



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
OCTOBER 3, 2023 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA (p.1-2)

- I. CALL TO ORDER**Wallace Dunn, President
- II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES**Wallace Dunn
- III. INVOCATION**Chaplain Doug Herget
- IV. PLEDGE OF ALLEGIANCE**Wallace Dunn
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM** ... Don Hallmark (p.3)
- VI. AWARDS AND RECOGNITION**
 - A. October 2023 Associates of the Month**..... Russell Tippin
 - Nurse -
 - Clinical –
 - Non-Clinical -
 - B. Net Promoter Score Recognition** Russell Tippin
 - Dr. Adam Farber
 - 5 Central
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**
- IX. CONSENT AGENDA**..... Wallace Dunn (p.4-38)
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
 - A. Consider Approval of Regular Meeting Minutes, September 7, 2023**
 - B. Consider Approval of Special Meeting Minutes, September 19, 2023**
 - C. Consider Approval of Joint Conference Committee, September 26, 2023**
 - D. Consider Approval of Federally Qualified Health Center Monthly Report, August 2023**
 - E. Consider Approval of January 2024 through January 2025 Board/Finance Committee Meeting Dates**

X. COMMITTEE REPORTS

- A. Finance Committee** Don Hallmark (p. 39-100)
 - 1. Financial Report for Month Ended August 31, 2023
 - 2. Consent Agenda
 - a. Consider Approval of Airgas Contract Renewal
 - b. Consider Approval of MCH ProCare Funding Agreement
 - c. Consider Approval of 724 Access Services & Support Contract Renewal
- B. Executive Policy Committee**..... Bryn Dodd

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

XII. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS
..... Russell Tippin (p.101-116)

- A. Dr. Hulsey Update**
- B. Resolution to Appoint ECHD Board Member to the Ector County Appraisal District Board**
- C. MCH Tax History**
- D. Ad hoc Report(s)**

XIII. EXECUTIVE SESSION

Meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; and (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements**
- B. Compliance Update and Resolution**

XV. ADJOURNMENTWallace Dunn

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

MISSION

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

VISION

MCHS will be the premier source for health and wellness.

VALUES

I-ntegrity

C-ustomer centered

A-ccountability

R-espect

E-xcellence

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
SEPTEMBER 7, 2023 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

Wallace Dunn, President
Don Hallmark, Vice President
Bryn Dodd
Will Kappauf
Richard Herrera
David Dunn

MEMBERS ABSENT:

Kathy Rhodes

OTHERS PRESENT:

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

I. CALL TO ORDER

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

II. INVOCATION

Chaplain Doug Herget offered the invocation.

Page 4 of 116

III. PLEDGE OF ALLEGIANCE

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

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

V. AWARDS AND RECOGNITION

A. September 2023 Associates of the Month

Russell Tippin, President/Chief Executive Officer, introduced the September 2023 Associates of the Month as follows:

- Clinical – Imelda Cobbs
- Non-Clinical – Doug Herget
- Nurse – Magda Venegas

B. Net Promoter Score Recognition

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

- Larissa Navarro
- Radiology
- 9 Central

VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

VIII. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, August 1, 2023**
- B. Consider Approval of Joint Conference Committee, August 29, 2023**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, July 2023**

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

IX. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended July 31, 2023.
2. Consent Agenda
 - a. Consider Approval of Merge iCould Service Agreement Renewal
 - b. Consider Approval of Addendum to DNV Agreement
 - c. Consider Approval of Vocera Communications Devices Software Support Renewal
3. Consider Approval of VerityStream Credentialing Software System Agreement

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

B. Audit Committee

1. Update of Internal Audit Work Performed

Don Hallmark moved, and David Dunn seconded the motion to approve the Audit Committee report as presented. The motion carried.

X. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Timothy Benton, Regional Dean of TTUHSC, provided the TTUHSC at the Permian Basin report. This report was for information only, and no action was taken.

XI. UTILIZATION REVIEW PLAN

Kim Leftwich, Chief Nursing Officer, presented the Utilization Review Plan for approval.

David Dunn moved, and Richard Herrera seconded the motion to approval the UR Plan as presented. The motion carried.

XII. ECHD BOARD COMMITTEES

A. Executive Compensation Committee

B. Community Giving Committee

Steve Steen, Chief Legal Counsel, recommended the Board establish these committees. The Executive Compensation Committee would be to review the Chief Executive Officer's compensation and the Community Giving Committee is to have input on what community activities the Hospital is involved in.

Bryn Dodd moved, and David Dunn seconded the motion to approve the establishment of the two committees. Richard Herrera stated he does not want to be involved in the decision making of the community events. The creation of the Executive Compensation Committee was approved by all. Richard Herrera voted no on the creation of the Community Giving Committee, the motion passed.

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

A. Dr. Hulseley – Update

Dr. Hulseley reported that the ICU will transition from an Open unit to a Closed Unit on November 1, 2023. This will help with the Culture of Safety requirement from LeapFrog.

This report was informational only. No action was taken.

Page 6 of 116

B. Vaccine Update

Russell Tippin, Chief Executive Officer, reported that the Covid Policy would need to be retired.

Richard Herrera moved, and Bryn Dodd seconded the motion to retire the Covid Policy subject to the approval by the Executive Policy Committee. The motion carried.

C. Flu Shot Update

Flu Shot policy will be updated. Flu Shot Clinics have been started. This report was informational only. No action was taken.

D. Dr. Nathan Galloway

Information regarding Dr. Nathan Galloway was in the packet. There has been a request received for a naming opportunity in honor of Dr. Galloway. This was informational only. No action was taken.

E. Budget and Ad Valorem Tax Rate Meeting

The Special Meeting for the Budget and Ad Valorem Tax Rate is set for September 19, 2023 at 3:00 p.m. This report was informational only. No action was taken.

F. Women's Clinic Update

Adiel Alvarado, President MCH ProCare, reported to the Board that the effective September 13, 2023 the OB/GYN service line is transitioning from ProCare to the FQHC. Patient will not see any change in operations. This report was informational only. No action was taken.

G. Ad hoc Reports

The Regional Services report was provided in the packet.

These reports were informational only. No action was taken.

XIV. EXECUTIVE SESSION

Wallace Dunn stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (3) Deliberation regarding Economic Development Negotiations pursuant to Section 551.087 of the Texas Government Code; and (4) Deliberation and evaluation of officers and employees of Ector County Hospital District pursuant to Section 551.074 of the Texas Government Code..

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

Adiel Alvarado, President MCH ProCare, presented the provider agreements, an update on urology, and an update on the CRNA situation to the ECHD Board of Directors during Executive Session. Page 7 of 116

Russell Tippin, Chief Executive Officer, was informed that all ambulances are being sent to MCH.

Adiel Alvarado was excused from the remainder of Executive Session.

Matt Collins, Chief Operating Officer, presented the lease agreements to the ECHD Board of Directors during Executive Session.

Russell Tippin, CEO, reported that diversion at MCH is improving.

Steve Steen, Chief Legal Counsel, led the board in discussions about the new board attendance law. There will be a new section on the agenda for board attendance. Five unexcused absents in a 12-month period will result in removal from the board. In order for an absence to be considered excused a written notice must be sent prior to the start of the meeting.

Steve Steen, Chief Legal Counsel, provided an update on the cardiology audit.

Russell Tippin, Chief Executive Officer and Steve Steen, Chief Legal Counsel, led the board in discussions about an OIG notice that was received. This notice was sent to all hospitals. There is a group call with an Assistant Attorney General to discuss options. THA is also aware of the situation.

Wallace Dunn, Board President, discussed that Brian Jackson has been retained to help with the Executive Compensation Committee.

Wallace Dunn, Board President, led the discussion about the Bylaws Committee. He would like the members, Bryn Dodd, Don Hallmark, and Richard Herrera to start the process of reviewing the bylaws. There was discussion about engaging Horthy Springer for the review.

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

Russell Tippin, Chief Executive Officer and Steve Steen, Chief Legal Counsel, led the board in discussions of LEM.

Executive Session began at 6:14 p.m.

Executive Session ended at 7:29 p.m.

No action was taken during Executive Session

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreement(s).

Wallace Dunn presented the following new agreements:

- Morgan Tennis, N.P. – This a three (3) year Retail Contract.
- Angela Green, N.P.– This is a three (3) year ENT Contract.
- Caitlin Estes, N.P. – This is a three (3) year OB/GYN Contract.
- Janie Lopez, P.A. – This is one (1) year Cardiology Contract.

Wallace Dunn presented the following amendment:

- Chittur Ramanathan, M.D. – This is an amendment to a Family Medicine Contract.

Wallace Dunn presented the following renewals:

- Krishan Ayyagari, M.D. – This is a 3-year renewal of a Critical Care Contract.

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

B. Consider Approval of MCH Lease Agreements

Wallace Dunn presented the following lease agreements:

- MCH ProCare – Dr. Othee – this is a 3-year lease agreement.
- MCH ProCare – OHI – this is a 3-year lease agreement.
- MCH ProCare – Family Medicine & Occupational Medicine – this is 3-year lease agreement.
- MCH ProCare – Urology – This a 3-year lease agreement.

David Dunn moved, and Will Kappauf seconded the motion to approve the lease agreements as presented. The motion carried.

C. Compliance Update and Resolution

No action was taken.

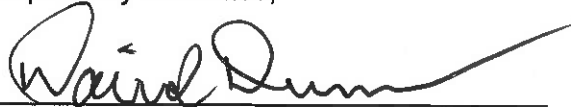
D. ECHD Board Member Attendance

David Dunn moved to excuse Board Member, Kathy Rhodes absence at the September board meeting, and Bryn Dodd seconded the motion. The motion carried.

XVI. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 7:30 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 19, 2023 – 3:00 p.m.**

MINUTES OF THE MEETING

- MEMBERS PRESENT:** Wallace Dunn, President
Don Hallmark, Vice President
David Dunn
Kathy Rhodes
- MEMBERS ABSENT:** Bryn Dodd
Will Kappauf
Richard Herrera
- OTHERS PRESENT:** Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Steve Steen, Chief Legal Counsel
Matt Collins, Chief Operating Officer
Kim Leftwich, Interim Chief Nursing Officer
Gingie Sredanovich, Chief Compliance and Privacy Officer
Dr. Meredith Hulsey, Chief Medical Officer
Grant Trollope, Assistant Chief Financial Officer
Kerstin Connolly, Paralegal
Lisa Russell, Executive Assistant to the CEO
Various other interested members of the Medical Staff, Employees,
and Citizens

I. CALL TO ORDER

Wallace Dunn called the meeting to order at 3:01 p.m. in the Board Room of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. REVIEW OF THE PROPOSED FISCAL YEAR 2024 OPERATING AND CAPITAL BUDGET

Steve Ewing, Chief Financial Officer, Grant Trollope, Assistant Chief Financial Officer, and Eva Garcia, Financial Operations Divisional Director presented the proposed Fiscal Year 2024 Operating and Capital Budget for discussion and review.

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

III. PROPOSED 2023 AD VALOREM TAX RATE FOR THE 2024 BUDGET YEAR

Steve Ewing stated the Fiscal Year 2024 budget is based on an ad valorem tax rate of \$0.088729 per \$100 valuation for 2023.

No action was taken.

IV. PUBLIC HEARING

Wallace Dunn stated "As required by Ector County Hospital District Enabling Legislation, the Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed Fiscal Year 2024 Operating and Capital Budget. For those wishing to make public comments and who have not already done so, please sign in with Ms. Connolly. Comments to the Board will be limited to 3 minutes. Each speaker will be given a 1-minute warning prior to the expiration of the 3-minute time limit."

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

V. CONSIDER APPROVAL OF THE FY 2024 OPERATING AND CAPITAL BUDGET

Don Hallmark moved to adopt the Fiscal Year 2024 Operating and Capital Budget as presented. David Dunn seconded the motion. The motion carried.

VI. CONSIDER APPROVAL OF THE 2023 AD VALOREM TAX RATE

Steve Ewing presented the Resolution of the Board of Directors of the Ector County Hospital District as follows:

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

On the 19th day of September 2023, at a Special Meeting of the Board of Directors for the Ector County Hospital District (ECHD), a government entity, held in the City of Odessa, Ector County, Texas with a quorum of the Board Members present, the following Resolution was adopted:

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

WHEREAS, it is necessary that the ad valorem taxes be levied for the Maintenance and Operations and Interest and Sinking Fund of ECHD for the fiscal year 2024 and tax year 2023;

WHEREAS, the Tax Assessor-Collector has certified and published a No-New-Revenue tax rate for 2023 of \$0.094209 on each one hundred dollars (\$100) of valuation and a proposed tax rate of \$0.088729 on each one hundred dollars (\$100) of valuation as required by the Texas Tax Code;

WHEREAS, the Board of Directors of the ECHD has previously adopted and approved a budget for the 2024 fiscal year in compliance with state law;

WHEREAS, the Board of Directors of the ECHD has complied with all procedural requirements for the setting of the 2023 ad valorem tax rate as specified by the Texas Tax Code; and

WHEREAS, upon motion made by _____ and seconded by _____ to pass, approve and adopt this Resolution setting the ad valorem tax rate for 2023.

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

\$0.014804 per \$100 valuation for Interest and Sinking Fund and
\$0.073925 per \$100 valuation for Maintenance and Operations
with a total tax rate of \$0.088729 per \$100 valuation for tax year
2023.

THE FOLLOWING VOTE WAS RECORDED:

Bryn Dodd (District 1)	Yes: ___	No: ___	Absent: ___
Will Kappauf (District 2)	Yes: ___	No: ___	Absent: ___
Richard Herrera (District 3)	Yes: ___	No: ___	Absent: ___
David Dunn (District 4)	Yes: ___	No: ___	Absent: ___
Don Hallmark (District 5)	Yes: ___	No: ___	Absent: ___
Wallace Dunn (District 6)	Yes: ___	No: ___	Absent: ___
Kathy Rhodes (District 7)	Yes: ___	No: ___	Absent: ___

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

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

Page 12 of 116

Wallace Dunn, President
Ector County Hospital District
Board of Directors

David Dunn, Secretary
Ector County Hospital District
Board of Directors

Don Hallmark moved to adopt an ad valorem tax rate of \$0.014804 per \$100 valuation for Interest and Sinking Fund and \$0.073925 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.088729 per \$100 valuation for tax rate 2023. David Dunn seconded the motion to approve the 2023 ad valorem tax rate as presented. The following vote took place:

Bryn Dodd	Absent
Will Kappauf	Absent
Richard Herrera	Absent
David Dunn	Yes
Don Hallmark	Yes
Wallace Dunn	Yes
Kathy Rhodes	Yes

There being four votes for and no vote against, NOW, THEREFORE BE IT RESOLVED AND ORDERED by the Board of Directors of ECHD to adopt the following ad valorem tax rate: \$0.014804 per \$100 valuation for Interest and Sinking Fund and \$0.073925 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.088729 per \$100 valuation for tax year 2023.

VII. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 5:00 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District Board of Directors



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

Pursuant to Article 7 of the Medical Staff 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
Teresa Brown, MD	Radiology	Telemedicine	VRAD	10/03/2023-05/31/2025
Timothy Castro, MD	Anesthesia	Anesthesia	ProCare	10/03/2023-10/04/2024
Mikhael Sebaaly, MD	Radiology	Telemedicine	VRAD	10/03/2023-08/31/2025
Eric Siskind, MD	Surgery	Transplant Surgery	Texas Health	10/03/2023-10/04/2024

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
None						

*Please grant temporary Privileges

Advice, Opinions, Recommendations and Motions:

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

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



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Medical Staff:

Applicant	Department	Status	Staff Category	Specialty/ Privileges	Group	Changes to Privileges	Dates
Genevieve Okafor, MD	Family Medicine	Yes	Associate	Family Medicine	ProCare	None	10/01/2023-09/30/2024
Getnet Aberra, MD	Family Medicine	Yes	Active	Family Medicine	ProCare	None	11/01/2023-10/31/2025
Mary Alfidi,	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2023-10/31/2025
Ralph Cepero, MD	Surgery	Yes	Active	Otolaryngology	ProCare	None	11/01/2023-10/31/2025
Benjamin Cunningham, MD	Surgery	Yes	Active	Orthopedic Surgery	ProCare	None	11/01/2023-10/31/2025
John Dorman, MD	Surgery	Yes	Active	Neurological Surgery		None	11/01/2023-10/31/2025
Valerie Drnovsek, MD	Radiology	Yes	Active	Diagnostic Radiology	ProCare	None	11/01/2023-10/31/2025
Zachary Ellis, DDS	Surgery	Yes	Active	Pediatric Dentistry		None	11/01/2023-10/31/2025
Monica Kessi, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2023-10/31/2025
James Li, MD	Surgery	Yes	Active	Vascular Surgery		None	11/01/2023-10/31/2025
Jose Mayans, MD	Surgery	Yes	Active	Ophthalmology		None	11/01/2023-10/31/2025
Teresa McQueen, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2023-10/31/2025
James Miller, DDS	Surgery	Yes	Active	Pediatric Dentistry		None	11/01/2023-10/31/2025



Medical Center Hospital

A Member of Medical Center Health System

Joseph Morgan, DPM	Surgery	Yes	Active	Podiatric		None	11/01/2023-10/31/2025
Sulekha Parshad, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2023-10/31/2025
Kirit Patel, MD	Surgery	Yes	Active	Cardiovascular/Thoracic Surgery		None	11/01/2023-10/31/2025
Surinder Rai, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2023-10/31/2025
Narendra Sajja, MD	Hospitalist	Yes	Active	Hospitalist	ProCare	None	11/01/2023-10/31/2025
Harshad Shah, MD	Surgery	Yes	Active to Courtesy	Ophthalmology		None	11/01/2023-10/31/2025
Obiageli Sogbetun, MD	Medicine	Yes	Active	Infectious Disease	Eagle Telemedicine	None	11/01/2023-10/31/2025
Abdul Alarhayem, MD	Surgery	Yes	Associate to Active	Vascular Surgery	ProCare	None	12/01/2023-11/30/2025
Kristin Joyner, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	None	12/01/2023-11/30/2025
Joseph Kaczor, MD	Radiology	Yes	Active	Radiation Oncology	Texas Oncology	None	12/01/2023-11/30/2025
Hamid Latifi, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	None	12/01/2023-11/30/2025
Shailesh Jain, MD	Medicine	Yes	Active	Psychiatry	TTUHSC	None	01/01/2024-12/31/2025
Renato Oracion, MD	Medicine	Yes	Affiliate	Dermatology		None	01/01/2024-12/31/2025
Lavi Oud, MD	Medicine	Yes	Active	Critical Care	TTUHSC	None	01/01/2024-12/31/2025
Suresh Prasad, MD	Medicine	Yes	Affiliate	Internal Medicine		None	01/01/2024-12/31/2025
Sai Siva Mungara, MD	Medicine	Yes	Active	Internal Medicine	TTUHSC	None	02/01/2024-12/31/2026
Sanchita Yadalla, MD	OB/GYN	Yes	Active	OB/GYN	ProCare	None	02/01/2024-12/31/2026



Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Jackie Lehr, NP	OB/GYN	AHP	Nurse Practitioner	ProCare	Dr. Avelino Garcia, Dr. Raymond Martinez	None	11/01/2023-10/31/2025
Brittney McClannahan, CRNA	Anesthesia	AHP	CRNA	Midwest	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	Brittney McClannahan, CRNA	11/01/2023-10/31/2025
Matthew Sanchez, NP	Family Medicine	AHP	Nurse Practitioner	ProCare	Dr. Getnet Aberra	None	11/01/2023-10/31/2025
Albino Gelera, NP	Hospitalist	AHP	Nurse Practitioner	ProCare	Narendra Sajja, MD, Sudhir Bare, Rajnarsing Chennamaneni, Fouzia Tabasam, MD, Harika Thummala, MD, Sridhar Enuganti, MD, Ramcharitha Kandikatla, MD, Domingo Caparas, MD	None	12/01/2023-11/30/2025

Advice, Opinions, Recommendations and Motions:

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

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



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Change in Clinical Privileges

Statement of Pertinent Facts:

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

Additional Privileges:

Staff Member	Department	Privilege
Jackie Lehr, NP	OB/GYN	REMOVE: ACLS
Fouzia Tabasam, MD	Hospitalist	ADD: Joint injections; Paracentesis; Thoracentesis

Advice, Opinions, Recommendations and Motions:

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

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



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Mohammed Aljarwi, MD	Courtesy	Pediatrics	10/31/2023	Lapse in Privileges
Vijay Eranki, MD	Active	Medicine	08/31/2023	Resignation
Morton Hyson, MD	Courtesy	Medicine	06/13/2023	Resignation
Sudip Sheth, MD	Active	Pediatrics	07/31/2023	Resignation
Terri Snow, MD	Telemedicine	Radiology	08/27/2023	Resignation

Advice, Opinions, Recommendations and Motion:

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

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



October 3, 2023

**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
Abdul Alarhayem, MD	Surgery	Associate to Active
Harshad Shah, MD	Surgery	Active to Courtesy

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Kelly Mattimoe, NP	Surgery	Removal I-FPPE
Samantha Nunez, NP	Surgery	Removal I-FPPE
Genevieve Okafor, MD	Family Medicine	Removal I-FPPE

Change in Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following 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, changes to the credentialing dates, changes of supervising physicians, leave of absence, removal of I-FPPE, proctoring requests/removals, and change in privileges.

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



October 3, 2023

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Family Health Clinic
October 2023
ECHD Board Update

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
AUGUST 2023**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 759,458	\$ 762,933	-0.5%	\$ 695,088	9.3%	\$ 6,774,119	\$ 6,926,376	-2.2%	\$ 6,261,758	8.2%
TOTAL PATIENT REVENUE	\$ 759,458	\$ 762,933	-0.5%	\$ 695,088	9.3%	\$ 6,774,119	\$ 6,926,376	-2.2%	\$ 6,261,758	8.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 405,859	\$ 427,727	-5.1%	\$ 324,532	25.1%	\$ 3,704,580	\$ 3,890,199	-4.8%	\$ 3,473,192	6.7%
Self Pay Adjustments	54,804	69,157	-20.8%	65,879	-16.8%	577,733	665,764	-13.2%	515,933	12.0%
Bad Debts	(2,486)	18,505	-113.4%	35,991	-106.9%	(96,248)	147,903	-165.1%	194,521	-149.5%
TOTAL REVENUE DEDUCTIONS	\$ 458,177	\$ 515,389	-11.1%	\$ 426,403	7.5%	\$ 4,186,065	\$ 4,703,866	-11.0%	\$ 4,183,647	0.1%
	60.33%	67.55%		61.35%		61.79%	67.91%		66.81%	
NET PATIENT REVENUE	\$ 301,281	\$ 247,544	21.7%	\$ 268,685	12.1%	\$ 2,588,054	\$ 2,222,510	16.4%	\$ 2,078,112	24.5%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ (11,443)	\$ 23,543	-148.6%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	427.2%	\$ 311,854	337.8%
TOTAL OTHER REVENUE	\$ (11,443)	\$ 23,543	-148.6%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	427.2%	\$ 311,854	337.8%
NET OPERATING REVENUE	\$ 289,838	\$ 271,087	6.9%	\$ 302,281	-4.1%	\$ 3,953,412	\$ 2,481,483	59.3%	\$ 2,389,965	65.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 111,533	\$ 130,636	-14.6%	\$ 102,589	8.7%	\$ 1,154,085	\$ 1,198,670	-3.7%	\$ 1,056,519	9.2%
Benefits	28,299	32,721	-13.5%	5,015	464.3%	276,659	314,383	-12.0%	84,776	226.3%
Physician Services	198,368	217,207	-8.7%	200,458	-1.0%	1,842,094	2,352,837	-21.7%	1,869,947	-1.5%
Cost of Drugs Sold	37,945	27,062	40.2%	50,003	-24.1%	215,873	231,497	-6.7%	244,551	-11.7%
Supplies	14,182	11,090	27.9%	16,917	-16.2%	126,439	107,258	17.9%	88,984	42.1%
Utilities	7,517	7,753	-3.0%	5,889	27.6%	63,170	65,686	-3.8%	61,499	2.7%
Repairs and Maintenance	5,800	2,824	105.4%	9,242	-37.2%	17,086	31,064	-45.0%	41,921	-59.2%
Leases and Rentals	553	482	14.8%	480	15.2%	6,143	5,302	15.9%	5,344	14.9%
Other Expense	1,000	1,591	-37.1%	1,000	0.0%	43,488	17,501	148.5%	15,012	189.7%
TOTAL OPERATING EXPENSES	\$ 405,197	\$ 431,366	-6.1%	\$ 391,594	3.5%	\$ 3,745,038	\$ 4,324,198	-13.4%	\$ 3,468,552	8.0%
Depreciation/Amortization	\$ 25,201	\$ 29,861	-15.6%	\$ 28,683	-12.1%	\$ 262,518	\$ 323,613	-18.9%	\$ 315,963	-16.9%
TOTAL OPERATING COSTS	\$ 430,397	\$ 461,227	-6.7%	\$ 420,278	2.4%	\$ 4,007,555	\$ 4,647,811	-13.8%	\$ 3,784,515	5.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (140,559)	\$ (190,140)	-26.1%	\$ (117,997)	19.1%	\$ (54,143)	\$ (2,166,328)	-97.5%	\$ (1,394,550)	-96.1%
Operating Margin	-48.50%	-70.14%	-30.9%	-39.04%	24.2%	-1.37%	-87.30%	-98.4%	-58.35%	-97.7%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	2,523	2,501	0.9%	2,260	11.6%	21,632	23,108	-6.4%	20,715	4.4%
Average Revenue per Office Visit	301.01	305.05	-1.3%	307.56	-2.1%	313.15	299.74	4.5%	302.28	3.6%
Hospital FTE's (Salaries and Wages)	25.8	32.5	-20.6%	25.1	2.7%	25.2	27.8	-9.4%	23.0	9.5%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 216,642	\$ 256,009	-15.4%	\$ 230,761	-6.1%	\$ 1,922,705	\$ 2,551,359	-24.6%	\$ 1,861,162	3.3%
TOTAL PATIENT REVENUE	\$ 216,642	\$ 256,009	-15.4%	\$ 230,761	-6.1%	\$ 1,922,705	\$ 2,551,359	-24.6%	\$ 1,861,162	3.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 110,329	\$ 150,036	-26.5%	\$ 105,413	4.7%	\$ 1,042,003	\$ 1,495,245	-30.3%	\$ 1,092,313	-4.6%
Self Pay Adjustments	30,145	43,113	-30.1%	36,030	-16.3%	258,506	429,657	-39.8%	293,988	-12.1%
Bad Debts	(2,196)	(7,324)	-70.0%	4,690	-146.8%	(44,655)	(72,986)	-38.8%	(64,040)	-30.3%
TOTAL REVENUE DEDUCTIONS	\$ 138,278	\$ 185,825	-25.6%	\$ 146,133	-5.4%	\$ 1,255,855	\$ 1,851,916	-32.2%	\$ 1,322,262	-5.0%
	63.8%	72.6%		63.3%		65.3%	72.6%		71.0%	
NET PATIENT REVENUE	\$ 78,364	\$ 70,184	11.7%	\$ 84,628	-7.4%	\$ 666,850	\$ 699,443	-4.7%	\$ 538,900	23.7%
OTHER REVENUE										
FHC Other Revenue	\$ (11,443)	\$ 23,543	0.0%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	0.0%	\$ 311,854	337.8%
TOTAL OTHER REVENUE	\$ (11,443)	\$ 23,543	-148.6%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	427.2%	\$ 311,854	337.8%
NET OPERATING REVENUE	\$ 66,921	\$ 93,727	-28.6%	\$ 118,225	-43.4%	\$ 2,032,209	\$ 958,416	112.0%	\$ 850,753	138.9%
OPERATING EXPENSE										
Salaries and Wages	\$ 65,861	\$ 68,198	-3.4%	\$ 60,199	9.4%	\$ 861,787	\$ 667,555	29.1%	\$ 804,414	7.1%
Benefits	16,711	17,082	-2.2%	2,943	467.8%	206,589	175,084	18.0%	64,547	220.1%
Physician Services	76,081	102,930	-26.1%	67,670	12.4%	1,120,655	1,117,906	0.2%	907,487	23.5%
Cost of Drugs Sold	29	5,211	-99.4%	6,305	-99.5%	34,168	51,937	-34.2%	39,389	-13.3%
Supplies	8,793	5,826	50.9%	5,427	62.0%	50,816	59,394	-14.4%	34,667	46.6%
Utilities	3,110	3,521	-11.7%	3,057	1.7%	31,524	35,042	-10.0%	32,357	-2.6%
Repairs and Maintenance	5,800	2,824	105.4%	9,242	-37.2%	15,166	31,064	-51.2%	41,921	-63.8%
Leases and Rentals	513	482	6.5%	480	6.9%	5,903	5,302	11.3%	5,344	10.5%
Other Expense	1,000	1,591	-37.1%	1,000	0.0%	42,937	17,501	145.3%	15,012	186.0%
TOTAL OPERATING EXPENSES	\$ 177,899	\$ 207,665	-14.3%	\$ 156,323	13.8%	\$ 2,369,544	\$ 2,160,785	9.7%	\$ 1,945,138	21.8%
Depreciation/Amortization	\$ 4,301	\$ 2,933	46.7%	\$ 2,617	64.4%	\$ 32,990	\$ 31,888	3.5%	\$ 28,884	14.2%
TOTAL OPERATING COSTS	\$ 182,200	\$ 210,598	-13.5%	\$ 158,939	14.6%	\$ 2,402,535	\$ 2,192,673	9.6%	\$ 1,974,022	21.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ (115,279)	\$ (116,871)	1.4%	\$ (40,715)	-183.1%	\$ (370,326)	\$ (1,234,257)	70.0%	\$ (1,123,269)	-67.0%
Operating Margin	-172.26%	-124.69%	38.1%	-34.44%	400.2%	-18.22%	-128.78%	-85.8%	-132.03%	-86.2%

	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	861	938	-8.2%	856	0.6%	7,081	9,348	-24.3%	7,281	-2.7%
Average Revenue per Office Visit	251.62	272.93	-7.8%	269.58	-6.7%	271.53	272.93	-0.5%	255.62	6.2%
Hospital FTE's (Salaries and Wages)	12.5	14.1	-11.1%	12.3	1.8%	11.7	13.0	-10.1%	15.0	-22.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 2023**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 204,298	\$ 201,282	1.5%	\$ 186,986	9.3%	\$ 2,095,377	\$ 2,014,452	4.0%	\$ 1,724,503	21.5%
TOTAL PATIENT REVENUE	\$ 204,298	\$ 201,282	1.5%	\$ 186,986	9.3%	\$ 2,095,377	\$ 2,014,452	4.0%	\$ 1,724,503	21.5%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 114,306	\$ 109,533	4.4%	\$ 86,521	32.1%	\$ 1,159,829	\$ 1,096,218	5.8%	\$ 927,111	25.1%
Self Pay Adjustments	16,538	15,301	8.1%	21,015	-21.3%	192,263	153,133	25.6%	136,455	40.9%
Bad Debts	(2,837)	9,369	-130.3%	19,762	-114.4%	15,098	93,765	-83.9%	91,109	-83.4%
TOTAL REVENUE DEDUCTIONS	\$ 128,006	\$ 134,203	-4.6%	\$ 127,298	0.6%	\$ 1,367,190	\$ 1,343,116	1.8%	\$ 1,154,675	18.4%
	62.66%	66.67%		68.08%		65.25%	66.67%		66.96%	
NET PATIENT REVENUE	\$ 76,291	\$ 67,079	13.7%	\$ 59,688	27.8%	\$ 728,187	\$ 671,336	8.5%	\$ 569,828	27.8%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 76,291	\$ 67,079	13.7%	\$ 59,688	27.8%	\$ 728,187	\$ 671,336	8.5%	\$ 569,828	27.8%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 15,371	\$ 24,898	-38.3%	\$ 17,998	-14.6%	\$ 89,667	\$ 244,768	-63.4%	\$ 87,538	2.4%
Benefits	3,900	6,236	-37.5%	880	343.2%	21,495	64,197	-66.5%	7,024	206.0%
Physician Services	58,058	48,507	19.7%	50,690	14.5%	385,197	524,188	-26.5%	441,806	-12.8%
Cost of Drugs Sold	7,726	4,727	63.4%	11,859	-34.9%	39,173	47,307	-17.2%	45,611	-14.1%
Supplies	1,317	2,261	-41.7%	6,102	-78.4%	28,398	22,832	24.4%	27,313	4.0%
Utilities	4,407	4,232	4.1%	2,833	55.6%	31,646	30,644	3.3%	29,142	8.6%
Repairs and Maintenance	-	-	0.0%	-	100.0%	1,920	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	551	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 90,819	\$ 90,861	0.0%	\$ 90,361	0.5%	\$ 598,288	\$ 933,936	-35.9%	\$ 638,433	-6.3%
Depreciation/Amortization	\$ 20,824	\$ 26,853	-22.5%	\$ 25,992	-19.9%	\$ 228,704	\$ 290,900	-21.4%	\$ 286,255	-20.1%
TOTAL OPERATING COSTS	\$ 111,643	\$ 117,714	-5.2%	\$ 116,352	-4.0%	\$ 826,992	\$ 1,224,836	-32.5%	\$ 924,689	-10.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (35,352)	\$ (50,635)	-30.2%	\$ (56,664)	-37.6%	\$ (98,805)	\$ (553,500)	-82.1%	\$ (354,861)	-72.2%
Operating Margin	-46.34%	-75.49%	-38.6%	-94.93%	-51.2%	-13.57%	-82.45%	-83.5%	-62.28%	-78.2%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	681	739	-7.8%	598	13.9%	6,931	7,396	-6.3%		0.0%
Average Revenue per Office Visit	300.00	272.37	10.1%	312.69	-4.1%	302.32	272.37	11.0%	280.22	7.9%
Hospital FTE's (Salaries and Wages)	5.0	7.6	-34.0%	5.8	-12.4%	5.8	7.1	-18.1%	2.9	96.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 338,518	\$ 305,642	10.8%	\$ 277,341	22.1%	\$ 2,756,036	\$ 2,360,565	16.8%	\$ 2,676,094	3.0%
TOTAL PATIENT REVENUE	\$ 338,518	\$ 305,642	10.8%	\$ 277,341	22.1%	\$ 2,756,036	\$ 2,360,565	16.8%	\$ 2,676,094	3.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 181,224	\$ 168,158	7.8%	\$ 132,598	36.7%	\$ 1,502,748	\$ 1,298,736	15.7%	\$ 1,453,768	3.4%
Self Pay Adjustments	8,122	10,743	-24.4%	8,835	-8.1%	126,963	82,974	53.0%	85,490	48.5%
Bad Debts	2,547	16,460	-84.5%	11,539	-77.9%	(66,692)	127,124	-152.5%	167,452	-139.8%
TOTAL REVENUE DEDUCTIONS	\$ 191,892	\$ 195,361	-1.8%	\$ 152,972	25.4%	\$ 1,563,019	\$ 1,508,834	3.6%	\$ 1,706,710	-8.4%
	56.69%	63.92%		55.16%		56.71%	63.92%		63.78%	
NET PATIENT REVENUE	\$ 146,626	\$ 110,281	33.0%	\$ 124,368	17.9%	\$ 1,193,017	\$ 851,731	40.1%	\$ 969,384	23.1%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 146,626	\$ 110,281	33.0%	\$ 124,368	17.9%	\$ 1,193,017	\$ 851,731	40.1%	\$ 969,384	23.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 30,301	\$ 37,540	-19.3%	\$ 24,392	24.2%	\$ 202,631	\$ 286,347	-29.2%	\$ 164,567	23.1%
Benefits	7,688	9,403	-18.2%	1,192	545.0%	48,575	75,102	-35.3%	13,205	267.9%
Physician Services	64,229	65,770	-2.3%	82,098	-21.8%	336,242	710,743	-52.7%	520,654	-35.4%
Cost of Drugs Sold	30,190	17,124	76.3%	31,840	-5.2%	142,532	132,253	7.8%	159,551	-10.7%
Supplies	4,072	3,003	35.6%	5,389	-24.4%	47,225	25,032	88.7%	27,004	74.9%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 136,479	\$ 132,840	2.7%	\$ 144,911	-5.8%	\$ 777,205	\$ 1,229,477	-36.8%	\$ 884,981	-12.2%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 823	\$ 825	-0.2%	\$ 823	0.0%
TOTAL OPERATING COSTS	\$ 136,554	\$ 132,915	2.7%	\$ 144,986	-5.8%	\$ 778,028	\$ 1,230,302	-36.8%	\$ 885,804	-12.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ 10,072	\$ (22,634)	-144.5%	\$ (20,618)	-148.9%	\$ 414,988	\$ (378,571)	-209.6%	\$ 83,580	396.5%
Operating Margin	6.87%	-20.52%	-133.5%	-16.58%	-141.4%	34.78%	-44.45%	-178.3%	8.62%	303.4%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	981	824	19.1%	806	21.7%	7,620	6,364	19.7%	7,280	4.7%
Total Visits	981	824	19.1%	806	21.7%	7,620	6,364	19.7%	7,280	0.0%
Average Revenue per Office Visit	345.07	370.92	-7.0%	344.10	0.3%	361.68	370.92	-2.5%	367.60	-1.6%
Hospital FTE's (Salaries and Wages)	8.2	10.8	-23.6%	7.1	16.5%	7.7	7.7	-0.2%	5.1	52.1%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
AUGUST 2023**

