



**ECTOR COUNTY HOSPITAL DISTRICT  
BOARD OF DIRECTORS MEETING  
JANUARY 14, 2025 – 5:30 p.m.  
MEDICAL CENTER HOSPITAL BOARD ROOM (2<sup>ND</sup> FLOOR)  
500 W 4<sup>TH</sup> STREET, ODESSA, TEXAS**

**AGENDA (p.1-3)**

- 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**..... Will Kappauf (p.4)
- VI. AWARDS AND RECOGNITION**
  - A. January 2025 Associates of the Month**..... Russell Tippin
    - Nurse - Agnes A. Villarojo
    - Clinical – Jeremy Wayne Hild
    - Non-Clinical - Daniela Torres
  - B. Net Promoter Score Recognition**..... Russell Tippin
    - ProCare Family Medicine - Golder
  - C. 2024 Associates of the Year**
    - Dr. H.E. Hestand Humanitarian Award: Meagan Parker, RN
    - Florence Nightingale Award: Lakesha Caufield, RN
    - Chaplain Jimmy Wilson Service Excellence Award: John Arredondo
    - Ted Crowe People’s Choice Award: Audra Cullison
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**
- IX. CONSENT AGENDA** ..... Wallace Dunn (p.5-37)  
(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, December 3, 2024**
  - B. Consider Approval of Federally Qualified Health Center Monthly Report, November 2024**
  - C. Consider Approval of Investment Policy Annual Review**

**X. COMMITTEE REPORTS**

- A. Finance Committee** .....Don Hallmark (p.38-84)
  - 1. Financial Report for Month Ended November 30, 2024
  - 2. Consent Agenda
    - a. Consider Approval of Additional Funds for Airgas
    - b. Consider Approval of Cyber Vault Backup Solution Purchase
    - c. Consider Approval of VMware Software License Support Renewal
    - d. Consider Approval of Additional Funds for Sophie PET Radiopharmaceuticals
    - e. Consider Approval of Additional Funds for Pylarify PET Radiopharmaceuticals
    - f. Consider Approval of Neonatal Transporter – CMN Funding Approved

- B. Executive Policy Committee** ..... Don Hallmark

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

- XII. QAPI PLAN ANNUAL REVIEW** ..... Courtney Look-Davis (p.85-87)

- XIII. INFECTION PREVENTION PLAN ANNUAL REVIEW** ..... Courtney Look-Davis (p.88-95)

- XIV. PATIENT SAFETY PLAN ANNUAL REVIEW** ..... Courtney Look-Davis (p.96-97)

- XV. PATIENT SAFETY SURVEY RESULTS FOR REVIEW** ..... Courtney Look-Davis (p.98-103)

- XVI. DESIGNEE FOR INFECTION PREVENTION PRACTICES – BRENDA DALRYMPLE** ..... Courtney Look-Davis

- XVII. DESIGNEE TO LEAD HOSPITAL WIDE QAPI PROGRAM – KYLE VAUGHT** ..... Courtney Look-Davis

- XVIII. ORDER OF ELECTION OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT** .. Steve Steen

- XIX. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS** ..... Russell Tippin (p.104-110)

- A. Tax Election / ESD Discussion**
- B. Humana Advantage Update**
- C. Ad hoc Report(s)**

**XX. EXECUTIVE SESSION**

*Meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (3) Deliberation regarding Real Property pursuant to Section 551.072 of the Texas Government Code; and (4) to receive the Compliance Report from the Chief Compliance Officer pursuant to Section 161.032 of the Texas Health and Safety Code..*

**XXI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION**

- A. Consider Approval of MCH ProCare Provider Agreements**
- B. Consider Approval of MCHS Lease Agreements**
- C. Consider the Sale of the 42<sup>nd</sup> Street Property**

**XXII. ADJOURNMENT** ..... Wallace 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  
DECEMBER 3, 2024 – 5:30 p.m.**

**MINUTES OF THE MEETING**

**MEMBERS PRESENT:**

Wallace Dunn, President  
Don Hallmark, Vice President  
Bryn Dodd  
Richard Herrera  
Will Kappauf  
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  
Gingie Sredanovich, Chief Compliance and Privacy Officer  
Staci Ashley, Chief Human Resources Officer  
Dr. Jeffrey Pinnow, Chief of Staff  
Dr. Nimat Alam, 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. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES**

Wallace Dunn called roll, and Kathy Rhodes was absent. Her absence was excused.

**III. INVOCATION**

Chaplain Doug Herget offered the invocation.

**IV. PLEDGE OF ALLEGIANCE**

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

## **V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM**

Bryn Dodd presented the Mission, Vision and Values of Medical Center Health System.

## **VI. AWARDS AND RECOGNITION**

### **A. December 2024 Associates of the Month**

Russell Tippin, Chief Executive Officer, introduced the December 2024 Associates of the Month as follows:

- Clinical – Tori Yeley
- Non-Clinical – Heather Maddox
- Nurse – Alicia Smith-Furlow

### **B. Net Promoter Score Recognition**

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

- Dr. Sanchita Yadalla

## **VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**

No conflicts were disclosed.

## **VIII. PUBLIC COMMENTS ON AGENDA ITEMS**

No comments from the public were received.

