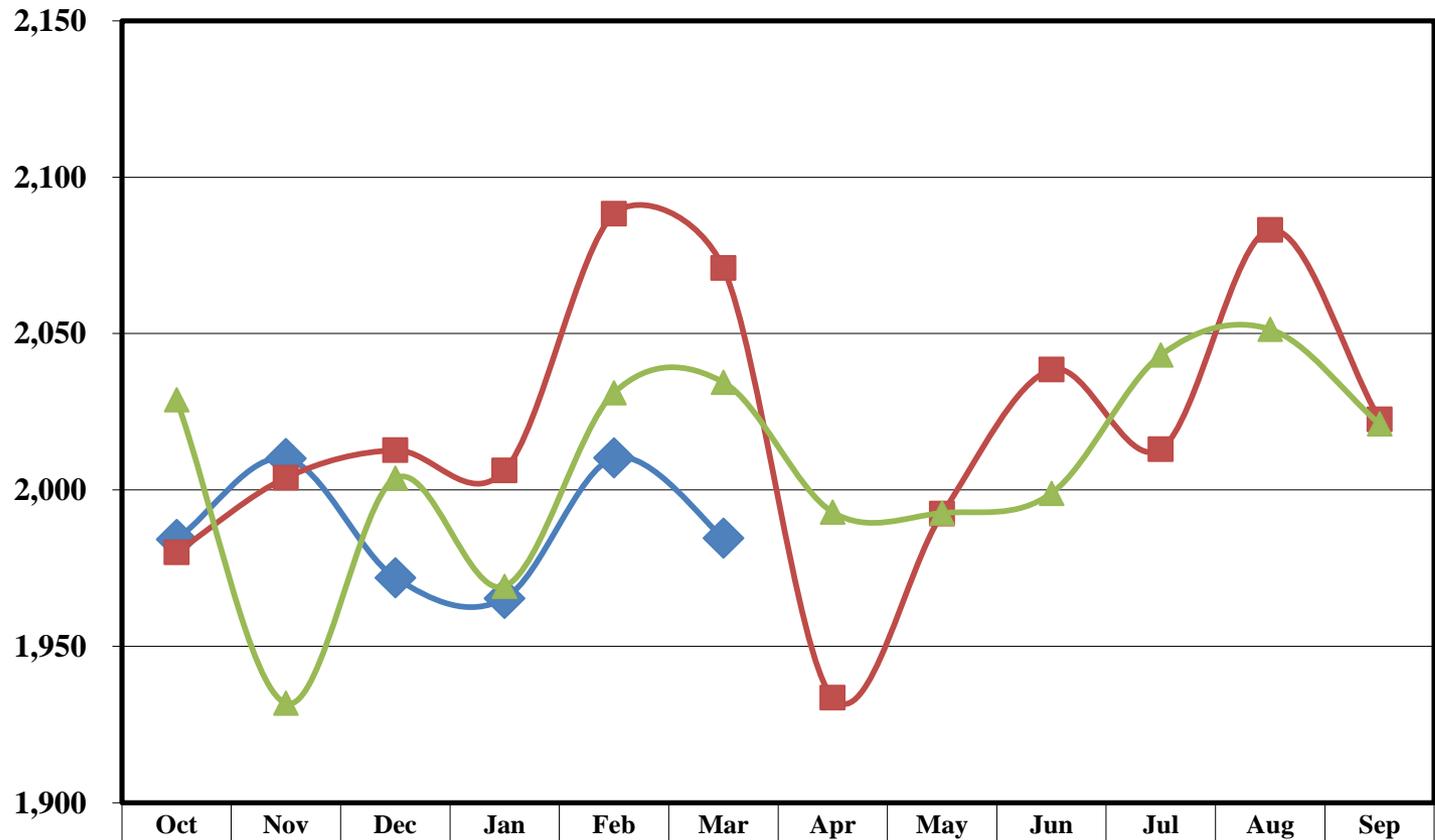
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Office Visits	8,909	8,722	9,023	8,485	8,377	10,140	9,218	8,965	8,936	9,026	9,398	9,529	11,389
Hospital Visits	5,400	4,297	4,222	4,299	4,063	3,933	3,839	4,292	4,267	4,093	4,057	4,083	4,210
Surgeries	636	492	679	724	603	681	718	690	889	901	516	810	913
Procedures	66,015	60,891	63,300	46,743	61,601	58,941	51,547	48,296	54,671	44,033	56,732	55,777	54,967

Staffing



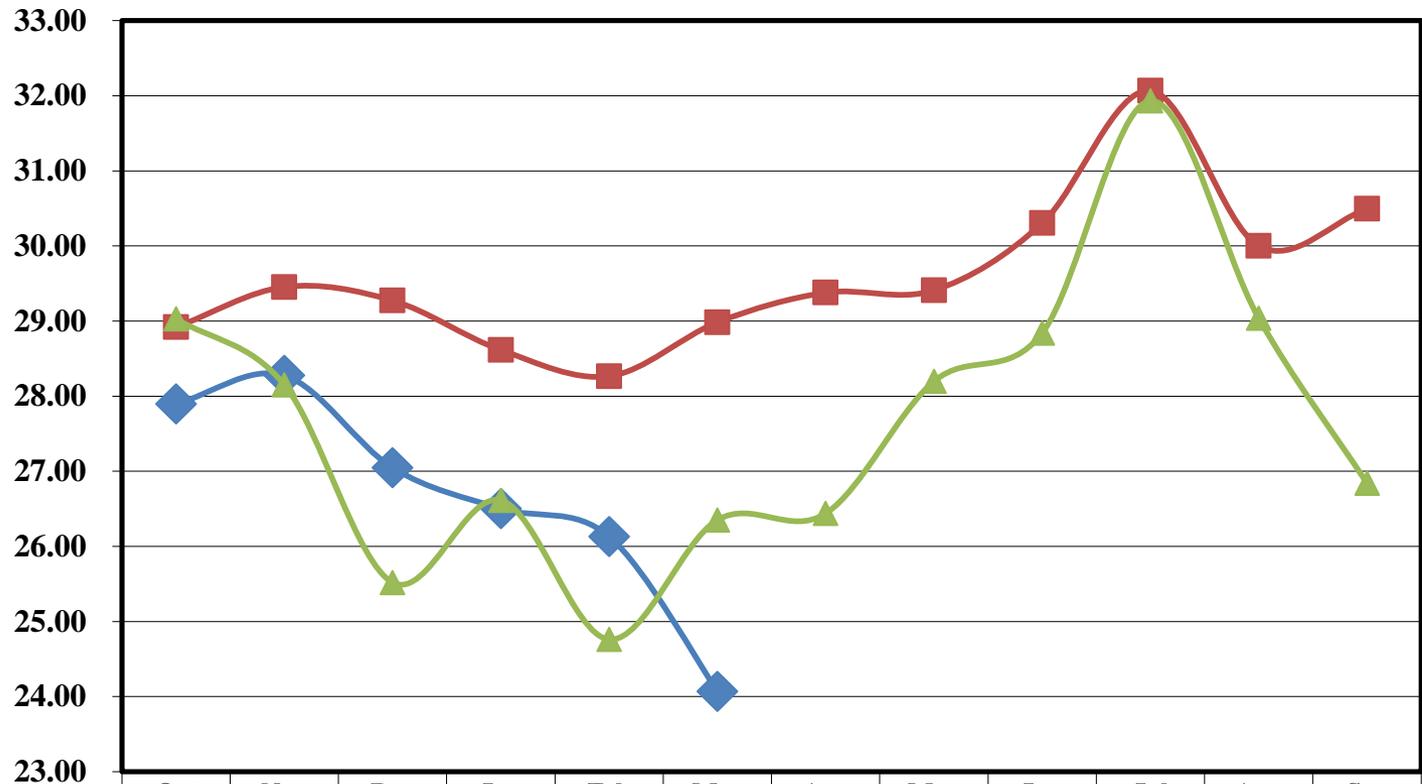
Blended FTE's

Including Contract Labor and Management Services



◆ FY 2017	1,984	2,010	1,972	1,965	2,010	1,985						
■ FY 2017 Budget	1,980	2,004	2,013	2,006	2,088	2,071	1,934	1,992	2,038	2,013	2,083	2,023
▲ FY 2016	2,029	1,932	2,004	1,969	2,031	2,034	1,993	1,993	1,999	2,043	2,051	2,021

Paid Hours per Adjusted Patient Day (Blended)



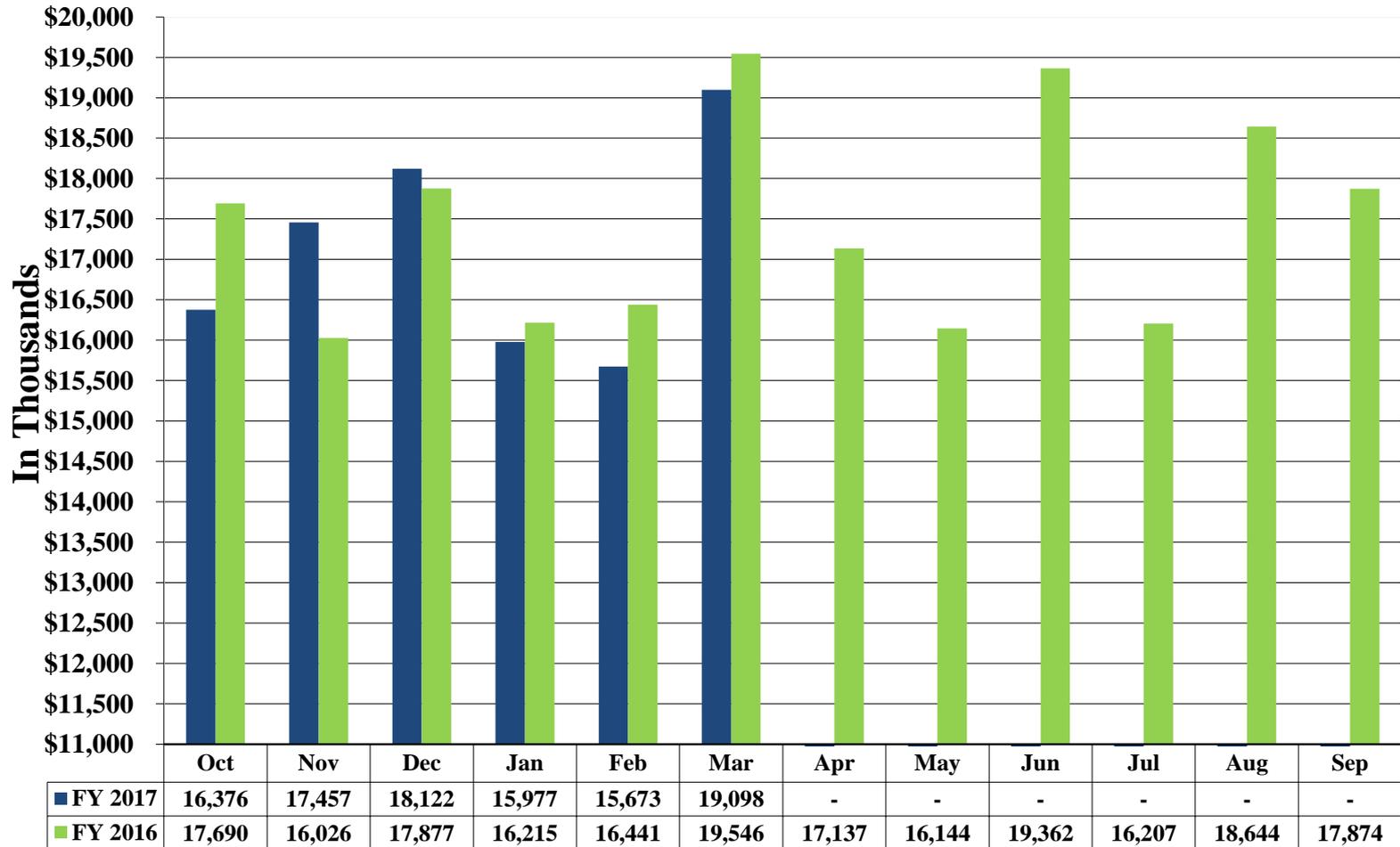
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	27.90	28.28	27.05	26.50	26.13	24.07						
FY 2017 Budget	28.92	29.45	29.27	28.62	28.27	28.98	29.38	29.41	30.30	32.07	30.00	30.49
FY 2016	29.03	28.15	25.52	26.61	24.76	26.35	26.44	28.20	28.84	31.93	29.04	26.84