	MONTHLY REVENUE					YTD REVENUE				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 66,600	\$ 44,379	\$ 404	\$ 111,382	14.7%	\$ 528,657	\$ 448,018	\$ 2,062	\$ 978,737	14.4%
Medicaid	41,774	56,583	230,498	328,856	43.3%	458,228	560,068	1,855,463	2,873,760	42.4%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	39,902	54,003	94,316	188,221	24.8%	314,106	549,134	801,035	1,664,274	24.6%
Self Pay	67,987	42,623	10,211	120,821	15.9%	585,924	458,335	60,931	1,105,190	16.3%
Other	380	6,709	3,088	10,177	1.3%	35,789	79,823	36,546	152,158	2.2%
Total	\$ 216,642	\$ 204,298	\$ 338,518	\$ 759,458	100.0%	\$ 1,922,705	\$ 2,095,377	\$ 2,756,036	\$ 6,774,119	100.0%

	MONTHLY PAYMENTS					YEAR TO DATE PAYMENTS				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 26,695	\$ 19,251	-	\$ 45,947	14.0%	\$ 241,868	\$ 203,382	\$ 192	\$ 445,442	14.7%
Medicaid	17,470	24,959	96,768	139,197	42.5%	249,546	278,940	994,672	1,523,157	50.2%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	11,493	35,715	64,351	111,560	34.1%	115,371	227,457	383,735	726,563	23.9%
Self Pay	9,562	10,181	5,433	25,176	7.7%	119,981	105,591	62,762	288,334	9.5%
Other	203	2,506	2,602	5,311	1.6%	8,795	23,394	20,096	52,285	1.7%
Total	\$ 65,423	\$ 92,613	\$ 169,154	\$ 327,191	100.0%	\$ 735,561	\$ 838,764	\$ 1,461,456	\$ 3,035,781	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 2023**

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	\$ 66,600	30.7%	\$ 79,133	34.3%	\$ 528,657	27.5%	427,913	23.0%
Medicaid	41,774	19.3%	43,673	18.9%	458,228	23.8%	462,415	24.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	39,902	18.4%	38,275	16.6%	314,106	16.3%	300,390	16.1%
Self Pay	67,987	31.4%	65,510	28.4%	585,924	30.5%	609,567	32.8%
Other	380	0.2%	4,170	1.8%	35,789	1.9%	60,877	3.3%
TOTAL	\$ 216,642	100.0%	\$ 230,761	100.0%	\$ 1,922,705	100.0%	1,861,162	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	26,695	40.8%	\$ 16,835	26.1%	\$ 241,868	32.9%	145,828	24.2%
Medicaid	17,470	26.7%	22,370	34.6%	249,546	33.9%	227,668	37.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	11,493	17.6%	9,025	14.0%	115,371	15.7%	101,680	16.9%
Self Pay	9,562	14.6%	15,439	23.9%	119,981	16.3%	112,601	18.7%
Other	203	0.3%	890	1.4%	8,795	1.2%	13,915	2.3%
TOTAL	\$ 65,423	100.0%	\$ 64,560	100.0%	\$ 735,561	100.0%	601,692	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 2023**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 44,379	21.7%	\$ 55,692	29.8%	\$ 448,018	21.4%	\$ 405,360	23.5%
Medicaid	56,583	27.7%	\$ 42,362	22.7%	560,068	26.7%	445,444	25.8%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	54,003	26.4%	\$ 47,801	25.6%	549,134	26.2%	415,440	24.1%
Self Pay	42,623	20.9%	\$ 35,513	19.0%	458,335	21.9%	371,618	21.5%
Other	6,709	3.3%	\$ 5,618	3.0%	79,823	3.8%	86,641	5.0%
TOTAL	\$ 204,298	100.0%	\$ 186,986	100.0%	\$ 2,095,377	100.0%	\$ 1,724,503	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 19,251	20.8%	\$ 18,271	28.7%	\$ 203,382	24.2%	\$ 131,100	23.3%
Medicaid	24,959	27.0%	18,601	29.2%	\$ 278,940	33.3%	188,137	33.4%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	35,715	38.5%	16,383	25.7%	227,457	27.1%	149,604	26.6%
Self Pay	10,181	11.0%	7,878	12.4%	105,591	12.6%	76,636	13.6%
Other	2,506	2.7%	2,578	4.0%	23,394	2.8%	17,688	3.1%
TOTAL	\$ 92,613	100.0%	\$ 63,710	100.0%	\$ 838,764	100.0%	\$ 563,166	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
AUGUST 2023**

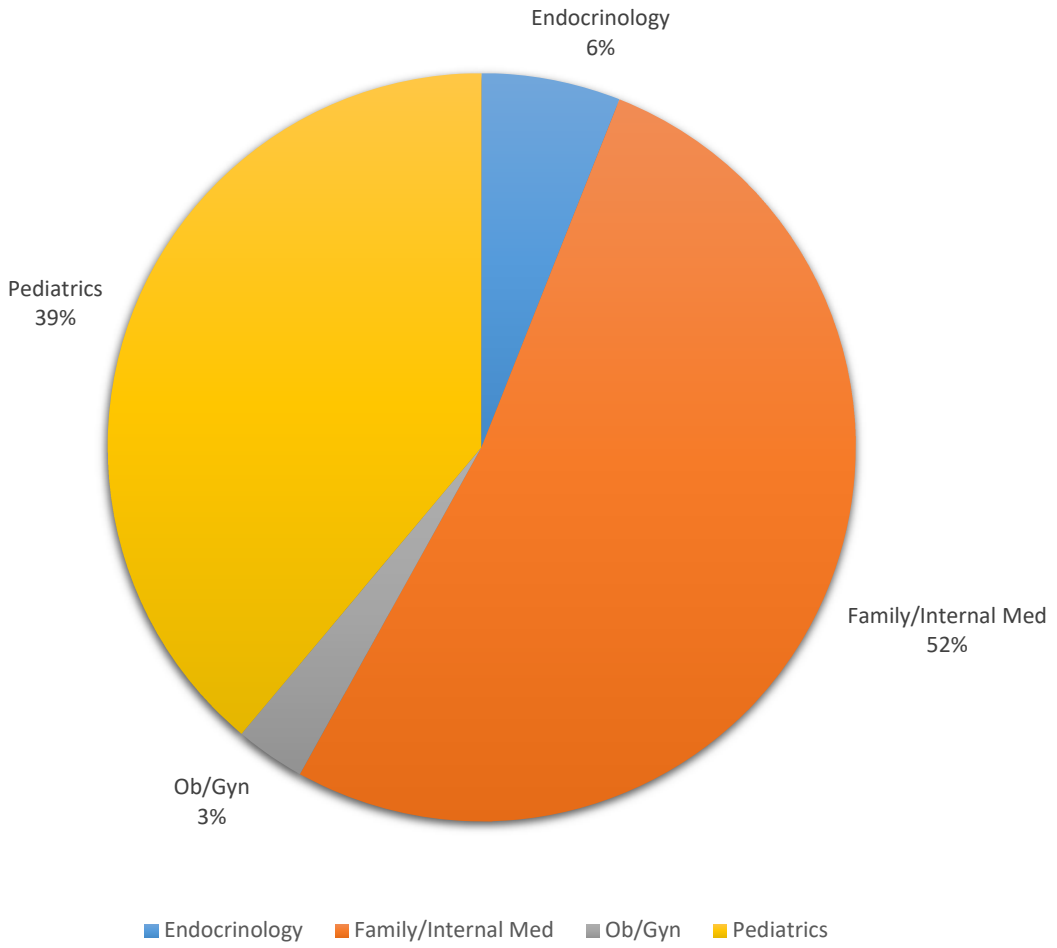
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 404	0.1%	\$ -	0.0%	\$ 2,062	0.1%	\$ (806)	0.0%
Medicaid	230,498	68.1%	\$ 165,730	59.8%	1,855,463	67.3%	1,630,318	60.9%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	94,316	27.9%	\$ 100,314	36.2%	801,035	29.1%	958,870	35.8%
Self Pay	10,211	3.0%	\$ 9,126	3.3%	60,931	2.2%	63,945	2.4%
Other	3,088	0.9%	\$ 2,171	0.8%	36,546	1.3%	23,765	0.9%
TOTAL	\$ 338,518	100.0%	\$ 277,341	100.0%	\$ 2,756,036	100.0%	\$ 2,676,094	100.0%

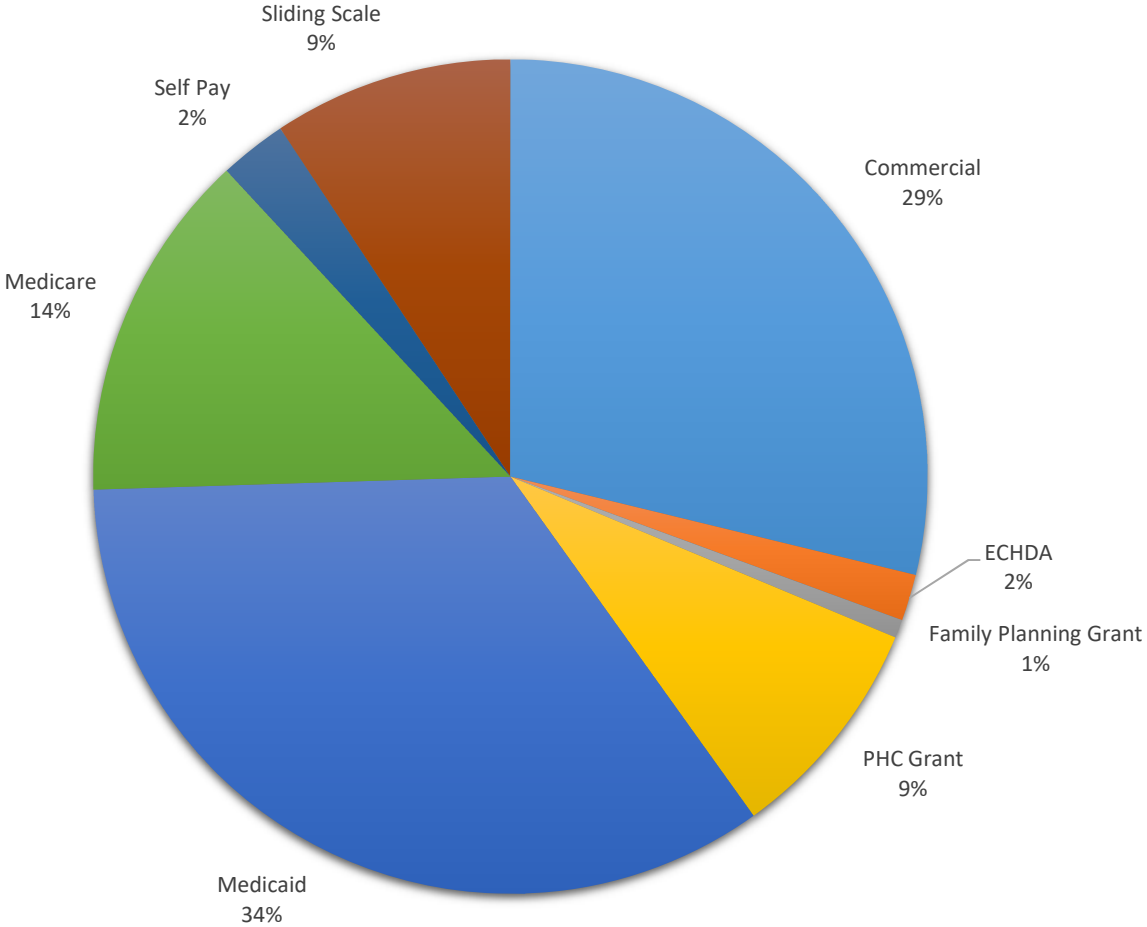
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ 192	0.0%	\$ -	0.0%
Medicaid	96,768	57.3%	89,695	61.5%	994,672	68.0%	724,050	58.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	64,351	38.0%	48,265	33.1%	383,735	26.3%	435,116	35.3%
Self Pay	5,433	3.2%	7,706	5.3%	62,762	4.3%	65,874	5.3%
Other	2,602	1.5%	190	0.1%	20,096	1.4%	8,207	0.7%
TOTAL	\$ 169,154	100.0%	\$ 145,857	100.0%	\$ 1,461,456	100.0%	\$ 1,233,247	100.0%

FHC August Visits By Service

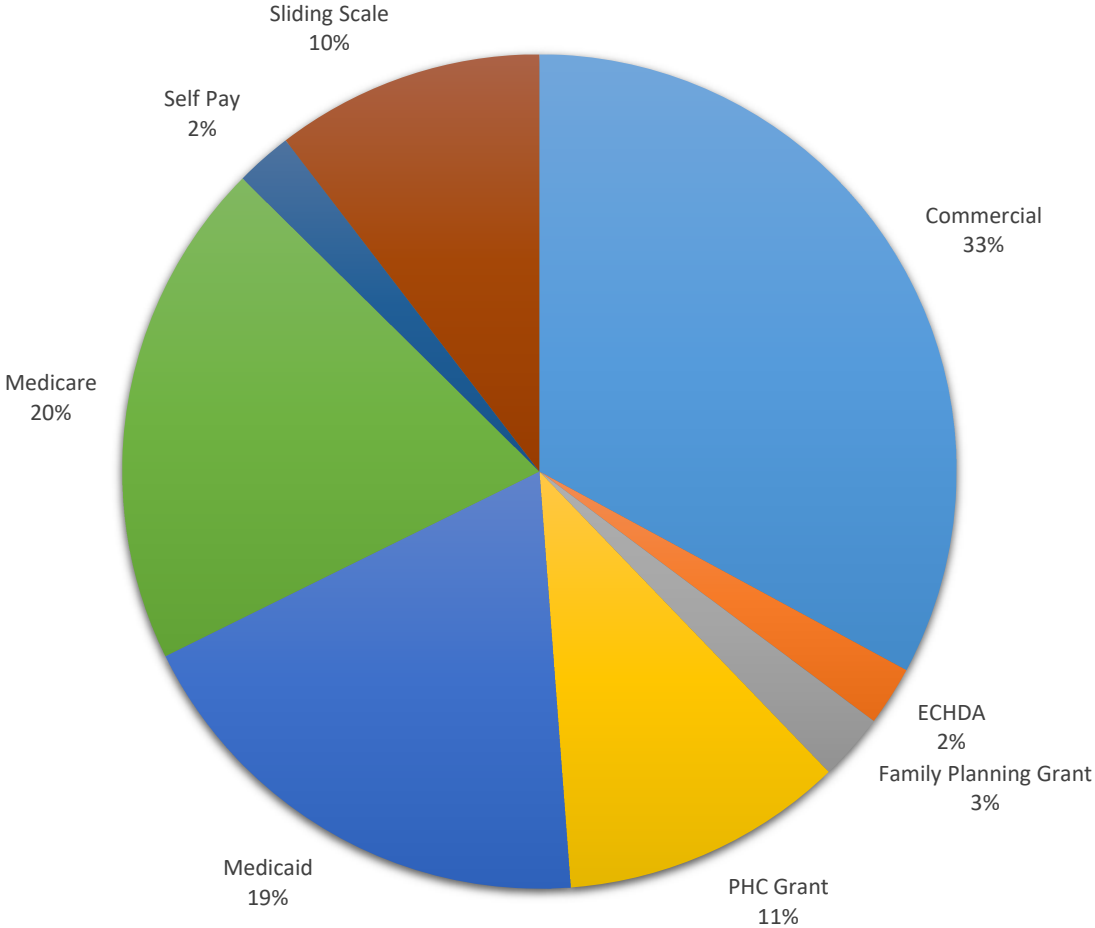


Total FHC August Visits by Financial Class



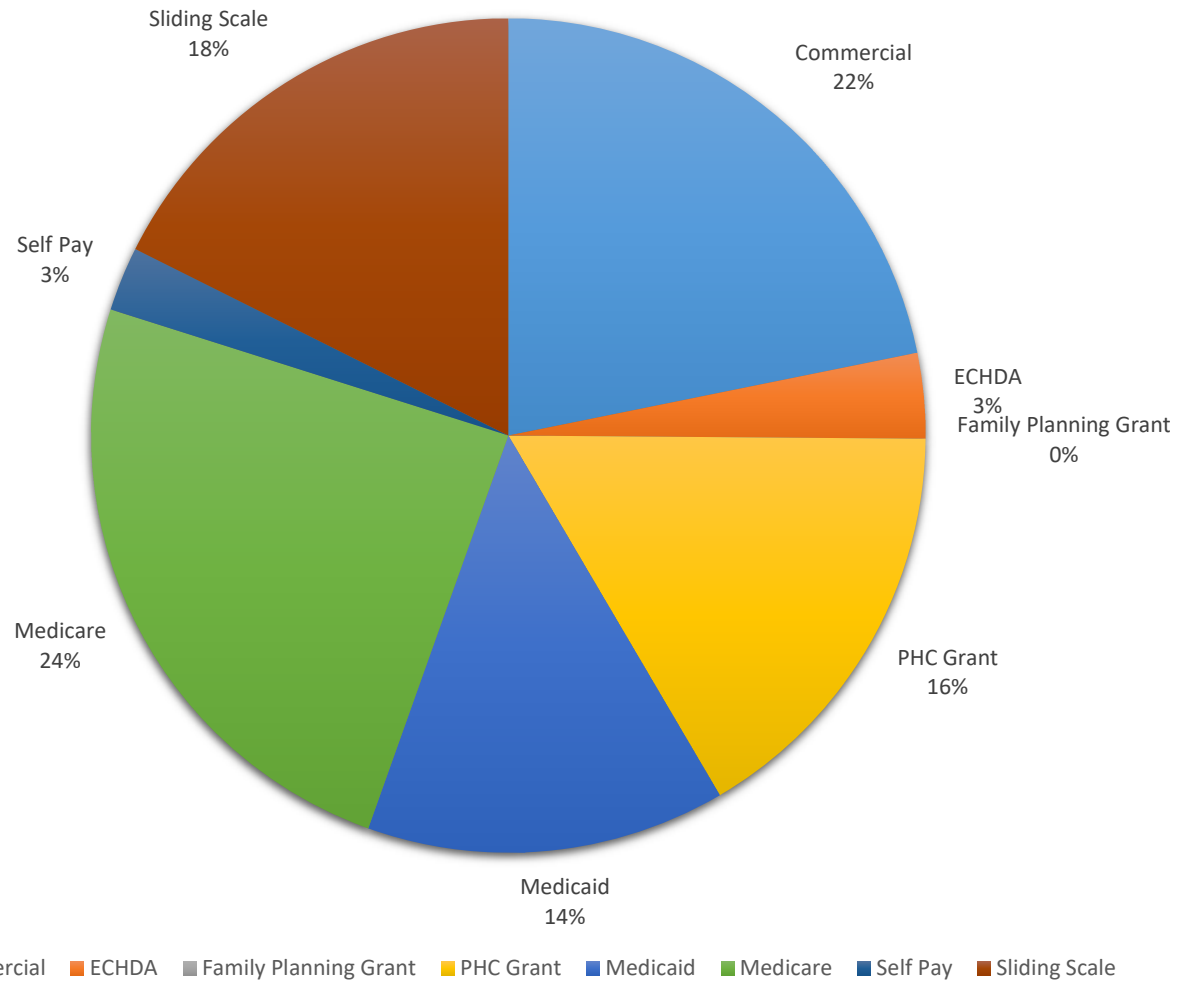
Commercial ECHDA Family Planning Grant PHC Grant Medicaid Medicare Self Pay Sliding Scale

FHC Clements August Visits by Financial Class

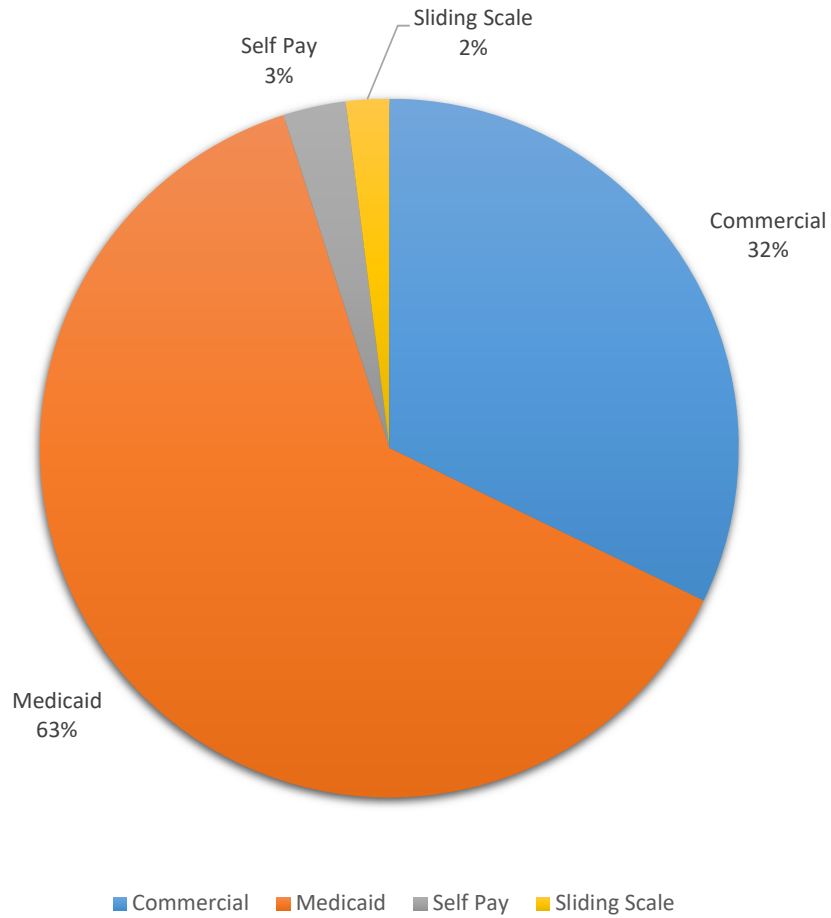


■ Commercial ■ ECHDA ■ Family Planning Grant ■ PHC Grant ■ Medicaid ■ Medicare ■ Self Pay ■ Sliding Scale

FHC West University August Visits by Financial Class



Healthy Kids Clinic August Visits by Financial Class



FHC Executive Director's Report-October 2023

- **Staffing Update:** The Family Health Clinic currently has two open positions. We are in search of an LVN for our Healthy Kids clinic and a Medical Assistant for our West University location
- **Provider Update:** We are currently searching for an additional family medicine physician for our West University location. Merritt Hawkins is assisting in the search.
- **Women's Clinic Update:** The Women's Clinic transition was effective Wednesday September 13, 2023. A huge thank you to everyone who assisted in the transition!
- **FY23 Health Center Program COVID-19 Bridge Access Program Grant:** The Family Health Clinic was awarded the FY23 Health Center Program COVID-19 Bridge Access Program Grant in the amount of \$35,303. The grant period runs through December 31, 2024 and can be used for COVID 19 testing, vaccination, and enabling and patient support services.

January 4, 2024 (*Thursday*)

February 6, 2024

March 5, 2024

April 2, 2024

April 30-May 2, 2024 (*Board Retreat*)

May 7, 2024

June 4, 2024

July 2, 2024

August 6, 2024

September 5, 2024 (*Thursday*)

October 1, 2024

November 5, 2024

December 3, 2024

January 7, 2025

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2023**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	1,121	967	15.9%	1,030	8.8%	11,631	10,494	10.8%	10,518	10.6%
Neonatal ICU (NICU)	26	25	4.0%	24	8.3%	282	271	4.1%	270	4.4%
Total Admissions	1,147	992	15.6%	1,054	8.8%	11,913	10,765	10.7%	10,788	10.4%
Patient Days										
Adult & Pediatric	4,117	3,479	18.3%	3,942	4.4%	45,392	37,770	20.2%	47,025	-3.5%
ICU	433	405	6.9%	429	0.9%	4,661	4,402	5.9%	5,020	-7.2%
CCU	346	321	7.8%	319	8.5%	4,249	3,486	21.9%	4,160	2.1%
NICU	322	320	0.6%	467	-31.0%	4,310	3,475	24.0%	3,804	13.3%
Total Patient Days	5,218	4,525	15.3%	5,157	1.2%	58,612	49,133	19.3%	60,009	-2.3%
Observation (Obs) Days	691	465	48.6%	349	98.0%	5,496	5,053	8.8%	4,500	22.1%
Nursery Days	330	277	19.1%	250	32.0%	2,924	3,047	-4.0%	3,039	-3.8%
Total Occupied Beds / Bassinets	6,239	5,267	18.5%	5,756	8.4%	67,032	57,233	17.1%	67,548	-0.8%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.37	4.35	0.4%	4.55	-4.1%	4.67	4.35	7.3%	5.34	-12.6%
NICU	12.38	12.80	-3.2%	19.46	-36.4%	15.28	12.82	19.2%	14.09	8.5%
Total ALOS	4.55	4.56	-0.3%	4.89	-7.0%	4.92	4.56	7.8%	5.56	-11.6%
Acute / Adult & Pediatric w/o OB	5.25			5.60	-6.3%	5.62			6.30	-10.8%
Average Daily Census	168.3	146.0	15.3%	166.4	1.2%	175.0	146.7	19.3%	178.6	-2.0%
Hospital Case Mix Index (CMI)	1.6299	1.6500	-1.2%	1.6870	-3.4%	1.7332	1.6500	5.0%	1.7009	1.9%
CMI Adjusted LOS	2.68	2.64	1.7%	2.70	-0.7%	2.69	2.64	2.2%	3.14	-14.3%
Medicare										
Admissions	446	348	28.2%	387	15.2%	4,471	3,775	18.4%	3,776	18.4%
Patient Days	2,322	1,848	25.6%	2,106	10.3%	25,049	20,063	24.9%	24,782	1.1%
Average Length of Stay	5.21	5.31	-2.0%	5.44	-4.3%	5.60	5.31	5.4%	6.56	-14.6%
Case Mix Index	1.9407	1.9200	1.1%	1.9549	-0.7%	2.0244	1.9200	5.4%	1.9751	2.5%
Medicaid										
Admissions	138	126	9.5%	132	4.5%	1,530	1,368	11.8%	1,396	9.6%
Patient Days	512	416	23.1%	670	-23.6%	6,664	4,514	47.6%	7,005	-4.9%
Average Length of Stay	3.71	3.30	12.4%	5.08	-26.9%	4.36	3.30	32.0%	5.02	-13.2%
Case Mix Index	1.0622	1.1900	-10.7%	1.0796	-1.6%	1.1541	1.1900	-3.0%	1.2207	-5.5%
Commercial										
Admissions	333	282	18.1%	269	23.8%	3,283	3,061	7.3%	3,009	9.1%
Patient Days	1,395	1,211	15.2%	1,256	11.1%	14,675	13,144	11.6%	14,472	1.4%
Average Length of Stay	4.19	4.29	-2.4%	4.67	-10.3%	4.47	4.29	4.1%	4.81	-7.1%
Case Mix Index	1.5071	1.5500	-2.8%	1.6994	-11.3%	1.6714	1.5500	7.8%	1.6338	2.3%
Self Pay										
Admissions	202	212	-4.7%	231	-12.6%	2,283	2,298	-0.7%	2,345	-2.6%
Patient Days	867	920	-5.8%	898	-3.5%	10,339	9,992	3.5%	12,204	-15.3%
Average Length of Stay	4.29	4.34	-1.1%	3.89	10.4%	4.53	4.35	4.2%	5.20	-13.0%
Case Mix Index	1.4625	1.5700	-6.8%	1.4695	-0.5%	1.5556	1.5700	-0.9%	1.5522	0.2%
All Other										
Admissions	28	24	16.7%	35	-20.0%	346	260	33.1%	262	32.1%
Patient Days	122	131	-6.9%	227	-46.3%	1,885	1,422	32.6%	1,546	21.9%
Average Length of Stay	4.36	5.46	-20.2%	6.49	-32.8%	5.45	5.47	-0.4%	5.90	-7.7%
Case Mix Index	2.1003	2.0000	5.0%	2.3089	-9.0%	2.1459	2.0000	7.3%	2.1023	2.1%
Radiology										
InPatient	4,203	3,400	23.6%	3,763	11.7%	45,741	36,924	23.9%	45,342	0.9%
OutPatient	9,028	7,803	15.7%	8,146	10.8%	87,811	84,702	3.7%	81,318	8.0%
Cath Lab										
InPatient	677	578	17.1%	639	5.9%	6,894	6,277	9.8%	5,830	18.3%
OutPatient	470	544	-13.6%	523	-10.1%	5,112	5,908	-13.5%	5,448	-6.2%
Laboratory										
InPatient	72,616	61,840	17.4%	68,320	6.3%	793,329	671,363	18.2%	822,650	-3.6%
OutPatient	75,695	62,913	20.3%	64,237	17.8%	729,480	683,006	6.8%	660,528	10.4%
Other										
Deliveries	208	183	13.7%	175	18.9%	1,975	1,981	-0.3%	1,977	-0.1%
Surgical Cases										
InPatient	246	224	9.8%	200	23.0%	2,664	2,434	9.4%	2,302	15.7%
OutPatient	626	583	7.4%	598	4.7%	6,009	6,331	-5.1%	5,798	3.6%
Total Surgical Cases	872	807	8.1%	798	9.3%	8,673	8,765	-1.0%	8,100	7.1%
GI Procedures (Endo)										
InPatient	112	156	-28.2%	129	-13.2%	1,462	1,696	-13.8%	1,431	2.2%
OutPatient	219	235	-6.8%	150	46.0%	2,173	2,548	-14.7%	1,722	26.2%
Total GI Procedures	331	391	-15.3%	279	18.6%	3,635	4,244	-14.3%	3,153	15.3%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2023**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	5,082	4,345	17.0%	4,706	8.0%	56,192	47,167	19.1%	48,200	16.6%
Observation Days	691	465	48.6%	349	98.0%	5,496	5,053	8.8%	4,500	22.1%
Other O/P Occasions of Service	22,228	19,555	13.7%	21,127	5.2%	217,401	212,293	2.4%	210,965	3.1%
Total O/P Occasions of Svc.	28,001	24,365	14.9%	26,182	6.9%	279,089	264,513	5.5%	263,665	5.8%
Hospital Operations										
Manhours Paid	284,523	263,741	7.9%	275,246	3.4%	3,004,785	2,856,839	5.2%	2,890,749	3.9%
FTE's	1,606.2	1,488.9	7.9%	1,553.8	3.4%	1,569.7	1,492.4	5.2%	1,505.6	4.3%
Adjusted Patient Days	10,520	8,754	20.2%	10,134	3.8%	113,291	95,101	19.1%	110,336	2.7%
Hours / Adjusted Patient Day	27.05	30.13	-10.2%	27.16	-0.4%	26.52	30.04	-11.7%	26.20	1.2%
Occupancy - Actual Beds	48.2%	41.8%	15.3%	46.7%	3.2%	50.1%	42.0%	19.3%	51.2%	-2.0%
FTE's / Adjusted Occupied Bed	4.7	5.3	-10.2%	4.8	-0.4%	4.6	5.3	-11.7%	4.6	1.3%
Center for Primary Care - Clements										
Total Medical Visits	861	938	-8.2%	856	0.6%	7,081	9,348	-24.3%	7,281	-2.7%
Manhours Paid	2,219	2,496	-11.1%	2,180	1.8%	22,369	24,876	-10.1%	28,682	-22.0%
FTE's	12.5	14.1	-11.1%	12.3	1.8%	11.7	13.0	-10.1%	14.9	-21.8%
Center for Primary Care - West University										
Total Medical Visits	681	739	-7.8%	598	13.9%	6,931	7,396	-6.3%	6,154	12.6%
Manhours Paid	893	1,353	-34.0%	1,020	-12.4%	11,096	13,542	-18.1%	5,636	96.9%
FTE's	5.0	7.6	-34.0%	5.8	-12.4%	5.8	7.1	-18.1%	2.9	97.5%
Center for Primary Care - JBS										
Total Medical Visits	981	824	19.1%	806	21.7%	7,620	6,364	19.7%	7,280	4.7%
Manhours Paid	1,461	1,912	-23.6%	1,255	16.5%	14,727	14,762	-0.2%	9,681	52.1%
FTE's	8.2	10.8	-23.6%	7.1	16.5%	7.7	7.7	-0.2%	5.0	52.6%
Total ECHD Operations										
Total Admissions	1,147	992	15.6%	1,054	8.8%	11,913	10,765	10.7%	10,788	10.4%
Total Patient Days	5,218	4,525	15.3%	5,157	1.2%	58,612	49,133	19.3%	60,009	-2.3%
Total Patient and Obs Days	5,909	4,990	18.4%	5,506	7.3%	64,108	54,186	18.3%	64,509	-0.6%
Total FTE's	1,632.0	1,521.4	7.3%	1,579.0	3.4%	1,594.8	1,520.2	4.9%	1,528.5	4.3%
FTE's / Adjusted Occupied Bed	4.8	5.4	-10.7%	4.8	-0.4%	4.7	5.4	-11.9%	4.7	1.4%
Total Adjusted Patient Days	10,520	8,754	20.2%	10,134	3.8%	113,291	95,101	19.1%	110,336	2.7%
Hours / Adjusted Patient Day	27.48	30.79	-10.7%	27.60	-0.4%	26.95	30.60	-11.9%	26.60	1.3%
Outpatient Factor	2.0161	1.9346	4.2%	1.9651	2.6%	1.9329	1.9356	-0.1%	1.8387	5.1%
Blended O/P Factor	2.2526	2.1780	3.4%	2.1991	2.4%	2.1619	2.1689	-0.3%	2.0440	5.8%
Total Adjusted Admissions	2,313	1,919	20.5%	2,071	11.7%	23,027	20,837	10.5%	19,835	16.1%
Hours / Adjusted Admission	125.01	140.43	-11.0%	135.04	-7.4%	132.58	139.66	-5.1%	147.96	-10.4%
FTE's - Hospital Contract	53.3	61.2	-12.8%	65.9	-19.0%	50.6	61.5	-17.8%	96.2	-47.4%
FTE's - Mgmt Services	57.0	43.3	31.8%	39.5	44.6%	42.1	43.3	-2.8%	42.7	-1.5%
Total FTE's (including Contract)	1,742.4	1,625.9	7.2%	1,684.3	3.4%	1,687.5	1,624.9	3.8%	1,667.4	1.2%
Total FTE'S per Adjusted Occupied Bed (including Contract)	5.1	5.8	-10.8%	5.2	-0.4%	5.0	5.7	-12.8%	5.1	-1.7%
ProCare FTEs	221.4	252.2	-12.2%	216.9	2.1%	219.3	252.1	-13.0%	213.6	2.7%
TraumaCare FTEs	9.5	9.0	5.4%	9.4	0.4%	9.4	9.2	2.8%	2.6	268.7%
Total System FTEs	1,973.2	1,887.0	4.6%	1,910.6	3.3%	1,916.2	1,886.2	1.6%	1,883.6	1.7%
Urgent Care Visits										
JBS Clinic	1,507	2,151	-29.9%	1,689	-10.8%	16,304	23,353	-30.2%	19,859	-17.9%
West University	1,055	1,207	-12.6%	1,103	-4.4%	10,404	13,106	-20.6%	13,988	-25.6%
42nd Street	-	-	0.0%	-	0.0%	-	-	0.0%	12	-100.0%
Total Urgent Care Visits	2,562	3,358	-23.7%	2,792	-8.2%	26,708	36,459	-26.7%	33,859	-21.1%
Retail Clinic Visits										
Retail Clinic	161	694	-76.8%	360	-55.3%	2,091	3,026	-30.9%	2,692	-22.3%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
AUGUST 2023**