## **IX. CONSENT AGENDA**

- A. Consider Approval of Regular Meeting Minutes, November 5, 2024**
- B. Consider Approval of Joint Conference Committee, November 26, 2024**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, October 2024**
- D. Consider Approval of Compliance Program Resolution**
- E. Consider Approval of Compliance Program Charter**
- F. Consider Approval of Compliance Program Manual**
- G. Consider Approval of MCHS Standards of Conduct**

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

## **X. COMMITTEE REPORTS**

### **A. Finance Committee**

1. Financial Report for Month Ended October 31, 2024
2. Consent Agenda
  - a. Consider Approval of Cisco SmartNet Hardware/Software Maintenance Support Contract Renewal.
  - b. Consider Approval of Roche Diagnostics Contract Extension.
  - c. Consider Approval of NovaRad PACS Agreement.

- d. Consider Approval of WebMD Ignite Call Center Contract Renewal.
3. Consider Approval of Stryker Surgicount Tablets Purchase.

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

#### **B. Executive Policy Committee**

The Executive Policy Committee met on November 21, 2024 to review and approve six (6) MCH policies meeting the committee guidelines. The committee recommends approval of the submitted policies as presented.

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

#### **C. Audit Committee**

- a. Consider Approval of Updated Bylaws

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

### **XI. TTUHSC AT THE PERMIAN BASIN REPORT**

No report was provided.

### **XII. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS**

#### **A. Ad hoc Reports**

Matt Collins, Chief Operating Officer, provided an update on the nationally IV fluid shortage.

This report was informational only. No action was taken.

### **XIII. 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; and (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 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, and Russell Tippin, Chief Executive Officer, Steve Steen, Chief Legal Counsel, and Kerstin Connolly, Paralegal.

Russell Tippin, CEO, presented the ProCare provider agreement to the ECHD Board of Directors during Executive Session, and then was excused from the remainder of Executive Session.

Russell Tippin, CEO, provided an update on the Chief Medical Officer position.

Steve Steen, Chief Legal Counsel, reported to the Board about a pending litigation involving ECHD Board President, Wallace Dunn.

Russell Tippin, CEO, and Steve Steen, Chief Legal Counsel, led the Board in discussions about a patient and possible litigation issue, but the matter is currently being handled by the Risk Department.

Steve Steen, Chief Legal Counsel, provided an update on the CCU matter.

Russell Tippin, CEO, provided the Board election data and led the discussion about the creation of a PAC.

Wallace Dunn, ECHD Board President, led the board in discussion about Dave Ramsey's Smart Dollar Financial Program for employees.

**Executive Session began at 5:45 p.m.**

**Executive Session ended at 6:53 p.m.**

No action was taken during Executive Session.

#### **XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION**

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

Wallace Dunn presented the following renewal:

- Daniel Babbel, M.D. – This a three (3) year Orthopedics Contract.
- Sridhar Enuganti, M.D. – This is a three (3) year Hospitalist Contract.
- Ngan Vu Kim Hill, NP – This is a three (3) year Cardiology Contract.
- Benjamin Luis Aguilar, NP – This a three (3) year Cardiology Contract.

Wallace Dunn presented the following amendments:

- Daniel Babbel, M.D. – This is an amendment to an Orthopedics Contract.

Wallace Dunn presented the following new contracts:

- Mary Jane Dunaway, CRNA – This a one (1) year Anesthesia Contract.

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

#### **XV. ADJOURNMENT**

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 6:53 p.m.