Accounts Receivable

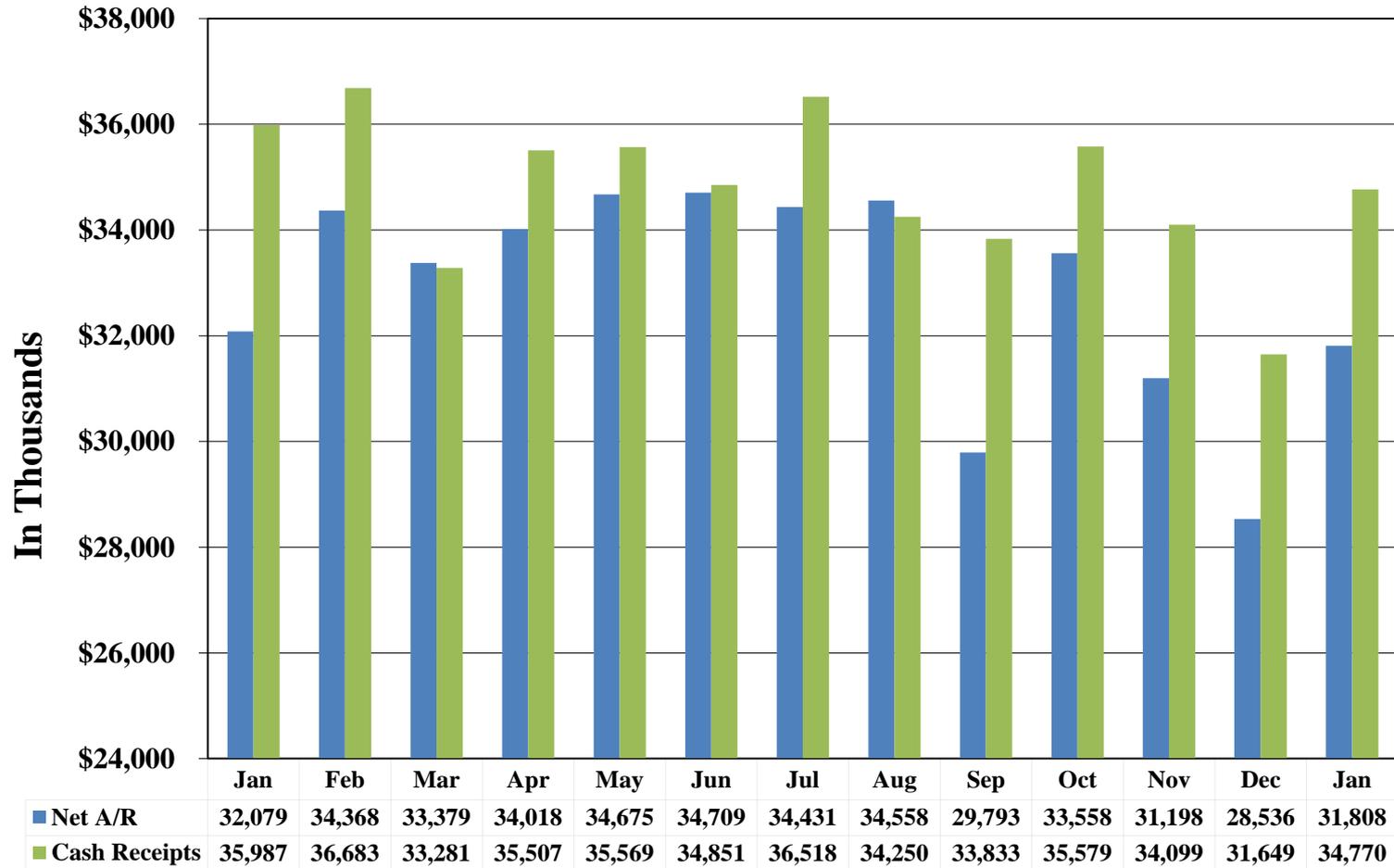


AR Cash Receipts

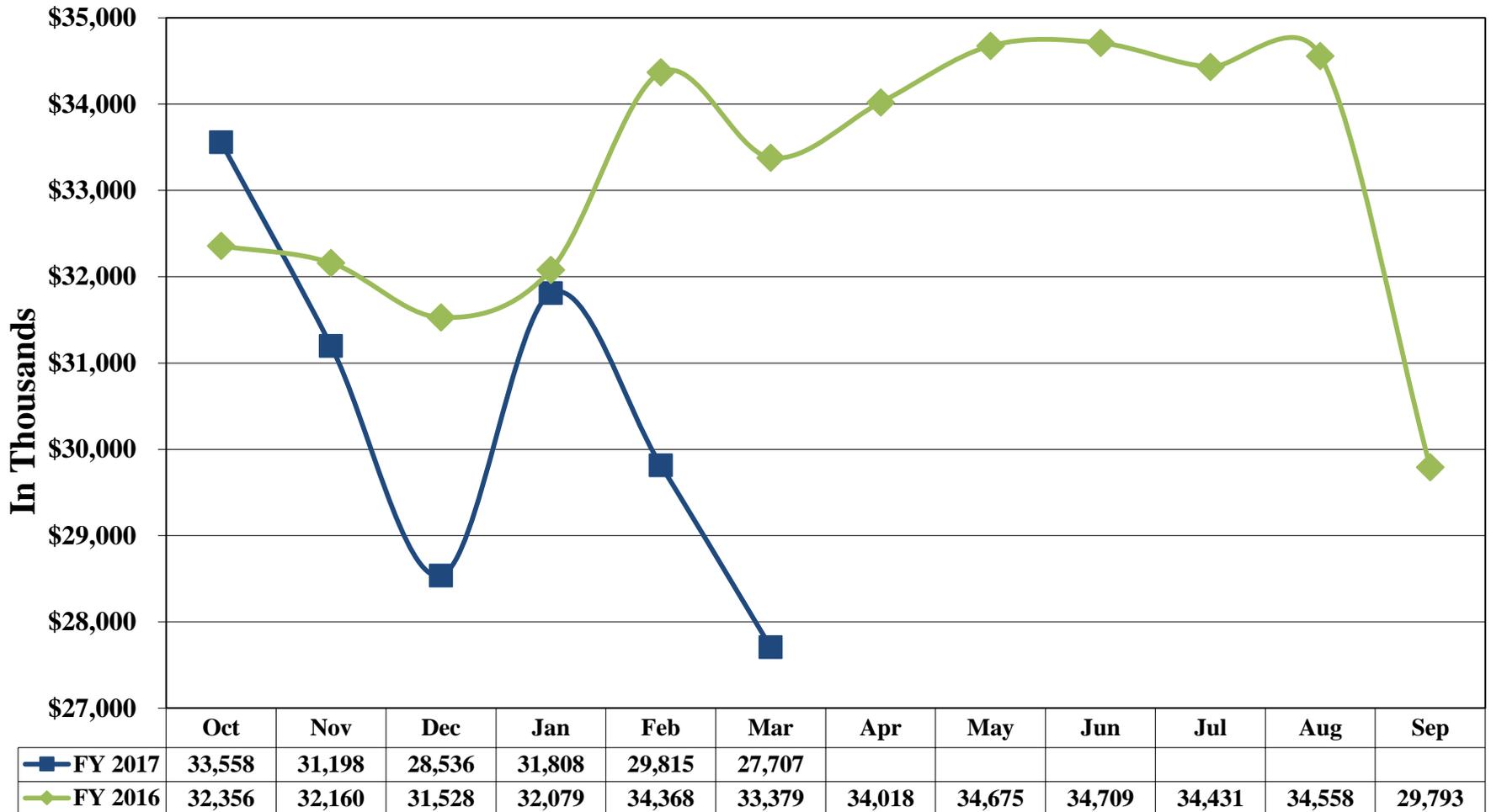
Compared to Prior Year



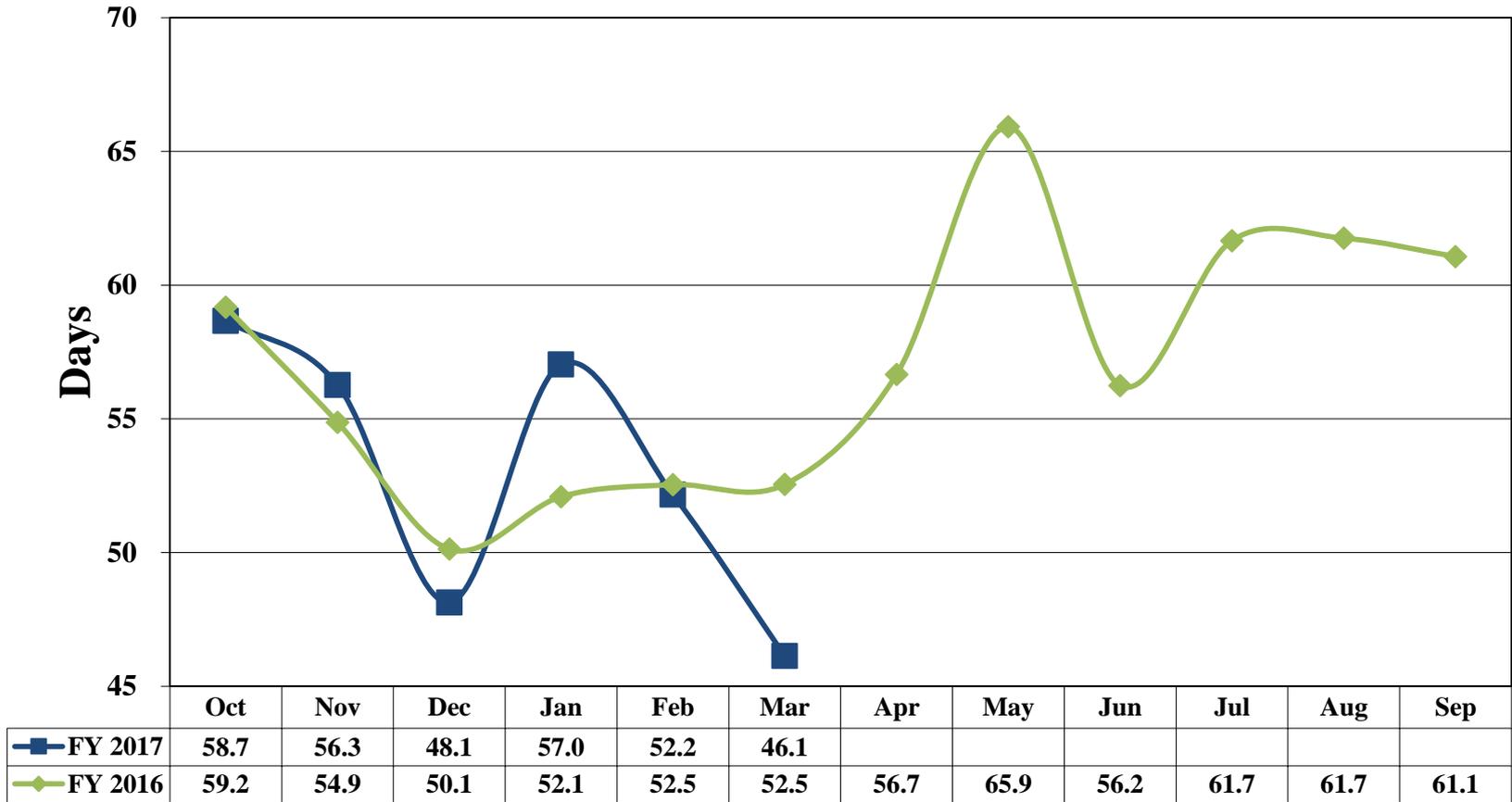
Net AR compared to 60 Days Subsequent Cash Receipts



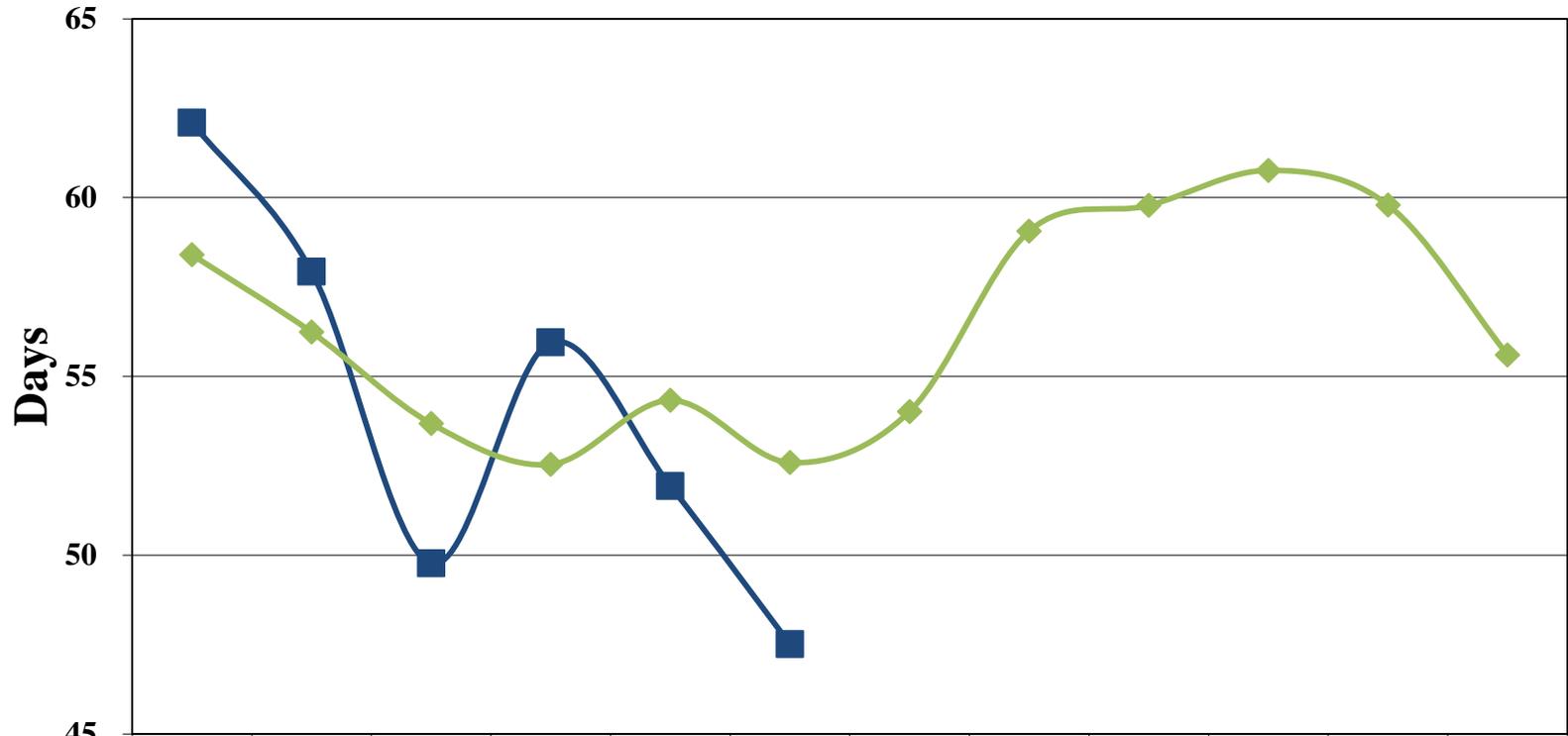
Accounts Receivable - Net



Net Days in Accounts Receivable – Single Month



Net Days in Accounts Receivable – Rolling 3 Month

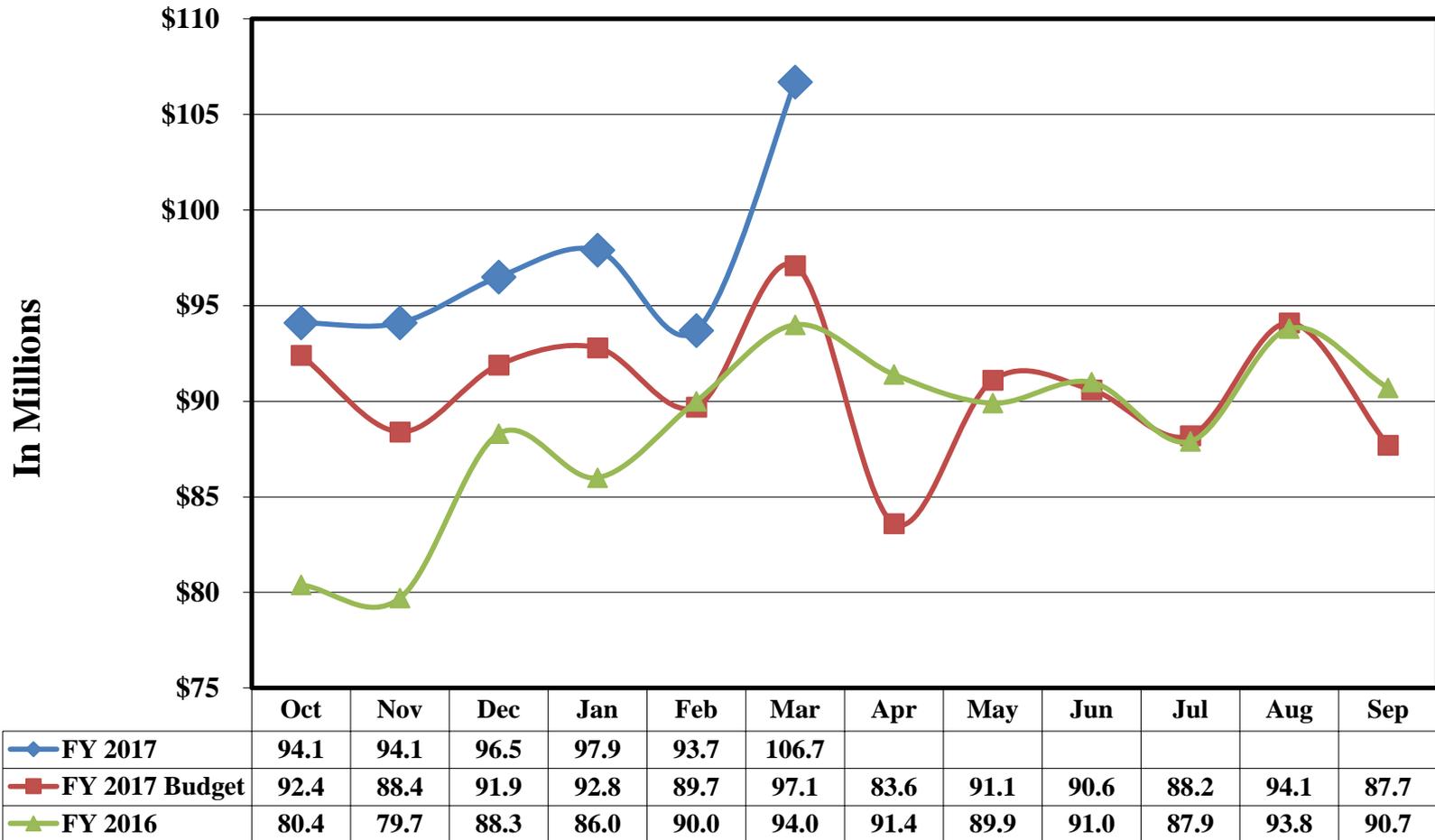


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
■ FY 2017	62.1	57.9	49.8	55.9	51.9	47.5						
◆ FY 2016	58.4	56.2	53.7	52.5	54.3	52.6	54.0	59.1	59.8	60.8	59.8	55.6

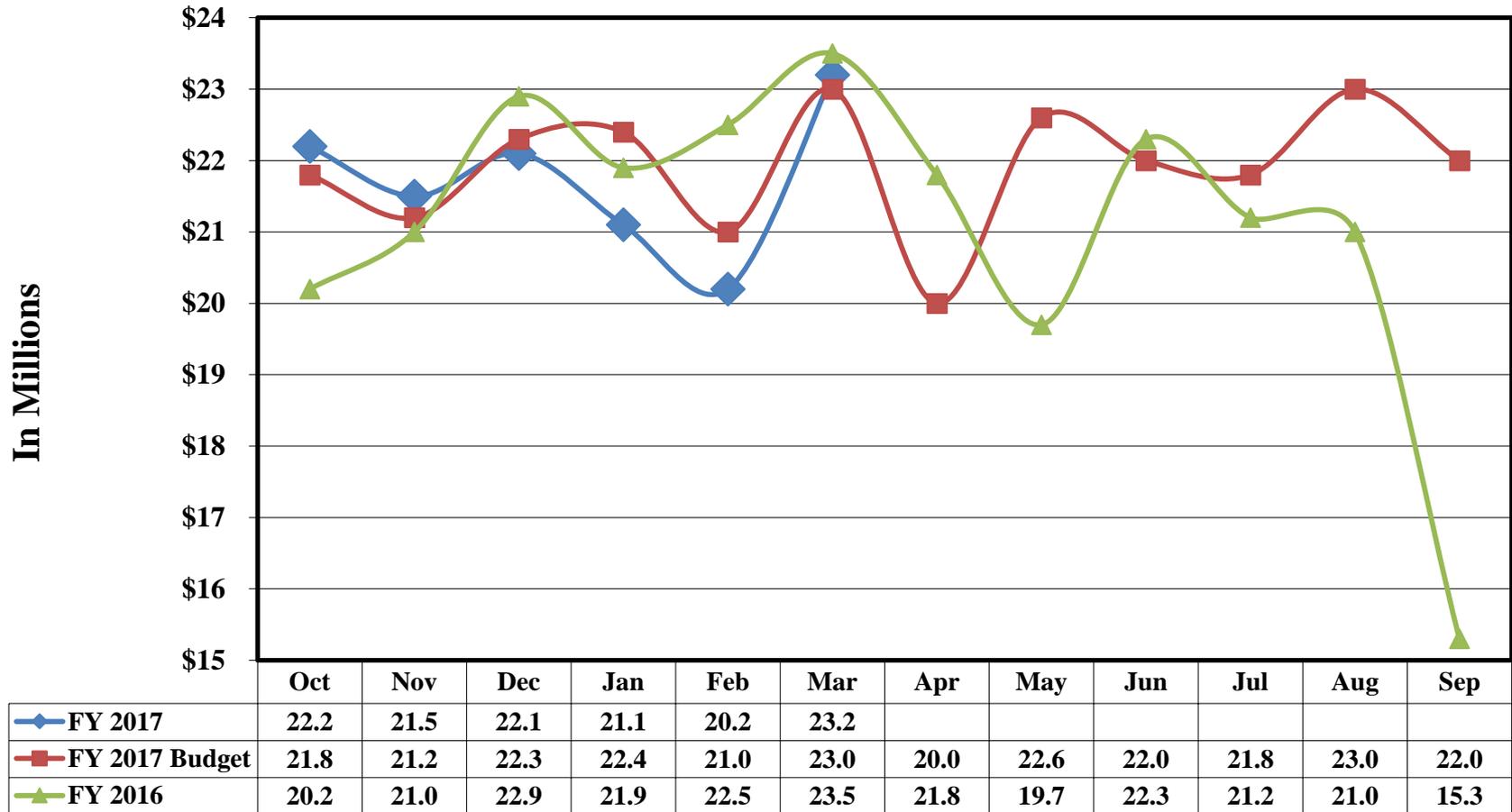
Revenues & Revenue Deductions



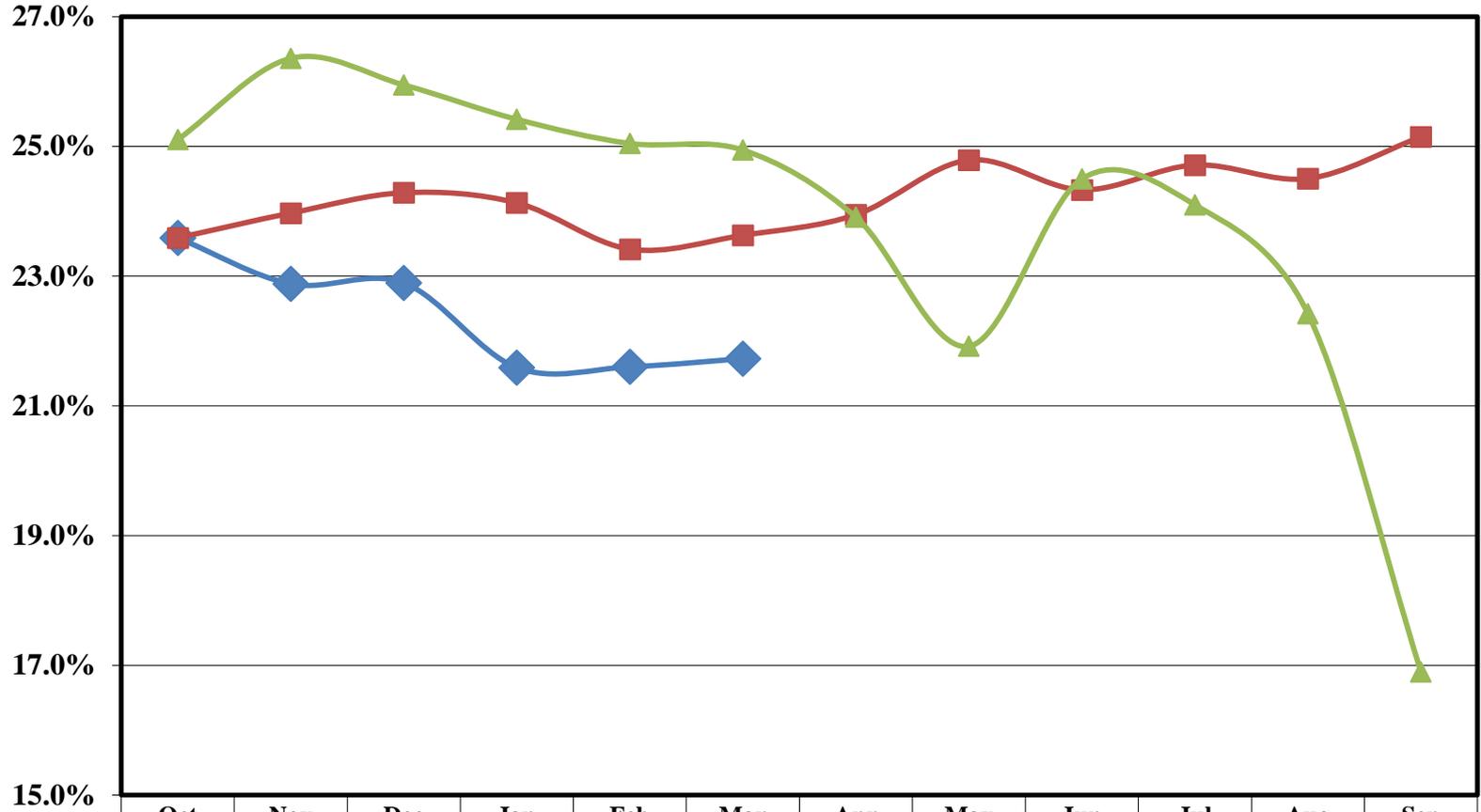
Total Patient Revenues (Blended)



Net Patient Revenues (Blended)