	HOSPITAL	PRO CARE	TRAUMA CARE	ECTOR COUNTY HOSPITAL DISTRICT
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 20,889,776	\$ 4,400	\$ -	\$ 20,894,176
Investments	56,341,315	-	-	56,341,315
Patient Accounts Receivable - Gross	241,316,943	28,167,393	2,374,530	271,858,866
Less: 3rd Party Allowances	(152,932,953)	(9,622,793)	(1,875,080)	(164,430,826)
Bad Debt Allowance	(55,791,084)	(13,163,190)	(385,290)	(69,339,563)
Net Patient Accounts Receivable	32,592,907	5,381,410	114,160	38,088,477
Taxes Receivable	10,215,033	-	-	10,215,033
Accounts Receivable - Other	2,479,927	83,353	-	2,563,280
Inventories	8,809,033	487,586	-	9,296,619
Prepaid Expenses	4,438,971	68,656	45,939	4,553,567
Total Current Assets	135,766,961	6,025,406	160,099	141,952,466
CAPITAL ASSETS:				
Property and Equipment	515,005,554	399,150	-	515,404,704
Construction in Progress	2,227,737	-	-	2,227,737
	517,233,291	399,150	-	517,632,441
Less: Accumulated Depreciation and Amortization	(358,451,781)	(320,306)	-	(358,772,087)
Total Capital Assets	158,781,510	78,845	-	158,860,354
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	4,896	-	-	4,896
Restricted Assets Held in Endowment	6,158,605	-	-	6,158,605
Restricted TPC, LLC	1,668,033	-	-	1,668,033
Restricted MCH West Texas Services	2,297,835	-	-	2,297,835
Pension, Deferred Outflows of Resources	19,270,278	-	-	19,270,278
Assets whose use is Limited	-	228,454	-	228,454
TOTAL ASSETS	\$ 323,948,119	\$ 6,332,704	\$ 160,099	\$ 330,440,922
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	\$ 2,245,653	\$ -	\$ -	\$ 2,245,653
Self-Insurance Liability - Current Portion	3,476,369	-	-	3,476,369
Accounts Payable	22,418,746	574,095	(39,200)	22,953,640
A/R Credit Balances	2,329,665	-	-	2,329,665
Accrued Interest	624,541	-	-	624,541
Accrued Salaries and Wages	4,754,673	5,506,288	246,644	10,507,605
Accrued Compensated Absences	4,524,124	-	-	4,524,124
Due to Third Party Payors	16,849	-	-	16,849
Deferred Revenue	2,151,407	285,152	-	2,436,559
Total Current Liabilities	42,542,026	6,365,535	207,444	49,115,004
ACCRUED POST RETIREMENT BENEFITS	55,391,728	-	-	55,391,728
SELF-INSURANCE LIABILITIES - Less Current Portion	2,469,073	-	-	2,469,073
LONG-TERM DEBT - Less Current Maturities	33,346,913	-	-	33,346,913
Total Liabilities	133,749,739	6,365,535	207,444	140,322,718
FUND BALANCE	190,198,379	(32,831)	(47,345)	190,118,204
TOTAL LIABILITIES AND FUND BALANCE	\$ 323,948,119	\$ 6,332,704	\$ 160,099	\$ 330,440,922

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
AUGUST 2023**

	CURRENT YEAR	PRIOR FISCAL YEAR END			CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	TRAUMA CARE AUDITED	
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 20,894,176	\$ 32,033,000	\$ 5,075	\$ -	\$ (11,143,899)
Investments	56,341,315	68,206,692	-	-	(11,865,377)
Patient Accounts Receivable - Gross	271,858,866	215,087,104	24,731,462	614,859	31,425,441
Less: 3rd Party Allowances	(164,430,826)	(140,901,175)	(9,623,136)	(469,500)	(13,437,015)
Bad Debt Allowance	(69,339,563)	(49,620,354)	(10,153,878)	(52,000)	(9,513,331)
Net Patient Accounts Receivable	38,088,477	24,565,575	4,954,448	93,359	8,475,095
Taxes Receivable	10,215,033	11,105,013	-	-	(889,980)
Accounts Receivable - Other	2,563,280	6,644,584	34,499	-	(4,115,803)
Inventories	9,296,619	8,796,969	479,133	-	20,518
Prepaid Expenses	4,553,567	3,579,202	158,300	20,398	795,667
Total Current Assets	141,952,466	154,931,034	5,631,454	113,757	(18,723,779)
CAPITAL ASSETS:					
Property and Equipment	515,404,704	501,814,250	393,970	-	13,196,485
Construction in Progress	2,227,737	4,091,217	-	-	(1,863,481)
	517,632,441	505,905,467	393,970	-	11,333,004
Less: Accumulated Depreciation and Amortization	(358,772,087)	(341,371,455)	(305,754)	-	(17,094,878)
Total Capital Assets	158,860,354	164,534,012	88,216	-	(5,761,874)
INTANGIBLE ASSETS / GOODWILL - NET	-	-	-	-	-
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,158,605	6,083,572	-	-	75,034
Restricted MCH West Texas Services	2,297,835	2,334,361	-	-	(36,526)
Pension, Deferred Outflows of Resources	19,270,278	19,348,225	-	-	(77,946)
Assets whose use is Limited	228,454	-	150,729	-	77,724
TOTAL ASSETS	\$ 330,440,922	\$ 348,697,146	\$ 5,870,400	\$ 113,757	\$ (24,240,381)
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 2,245,653	\$ 2,232,209	\$ -	\$ -	\$ 13,443
Self-Insurance Liability - Current Portion	3,476,369	3,476,369	-	-	-
Accounts Payable	22,953,640	29,257,247	899,411	(133,295)	(7,069,723)
A/R Credit Balances	2,329,665	2,431,305	-	-	(101,641)
Accrued Interest	624,541	19,148	-	-	605,392
Accrued Salaries and Wages	10,507,605	5,613,638	4,702,269	274,974	(83,277)
Accrued Compensated Absences	4,524,124	4,450,865	-	-	73,259
Due to Third Party Payors	16,849	16,199,526	-	-	(16,182,677)
Deferred Revenue	2,436,559	272,039	301,550	-	1,862,969
Total Current Liabilities	49,115,004	63,952,347	5,903,230	141,679	(20,740,573)
ACCRUED POST RETIREMENT BENEFITS	55,391,728	54,330,479	-	-	1,061,249
SELF-INSURANCE LIABILITIES - Less Current Portion	2,469,073	2,469,073	-	-	-
LONG-TERM DEBT - Less Current Maturities	33,346,913	34,565,827	-	-	(1,218,914)
Total Liabilities	140,322,718	155,317,725	5,903,230	141,679	(21,039,917)
FUND BALANCE	190,118,204	193,379,421	(32,831)	(27,922)	190,151,035
TOTAL LIABILITIES AND FUND BALANCE	\$ 330,440,922	\$ 348,697,146	\$ 5,870,400	\$ 113,757	\$ (24,240,381)

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
AUGUST 2023**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 53,486,472	\$ 51,346,820	4.2%	\$ 49,629,028	7.8%	\$ 575,054,485	\$ 554,268,096	3.8%	\$ 589,540,004	-2.5%
Outpatient Revenue	66,996,756	60,486,084	10.8%	59,507,767	12.6%	668,179,315	647,909,513	3.1%	615,455,054	8.6%
TOTAL PATIENT REVENUE	\$ 120,483,228	\$ 111,832,904	7.7%	\$ 109,136,795	10.4%	\$ 1,243,233,801	\$ 1,202,177,609	3.4%	\$ 1,204,995,058	3.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 75,385,179	\$ 69,006,988	9.2%	\$ 69,047,336	9.2%	\$ 784,056,496	\$ 740,978,481	5.8%	\$ 761,537,628	3.0%
Policy Adjustments	686,707	1,576,745	-56.4%	1,796,400	-61.8%	14,628,961	16,745,236	-12.6%	19,246,182	-24.0%
Uninsured Discount	9,311,072	9,903,889	-6.0%	8,478,069	9.8%	118,060,191	106,775,729	10.6%	99,502,626	18.7%
Indigent	1,550,950	1,230,960	26.0%	1,558,561	-0.5%	12,531,358	13,210,731	-5.1%	13,110,079	-4.4%
Provision for Bad Debts	6,361,677	6,124,822	3.9%	5,001,295	27.2%	51,658,873	66,151,411	-21.9%	71,487,998	-27.7%
TOTAL REVENUE DEDUCTIONS	\$ 93,295,586	\$ 87,843,404	6.2%	\$ 85,881,660	8.6%	\$ 980,935,878	\$ 943,861,588	3.9%	\$ 964,884,513	1.7%
	77.43%	78.55%		78.69%		78.90%	78.51%		80.07%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 4,271,669	\$ 2,094,222	104.0%	\$ 2,236,886	91.0%	\$ 26,533,771	\$ 23,036,442	15.2%	\$ 22,311,135	18.9%
DSRIP/CHIRP	(312,794)	698,830	-144.8%	(342,394)	-8.6%	2,517,233	7,687,130	-67.3%	4,498,759	-44.0%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	(14,868)	-	0.0%	(5,812)	155.8%
TOTAL OTHER PATIENT REVENUE	\$ 3,958,876	\$ 2,793,052	41.7%	\$ 1,894,493	109.0%	\$ 29,036,136	\$ 30,723,572	-5.5%	\$ 26,804,081	8.3%
NET PATIENT REVENUE	\$ 31,146,518	\$ 26,782,552	16.3%	\$ 25,149,628	23.8%	\$ 291,334,059	\$ 289,039,593	0.8%	\$ 266,914,627	9.1%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 5,976,560	\$ 5,937,054	0.7%	\$ 6,547,851	-8.7%	\$ 68,979,579	\$ 61,929,076	11.4%	\$ 69,479,785	-0.7%
Other Revenue	1,196,700	1,251,385	-4.4%	867,874	37.9%	13,679,291	13,661,391	0.1%	10,137,734	34.9%
TOTAL OTHER REVENUE	\$ 7,173,260	\$ 7,188,439	-0.2%	\$ 7,415,725	-3.3%	\$ 82,658,870	\$ 75,590,467	9.4%	\$ 79,617,519	3.8%
NET OPERATING REVENUE	\$ 38,319,778	\$ 33,970,991	12.8%	\$ 32,565,353	17.7%	\$ 373,992,929	\$ 364,630,060	2.6%	\$ 346,532,145	7.9%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 14,863,252	\$ 14,195,584	4.7%	\$ 14,854,347	0.1%	\$ 159,789,649	\$ 153,865,879	3.8%	\$ 149,990,024	6.5%
Benefits	2,992,319	2,830,998	5.7%	891,386	235.7%	31,115,956	31,603,651	-1.5%	13,025,072	138.9%
Temporary Labor	1,380,538	1,218,191	13.3%	1,947,143	-29.1%	14,875,532	13,269,750	12.1%	32,539,983	-54.3%
Physician Fees	1,402,827	1,153,784	21.6%	1,126,544	24.5%	12,525,010	12,719,174	-1.5%	14,884,500	-15.9%
Texas Tech Support	999,688	879,933	13.6%	852,031	17.3%	10,135,157	9,679,263	4.7%	9,478,606	6.9%
Purchased Services	4,763,749	4,438,918	7.3%	4,463,350	6.7%	48,144,783	48,498,869	-0.7%	48,276,045	-0.3%
Supplies	6,638,791	5,951,189	11.6%	5,366,787	23.7%	64,644,119	63,920,871	1.1%	58,351,866	10.8%
Utilities	345,606	400,288	-13.7%	367,099	-5.9%	3,617,702	3,748,182	-3.5%	3,734,947	-3.1%
Repairs and Maintenance	988,584	1,020,801	-3.2%	1,099,290	-10.1%	9,924,144	11,228,811	-11.6%	9,611,495	3.3%
Leases and Rent	67,392	275,336	-75.5%	153,243	-56.0%	1,261,660	3,027,196	-58.3%	2,562,622	-50.8%
Insurance	187,250	162,083	15.5%	180,466	3.8%	1,928,340	1,820,078	5.9%	1,718,693	12.2%
Interest Expense	69,210	79,660	-13.1%	69,841	-0.9%	766,849	876,260	-12.5%	890,201	-13.9%
ECHDA	323,863	187,818	72.4%	261,346	23.9%	2,197,629	2,065,998	6.4%	2,132,769	3.0%
Other Expense	150,946	218,454	-30.9%	189,062	-20.2%	2,237,822	2,480,445	-9.8%	2,096,014	6.8%
TOTAL OPERATING EXPENSES	\$ 35,174,014	\$ 33,013,037	6.5%	\$ 31,821,937	10.5%	\$ 363,164,353	\$ 358,804,427	1.2%	\$ 349,292,837	4.0%
Depreciation/Amortization	\$ 1,838,836	\$ 1,673,635	9.9%	\$ 1,673,963	9.8%	\$ 19,326,175	\$ 18,259,611	5.8%	\$ 18,274,879	5.8%
(Gain) Loss on Sale of Assets	(7,185)	-	0.0%	(50)	14269.0%	(111,419)	-	0.0%	465	-24075.5%
TOTAL OPERATING COSTS	\$ 37,005,665	\$ 34,686,672	6.7%	\$ 33,495,850	10.5%	\$ 382,379,109	\$ 377,064,038	1.4%	\$ 367,568,181	4.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ 1,314,113	\$ (715,681)	283.6%	\$ (930,497)	241.2%	\$ (8,386,180)	\$ (12,433,978)	-32.6%	\$ (21,036,035)	-60.1%
Operating Margin	3.43%	-2.11%	-262.8%	-2.86%	-220.0%	-2.24%	-3.41%	-34.2%	-6.07%	-63.1%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 90,232	\$ 49,663	81.7%	\$ 22,145	307.4%	\$ 1,015,216	\$ 546,293	85.8%	\$ 503,365	101.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,392,083	1,158,055	20.2%	1,158,055	20.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	33,333	-100.0%	-	-	16,375	366,663	-95.5%	-	-
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	1,500,000	-100.0%	6,113,607	-100.0%
						11,706,844	8,201,893		4,242,652	
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 1,404,344	\$ (632,685)	322.0%	\$ (908,351)	254.6%	\$ (5,962,506)	\$ (8,862,967)	32.7%	\$ (13,261,008)	55.0%
Unrealized Gain/(Loss) on Investments	\$ 160,284	\$ (8,333)	0.0%	\$ (739,072)	-121.7%	\$ 1,448,223	\$ (91,663)	0.0%	\$ (3,034,781)	-147.7%
Investment in Subsidiaries	(11,855)	85,628	-113.8%	59,191	-120.0%	1,313,818	941,908	39.5%	767,409	71.2%
CHANGE IN NET POSITION	\$ 1,552,773	\$ (555,390)	379.6%	\$ (1,588,232)	197.8%	\$ (3,200,465)	\$ (8,012,722)	60.1%	\$ (15,528,380)	79.4%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
AUGUST 2023**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	\$ 53,486,472	\$ 51,346,820	4.2%	\$ 49,629,028	7.8%	\$ 575,054,485	\$ 554,268,096	3.8%	\$ 589,540,004	-2.5%
Outpatient Revenue	54,350,273	47,986,379	13.3%	47,896,129	13.5%	536,471,088	518,566,393	3.5%	494,419,440	8.5%
TOTAL PATIENT REVENUE	\$ 107,836,744	\$ 99,333,199	8.6%	\$ 97,525,157	10.6%	\$ 1,111,525,573	\$ 1,072,834,489	3.6%	\$ 1,083,959,444	2.5%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 68,225,683	\$ 62,778,828	8.7%	\$ 63,507,236	7.4%	\$ 714,877,315	\$ 677,551,614	5.5%	\$ 702,204,862	1.8%
Policy Adjustments	29,151	781,316	-96.3%	981,781	-97.0%	5,538,391	8,474,235	-34.6%	10,955,050	-49.4%
Uninsured Discount	9,060,244	9,395,580	-3.6%	8,099,822	11.9%	113,807,345	101,539,906	12.1%	94,196,433	20.8%
Indigent Care	1,538,276	1,223,104	25.8%	1,560,569	-1.4%	12,376,138	13,128,702	-5.7%	13,039,230	-5.1%
Provision for Bad Debts	5,450,738	5,152,687	5.8%	3,861,635	41.2%	42,235,787	55,801,980	-24.3%	61,903,850	-31.8%
TOTAL REVENUE DEDUCTIONS	\$ 84,304,091	\$ 79,331,515	6.3%	\$ 78,011,043	8.1%	\$ 888,834,975	\$ 856,496,437	3.8%	\$ 882,299,425	0.7%
	78.18%	79.86%		79.99%		79.97%	79.83%		81.40%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 4,271,669	\$ 2,094,222	104.0%	\$ 2,236,886	91.0%	\$ 26,533,771	\$ 23,036,442	15.2%	\$ 22,311,135	18.9%
DSRIP/CHIRP	(312,794)	698,830	-144.8%	(342,394)	-8.6%	2,517,233	7,687,130	-67.3%	4,498,759	-44.0%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	(14,868)	-	0.0%	(5,812)	155.8%
TOTAL OTHER PATIENT REVENUE	\$ 3,958,876	\$ 2,793,052	41.7%	\$ 1,894,493	109.0%	\$ 29,036,136	\$ 30,723,572	-5.5%	\$ 26,804,081	8.3%
NET PATIENT REVENUE	\$ 27,491,529	\$ 22,794,736	20.6%	\$ 21,408,606	28.4%	\$ 251,726,734	\$ 247,061,624	1.9%	\$ 228,464,101	10.2%
OTHER REVENUE										
Tax Revenue	\$ 5,976,560	\$ 5,937,054	0.7%	\$ 6,547,851	-8.7%	\$ 68,979,579	\$ 61,929,076	11.4%	\$ 69,479,785	-0.7%
Other Revenue	1,010,681	1,019,712	-0.9%	686,973	47.1%	11,313,793	11,186,955	1.1%	7,800,740	45.0%
TOTAL OTHER REVENUE	\$ 6,987,241	\$ 6,956,766	0.4%	\$ 7,234,824	-3.4%	\$ 80,293,372	\$ 73,116,031	9.8%	\$ 77,280,524	3.9%
NET OPERATING REVENUE	\$ 34,478,770	\$ 29,751,502	15.9%	\$ 28,643,430	20.4%	\$ 332,020,106	\$ 320,177,655	3.7%	\$ 305,744,625	8.6%
OPERATING EXPENSE										
Salaries and Wages	\$ 10,126,491	\$ 9,498,906	6.6%	\$ 10,179,027	-0.5%	\$ 109,919,097	\$ 101,516,042	8.3%	\$ 104,215,079	5.5%
Benefits	2,569,362	2,379,220	8.0%	497,621	416.3%	26,350,062	26,625,342	-1.0%	8,362,361	215.1%
Temporary Labor	924,966	935,347	-1.1%	1,679,182	-44.9%	10,689,845	10,158,466	5.2%	29,458,329	-63.7%
Physician Fees	1,388,844	1,254,900	10.7%	1,210,388	14.7%	12,827,021	13,803,900	-7.1%	13,511,947	-5.1%
Texas Tech Support	999,688	879,933	13.6%	852,031	17.3%	10,135,157	9,679,263	4.7%	9,478,606	6.9%
Purchased Services	4,822,304	4,533,781	6.4%	4,531,730	6.4%	48,429,517	49,409,797	-2.0%	48,994,952	-1.2%
Supplies	6,505,665	5,818,743	11.8%	5,192,756	25.3%	63,327,403	62,477,318	1.4%	57,029,933	11.0%
Utilities	344,176	399,784	-13.9%	366,098	-6.0%	3,608,176	3,742,638	-3.6%	3,728,745	-3.2%
Repairs and Maintenance	987,742	1,019,785	-3.1%	1,099,290	-10.1%	9,907,798	11,217,635	-11.7%	9,599,959	3.2%
Leases and Rentals	(108,808)	104,327	-204.3%	(12,362)	780.2%	(636,636)	1,147,597	-155.5%	808,381	-178.8%
Insurance	127,562	109,297	16.7%	118,204	7.9%	1,326,050	1,202,267	10.3%	1,158,232	14.5%
Interest Expense	69,210	79,660	-13.1%	69,841	-0.9%	766,849	876,260	-12.5%	890,201	-13.9%
ECHDA	323,863	187,818	72.4%	261,346	23.9%	2,197,629	2,065,998	6.4%	2,132,769	3.0%
Other Expense	80,545	165,910	-51.5%	126,072	-36.1%	1,619,835	1,830,135	-11.5%	1,555,502	4.1%
TOTAL OPERATING EXPENSES	\$ 29,161,609	\$ 27,367,411	6.6%	\$ 26,171,224	11.4%	\$ 300,467,803	\$ 295,752,658	1.6%	\$ 290,924,995	3.3%
Depreciation/Amortization	\$ 1,831,765	\$ 1,667,746	9.8%	\$ 1,667,469	9.9%	\$ 19,252,928	\$ 18,194,832	5.8%	\$ 18,218,103	5.7%
(Gain)/Loss on Disposal of Assets	(7,185)	-	0.0%	(50)	14269.0%	(110,913)	-	100.0%	(7,050)	1473.2%
TOTAL OPERATING COSTS	\$ 30,986,190	\$ 29,035,157	6.7%	\$ 27,838,643	11.3%	\$ 319,609,818	\$ 313,947,490	1.8%	\$ 309,136,047	3.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ 3,492,580	\$ 716,345	387.6%	\$ 804,787	-334.0%	\$ 12,410,289	\$ 6,230,165	99.2%	\$ (3,391,422)	-465.9%
Operating Margin	10.13%	2.41%	320.7%	2.81%	260.5%	3.74%	1.95%	92.1%	-1.11%	-437.0%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 90,232	\$ 49,663	81.7%	\$ 22,145	307.4%	\$ 1,015,216	\$ 546,293	85.8%	\$ 503,365	101.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,392,083	1,158,055	20.2%	1,158,055	20.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	33,333	-100.0%	-	0.0%	16,375	366,663	-95.5%	-	0.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	1,500,000	-100.0%	6,113,607	-100.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 3,582,812	\$ 799,341	348.2%	\$ 826,932	333.3%	\$ 14,833,963	\$ 9,801,176	51.3%	\$ 4,383,605	238.4%
Procure & Trauma Care Capital Contribution	(2,194,946)	(1,447,568)	51.6%	(1,702,358)	28.9%	(20,777,046)	(18,828,716)	10.3%	(17,592,690)	18.1%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 1,387,866	\$ (648,227)	314.1%	\$ (875,425)	258.5%	\$ (5,943,083)	\$ (9,027,540)	34.2%	\$ (13,209,084)	55.0%
Unrealized Gain/(Loss) on Investments	\$ 160,284	\$ (8,333)	-2023.5%	(739,072)	-121.7%	\$ 1,448,223	\$ (91,663)	-1679.9%	\$ (3,034,781)	-147.7%
Investment in Subsidiaries	(11,855)	85,628	-113.8%	59,191	-120.0%	1,313,818	941,908	39.5%	767,409	71.2%
CHANGE IN NET POSITION	\$ 1,536,295	\$ (570,932)	369.1%	\$ (1,555,306)	198.8%	\$ (3,181,042)	\$ (8,177,295)	61.1%	\$ (15,476,456)	79.4%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 11,782,647	\$ 12,243,966	-3.8%	\$ 11,476,904	2.7%	\$ 129,029,765	\$ 126,529,991	2.0%	\$ 120,622,796	7.0%
TOTAL PATIENT REVENUE	\$ 11,782,647	\$ 12,243,966	-3.8%	\$ 11,476,904	2.7%	\$ 129,029,765	\$ 126,529,991	2.0%	\$ 120,622,796	7.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 6,645,520	\$ 6,104,159	8.9%	\$ 5,459,932	21.7%	\$ 67,543,748	\$ 62,062,856	8.8%	\$ 59,087,486	14.3%
Policy Adjustments	510,714	752,096	-32.1%	791,714	-35.5%	8,610,652	7,794,338	10.5%	8,221,052	4.7%
Uninsured Discount	250,828	508,309	-50.7%	378,246	-33.7%	4,252,846	5,235,823	-18.8%	5,306,193	-19.9%
Indigent	12,674	7,856	61.3%	(2,007)	-731.4%	155,220	82,029	89.2%	70,849	119.1%
Provision for Bad Debts	743,282	950,397	-21.8%	1,128,207	-34.1%	9,028,596	10,110,313	-10.7%	9,549,109	-5.5%
TOTAL REVENUE DEDUCTIONS	\$ 8,163,018	\$ 8,322,817	-1.9%	\$ 7,756,092	5.2%	\$ 89,591,063	\$ 85,285,359	5.0%	\$ 82,234,688	8.9%
	69.28%	67.97%		67.58%		69.43%	67.40%		68.18%	
NET PATIENT REVENUE	\$ 3,619,629	\$ 3,921,149	-7.7%	\$ 3,720,812	-2.7%	\$ 39,438,703	\$ 41,244,632	-4.4%	\$ 38,388,108	2.7%
OTHER REVENUE										
Other Income	\$ 184,562	\$ 231,673	-20.3%	\$ 180,901	2.0%	\$ 2,362,931	\$ 2,474,436	-4.5%	\$ 2,336,995	1.1%
TOTAL OTHER REVENUE	\$ 184,562	\$ 231,673	-20.3%	\$ 180,901	2.0%	\$ 2,362,931	\$ 2,474,436	-4.5%	\$ 2,336,995	1.1%
NET OPERATING REVENUE	\$ 3,804,191	\$ 4,152,822	-8.4%	\$ 3,901,713	-2.5%	\$ 41,801,633	\$ 43,719,068	-4.4%	\$ 40,725,102	2.6%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,486,391	\$ 4,434,253	1.2%	\$ 4,418,139	1.5%	\$ 47,124,728	\$ 49,463,162	-4.7%	\$ 45,010,833	4.7%
Benefits	404,993	412,864	-1.9%	355,056	14.1%	4,573,660	4,548,631	0.6%	4,565,473	0.2%
Temporary Labor	455,572	282,844	61.1%	267,961	70.0%	4,185,686	3,111,284	34.5%	3,081,654	35.8%
Physician Fees	273,231	158,132	72.8%	175,404	55.8%	2,549,717	1,767,002	44.3%	2,150,297	18.6%
Purchased Services	(58,556)	(95,308)	-38.6%	(68,662)	-14.7%	(292,052)	(915,823)	-68.1%	(719,397)	-59.4%
Supplies	132,780	130,758	1.5%	172,082	-22.8%	1,311,227	1,424,985	-8.0%	1,318,558	-0.6%
Utilities	1,430	504	183.7%	1,001	42.8%	9,526	5,544	71.8%	6,202	53.6%
Repairs and Maintenance	843	1,016	-17.1%	0.01	8426100.0%	16,346	11,176	46.3%	11,536	41.7%
Leases and Rentals	174,207	171,009	1.9%	165,605	5.2%	1,876,370	1,879,599	-0.2%	1,754,240	7.0%
Insurance	51,412	46,182	11.3%	49,133	4.6%	536,710	543,952	-1.3%	534,968	0.3%
Other Expense	69,763	52,244	33.5%	61,856	12.8%	614,019	643,460	-4.6%	539,135	13.9%
TOTAL OPERATING EXPENSES	\$ 5,992,066	\$ 5,594,498	7.1%	\$ 5,597,576	7.0%	\$ 62,505,938	\$ 62,482,972	0.0%	\$ 58,253,501	7.3%
Depreciation/Amortization	\$ 7,071	\$ 5,889	20.1%	\$ 6,494	8.9%	\$ 73,247	\$ 64,779	13.1%	\$ 56,777	29.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	(506)	-	0.0%	7,515	0.0%
TOTAL OPERATING COSTS	\$ 5,999,137	\$ 5,600,387	7.1%	\$ 5,604,070	7.0%	\$ 62,578,679	\$ 62,547,751	0.0%	\$ 58,317,792	7.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,194,946)	\$ (1,447,565)	-51.6%	\$ (1,702,358)	28.9%	\$ (20,777,046)	\$ (18,828,683)	-10.3%	\$ (17,592,690)	-18.1%
Operating Margin	-57.70%	-34.86%	65.5%	-43.63%	32.2%	-49.70%	-43.07%	15.4%	-43.20%	15.1%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,194,946	\$ 1,447,565	51.6%	\$ 1,702,358	28.9%	\$ 20,777,046	\$ 18,828,683	10.3%	\$ 17,592,690	18.1%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	10,477	10,537	-0.57%	10,230	2.41%	101,761	102,749	-0.96%	97,350	4.53%
Total Hospital Visits	6,204	5,644	9.92%	5,554	11.70%	63,968	64,654	-1.06%	62,952	1.61%
Total Procedures	13,832	12,206	13.32%	12,984	6.53%	141,540	134,078	5.57%	130,595	8.38%
Total Surgeries	772	661	16.79%	726	6.34%	9,113	8,506	7.14%	8,260	10.33%
Total Provider FTE's	89.0	101.9	-12.66%	88.7	0.29%	89.9	101.9	-11.70%	89.9	0.08%
Total Staff FTE's	120.7	137.6	-12.31%	115.2	4.78%	117.6	137.6	-14.50%	110.7	6.24%
Total Administrative FTE's	11.7	12.7	-7.52%	13.0	-9.75%	11.8	12.7	-7.34%	13.1	-9.85%
Total FTE's	221.4	252.2	-12.21%	216.9	2.07%	219.3	252.1	-13.01%	213.6	2.67%

**ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 863,836	\$ 255,739	237.8%	\$ 134,735	541.1%	\$ 2,678,462	\$ 2,813,129	-4.8%	\$ 412,818	548.8%
TOTAL PATIENT REVENUE	\$ 863,836	\$ 255,739	237.8%	\$ 134,735	541.1%	\$ 2,678,462	\$ 2,813,129	-4.8%	\$ 412,818	548.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 513,977	\$ 124,001	314.5%	\$ 80,168	541.1%	\$ 1,635,433	\$ 1,364,011	19.9%	\$ 245,280	566.8%
Policy Adjustments	146,842	43,333	238.9%	22,905	541.1%	479,918	476,663	0.7%	70,080	584.8%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	167,657	21,738	671.3%	11,453	1363.9%	394,490	239,118	65.0%	35,040	1025.8%
TOTAL REVENUE DEDUCTIONS	\$ 828,476	\$ 189,072	338.2%	\$ 114,525	623.4%	\$ 2,509,840	\$ 2,079,792	20.7%	\$ 350,400	616.3%
	95.91%	73.93%		85.00%		93.70%	73.93%		84.88%	
NET PATIENT REVENUE	\$ 35,360	\$ 66,667	-47.0%	\$ 20,210	75.0%	\$ 168,622	\$ 733,337	-77.0%	\$ 62,418	170.1%
						6.3%				
OTHER REVENUE										
Other Income	\$ 1,457	\$ -	0.0%	\$ -	0.0%	\$ 2,568	\$ -	100.0%	\$ -	100.0%
TOTAL OTHER REVENUE	\$ 1,457	\$ -	0.0%	\$ -	0.0%	\$ 2,568	\$ -	100.0%	\$ -	100.0%
NET OPERATING REVENUE	\$ 36,817	\$ 66,667	-44.8%	\$ 20,210	82.2%	\$ 171,190	\$ 733,337	-76.7%	\$ 62,418	174.3%
OPERATING EXPENSE										
Salaries and Wages	\$ 250,370	\$ 262,425	-4.6%	\$ 257,182	-2.6%	\$ 2,745,824	\$ 2,886,675	-4.9%	\$ 764,112	259.3%
Benefits	17,964	38,914	-53.8%	38,709	-53.6%	192,234	429,678	-55.3%	97,237	97.7%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(2,851,728)	(2,851,728)	0.0%	(777,744)	266.7%
Purchased Services	-	445	-100.0%	283	-100.0%	7,318	4,895	49.5%	491	1391.2%
Supplies	346	1,688	-79.5%	1,948	-82.2%	5,489	18,568	-70.4%	3,376	62.6%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	1,993	-	100.0%	-	100.0%	21,927	-	100.0%	-	100.0%
Insurance	8,275	6,604	25.3%	13,128	-37.0%	65,580	73,859	-11.2%	25,493	157.2%
Other Expense	638	300	112.5%	1,134	-43.8%	3,968	6,850	-42.1%	1,376	188.3%
TOTAL OPERATING EXPENSES	\$ 20,339	\$ 51,128	-60.2%	\$ 53,136	-61.7%	\$ 190,612	\$ 568,797	-66.5%	\$ 114,341	66.7%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 20,339	\$ 51,128	-60.2%	\$ 53,136	100.0%	\$ 190,612	\$ 568,797	-66.5%	\$ 114,341	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ 16,478	\$ 15,539	-6.0%	\$ (32,926)	-150.0%	\$ (19,422)	\$ 164,540	111.8%	\$ (51,923)	-62.6%
Operating Margin	44.76%	23.31%	92.0%	-162.92%	-100.0%	-11.35%	22.44%	-150.6%	-83.19%	-100.0%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 16,478	\$ 15,539	-6.0%	\$ (32,926)	-150.0%	\$ (19,422)	\$ 164,540	111.8%	\$ (51,923)	-62.6%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	1,327	427	210.77%	336	294.94%	8,124	4,697	72.96%	1,245	552.53%
Total Provider FTE's	8.5	8.0	5.71%	8.4	0.51%	8.4	8.2	3.30%	2.3	266.93%
Total Staff FTE's	1.0	1.0	2.39%	1.0	-0.05%	1.0	1.0	-1.09%	0.3	284.32%
Total FTE's	9.5	9.0	5.35%	9.4	0.45%	9.4	9.2	2.83%	2.6	268.68%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 216,642	\$ 256,009	-15.4%	\$ 230,761	-6.1%	\$ 1,922,705	\$ 2,551,359	-24.6%	\$ 1,861,162	3.3%
TOTAL PATIENT REVENUE	\$ 216,642	\$ 256,009	-15.4%	\$ 230,761	-6.1%	\$ 1,922,705	\$ 2,551,359	-24.6%	\$ 1,861,162	3.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 110,329	\$ 150,036	-26.5%	\$ 105,413	4.7%	\$ 1,042,003	\$ 1,495,245	-30.3%	\$ 1,092,313	-4.6%
Self Pay Adjustments	30,145	43,113	-30.1%	36,030	-16.3%	258,506	429,657	-39.8%	293,988	-12.1%
Bad Debts	(2,196)	(7,324)	-70.0%	4,690	-146.8%	(44,655)	(72,986)	-38.8%	(64,040)	-30.3%
TOTAL REVENUE DEDUCTIONS	\$ 138,278	\$ 185,825	-25.6%	\$ 146,133	-5.4%	\$ 1,255,855	\$ 1,851,916	-32.2%	\$ 1,322,262	-5.0%
	63.8%	72.6%		63.3%		65.3%	72.6%		71.0%	
NET PATIENT REVENUE	\$ 78,364	\$ 70,184	11.7%	\$ 84,628	-7.4%	\$ 666,850	\$ 699,443	-4.7%	\$ 538,900	23.7%
OTHER REVENUE										
FHC Other Revenue	\$ (11,443)	\$ 23,543	0.0%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	0.0%	\$ 311,854	337.8%
TOTAL OTHER REVENUE	\$ (11,443)	\$ 23,543	-148.6%	\$ 33,596	-134.1%	\$ 1,365,358	\$ 258,973	427.2%	\$ 311,854	337.8%
NET OPERATING REVENUE	\$ 66,921	\$ 93,727	-28.6%	\$ 118,225	-43.4%	\$ 2,032,209	\$ 958,416	112.0%	\$ 850,753	138.9%
OPERATING EXPENSE										
Salaries and Wages	\$ 65,861	\$ 68,198	-3.4%	\$ 60,199	9.4%	\$ 861,787	\$ 667,555	29.1%	\$ 804,414	7.1%
Benefits	16,711	17,082	-2.2%	2,943	467.8%	206,589	175,084	18.0%	64,547	220.1%
Physician Services	76,081	102,930	-26.1%	67,670	12.4%	1,120,655	1,117,906	0.2%	907,487	23.5%
Cost of Drugs Sold	29	5,211	-99.4%	6,305	-99.5%	34,168	51,937	-34.2%	39,389	-13.3%
Supplies	8,793	5,826	50.9%	5,427	62.0%	50,816	59,394	-14.4%	34,667	46.6%
Utilities	3,110	3,521	-11.7%	3,057	1.7%	31,524	35,042	-10.0%	32,357	-2.6%
Repairs and Maintenance	5,800	2,824	105.4%	9,242	-37.2%	15,166	31,064	-51.2%	41,921	-63.8%
Leases and Rentals	513	482	6.5%	480	6.9%	5,903	5,302	11.3%	5,344	10.5%
Other Expense	1,000	1,591	-37.1%	1,000	0.0%	42,937	17,501	145.3%	15,012	186.0%
TOTAL OPERATING EXPENSES	\$ 177,899	\$ 207,665	-14.3%	\$ 156,323	13.8%	\$ 2,369,544	\$ 2,160,785	9.7%	\$ 1,945,138	21.8%
Depreciation/Amortization	\$ 4,301	\$ 2,933	46.7%	\$ 2,617	64.4%	\$ 32,990	\$ 31,888	3.5%	\$ 28,884	14.2%
TOTAL OPERATING COSTS	\$ 182,200	\$ 210,598	-13.5%	\$ 158,939	14.6%	\$ 2,402,535	\$ 2,192,673	9.6%	\$ 1,974,022	21.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ (115,279)	\$ (116,871)	1.4%	\$ (40,715)	-183.1%	\$ (370,326)	\$ (1,234,257)	70.0%	\$ (1,123,269)	-67.0%
Operating Margin	-172.26%	-124.69%	38.1%	-34.44%	400.2%	-18.22%	-128.78%	-85.8%	-132.03%	-86.2%