Respectfully submitted,



David Dunn, Secretary  
Ector County Hospital District Board of Directors



Family Health Clinic  
January 2025  
ECHD Board Update

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b><u>PATIENT REVENUE</u></b>										
Outpatient Revenue	\$ 1,693,834	\$ 1,682,245	0.7%	\$ 1,601,021	5.8%	\$ 3,746,955	\$ 3,403,423	10.1%	\$ 3,094,376	21.1%
<b>TOTAL PATIENT REVENUE</b>	<b>\$ 1,693,834</b>	<b>\$ 1,682,245</b>	<b>0.7%</b>	<b>\$ 1,601,021</b>	<b>5.8%</b>	<b>\$ 3,746,955</b>	<b>\$ 3,403,423</b>	<b>10.1%</b>	<b>\$ 3,094,376</b>	<b>21.1%</b>
<b><u>DEDUCTIONS FROM REVENUE</u></b>										
Contractual Adjustments	\$ 719,094	\$ 777,355	-7.5%	\$ 671,998	7.0%	\$ 1,836,182	\$ 1,586,385	15.7%	\$ 1,404,678	30.7%
Self Pay Adjustments	153,337	74,555	105.7%	40,392	279.6%	226,810	156,000	45.4%	81,189	179.4%
Bad Debts	19,704	58,367	-66.2%	30,389	-35.2%	30,246	118,774	-74.5%	65,072	-53.5%
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ 892,135</b>	<b>\$ 910,277</b>	<b>-2.0%</b>	<b>\$ 742,779</b>	<b>20.1%</b>	<b>\$ 2,093,238</b>	<b>\$ 1,861,159</b>	<b>12.5%</b>	<b>\$ 1,550,938</b>	<b>35.0%</b>
	<b>52.67%</b>	<b>54.11%</b>		<b>46.39%</b>		<b>55.87%</b>	<b>54.68%</b>		<b>50.12%</b>	
<b>NET PATIENT REVENUE</b>	<b>\$ 801,699</b>	<b>\$ 771,968</b>	<b>3.9%</b>	<b>\$ 858,242</b>	<b>-6.6%</b>	<b>\$ 1,653,717</b>	<b>\$ 1,542,264</b>	<b>7.2%</b>	<b>\$ 1,543,438</b>	<b>7.1%</b>
<b><u>OTHER REVENUE</u></b>										
FHC Other Revenue	\$ 25,473	\$ 39,174	-35.0%	\$ 30,647	-16.9%	\$ 52,955	\$ 78,348	-32.4%	\$ 86,216	-38.6%
<b>TOTAL OTHER REVENUE</b>	<b>\$ 25,473</b>	<b>\$ 39,174</b>	<b>-35.0%</b>	<b>\$ 30,647</b>	<b>-16.9%</b>	<b>\$ 52,955</b>	<b>\$ 78,348</b>	<b>-32.4%</b>	<b>\$ 86,216</b>	<b>-38.6%</b>
<b>NET OPERATING REVENUE</b>	<b>\$ 827,172</b>	<b>\$ 811,142</b>	<b>2.0%</b>	<b>\$ 888,889</b>	<b>-6.9%</b>	<b>\$ 1,706,671</b>	<b>\$ 1,620,612</b>	<b>5.3%</b>	<b>\$ 1,629,654</b>	<b>4.7%</b>
<b><u>OPERATING EXPENSE</u></b>										
Salaries and Wages	\$ 205,224	\$ 185,032	10.9%	\$ 192,949	6.4%	\$ 394,047	\$ 375,615	4.9%	\$ 408,916	-3.6%
Benefits	30,941	28,313	9.3%	35,356	-12.5%	62,154	56,338	10.3%	67,583	-8.0%
Physician Services	496,778	498,196	-0.3%	389,882	27.4%	1,051,392	996,392	5.5%	793,835	32.4%
Cost of Drugs Sold	99,480	60,418	64.7%	59,131	68.2%	212,426	121,840	74.3%	115,066	84.6%
Supplies	18,868	19,626	-3.9%	15,059	25.3%	39,340	39,524	-0.5%	22,312	76.3%
Utilities	6,055	2,598	133.1%	4,733	27.9%	11,110	9,980	11.3%	10,608	4.7%
Repairs and Maintenance	1,472	2,099	-29.9%	267	450.6%	2,854	4,198	-32.0%	1,305	118.6%
Leases and Rentals	557	1,212	-54.1%	1,964	-71.6%	1,680	2,424	-30.7%	3,796	-55.8%
Other Expense	2,219	1,427	55.5%	1,000	121.9%	3,219	2,854	12.8%	2,000	60.9%
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 861,595</b>	<b>\$ 798,921</b>	<b>7.8%</b>	<b>\$ 700,340</b>	<b>23.0%</b>	<b>\$ 1,778,222</b>	<b>\$ 1,609,165</b>	<b>10.5%</b>	<b>\$ 1,425,421</b>	<b>24.8%</b>
Depreciation/Amortization	\$ 21,536	\$ 24,694	-12.8%	\$ 24,971	-13.8%	\$ 43,380	\$ 50,013	-13.3%	\$ 49,941	-13.1%
<b>TOTAL OPERATING COSTS</b>	<b>\$ 883,130</b>	<b>\$ 823,615</b>	<b>7.2%</b>	<b>\$ 725,310</b>	<b>21.8%</b>	<b>\$ 1,821,602</b>	<b>\$ 1,659,178</b>	<b>9.8%</b>	<b>\$ 1,475,362</b>	<b>23.5%</b>
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	<b>\$ (55,958)</b>	<b>\$ (12,473)</b>	<b>348.6%</b>	<b>\$ 163,579</b>	<b>-134.2%</b>	<b>\$ (114,930)</b>	<b>\$ (38,566)</b>	<b>198.0%</b>	<b>\$ 154,292</b>	<b>-174.5%</b>
Operating Margin	-6.76%	-1.54%	339.9%	18.40%	-136.8%	-6.73%	-2.38%	183.0%	9.47%	-171.1%

	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	3,817	3,804	0.3%	3,562	7.2%	8,321	7,739	7.5%	7,332	13.5%
Average Revenue per Office Visit	443.76	442.23	0.3%	449.47	-1.3%	450.30	439.78	2.4%	422.04	6.7%
Hospital FTE's (Salaries and Wages)	48.7	43.4	12.3%	46.3	5.1%	46.2	43.4	6.4%	48.1	-3.9%