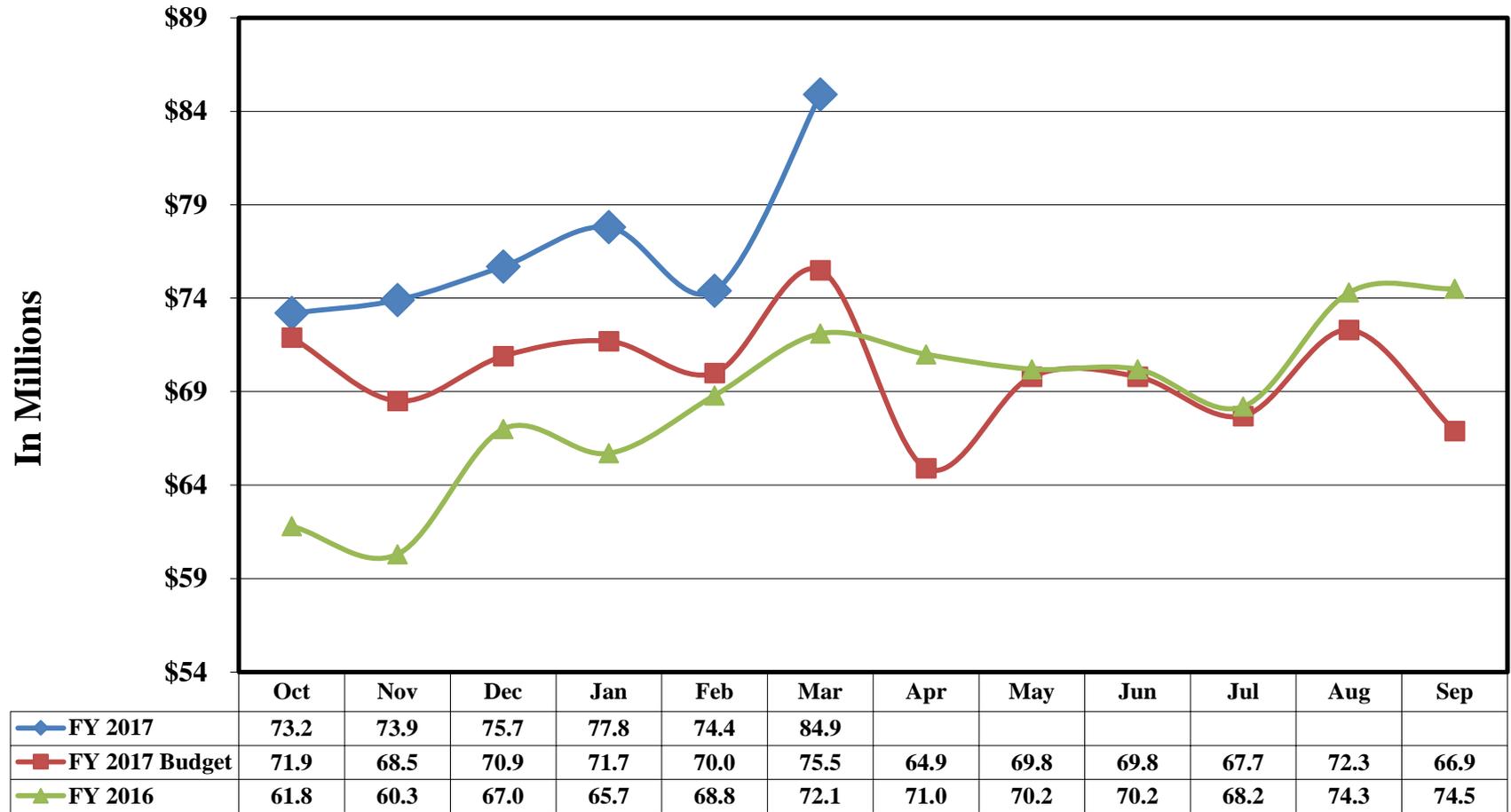
Net Patient Revenue as a Percent of Gross Charges (Blended)



◆ FY 2017	23.6%	22.9%	22.9%	21.6%	21.6%	21.7%						
■ FY 2017 Budget	23.6%	24.0%	24.3%	24.1%	23.4%	23.6%	23.9%	24.8%	24.3%	24.7%	24.5%	25.1%
▲ FY 2016	25.1%	26.4%	25.9%	25.4%	25.0%	24.9%	23.9%	21.9%	24.5%	24.1%	22.4%	16.9%

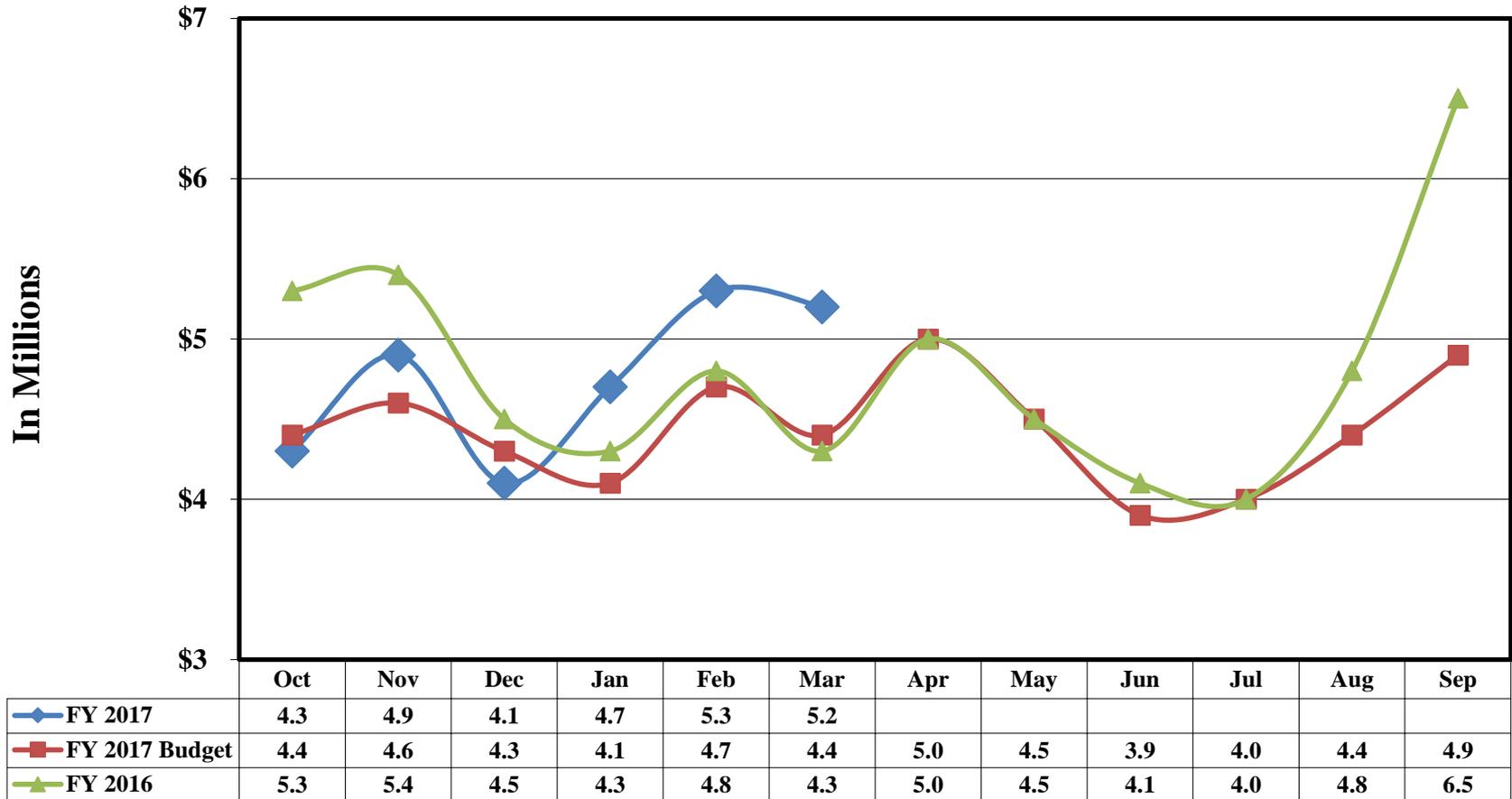
Revenue Deductions

(Blended)

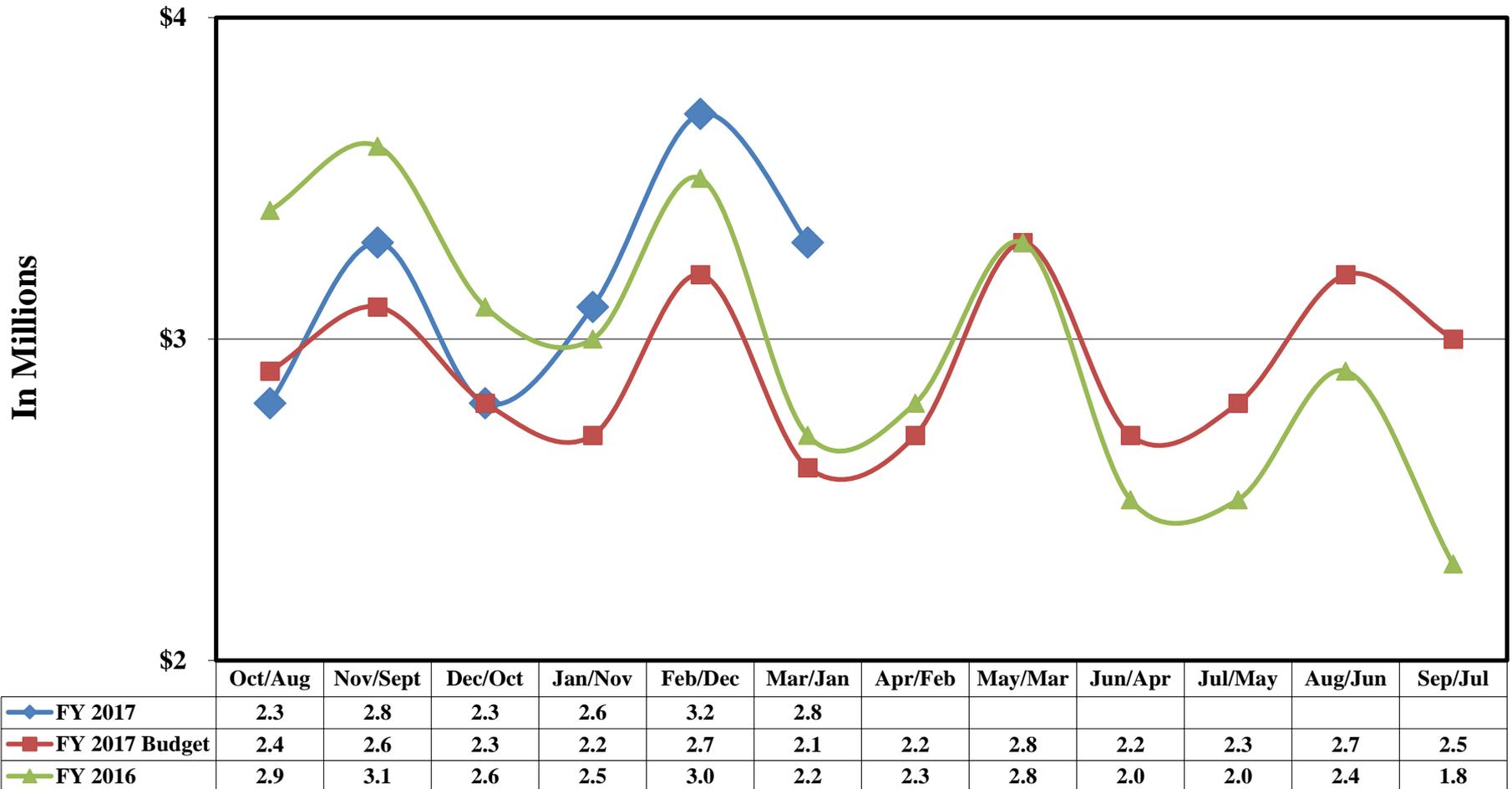


Other Revenue - Blended

Including Tax Receipts, Interest & Other Operating Income



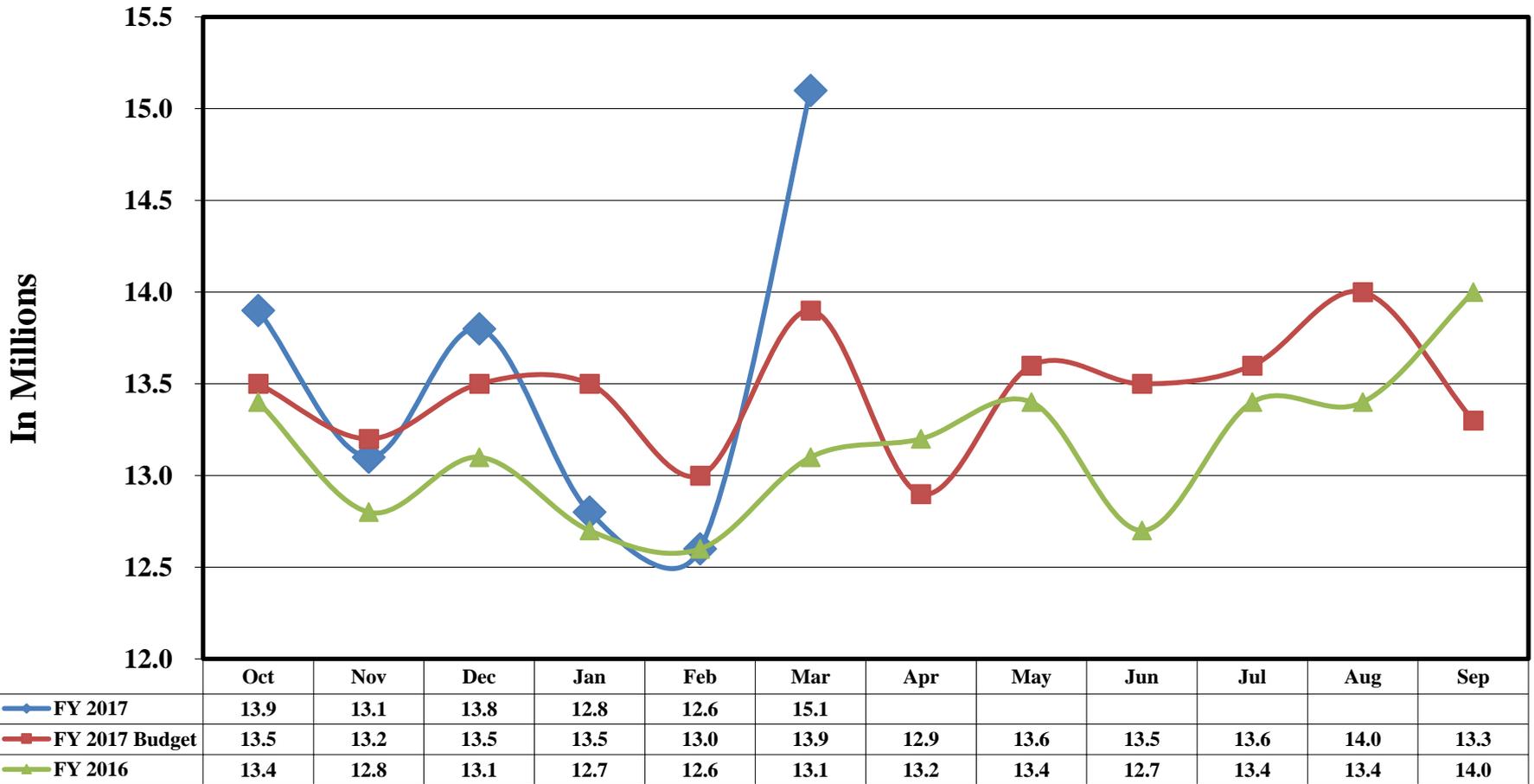
Sales Tax Receipts



Operating Expenses

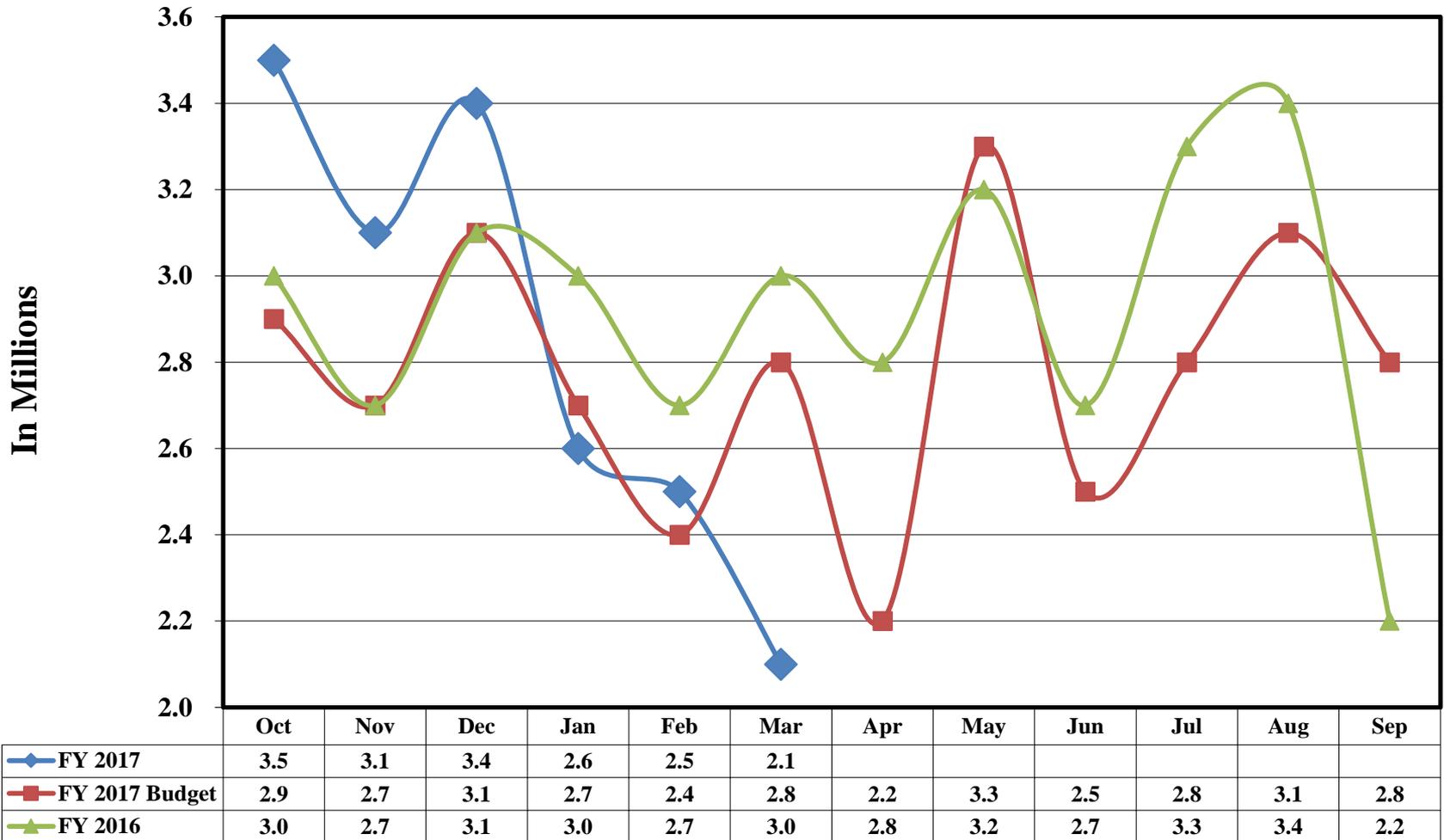


Salaries, Wages & Contract Labor (Blended)