	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	861	938	-8.2%	856	0.6%	7,081	9,348	-24.3%	7,281	-2.7%
Average Revenue per Office Visit	251.62	272.93	-7.8%	269.58	-6.7%	271.53	272.93	-0.5%	255.62	6.2%
Hospital FTE's (Salaries and Wages)	12.5	14.1	-11.1%	12.3	1.8%	11.7	13.0	-10.1%	15.0	-22.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 2023**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 204,298	\$ 201,282	1.5%	\$ 186,986	9.3%	\$ 2,095,377	\$ 2,014,452	4.0%	\$ 1,724,503	21.5%
TOTAL PATIENT REVENUE	\$ 204,298	\$ 201,282	1.5%	\$ 186,986	9.3%	\$ 2,095,377	\$ 2,014,452	4.0%	\$ 1,724,503	21.5%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 114,306	\$ 109,533	4.4%	\$ 86,521	32.1%	\$ 1,159,829	\$ 1,096,218	5.8%	\$ 927,111	25.1%
Self Pay Adjustments	16,538	15,301	8.1%	21,015	-21.3%	192,263	153,133	25.6%	136,455	40.9%
Bad Debts	(2,837)	9,369	-130.3%	19,762	-114.4%	15,098	93,765	-83.9%	91,109	-83.4%
TOTAL REVENUE DEDUCTIONS	\$ 128,006	\$ 134,203	-4.6%	\$ 127,298	0.6%	\$ 1,367,190	\$ 1,343,116	1.8%	\$ 1,154,675	18.4%
	62.66%	66.67%		68.08%		65.25%	66.67%		66.96%	
NET PATIENT REVENUE	\$ 76,291	\$ 67,079	13.7%	\$ 59,688	27.8%	\$ 728,187	\$ 671,336	8.5%	\$ 569,828	27.8%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 76,291	\$ 67,079	13.7%	\$ 59,688	27.8%	\$ 728,187	\$ 671,336	8.5%	\$ 569,828	27.8%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 15,371	\$ 24,898	-38.3%	\$ 17,998	-14.6%	\$ 89,667	\$ 244,768	-63.4%	\$ 87,538	2.4%
Benefits	3,900	6,236	-37.5%	880	343.2%	21,495	64,197	-66.5%	7,024	206.0%
Physician Services	58,058	48,507	19.7%	50,690	14.5%	385,197	524,188	-26.5%	441,806	-12.8%
Cost of Drugs Sold	7,726	4,727	63.4%	11,859	-34.9%	39,173	47,307	-17.2%	45,611	-14.1%
Supplies	1,317	2,261	-41.7%	6,102	-78.4%	28,398	22,832	24.4%	27,313	4.0%
Utilities	4,407	4,232	4.1%	2,833	55.6%	31,646	30,644	3.3%	29,142	8.6%
Repairs and Maintenance	-	-	0.0%	-	100.0%	1,920	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	551	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 90,819	\$ 90,861	0.0%	\$ 90,361	0.5%	\$ 598,288	\$ 933,936	-35.9%	\$ 638,433	-6.3%
Depreciation/Amortization	\$ 20,824	\$ 26,853	-22.5%	\$ 25,992	-19.9%	\$ 228,704	\$ 290,900	-21.4%	\$ 286,255	-20.1%
TOTAL OPERATING COSTS	\$ 111,643	\$ 117,714	-5.2%	\$ 116,352	-4.0%	\$ 826,992	\$ 1,224,836	-32.5%	\$ 924,689	-10.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (35,352)	\$ (50,635)	-30.2%	\$ (56,664)	-37.6%	\$ (98,805)	\$ (553,500)	-82.1%	\$ (354,861)	-72.2%
Operating Margin	-46.34%	-75.49%	-38.6%	-94.93%	-51.2%	-13.57%	-82.45%	-83.5%	-62.28%	-78.2%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	681	739	-7.8%	598	13.9%	6,931	7,396	-6.3%		0.0%
Average Revenue per Office Visit	300.00	272.37	10.1%	312.69	-4.1%	302.32	272.37	11.0%	280.22	7.9%
Hospital FTE's (Salaries and Wages)	5.0	7.6	-34.0%	5.8	-12.4%	5.8	7.1	-18.1%	2.9	96.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
AUGUST 2023**

	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	\$ 338,518	\$ 305,642	10.8%	\$ 277,341	22.1%	\$ 2,756,036	\$ 2,360,565	16.8%	\$ 2,676,094	3.0%
TOTAL PATIENT REVENUE	\$ 338,518	\$ 305,642	10.8%	\$ 277,341	22.1%	\$ 2,756,036	\$ 2,360,565	16.8%	\$ 2,676,094	3.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 181,224	\$ 168,158	7.8%	\$ 132,598	36.7%	\$ 1,502,748	\$ 1,298,736	15.7%	\$ 1,453,768	3.4%
Self Pay Adjustments	8,122	10,743	-24.4%	8,835	-8.1%	126,963	82,974	53.0%	85,490	48.5%
Bad Debts	2,547	16,460	-84.5%	11,539	-77.9%	(66,692)	127,124	-152.5%	167,452	-139.8%
TOTAL REVENUE DEDUCTIONS	\$ 191,892	\$ 195,361	-1.8%	\$ 152,972	25.4%	\$ 1,563,019	\$ 1,508,834	3.6%	\$ 1,706,710	-8.4%
	56.69%	63.92%		55.16%		56.71%	63.92%		63.78%	
NET PATIENT REVENUE	\$ 146,626	\$ 110,281	33.0%	\$ 124,368	17.9%	\$ 1,193,017	\$ 851,731	40.1%	\$ 969,384	23.1%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 146,626	\$ 110,281	33.0%	\$ 124,368	17.9%	\$ 1,193,017	\$ 851,731	40.1%	\$ 969,384	23.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 30,301	\$ 37,540	-19.3%	\$ 24,392	24.2%	\$ 202,631	\$ 286,347	-29.2%	\$ 164,567	23.1%
Benefits	7,688	9,403	-18.2%	1,192	545.0%	48,575	75,102	-35.3%	13,205	267.9%
Physician Services	64,229	65,770	-2.3%	82,098	-21.8%	336,242	710,743	-52.7%	520,654	-35.4%
Cost of Drugs Sold	30,190	17,124	76.3%	31,840	-5.2%	142,532	132,253	7.8%	159,551	-10.7%
Supplies	4,072	3,003	35.6%	5,389	-24.4%	47,225	25,032	88.7%	27,004	74.9%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 136,479	\$ 132,840	2.7%	\$ 144,911	-5.8%	\$ 777,205	\$ 1,229,477	-36.8%	\$ 884,981	-12.2%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 823	\$ 825	-0.2%	\$ 823	0.0%
TOTAL OPERATING COSTS	\$ 136,554	\$ 132,915	2.7%	\$ 144,986	-5.8%	\$ 778,028	\$ 1,230,302	-36.8%	\$ 885,804	-12.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ 10,072	\$ (22,634)	-144.5%	\$ (20,618)	-148.9%	\$ 414,988	\$ (378,571)	-209.6%	\$ 83,580	396.5%
Operating Margin	6.87%	-20.52%	-133.5%	-16.58%	-141.4%	34.78%	-44.45%	-178.3%	8.62%	303.4%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	981	824	19.1%	806	21.7%	7,620	6,364	19.7%	7,280	4.7%
Total Visits	981	824	19.1%	806	21.7%	7,620	6,364	19.7%	7,280	0.0%
Average Revenue per Office Visit	345.07	370.92	-7.0%	344.10	0.3%	361.68	370.92	-2.5%	367.60	-1.6%
Hospital FTE's (Salaries and Wages)	8.2	10.8	-23.6%	7.1	16.5%	7.7	7.7	-0.2%	5.1	52.1%

**ECTOR COUNTY HOSPITAL DISTRICT
AUGUST 2023**

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	\$ 41,190,154	38.2%	\$ 38,504,385	39.5%	\$ 428,927,433	38.6%	420,645,421	38.7%
Medicaid	13,547,333	12.6%	13,854,389	14.2%	148,697,538	13.4%	143,868,639	13.3%
Commercial	33,608,322	31.1%	29,358,677	30.1%	338,907,288	30.5%	319,230,993	29.5%
Self Pay	13,717,821	12.7%	11,345,583	11.6%	148,920,772	13.4%	130,095,475	12.0%
Other	5,773,115	5.4%	4,462,123	4.6%	46,072,541	4.1%	70,118,916	6.5%
TOTAL	\$ 107,836,744	100.0%	\$ 97,525,157	100.0%	\$ 1,111,525,573	100.0%	1,083,959,445	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,152,061	38.6%	\$ 6,248,266	31.5%	\$ 82,179,437	39.1%	76,184,961	37.3%
Medicaid	2,369,199	11.2%	3,923,149	19.8%	27,030,489	12.8%	24,661,900	12.1%
Commercial	8,600,598	40.6%	7,615,375	38.4%	78,143,035	37.1%	76,665,429	37.6%
Self Pay	1,152,549	5.4%	1,117,771	5.6%	12,117,360	5.8%	12,616,982	6.2%
Other	882,970	4.2%	915,794	4.6%	10,912,980	5.2%	13,865,857	6.8%
TOTAL	\$ 21,157,377	100.0%	\$ 19,820,355	99.9%	\$ 210,383,301	100.0%	203,995,128	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 2023**

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	\$ 66,600	30.7%	\$ 79,133	34.3%	\$ 528,657	27.5%	427,913	23.0%
Medicaid	41,774	19.3%	43,673	18.9%	458,228	23.8%	462,415	24.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	39,902	18.4%	38,275	16.6%	314,106	16.3%	300,390	16.1%
Self Pay	67,987	31.4%	65,510	28.4%	585,924	30.5%	609,567	32.8%
Other	380	0.2%	4,170	1.8%	35,789	1.9%	60,877	3.3%
TOTAL	\$ 216,642	100.0%	\$ 230,761	100.0%	\$ 1,922,705	100.0%	1,861,162	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	26,695	40.8%	\$ 16,835	26.1%	\$ 241,868	32.9%	145,828	24.2%
Medicaid	17,470	26.7%	22,370	34.6%	249,546	33.9%	227,668	37.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	11,493	17.6%	9,025	14.0%	115,371	15.7%	101,680	16.9%
Self Pay	9,562	14.6%	15,439	23.9%	119,981	16.3%	112,601	18.7%
Other	203	0.3%	890	1.4%	8,795	1.2%	13,915	2.3%
TOTAL	\$ 65,423	100.0%	\$ 64,560	100.0%	\$ 735,561	100.0%	601,692	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 2023**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 44,379	21.7%	\$ 55,692	29.8%	\$ 448,018	21.4%	\$ 405,360	23.5%
Medicaid	56,583	27.7%	\$ 42,362	22.7%	560,068	26.7%	445,444	25.8%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	54,003	26.4%	\$ 47,801	25.6%	549,134	26.2%	415,440	24.1%
Self Pay	42,623	20.9%	\$ 35,513	19.0%	458,335	21.9%	371,618	21.5%
Other	6,709	3.3%	\$ 5,618	3.0%	79,823	3.8%	86,641	5.0%
TOTAL	\$ 204,298	100.0%	\$ 186,986	100.0%	\$ 2,095,377	100.0%	\$ 1,724,503	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 19,251	20.8%	\$ 18,271	28.7%	\$ 203,382	24.2%	\$ 131,100	23.3%
Medicaid	24,959	27.0%	18,601	29.2%	\$ 278,940	33.3%	188,137	33.4%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	35,715	38.5%	16,383	25.7%	227,457	27.1%	149,604	26.6%
Self Pay	10,181	11.0%	7,878	12.4%	105,591	12.6%	76,636	13.6%
Other	2,506	2.7%	2,578	4.0%	23,394	2.8%	17,688	3.1%
TOTAL	\$ 92,613	100.0%	\$ 63,710	100.0%	\$ 838,764	100.0%	\$ 563,166	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
AUGUST 2023**

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	\$ 404	0.1%	\$ -	0.0%	\$ 2,062	0.1%	\$ (806)	0.0%
Medicaid	230,498	68.1%	\$ 165,730	59.8%	1,855,463	67.3%	1,630,318	60.9%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	94,316	27.9%	\$ 100,314	36.2%	801,035	29.1%	958,870	35.8%
Self Pay	10,211	3.0%	\$ 9,126	3.3%	60,931	2.2%	63,945	2.4%
Other	3,088	0.9%	\$ 2,171	0.8%	36,546	1.3%	23,765	0.9%
TOTAL	\$ 338,518	100.0%	\$ 277,341	100.0%	\$ 2,756,036	100.0%	\$ 2,676,094	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ 192	0.0%	\$ -	0.0%
Medicaid	96,768	57.3%	89,695	61.5%	994,672	68.0%	724,050	58.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	64,351	38.0%	48,265	33.1%	383,735	26.3%	435,116	35.3%
Self Pay	5,433	3.2%	7,706	5.3%	62,762	4.3%	65,874	5.3%
Other	2,602	1.5%	190	0.1%	20,096	1.4%	8,207	0.7%
TOTAL	\$ 169,154	100.0%	\$ 145,857	100.0%	\$ 1,461,456	100.0%	\$ 1,233,247	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
AUGUST 2023**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ (3,181,042)	-	(19,422)	\$ (3,200,464)
Noncash Expenses:				
Depreciation and Amortization	17,080,326	14,552	-	17,094,878
Unrealized Gain/Loss on Investments	1,448,223	-	-	1,448,223
Accretion (Bonds) & COVID Funding	(596,561)	-	-	(596,561)
Changes in Assets and Liabilities				
Patient Receivables, Net	(8,027,331)	(426,963)	(20,801)	(8,475,095)
Taxes Receivable/Deferred	2,769,348	(16,399)	-	2,752,949
Inventories, Prepaids and Other	3,292,824	32,336	(25,542)	3,299,618
Accounts Payable	(6,940,142)	(325,317)	94,095	(7,171,363)
Accrued Expenses	(180,314)	726,295	(28,330)	517,651
Due to Third Party Payors	(16,182,677)	-	-	(16,182,677)
Accrued Post Retirement Benefit Costs	1,139,196	-	-	1,139,196
Net Cash Provided by Operating Activities	<u>\$ (9,378,151)</u>	<u>4,506</u>	<u>-</u>	<u>\$ (9,373,645)</u>
Cash Flows from Investing Activities:				
Investments	\$ 10,417,154	-	-	\$ 10,417,154
Acquisition of Property and Equipment	<u>(11,327,824)</u>	<u>(5,181)</u>	<u>-</u>	<u>(11,333,004)</u>
Net Cash used by Investing Activities	<u>\$ (910,670)</u>	<u>(5,181)</u>	<u>-</u>	<u>\$ (915,850)</u>
Cash Flows from Financing Activities:				
Current Portion Debt	\$ 13,443	-	-	\$ 13,443
Net Repayment of Long-term Debt/Bond Issuance	<u>(622,353)</u>	<u>-</u>	<u>-</u>	<u>(622,353)</u>
Net Cash used by Financing Activities	<u>(608,909)</u>	<u>-</u>	<u>-</u>	<u>(608,909)</u>
Net Increase (Decrease) in Cash	(10,897,730)	(675)	-	(10,898,405)
Beginning Cash & Cash Equivalents @ 9/30/2022	<u>41,916,875</u>	<u>5,075</u>	<u>-</u>	<u>41,921,950</u>
Ending Cash & Cash Equivalents @ 8/31/2023	<u>\$ 31,019,146</u>	<u>\$ 4,400</u>	<u>\$ -</u>	<u>\$ 31,023,546</u>
<hr/>				
Balance Sheet				
Cash and Cash Equivalents	\$ 20,889,776	4,400	-	\$ 20,894,176
Restricted Assets	<u>10,129,369</u>	<u>-</u>	<u>-</u>	<u>10,129,369</u>
Ending Cash & Cash Equivalents @ 8/31/2023	<u>\$ 31,019,146</u>	<u>4,400</u>	<u>-</u>	<u>\$ 31,023,546</u>

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2023

	<u>ACTUAL</u> <u>COLLECTIONS</u>	<u>BUDGETED</u> <u>COLLECTIONS</u>	<u>VARIANCE</u>	<u>PRIOR YEAR</u> <u>COLLECTIONS</u>	<u>VARIANCE</u>
<u>AD VALOREM</u>					
OCTOBER	\$ 171,150	\$ 1,620,998	\$ (1,449,848)	\$ 215,347	\$ (44,197)
NOVEMBER	1,386,408	1,620,998	(234,590)	1,231,030	155,378
DECEMBER	2,872,971	1,620,998	1,251,973	6,614,568	(3,741,596)
JANUARY	9,447,999	1,620,998	7,827,001	5,169,442	4,278,557
FEBRUARY	3,781,066	1,620,998	2,160,068	6,692,218	(2,911,153)
MARCH	1,053,343	1,620,998	(567,655)	2,057,908	(1,004,566)
APRIL	270,096	1,620,998	(1,350,902)	426,742	(156,646)
MAY	221,989	1,620,998	(1,399,009)	406,640	(184,651)
JUNE	211,085	1,620,998	(1,409,913)	239,780	(28,695)
JULY	115,887	1,620,998	(1,505,111)	156,013	(40,126)
AUGUST	118,832	1,620,998	(1,502,166)	119,992	(1,160)
SUB TOTAL	<u>19,650,825</u>	<u>17,830,978</u>	<u>1,819,847</u>	<u>23,329,681</u>	<u>(3,678,856)</u>
ACCRUAL	-	-	-	-	-
TOTAL	<u>\$ 19,650,825</u>	<u>\$ 17,830,978</u>	<u>\$ 1,819,847</u>	<u>\$ 23,329,681</u>	<u>\$ (3,678,856)</u>
<u>SALES</u>					
OCTOBER	\$ 4,629,856	\$ 3,828,487	\$ 801,369	\$ 3,421,981	\$ 1,207,875
NOVEMBER	5,029,309	3,845,439	1,183,870	3,326,676	1,702,634
DECEMBER	4,519,934	4,042,252	477,682	4,147,133	372,801
JANUARY	4,677,620	3,673,352	1,004,268	3,621,391	1,056,229
FEBRUARY	5,206,455	4,558,934	647,521	4,399,256	807,200
MARCH	3,947,646	3,963,554	(15,908)	4,537,253	(589,608)
APRIL	4,011,409	3,820,770	190,639	4,669,784	(658,375)
MAY	5,330,277	4,487,706	842,571	4,733,959	596,318
JUNE	4,499,917	3,759,786	740,131	4,218,782	281,135
JULY	4,685,202	3,801,762	883,440	4,414,843	270,359
AUGUST	5,144,938	4,316,056	828,882	4,941,541	203,397
SUB TOTAL	<u>51,682,563</u>	<u>44,098,098</u>	<u>7,584,465</u>	<u>46,432,597</u>	<u>5,249,966</u>
ACCRUAL	(533,962)	-	(533,962)	-	(533,962)
TOTAL	<u>\$ 51,148,601</u>	<u>\$ 44,098,098</u>	<u>\$ 7,050,503</u>	<u>\$ 46,432,597</u>	<u>\$ 4,716,004</u>
TAX REVENUE	<u>\$ 70,799,426</u>	<u>\$ 61,929,076</u>	<u>\$ 8,870,350</u>	<u>\$ 69,762,278</u>	<u>\$ 1,037,148</u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2023**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (1,654,774)	\$ 4,877,024		\$ 3,222,249
2nd Qtr	(2,312,587)	6,815,759		4,503,172
3rd Qtr	(2,671,027)	3,532,011		860,984
4th Qtr	(36,419)	4,185,100		4,148,681
DSH TOTAL	\$ (6,674,807)	\$ 19,409,893		\$ 12,735,086
UC				
1st Qtr	\$ -	\$ -		-
2nd Qtr	(4,755,885)	14,016,754		9,260,869
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (4,755,885)	\$ 14,016,754		\$ 9,260,869
DSRIP				
1st Qtr	\$ -	\$ -		-
2nd Qtr	(31,759)	63,518		31,759
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ (31,759)	\$ 63,518		\$ 31,759
UHRIP				
1st Qtr	\$ -	\$ 66,496		\$ 66,496
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ 66,496		\$ 66,496
GME				
1st Qtr	\$ -	\$ -		-
2nd Qtr	(247,692)	730,009		482,317
3rd	-	-		-
4th Qtr	(274,703)	730,009		455,307
GME TOTAL	\$ (522,395)	\$ 1,460,019		\$ 937,624
CHIRP				
1st Qtr	\$ (2,067,317)	\$ -		\$ (2,067,317)
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
CHIRP TOTAL	\$ (2,067,317)	\$ -		\$ (2,067,317)
HARP				
1st Qtr	\$ -	\$ 2,777,906		\$ 2,777,906
2nd Qtr	(117,356)	345,878		228,522
3rd	(121,507)	345,878		224,371
4th Qtr	-	-		-
HARP TOTAL	\$ (238,863)	\$ 3,469,662		\$ 3,230,799
TIPPS				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (14,291,027)	\$ 38,486,342		\$ 24,195,316
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (14,291,027)	\$ 38,486,342	\$ -	\$ 24,195,316

INCOME STATEMENT ACTIVITY:

FY 2023 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 11,443,643
Uncompensated Care Accrual	12,535,337
Regional UPL Accrual	-
URIP	-
GME	794,274
CHIRP	2,485,474
HARP	1,604,086
TIPPS	156,431
Regional UPL Benefit	-
Medicaid Supplemental Payments	29,019,245
DSRIP Accrual	31,759
Total Adjustments	\$ 29,051,004

**ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
AUGUST 2023**

<u>Cash and Cash Equivalents</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 20,522,618	\$ -	\$ 20,522,618
Mission Fitness	248,345	-	248,345
Petty Cash	10,028	-	10,028
Dispro	-	11	11
General Liability	-	6	6
Professional Liability	-	7	7
Funded Worker's Compensation	-	5	5
Funded Depreciation	-	52,726	52,726
Designated Funds	-	56,030	56,030
	<hr/>	<hr/>	<hr/>
Total Cash and Cash Equivalents	\$ 20,780,991	\$ 108,785	\$ 20,889,776

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 5,488,590	\$ 5,488,590
Funded Depreciation	-	29,318,867	29,318,867
Funded Worker's Compensation	-	2,313,618	2,313,618
General Liability	-	3,041,360	3,041,360
Professional Liability	-	3,146,061	3,146,061
Designated Funds	165,417	15,496,935	15,662,352
Allowance for Change in Market Values	-	(2,629,533)	(2,629,533)
	<hr/>	<hr/>	<hr/>
Total Investments	\$ 165,417	\$ 56,175,897	\$ 56,341,315
Total Unrestricted Cash and Investments			\$ 77,231,091

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,896	\$ -	\$ 4,896
Assets Held In Endowment-Board Designated	-	6,158,605	6,158,605
Advanced Medicare Payment	-	-	-
Restricted TPC, LLC-Equity Stake	1,668,033	-	1,668,033
Restricted MCH West Texas Services-Equity Stake	2,297,835	-	2,297,835
Total Restricted Assets	<hr/>	<hr/>	<hr/>
	\$ 3,970,764	\$ 6,158,605	\$ 10,129,369

Total Cash & Investments			\$ 87,360,461
--------------------------	--	--	----------------------

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF AUGUST 31, 2023**

ITEM	CIP BALANCE AS OF 7/31/2023	AUGUST "+" ADDITIONS	AUGUST "- " ADDITIONS	AUGUST TRANSFERS	CIP BALANCE AS OF 8/31/2023	ADD: AMOUNTS CAPITALIZED	PROJECT TOTAL	BUDGETED AMOUNT	UNDER/(OVER) APRVD/BUDGET
<i>RENOVATIONS</i>									
I RELOCATE SPD	1,010,963	25,957	-	-	1,036,920	-	1,036,920	4,000,000	2,963,080
I SWITCH GEAR OVERHAUL	236,737	-	-	-	236,737	-	236,737	500,000	263,263
SUB-TOTAL	\$ 1,247,700	\$ 25,957	\$ -	\$ -	\$ 1,273,657	\$ -	\$ 1,273,657	\$ 4,500,000	\$ 3,226,343
<i>MINOR BUILDING IMPROVEMENT</i>									
I ANNEX UPS	137,045	-	-	-	137,045	-	137,045	300,000	162,955
I COMMUNITY HEALTH/CARE MANAGEMENT	91,513	14,282	-	-	105,796	-	105,796	150,000	44,204
I PI DEPARTMENT MOVE	33,684	5,831	-	-	39,515	-	39,515	100,000	60,485
SUB-TOTAL	\$ 262,242	\$ 20,113	\$ -	\$ -	\$ 282,355	\$ -	\$ 282,355	\$ 550,000	\$ 267,645
<i>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</i>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	\$ 5,263,175	\$ 536,495	\$ (5,127,945)	\$ -	\$ 671,725	\$ -	\$ 671,725	\$ 6,000,000	\$ 5,328,275
SUB-TOTAL	\$ 5,263,175	\$ 536,495	\$ (5,127,945)	\$ -	\$ 671,725	\$ -	\$ 671,725	\$ 6,000,000	\$ 5,328,275
TOTAL CONSTRUCTION IN PROGRESS	\$ 6,773,116	\$ 582,566	\$ (5,127,945)	\$ -	\$ 2,227,737	\$ -	\$ 2,227,737	\$ 11,050,000	\$ 8,822,263

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
AUGUST 2023

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

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2023 CAPITAL EQUIPMENT
CONTINGENCY FUND
AUGUST 2023**

<u>MONTH/ YEAR</u>	<u>DESCRIPTION</u>	<u>DEPT NUMBER</u>	<u>BUDGETED AMOUNT</u>	<u>P.O AMOUNT</u>	<u>ACTUAL AMOUNT</u>	<u>TO/(FROM) CONTINGENCY</u>
	Available funds from budget		\$ 600,000	\$ -	\$ -	\$ 600,000
Oct-22	CX 50 Compact Extreme	7190	-	-	80,000	(80,000)
Oct-22	Maxi Sky	6850	19,500	-	19,375	125
Oct-22	Electric Fryer	8020	29,213	-	58,426	(29,213)
Oct-22	Jaundice Meter	7000	-	-	6,333	(6,333)
Oct-22	Wheelchair Prime Swing Away Model	8390	5,635	-	5,635	(0)
Oct-22	Ford Explorer	8380	-	-	50,525	(50,525)
Oct-22	Chairs	6140	-	-	7,011	(7,011)
Oct-22	RNS Telemetry Monitor	6160	-	-	13,452	(13,452)
Oct-22	Blanket Warmer	6910	6,510	-	6,510	-
Oct-22	ED Linen Carts	6850	-	-	4,896	(4,896)
Oct-22	Carrier 5 ton pkg AC unit - Orthopedic Office	8510	-	-	6,368	(6,368)
Nov-22	Maternity Beds	6700	185,179	-	185,179	0
Nov-22	Phantom Spect	7290	4,246	-	4,246	0
Nov-22	PM Ultrasound - Logiq p9	9300	-	-	60,476	(60,476)
Nov-22	Chassis & 10 Blades	9100	143,894	-	143,894	-
Nov-22	Cobas Liat PCR System	7140	50,248	-	40,248	10,000
Nov-22	Laparoscopic Equipment	6620	1,906,455	-	1,906,455	(0)
Nov-22	TP Nuance Pacs	9100	80,550	-	80,550	-
Nov-22	Glidescope	6850	4,268	-	4,237	31
Nov-22	Blanketrol	6550	9,912	-	9,912	-
Nov-22	Retail Pharmacy Project	7360	250,000	-	537,300	(287,300)
Dec-22	2022 Ford Explorer	8380	-	-	50,524	(50,524)
Dec-22	2022 Chevrolet Silverado	8380	-	-	52,430	(52,430)
Dec-22	Supply Cart and Evolve Cabinets	7310	50,743	-	50,743	-
Dec-22	Robotic Stirrups	6620	18,222	-	18,222	(0)
Dec-22	ePayment Plus	9100	14,975	-	14,975	-
Dec-22	Acuson Ultrasound System	7270	169,000	-	160,261	8,739
Dec-22	Hemothem	6620	-	-	21,814	(21,814)
Dec-22	Belmont Rapid Infuser	6850	-	-	65,190	(65,190)
Dec-22	Golf Cart	7360	-	-	12,875	(12,875)
Dec-22	AC Unit 3 ton pkg Unit - Liberty Medical	8510	-	-	8,608	(8,608)
Dec-23	AC Unit - ER	8200	-	-	26,010	(26,010)
Dec-23	AC Unit - Orthopedic Office	8510	-	-	16,237	(16,237)
Jan-23	AC Unit - One Doctors Place	8510	-	-	11,442	(11,442)
Jan-23	Paint and Drywall Repair	8200	-	-	290,200	(290,200)
Jan-23	Paint and Drywall Repair	8500	-	-	11,490	(11,490)
Jan-23	Epiq Ultrasound	7320	169,000	-	186,054	(17,054)
Jan-23	Matrix Ultrasound	7320	169,000	-	161,011	7,989
Jan-23	Heat Exchanger	8200	40,110	-	82,884	(42,774)
Jan-23	Network Chassis Replacement	9100	65,541	-	65,541	-
Jan-23	Self-Checkout POS System - Coffee House	8020	-	-	29,331	(29,331)
Jan-23	Upgrade Konica DR	9300	7,000	-	7,000	-
Jan-23	Artis Q	7310	1,061,278	-	1,061,278	-
Jan-23	Data Domain Backup	9100	110,057	-	110,057	-
Jan-23	DICOM CD/DVD Burner	7250	-	-	16,832	(16,832)
Jan-23	Spok Software - Phone Upgrade	9100	256,332	-	249,912	6,420
Jan-23	Optiplex 7000	9100	6,420	-	6,420	-
Jan-23	Telecom Phone Upgrade	9100	-	-	195,279	(195,279)
Jan-23	Latitude 5420	9100	-	-	17,538	(17,538)
Jan-23	Vscan Air Base Package	6850	4,495	-	4,495	-
Feb-23	First Floor Common Areas Renovation	8200	720,000	-	501,856	218,144
Feb-23	OR Cabinets	6620	-	-	17,838	(17,838)
Feb-23	Roll Around Monitor	7290	-	-	5,093	(5,093)
Feb-23	Respirator Fit Test Equipment	9140	15,675	-	16,235	(560)
Feb-23	Datacenter Power	9100	-	-	92,727	(92,727)
Feb-23	Endoscope	6620	-	-	9,850	(9,850)
Feb-23	Office Furnishing	6300	14,517	-	14,432	85
Feb-23	Ultrasound Units	9300	117,394	-	117,394	-
Feb-23	Voluson Ultrasound Unit	9300	-	-	77,506	(77,506)
Feb-23	AC3 Optimus	7220	-	-	310,000	(310,000)
Feb-23	EEG Arc Comp	7420	-	-	13,630	(13,630)

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2023 CAPITAL EQUIPMENT
CONTINGENCY FUND
AUGUST 2023**

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
Mar-23	Air Handler	8200	63,585	-	63,585	-
Mar-23	DA Tank & Receiver	8200	141,000	-	141,400	(400)
Mar-23	Furniture	9350	-	-	4,494	(4,494)
Mar-23	Tilting Skillet	8020	-	-	21,042	(21,042)
Mar-23	PBX Telecom Upgrade	9100	250,000	-	250,000	-
Mar-23	Giraffe Omnibed CareStation	6550	37,371	-	37,371	-
Mar-23	Paint / Replace Ceiling Tiles	8200	-	-	249,377	(249,377)
Mar-23	AC Unit - Orthopedic Office	8510	-	-	7,365	(7,365)
Mar-23	AC Unit - Suite 700 One Doctor Place	8510	-	-	11,478	(11,478)
Apr-23	Special Procedures Room 8 Renovation	8200	250,000	-	298,654	(48,654)
Apr-23	Suitmate 115V	9310	-	-	5,358	(5,358)
Apr-23	Cathlab Retrofit for Philips Azurion	8200	359,113	-	359,113	-
Apr-23	Mac 7 System	9300	-	-	19,318	(19,318)
Apr-23	IHC Slidestainer	7040	-	-	147,487	(147,487)
Apr-23	FX Energy Platform	6700	-	-	2,341	(2,341)
May-23	Fire Doors	8200	100,000	-	48,785	51,215
May-23	Credit Card Readers	9100	51,626	-	51,626	-
May-23	PenTrac - Mammography Reporting Software	9350	47,800	-	77,800	(30,000)
May-23	Angel Eye Cameras	6550	44,901	-	44,901	-
May-23	EP Stimulator	7220	-	-	26,400	(26,400)
May-23	Maxi Sky Patient Lift	6850	-	-	6,108	(6,108)
May-23	PRP Centrifuge	6620	-	-	2,100	(2,100)
Jun-23	5 Ton Condensing Unit	8200	-	-	14,000	(14,000)
Jun-23	Azurion 7 Image Guided Therapy System	7220	1,384,300	-	1,384,300	-
Jun-23	Refrigerated Carousel	7330	182,229	-	182,229	-
Jun-23	Alaris IV Pumps	6850	-	-	79,750	(79,750)
Jun-23	Shimadzu X-Ray Unit	7000	138,000	-	138,000	-
Jun-23	Laboratory Refrigerator	7000	19,266	-	19,266	-
Jun-23	Skyview Device	9100	-	-	2,770	(2,770)
Jul-23	Nurse Station Chairs	6700	15,706	-	16,562	(856)
Jul-23	Redundant Power Source	9100	-	-	6,510	(6,510)
Jul-23	Right Fax Software	9100	-	-	13,050	(13,050)
Jul-23	Cisco Hardware	9100	-	-	17,030	(17,030)
Jul-23	Vital Signs Monitors	7220	-	-	10,378	(10,378)
Jul-23	Traction Unit	7430	-	-	2,935	(2,935)
Jul-23	Vascular Testing System	7190	-	-	25,590	(25,590)
Jul-23	2019 Ford Escape	7090	-	-	22,864	(22,864)
Jul-23	Somatom Force CT Scanner	7230	-	-	1,999,999	(1,999,999)
Jul-23	AC Unit	8200	-	-	8,387	(8,387)
Jul-23	5 Ton AC Unit	6950	-	-	8,000	(8,000)
Jul-23	432" Televisions	8200	-	-	6,885	(6,885)
Aug-23	3 Ton AC Unit	8510	-	-	12,563	(12,563)
Aug-23	4 Ton AC Unit	8510	-	-	8,195	(8,195)
Aug-23	5 Ton AC Unit	7000	-	-	9,140	(9,140)
Aug-23	4 Ton AC Unit	8200	-	-	10,597	(10,597)
Aug-23	CareAware Cepheid Interface	7060	-	-	3,000	(3,000)
Aug-23	Neoblue Phototherapy Lights	6550	-	-	13,505	(13,505)
Aug-23	Fusion Payment Terminal	9100	-	-	4,010	(4,010)
Aug-23	Vital Signs Monitors	6170	-	-	5,189	(5,189)
Aug-23	Hemosphere Monitor Platform Cables	6310	-	-	7,700	(7,700)
Aug-23	Generator FT10	6700	-	-	12,000	(12,000)
			\$ 9,390,266	\$ -	\$ 13,332,750	\$ (3,942,484)