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 172,090	\$ 161,617	6.5%	\$ 163,214	5.4%	\$ 368,469	\$ 317,372	16.1%	\$ 336,653	9.5%
<b>TOTAL PATIENT REVENUE</b>	\$ 172,090	\$ 161,617	6.5%	\$ 163,214	5.4%	\$ 368,469	\$ 317,372	16.1%	\$ 336,653	9.5%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 55,894	\$ 56,277	-0.7%	\$ 78,955	-29.2%	\$ 119,971	\$ 110,512	8.6%	\$ 166,074	-27.8%
Self Pay Adjustments	60,360	15,802	282.0%	18,421	227.7%	122,724	31,031	295.5%	33,966	261.3%
Bad Debts	(1,864)	9,038	-120.6%	4,925	-137.9%	1,127	17,748	-93.6%	13,532	-91.7%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 114,390	\$ 81,117	41.0%	\$ 102,300	11.8%	\$ 243,823	\$ 159,291	53.1%	\$ 213,572	14.2%
	66.5%	50.2%		62.7%		66.2%	50.2%		63.4%	
<b>NET PATIENT REVENUE</b>	\$ 57,700	\$ 80,500	-28.3%	\$ 60,914	-5.3%	\$ 124,646	\$ 158,081	-21.2%	\$ 123,081	1.3%
<b>OTHER REVENUE</b>										
FHC Other Revenue	\$ 25,473	\$ 39,174	0.0%	\$ 30,647	-16.9%	\$ 52,955	\$ 78,348	0.0%	\$ 86,216	-38.6%
<b>TOTAL OTHER REVENUE</b>	\$ 25,473	\$ 39,174	-35.0%	\$ 30,647	-16.9%	\$ 52,955	\$ 78,348	-32.4%	\$ 86,216	-38.6%
<b>NET OPERATING REVENUE</b>	\$ 83,173	\$ 119,674	-30.5%	\$ 91,561	-9.2%	\$ 177,601	\$ 236,429	-24.9%	\$ 209,297	-15.1%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 60,401	\$ 52,118	15.9%	\$ 63,502	-4.9%	\$ 116,957	\$ 102,347	14.3%	\$ 126,796	-7.8%
Benefits	9,106	7,975	14.2%	11,636	-21.7%	18,448	15,351	20.2%	20,956	-12.0%
Physician Services	73,233	69,696	5.1%	56,806	28.9%	164,420	139,392	18.0%	117,822	39.5%
Cost of Drugs Sold	40,332	9,236	336.7%	4,393	818.1%	77,944	18,137	329.8%	13,754	466.7%
Supplies	2,182	6,282	-65.3%	1,400	55.9%	5,220	12,510	-58.3%	3,235	61.4%
Utilities	2,708	1,420	90.7%	2,295	18.0%	4,799	5,015	-4.3%	4,807	-0.2%
Repairs and Maintenance	591	1,278	-53.8%	267	121.1%	1,122	2,556	-56.1%	794	41.2%
Leases and Rentals	559	606	-7.7%	612	-8.6%	1,596	1,212	31.7%	1,153	38.4%
Other Expense	2,219	1,427	55.5%	1,000	121.9%	3,219	2,854	12.8%	2,000	60.9%
<b>TOTAL OPERATING EXPENSES</b>	\$ 191,332	\$ 150,038	27.5%	\$ 141,911	34.8%	\$ 393,724	\$ 299,374	31.5%	\$ 291,318	35.2%
Depreciation/Amortization	\$ 4,048	\$ 4,034	0.4%	\$ 4,071	-0.6%	\$ 8,097	\$ 8,117	-0.3%	\$ 8,143	-0.6%
<b>TOTAL OPERATING COSTS</b>	\$ 195,380	\$ 154,072	26.8%	\$ 145,982	33.8%	\$ 401,821	\$ 307,491	30.7%	\$ 299,460	34.2%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ (112,207)	\$ (34,398)	-226.2%	\$ (54,421)	-106.2%	\$ (224,220)	\$ (71,062)	-215.5%	\$ (90,163)	-148.7%
Operating Margin	-134.91%	-28.74%	369.4%	-59.44%	127.0%	-126.25%	-30.06%	320.0%	-43.08%	193.1%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	620	579	7.1%	601	3.2%	1,375	1,137	20.9%	1,215	13.2%
Average Revenue per Office Visit	277.56	279.13	-0.6%	271.57	2.2%	267.98	279.13	-4.0%	277.08	-3.3%
Hospital FTE's (Salaries and Wages)	11.1	10.2	9.7%	12.5	-11.1%	10.3	9.8	5.4%	12.1	-14.2%

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 228,567	\$ 169,777	34.6%	\$ 166,024	37.7%	\$ 447,360	\$ 381,391	17.3%	\$ 380,786	17.5%
<b>TOTAL PATIENT REVENUE</b>	\$ 228,567	\$ 169,777	34.6%	\$ 166,024	37.7%	\$ 447,360	\$ 381,391	17.3%	\$ 380,786	17.5%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 89,953	\$ 126,307	-28.8%	\$ 82,154	9.5%	\$ 180,530	\$ 283,739	-36.4%	\$ 194,738	-7.3%
Self Pay Adjustments	52,688	29,939	76.0%	12,846	310.2%	92,426	67,256	37.4%	27,751	233.1%
Bad Debts	3,187	9,115	-65.0%	7,249	-56.0%	6,187	20,475	-69.8%	11,053	-44.0%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 145,827	\$ 165,361	-11.8%	\$ 102,249	42.6%	\$ 279,143	\$ 371,470	-24.9%	\$ 233,542	19.5%
	<b>63.80%</b>	<b>97.40%</b>		<b>61.59%</b>		<b>62.40%</b>	<b>97.40%</b>		<b>61.33%</b>	
<b>NET PATIENT REVENUE</b>	\$ 82,739	\$ 4,416	1773.6%	\$ 63,775	29.7%	\$ 168,217	\$ 9,921	1595.6%	\$ 147,244	14.2%
<b>OTHER REVENUE</b>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>TOTAL OTHER REVENUE</b>	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>NET OPERATING REVENUE</b>	\$ 82,739	\$ 4,416	1773.6%	\$ 63,775	29.7%	\$ 168,217	\$ 9,921	1595.6%	\$ 147,244	14.2%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 25,740	\$ 27,505	-6.4%	\$ 17,710	45.3%	\$ 47,906	\$ 61,788	-22.5%	\$ 43,537	10.0%
Benefits	3,881	4,209	-7.8%	3,245	19.6%	7,556	9,267	-18.5%	7,196	5.0%
Physician Services	59,304	57,658	2.9%	39,867	48.8%	116,131	115,316	0.7%	91,317	27.2%
Cost of Drugs Sold	9,180	3,246	182.8%	2,082	340.9%	14,147	7,291	94.0%	2,082	579.4%
Supplies	686	1,579	-56.6%	1,413	-51.5%	1,529	3,458	-55.8%	2,439	-37.3%
Utilities	3,347	1,178	184.1%	2,438	37.3%	6,311	4,965	27.1%	5,801	8.8%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Leases and Rentals	(2)	40	-105.8%	40	-105.8%	84	80	4.5%	80	4.5%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OPERATING EXPENSES</b>	\$ 102,136	\$ 95,415	7.0%	\$ 66,795	52.9%	\$ 193,663	\$ 202,165	-4.2%	\$ 152,452	27.0%
Depreciation/Amortization	\$ 17,412	\$ 20,585	-15.4%	\$ 20,824	-16.4%	\$ 35,134	\$ 41,746	-15.8%	\$ 41,649	-15.6%
<b>TOTAL OPERATING COSTS</b>	\$ 119,548	\$ 116,000	3.1%	\$ 87,620	36.4%	\$ 228,797	\$ 243,911	-6.2%	\$ 194,101	17.9%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ (36,809)	\$ (111,584)	-67.0%	\$ (23,845)	54.4%	\$ (60,580)	\$ (233,990)	-74.1%	\$ (46,857)	29.3%
Operating Margin	-44.49%	-2526.81%	-98.2%	-37.39%	19.0%	-36.01%	-2358.53%	-98.5%	-31.82%	13.2%