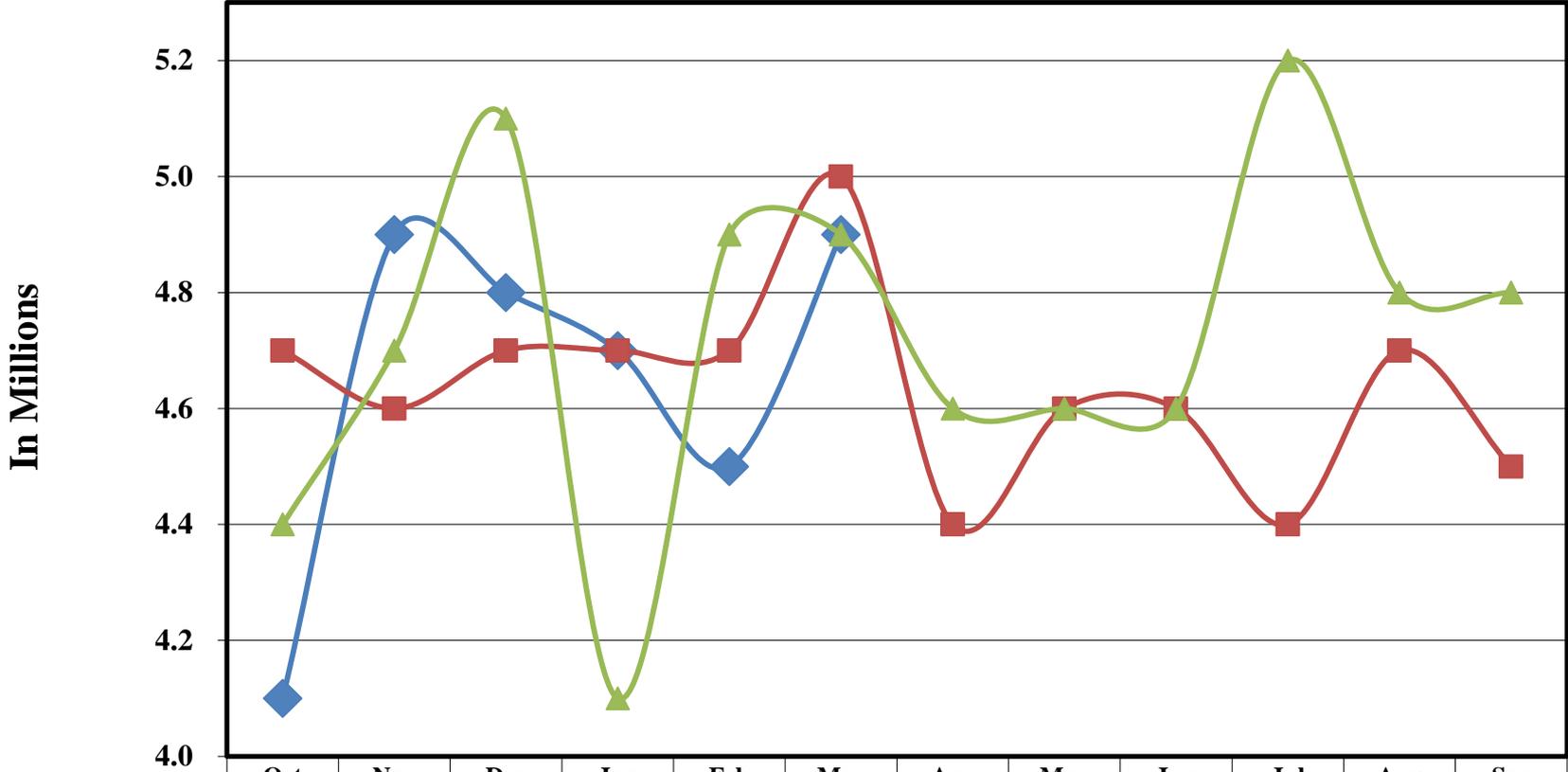
Employee Benefit Expense

(Blended)



Supply Expense

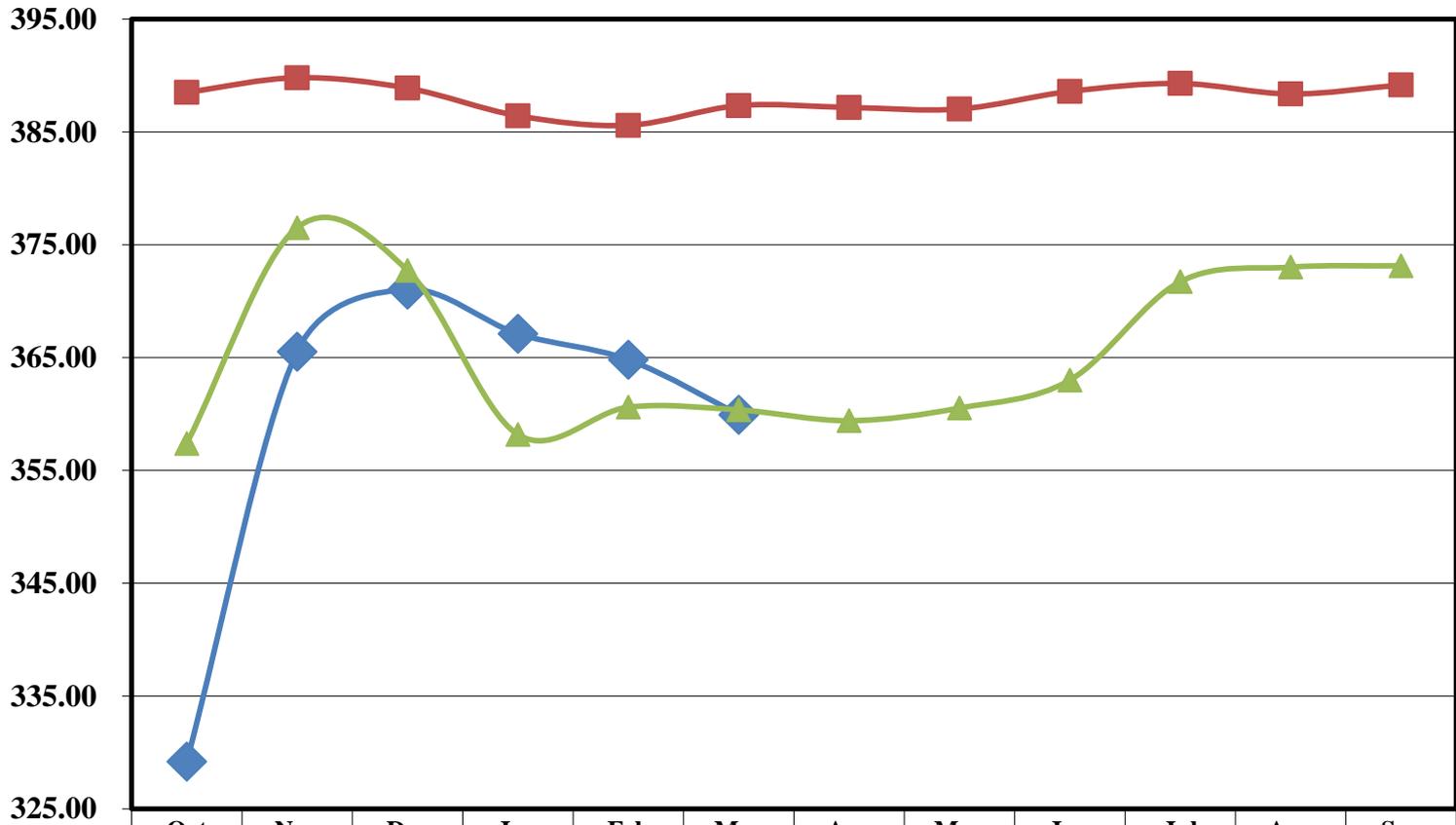
(Blended)



◆ FY 2017	4.1	4.9	4.8	4.7	4.5	4.9						
■ FY 2017 Budget	4.7	4.6	4.7	4.7	4.7	5.0	4.4	4.6	4.6	4.4	4.7	4.5
▲ FY 2016	4.4	4.7	5.1	4.1	4.9	4.9	4.6	4.6	4.6	5.2	4.8	4.8

Supply Expense per APD - Blended

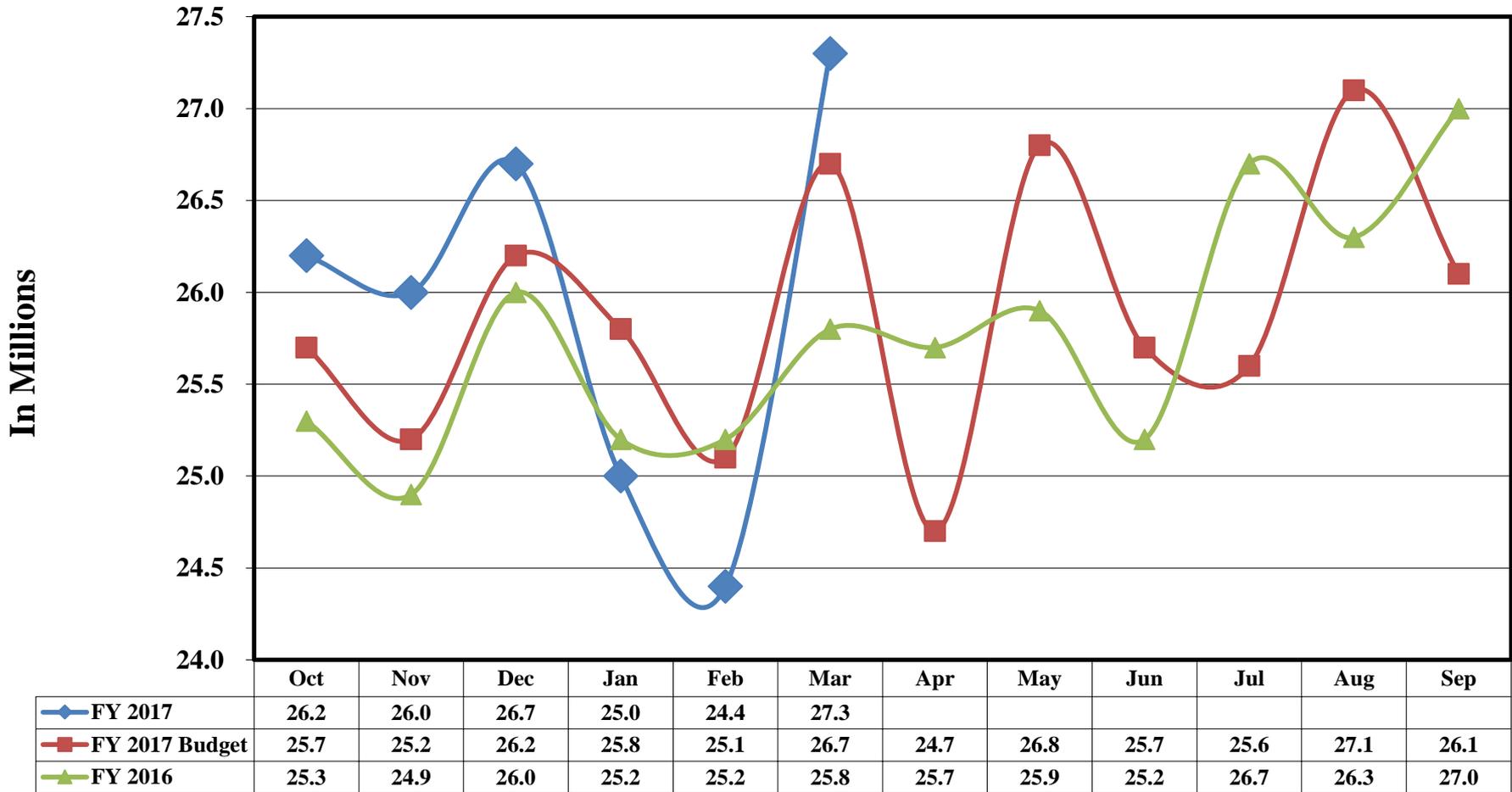
Year to Date



◆ FY 2017	329.20	365.54	371.03	367.12	364.82	359.95						
■ FY 2017 Budget	388.52	389.82	388.89	386.44	385.60	387.34	387.18	387.04	388.60	389.31	388.38	389.17
▲ FY 2016	357.39	376.52	372.74	358.19	360.61	360.37	359.41	360.53	363.01	371.74	373.02	373.15

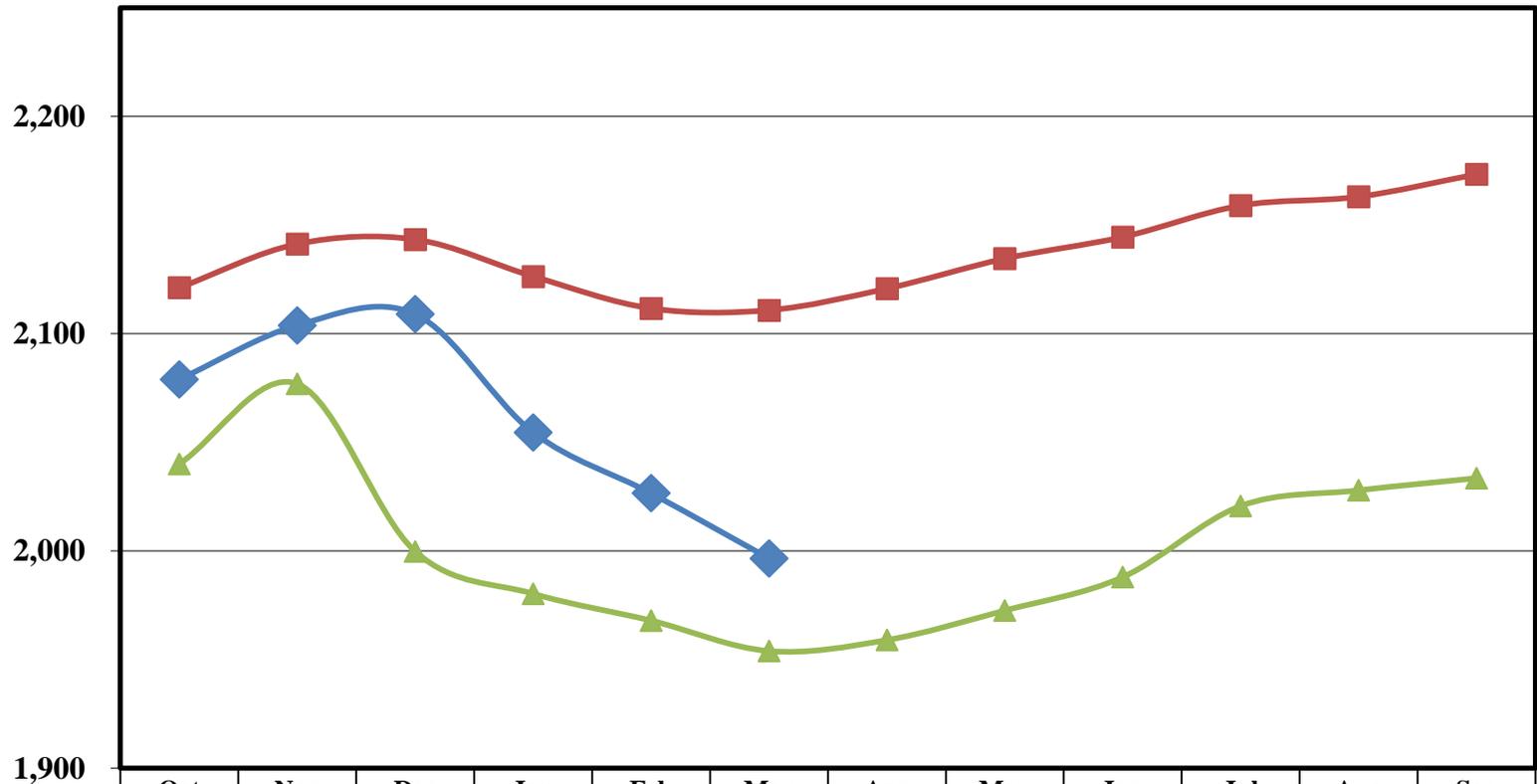
Total Operating Expense

(Blended)



Total Operating Expense per APD - Blended

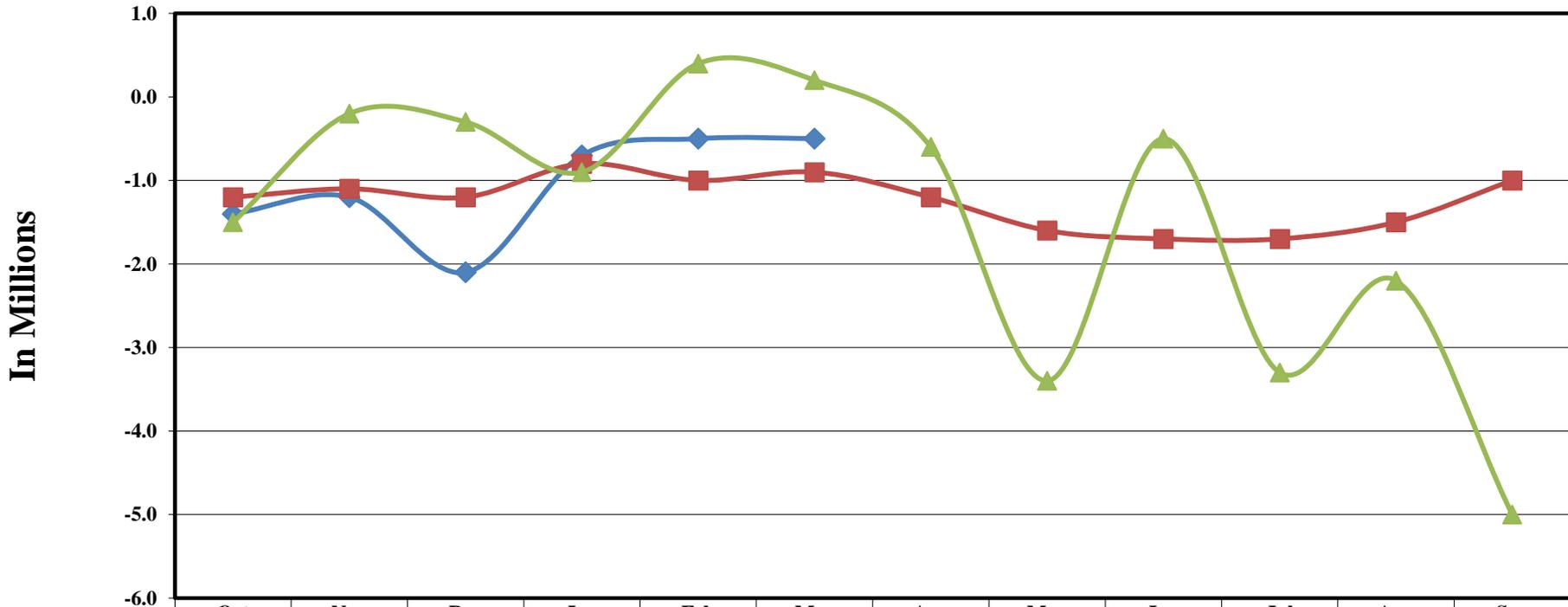
Year to Date



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	2,079	2,104	2,109	2,055	2,027	1,997						
FY 2017 Budget	2,121	2,141	2,143	2,126	2,112	2,111	2,121	2,135	2,145	2,159	2,163	2,173
FY 2016	2,040	2,077	2,000	1,980	1,968	1,954	1,959	1,973	1,988	2,021	2,028	2,033