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
AUGUST 2023**

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	
AR DISPRO/UPL	\$ (1,291,443)	\$ -	\$ -	\$ (1,291,443)
AR UNCOMPENSATED CARE	2,070,032	(1,175,998)	-	3,246,029
AR TIPPS	156,431	-	-	156,431
AR DSRIP	-	2,777,905.550	-	(2,777,906)
AR CHIRP	-	897,322	-	(897,322)
AR UHRIP	-	66,496	-	(66,496)
AR GME	(143,349)	-	-	(143,349)
AR HARP	1,151,193	-	-	1,151,193
AR PHYSICIAN GUARANTEES	581,636	710,143	-	(128,507)
AR ACCRUED INTEREST	91,441	151,232	-	(59,790)
AR OTHER:	(1,524,149)	(2,030,644)	34,499	471,996
Procure On-Call Fees	-	-	-	-
Procure A/R - FHC	-	-	-	-
Other Misc A/R	(1,524,149)	(2,030,644)	34,499	471,996
AR DUE FROM THIRD PARTY PAYOR	2,715,636	5,602,907	-	(2,887,271)
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 2,563,280	\$ 6,644,584	\$ 34,499	\$ (4,115,803)

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
AUGUST 2023**

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	VAR	PRIOR YR	PRIOR YR VAR
Cardiopulmonary	12.4	12.0	3.5%	13.8	-10.3%	11.3	12.0	-5.9%	14.4	-21.4%
Operating Room	13.1	7.3	79.1%	8.3	57.7%	11.3	7.4	53.3%	6.7	69.8%
Laboratory - Chemistry	5.3	3.0	76.0%	6.0	-12.2%	5.0	3.0	65.8%	1.2	316.9%
Labor & Delivery	2.2	3.0	-25.5%	1.9	18.2%	3.4	3.0	12.8%	1.9	75.7%
Imaging - Diagnostics	2.6	3.0	-13.0%	2.7	-4.6%	3.4	3.0	11.5%	2.0	64.6%
4 East - Post Partum	1.9	0.5	252.4%	0.8	150.4%	2.6	0.5	372.7%	0.9	175.9%
Care Management	0.9	2.0	-52.8%	7.5	-87.6%	1.9	2.0	-6.3%	2.2	-16.1%
Emergency Department	0.4	3.0	-85.9%	1.2	-64.4%	1.7	3.0	-44.8%	4.5	-63.5%
Imaging - Ultrasound	0.9	1.4	-34.6%	2.2	-56.8%	1.6	1.4	9.1%	1.6	-0.5%
PM&R - Occupational	1.7	-	0.0%	-	0.0%	1.0	-	0.0%	-	0.0%
Intensive Care Unit (CCU) 4	0.6	4.0	-85.6%	1.6	-64.1%	0.9	4.0	-77.6%	11.5	-92.2%
Intensive Care Unit (ICU) 2	0.4	4.0	-91.1%	1.7	-79.1%	0.8	4.0	-79.8%	9.7	-91.6%
Imaging - Cat Scan	1.9	-	0.0%	1.0	83.3%	0.7	-	0.0%	0.3	156.8%
Center for Health and Wellness - Sports Medici	1.0	1.0	-0.7%	0.5	80.7%	0.5	1.0	-51.6%	0.5	3.9%
PM&R - Physical	-	-	0.0%	0.1	-100.0%	0.5	-	0.0%	0.3	58.7%
Nursing Orientation	0.4	-	0.0%	0.2	98.0%	0.4	-	0.0%	0.7	-42.7%
PM&R - Speech	-	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
4 Central	0.3	2.0	-85.4%	1.6	-81.8%	0.3	2.0	-84.6%	3.9	-92.2%
3 West Observation	0.1	4.0	-98.2%	4.0	-98.2%	0.3	4.0	-92.8%	6.6	-95.6%
Recovery Room	2.4	-	0.0%	-	0.0%	0.3	-	0.0%	1.1	-76.0%
7 Central	0.1	6.0	-98.8%	0.7	-89.3%	0.2	6.0	-96.1%	3.9	-94.0%
Closed - 4 Central	-	2.0	-100.0%	2.8	-100.0%	0.2	2.0	-89.5%	5.5	-96.1%
5 Central	0.3	-	0.0%	1.3	-77.4%	0.2	-	0.0%	3.7	-95.2%
Laboratory - Histology	1.1	-	0.0%	-	0.0%	0.1	-	0.0%	-	0.0%
9 Central	0.1	1.0	-85.6%	0.8	-81.3%	0.1	1.0	-87.8%	3.0	-95.9%
6 Central	0.1	1.0	-92.5%	0.5	-84.8%	0.1	1.0	-92.3%	4.4	-98.2%
6 West	-	-	0.0%	0.2	-100.0%	0.0	-	0.0%	0.9	-97.2%
Neonatal Intensive Care	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	113.1%
5 West - Pediatrics	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	-51.6%
Imaging - MRI	-	-	0.0%	-	0.0%	-	-	0.0%	0.6	-100.0%
Imaging - Special Procedures	-	-	0.0%	0.8	-100.0%	-	-	0.0%	0.4	-100.0%
2 Central	-	-	0.0%	-	0.0%	-	-	0.0%	0.8	-100.0%
Sterile Processing	-	-	0.0%	-	0.0%	-	-	0.0%	0.1	-100.0%
Human Resources	-	-	0.0%	-	0.0%	-	-	0.0%	0.1	-100.0%
Imaging - CVI	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Cardiopulmonary - Neonatal Intensive Care Uni	-	1.0	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
SUBTOTAL	50.1	61.2	-18.1%	64.8	-22.7%	49.0	61.5	-20.4%	93.8	-47.8%
TRANSITION LABOR										
Laboratory - Chemistry	3.2	-	0.0%	1.0	206.4%	1.6	-	0.0%	2.4	-33.8%
SUBTOTAL	3.2	-	0.0%	1.0	206.4%	1.6	-	0.0%	2.4	-33.8%
GRAND TOTAL	53.3	61.2	-12.8%	65.9	-19.0%	50.6	61.5	-17.8%	96.2	-47.4%

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
AUGUST 2023**

	CURRENT MONTH						YEAR TO DATE					
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR
OR TEMPORARY LABOR	\$ 253,507	\$ 119,103	\$ 134,404	112.8%	\$ 188,159	34.7%	\$ 2,434,892	\$ 1,293,006	\$ 1,141,886	88.3%	\$ 1,653,349	47.3%
CHEM TEMPORARY LABOR	89,155.98	48,613	40,543	83.4%	146,802	-39.3%	1,044,196.21	527,760	516,436	97.9%	328,946	217.4%
4E TEMPORARY LABOR	35,967.85	8,745	27,223	311.3%	18,223	97.4%	562,368.93	94,964	467,405	492.2%	278,010	102.3%
L & D TEMPORARY LABOR	38,229	48,736	(10,507)	-21.6%	41,075	-6.9%	749,878	527,572	222,306	42.1%	639,496	17.3%
OT TEMPORARY LABOR	17,780.00	-	17,780	100.0%	-	100.0%	162,326.59	-	162,327	100.0%	-	100.0%
DIAG TEMPORARY LABOR	45,266.28	48,612	(3,346)	-6.9%	52,726	-14.1%	667,033.01	527,754	139,279	26.4%	372,639	79.0%
CT TEMPORARY LABOR	33,365.54	-	33,366	100.0%	21,078	58.3%	134,431.68	-	134,432	100.0%	50,123	168.2%
US TEMPORARY LABOR	15,899.20	23,318	(7,419)	-31.8%	51,934	-69.4%	352,469.61	253,264	99,206	39.2%	404,765	-12.9%
COMM HEALTH TEMPORARY LABOR	11,209.56	31,765	(20,555)	-64.7%	149,810	-92.5%	447,914.32	349,415	98,499	28.2%	479,707	-6.6%
Temp Labor - Productive Salaries	6,020.15	-	6,020	100.0%	5,755	4.6%	74,289.33	-	74,289	100.0%	280,119	-73.5%
PT TEMPORARY LABOR	-	-	-	100.0%	1,041	-100.0%	70,599.60	-	70,600	100.0%	34,345	105.6%
ST TEMPORARY LABOR	-	-	-	100.0%	-	100.0%	62,278.08	-	62,278	100.0%	-	100.0%
8C TEMPORARY LABOR	5,161	11,637	(6,476)	-55.6%	48,193	-89.3%	69,446	126,437	(56,991)	-45.1%	1,245,837	-94.4%
IMCU4 TEMPORARY LABOR	-	13,263	(13,263)	-100.0%	89,460	-100.0%	71,932	143,841	(71,909)	-50.0%	1,798,308	-96.0%
OP PM&R-CHW TEMPORARY LABOR	16,903.18	16,202	701	4.3%	9,308	81.6%	86,077.38	175,926	(89,849)	-51.1%	61,551	39.8%
ED TEMPORARY LABOR	9,004.39	48,618	(39,614)	-81.5%	72,416	-87.6%	413,388.85	527,769	(114,380)	-21.7%	1,843,089	-77.6%
ICU4 TEMPORARY LABOR	9,900	64,792	(54,892)	-84.7%	66,433	-85.1%	208,858	703,634	(494,776)	-70.3%	3,779,875	-94.5%
ICU2 TEMPORARY LABOR	2,118.57	64,743	(62,624)	-96.7%	73,662	-97.1%	200,451.65	703,704	(503,252)	-71.5%	3,870,302	-94.8%
TEMPORARY LABOR	1,287.00	64,862	(63,575)	-98.0%	104,095	-98.8%	84,261.84	703,728	(619,466)	-88.0%	2,132,601	-96.0%
7C TEMPORARY LABOR	1,204	97,154	(95,950)	-98.8%	33,302	-96.4%	60,302	1,054,896	(994,594)	-94.3%	1,310,835	-95.4%
ALL OTHER	288,706	225,184	63,522	28.2%	467,466	-38.2%	2,488,290	2,444,796	43,494	1.8%	7,724,473	-67.8%
TOTAL TEMPORARY LABOR	\$ 885,776	\$ 935,347	\$ (49,571)	-5.3%	\$ 1,669,990	-47.0%	\$ 10,502,157	\$ 10,158,466	\$ 343,691	3.4%	\$ 29,220,808	-64.1%
CHEM TRANSITION LABOR	\$ 39,190	\$ -	\$ 39,190	100.0%	\$ 9,192	326.3%	\$ 187,689	\$ -	\$ 187,689	100.0%	\$ 237,521	-21.0%
ALL OTHER	-	-	-	100.0%	-	100.0%	-	-	-	100.0%	-	100.0%
TOTAL TRANSITION LABOR	\$ 39,190	\$ -	\$ 39,190	0%	\$ 9,192	326.3%	\$ 187,689	\$ -	\$ 187,689	0.0%	\$ 237,521	-21.0%
GRAND TOTAL TEMPORARY LABOR	\$ 924,966	\$ 935,347	\$ (10,381)	-1.1%	\$ 1,679,182	-44.9%	\$ 10,689,845	\$ 10,158,466	\$ 531,379	5.2%	\$ 29,458,329	-63.7%
COMM HEALTH OTHER PURCH SVCS	\$ 23,771	\$ 13,750	\$ 10,021	72.9%	\$ 56,040	-57.6%	\$ 618,808	\$ 151,250	\$ 467,558	309.1%	\$ 199,348	210.4%
AMBULANCE FEES	21,797	12,944	8,853	68.4%	7,104	206.8%	526,511.00	142,384	384,127	269.8%	155,672	238.2%
ADM CONSULTANT FEES	53,171	68,324	(15,153)	-22.2%	121,176	-56.1%	1,035,671.32	751,564	284,107	37.8%	881,346	17.5%
ADMIN LEGAL FEES	216,207	42,299	173,908	411.1%	17,723	1120.0%	748,147	465,289	282,858	60.8%	352,323	112.3%
HK SVC CONTRACT PURCH SVC	144,083	107,244	36,839	34.4%	163,227	-11.7%	1,456,497	1,179,684	276,813	23.5%	1,154,064	26.2%
FIN ACCT COST REPORT/CONSULTANT FEES	93,723	68,841	24,882	36.1%	64,356	45.6%	1,011,232.41	757,251	253,981	33.5%	572,777	76.5%
LD OTHER PURCH SVCS	92,771	76,643	16,128	21.0%	81,198	14.3%	995,578.93	843,073	152,506	18.1%	847,304	17.5%
MISSION FITNESS CONTRACT PURCH SVC	73,159	54,481	18,678	34.3%	62,241	17.5%	706,159.51	599,291	106,869	17.8%	605,844	16.6%
UOM (EHR FEES)	33,320	17	33,303	195901.7%	98	33900.3%	100,136.87	187	99,950	53449.1%	227	44013.2%
FOUNDATION ADVERTISING FEES	9,720	6,302	3,418	54.2%	4,724	105.8%	149,793.79	69,322	80,472	116.1%	67,351	122.4%
DIET OTHER PURCH SVCS	52,269	32,753	19,516	59.6%	19,649	166.0%	404,022.77	360,283	79,740	22.1%	352,707	24.8%
CREDIT CARD FEES	16,962	18,335	(1,373)	-7.5%	19,774	-14.2%	275,994.20	201,685	74,309	36.8%	195,481	41.2%
CHEM OTHER PURCH SVCS	64	58	6	10.3%	256	-75.0%	69,955.00	638	69,317	10864.7%	775	8926.5%
NSG OTHER PURCH SVCS	30,466	10,080	20,386	202.2%	10,701	184.7%	164,352.32	110,880	53,472	48.2%	109,192	50.5%
SERV EXC SURVEY SERVICES	36,589	23,020	13,569	58.9%	29,780	22.9%	298,001.72	253,220	44,782	17.7%	224,001	33.0%
ECHD POLICE DEPT OTHER PURCH SVCS	4,458	3,245	1,213	37.4%	4,752	-6.2%	67,946.84	35,695	32,252	90.4%	47,623	42.7%
TS OTHER PURCH SVCS	6,445	7,762	(1,317)	-17.0%	16,707	-61.4%	98,665.03	85,382	13,283	15.6%	92,893	6.2%
LAB ADMIN OTHER PURCH SVCS	3,679	7,687	(4,008)	-52.1%	1,258	192.3%	70,472.76	84,557	(14,084)	-16.7%	76,348	-7.7%
340B CONTRACT PURCH SVC	2,359	6,430	(4,071)	-63.3%	4,822	-51.1%	55,334.70	70,730	(17,355)	-24.5%	76,761	-30.5%
FHC PHC OTHER PURCH SVCS	6,895	10,379	(3,484)	-33.6%	640	977.1%	95,140.26	114,169	(19,029)	-16.7%	99,021	-3.9%
ENGINEERING OTHER PURCH SVCS	18,311	13,377	4,934	36.9%	6,622	176.5%	121,309.71	147,147	(25,837)	-17.6%	159,334	-23.9%
COMM REL MEDIA PLACEMENT	23,707	8,400	15,307	182.2%	1,850	1181.5%	63,095.06	92,400	(29,305)	-31.7%	23,005	174.3%
COMP PURCH SVCS CONTRACT	5,138	12,392	(7,254)	-58.5%	6,638	-22.6%	99,519.31	136,312	(36,793)	-27.0%	86,943	14.5%
CVS CONTRACT PURCH SVC	5,334	8,997	(3,663)	-40.7%	4,702	13.4%	56,776.96	98,967	(42,190)	-42.6%	86,651	-34.5%
ADM PHYS RECRUITMENT	8,879	32,215	(23,336)	-72.4%	12,682	-30.0%	279,175.32	354,365	(75,190)	-21.2%	321,562	-13.2%
COMM REL ADVERTISEMENT PURCH SVCS	24,760	28,066	(3,306)	-11.8%	24,969	-0.8%	229,481	308,726	(79,245)	-25.7%	227,935	0.7%
PRIMARY CARE WEST OTHER PURCH SVCS	58,058	48,507	9,551	19.7%	50,690	14.5%	385,196.74	524,188	(138,991)	-26.5%	441,806	-12.8%
ADM APPRAISAL DIST FEE	20,402	34,830	(14,428)	-41.4%	24,964	-18.3%	227,855	383,130	(155,275)	-40.5%	336,771	-32.3%
MED STAFF REVIEW FEES	14,416	27,783	(13,367)	-48.1%	11,895	21.2%	143,437.02	305,613	(162,176)	-53.1%	107,917	32.9%
PI FEES (TRANSITION NURSE PROGRAM)	2,834	47,533	(44,699)	-94.0%	24,570	-88.5%	299,514.26	522,863	(223,349)	-42.7%	571,980	-47.6%
ADM CONTRACT STRYKER	35,574	71,248	(35,674)	-50.1%	60,907	-41.6%	477,895.85	783,728	(305,832)	-39.0%	798,712	-40.2%
FHC OTHER PURCH SVCS	66,060	74,017	(7,957)	-10.8%	65,630	0.7%	462,283	799,863	(337,580)	-42.2%	588,722	-21.5%
OTHER PURCH SVCS	64,229	65,770	(1,541)	-2.3%	82,098	-21.8%	336,242	710,743	(374,501)	-52.7%	520,654	-35.4%
UC-WEST CLINIC - PURCH SVCS-OTHER	27,088	72,917	(45,829)	-62.9%	42,825	-36.7%	424,316	802,087	(377,771)	-47.1%	602,015	-29.5%
ALL OTHERS	3,525,607	3,402,341	123,266	3.6%	3,424,461	3.0%	35,319,834	37,000,397	(1,680,563)	-4.5%	37,832,355	-6.6%
TOTAL PURCHASED SERVICES	\$ 4,822,304	\$ 4,533,781	\$ 288,523	6.4%	\$ 4,531,730	6.4%	\$ 48,429,517	\$ 49,409,797	\$ (980,280)	-2.0%	\$ 48,994,952	-1.2%



Financial Presentation

For the Month Ended

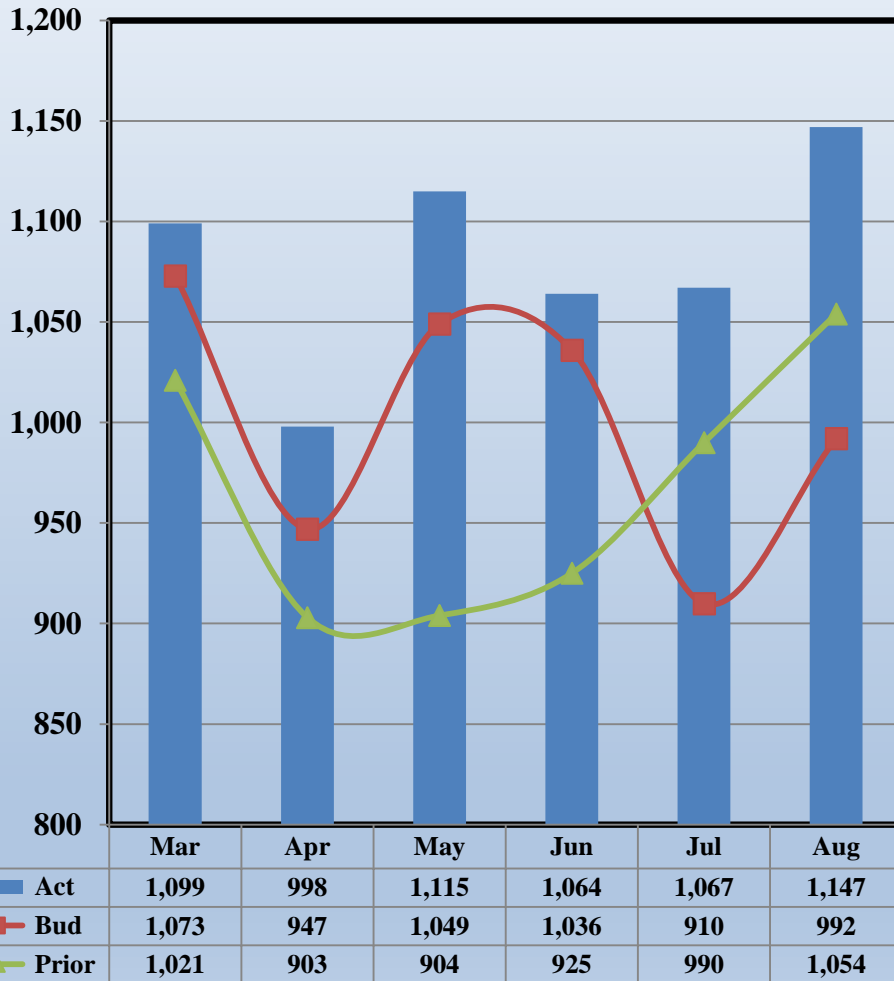
August 31, 2023

Volume



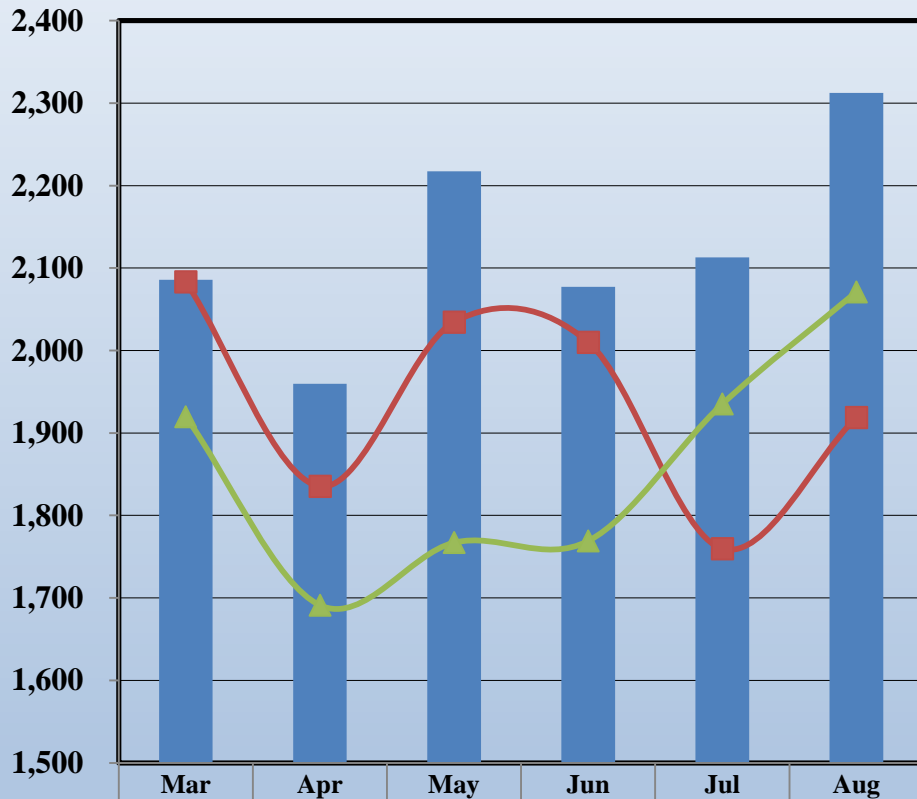
Admissions

Total – Adults and NICU



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,147	992	1,054
Var %		15.6%	8.8%
Year-To-Date	11,913	10,765	10,788
Var %		10.7%	10.4%
Annualized	13,027	11,756	11,772
Var %		10.8%	10.7%

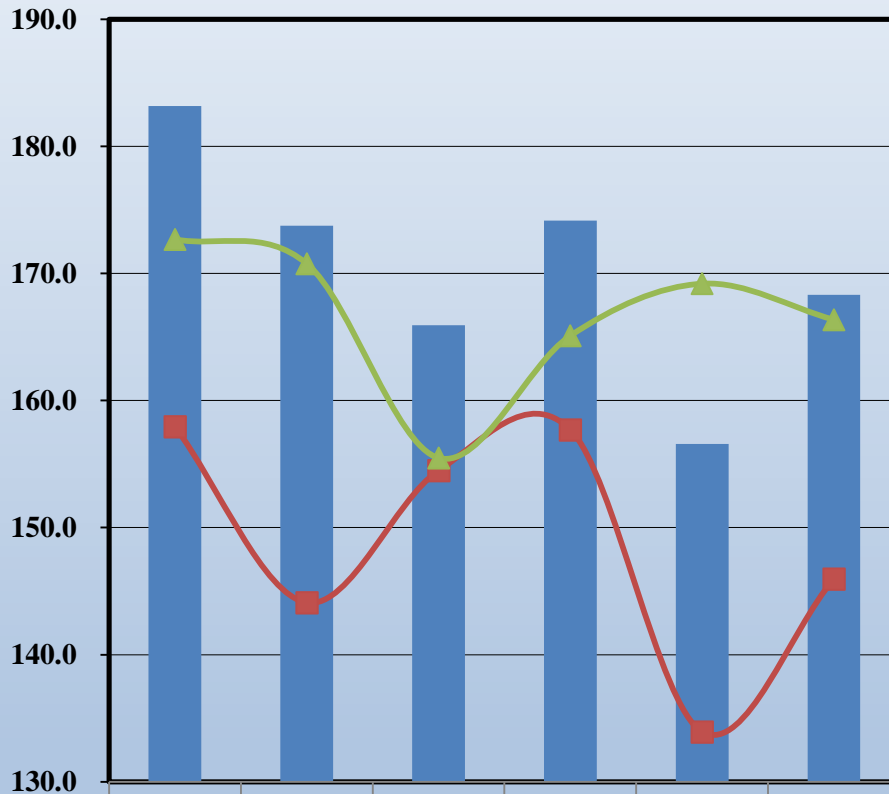
Adjusted Admissions



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,313	1,919	2,071
Var %		20.5%	11.7%
Year-To-Date	23,027	20,837	19,835
Var %		10.5%	16.1%
Annualized	25,176	22,691	21,520
Var %		10.9%	17.0%

	Mar	Apr	May	Jun	Jul	Aug
Act	2,086	1,960	2,217	2,077	2,113	2,313
Bud	2,084	1,835	2,035	2,010	1,760	1,919
Prior	1,920	1,691	1,767	1,769	1,935	2,071

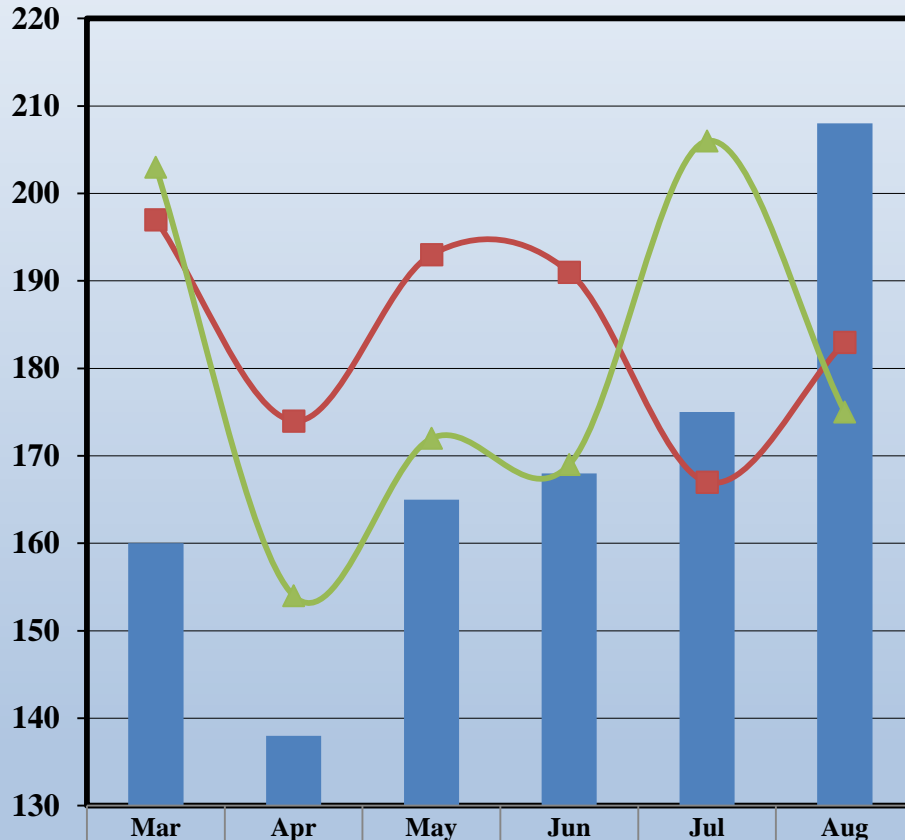
Average Daily Census



	Mar	Apr	May	Jun	Jul	Aug
Act	183.2	173.8	165.9	174.2	156.6	168.3
Bud	157.9	144.1	154.5	157.7	133.9	146.0
Prior	172.7	170.8	155.5	165.1	169.2	166.4

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	168.3	146.0	166.4
Var %		15.3%	1.2%
Year-To-Date	175.0	146.7	178.6
Var %		19.3%	-2.0%
Annualized	174.8	147.3	181.3
Var %		18.7%	-3.6%

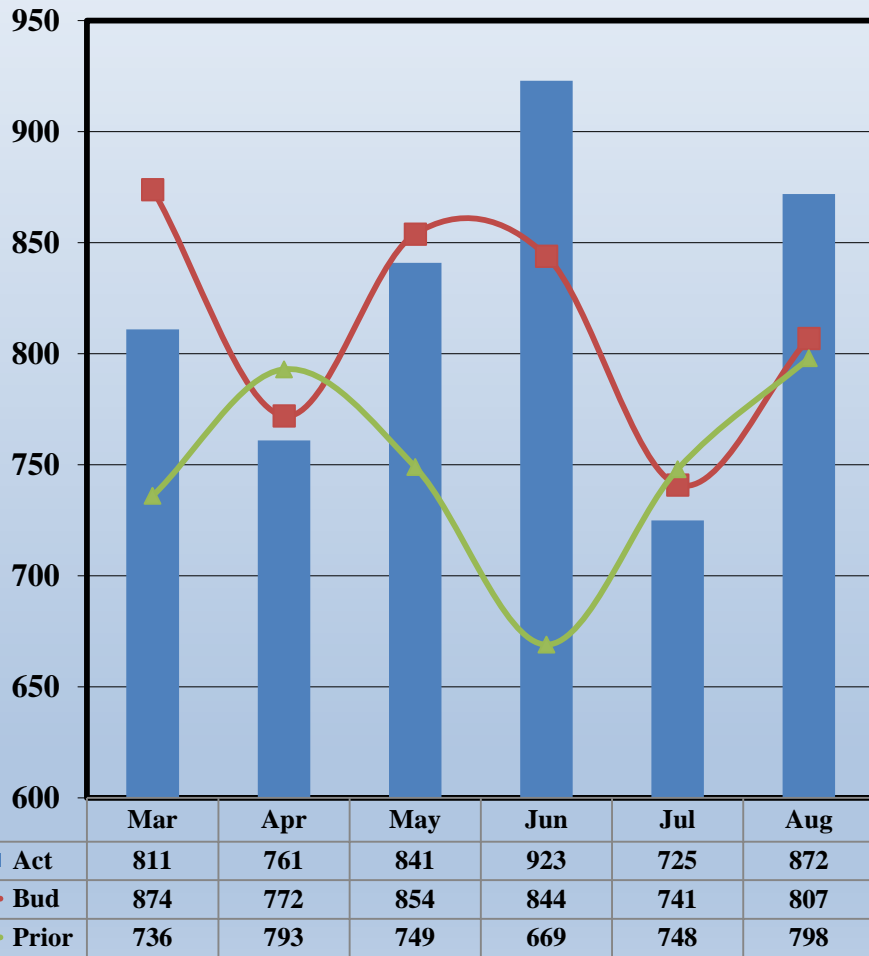
Deliveries



■ Act	160	138	165	168	175	208
■ Bud	197	174	193	191	167	183
▲ Prior	203	154	172	169	206	175

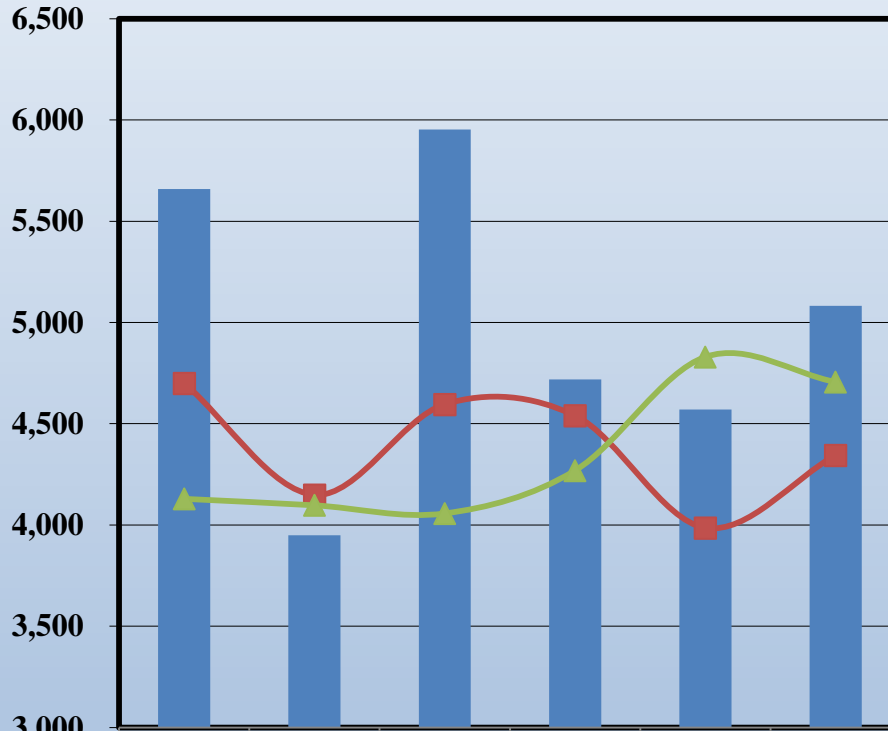
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	208	183	175
Var %		13.7%	18.9%
Year-To-Date	1,975	1,981	1,977
Var %		-0.3%	-0.1%
Annualized	2,187	2,127	2,158
Var %		2.8%	1.3%

Total Surgical Cases



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	872	807	798
Var %		8.1%	9.3%
Year-To-Date	8,673	8,765	8,100
Var %		-1.0%	7.1%
Annualized	9,438	9,553	8,538
Var %		-1.2%	10.5%

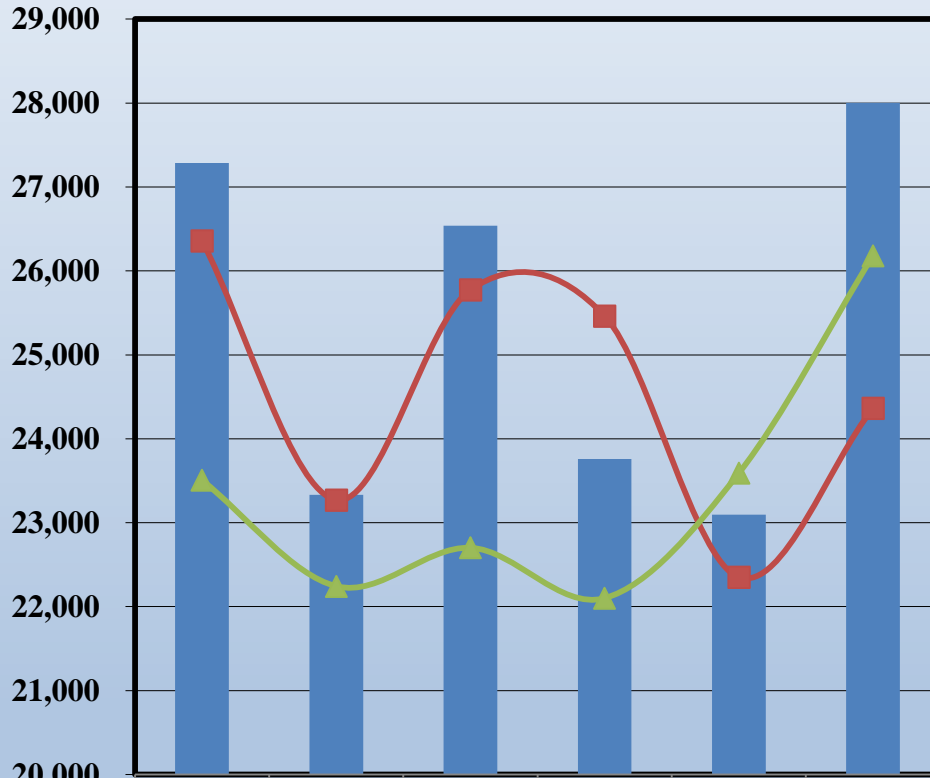
Emergency Room Visits



	Mar	Apr	May	Jun	Jul	Aug
Act	5,659	3,949	5,953	4,719	4,570	5,082
Bud	4,700	4,149	4,596	4,540	3,986	4,345
Prior	4,129	4,097	4,057	4,269	4,830	4,706