	CURRENT MONTH				YEAR TO DATE					
	788	560	40.7%	556	41.7%	1,546	1,258	22.9%	1,278	21.0%
Total Visits										
Average Revenue per Office Visit	290.06	303.17	-4.3%	298.60	-2.9%	289.37	303.17	-4.6%	297.95	-2.9%
Hospital FTE's (Salaries and Wages)	8.9	7.0	26.9%	6.3	42.2%	8.6	7.8	10.2%	7.2	18.6%

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 381,607	\$ 360,669	5.8%	\$ 334,963	13.9%	\$ 842,866	\$ 737,637	14.3%	\$ 665,996	26.6%
<b>TOTAL PATIENT REVENUE</b>	\$ 381,607	\$ 360,669	5.8%	\$ 334,963	13.9%	\$ 842,866	\$ 737,637	14.3%	\$ 665,996	26.6%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 112,181	\$ 180,785	-37.9%	\$ 169,917	-34.0%	\$ 404,146	\$ 369,740	9.3%	\$ 333,225	21.3%
Self Pay Adjustments	17,342	8,080	114.6%	2,048	746.7%	21,906	16,525	32.6%	6,110	258.5%
Bad Debts	7,684	11,339	-32.2%	8,721	-11.9%	16,426	23,190	-29.2%	18,141	-9.5%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 137,207	\$ 200,204	-31.5%	\$ 180,687	-24.1%	\$ 442,478	\$ 409,455	8.1%	\$ 357,476	23.8%
	35.96%	55.51%		53.94%		52.50%	55.51%		53.68%	
<b>NET PATIENT REVENUE</b>	\$ 244,400	\$ 160,465	52.3%	\$ 154,276	58.4%	\$ 400,388	\$ 328,182	22.0%	\$ 308,520	29.8%
<b>OTHER REVENUE</b>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>TOTAL OTHER REVENUE</b>	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>NET OPERATING REVENUE</b>	\$ 244,400	\$ 160,465	52.3%	\$ 154,276	58.4%	\$ 400,388	\$ 328,182	22.0%	\$ 308,520	29.8%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 29,507	\$ 35,946	-17.9%	\$ 29,852	-1.2%	\$ 53,057	\$ 73,517	-27.8%	\$ 64,174	-17.3%
Benefits	4,449	5,500	-19.1%	5,470	-18.7%	8,369	11,027	-24.1%	10,606	-21.1%
Physician Services	65,187	63,193	3.2%	53,836	21.1%	135,306	126,386	7.1%	106,008	27.6%
Cost of Drugs Sold	18,867	20,394	-7.5%	26,179	-27.9%	53,027	41,710	27.1%	57,036	-7.0%
Supplies	7,438	3,316	124.3%	3,585	107.5%	14,179	6,761	109.7%	4,316	228.5%
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%
<b>TOTAL OPERATING EXPENSES</b>	\$ 125,448	\$ 128,349	-2.3%	\$ 118,922	5.5%	\$ 263,938	\$ 259,401	1.7%	\$ 242,140	9.0%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 150	\$ 150	-0.2%	\$ 150	0.0%
<b>TOTAL OPERATING COSTS</b>	\$ 125,523	\$ 128,424	-2.3%	\$ 118,996	5.5%	\$ 264,088	\$ 259,551	1.7%	\$ 242,290	9.0%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ 118,877	\$ 32,041	271.0%	\$ 35,280	237.0%	\$ 136,300	\$ 68,631	98.6%	\$ 66,230	105.8%
Operating Margin	48.64%	19.97%	143.6%	22.87%	112.7%	34.04%	20.91%	62.8%	21.47%	58.6%

	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	1,001	863	16.0%	840	19.2%	2,103	1,765	19.2%		0.0%
Average Revenue per Office Visit	381.23	417.92	-8.8%	398.77	-4.4%	400.79	417.92	-4.1%	411.36	-2.6%
Hospital FTE's (Salaries and Wages)	8.7	10.1	-13.9%	8.6	1.3%	7.7	10.2	-24.2%	9.2	-16.5%