Excess of Revenue over Expense – Blended Operations

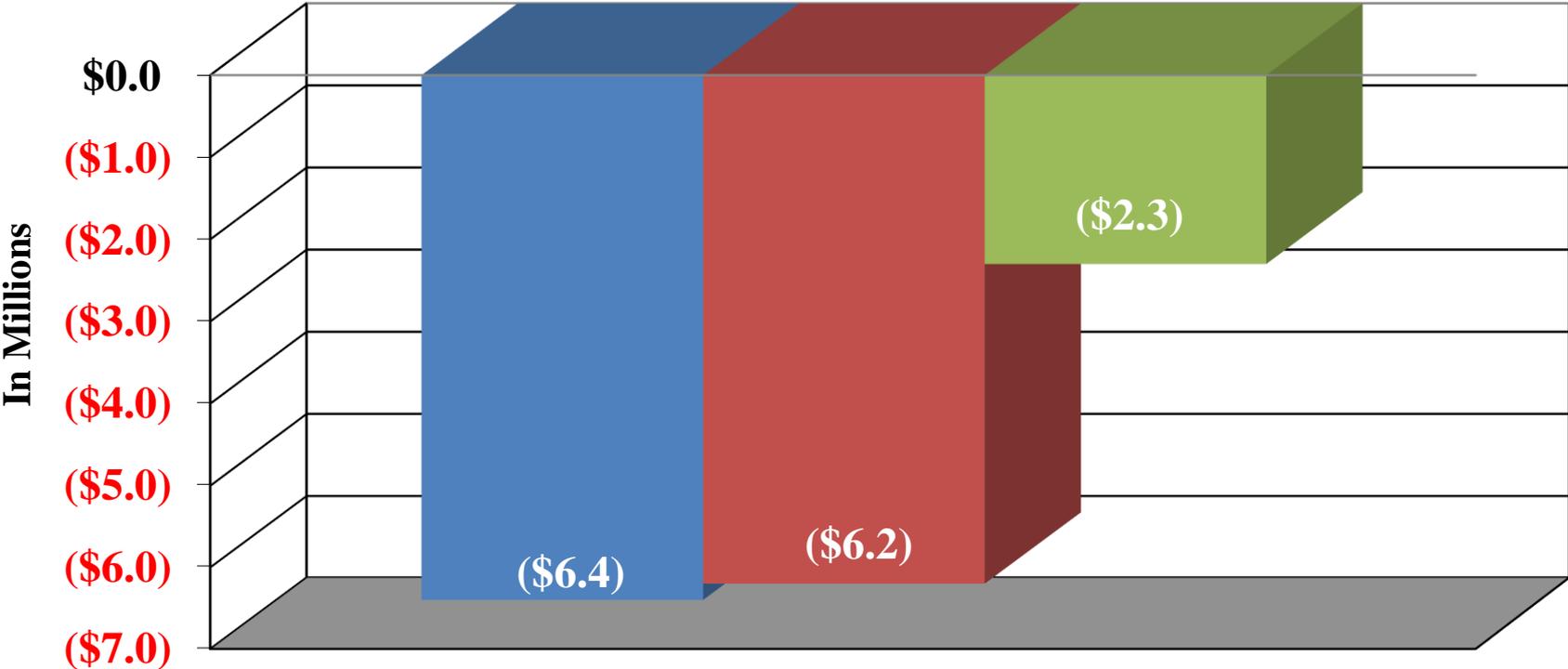
Before Investment Activity



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2017	(1.4)	(1.2)	(2.1)	(0.7)	(0.5)	(0.5)						
FY 2017 Budget	(1.2)	(1.1)	(1.2)	(0.8)	(1.0)	(0.9)	(1.2)	(1.6)	(1.7)	(1.7)	(1.5)	(1.0)
FY 2016	(1.5)	(0.2)	(0.3)	(0.9)	0.4	0.2	(0.6)	(3.4)	(0.5)	(3.3)	(2.2)	(5.0)

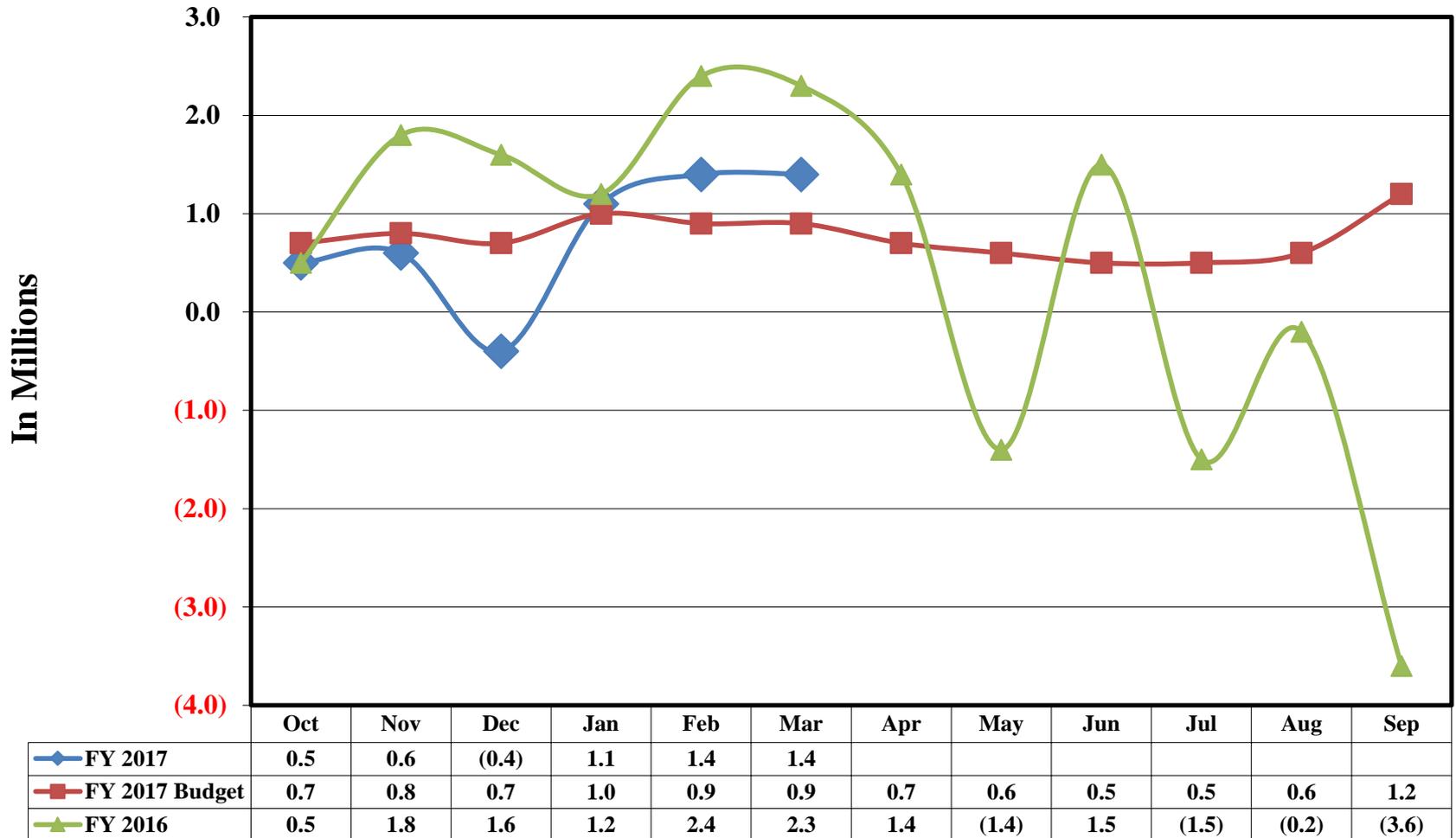
Excess of Revenue over Expense – Blended Operations

Before Investment Activity – Year to Date



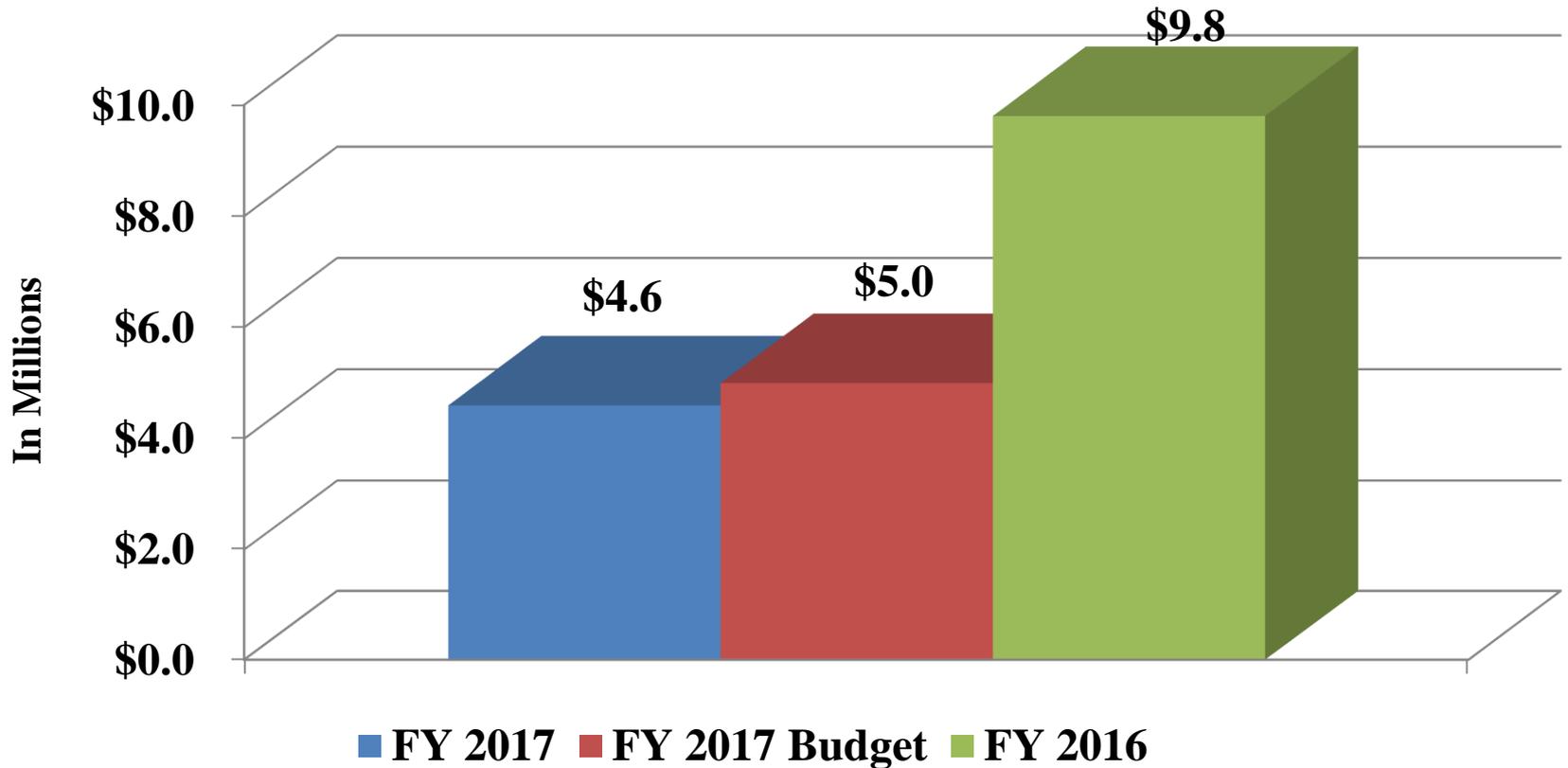
Earnings Before Interest, Depreciation & Amortization (EBIDA)

Blended Operations



Earnings Before Interest, Depreciation & Amortization (EBIDA)

Blended Operations – Year to Date







**ECTOR COUNTY HOSPITAL DISTRICT
Investment Portfolio
Charles Brown, Hilltop Securities Independent Network Inc.
March 31, 2017**

All prices and values reflected in this report are captured from the Hilltop Securities statements dated 03/31/2017.

"This report is given as a courtesy to our clients. Hilltop Securities makes no warranties as to the completeness or accuracy of this information and specifically disclaims any liability arising from your use or reliance on this information. Hilltop Securities does not offer tax advice. You are solely responsible for the accuracy of cost basis and gain/loss information reported to tax authorities."

ECTOR COUNTY HOSPITAL DISTRICT

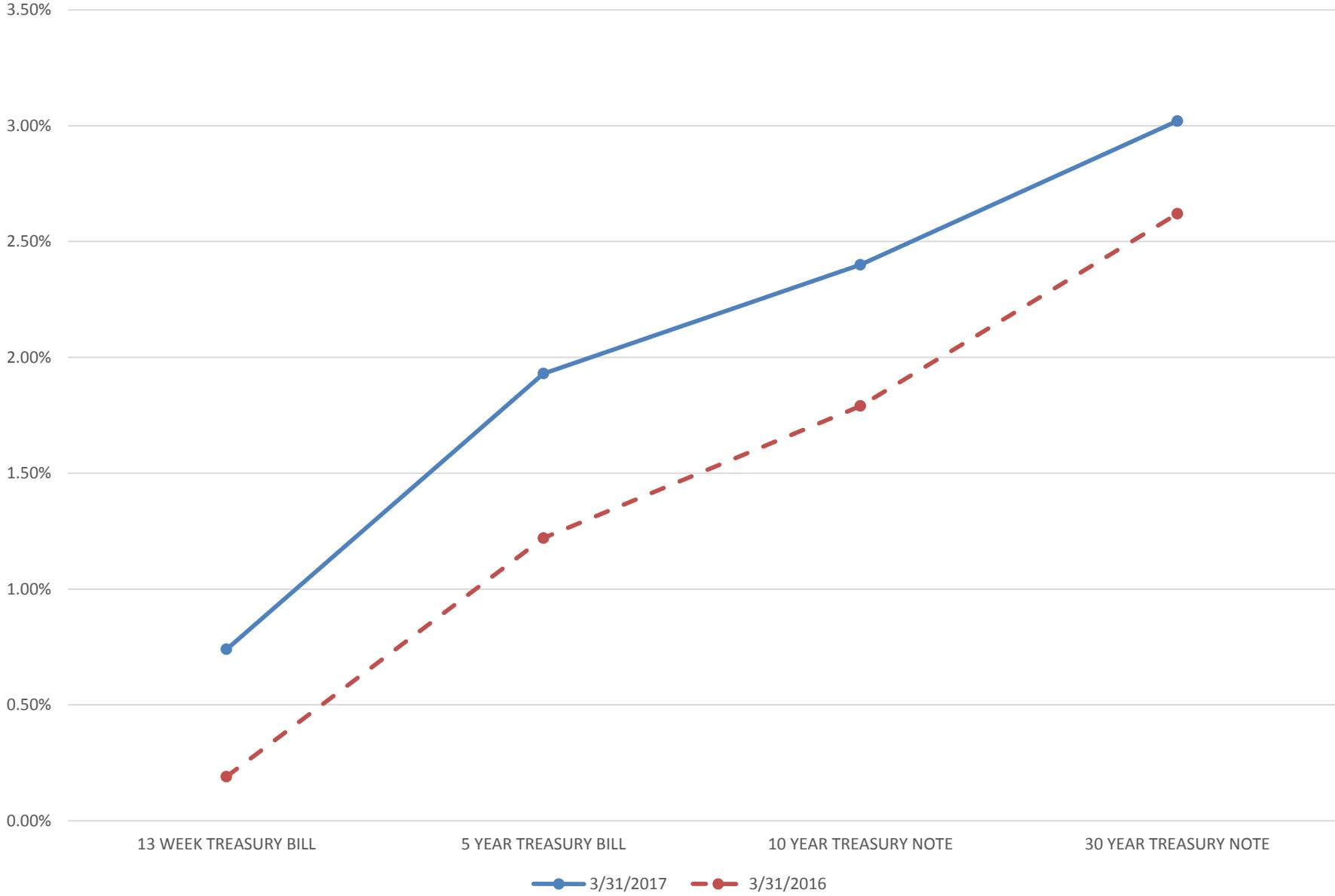
March 31, 2017

Yield Summary

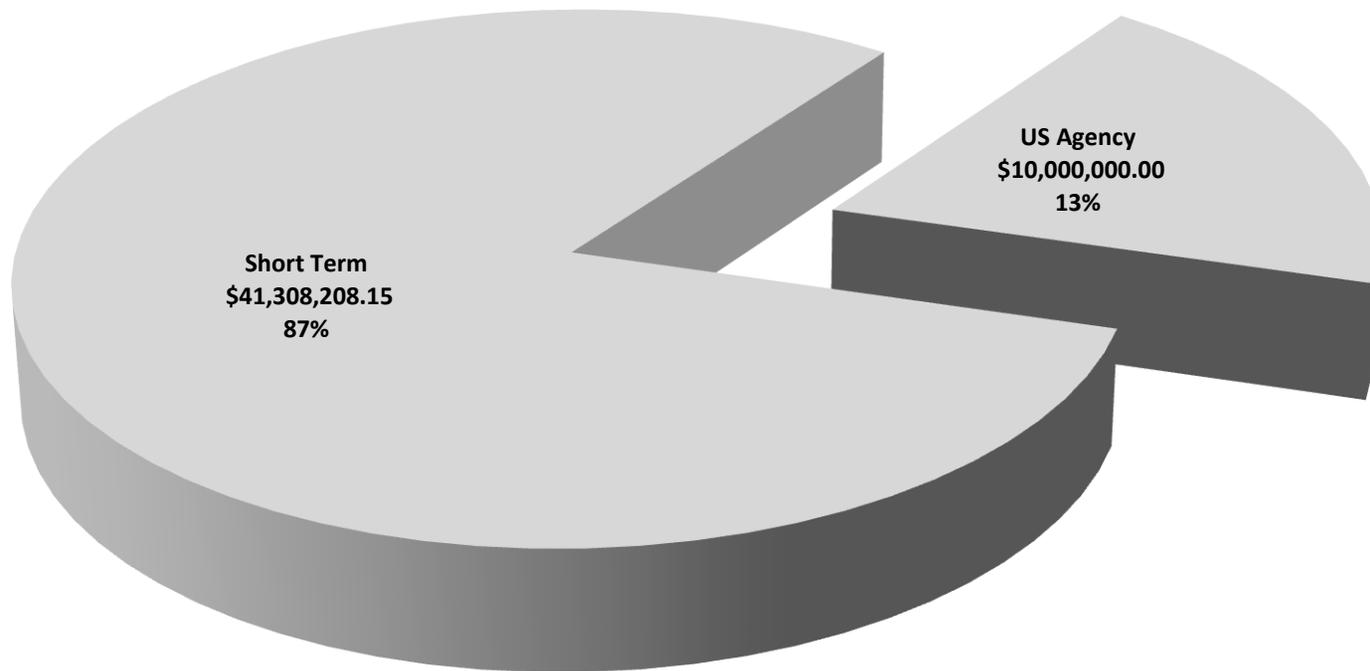
SECTOR	PAR VALUE	Weighted Avg Yield	Market Value	Gain/Loss
US AGENCY	\$ 10,000,000.00	1.73%	\$ 9,867,100.00	(\$132,900.00)
SHORT-TERM INVESTMENTS	\$ 41,323,351.16	0.380%	\$ 41,323,351.16	\$ -
TOTAL	\$ 51,323,351.16	0.645%	\$ 51,190,451.16	(\$132,900.00)

	3/31/2017	3/31/2016
13 WEEK TREASURY BILL	0.74%	0.19%
5 YEAR TREASURY BILL	1.93%	1.22%
10 YEAR TREASURY NOTE	2.40%	1.79%
30 YEAR TREASURY NOTE	3.02%	2.62%