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	5,082	4,345	4,706
Var %		17.0%	8.0%
Year-To-Date	56,192	47,167	48,200
Var %		19.1%	16.6%
Annualized	61,435	51,122	52,667
Var %		20.2%	16.6%

Total Outpatient Occasions of Service

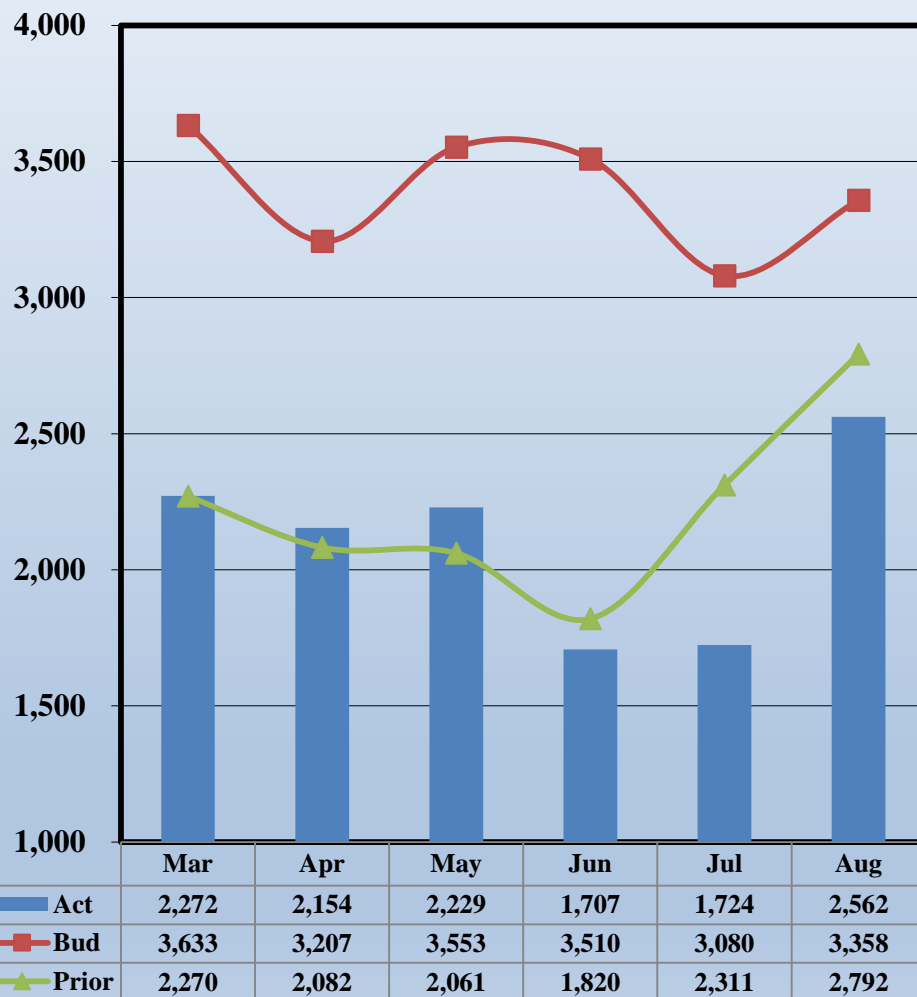


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	28,001	24,365	26,182
Var %		14.9%	6.9%
Year-To-Date	279,089	264,513	263,665
Var %		5.5%	5.8%
Annualized	304,596	286,311	289,371
Var %		6.4%	5.3%

	Mar	Apr	May	Jun	Jul	Aug
Act	27,285	23,333	26,540	23,760	23,097	28,001
Bud	26,359	23,271	25,775	25,462	22,351	24,365
Prior	23,506	22,243	22,701	22,101	23,590	26,182

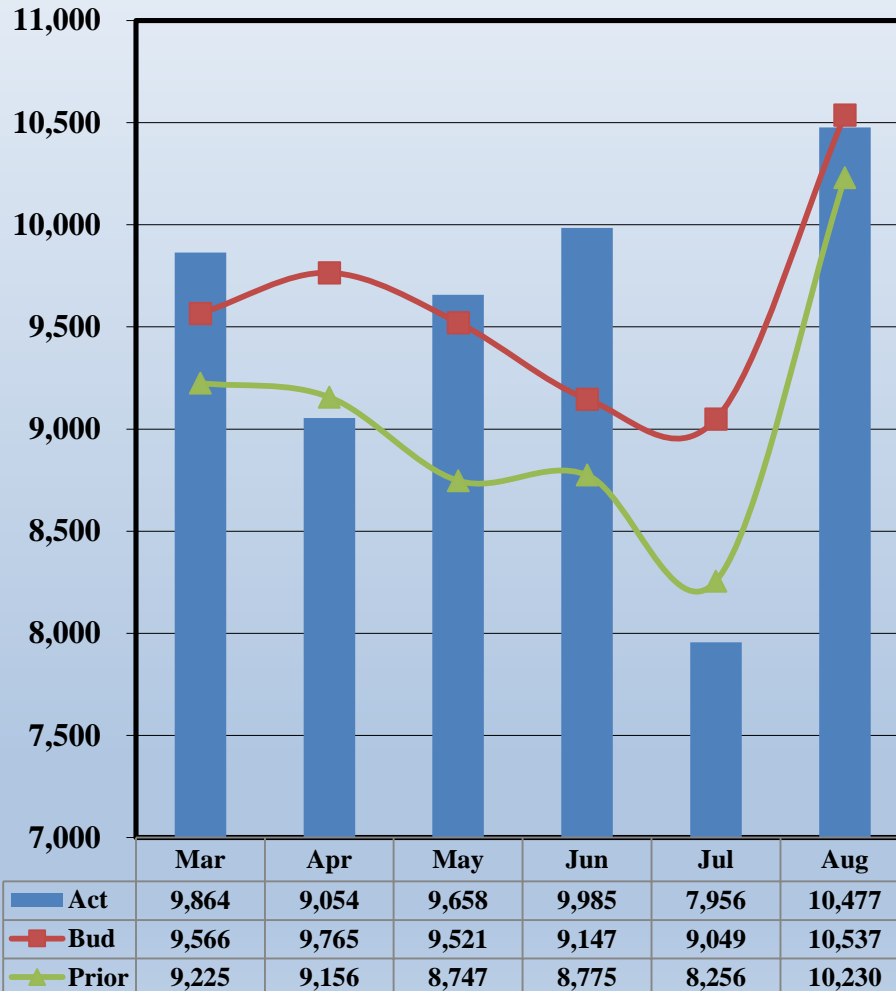
Urgent Care Visits

(JBS Clinic, West University & 42nd Street)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,562	3,358	2,792
Var %		-23.7%	-8.2%
Year-To-Date	26,708	36,459	33,859
Var %		-26.7%	-21.1%
Annualized	29,166	42,669	38,980
Var %		-31.6%	-25.2%

Total ProCare Office Visits



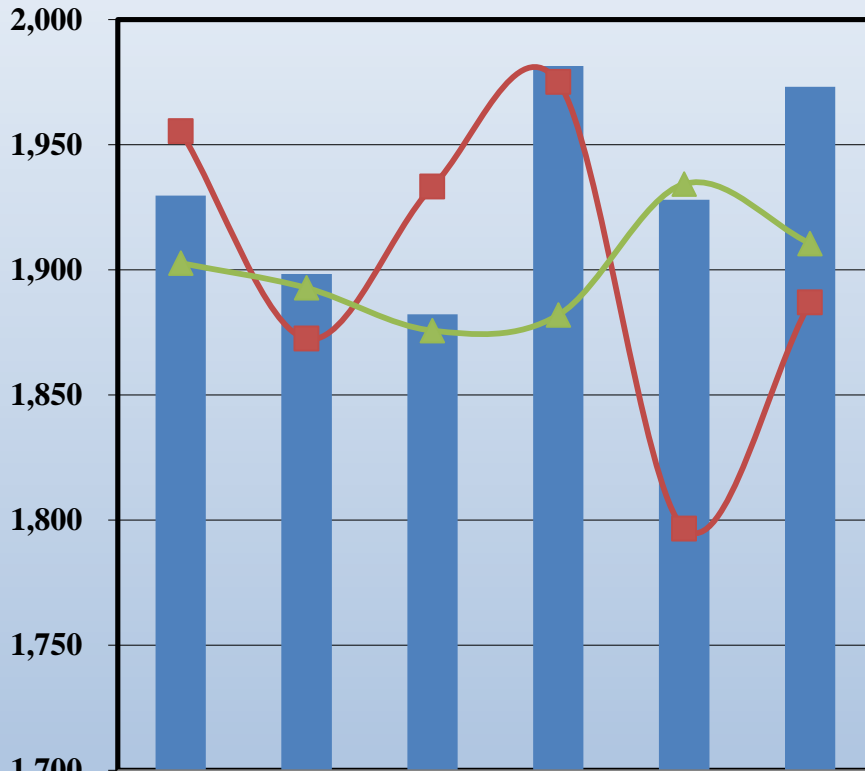
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	10,477	10,537	10,230
Var %		-0.6%	2.4%
Year-To-Date	101,761	102,749	97,350
Var %		-1.0%	4.5%
Annualized	110,961	111,704	106,481
Var %		-0.7%	4.2%

Staffing



Blended FTE's

Including Contract Labor and Management Services

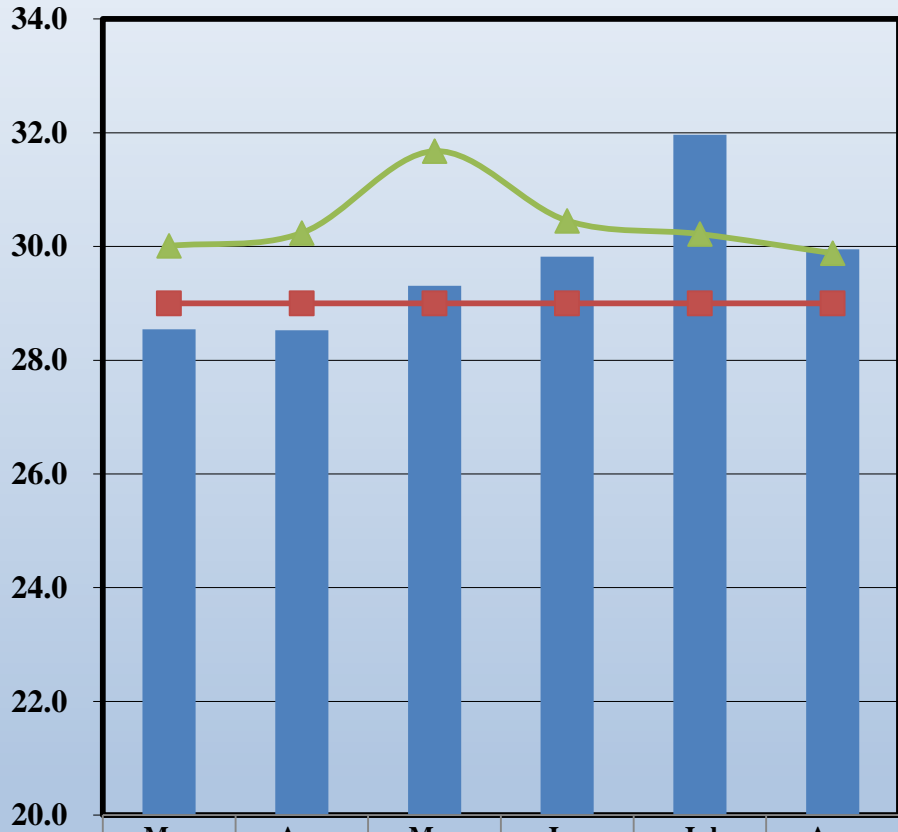


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,973	1,887	1,911
Var %		4.6%	3.3%
Year-To-Date	1,916	1,886	1,884
Var %		1.6%	1.7%
Annualized	1,917	1,889	1,882
Var %		1.5%	1.9%

	Mar	Apr	May	Jun	Jul	Aug
Act	1,930	1,898	1,882	1,981	1,928	1,973
Bud	1,955	1,872	1,933	1,975	1,797	1,887
Prior	1,903	1,893	1,876	1,882	1,934	1,911

Paid Hours per Adjusted Patient Day

(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	30.0	29.0	29.9
Var %		3.3%	0.2%
Year-To-Date	29.1	29.0	29.4
Var %		0.3%	-1.0%
Annualized	29.2	29.0	29.3
Var %		0.7%	-0.3%

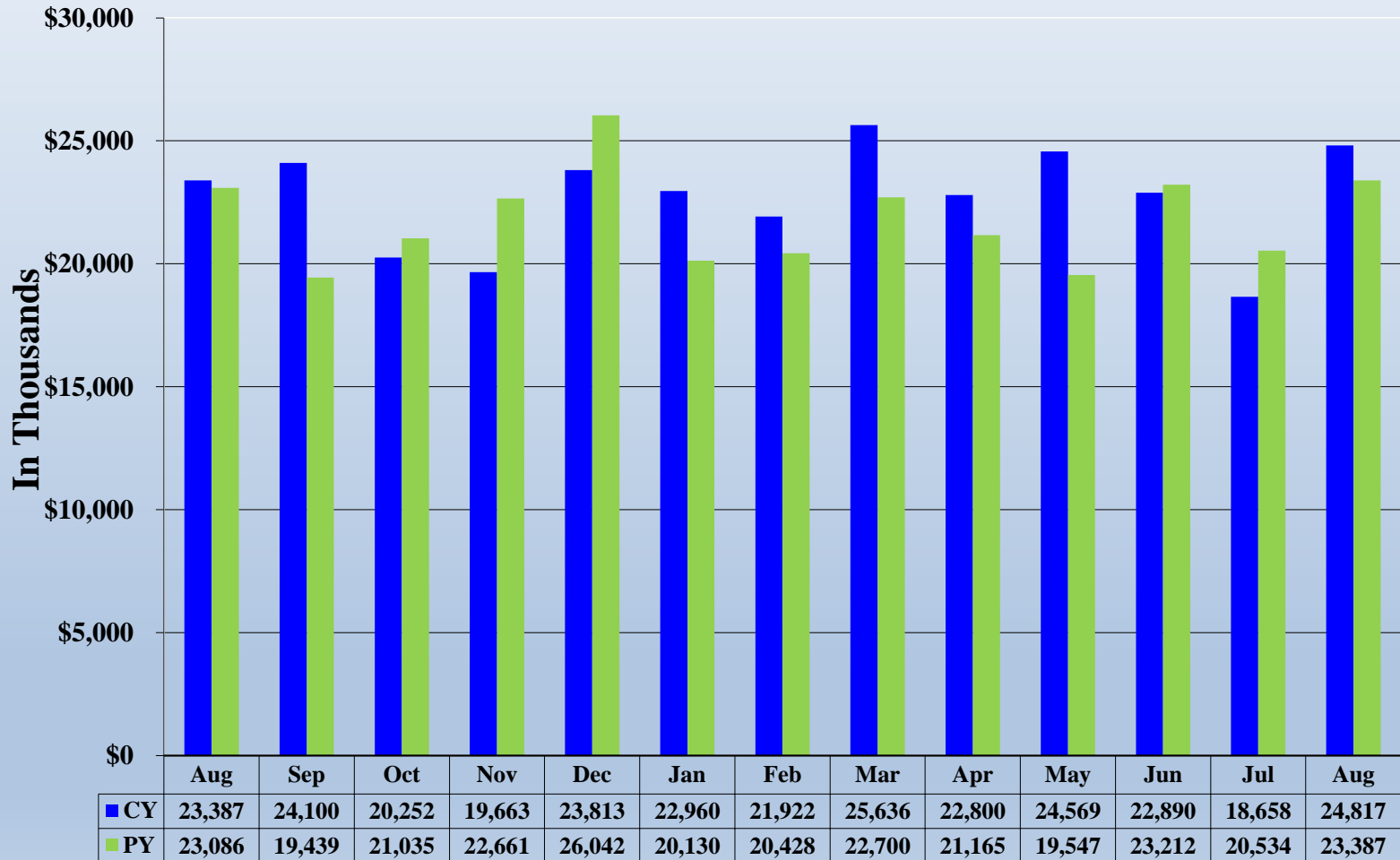
	Mar	Apr	May	Jun	Jul	Aug
Act	28.5	28.5	29.3	29.8	32.0	30.0
Bud	29.0	29.0	29.0	29.0	29.0	29.0
Prior	30.0	30.2	31.7	30.5	30.2	29.9

Accounts Receivable



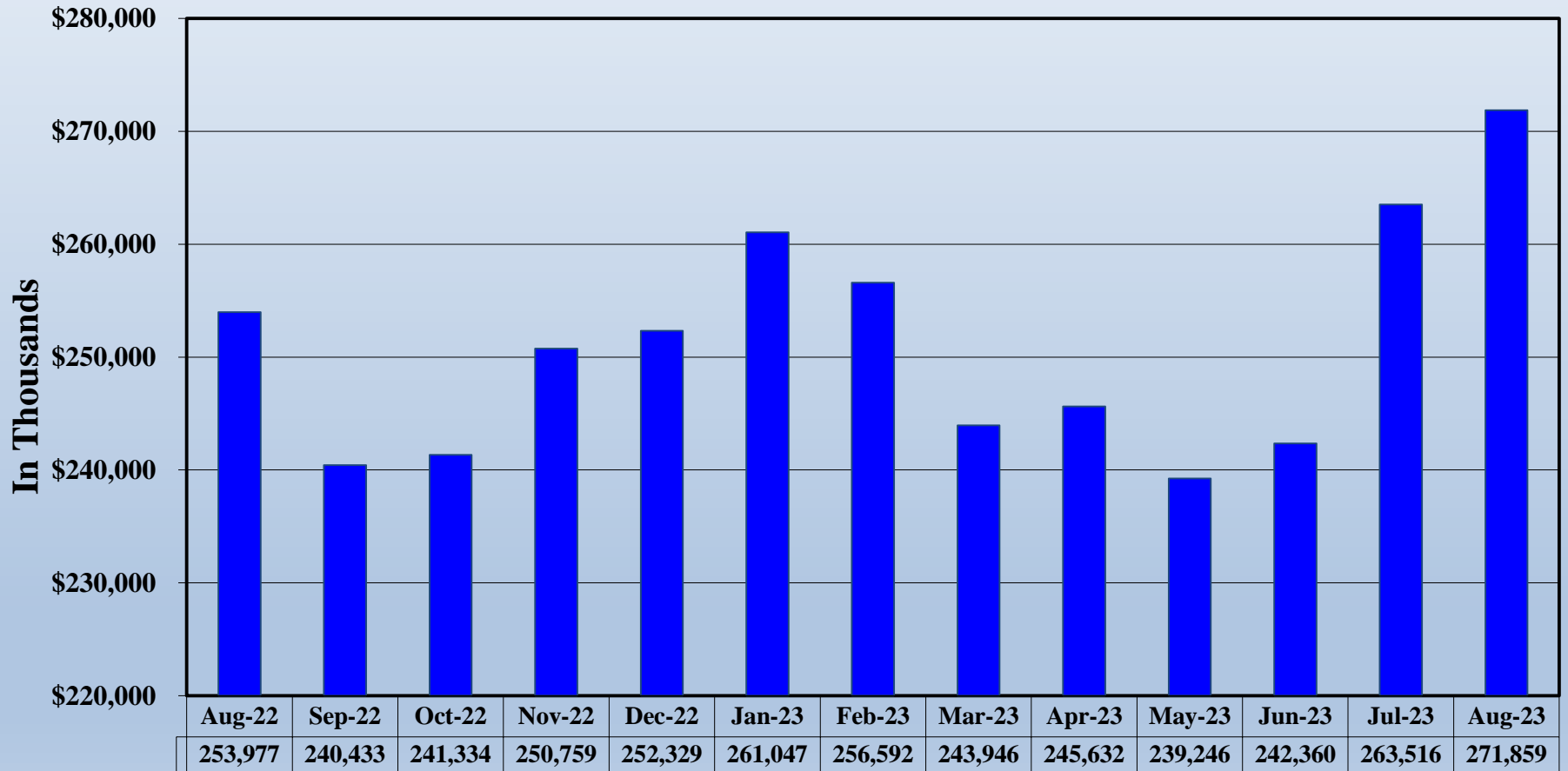
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending

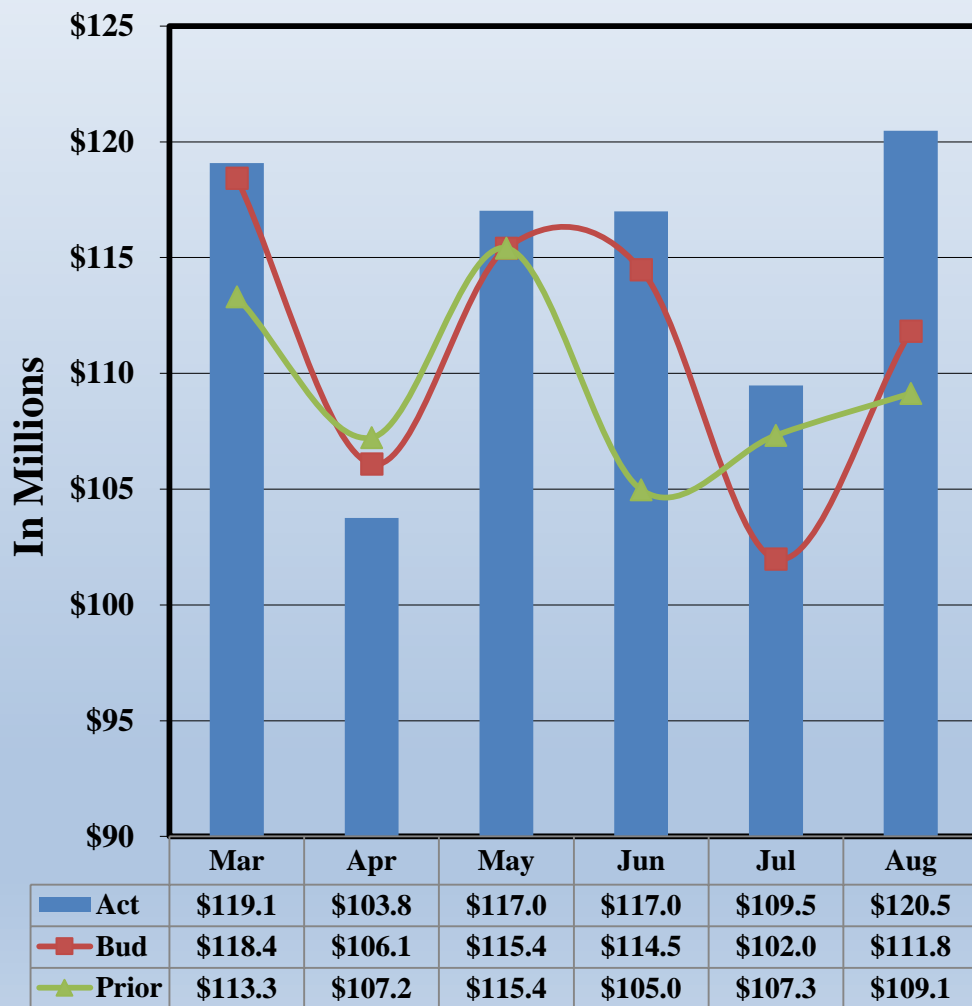


Revenues & Revenue Deductions



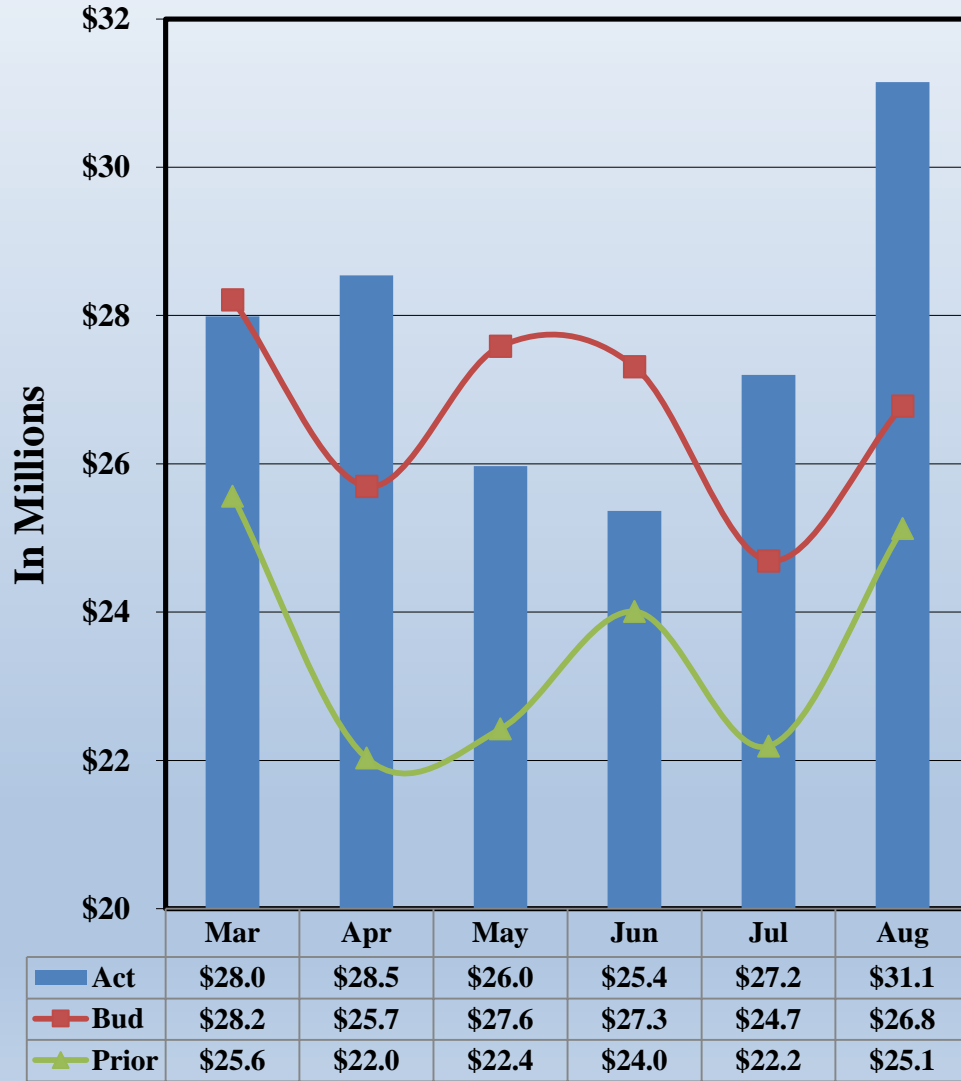
Total Patient Revenues

(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 120.5	\$ 111.8	\$ 109.1
Var %		7.7%	10.4%
Year-To-Date	\$ 1,243.2	\$ 1,202.2	\$ 1,205.0
Var %		3.4%	3.2%
Annualized	\$ 1,350.3	\$ 1,306.3	\$ 1,315.8
Var %		3.4%	2.6%

Total Net Patient Revenues

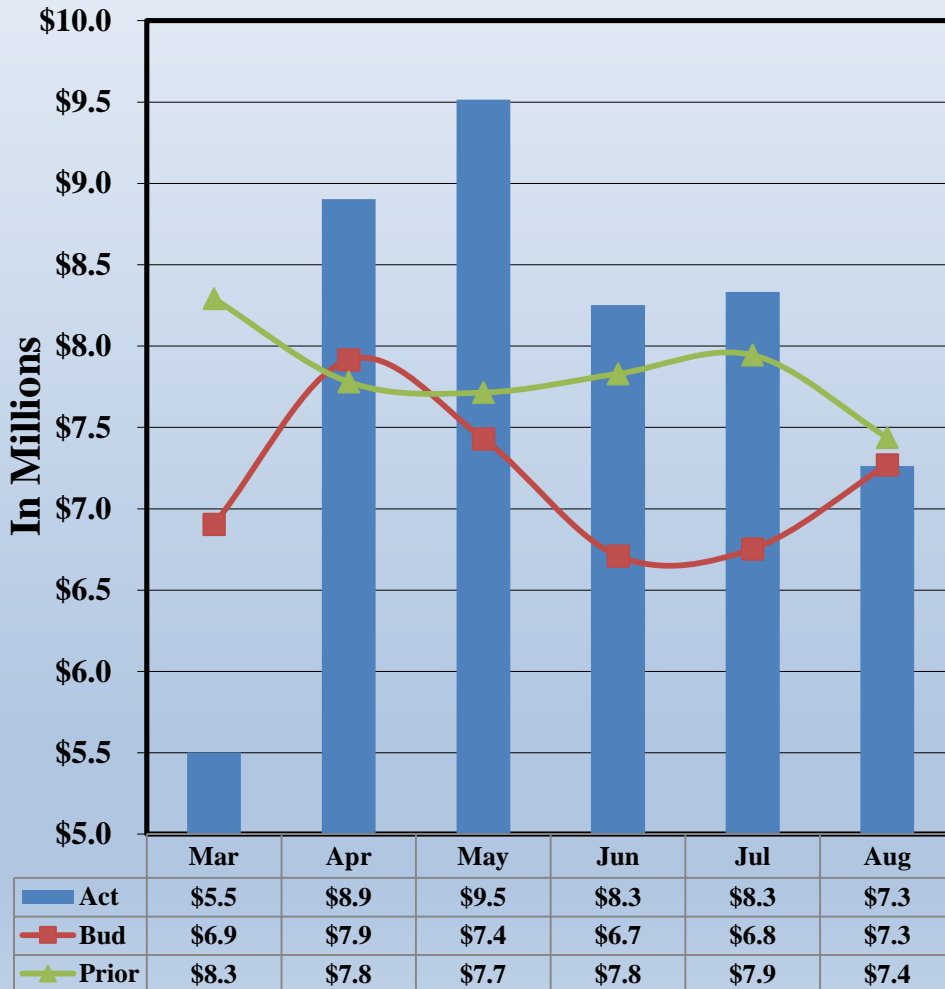


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 31.1	\$ 26.8	\$ 25.1
Var %		16.3%	23.8%
Year-To-Date	\$ 291.3	\$ 289.0	\$ 266.9
Var %		0.8%	9.1%
Annualized	\$ 314.7	\$ 313.9	\$ 296.6
Var %		0.3%	6.1%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income

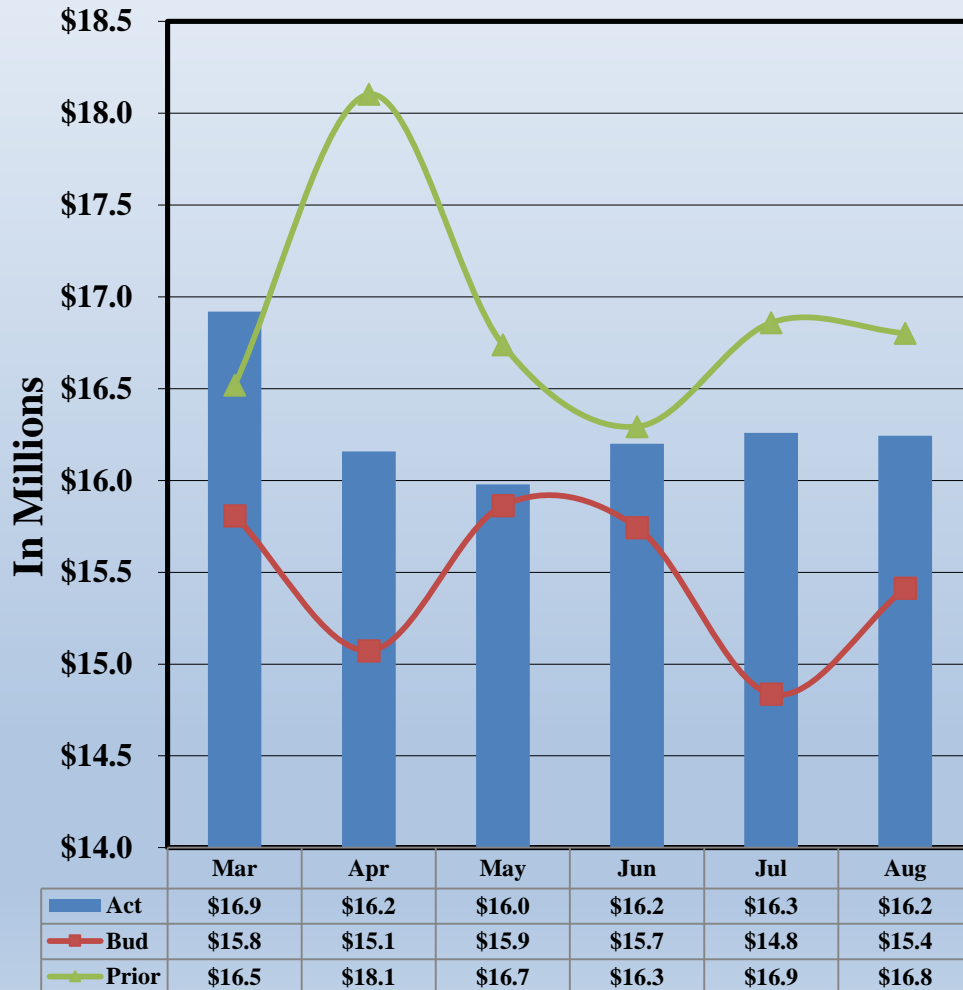


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 7.3	\$ 7.3	\$ 7.4
Var %		-0.1%	-2.3%
Year-To-Date	\$ 85.1	\$ 77.7	\$ 81.3
Var %		9.6%	4.7%
Annualized	\$ 94.3	\$ 83.5	\$ 88.2
Var %		13.0%	7.0%

Operating Expenses



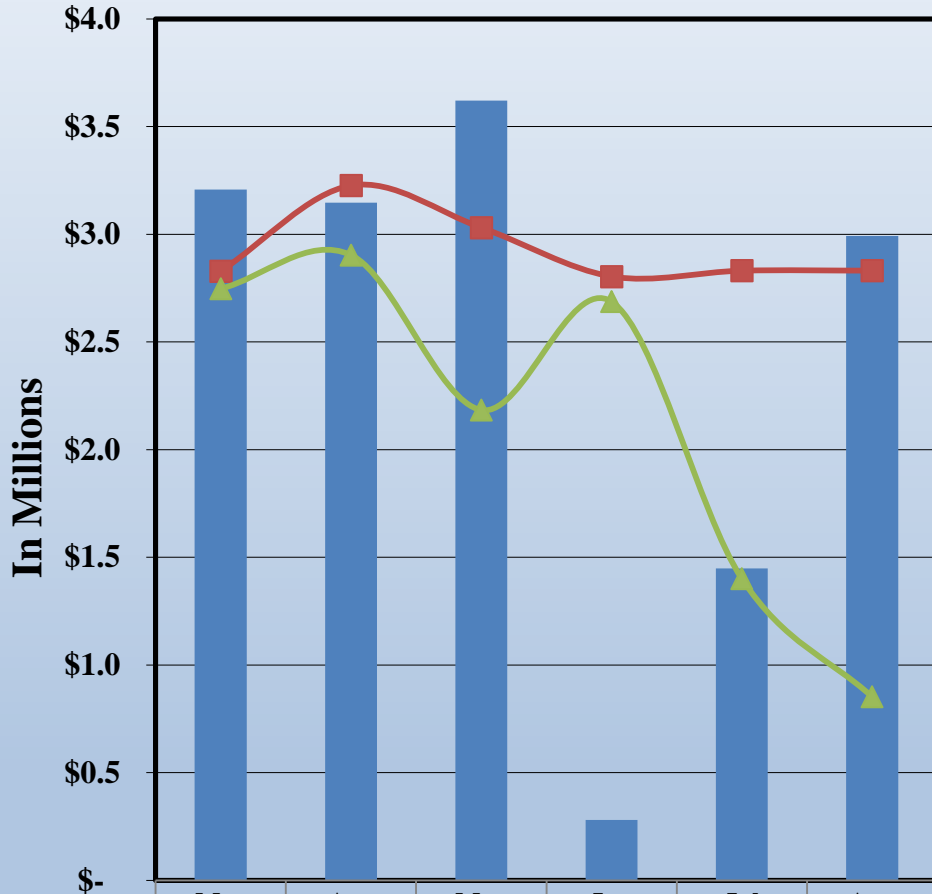
Salaries, Wages & Contract Labor (Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 16.2	\$ 15.4	\$ 16.8
Var %		5.2%	-3.6%
Year-To-Date	\$ 174.7	\$ 167.1	\$ 182.5
Var %		4.5%	-4.3%
Annualized	\$ 190.8	\$ 181.3	\$ 198.1
Var %		5.2%	-3.7%