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC - WOMENS CLINIC - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 911,571	\$ 990,182	-7.9%	\$ 936,820	-2.7%	\$ 2,088,260	\$ 1,967,023	6.2%	\$ 1,710,942	22.1%
<b>TOTAL PATIENT REVENUE</b>	<b>\$ 911,571</b>	<b>\$ 990,182</b>	<b>-7.9%</b>	<b>\$ 936,820</b>	<b>-2.7%</b>	<b>\$ 2,088,260</b>	<b>\$ 1,967,023</b>	<b>6.2%</b>	<b>\$ 1,710,942</b>	<b>22.1%</b>
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 461,066	\$ 413,986	11.4%	\$ 340,972	35.2%	\$ 1,131,534	\$ 822,394	37.6%	\$ 710,641	59.2%
Self Pay Adjustments	22,947	20,734	10.7%	7,077	224.2%	(10,246)	41,188	-124.9%	13,361	-176.7%
Bad Debts	10,698	28,875	-63.0%	9,494	12.7%	6,507	57,361	-88.7%	22,346	-70.9%
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ 494,711</b>	<b>\$ 463,595</b>	<b>6.7%</b>	<b>\$ 357,544</b>	<b>38.4%</b>	<b>\$ 1,127,795</b>	<b>\$ 920,943</b>	<b>22.5%</b>	<b>\$ 746,348</b>	<b>51.1%</b>
	<b>54.27%</b>	<b>46.82%</b>		<b>38.17%</b>		<b>54.01%</b>	<b>46.82%</b>		<b>43.62%</b>	
<b>NET PATIENT REVENUE</b>	<b>\$ 416,860</b>	<b>\$ 526,587</b>	<b>-20.8%</b>	<b>\$ 579,277</b>	<b>-28.0%</b>	<b>\$ 960,465</b>	<b>\$ 1,046,080</b>	<b>-8.2%</b>	<b>\$ 964,593</b>	<b>-0.4%</b>
<b>OTHER REVENUE</b>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>TOTAL OTHER REVENUE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>0.0%</b>
<b>NET OPERATING REVENUE</b>	<b>\$ 416,860</b>	<b>\$ 526,587</b>	<b>-20.8%</b>	<b>\$ 579,277</b>	<b>-28.0%</b>	<b>\$ 960,465</b>	<b>\$ 1,046,080</b>	<b>-8.2%</b>	<b>\$ 964,593</b>	<b>-0.4%</b>
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 89,577	\$ 69,463	29.0%	\$ 81,885	9.4%	\$ 176,127	\$ 137,963	27.7%	\$ 174,409	1.0%
Benefits	13,505	10,629	27.1%	15,005	-10.0%	27,781	20,693	34.3%	28,825	-3.6%
Physician Services	299,053	307,649	-2.8%	239,372	24.9%	635,535	615,298	3.3%	478,689	32.8%
Cost of Drugs Sold	31,100	27,542	12.9%	26,477	17.5%	67,308	54,702	23.0%	42,193	59.5%
Supplies	8,562	8,449	1.3%	8,661	-1.1%	18,413	16,795	9.6%	12,323	49.4%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	881	821	7.3%	-	100.0%	1,732	1,642	5.5%	511	238.9%
Leases and Rentals	-	566	-100.0%	1,312	-100.0%	-	1,132	-100.0%	2,563	-100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 442,679</b>	<b>\$ 425,119</b>	<b>4.1%</b>	<b>\$ 372,712</b>	<b>18.8%</b>	<b>\$ 926,896</b>	<b>\$ 848,225</b>	<b>9.3%</b>	<b>\$ 739,512</b>	<b>25.3%</b>
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	100.0%	\$ -	\$ -	0.0%	\$ -	100.0%
<b>TOTAL OPERATING COSTS</b>	<b>\$ 442,679</b>	<b>\$ 425,119</b>	<b>4.1%</b>	<b>\$ 372,712</b>	<b>18.8%</b>	<b>\$ 926,896</b>	<b>\$ 848,225</b>	<b>9.3%</b>	<b>\$ 739,512</b>	<b>25.3%</b>
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	<b>\$ (25,819)</b>	<b>\$ 101,468</b>	<b>-125.4%</b>	<b>\$ 206,565</b>	<b>-112.5%</b>	<b>\$ 33,569</b>	<b>\$ 197,855</b>	<b>-83.0%</b>	<b>\$ 225,082</b>	<b>-85.1%</b>
Operating Margin	-6.19%	19.27%	-132.1%	35.66%	-117.4%	3.50%	18.91%	-81.5%	23.33%	-85.0%

	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	1,408	1,802	-21.9%	1,565	-10.0%	3,297	3,579	-7.9%	3,220	2.4%
Average Revenue per Office Visit	647.42	549.49	17.8%	598.61	8.2%	633.38	549.60	15.2%	531.35	19.2%
Hospital FTE's (Salaries and Wages)	19.9	16.1	24.1%	18.9	5.3%	19.6	15.7	24.9%	19.6	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC COMBINED  
NOVEMBER 2024**