Yield Summary



Distribution by Asset Type Shown at Book Value



ECTOR COUNTY HOSPITAL DISTRICT

March 31, 2017

Maturity Distribution

Maturity Distribution 1-5 Years

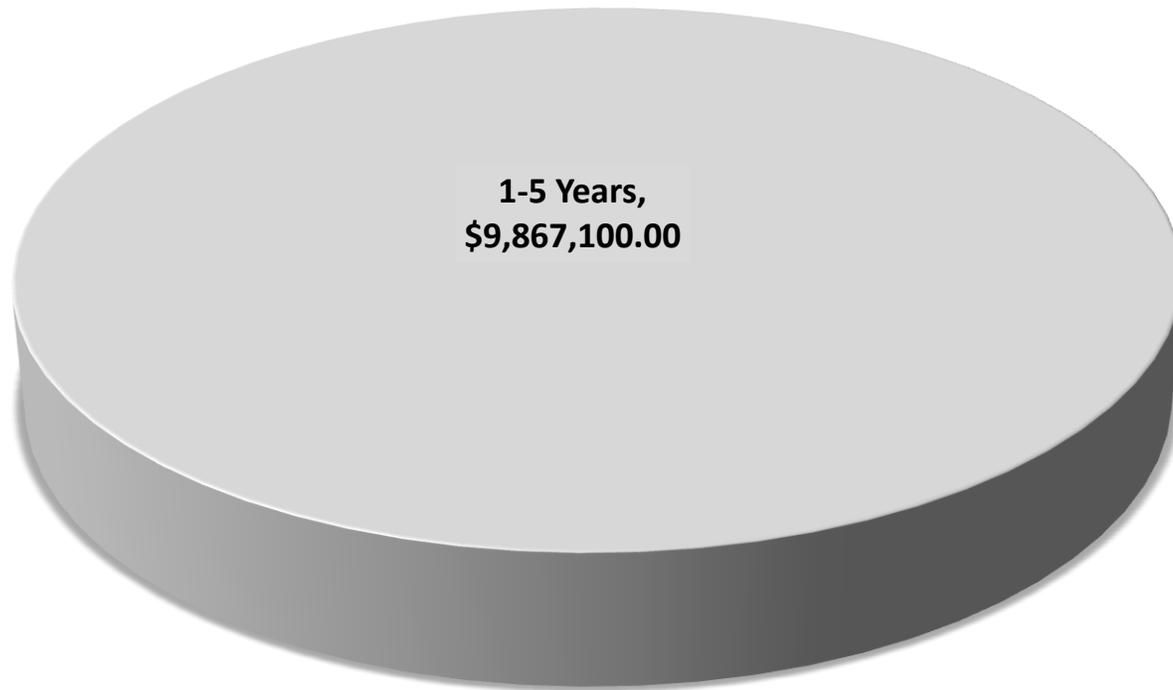
CUSIP	DESCRIPTION	MATURITY	COUPON (%)	YIELD (%)	PAR VALUE	BOOK VALUE	MARKET VALUE	ANNUAL INCOME	GAIN (LOSS)
3136G35L0	DP4-FNMA	6/30/2021	1.730%	1.730%	\$ 2,000,000.00	\$ 2,000,000.00	\$ 1,973,420.00	\$ 34,600.00	(\$26,580.00)
3136G3SLO	FND-FNMA	6/30/2021	1.730%	1.730%	\$ 8,000,000.00	\$ 8,000,000.00	\$ 7,893,680.00	\$ 138,400.00	(\$106,320.00)
					\$10,000,000.00	\$ 10,000,000.00	\$ 9,867,100.00	\$ 173,000.00	(\$132,900.00)

Weighted Avg Life	4.23
Weighted Avg Yield	1.73%

PAR VALUE	BOOK VALUE	MARKET VALUE	ANNUAL INCOME	GAIN (LOSS)
\$ 10,000,000.00	\$ 10,000,000.00	\$ 9,867,100.00	\$ 173,000.00	(\$132,900.00)

Distribution by Maturity

US Agency Shown at Market Value



ECTOR COUNTY HOSPITAL DISTRICT

March 31, 2017

Safekeeping

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location Dispro 4 (339788818)					
3136G35L0	DP4-FNMA	6/30/2021	1.730%	\$ 2,000,000.00	\$ 1,973,420.00
CR08152T2	DP4-CDARS	8/3/2017	0.650%	\$ 3,000,000.00	\$ 3,000,000.00
CR08252T2	DP4-CDARS	8/10/2017	0.600%	\$ 5,000,000.00	\$ 5,000,000.00
Money Market	DP4-Dreyfus		0.010%	\$ 5,092,732.65	\$ 5,092,732.65
TOTAL				\$ 15,092,732.65	\$ 15,066,152.65

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location Funded Depreciation (339814498)					
3136G35L0	FND-FNMA	6/30/2021	1.730%	\$ 8,000,000.00	\$ 7,893,680.00
CR08152T2	FND-CDARS	8/3/2017	0.650%	\$ 5,000,000.00	\$ 5,000,000.00
CR08252T2	FND-Dep CDARS	8/10/2017	0.600%	\$ 6,000,000.00	\$ 6,000,000.00
Money Market	FND-Dep Dreyfus		0.010%	\$ 5,076,521.30	\$ 5,076,521.30
TOTAL				\$ 24,076,521.30	\$ 23,970,201.30

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location Funded Workers Comp (339818296)					
CR08152T2	FWC - CDARS	8/3/2017	0.650%	\$ 1,000,000.00	\$ 1,000,000.00
CR08252T2	FWC- CDARS	8/10/2017	0.600%	\$ 1,000,000.00	\$ 1,000,000.00
Money Market	FWC-Dreyfus		0.010%	\$ 1,187,165.04	\$ 1,187,165.04
TOTAL				\$ 3,187,165.04	\$ 3,187,165.04

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location Professional Liability (339767185)					
CR08252T2	Prof Liab-CDARS	8/10/2017	0.600%	\$ 1,000,000.00	\$ 1,000,000.00
Money Market	Prof Liab-Dreyfus		0.010%	\$ 1,969,737.70	\$ 1,969,737.70
TOTAL				\$ 2,969,737.70	\$ 2,969,737.70

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location Designated Funds (339801057)					
CR08152T2	DES-CDARS	8/3/2017	0.650%	\$ 1,000,000.00	\$ 1,000,000.00
CR08252T2	DES-CDARS	8/10/2017	0.600%	\$ 1,000,000.00	\$ 1,000,000.00
Money Market	DES-Dreyfus		0.010%	\$ 1,105,329.64	\$ 1,105,329.64
TOTAL				\$ 3,105,329.64	\$ 3,105,329.64

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	PAR VALUE	MARKET VALUE
Safekeeping Location General Liability (339809022)					
CR08252T2	GEN Liab-CDARS	8/10/2017	0.600%	\$ 1,000,000.00	\$ 1,000,000.00
Money Market	GEN Liab-Dreyfus		0.010%	\$ 1,891,864.83	\$ 1,891,864.83
TOTAL				\$ 2,891,864.83	\$ 2,891,864.83

GRAND TOTAL	\$	51,323,351.16	\$	51,190,451.16
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ECTOR COUNTY HOSPITAL DISTRICT

March 31, 2017

Short Term Investments

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	YIELD (%)	ORIGINAL FACE	PAR VALUE	BOOK VALUE	MARKET VALUE	ANNUAL INCOME	GAIN (LOSS)
CR08152T2	DP4-CDARS	8/3/2017	0.650%	0.650%	\$ 3,000,000.00	\$ 3,000,000.00	\$ 3,000,000.00	\$ 3,000,000.00	\$ 19,500.00	\$ -
CR08152T2	FND-Dep CDARS	8/3/2017	0.650%	0.650%	\$ 5,000,000.00	\$ 5,000,000.00	\$ 5,000,000.00	\$ 5,000,000.00	\$ 32,500.00	\$ -
CR08152T2	FWC-CDARS	8/3/2017	0.650%	0.650%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,500.00	\$ -
CR08152T2	DES-CDARS	8/3/2017	0.650%	0.650%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,500.00	\$ -
CR08252T2	DP4-CDARS	8/10/2017	0.600%	0.600%	\$ 5,000,000.00	\$ 5,000,000.00	\$ 5,000,000.00	\$ 5,000,000.00	\$ 30,000.00	\$ -
CR08252T2	FND-Dep CDARS	8/10/2017	0.600%	0.600%	\$ 6,000,000.00	\$ 6,000,000.00	\$ 6,000,000.00	\$ 6,000,000.00	\$ 36,000.00	\$ -
CR08252T2	FWC-CDARS	8/10/2017	0.600%	0.600%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,000.00	\$ -
CR08252T2	Prof Liab-CDARS	8/10/2017	0.600%	0.600%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,000.00	\$ -
CR08252T2	DES-CDARS	8/10/2017	0.600%	0.600%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,000.00	\$ -
CR08252T2	GEN Liab-CDARS	8/10/2017	0.600%	0.600%	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 6,000.00	\$ -
Weighted Avg Life		0.34			\$ 25,000,000.00	\$ 25,000,000.00	\$ 25,000,000.00	\$ 25,000,000.00	\$ 155,000.00	\$ -
Weighted Avg Yield		0.62%								

CUSIP	DESCRIPTION	MATURITY	COUPON (%)	YIELD (%)	ORIGINAL FACE	PAR VALUE	BOOK VALUE	MARKET VALUE	ANNUAL INCOME	
Money Market	DP4-Dreyfus		0.010%	0.010%	\$ 5,092,732.65	\$ 5,092,732.65	\$ 5,092,732.65	\$ 5,092,732.65	\$ 509.27	
Money Market	FND-Dep Dreyfus		0.010%	0.010%	\$ 5,076,521.30	\$ 5,076,521.30	\$ 5,076,521.30	\$ 5,076,521.30	\$ 507.65	
Money Market	FWC-Dreyfus		0.010%	0.010%	\$ 1,187,165.04	\$ 1,187,165.04	\$ 1,187,165.04	\$ 1,187,165.04	\$ 118.72	
Money Market	Prof Liab-Dreyfus		0.010%	0.010%	\$ 1,969,737.70	\$ 1,969,737.70	\$ 1,969,737.70	\$ 1,969,737.70	\$ 196.97	
Money Market	DES-Dreyfus		0.010%	0.010%	\$ 1,105,329.64	\$ 1,105,329.64	\$ 1,105,329.64	\$ 1,105,329.64	\$ 110.53	
Money Market	GEN-Liab Dreyfus		0.010%	0.010%	\$ 1,891,864.83	\$ 1,891,864.83	\$ 1,891,864.83	\$ 1,891,864.83	\$ 189.19	
Weighted Avg Life		0.00			\$ 16,323,351.16	\$ 16,323,351.16	16,323,351.16	16,323,351.16	\$ 1,632.34	
Weighted Avg Yield		0.010%								

ECTOR COUNTY HOSPITAL DISTRICT

March 31, 2017

Outstanding Bonded Debt - 02/28/2017

2010-A Tax Free Bonds

Amount	MAT/Call
\$1,625,000	9/15/2017

2010-B Build America Bonds

Amount	MAT/Call
\$1,690,000	9/15/2018
\$1,753,000	9/15/2019
\$1,820,000	9/15/2020
\$10,333,000	9/15/2025 CALL 9/15/2020
\$29,058,000	9/15/2035 CALL 9/15/2020



MEMORANDUM

TO: William Webster, President / C.E.O.

FROM: Jon E. Riggs, Senior Vice President / C.F.O.

RE: **Quarterly Investment Report – Second Quarter 2017**

DATE: April 28, 2017

The Investment Report of Ector County Hospital District for the second quarter ended March 31, 2017 will be presented at the Finance Committee meeting May 2, 2017. This report was prepared in order to provide the Hospital President / C.E.O. and Board of Directors information as required under the Public Funds Investment Act. In addition, all investments purchased during the second quarter of fiscal year 2017 are authorized investments as set forth in the District's Investment Policy.

To the best of my knowledge, as of March 31, 2017 the investment portfolio is in compliance with the Public Funds Investment Act and with the District's Investment Policy.



Jon E. Riggs
Investment Officer



To: Ector County Hospital District Board of Directors

Through: William Webster, President/CEO
Tony Ruiz, Senior VP/COO

From: Chad Dunavan, VP/CNO

Re: 14 Nihon Kohden Bedside Monitors/Emergency Department

Date: April 25, 2017

		<u>Amount</u>	<u>Quantity</u>
CER #	Contingency	\$268,850.65	14 Monitors

Request

Medical Center Hospital seeks approval to purchase 14 new bedside monitors for Station A in the Emergency Department. The current monitors are 14 years old and many of the monitors are experiencing connectivity issues and recording patient information. The issues with the current monitors have been reported to Bio-med and multiple attempts to repair the have been unsuccessful. This is a non-budgeted item that will be paid out of contingency as this item has been deemed as necessary.

Vendor Selection

The vendor of choice is Nihon Koden. Nihon Koden monitoring equipment is currently used throughout the entire hospital for cardiac monitoring.

Warranty

Bedside Monitors and Receivers have a five (5) year warranty on parts and repair labor from date of installation; Central stations have a two (2) year warranty on parts and repair labor from date of installation.

FTE Impact

No additional FTE's are required

Disposition of Existing Equipment

Existing monitors will be relocated to the B side of the ED where needed to provide additional monitoring capabilities.

Committee Approvals

Emergency Department Section	April 25, 2017	Pending
Joint Conference	April 25, 2017	Approved
ECHD Board of Directors	May 2, 2017	Pending

FY 2017 CAPITAL EQUIPMENT REQUEST

Date: May 2, 2017

To: Ector County Hospital District Board of Directors

Through: William Webster, President /CEO
Matt Collins, Vice President Support Services

From: Brad Timmons, Chief of Police, Director Safety/Emergency Mgt.

Re: Motorola, APX6000Li Radios

Total Price:	\$58,128.00
<u>CER 8380-17-01</u>	<u>\$59,337.50</u>
Return to Contingency	\$1,209.50

OBJECTIVE

To replace XTS police radios. Motorola no longer provides service or parts for the current XTS radios and are deemed end of life. These radios are critical for day to day operations as well as emergency communications with all law enforcement agencies in Ector County. Officers rely on direct communication with the Odessa Police Department in circumstances where they need immediate assistance or communication is necessary for emergency preparedness.

HISTORY

Current radios were purchased in 2011 with no knowledge Motorola would be eliminating this model and replacing with the APX. The City of Odessa is upgrading their radio system, effective November 2017 and the current XTS radios could become unreliable. Existing radios will be used for in-house purposes to include emergency operations center.

PURCHASE CONSIDERATIONS

Petro Communications provided a quote and is the preferred local Motorola dealer. All law enforcement agencies receive a state contract quote where the price is set by Motorola for all dealers. Petro Communications price includes P25 trunking, 3 year warranty, chargers and all programming.

WARRANTY AND SERVICE CONTRACT

3 year manufacturer's warranty parts & labor

LIFE EXPECTANCY OF EQUIPMENT

10 years

MD BUYLINE INFORMATION

Quote was sent through MD Buyline with no cost savings since the quote is a state contract with 25% discount included through Motorola



May 2, 2017

**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
Dyrstad, Bradley MD	Surgery	Orthopedic Surgery	Basin Orthopedic Surgical Specialists	05/02/2017- 04/30/2018

Allied Health:

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
*Barrett, Brent CRNA	Anesthesia	CRNA	Procure	Meghana Gillala, MD; Joseph Bryan, MD; Jannie Tang, MD; Marlys Munnell, MD; Luke Young, MD; Bhari Jayadevappa, MD	05/02/2017 – 04/30/2019
*Browning, Michael CRNA	Anesthesia	CRNA	Procure	Meghana Gillala, MD; Joseph Bryan, MD; Jannie Tang, MD; Marlys Munnell, MD; Luke Young, MD; Bhari Jayadevappa, MD	05/02/2017 – 04/30/2019
* Gifford, Beverly FNP	Family Medicine	Nurse Practitioner	Procure	Mavis Twum-Barimah, MD	05/02/2017 – 04/30/2019
Gilmore, Julia PA	Medicine	Physician Assistant	Procure	Santiago Giraldo, MD	05/02/2017 – 04/30/2019

*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.

Gregory Shipkey, MD, Chief of Staff
Executive Committee Chair
/TL



May 2, 2017

**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 in Privileges	Dates
Aberra, Getnet MD	Family Medicine	Associate to Active	Family Medicine	Procure		08/01/2017 – 07/31/2019
Andrade, Liliana MD	Family Medicine	Active	Family Medicine	Texas Tech		08/01/2017 – 07/31/2019
Brown, Elisa MD	OB/GYN	Active	Obstetrics and Gynecology	Texas Tech	ADD: Amniocentesis	07/01/2017 – 06/30/2019
Desai, Manisha MD	Pediatrics	Active	Pediatrics			07/01/2017 – 06/30/2019
Fanou, Ghassan MD	OB/GYN	Active	Obstetrics and Gynecology			07/01/2017 – 06/30/2019
Garcia, Avelino MD	OB/GYN	Active	Obstetrics and Gynecology	Procure		07/01/2017 – 06/30/2019
Hampton, Raymond MD	OB/GYN	Active	Obstetrics and Gynecology	Texas Tech		07/01/2017 – 06/30/2019
Harris, Norman MD	OB/GYN	Active	Obstetrics and Gynecology			07/01/2017 – 06/30/2019
Hendryx, April DO	Pathology	Associate to Active	Anatomic Pathology & Clinical Pathology	Porcare		07/01/2017 – 06/30/2019
Jennings, John MD	OB/GYN	Affiliate	None	Texas Tech		07/01/2017 – 06/30/2019
Kelly, Randall MD	OB/GYN	Active	Obstetrics and Gynecology	Texas Tech	DELETE: Abdominal cervicoisthmic cerclage	07/01/2017 – 06/30/2019
Kim, Eugene MD	Radiology	Telemedicine	Telemedicine	VRAD		08/01/2017 – 07/31/2019
Kona, Samata DDS	Surgery	Associate to Active	General Dentistry	Procure		06/01/2017 – 05/31/2019

Li, Eileen MD	Pediatrics	Affiliate	None			07/01/2017 – 06/30/2019
Libson, David MD	OB/GYN	Active	Obstetrics and Gynecology			07/01/2017 – 06/30/2019
Lively, Charles MD	OB/GYN	Active	Obstetrics and Gynecology			07/01/2017 – 06/30/2019
Maguire, Christopher DO	OB/GYN	Active	Obstetrics and Gynecology	Texas Tech		07/01/2017 – 06/30/2019
Martinez, Raymond MD	OB/GYN	Active	Obstetrics and Gynecology	Procure	DELETE: da Vinci Surgical System	07/01/2017 – 06/30/2019
Monzon, Migdalia MD	Pediatrics	Active	Pediatrics			07/01/2017 – 06/30/2019
Odionu, Andrew MD	Pediatrics	Associate to Active	Pediatric Hospitalists	CompHealth		08/01/2017 – 07/31/2019
Nasuhoglu, Cem MD	Pediatrics	Active	Pediatric Cardiologists			07/01/2017 – 06/30/2019
Patel, Sanjay MD	Pediatrics	Associate to Courtesy	Neonatologists			07/01/2017 – 06/30/2018
Ramos, Victor MD	Pediatrics	Active	Pediatrics			07/01/2017 – 06/30/2019
Sheridan-Shayeb, Eileen MD	Pediatrics	Active	Pediatrics	Procure	DELETE: Sedation-analgesia for procedures; Umbilical Arterial and Venous Catheterization; Laryngoscopy, Direct; Suprapubic Bladder Aspiration; Thoracentesis; Venous aspiration, internal jugular; Pediatric intensive care of patients following traumatic injury, evaluation and management of; Polysomnography (Sleep Studies)	07/01/2017 – 06/30/2019
Twum-Barimah, Mavis MD	Family Medicine	Associate to Active	Family Medicine	Procure		08/01/2017 – 07/31/2019
Uy, Sing MD	Medicine	Active	Internal Medicine/ Pediatrics		ADD: Arthrocentesis; General Lumbar Puncture; Transurethral Catheterization; Neurological disorders (common), diagnose and manage or refer to specialist; Injections: - subcutaneous;- intradermal; intramuscular; Intraosseous lines, placement of; Simple dislocation/fractures, diagnosis of; Splinting; Transurethral Catheterization; Tympanometry; Cystic fibrosis, evaluate and triage; Diabetic ketoacidosis, management of; Hypotension, diagnose and manage; Metabolic	07/01/2017 – 06/30/2019

					disorders, diagnosis of; Neurologic disorders, diagnosis of; Oncologic, diagnose and refer; Orthopedic diseases (common), management of; Pain management, pediatric; Poisonings and ingestion, diagnosis of; Seizures, evaluation and management of; Sepsis, diagnose and manage; Vision screening; Wound care, management of	
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Allied Health Professionals:

Applicant	Department	Specialty/Privileges	Group	Sponsoring Physician(s)	Change in Privileges	Dates
Bavousett, Tamara APRN	Pediatrics	Nurse Practitioner		Violeta Bello, MD	ADD: Prescribe medications (must provide a supervisor-signed "Notice of Prescriptive Authority" which requires current DPS/DEA/TMB registration)	07/01/2017 – 06/30/2019
Hinojos, Sissy PA	Family Medicine	Physician Assistant	Procure	Michael Auringer, MD		07/01/2017 – 06/30/2019
Koskei, Janny CRNA	Anesthesia	CRNA	Procure	Meghana Gillala, MD; Joseph Bryan, MD; Jannie Tang, MD; Marlys Munnell, MD; Luke Young, MD; Bhari Jayadevappa, MD		08/01/2017 – 07/31/2019
Willis, Jack PA	Emergency Medicine	Physician Assistant	BEPO	Neil Slater, MD		06/01/2017 – 05/31/2019

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.