Employee Benefit Expense

(Ector County Hospital District)

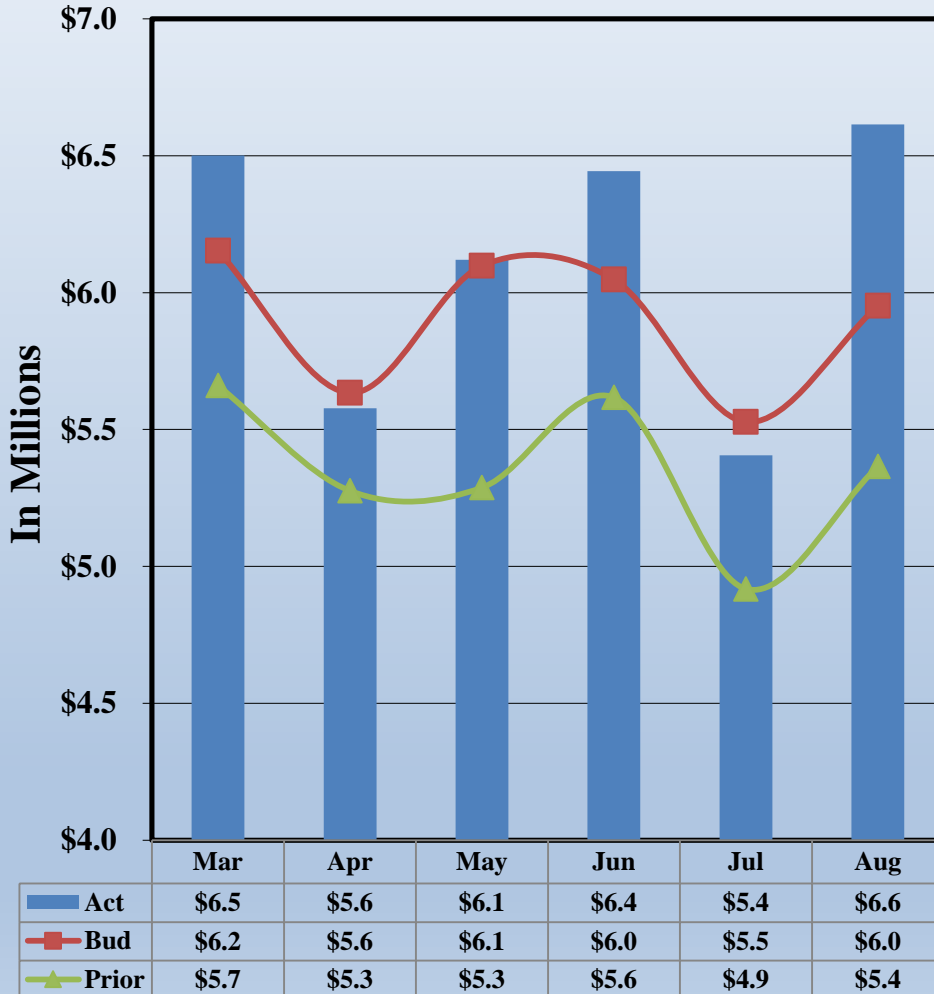


Act	Mar	Apr	May	Jun	Jul	Aug
Bud	\$3.2	\$3.1	\$3.6	\$0.3	\$1.4	\$3.0
Prior	\$2.8	\$3.2	\$3.0	\$2.8	\$2.8	\$2.8
	\$2.7	\$2.9	\$2.2	\$2.7	\$1.4	\$0.9

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 3.0	\$ 2.8	\$ 0.9
Var %		5.7%	235.7%
Year-To-Date	\$ 31.1	\$ 31.6	\$ 27.2
Var %		-1.5%	14.5%
Annualized	\$ 31.3	\$ 34.5	\$ 29.0
Var %		-9.3%	7.9%

Supply Expense

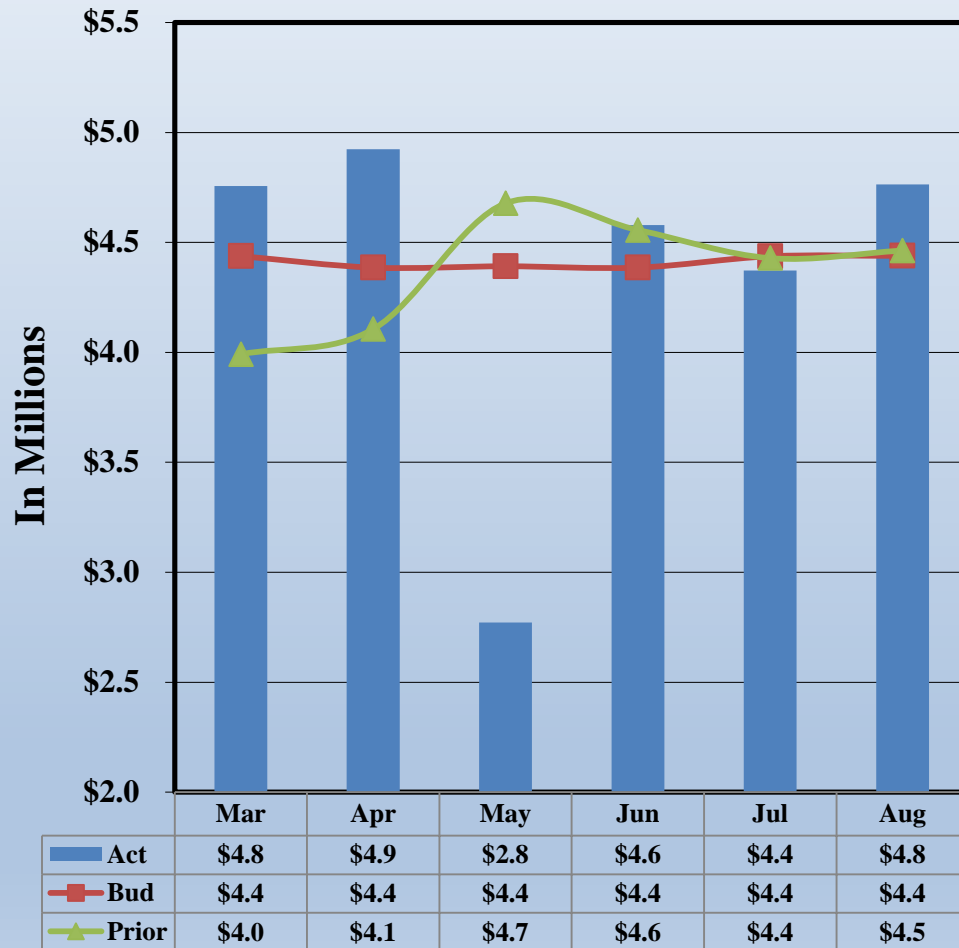
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 6.6	\$ 6.0	\$ 5.4
Var %		11.6%	23.7%
Year-To-Date	\$ 64.6	\$ 63.9	\$ 58.4
Var %		1.1%	10.8%
Annualized	\$ 69.5	\$ 68.9	\$ 64.1
Var %		0.9%	8.4%

Purchased Services

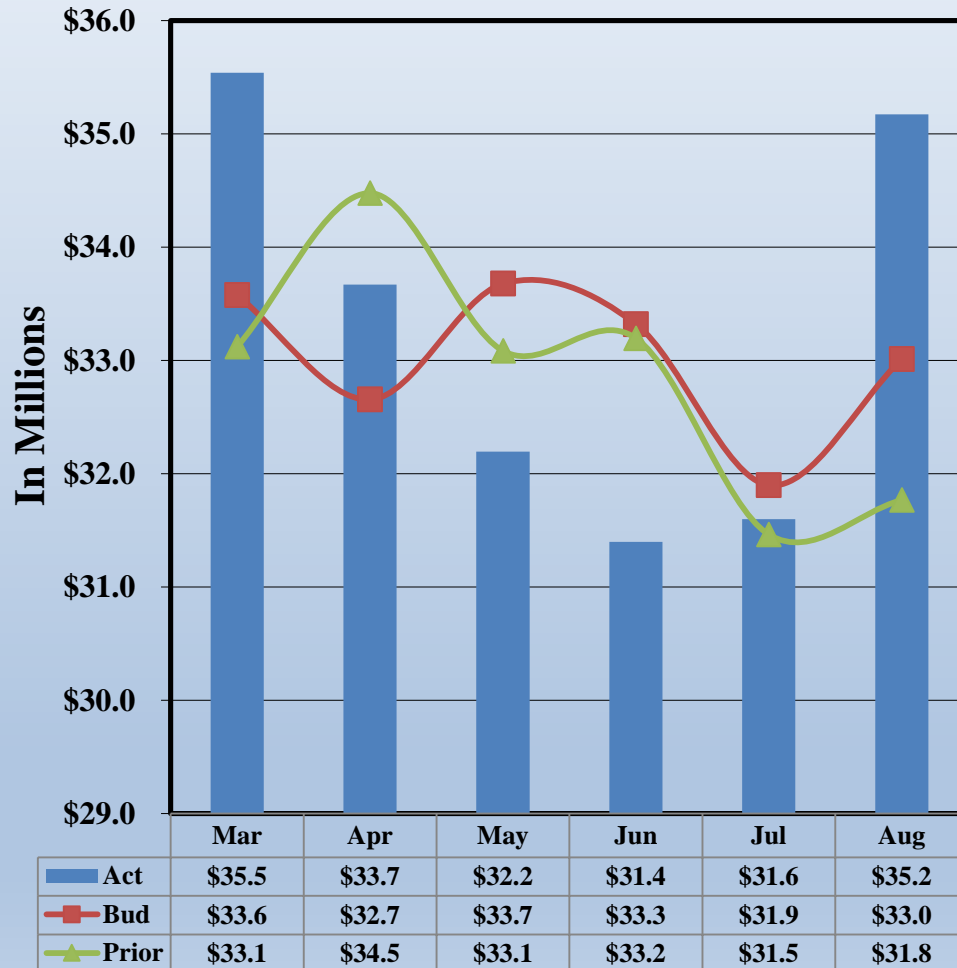
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 4.8	\$ 4.4	\$ 4.5
Var %		7.3%	6.7%
Year-To-Date	\$ 48.1	\$ 48.5	\$ 48.3
Var %		-0.7%	-0.3%
Annualized	\$ 52.7	\$ 52.8	\$ 52.4
Var %		-0.2%	0.6%

Total Operating Expense

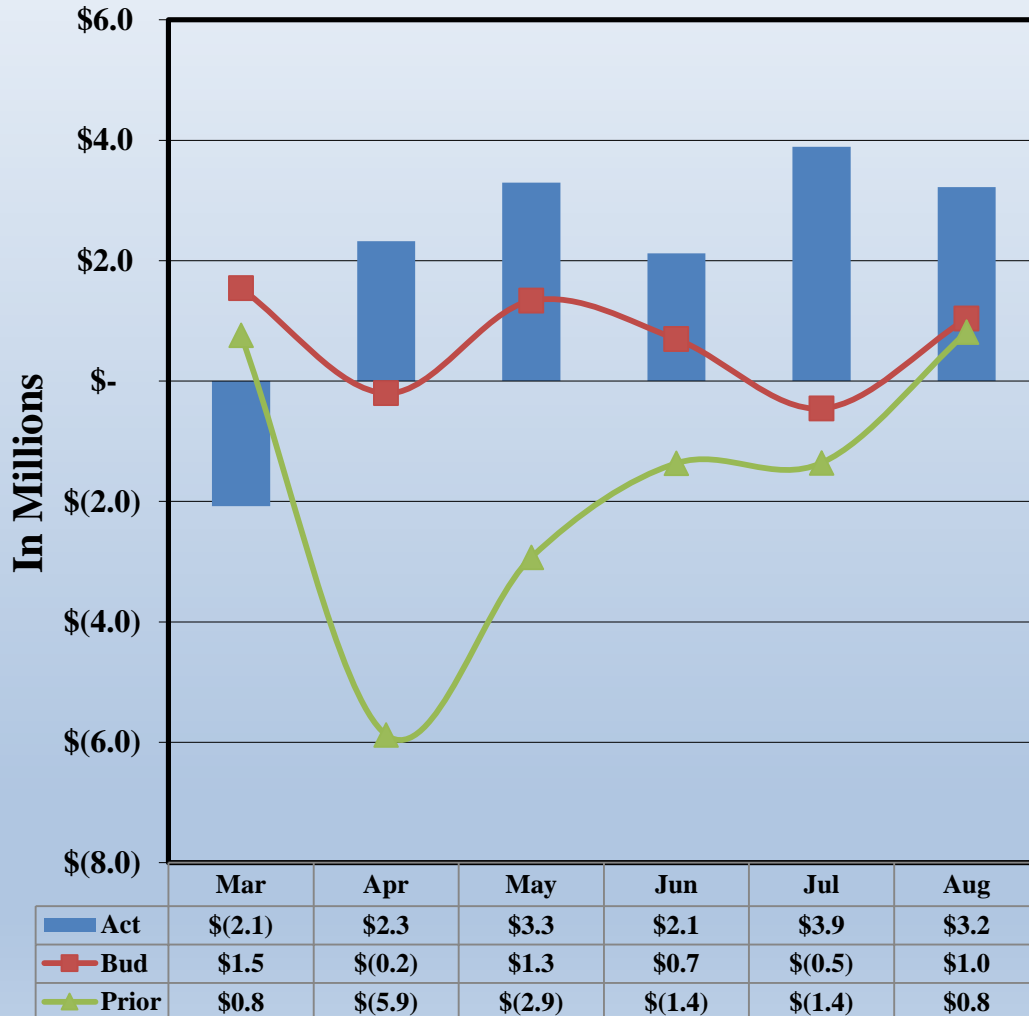
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 35.2	\$ 33.0	\$ 31.8
Var %		6.5%	10.5%
Year-To-Date	\$ 363.2	\$ 358.8	\$ 363.5
Var %		1.2%	-0.1%
Annualized	\$ 392.8	\$ 389.3	\$ 395.6
Var %		0.9%	-0.7%

Operating EBIDA

Ector County Hospital District Operations

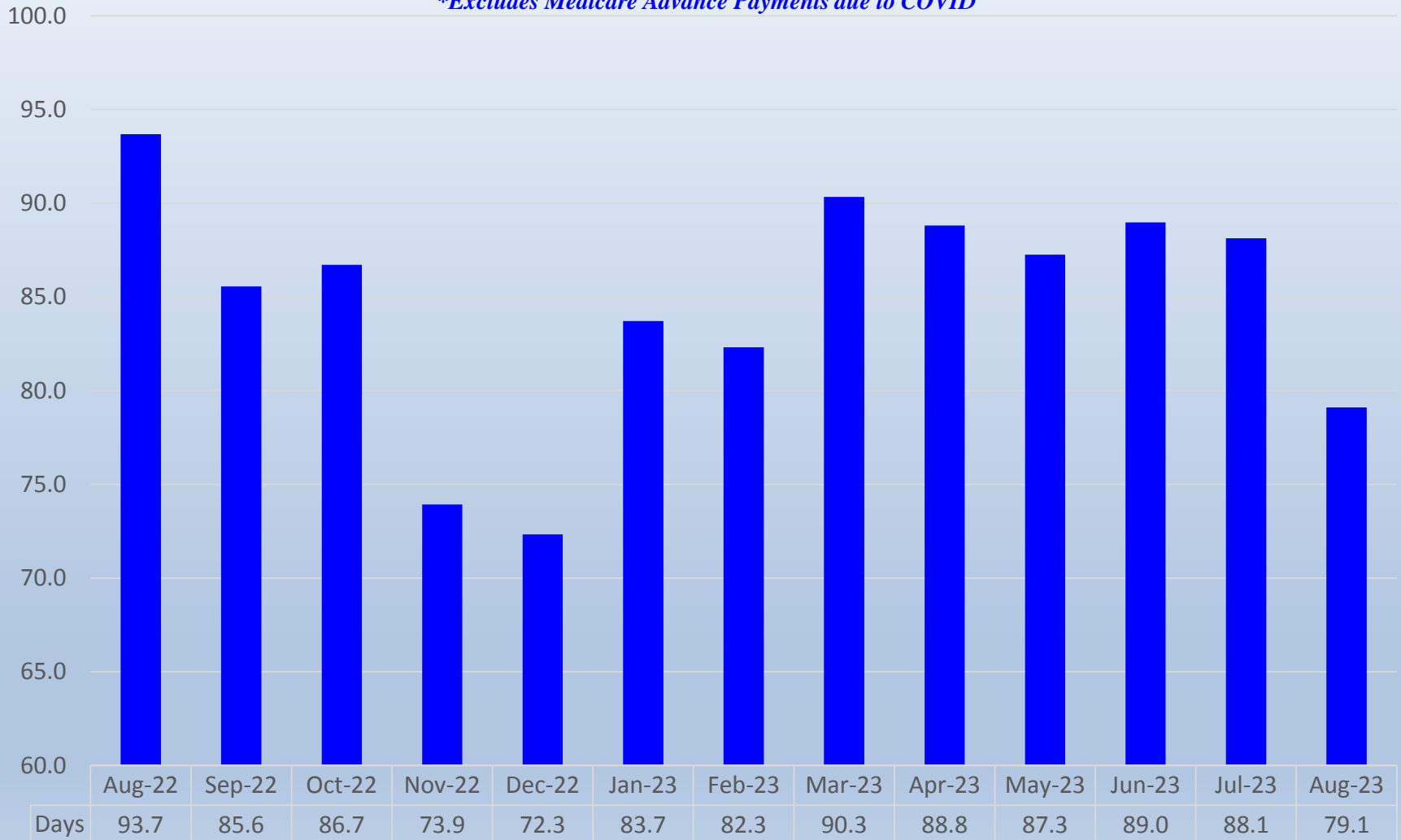


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 3.2	\$ 1.0	\$ 0.8
Var %		220.0%	300.0%
Year-To-Date	\$ 11.7	\$ 6.7	\$ (9.9)
Var %		74.6%	-218.2%
Annualized	\$ 14.3	\$ 7.0	\$ 16.3
Var %		104.3%	-12.3%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*



mch



MEMORANDUM

TO: ECHD Board of Directors
FROM: Renato Galindo, Director Cardiopulmonary Services
SUBJECT: Airgas Southwest Medical Gas Supplier Renewal
DATE: September 8, 2023

Cost:

Airgas Southwest \$380,000.00

Budget Reference:

Operational Budget \$380,000.00

Background:

Airgas Southwest is the gas provider for Medical Center Health System (MCHS). This includes bulk oxygen, oxygen cylinder rentals, and specialty gases.

Funding:

Airgas costs for yearly service is estimated at \$380,000 per year. Expense will come from operational budgeted funds.

FUNDING AGREEMENT
2023-2024

This Contract (“Contract”) is made and entered into by and between **MCH PROFESSIONAL CARE**, a Texas non-profit corporation (“Pro Care”) and **ECTOR COUNTY HOSPITAL DISTRICT** doing business as Medical Center Health System (the “Hospital”).

The Hospital wishes to contract with Pro Care for the services of Physicians, to provide medical services to needy inhabitants of the Ector County Hospital District that exceed the funding provided by Permian Basin Clinical Servicing Partnership.

Pro Care is certified by the Texas State Board of Medical Examiners as a 5.01 (a) (now V.T.C.A., Occupations Code §162.001) non-profit health organization. The activities of Pro Care are conducted in Ector County, Texas.

Hospital and ProCare desire to set forth the agreements and understandings between them with respect to the services of Physicians on behalf of and in support of the medical needs of the people of Ector County and the Hospital.

Now, therefore, in consideration of the premises and the mutual covenants and agreement herein contained, and subject to the terms and conditions hereof Hospital and Pro Care have agreed as follows:

1. **SERVICES.** Hospital hereby contracts with Pro Care, as an independent contractor to provide and make available to the Hospital the services of Physicians for the benefit of Hospital and the people of Ector County, Texas with duties and responsibilities set forth herein, to render medical services as reasonable patient care may require. The Physician’s duties shall include, but not be limited to, the following:

- (a) Performing such Medical procedures and examinations as may be necessary and appropriate for needy patients using Physician’s services in accordance with all canons of professional ethics and all applicable laws, rules and regulations of the State of Texas and of the United States.
- (b) Keeping and maintaining, or causing to be kept and maintained, appropriate records, reports, claims and correspondence necessary and appropriate in connection with all professional services rendered by Physician under the Agreement. All of such records, claims, and correspondence shall belong to Pro Care or Hospital as provided in the Agreement, but Hospital, Pro Care and the Physician shall be authorized to make copies of any such records at any time in the future.
- (c) Promoting, to the extent permitted by law and the applicable canons of professional ethics, the professional practice of Hospital and Pro Care, its successors, and assigns.
- (d) Performing all acts reasonably necessary to maintain and improve Physician’s professional skills, including all required continuing medical education
- (e) Complying with all appropriate standards of the U.S. Department of Health and Human Services, the Texas Medical Board, Medicare and Medicaid, and the Bylaws, Rules, and Regulations of the Medical Staff of Medical Center Hospital; and
- (f) Assisting in the development of protocols for the practice of medicine in Medical Center Hospital, with an emphasis on both quality and efficient utilization.

2. SUPPORT PAYMENT. In consideration of the foregoing, Hospital agrees to pay Pro Care during the term of this Contract, and a Support Payment for covered services not to exceed \$24,752,101.00 for the Hospital's fiscal year ending September 30, 2024. The Support Payment shall be paid in an amount determined by Hospital to approximately equal to any anticipated or incurred Pro Care deficiency in operating expenses for medical services.

3. TERM. The term of this Contract shall be for the Hospital fiscal year ending on September 30, 2024.

4. NON-APPROPRIATION. In the event no funds or insufficient funds are appropriated and budgeted by the Hospital for the payment of obligations under the contract for any fiscal period in which payments are due under this Contract, the Hospital shall, not less than 60 days prior to the end of the fiscal period for which funds have been appropriated, in writing, notify Pro Care of such occurrence. This Contract shall thereafter terminate and be rendered null and void on the last day of the fiscal period for which appropriations were made without penalty, liability or expense to the Hospital of any kind.

5. COMPLIANCE. In the event (i) Medicare, Medicaid, or any other third party payor, (a "Third Party Payor"), or any federal, state or local laws, rules, regulations, or interpretations (the "Regulatory Reimbursement Policies") at any time during the term of this Agreement prohibit or restrict, or (ii) one or more Third Party Payors, or the Regulatory Reimbursement Policies in any way substantially change the method or amount of reimbursement or payment for patient services under the Agreement, then Hospital and Pro Care agree, in good faith, to amend this Contract to provide for payment of compensation in a manner consistent with any such prohibition, restriction, change or limitation.

6. INDEPENDENT CONTRACTOR. It is expressly acknowledged by the parties hereto that Pro Care, including any Physician employees ("Physician Employee") by Pro Care, is an "independent contractor" and nothing in this Agreement is intended nor shall be construed to create an employer/Physician relationship, a joint venture relationship, or a lease or landlord/tenant relationship, or to allow Hospital to exercise control or direction over the manner or method by which Pro Care and/or Physician Employee performs the services which are the subject matter of this Contract; provide always, however, that the services to be provided hereunder by Pro Care and/or any Physician Employee shall be provided in a manner consistent with the standards governing such services and the provisions of this Contract. Pro Care and/or any Physician Employee understand and agrees that (i) Pro Care and/or Physician Employee will not be treated as a Physician of Hospital for federal tax purposes. (ii) Hospital will not withhold on behalf of Pro Care and/or any Physician Employee pursuant to this Contract any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body relating to Pro Care and/or Physician Employee, (iii) all of such payments, withholdings, and benefits, if any, are the sole responsibility of Pro Care and/or the Physician Employee. In the event the Internal Revenue Services or any other governmental agency should question or challenge the independent contractor status of Pro Care or the Physician Employee, the parties hereto mutually agree that both Pro Care and/or the Physician Employee and Hospital shall have the right to participate in any discussion or negotiation occurring with such agency or agencies, irrespective of whom or by whom such discussion or negotiation is initiated.

7. RECORDS. Upon written request of the Secretary of Health and Human Services or the Comptroller General of the Government Accounting Office, or any of their duly authorized representatives, Pro Care shall make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of services provided to Hospital. Such inspection

shall be available up to four (4) years after the rendering of such services, If Pro Care carries out any of the duties of this Agreement through a subcontractor with a value of \$10,000.00 or more over a twelve-month period with a related organization or individual, Pro Care agrees to include this requirement in any such subcontractor. This provision is included pursuant to and is governed by the requirements of Public Law 96-499, Section 952 [Section 1861 (v)(1)(I) of the Social Security Act and regulations promulgated thereunder.

8. NOTICE. All notices, requests, demands and other communications under this Agreement shall be in writing and shall be deemed to be duly given on the date of service, if served personally on the party to whom service is given, or upon receipt, if sent by a professional courier service, or on the date of depositing in the United States mail, postage prepaid, is sent by Certified or Registered Mail, Return Receipt Requested, addressed to the party to whom it is to be given as follows:

HOSPITAL: MEDICAL CENTER HOSPITAL
500 West 4th Street
Odessa, Texas 79761
ATTENTION: Russell Tippin, President/CEO

PROCARE: MCH PROFESSIONAL CARE
PO Box 2129
Odessa, Texas 79760
ATTENTION: Adiel Alvarado, President

Either party may change its address to which notices shall be sent by a notice similarly sent.

11. MISCELLANEOUS:

(a) This Agreement contains the entire agreement of the parties hereto and supersedes all prior agreements, contracts, and understandings, whether written or otherwise, between the parties hereto relating to the subject matter hereof. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

(b) This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and shall be binding upon their successors, assigns, and/or representatives, as the case may be, Notwithstanding the foregoing, this Agreement may not be assigned without the prior written consent of both parties.

(c) This Agreement may be amended only my mutual written consent of the parties hereto.

(d) Any waiver, consent or approval of any kind or character on the part of the parties hereto of any breach or default under this Agreement, or any waiver on the part of the parties of any provision or condition of this Agreement must be in writing and shall be effective only to the extent allowed specifically by such writing. Any such waiver shall not be construed to be a waiver of any other breach or default occurring thereafter.

(e) In computing any period of time under this Agreement, the date of the act, notice, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included. Unless it is a Saturday, Sunday, or legal holiday of the State of Texas, in which event the period shall run until the end of the next day which is not a Saturday or legal holiday.

(f) The headings of the various sections and paragraphs of this Agreement have been inserted for convenience and reference only and shall not modify, define, limit or expand the express provisions of this Agreement.

(g) This Agreement shall be construed and interpreted in conformity with the principles of ethics of the American Medical Association and shall be enforced and otherwise governed in accordance with the laws of the State of Texas.

WITNESS WHEREOF, the parties have duly executed this Agreement on the 3rd day of October 2023.

MCH PROFESSIONAL CARE

By: _____

ADIEL ALVARADO, PRESIDENT

**ECTOR COUNTY HOSPITAL DISTRICT
d/b/a MEDICAL CENTER HOSPITAL**

By: _____

RUSSELL TIPPIN, PRESIDENT/CEO

MEMORANDUM

TO: ECHD Board of Directors
FROM: Linda Carpenter, Chief Information Officer
SUBJECT: 724 Access Services & Support Renewal
DATE: October 1, 2023

Cost:

724 Access services & support (Annual Costs)	\$75,941.16
---	-------------

Budget Reference:

Operational Funds	\$75,941.16
-------------------	-------------

Background:

724 Access solution provides 7x24 view only access to all clinical data in Cerner Millennium Electronic Medical Record (EMR) in the event of a network outage or planned/unplanned downtime. Patient's critical information can often be overlooked without access to the patient record; therefore, a downtime increases the risk to patient safety. 724 Access provides previous thirty days of patient's medical record in the EMR at designated PC's across Medical Center Health System (MCHS).

Objective:

Continue services and support for 724 Access to provide 24x7 access to patient data increasing patient safety in the event of a network failure should occur.

Funding:

724 Access services & support in the annual amount of \$75,941.16 from Cerner will come from budgeted operational funds.



RESOLUTION

THE STATE OF TEXAS §

COUNTY OF ECTOR §

On the 3rd day of October, 2023, at a meeting of the Board of Directors of the Ector County Hospital District (ECHD), a government entity, held in the City of Odessa, Ector County, with a quorum of the Directors present, the following Resolution was adopted:

WHEREAS, the Property Tax Code sets the terms of the members of the Ector County Appraisal District Board of Directors.

WHEREAS, ECHD has one (1) member on the appraisal district board, and the current member’s term expires December 31, 2023.

WHEREAS, ECHD appoints David Dunn, ECHD Board Member to serve on the Ector County Appraisal District Board of Directors for the 2024-2025 term.

BE IT RESOLVED that the Board of Directors of ECHD hereby appoints David Dunn to serve on the Ector County Appraisal District Board of Directors.

Wallace Dunn, President
Ector County Hospital District
Board of Directors

Don Hallmark, Vice President
Ector County Hospital District
Board of Directors

July 20, 1992

Hospitals

The Magazine for Health Care Executives

**Turnaround of the Year contest winners
share their success stories**

GREAT COMEBACKS



Winner, small category
(Under 100 beds)

Bladen County Hospital
Elizabethtown, NC

Leo Petit Jr., executive director



Winner, mid-sized category
(100-299 beds)

Medical Center Hospital
Odessa, TX

J. Michael Stephans, administrator



Winner, large category
(300 or more beds)

St. Luke's Health System
Phoenix

Bill Murray, president

AHA

July 20, 1992

Hospitals®

The Magazine for Health Care Executives



44



50

Cover Story 30

What spurs a successful hospital turnaround? The answers go far beyond hospitals' balance sheets. The three winners of the 1992 turnaround contest brought their institutions back from the brink by tackling tough challenges: unpopular tax increases, negative community image, and hostile bondholders. Their stories should inspire other hospital leaders.

—Cover by Hospitals

Features

Executive Briefing 24

What's the difference between inducement and encouragement? That's a key question in the *Hanlester Network* case. Attorneys and other experts are carefully sifting through the implications of *Hanlester*, and what its precise—and very important—effects may be on joint ventures with physicians.

Medical Staff 40

A recent fraud alert published by the OIG listing "suspect hospital incentive arrangements" in physician recruitment practices is compelling hospital executives to review their recruitment strategies. "What is new about this fraud alert," says an attorney, "is that the OIG has put them into one document as an indication of its enforcement priorities."

Ambulatory Care 44

A growing number of hospitals across the country are collaborating with others in their communities to provide health care to the homeless. "Hospitals should take a lead role" in this area, say those already involved.

Special Report: Vendor Software Awards 50

Information systems budgets for 1992 increased among medium and large hospitals and decreased slightly among smaller facilities, according to data gathered by Shared Data Research (SDR), Hudson, OH, for its Third Annual Vendor Awards of Excellence program.

News at Deadline 10

Data Watch 16

The sixth annual Ernst & Young/Jackson & Coker Physician Revenue Survey on admissions and revenues per physician encompasses over 600 hospitals, 2.8 million admissions, 15 million outpatient encounters and more than 30,000 physicians.

Currents 18

Index to Advertisers 49

People 56

The American Hospital Association is recognizing several health care leaders with distinctive awards. A look at the awards and their recipients.

Trends 58

- High expected turnover in Congress clouds political forecasts, making it hard to predict the effects of fall elections on health care initiatives.
- Experts say the process of gathering outcomes data must be separated from the filing of claims for payment.
- A training program designed primarily to relieve RNs delivers unexpected benefits to patients.
- A project in Rockford, IL, improves health care information resources for the uninsured and underinsured.

Classified Ads 62

The Last Word 64

The success of a continuous quality improvement or total quality management process requires that managers initiate and champion the process. But many of today's managers are not equipped with the information and skills they will need to lead the way, the authors write. What's the next step for hospitals? Learn from the experience of the executives at Baptist Medical Center in Columbia, SC.

Hospitals (ISSN 0018-5973) is published the fifth and twentieth of each month by American Hospital Publishing, Inc., an American Hospital Association company. Second-class postage paid at Chicago, Illinois and at additional mailing offices. SUBSCRIPTION RATES: \$60 for one-year subscription. Outside U.S. add \$30 per year for postage. Single copies \$3.50. Information on bulk subscriptions (10 copies or more) available on request. Business address: 737 N. Michigan Ave., Chicago, IL 60611. Tel. (312) 440-6800. CHANGE OF ADDRESS: AHA members notify Membership Division, 840 N. Lake Shore Drive, Chicago, IL 60611. Tel. (312) 290-6000. Notice should include the old as well as the new address, including zip code number. Six weeks' notice is required. The local postmaster should be notified. Copyright 1992 by American Hospital Publishing, Inc., all rights reserved. Hospitals is a registered trademark of the American Hospital Association. Printed in the U.S.A. POSTMASTER: send address change to HOSPITALS, American Hospital Publishing Inc., 737 N. Michigan Ave., Chicago, IL 60611. Additional pages of separate editions numbered or allowed for as follows: between pages 16 and 17.



Member of the Business Publications Audit of Circulation Inc.

Great comebacks: the 1992 turnaround contest winners

Turning a hospital around takes hard work, determination, and guts. The winners of this year's Hospital Turnaround of the Year Contest, sponsored by Hospitals and Coopers & Lybrand, demonstrate that a successful turnaround is about much more than money, and that it can't be judged a success based solely on financial results. The management team of each winning hospital showed imagination and courage in tackling their hospitals' problems. Congratulations to this year's winners and finalists for a job well done.—Mary A. Grayson

Bladen County Hospital: Quality push spurs comeback



Bladen County Hospital had to overhaul its image before it could turn its financial performance around. But this was no easy task for Leo Petit Jr., executive director of the 48-bed hospital, located in Elizabethtown, NC. "The hospital was in pretty bad shape," Petit says.

"Like many small hospitals, it had quality-perception problems in the community."

When Petit came on board in 1987, five key problems crippled community support for the hospital:

- Its quality of care was questionable, especially since the hospital's accreditation had been dropped by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 15 years earlier.
- The physical plant was aging, poorly maintained, and the hospital lacked the financial reserves to build new facilities.
- Physician recruitment efforts were not attracting new doctors to the poor, rural county.
- Staff shortages forced the hospital to rely heavily on contract nurses.
- The hospital had steadily lost money since the implementation of Medicare's prospective payment system.

"We were in trouble and going downhill, along with a lot of other rural hospitals," says David Clark, an Elizabethtown businessman who was a hospital trustee from 1985 to

1991, serving as vice chairman in 1989 and 1990, and chairman in 1991. "Our hospital was erected in 1951, and it was basically outdated."

Strategic initiatives. Petit enlisted board members, senior executives and the medical staff to tackle these problems. "Petit's way was to manage this thing by a team approach," Clark says. "Every person had a hand in planning what we needed here."

During six months of strategic planning, this team developed plans for each of the hospital's operational shortfalls. But the overall success of the plans hinged on two key initiatives: obtaining JCAHO accreditation and \$4 million in general obligation bonds to support a new physical plant.

Regaining accreditation would send a quick message to the community, Petit says. "We have to be as good or better than most hospitals because our community doesn't have another hospital to choose from," he adds. "We had to instill that level of confidence in the hospital."

Besides, the hospital had no quality program in place. "The JCAHO's new quality standards seemed to be the clearest focal point" for starting a quality improvement program, Petit says. But the hospital didn't have a prayer of receiving accreditation without updating its facilities. So the executive team decided to turn to the taxpayers for help. They asked the county commissioners to put a \$4 million general obligation bond issue on the ballot for the March 1988 elections.

Winning voter approval. Initially, the measure seemed like a long shot. It had been more than 30 years since Bladen county voters approved a bond issue that directly affected their tax rate. "This is the rural South," Clark says. "People



The Bladen County Hospital executive team: (left to right) Richard Smith, chief financial officer; Sharon Natale, director of nursing; Leo Petit Jr., CEO; and Jim Burney, director of support services

tend to vote down tax increases summarily, even for education."

People also don't like outsiders telling them how to do things—and Petit was a native of Massachusetts. "Here was a man who'd been in the county for a year, he was a Yankee down in the South, and now he was talking about putting a bond issue before the people to increase their taxes—the thing they disliked the most," Clark says.