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 58,050	\$ 52,821	\$ -	\$ 22,763	\$ 133,634	9.8%	\$ 124,433	\$ 99,955	\$ -	\$ 70,867	\$ 295,254	9.1%
Medicaid	24,954	33,245	233,911	193,261	485,371	35.8%	54,128	64,137	548,938	509,100	1,176,303	36.2%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	29,484	67,498	125,997	337,489	560,469	41.3%	55,824	148,391	250,579	943,458	1,398,253	43.0%
Self Pay	59,788	61,997	21,005	14,848	157,638	11.6%	131,761	116,126	39,082	44,882	331,852	10.2%
Other	(186)	13,006	694	6,566	20,079	1.5%	2,322	18,751	4,266	25,200	50,539	1.6%
<b>Total</b>	<b>\$ 172,090</b>	<b>\$ 228,567</b>	<b>\$ 381,607</b>	<b>\$ 574,927</b>	<b>\$ 1,357,190</b>	<b>100.0%</b>	<b>\$ 368,469</b>	<b>\$ 447,360</b>	<b>\$ 842,866</b>	<b>\$ 1,593,506</b>	<b>\$ 3,252,201</b>	<b>100.0%</b>

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 35,303	\$ 15,822	\$ -	\$ 16,169	\$ 67,294	13.3%	\$ 52,410	\$ 37,489	\$ -	\$ 33,736	\$ 123,635	10.2%
Medicaid	1,256	13,111	113,325	\$ 74,141	201,833	40.0%	9,605	27,764	264,909	177,883	480,161	39.7%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	8,671	27,361	22,609	\$ 105,302	163,943	32.5%	17,173	55,473	103,532	264,364	440,541	36.4%
Self Pay	9,428	12,349	10,823	\$ 32,233	64,832	12.8%	19,619	24,704	20,488	86,290	151,101	12.5%
Other	531	1,257	1,244	\$ 4,169	7,201	1.4%	635	3,399	2,171	7,410	13,616	1.1%
<b>Total</b>	<b>\$ 55,189</b>	<b>\$ 69,900</b>	<b>\$ 147,999</b>	<b>\$ 232,014</b>	<b>\$ 505,103</b>	<b>100.0%</b>	<b>\$ 99,442</b>	<b>\$ 148,829</b>	<b>\$ 391,100</b>	<b>\$ 569,683</b>	<b>\$ 1,209,054</b>	<b>100.0%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC CLEMENTS  
NOVEMBER 2024**

**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	\$ 58,050	33.7%	\$ 51,672	31.7%	\$ 124,433	33.8%	105,087	31.2%
Medicaid	24,954	14.5%	32,060	19.6%	54,128	14.7%	63,489	18.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	29,484	17.1%	26,258	16.1%	55,824	15.2%	57,358	17.0%
Self Pay	59,788	34.8%	52,935	32.4%	131,761	35.7%	111,109	33.0%
Other	(186)	-0.1%	288	0.2%	2,322	0.6%	(389)	-0.1%
<b>TOTAL</b>	<b>\$ 172,090</b>	<b>100.0%</b>	<b>\$ 163,214</b>	<b>100.0%</b>	<b>\$ 368,469</b>	<b>100.0%</b>	<b>336,653</b>	<b>100.0%</b>

**PAYMENTS BY PAYOR**

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	35,303	63.9%	\$ 16,868	42.2%	\$ 52,410	52.7%	36,839	38.5%
Medicaid	1,256	2.3%	6,826	17.1%	9,605	9.7%	25,147	26.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	8,671	15.7%	9,914	24.9%	17,173	17.3%	19,554	20.4%
Self Pay	9,428	17.1%	6,091	15.3%	19,619	19.7%	13,927	14.6%
Other	531	1.0%	183	0.5%	635	0.6%	192	0.2%
<b>TOTAL</b>	<b>\$ 55,189</b>	<b>100.0%</b>	<b>\$ 39,881</b>	<b>100.0%</b>	<b>\$ 99,442</b>	<b>100.0%</b>	<b>95,659</b>	<b>100.0%</b>



**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC WEST UNIVERSITY  
NOVEMBER 2024**

**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	\$ 52,821	23.1%	\$ 47,175	28.4%	\$ 99,955	22.3%	\$ 100,441	26.4%
Medicaid	33,245	14.5%	\$ 24,572	14.8%	64,137	14.3%	63,700	16.7%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	67,498	29.6%	\$ 46,684	28.1%	148,391	33.2%	110,213	28.9%
Self Pay	61,997	27.1%	\$ 40,583	24.4%	116,126	26.0%	89,150	23.4%
Other	13,006	5.7%	\$ 7,010	4.2%	18,751	4.2%	17,282	4.5%
<b>TOTAL</b>	<b>\$ 228,567</b>	<b>100.0%</b>	<b>\$ 166,024</b>	<b>100.0%</b>	<b>\$ 447,360</b>	<b>100.0%</b>	<b>\$ 380,786</b>	<b>100.0%</b>

**PAYMENTS BY PAYOR**

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 15,822	22.6%	\$ 18,540	30.7%	\$ 37,489	25.2%	\$ 37,503	28.7%
Medicaid	13,111	18.8%	12,209	20.2%	\$ 27,764	18.7%	29,067	22.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	27,361	39.1%	24,136	40.0%	55,473	37.2%	43,030	33.0%
Self Pay	12,349	17.7%	4,179	6.9%	24,704	16.6%	15,905	12.2%
Other	1,257	1.8%	1,348	2.2%	3,399	2.3%	4,945	3.8%
<b>TOTAL</b>	<b>\$ 69,900</b>	<b>100.0%</b>	<b>\$ 60,411</b>	<b>100.0%</b>	<b>\$ 148,829</b>	<b>100.0%</b>	<b>\$ 130,449</b>	<b>100.0%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC JBS  
NOVEMBER 2024**