Gregory Shipkey, MD, Chief of Staff
 Executive Committee Chair
 /TL



May 2, 2017

**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
Bavousett, Tamara APRN	Pediatrics	ADD: Prescribe medications (must provide a supervisor-signed "Notice of Prescriptive Authority" which requires current DPS/DEA/TMB registration)
Brown, Elisa MD	Ob/Gyn	ADD: Amniocentesis
*Cipriani, Michael NP	Surgery	ADD: Acute traumatic wound management and closure; Assist in Surgery
Kelly, Randall MD	Ob/Gyn	DELETE: Abdominal cervicoisthmic cerclage
Martinez, Raymond MD	Ob/Gyn	DELETE: da Vinci Surgical System
Sheridan-Shayeb, Eileen MD	Pediatric	DELETE: Sedation- analgesia for procedures; Umbilical Arterial and Venous Catheterization; Laryngoscopy, Direct; Suprapubic Bladder Aspiration; Thoracentesis; Venous aspiration, internal jugular; Pediatric intensive care of patients following traumatic injury, evaluation and management of; Polysomnography (Sleep Studies)
Uy, Sing	Internal Medicine / Pediatrics	ADD: Arthrocentesis; General Lumbar Puncture; Transurethral Catheterization; Neurological disorders (common), diagnose and manage or refer to specialist; Injections: -subcutaneous;- intradermal; intramuscular; Intraosseous lines, placement of; Simple dislocation/fractures, diagnosis of; Splinting; Transurethral Catheterization; Tympanometry; Cystic fibrosis, evaluate and triage; Diabetic ketoacidosis, management of; Hypotension, diagnose and manage; Metabolic disorders, diagnosis of; Neurologic disorders, diagnosis of; Oncologic, diagnose and refer; Orthopedic diseases (common), management of; Pain management, pediatric; Poisonings and ingestion, diagnosis of; Seizures, evaluation and management of; Sepsis, diagnose and manage; Vision screening; Wound care, management of

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.

Gregory Shipkey, MD, Chief of Staff
Executive Committee Chair
/TL



May 2, 2017

**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
Azad, Mohammad MD	Active	Medicine	04/11/2017	Resigned
Bridges, Constanza ANP	Allied Health Professional	Medicine	03/13/2017	Resigned
Devish, Michael DO	Associate	Surgery	03/13/2017	Resigned
Ellis, Clyde Neal MD	Associate	Surgery	03/23/2017	Resigned
Reghitto, Mike MD	Associate	Emergency Medicine	03/25/2017	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.

Gregory Shipkey, MD, Chief of Staff
Executive Committee Chair
/TL



May 2, 2017

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of Pertinent Facts:

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

Staff Category Change:

Staff Member	Department	Category
Aberra, Getnet MD	Family Medicine	Associate to Active
Hendryx, April DO	Pathology	Associate to Active
Kona, Samata DDS	Surgery	Associate to Active
Odionu, Andrew, MD	Pediatrics	Associate to Active
Patel, Sanjay MD	Pediatrics	Associate to Courtesy
Twum-Barimah, Mavis MD	Family Medicine	Associate to Active
Vindhya, Prema MD	Medicine	Active to Affiliate
Willis, Jack PA	Emergency Medicine	Removal of Provisional
Allen, Michael MD	Radiology	Removal of Provisional
Casey, Kristen MD	Radiology	Removal of Provisional
Kaler, Lawrence MD	Radiology	Removal of Provisional
Khatod, Elaine MD	Radiology	Removal of Provisional
McGehee, Mark MD	Radiology	Removal of Provisional
Melotti, Michelle MD	Radiology	Removal of Provisional
Robinette, Alison MD	Radiology	Removal of Provisional
Welte, Frank MD	Radiology	Removal of Provisional
Wolfe, Gregory MD	Radiology	Removal of Provisional

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.

Gregory Shipkey, MD, Chief of Staff
Executive Committee Chair
/TL

April 25, 2017

Ms. Judy Hayes
Audit Committee Chairman
Medical Center Health System
500 West 4th Street
Odessa, Texas 76761

We are pleased to confirm the arrangements of our engagement and the nature of the services we will provide to Ector County Hospital District d/b/a Medical Center Health System (System).

ENGAGEMENT OBJECTIVES AND SCOPE

We will audit the balance sheets of the System as of and for the year ended September 30, 2017 and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements.

Our audit will be conducted with the objective of expressing an opinion on the financial statements.

OUR RESPONSIBILITIES

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Those standards require that we plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by fraud or error. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Also, in the future, procedures could become inadequate because of changes in conditions or deterioration in design or operation. Two or more people may also circumvent controls, or management may override the system.

We are available to perform additional procedures with regard to fraud detection and prevention at your request, subject to completion of our normal engagement acceptance procedures. The actual terms and fees of such an engagement would be documented in a separate letter to be signed by you and BKD.

Tom Watson, Partner, will oversee and coordinate the engagement. Danielle Zimmerman, senior manager, is responsible for supervising the engagement and authorizing the signing of reports.

We will issue a written report upon completion of our audit of the System's financial statements. Our report will be addressed to the board of directors of the System. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion, add an emphasis of matter or other matter paragraph(s), or withdraw from the engagement. If we discover conditions that may prohibit us from issuing a standard report, we will notify you as well. In such circumstances, further arrangements may be necessary to continue our engagement.

We will require access to your Medicare and Medicaid cost reports. However, we have not been engaged to prepare or review the cost reports specifically for the purpose of providing comments and recommendations to you.

Our services are not designed to detect and cannot be relied upon to detect fraud, abusive acts, errors and omissions including but not limited to:

- Nonallowable costs that you have not identified or that are misclassified or combined in another account
- Insufficient underlying documentation to support the information you have provided to us
- Billing errors including coding errors, billing for noncovered services and improper bundling or unbundling of charges
- Insufficient medical records documentation of physician orders, medical necessity of services or performance of services
- Inappropriate physician arrangements including payments for referrals or contracts that do not comply with the laws commonly known as the "Stark" or "anti-kickback" laws

- Failure to comply with the Medicare and Medicaid conditions of participation
- Failure to comply with the Internal Revenue Code and related regulations
- Related party costs that you have not disclosed to us

This engagement is not intended to evaluate the effectiveness of your controls over compliance with Medicare, Medicaid, IRS or other laws or regulations, or the degree of compliance with those laws or regulations. You agree to advise us of any adverse communications from regulators or third parties, including legal counsel, which may affect compliance with laws and regulations.

YOUR RESPONSIBILITIES

Our audit will be conducted on the basis that management acknowledge and understand that they have responsibility:

- a. for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
- b. for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; and
- c. to provide us with
 - i. access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters;
 - ii. additional information that we may request from management for the purpose of the audit; and
 - iii. unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

As part of our audit process, we will request from management written confirmation acknowledging certain responsibilities outlined in this engagement letter and confirming:

- The availability of this information
- Certain representations made during the audit for all periods presented
- The effects of any uncorrected misstatements, if any, resulting from errors or fraud aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

OTHER SERVICES

We will provide you with the following nonattest services:

- Preparing a draft of the financial statements and related notes

We may perform other services for you not covered by this engagement letter. You agree to assume full responsibility for the substantive outcomes of those services, including any findings that may result. You also acknowledge that those services are adequate for your purposes and that you will establish and monitor the performance of those services to ensure that they meet management's objectives. Any and all decisions involving management responsibilities related to those services will be made by you, and you accept full responsibility for such decisions. We understand that you will designate a management-level individual to be responsible and accountable for overseeing the performance of those services, and that you will have determined this individual is qualified to conduct such oversight.

ENGAGEMENT FEES

Our fees will be based on time expended. In addition, you will be billed travel costs and fees for services from other professionals, if any, as well as an administrative fee of 4% to cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases and similar expense items.

Our pricing for this engagement and our fee structure are based upon the expectation that our invoices will be paid promptly. We will issue progress billings during the course of our engagement, and payment of our invoices is due upon receipt. Interest will be charged on any unpaid balance after 30 days at the rate of 10% per annum.

Financial statement audit	\$ 165,000	(not to exceed \$168,000)
Administrative fee	6,600	(4% of audit fee)
Travel costs	<u>16,250</u>	(based on actual incurred)
Total	<u>\$ 187,850</u>	

Our "not to exceed" fees assumes that data is provided to us in a timely and accurate fashion and that material adjustments are not required to the financial statements. Should we encounter situations that we believe would cause us to exceed these amounts, we will notify you prior to beginning the additional work. Our engagement fee includes time associated with the impact of the new system implementation, but does not include any time for post-engagement consultation with your personnel or third parties, consent letters and related procedures for the use of our reports in offering documents, inquiries from regulators or testimony or deposition regarding any subpoena. Charges for such services will be billed separately.

Our fees may also increase if our duties or responsibilities are increased by rulemaking of any regulatory body or any additional new accounting or auditing standards.

If our invoices for this or any other engagement you may have with BKD are not paid within 30 days, we may suspend or terminate our services for this or any other engagement. In the event our work is suspended or terminated as a result of nonpayment, you agree we will not be responsible for any consequences to you.

OTHER ENGAGEMENT MATTERS AND LIMITATIONS

BKD is not acting as your municipal advisor under Section 15B of the *Securities Exchange Act of 1934*, as amended. As such, BKD is not recommending any action to you and does not owe you a fiduciary duty with respect to any information or communications regarding municipal financial products or the issuance of municipal securities. You should discuss such information or communications with any and all internal or external advisors and experts you deem appropriate before acting on any such information or material provided by BKD.

Our workpapers and documentation retained in any form of media for this engagement are the property of BKD. We can be compelled to provide information under legal process. In addition, we may be requested by regulatory or enforcement bodies to make certain workpapers available to them pursuant to authority granted by law or regulation. You agree we have no legal responsibility to you in the event we provide such documents or information.

You agree to indemnify and hold harmless BKD and its personnel from any claims, liabilities, costs and expenses relating to our services under this agreement attributable to false or incomplete representations by management, except to the extent resulting from the intentional or deliberate misconduct of BKD personnel.

You agree that any dispute regarding this engagement will, prior to resorting to litigation, be submitted to mediation upon written request by either party. Both parties agree to try in good faith to settle the dispute in mediation. The American Arbitration Association will administer any such mediation in accordance with its Commercial Mediation Rules. The results of the mediation proceeding shall be binding only if each of us agrees to be bound. We will share any costs of mediation proceedings equally.

Either of us may terminate these services at any time. Both of us must agree, in writing, to any future modifications or extensions. If services are terminated, you agree to pay us for time expended to date. In addition, you will be billed travel costs and fees for services from other professionals, if any, as well as an administrative fee of 4% to cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases and similar expense items.

If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on heirs, successors and assigns of you and BKD.

We may from time to time utilize third-party service providers, *e.g.*, domestic software processors or legal counsel, or disclose confidential information about you to third-party service providers in serving your account. We remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information. In the event we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider.

We will, at our discretion or upon your request, deliver financial or other confidential information to you electronically via email or other mechanism. You recognize and accept the risk involved, particularly in email delivery as the Internet is not necessarily a secure medium of communication as messages can be intercepted and read by those determined to do so.

You agree you will not modify these documents for internal use or for distribution to third parties. You also understand that we may on occasion send you documents marked as draft and understand that those are for your review purpose only, should not be distributed in any way and should be destroyed as soon as possible.

If you intend to include these financial statements and our report in an offering document at some future date, you agree to seek our permission to do so at that time. You agree to provide reasonable notice to allow sufficient time for us to perform certain additional procedures. Any time you intend to publish or otherwise reproduce these financial statements and our report and make reference to our firm name in any manner in connection therewith, you agree to provide us with printers' proofs or masters for our review and approval before printing or other reproduction. You will also provide us with a copy of the final reproduced material for our approval before it is distributed. Our fees for such services are in addition to those discussed elsewhere in this letter.

You agree to notify us if you desire to place these financial statements or our report thereon along with other information, such as a report by management or those charged with governance on operations, financial summaries or highlights, financial ratios, etc., on an electronic site. You recognize that we have no responsibility as auditors to review information contained in electronic sites.

Any time you intend to reference our firm name in any manner in any published materials, including on an electronic site, you agree to provide us with draft materials for our review and approval before publishing or posting such information.

If these services are determined to be within the scope and authority of Section 1861(v)(1)(I) of the Social Security Act, we agree to make available to the Secretary of Health and Human Services, or to the Comptroller General, or any of their duly authorized representatives such of our billing records as are necessary to certify the nature and extent of our services, until the expiration of four years after the furnishing of these services.

BKD is a registered limited liability partnership under Missouri law. Under applicable professional standards, partners of **BKD, LLP** have the same responsibilities as do partners in a general accounting and consulting partnership with respect to conformance by themselves and other professionals in BKD with their professional and ethical obligations. However, unlike the partners in a general partnership, the partners in a registered limited liability partnership do not have individual civil liability, directly or indirectly, including by way of indemnification, contribution, assessment or otherwise, for any debts, obligations or liabilities of or chargeable to the registered limited liability partnership or each other, whether arising in tort, contract or otherwise.

HIPAA BUSINESS ASSOCIATE AGREEMENT

We agree not to use or disclose Protected Health Information of your patients or employees (hereinafter referred to as "PHI") obtained or produced in any form of media during the course of our work in a manner prohibited by HIPAA, as amended. We may use or disclose PHI for purposes of (a) performing our engagement, (b) management and administration of BKD, or (c) carrying out legal responsibilities of BKD. We will not further disclose information except as permitted or required by this contract or as required by law. When using or disclosing PHI in relation to this engagement, we will limit disclosures as required by HIPAA. We will not use PHI in any marketing activities in a manner that would violate HIPAA. We represent to you that we have implemented what we consider to be appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of your PHI as required for us as a business associate to comply with HIPAA.

With respect to your PHI, we will report to you any breach (as defined in 45 CFR 164.402), material security incident or use or disclosure not authorized by this agreement and, to the extent practical, assist you in mitigating any harmful effects caused by breaches, material security incidents or unauthorized uses or disclosures of which we become aware. To assist you in fulfilling your responsibility to notify impacted individuals and others of a breach involving unsecured PHI (as required under 45 CFR 164.400 et seq.), in this report we will identify to you, to the extent reasonably possible:

1. Each individual whose unsecured PHI was subject to the breach.
2. Any other available information you are required to include in your notification to such individual(s) or others under 45 CFR 164.404(c).

We agree that any material violation of these confidentiality provisions by us entitles you to terminate this engagement. Similarly, if we become aware of a violation of HIPAA by you that cannot be or is not timely cured, we may be obligated to terminate this engagement.

BKD agrees to:

1. Upon their request, make available to the Secretary of Health and Human Services (HHS) our internal practices and books and records relating to the use and disclosure of PHI for purposes of determining your compliance with the Security and Privacy Rule, subject to any applicable legal privileges.
2. Make available information necessary for you to make an accounting of disclosures of PHI about an individual.
3. To the extent we maintain information that is part of a Designated Record Set, make available information necessary for you to respond to requests by individuals for access to PHI that is not in your possession but is considered part of a Designated Record Set.
4. Upon receipt of a written request from you, incorporate any amendments or corrections to PHI contained in our workpapers in accordance with the Security and Privacy Rule to the extent such PHI is considered part of a Designated Record Set.

For purposes of this agreement, the term “Security and Privacy Rule” refers to the final rules published to implement the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996*, specifically 45 CFR Parts 160 and 164. The terms “Protected Health Information” and “Designated Record Set” have the same meaning as defined in the Security and Privacy Rule.

At the conclusion or termination of this engagement, any PHI retained by us will be subject to the same safeguards as for active engagements.

We will obtain from any agents, including subcontractors, to whom we provide PHI received from you, or created or received by us on behalf of you, an agreement to the same restrictions and conditions that apply to us with respect to such PHI.

To the extent that any relevant provision of HIPAA is eliminated or held to be invalid by a court of competent jurisdiction, the corresponding portion of this agreement shall be deemed of no force and effect for any purpose. To the extent that any relevant provision of HIPAA is materially amended in a manner that changes the obligations of business associates or covered entities that are embodied in term(s) of this engagement, the Parties agree to negotiate in good faith appropriate amendment(s) to this engagement to give effect to such revised obligations. In addition, the terms of this engagement should be construed in light of any interpretation and/or guidance on HIPAA issued by HHS from time to time.

Medical Center Health System

April 25, 2017

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Please sign and return the attached copy of this letter to indicate your acknowledgement of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities. If the signed copy you return to us is in electronic form, you agree that such copy shall be legally treated as a “duplicate original” of this agreement.

BKD, LLP

BKD, LLP

Acknowledged and agreed to on behalf of

Medical Center Health System

BY _____
Ms. Judy Hayes
Audit Committee Chairman

DATE _____

BY _____
Mr. William Webster
Chief Executive Officer

DATE _____



Scope of Service and Organizational Wide Performance Improvement Plan

Mission

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

Purpose

The Scope of Service & Organizational Performance Improvement Plan identifies the direct and integrated scope of patient care services provided by Medical Center Health System and the systematic, comprehensive measurement framework utilized to evaluate, and achieve performance improvement goals. Our joint vision as an organization is to continuously provide safe quality evidenced based patient care which provides our community with a High Quality affordable Patient Centered Experience.

Scope of Services Provided

The organization shall define the scope of services provided.