But these obstacles didn't bother Petit. He hired a political consultant to set a course of action and to survey public opinion about the hospital. Then Petit took the "gospel" of the hospital's turnaround plan to the focal point of every Bible Belt community: Sunday schools and prayer meetings. "The ministers were incredibly helpful," Petit says. "I spent almost every Sunday morning and Wednesday evening talking to groups in the churches, in some cases from the pulpit."

Petit and other management team members also attended community meetings in every population pocket of the county. "In rural communities, people have very long memories," Petit says. "I spent a lot of time talking to people about problems at the hospital that happened 20 years ago, but in their minds happened yesterday."

Marketing tools. Consumer surveys revealed that the hospital still had image problems. For example, 52 percent of respondents said they would vote to support the hospital bond issue, but less than 40 percent thought that their neighbors would support the same measure.

These results revealed a lack of confidence in the hospital, Petit says. "They'd had a good experience, but they thought the reputation of the hospital was so questionable that they weren't going to mention it to their neighbors."

So the hospital initiated several simple but effective marketing tools to build public support. One was the "Please Tell Me" campaign, in which suggestion forms ran in newspaper ads and were mailed to

About the contest



Thornburg

Nearly 65 hospitals entered the 1992 hospital turnaround contest. Each entry's score was based on two equally weighted criteria: financial and operational performance. Our judges looked for such operational indicators as strategy, quality improvement and medical staff participation in each entry's 2,000-word essay. Contestants' financial performance score was based on eight ratios for their three most recently completed financial years. The accounting firm Coopers & Lybrand verified these results from contestants' audited financial statements. This process was supervised by Ann Thornburg, partner in charge of health care, Northeast region, Coopers & Lybrand, Boston.

Meet the contest judges



Joanne Judge is president of 206-bed Community Hospital of Lancaster (PA). Judge is the outgoing chairman of the Healthcare Financial Management Association (HFMA).



Dan Lingor is president and CEO of 155-bed Mt. Carmel Medical Center, Pittsburg, KS. Lingor's hospital was one of three winners for the 1991 Turnaround of the Year contest.



Kimberle Oldenburg is vice president of fiscal services for 199-bed Campbell County Memorial Hospital, Gillette, WY.



Kevin Potter is president of 119-bed Loudon Hospital Center, Leesburg, VA. Potter's hospital was a finalist in the 1991 Turnaround of the Year contest.



Bonnie Phipps is chief financial officer at 575-bed DeKalb Medical Center, Decatur, GA. Phipps recently became HFMA's chairman for 1992-1993.



Ann Shaddix is associate director of finance for 483-bed Stanford University Hospital, Palo Alto, CA.



Jerry Widman is senior vice president for finance for the Daughters of Charity National Health System, St. Louis.

every community member. The direct-mail pieces generated a 2 percent response rate, and the hospital answered every complaint and suggestion, Petit says.

By election day, these initiatives had achieved the apparently impossible: 76 percent of voters approved the hospital's tax measure. "As far as we can tell, that's the highest acceptance rate this county has ever seen," Clark says. "People were voting for their hospital, although originally the hospital was poorly perceived. The hospital's turnaround was beginning."

The new facility opened its doors in June 1990. "The bond issue really was essential for the survival of the hospital. It became part of our financial strategy," Petit says.

Operational improvements. While Petit and his team battled to win voter approval, they also took steps to improve the hospital's operations. First, they developed a financial plan that identifies the parameters needed for survival and growth for a three-year period. Twice a year, an outside financial analyst studies the hospital's performance and projects its results over the next five years. "Instead of just setting a plan every year, we're able to figure out how good a job we actually did every six months," Petit says.

The hospital also hired SunHealth Alliance, Charlotte, NC, to perform a productivity analysis. "That worked so well that we hired a management engineer to come in three days a month to upgrade that study on an ongoing basis and to monitor productivity."

A nursing, acuity and staffing computer system helps the hospital staff to appropriate levels. "We don't use contract nurses anymore," Petit says. "In a small hospital, half an FTE can make a huge difference."

The management team developed a physician recruitment plan to meet the hospital's needs in various specialties. For example, they determined that their community was too small to recruit obstetricians.

"We decided that we would do pediatrics and obstetrics through board-certified family practitioners," Petit says. "We decided we wouldn't even try to recruit ob/gyns. Let the rest of the world fight over them."

As a result of this strategy, Bladen County gained two young family practitioners who perform obstetrics, and one internist. The hospital's medical staff has tripled from four to 13 physicians. "The average age of our staff is now about 45," Petit says. "Most small communities are struggling with how they can talk their 70-year-old physician into staying on. Yet none of the doctors who've come here in the last five years have left."

Turnaround results. These measures began to take hold in 1990, when the hospital's total margin improved from a \$500,000 loss the year before to an \$81,000 gain. The hospital's net patient revenues also increased by nearly \$2 million.

But Petit wasn't content to rest on his laurels. In 1990, his hospital formed the Coastal Carolina Alliance with four other regional hospitals. "It took us six to eight months to talk this through and decide what we were going to do," he says. "Then we spent a year organizing and building trust." Now the hospitals are looking to share services—from

laundry to physician recruiting to joint purchasing.

Petit still strives to improve the hospital's quality of care. In 1991, Bladen County Hospital joined the Maryland Quality Indicator Project (see *Hospitals*, March 5, pp. 26-29). This January, the hospital formally implemented continuous quality improvement. And in May, the hospital received JCAHO accreditation.

And so the hospital's turnaround is complete. "The people of this county could have lost their hospital, but now they have a shiny, new facility that's accredited," Clark says. "If you ask anybody on the street, they'll tell you that they're getting good service at the hospital. The community's perception of us is good."—*Julie Johnson*

Finalists: under 100 beds

Lee County Community Hospital, Pennington Gap, VA

Not long after opening the doors of its new building in 1983, Lee County Community Hospital began having financial trouble. The hospital, located in a rural coal-mining region of Virginia, had lost almost \$3 million between 1985 and 1990 when James Davis became the new CEO.



Davis

Among the first steps Davis took was to cut the staff of the 80-bed hospital by more than 30 full-time equivalents (FTEs), concentrating on eliminating middle-management positions. "We had an extra level of management, and decisions were never being made and questions were never being answered," Davis says.

The new CEO made each department manager responsible for preparing an annual budget and accountable for all expenditures. Davis himself took on the extra duties of chief financial officer. "I felt that an administrator in a critical cash situation needed to know what was going on daily in purchasing and cash responsibilities."

The hospital received a grant from the Health Care Financing Administration to fund a swing bed program. Because a majority of its patients qualify for Medicare, the hospital also gained enhanced Medicare reimbursement by achieving status as a sole community provider and a disproportionate-share facility.

Responding to an assessment of community needs, the hospital has recruited several new part-time specialists who practice locally a few times a week.

And the administration was successful in thwarting a unionization effort. "Some of the nurses were dissatisfied and had a right to be," Davis says. "We decided to tell the staff the truth, let them see our financial figures, and ask them to give us a chance to turn things around."

By the end of FY 1991, a turnaround was evident. The hospital had generated a \$913,000 bottom line on \$12.1 million in net patient revenue, compared with a \$900,000 loss in 1989.—*Howard J. Anderson*

Berger Hospital, Circleville, OH

Despite its location in a central Ohio market that's home to eight *Fortune* 500 employers, 64-bed Berger Hospital was generating disappointing financial results and was having serious difficulties retaining medical staff and nurses. What was the problem? "The hospital wasn't giving the community any sense of ownership," says Brian Colfack, who was brought in as CEO and administrator in 1989. "The hospital had almost no visibility in the community."

Despite the potential for a steady stream of commercially insured patients, "nobody had done anything to network with local industry," Colfack recalls. Under the direction of a new leadership team, the hospital worked with employers on several initiatives that spurred allegiance to the hospital. For example, Berger created an industrial mammography program and successfully bid to take over all laboratory work for a local DuPont plant.

The hospital conducted a formal survey of 3,000 area residents and identified the need to add many specialized services. Eventually, 17 specialists were recruited.



Colfack

To assist in its physician recruitment efforts, the hospital opened a clinic that it rents out to specialists from nearby Columbus in half-day increments. It is now constructing a new medical office building for five other physicians.

The administration also involved the medical staff in setting priorities for purchasing \$7 million worth of updated equipment. The purchases were financed entirely by income from operations.

By implementing an expanded benefits program for all employees and creating merit pay for nurses, the hospital made progress in resolving staffing shortages that at one point were so severe that a critical care unit was closed on weekends.

For FY 1990, the hospital posted an impressive \$2.1 million bottom line on \$9 million in net patient revenues, up from a \$560,000 gain two years earlier.—H.J.A.

Madera (CA) Community Hospital

Faced with the need for immediate action, the nearly bankrupt Madera Community Hospital, located in a rural area north of Fresno, CA, hired a new administrator in 1988 to spearhead development of a business plan. "We didn't have six months to do a lot of surveys," says Bob Kelley, CEO. "We assimilated a lot of information in a hurry to sort out our real needs."

The new CEO involved the board, physicians and managers in drafting the plan to set a new direction for the hospital. Several new members were added to the board—including a former school superintendent—to aid in the effort to assess community needs and boost the hospital's image. "That gave a lot of credibility to the hospital," Kelley says.

The administrator waged a "one-on-one" campaign of community education, joining numerous civic organizations and meeting with business leaders. "The story we had to tell

was one that had practically become taken for granted," he says. "Our listeners were sometimes shocked at the impact that the closure of the hospital would have on the community—it was simply something they hadn't thought about at length."



Kelley

The new management team at the 83-bed hospital scrutinized its costs, eventually cutting its staff by 10 percent, mainly in non-patient care areas. It took numerous other cost-cutting steps, such as affiliating with a larger hospital to trim purchasing expenses

through participation in a national alliance.

After years of disputes, the county government agreed to provide \$250,000 a year for indigent care to the hospital. Although it's not a county-owned facility, Madera Community is the only local hospital, and it provides a large amount of charity care.

Services were enhanced by recruiting 10 physicians, acquiring updated equipment, adding an outpatient clinic and remodeling the emergency department.

For FY 1991, Madera posted a \$1.3 million bottom line on nearly \$21 million in net patient revenue, compared with a loss of more than \$800,000 two years earlier.—H.J.A.

Medical Center Hospital: rallying the community to keep doors open

GREAT COMEBACKS



Medical Center Hospital, Odessa, TX, ended its long financial nightmare by involving a new administrative team, a revitalized board, physicians, staff, and ultimately the entire community in a concerted turnaround campaign. "Our success is an example of what a community

can do once they get behind a project like saving their hospital," says Roger Sanderson, a local businessman who was recruited to serve on the board during the turnaround.

The 268-bed, county-owned hospital serves a huge area of West Texas oil country, a region particularly hard hit by the weakened economy. The hospital was in dire straits in 1988 when the board decided to replace an outside management firm with a local administrative team.

A huge financial crisis. In his first week on the job, the new administrator, J. Michael Stephans, discovered the hospital was overdrawn at the bank and had more than \$1.5 million in payables. The books showed a \$900,000 loss for the past 11 months, but the loss was actually much larger than that. An audit of receivables showed that 44 percent were uncollectible, bringing the real loss for all of FY 1988 to nearly \$6.5 million.

The situation called for immediate action. Stephans and his administrative team rewrote the 1989 budget, cutting \$2.5 million in expenses. Among the cuts: the elimination of 40 positions—14 through attrition and the remainder

Cover Story



The Medical Center Hospital executive team: (seated, left to right) Amy Hendrick, assistant administrator; J. Michael Stephans, administrator; (standing, left to right) Mike Hargesheimer, interim CFO; David Meisell, director of human resources; Nora Wilson, associate administrator for nursing; Brent Magers, associate administrator for operations; and Jim Keith, assistant administrator

through layoffs—salary cuts for all, and a freeze on raises.

“We held meetings around the clock to come across honestly with employees about the true facts,” Stephans says. “We tried to assure the employees that the board and the county were committed to making the hospital work. We told them that we had to stop the bleeding before we could really treat the patient.”

The hospital got a \$1.5 million emergency cash infusion from the county to pay its bills and received its \$1 million county indigent care support up front, rather than in the usual installments, to improve cash flow.

As an initial step in reviving physician relations and public confidence, the hospital borrowed \$5 million through the county to replace outdated, neglected equipment. “We had the oldest CT scanner in operation in the Western Hemisphere,” Stephans wryly observes. A committee of physicians set priorities for the equipment budget.

Organizational changes were needed. These and other short-term steps helped the hospital control its losses. But fundamental changes in the organization were needed to sustain the improvement.

The hospital had been part of the Ector County government for more than 40 years, supervised by a board appointed by county commissioners. The hospital board couldn’t act on substantive matters without commissioner approval. “The hospital wound up being a department of the county, yet we’re four times the size of the county in terms of our budget,” Stephans says. This made it difficult to take the timely action necessary to achieve a successful financial turnaround.

Therefore, in 1989, administrators and board members

decided to hold a public referendum to create a hospital district, with an autonomous board to run Medical Center Hospital.

The plan met with organized opposition from a group called Citizens Overseeing Public Spending, or “COPS,” that expressed concern over potential tax increases. To counter this group’s efforts, physicians and community leaders raised \$70,000 to wage a pro-district campaign.

The district initiative passed by a 56 percent majority, and a new temporary board was immediately formed to tackle the tough job of planning the hospital’s future. Within a few weeks, the board had determined that the hospital needed a new source of cash to secure its future. As a result, it proposed a 1 cent sales tax to support the hospital.

Rallying support for a new tax. Sanderson and another new board member called the local news media together to discuss the plans for a tax referendum. “The newspaper in this town had never, ever supported a tax proposition,” the former board chairman notes. One reporter at the meeting likened the initiative’s chances to “a snowball in hell,” he recalls.

But Sanderson thought it was important to take the hospital’s message to the media and ask for fair coverage of the issues. “A lot of times, if you just go and tell someone what you have on your mind, it’s a lot better than waiting for them to try to figure it out.”

The hospital eventually received favorable coverage of the tax initiative—the local newspaper even wrote an editorial supporting the proposition.

Because a bond issue hadn’t been passed in the county for 20 years, Sanderson and other board members launched

a major effort to educate the public on the need for the tax. "I spent night and day going out to everybody who would listen to me," Sanderson recalls. "I was talking to people at breakfast, at lunch, at dinner, at night. They believed us because we told them the truth."

One of the "truths" the hospital told was the fact that 30 percent of its business came from outside the county, so it made sense to tax sales made at the local shopping mall and car dealers, which draw business from a broad region outside the county, Stephans says.

In the spring of 1990, the sales tax passed by a whopping 78.6 percent margin, and a permanent board was then elected.

A renewed sense of purpose. "Once the community passed the sales tax by such an overwhelming majority, this was a different place," Stephans recalls. "Employees finally knew that the community appreciated what they did as employees and were behind whatever it took to provide a high-quality hospital. For the first time, our employees felt needed and appreciated, and they understood that their boss was the citizens."

Although the sales tax generated no income during FY 1990, the hospital, as a result of its belt-tightening and other strategic moves, posted a \$2.4 million bottom line. In 1991, \$4.5 million of the hospital's \$8.4 million bottom line came from tax revenues. The tax income, budgeted at about \$8.5 million for this year, is being used to support general operations, indigent care and capital improvements.

In addition to the tax-infusion and cost-cutting, a major increase in net patient revenues helped to fuel the turnaround. Revenues grew from \$56 million in 1988 to \$78 million in 1991.

Faced with the need to repair and renovate its building, the hospital formed its own full-time construction crew last year by hiring 15 local tradespeople. The crew tackled projects ranging from building an 18-bed nursery to a 25-bed skilled nursing facility. Stephans estimated that the hospital saved about \$1.5 million in 1991 by not hiring outside contractors.

Long-range planning begins. In the wake of the successful referendums, the hospital turned its efforts to building a long-range plan. It sent out questionnaires to a wide range of residents and took out ads in the local newspaper, asking for comments on what the hospital's priorities should be. Employees and medical staff were also polled.

The top needs identified in the research were improvements in the emergency department and the expansion of critical care, cardiology and oncology services. The hospital recently borrowed \$28 million through a bond issue to fund renovations and additions in each of these areas, plus the creation of an outpatient diagnostic center and several other new services.

In another effort to improve service to the community, the hospital has hired patient representatives, who meet with every inpatient and resolve any problems within 24 hours. The hospital has also initiated a total quality management program for all its departments, focusing on meeting customer expectations.

"The hospital still has some distance to go, but it's moving in the right direction," says Sanderson. "Public confidence in the hospital is so much greater today, it's almost incomparable to the way it was."—Howard J. Anderson

Finalists: 100-299 beds

Landmark Medical Center, Woonsocket, RI

This turnaround involved two struggling community hospitals that united to ensure continued access to essential services in the area they serve.

Landmark Medical Center was formed in 1988 by consolidating the former John E. Fogarty Memorial Hospital in North Smithfield, RI, and Woonsocket Hospital. Robert Walker, CEO at Woonsocket, became head of a single administrative team for the two hospitals, which have a total of 284 beds. Social services, medical records, dietary and a number of other departments now serve both sites. Now, the medical center has 4.3 employees per adjusted occupied bed, compared with 5.5 at the time of the merger.



Walker

The North Smithfield site now specializes in rehabilitation and psychiatry, while the Woonsocket campus handles medical-surgical cases. Both sites have been renovated using a \$12 million bond issue. In addition, a local fund-raising campaign "raised \$2 million in a tough economic climate," illustrating community support for the medical center, Walker says.

Landmark has successfully recruited 70 physicians. To assist in this effort, it created a management company that helps doctors run their practices by taking over such functions as billing and management.

To boost quality, the hospital developed a case management program, enhanced by the development of "critical pathways of service" for selected diagnosis-related groups (DRGs).

For FY 1991, the medical center posted a \$2.7 million bottom line on \$61.8 million in net patient revenue, compared with a \$2.6 million loss in 1989.

Without the merger, "I don't think the two hospitals could have both stayed open," Walker says. "They probably both would have suffered dramatically and continued to try to outdo each other."—H.J.A.

Central Texas Medical Center, San Marcos, TX

When Joel Hass became CEO at Central Texas Medical Center in 1989, he turned the administration upside down—literally. Hass inverted the organizational chart to place the administration at the bottom and the patients at the top.

"Those of us who are in leadership are really servants," Hass says. "Hospitals are full of policies and procedures. We've made our nurses and our employees feel like they have the authority to do things."

For example, in planning for the remodeling of one medical-surgical unit, the staff who worked on that floor met

with the interior designer and identified a major problem with lighting on the unit. The team of employees found a solution without adding to the budget. "They solved the problem instantly, and those of us in administration didn't even get involved," Hass recalls.



Hass

The reorganization efforts also resulted in the downsizing of the 109-bed hospital's management team. "We had 12 patients and 32 managers the day I got here. Today, we have 12 managers and 64 patients," he says.

To reach out to the community, Hass had every manager and every member of the medical staff make a list of the "most important people" in town. Using that process, he identified 19 people he calls "centers of influence" and invited each of them to ask up to 10 of their friends to come to a dinner with the administrator. These 19 focus group-like sessions, which have become annual events, have been successful in identifying community needs.

These and other steps have helped the hospital, which is part of Adventist Health Systems/Sunbelt, rebound from a \$674,000 loss in FY 1989 to a \$1.2 million bottom line on \$23.3 million in net patient revenue for FY 1991.—H.J.A.

Taylor Hospital, Ridley Park, PA

Located in a highly competitive market in suburban Philadelphia, Taylor Hospital saw its financial condition deteriorate in the late 1980s, as physicians sought out better service elsewhere. When Wm. Michael Tomlinson was brought in as president in 1987, his new management team took steps to make the 213-bed hospital more "physician-friendly."

For example, the hospital created an "Adopt-A-Doc" program, in which administrators took small groups of doctors and their spouses out to dinner on a regular basis. "They thought they were going to be hit up for a donation," Tomlinson jokes. Instead, the managers offered to solve any problems the physicians were experiencing at the hospital.



Tomlinson

In addition, each department manager was asked to come up with new ideas every month for how to better serve physicians. These and other improvements contributed to a 30 percent gain in admissions over a three-year period.

The hospital resolved a critical nursing shortage by coming up with innovative recruitment techniques. When \$250,000 worth of newspaper classified advertising failed to result in a new hire, the hospital spent less than \$10,000 to have an airplane tow a banner—bearing the message "Taylor loves nurses" and the hospital's phone number—over a nearby beach area in New Jersey, a popular vacation spot. That unusual summer weekend promotion directly resulted in the hiring of 30 nurses.

Taylor also created centers of excellence to meet community needs. To boost awareness of the hospital, it

launched a concerted "word of mouth" campaign involving all of its employees.

The hospital's turnaround efforts have paid off. Taylor posted a \$1.8 million bottom line on \$46.3 million in net patient revenue for FY 1991, compared with a two-year loss totaling \$1.5 million in 1987 and 1988.—H.J.A.

St. Luke's Health System: back from the brink



On Oct. 25, 1989, the trustees of Phoenix-based St. Luke's Health System made a difficult and risky decision: to deliberately miss a \$2.25 million bond payment. They hoped that the move would drive the three-hospital system's bondholders to restructure its debt payments.

However, they also knew that this step could allow the bondholders to force St. Luke's into Chapter 11—or worse, to sell off its assets.

At stake, too, was the system's 85-year reputation for providing high-quality care. Cash-flow projections showed that St. Luke's debt-service obligations would drain its cash reserves to the point of irreparably damaging quality of care, according to Bill Murray, president of St. Luke's. If this happened, the system's year-old turnaround plan was doomed to fail.

"We knew our physicians and our quality of care were the biggest aces that we had," Murray says. "We fought to preserve the cash to sustain that. Once you get below a certain point in your cash, your quality levels slip—and you never get them back."

Given these circumstances, the board had no other choice but to temporarily stop payment on its debt, says Martha Taylor Thomas, J.D., chair of the board for St. Luke's. "When we had to assess whether to go forward, the board said, 'We will only deliver [high] quality health care. They can have the keys before we sacrifice quality.'"

This dogged determination paid off. Although St. Luke's never reached a restructuring agreement with its creditors, it staved off the bondholders long enough for the turnaround to take hold. By October 1990, the system had met all its debt obligations. And in June 1991, St. Luke's announced a \$2 million bottom line for FY 1991, the system's first surplus in six years.

Ultimate credit for the turnaround goes to the board, physicians and employees at St. Luke's, who are "so committed to the mission, to providing quality," Murray says. "There's a special partnership here that's alive. And that partnership really won out."

Road to the turnaround. That partnership stuck with St. Luke's through the 1980s, despite a series of disastrous ventures. Like many other hospitals, St. Luke's diversified widely—into everything from audiovisual services to a collection agency—and unsuccessfully. As those ventures failed, the system turned to a new strategy: finding a merger

partner. After one unsuccessful merger attempt, St. Luke's hooked up briefly with 590-bed St. Joseph's Hospital and Medical Center, Phoenix. During that consolidation, which lasted from May 1987 through April 1989, St. Luke's losses grew from \$3.1 million to \$4.6 million.

In April 1988, St. Joseph's brought Murray in to head St. Luke's and to stop the system's losses, which totaled \$9.7 million for fiscal years 1986 through 1988. Over the next six months, Murray and his executive team executed a five-step strategic plan to accomplish the turnaround:

(1) Draft a new mission statement, and communicate it to all the system's constituents. Open communication was key to sustaining morale during crises, adds Mary Starman-Harrison, president and CEO of the system's flagship hospital, 228-bed St. Luke's Medical Center. "It was critical that we had very close communication with the medical staff and employees," she says. "When things got tense, we were on the phones explaining what was going on, and we held meetings with employees so that they knew every step of the way what we were doing and why."

This helped everyone focus on achieving the turnaround, instead of dwelling on the negative publicity, Starman-Harrison says. "People were literally dogged, determined to make this work," she adds.

(2) Increase the number of physicians who admit patients. "Most physicians in Phoenix are on at least four hospital staffs and commonly admit patients to several hospitals," Starman-Harrison says. "We have loyal physicians and we needed to maintain those relationships."

St. Luke's developed the Physician Services Program to keep in close touch with the physicians and to support their practices. For example, senior executives visit with major admitters at least once a quarter to hear their concerns. The system also helps specialty group practices recruit new physicians and works with primary care physicians to develop networks for managed care contracting.

(3) Increase the number of patients admitted under managed care contracts. Managed care plans control about 25 percent of the market in Phoenix. To better handle these contracts, the system closely coordinated operations across its three hospitals. "We wanted a seamless system that operated as though we were a large, regional medical center," Murray says. "It worked." It also helped keep management costs to about 4.5 percent of the total cost base.

On Oct. 1, 1989, St. Luke's introduced its Advantage Health Plan, a Medicaid HMO that contracts with the Arizona Health Care Cost Containment System. The HMO now has 14,000 enrollees and a 240-physician network.



The St. Luke's Health System management team: (standing, left to right) William Murray, president; Terry Ashoff-Johnson, vice president of marketing and public relations; Brian Bentley, CEO, Tempe St. Luke's Hospital; (seated, left to right) Mary Starman-Harrison, president and CEO of St. Luke's Medical Center; and Edwin Harris, vice president of finance/CFO

Michael Paulson

(4) Redesign the mix of services to better serve the community's health care needs. Some managed care plans were unwilling to contract with St. Luke's because the system emphasized tertiary care, not primary care. To rebuild its primary care base, the system committed \$500,000 to renovating and expanding obstetrics facilities at 110-bed Tempe St. Luke's Hospital. It also spent \$300,000 to recruit new obstetricians and pediatricians.

The system also spent \$1 million to expand Tempe's "woefully inadequate" emergency department, and \$5 million to replace its cardiac catheterization labs at St. Luke's Medical Center. "People said, 'How can you buy equipment when we're reducing staffing over here?'" Starmann-Harrison says. "But it was key to the turnaround."

(5) Develop a long-range financial plan that matches capital needs with strategic planning. First, "we had to get costs under control," Starmann-Harrison says. To do this, the system eliminated 377 FTEs, mostly through attrition, and mostly in management and support positions, she adds. "We tried to keep the clinical services totally intact. My hospital is known for its high quality and its technical staff, and I did not want to jeopardize that."

The hospitals also reviewed and renegotiated every contract, from supplies to professional service contracts with physicians. In another move, the system combined the three hospital philanthropic foundations into a single entity. Three years later, the foundation's endowment has doubled to \$12 million, and annual philanthropic support has increased by 50 percent.

Line-of-credit crisis. The large influx of winter visitors to Arizona creates huge seasonal swings in cash flow at hospitals. As a result, St. Luke's depended on a \$4 million line of credit from a local bank to sustain cash flow on operations and capital expenditures during its slow months.

But the bank suspended its line of credit in September 1989, one year into St. Luke's turnaround—and 40 days before a semiannual debt service payment was due. Without these funds, numerous cash-flow projections showed that the system couldn't meet all of its key responsibilities: maintaining quality, holding safety reserves of cash, continuing the turnaround plan, and meeting its debt-service obligations.

At this point, St. Luke's board voted to miss the \$2.25 million bond payment and to open dialogue with bondholders on restructuring the debt. The bond trustee paid the bondholders out of the system's \$9.6 million debt-service reserve fund. But because St. Luke's didn't make its scheduled payments to the trustee, the reserve fund dropped below the minimum levels specified in St. Luke's bond covenant, placing the system in technical default.

During the next eight months, the system continued to stockpile cash and carry out its turnaround, while negotiating with bondholders on how to restructure the debt. These talks soon turned acrimonious. Eventually, the system's board and management spent considerable time fending off major institutional bondholders' attempts to force drastic cuts in staff and programs. In fact, the board met 35 times between October 1989 and October 1990. "There were midnight meetings where we said, 'We will only deliver quality

health care. We're not going to deliver a cheap product,'" says Thomas.

While the management team was busy fending off bondholder's slash-and-burn tactics, the turnaround plan was quietly producing results. "In April, May and June of 1990, all of a sudden we saw an uptick," Murray says. "At the eleventh hour, we thought we saw a comeback."

Based on three months of improved volume, the system made a \$3.8 million payment to the bond trustee during July. The turnaround continued to gain momentum, and the system restored its debt service fund to required levels by October 1990. "We made it," says Thomas. "If we hadn't, we would have been a system that got out of the business rather than doing anything that wasn't absolute quality. No one walked away from that decision, not the physicians, community or board. It was a challenging, positive experience."

—Julie Johnsson

Finalist: 300 or more beds

HealthEast Corp., St. Paul, MN

A finalist in *Hospital's* first Turnaround of the Year contest in 1991, HealthEast Corp. sustained its financial performance well enough to merit selection as a finalist for a second consecutive year. The system posted a bottom line of almost \$8 million for FY 1991 on \$263 million in net patient revenue, following up on a \$3.2 million gain a year earlier. These results are particularly impressive because the system lost a total of \$73.5 million in its first three years.

The system was formed in 1986 when five organizations with different religious heritages consolidated eight hospitals. Eventually, three of them were closed.



Hansen

While the system was taking steps to cut costs, it asked managers "what the two most important quality indicators were for their departments, so that we could understand whether cuts would have any true impact on quality of care or level of service," says Tim Hansen, hired as president and CEO early in 1989. For example, an indicator for the emergency department was maintaining a waiting time for patients

of no more than 20 minutes.

The system also carefully tracked patient satisfaction through surveys, comparing results with other members of the Voluntary Hospitals of America alliance. Each year, it invites a cross-section of community leaders for a session similar to a shareholders meeting, where financial statistics are presented and future plans outlined, Hansen says.

One of the key elements in the sustained turnaround has been a dramatic cut in days in accounts receivable. The system conducts all billing centrally. "We re-engineered all of the processes from admissions to collections," Hansen says. This effort resulted in a 1991 "innovation of the year" award from the Minnesota Hospital Association.

—Howard J. Anderson H

Rescue fund fight continues

County will pay firm to hand out \$32 million

By Federico Martinez - October 1, 2021



A Medical Center Hospital board member and an Odessa city councilman say Ector County's top elected official could keep the county from getting tens of millions of dollars more in federal rescue funds aimed at helping cities and counties struggling amid the COVID-19 pandemic.

Ector County received \$32 million in federal funding that could be granted to local hospitals and then reimbursed to the county through a FEMA program that would essentially double the federal dollars.

And that's not all.

MCH board member Don Hallmark and Councilman Steve Thompson allege Ector County Judge Debi Hays is behind a misinformation campaign aimed at discrediting the public hospital.

Thompson, who previously served on the MCH board, referred to Hays and her supporters as "clueless" and said the judge "doesn't know the history" between the county and MCH."

The public spat began earlier this week after Hays questioned whether MCH and Odessa Regional Medical Center really needed American Rescue Plan Act funds to help the hospitals meet escalating costs due to COVID-19.

Since then, a barrage of allegations accusing MCH of misusing sales tax dollars has circulated on a Facebook page that Thompson claims is run by Hays and/or her supporters.

Hays says she is not behind the social media effort.

"I didn't have anything to do (with what's being said about MCH)," Hays said. "I am not affiliated with anyone saying these things.

"(The hospitals) shouldn't be discredited for anything they've done. They have been heroes in the community."

Hallmark, who said he campaigned for Hays four years ago, isn't buying it.

"Sure she didn't have anything to do with it. I don't believe it. There is no question where it came from. I have heard those words before," Hallmark said. "It is ridiculous. This is not how we are supposed to be doing business in Ector County."

He said both Hays and County Commissioner Don Stringer have both said that the hospital needs to "give the money back that we (the county) gave ya'll to set up the hospital district."

"The hospital district was set up by the county. They gave it away to get out from under it and now they act like we came in and robbed them in the middle of the night...they are literally saying we stole their money and that is not what happened."

Hallmark is correct that it was the County that helped take the issue to voters to form the hospital district. But this issue seems to surface every couple of years – especially years when the County is cash-strapped or, in this case, now in charge of a pile of federal dollars.

In 2016 commissioners held a special meeting where it was clear that the commissioners were under the impression that the county gave their portion of sales tax money to MCH in 1990 after the hospital was broken away from Ector County oversight and became its own hospital district with elected board members and the right to property taxes in Ector County.



Ector County Judge Debi Hays discusses the Airports Capital Improvement Plan (ACIP) during an Ector County Commissioners' Court meeting to consider, discuss, review, and take action regarding the proposed 2021-2022 budget for all Ector County elected officials and county departments Monday, Aug. 9, 2021, at the Ector County Administration Annex.



Subscribe to get Unlimited Digital Access

Choose your subscription to the Odessa American.

Already a subscriber? [Log in here](#)

[Subscribe](#)

Hallmark said it is a waste to pay someone to hand out the money when the commissioner's court should do it. "I think it is only being done because they need arm's length away from the decisions that they are going to tell these people to give them in the first place."

Hays said both hospitals have already received millions of dollars in federal funding, and the city council recently allocated \$3 million in ARPA funds to MCH and another \$1 million to ORMC. The city council said they approved the funding request by the hospitals, because the city can be reimbursed those dollars by FEMA if the hospitals receive the money by the end of the year.

"The hospitals are welcome to come and request money from the entity we hire," Hays said of the county's ARPA funds.

On Thursday, Hays said she realizes that the county will likely miss that deadline to be reimbursed through FEMA because the commissioners court may not award the money by Dec. 31, which is the deadline for entities receiving funds to apply for reimbursement.

Hallmark on Friday said Hays is not thinking about reality. He said not turning the \$32 million into \$64 million doesn't make any sense. The FEMA program with the Dec. 31 deadline will reimburse for certain expenses dollar for dollar. Tippin has also said that the hospital could provide enough receipts for the full \$32 million if needed.

"The way the program is set up is for them to distribute the money and then get back what they distributed...so far all she has done is make up gaps in their own deficit...it makes no sense...they can give the money to even the volunteer fire department and to Medical Center Hospital and still get all of it back. I don't know what her agenda is but it is an agenda to hurt the hospital."

Prior to the county vote Tuesday, Hays said the hired company would be responsible for vetting applications and recommending applicants for commissioners to choose from. The selected company would also conduct financial audits to make sure the money is used correctly.

Hays acknowledged being aware of the Accountability Project, but said she doesn't support their claims.

"You can't believe everything you read on Facebook," Hays said. "I don't want to be involved in anything that will divide this community."

"We can all accomplish more by working together. We should all have a common goal."

News, straight to your inbox!

✕

Sign up for our Odessa American Morning Headlines newsletter.

[subscribe](#)

Thompson said Hays comments sound sincere, but added the county hasn't shown much interest in working with other entities during the COVID crisis.

County officials and MCH have long had political differences, Thompson continued. For example, when he served on the hospital district board, the county insisted that hospital employees and their salaries be included as part of the county's figures. The reason, Thompson said, is the higher hospital salaries translate into higher salaries for county commissioners, whose salaries are based on an average of county employee wages.

Federico Martinez



Subscribe to get Unlimited Digital Access

Choose your subscription to the Odessa American.

Already a subscriber? [Log in here](#)

[Subscribe](#)

✕

Regional Services

October Board Report 2023

Upcoming Events

10/11- THIE Regional Dinner

Community Outreach

Pain Management, Yarines Mendoza NP - Ector County Primary Care; Dr Salcido, Dr. Ortega, Wendover Family Medicine, Dr. Prasad

Regional Site Visits

Andrews- met with ED staff and Dr. Puri, they voiced no issues with transfers. Spoke with Mike he stated they are making upgrades to current CT machine and will be unable to perform CTAs until mid-October. I have let our team know. Mike stated they are sending more strokes our way since last conversation we have and have not had any issues. I provided staff with my contact information again and to call with any issues. Attempted to visit with clinic staff, was told they were busy during site visit. Spoke with Savanna referral specialist on the phone no issues, will follow up in person next visits.

Seminole- Met with ED staff, director not available at the moment, spoke with charge nurse no issues with transfers recently.

Met with Brock NP in clinic, no issues updates on a few providers. Provided updated list to all providers and staff, no issues with referrals at this time.

Alpine- met with Case management, they stated they have seen a few more referrals from MCH, they are happy about that. They also made a visit to come visit with MCH CM team to talk about all services they provide. They are continuing to work to make their swing bed more enhanced.

Met with clinic staff and referral specialist, no issues with referrals. Provided new referral specialist with my contact information and list of MCH providers.

Met with ED staff, no issues with transfers. Provider not available at the time but met with Charge nurse and rest of staff.

I have given all facilities the new STEMI form that the transfer center will be using for STEMI transfers. I have also reminded region we are auto accept for STEMIs, Strokes, and traumas.

MCH Telehealth

Month 23'	On Demand	Scheduled
January	20	95
February	24	65
March	21	76
April	20	70
May	24	70

June	10	64
July	16	37
August	17	89