Services Provided Directly or Contractually by the Organization

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

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

Services Not Provided by the Organization

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

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

Integration and Coordination of Services

Department Scopes of Services

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

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

Integrating Departments & Services

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

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

Related Plans & Documents

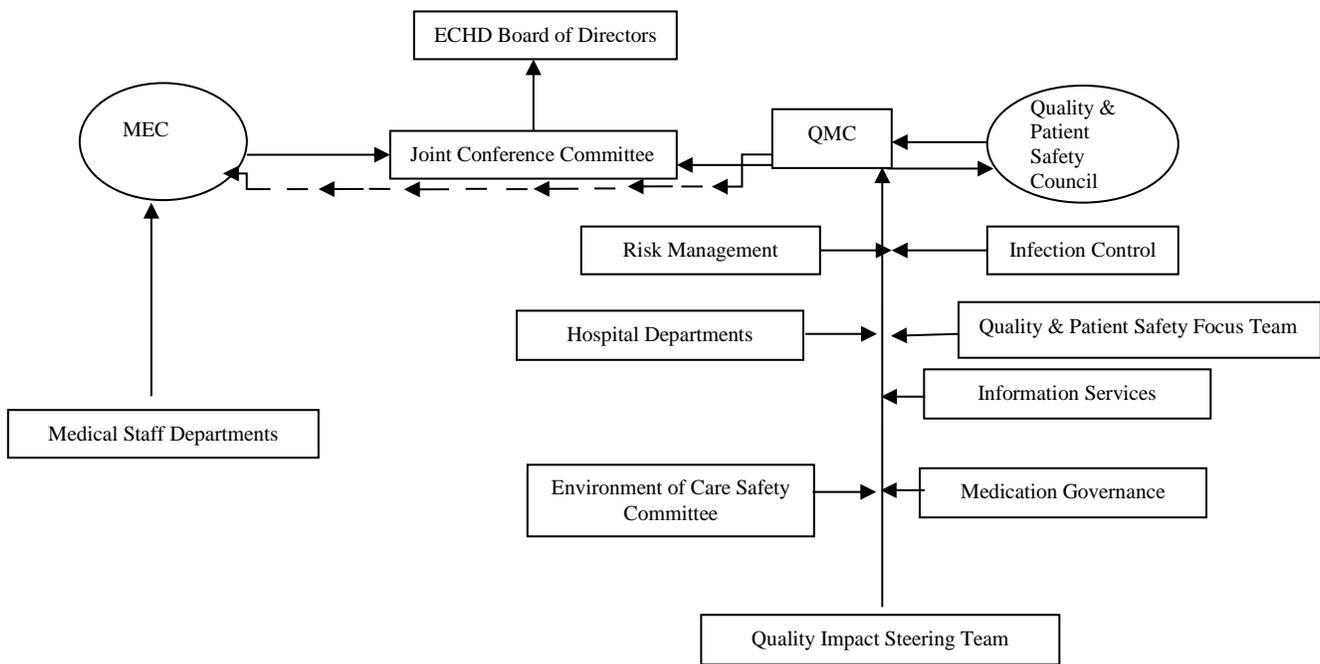
The MCHS has developed additional planning documents that further describe its approach to providing services. These documents include, but are not limited to:

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

Approval

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

Performance Improvement Plan Structure



Leadership

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

Roles and Responsibilities

The Ector County Hospital District Board of Directors

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

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

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

The Joint Conference Committee

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

Quality Monitoring Committee

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

Quality & Patient Safety Council

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

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

MCHS leadership is responsible for ensuring that processes are well designed, systematically monitored, analyzed, and improves performance and outcomes. Utilizing the Closed Loop Improvement Process Figure 1.1 MCHS leadership identifies and prioritizes which processes to monitor. The collection and analysis of data is prioritized in relation to the hospital's mission, available resources, and concerns of the Permian Basin Community, as expressed through the Ector County Hospital District Board of Directors. When complex processes, spanning many departments of MCHS are identified, an interdisciplinary team is formed to collaborate, assess, plan, implement, and evaluate the results of performance improvement initiatives. The MCHS leaders may empower an individual to lead unit/departmental process improvement teams by providing time and resources necessary to achieve results. The Quality & Patient Safety Council oversees, coordinates, and directs the performance improvement activities of the hospital. The Council is chaired by the Divisional Director of

Quality & Patient Safety and membership includes the Acute Care and Ambulatory Care CMO/CMIO, the President/CEO, the Vice President/CNO, Senior Vice President/COO (Chief Operating Officer), the Senior Vice President/Chief Information Officer (CIO), appointed Nursing and Operations Directors, and the Compliance Officer. The following physician members are invited to attend: QMC appointed Medical Staff Leader, Texas Tech University Health Sciences Center Physician faculty representatives, Hospitalist Medical Director or his designee, and Texas Tech Residents as assigned.

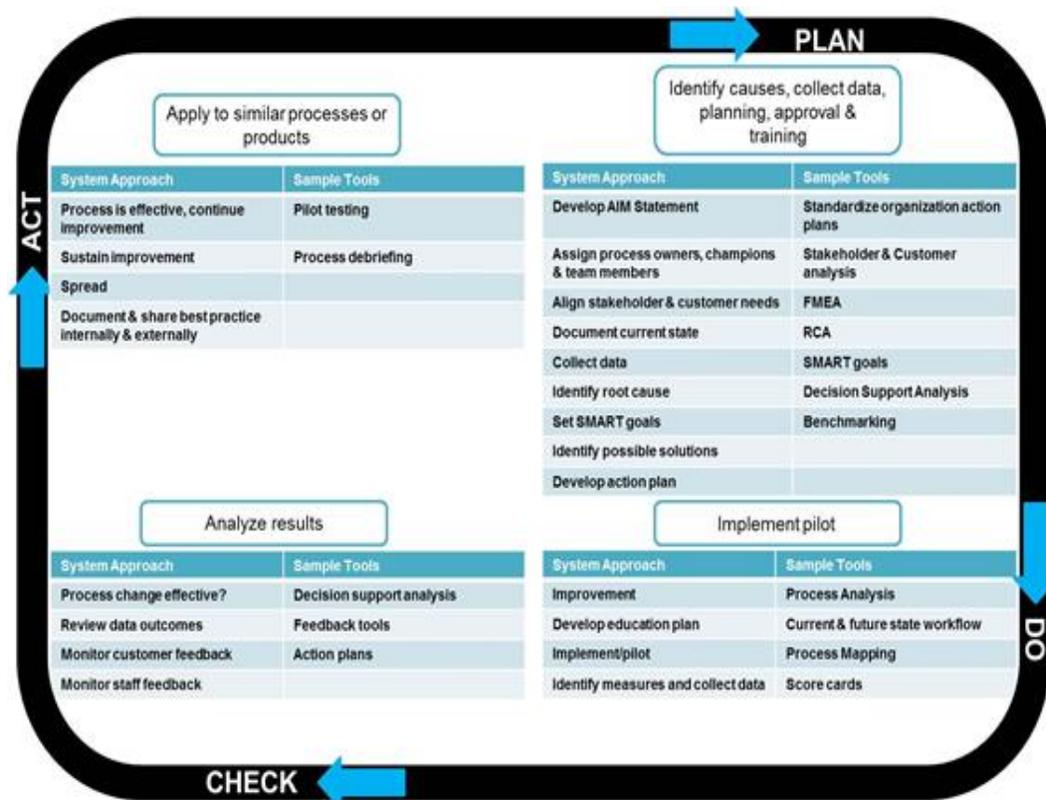


Figure 1.2 Closed Loop Improvement Process

The Quality & Patient Safety Council scheduled includes the following reports on a quarterly/monthly basis:

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

- Infection Prevention & Control
- Non-Clinical Performance Monitoring, if applicable

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

Organizational Performance Improvement Process

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

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

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

The Divisional Director of Quality & Patient Safety is responsible for facilitating the initial and ongoing physician, leader, and staff education and training in the Medical Center Hospital Performance Improvement Plan and methodology.

Prioritizing Performance Improvement Activities

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

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

Performance Improvement Projects

As part of its quality assessment and performance improvement program, MCHS must conduct performance improvement projects.

- The number and scope of distinct improvement projects conducted annually shall be proportional to the scope and complexity of the hospital's services and operations.
- MCHS shall document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.
- While MCHS is not required to participate in a CMS Quality Improvement Organization (QIO) cooperative project, its own projects shall be of comparable effort.

Improving Performance

Performance improvement activities shall –at a minimum – track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the organization.

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

Reporting of Performance Improvement Activities

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

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

Ongoing Measurement

Collecting Data on Performance

Scope of Data Collection

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

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

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

Frequency of Data Collection

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

Detail of Data Collection

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

Aggregation and Analysis of Data

Purpose

The purpose of data aggregation and analysis is to:

- Establish a baseline level of performance
- Determine the stability of process

- Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks)
- Identify opportunities for improvement
- Identify the need for more focused data collection
- Determine whether improvement has been achieved and/or sustained.

Construct

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

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

Compilation of Data

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

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

Analysis of Data

Data on performance measures will be analyzed to:

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

Analysis of Aggregated Data

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

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

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

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

Intensive Assessments

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

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

Performance Indicators

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

Design of New Processes

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

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

External Databases

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

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

- 25. Texas Society for Healthcare Human Resources Administration and Education – resource for evaluating employee wage scales and benefits.
- 26. Optum – provides comparative data for issues and use of the Employee Assistance Program (EAP).
- 27. American HealthWays Database – for diabetes patient length of stay benchmarking.
- 28. Advisory Board – Emergency Department physician database.

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

Organization-Wide Priorities for FY 2017-2018:

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

Annual Program Evaluation

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

References

- 1. 2017 Joint Commission Standards for Acute Care Hospitals
- 2. CMS Conditions of Participation for Acute Care Hospitals, 482.2

Approvals:

President/ECHD Board of Directors David Dunn	Date
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President/Chief Executive Officer William Webster	Date
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Chief Medical Officer-Acute Arun Mathews, M.D.	Date
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Divisional Director, Quality & Patient Safety Heather Bulman, BSN, RN, CPHQ, CJCP, CPPS	Date
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Organizational Risk Management Plan

Mission

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

Medical Center Health System is committed to providing a safe environment by assuring a high quality patient centered experience for our patients by maintaining acceptable standards of care, minimizing the risk of injury to patients and visitors and minimizing financial loss to the institution as a result of patient and/or visitor injury.

The Patient Safety and Risk Management Programs supports the Medical Center Health System philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through the coordination of multiple organizational functions and the activities of multiple departments.

Purpose

The Medical Center Health System (MCHS) Risk Management function is an organized program of loss prevention and loss control.

The Risk Management Plan supports this function by:

- Identifying areas of risk in the clinical aspect of patient care and safety and/or visitor safety.
- Establishing the investigative and evaluation process applied to cases with identified or reported risk potential.
- Assuring timely investigation and intervention (as appropriate) into occurrences that are considered not meeting the standards of care and/or have resulted or could have resulted in patient harm.
- Developing policies and programs to reduce risk in clinical aspects of patient care and safety.
- Endorsing the National Patient Safety Goals as outlined by regulatory, licensing, and/or accrediting organizations and facilitates adoption of programs and protocols designed to achieve those goals.
- Establishing mechanisms to report risk management activities to the appropriate regulatory, licensing, and/or accrediting organizations as mandated by law.
- Promoting collaboration between risk management and performance improvement functions throughout the organization to decrease risk and identify opportunities for improvement.
- Participating in staff education programs focusing on topics relevant to patient safety, compliance, and other loss prevention areas.

Leadership and Authority

In alignment with the top strategic organizational goal to provide a High Quality Evidence Based Practice MCHS follows the 5 essential principles of a High Reliability Organization:

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

Hospital, Clinic and Medical Staff leaders have an integral role in promoting and fostering risk management activities and controls. These leaders include the Ector County Hospital District Board of Directors, MCHS Executive Staff, Elected Medical Staff Officers and Chairpersons, Divisional Director of Quality & Patient Safety and all MCHS Department Directors/Managers. The leaders foster and promote risk management through planning, educating, prioritizing challenges and solutions, analyzing resources, defining accountability, empowering staff, celebrating achievements and securing and safe-guarding protected information.

Roles and Responsibilities

The Ector County Hospital District Board of Directors

The ECHD Board of Directors has the ultimate responsibility and authority for the risk management program of Medical Center Health System. Responsibility for implementation of the plan is delegated to the President/CEO, the Inpatient & Outpatient CMO/CMIO, Divisional Director of Quality & Patient Safety, and Director of Risk Management.

Obligation to Report

All employees and health care providers of MCHS directly or indirectly involved in the delivery of health care services are required to report any occurrence, act, or condition whether actual or a “near miss” that they believe:

- Is an actual error or holds potential for error
- May not meet the applicable standard of care
- Caused actual harm or injury to a patient
- Has reasonable probability of causing injury to a patient
- May be grounds for disciplinary action by the appropriate licensing agency
- Anything not normally expected to occur.

All occurrences must be reported within 24 hours of the discovery of the occurrence. The person with direct knowledge of the occurrence or the person discovering the occurrence must report the occurrence by completing and submitting the Occurrence Reporting and Trending System (ORTS) report form or via the physician patient safety hotline. “Knowledge of the Occurrence” means familiarity because of direct involvement or observation of the occurrence. After hours the occurrence must be reported to the Administrative Coordinator. *See policy # MCH-4012.*

A willful and knowing failure to make a required report may be subject to disciplinary action.

All individuals reporting occurrences will be considered to be acting appropriately and in the interest of safety. The system will not discharge or otherwise discriminate against an employee for making a required report in good faith. All investigations and corrective actions will be handled discreetly and in a just and equitable manner for all parties concerned.

All interested parties also have the right to report directly to the Department of State Health Services at 1-888-963-7111 or The Joint Commission 1-800-994-6610 or www.jointcommission.org.

Preliminary Investigation of Occurrences

As soon as practical after receiving an occurrence report, The Divisional Director of Quality & Patient Safety or the Director of Risk Management will notify the appropriate Department Director. The Department Director and/or supervisor/manager will conduct a preliminary investigation and complete a written summary of findings in accordance with *policy MCH-4012*. The Divisional Director of Quality & Patient Safety or the Director of Risk Management will ensure that all affected Department Directors and/or supervisors/managers are made aware of the occurrence. All occurrences will be recorded in a database

maintained in the Performance Improvement Department for data tracking and trending purposes. See *policy MCH 4012*.

A statistical summary of occurrences shall be compiled by the Divisional Director of Quality & Patient Safety or the Director of Risk Management, and reported at least quarterly to the Quality and Patient Safety Council which is designated as the Patient Safety Committee of the hospital. Occurrences involving individual members of the Medical Staff will be forwarded to the Chief Medical Officers, the Medical Staff Peer Review Coordinator, and (as applicable) the appropriate Medical Staff Department Chairperson for executive session peer review. Occurrences involving individual members of the nursing staff will be forwarded to the Vice President/CNO, Nursing Peer Review for executive session peer review.

Root Cause Analysis (RCA)

In response to all Sentinel Events, a Root Cause Analysis and resulting Performance Improvement Action Plan will be completed. See *policy #MCH-4024*. The Divisional Director of Quality & Patient Safety or the Director of Risk Management will be responsible for ensuring compliance and ensuring monitoring of the improvement actions is occurring using the PDSA methodology.

Failure Mode and Effect Analysis (FMEA) or Process Hazard Analysis

FMEA or Process Hazard Analysis are the methodology for proactive risk assessment. A FMEA or Process Hazard Analysis shall be conducted at least every 18 months on an organization-wide high risk activity facilitated by the Quality and Patient Safety Leadership under the direction of the Quality and Patient Safety Council. Outcome measures will be included in all FMEA or Hazard analysis processes and monitored for at least one year to validate improvements. Results of the organization-wide FMEAs or Hazard analysis processes will be reviewed by the Quality and Patient Safety Council and reported to the hospital's Governing Board.

Reporting to Agencies

The Divisional Director of Quality & Patient Safety or the Director of Risk Management shall keep records and findings of all RCAs, FMEAs, and Process Hazard Analysis. If reporting to licensing or accrediting organizations is required or recommended, the Divisional Director of Quality & Patient Safety or the the Director of Risk Management, along with the CEO, shall file such reports.

Principles

There are operational linkages between Risk Management and Performance Improvement related to clinical aspects of patient care and safety and performance improvement functions. Integration of Risk Management and Performance Improvement is highly desirable to avoid duplication of effort because both must rely on similar data sources to accomplish their goals. Close coordination of efforts is essential for optimal effectiveness and efficiency.

Risk Management

Focuses on risk identification

Uses ORTs reports to identify risks of loss.

Protects the institution and its components

Performance Improvement

Focuses on opportunities for improvement, tracking and trending of events

Uses patient records, patient complaints, and other data sources for on-going monitoring of key indicators to evaluate quality care.

Protects the patient.

Responds to or investigates possible liability in the event of a patient injury or complaint.

Implements corrective actions to PREVENT patient injury or unacceptable patient care or outcomes.

Collectively, the Risk Management Program and the Performance Improvement Program allow for and encourage identification, review, evaluation, prevention and corrective action and monitoring of the corrective action to provide for the provision of quality care and safety to the patient, visitor and the employee which in turn, protects the assets of the health system.

Director Risk Manager Authority

The Divisional Director of Quality & Patient Safety or the Director of Risk Management shall have the authority to review all hospital, medical and system policies, procedures, records and committee minutes and actions, to make recommendations to the hospital administration and the medical staff and to initiate independent investigations to bring cases to satisfactory closure.

The Divisional Director of Quality & Patient Safety or the Director of Risk Management has authority to settle patient claims up to \$2,500/per claim. Claims greater than \$2,500 and less than \$50,000 require President/CEO approval. Claims greater than \$50,000 require President/CEO and ECHD Board of Directors approval. (See policy # MCH 1030)

Patient Safety

The ECHD Board of Directors has ultimate responsibility for the adequacy of the Patient Safety Plan. Responsibility for implementation and maintenance of the plan is delegated to the President/CEO. As part of that delegation, the Divisional Director of Quality & Patient Safety or the Director of Risk Management are responsible for facilitating, directing and monitoring patient safety initiatives in compliance with the National Patient Safety Goals and as outlined by the MCHS Patient Safety Program. See *Medical Center Health System Patient Safety Program*.

Minimizing Occurrences

MCHS has established the following mechanisms to help minimize occurrences:

1. Education: All new employees receive information and training during general system orientation about the purpose of the risk management program, the identification of an event, their obligation to report, and the mechanism for completing and filing an ORTs report. The Organizational Risk Management Plan and all relevant policies and procedures will be available to all staff at any time.
2. Data Analysis/Information Management: The Divisional Director of Quality & Patient Safety or the Director of Risk Management will compile and submit for review, statistical summary reports at least quarterly to the Quality and Patient Safety Council which is designated as a hospital Patient Safety Committee. The data is used to identify trends in practice and patient care and to pursue measures to minimize recurrence. The Quality and Patient Safety Council further reports to the Quality monitoring Committee, Medical Executive Committee and the ECHD Board of Directors.
3. Institutional Actions: Internal institutional actions may be taken as a result of investigation and data compilation and shall be in accordance with Hospital Policy and the Bylaws of the Board of Directors of ECHD and Medical Staff Bylaws.
4. Proactive Risk Assessment: Medical Center Health System seeks to reduce the risk of sentinel events and medical/healthcare system related occurrences by conducting proactive risk assessment activities. These activities are conducted on an as needed basis as information becomes available about events known to have occurred in healthcare organizations similar in care and services to MCHS. If a real or potential risk is identified, effort is taken to design or redesign processes, functions, and services to reduce the risk and frequency of similar occurrences within the organization.

Resource Allocation

Medical Center Health System shall provide for a Director of Risk Management, clerical and staff support and such other resources as are necessary to fulfill the provisions of this plan.

Confidentiality

Occurrence reports are prepared in good faith for the purpose of improving patient safety through thorough and credible evaluation of systems, processes and human factors involved in adverse occurrences. Peer Review is conducted to improve care and services, provide oversight of caregivers and establish credible preventative programs. All those participating in Risk Management and/or Peer Review activities are bound to confidentiality of information both for the protection of patient privacy and to promote open and honest dialogue in an effort to prevent future occurrences. All reports, statements, memoranda, proceedings, findings and records of such proceedings shall be confidential and privileged, and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action. Data collected for the purposes of risk management and performance improvement shall be considered confidential information and not discoverable in a court of law.

Legal Claim Processing-Notice of Claim/Lawsuit

See policy # PI-1017

Depositions/Briefing Scheduling

See policy # PI-1018

Replacement/Reimbursement of Lost/Broken Personal Patient Items

See policy # MCH 4031

Product Recall Procedure

See policy # PI-1012

Personal Injury Occurrence and Emergency Care (Non-patient, non-employee)

See policy # MCH-4029

Patient Complaints/Grievances

See policy # MCH-2049

Designation of Risk Manager

In the absence of the Divisional Director of Quality & Patient Safety, the Director of Risk Management or designee, the Director of Clinical Performance Improvement is authorized to function in the role of the Risk Manager.

Annual Program Evaluation

The purpose, scope, organization, and effectiveness of the Organizational Risk Management Plan will be reviewed and evaluated annually and revised if necessary.

Status of Risk Management

The Risk Management function of Medical Center Health System provided for in this plan and related policies, is intended to be and is a Professional Review Body (See Section 151.002(8), Texas Occupations Code) and an integral part of the Hospital's peer review process. The Divisional Director of Quality & Patient Safety, the Director of Risk Management, the Director of Clinical Performance Improvement, the Performance Improvement Department, and all employees of or working with the Department are authorized by the Board of Directors of the Ector County Hospital District to evaluate and assist in the evaluation of the quality of medical and health care services provided by MCHS including but not limited to those services included in an occurrence report.

Approvals:

President/ECHD Board of Directors
David ~~Dunn~~ ~~Martin~~

Date

President/CEO
William Webster

Date

Acute Care CMO/CMIO
Arun Mathews, M.D.

Date

Ambulatory Care CMO/CMIO
Augusto Sepulveda, M.D.

Date

Interim Director of Risk Management
Rosemary Silvia, RN, MS

Date

Director of Risk Quality and Patient Safety
Heather Bulman, BSN, RN, CPHQ, CJCP

Date

Reviewed and Revised /2017