**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	\$ -	0.0%	\$ 954	0.3%	\$ -	0.0%	\$ 952	0.1%
Medicaid	233,911	61.3%	\$ 221,369	66.1%	548,938	65.2%	463,208	69.6%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	125,997	33.0%	\$ 100,435	30.0%	250,579	29.7%	174,024	26.1%
Self Pay	21,005	5.5%	\$ 9,773	2.9%	39,082	4.6%	21,695	3.3%
Other	694	0.2%	\$ 2,433	0.7%	4,266	0.5%	6,117	0.9%
<b>TOTAL</b>	<b>\$ 381,607</b>	<b>100.0%</b>	<b>\$ 334,963</b>	<b>100.0%</b>	<b>\$ 842,866</b>	<b>100.0%</b>	<b>\$ 665,996</b>	<b>100.0%</b>

**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%	\$ -	0.0%	\$ -	0.0%
Medicaid	113,325	76.6%	73,847	65.9%	264,909	67.7%	172,619	68.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	22,609	15.3%	34,010	30.3%	103,532	26.5%	66,191	26.3%
Self Pay	10,823	7.3%	3,094	2.8%	20,488	5.2%	11,578	4.6%
Other	1,244	0.8%	1,137	1.0%	2,171	0.6%	1,664	0.7%
<b>TOTAL</b>	<b>\$ 147,999</b>	<b>100.0%</b>	<b>\$ 112,088</b>	<b>100.0%</b>	<b>\$ 391,100</b>	<b>100.0%</b>	<b>\$ 252,052</b>	<b>100.0%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
FAMILY HEALTH CLINIC - WOMENS CLINIC  
NOVEMBER 2024**

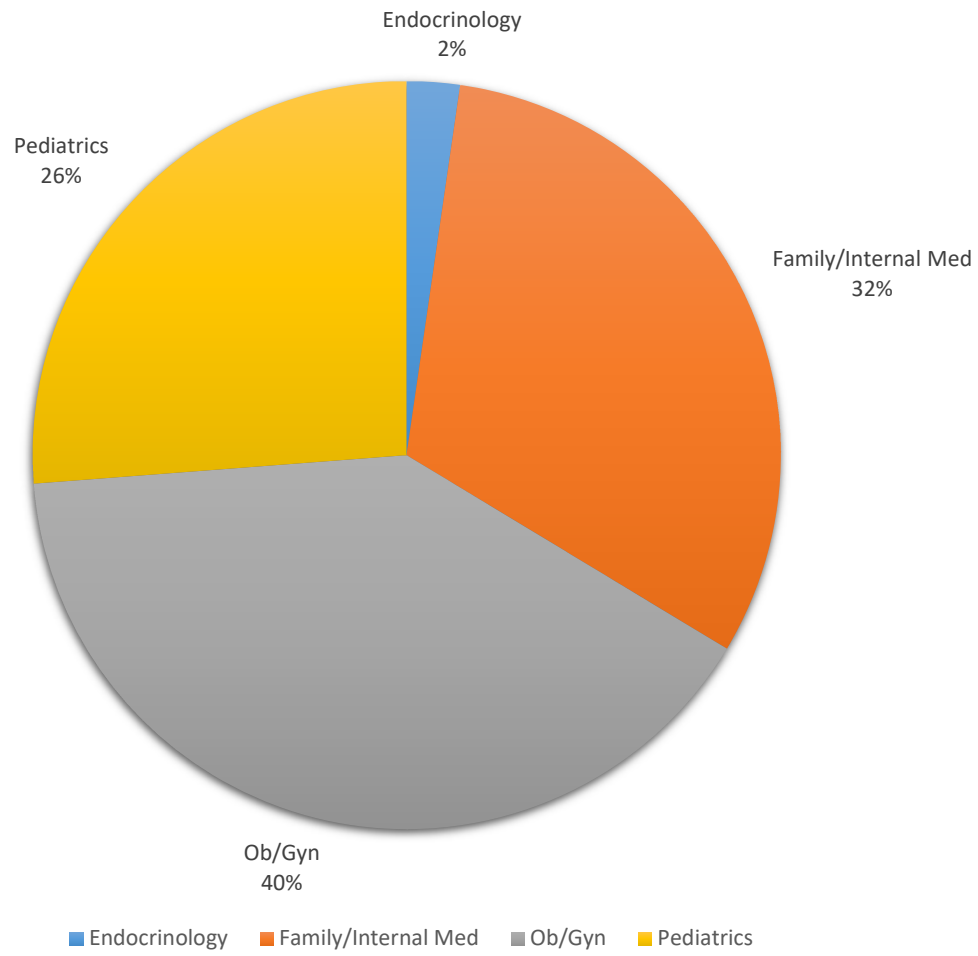
**REVENUE BY PAYOR**

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 22,763	4.0%	\$ 36,510	3.9%	\$ 70,867	4.4%	\$ 76,227	4.5%
Medicaid	193,261	33.6%	\$ 300,856	32.1%	509,100	31.9%	558,822	32.7%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	337,489	58.7%	\$ 566,927	60.5%	943,458	59.3%	998,906	58.4%
Self Pay	14,848	2.6%	\$ 23,406	2.5%	44,882	2.8%	49,051	2.9%
Other	6,566	1.1%	\$ 9,121	1.0%	25,200	1.6%	27,936	1.6%
<b>TOTAL</b>	<b>\$ 574,927</b>	<b>100.0%</b>	<b>\$ 936,820</b>	<b>100.0%</b>	<b>\$ 1,593,506</b>	<b>100.0%</b>	<b>\$ 1,710,942</b>	<b>100.0%</b>

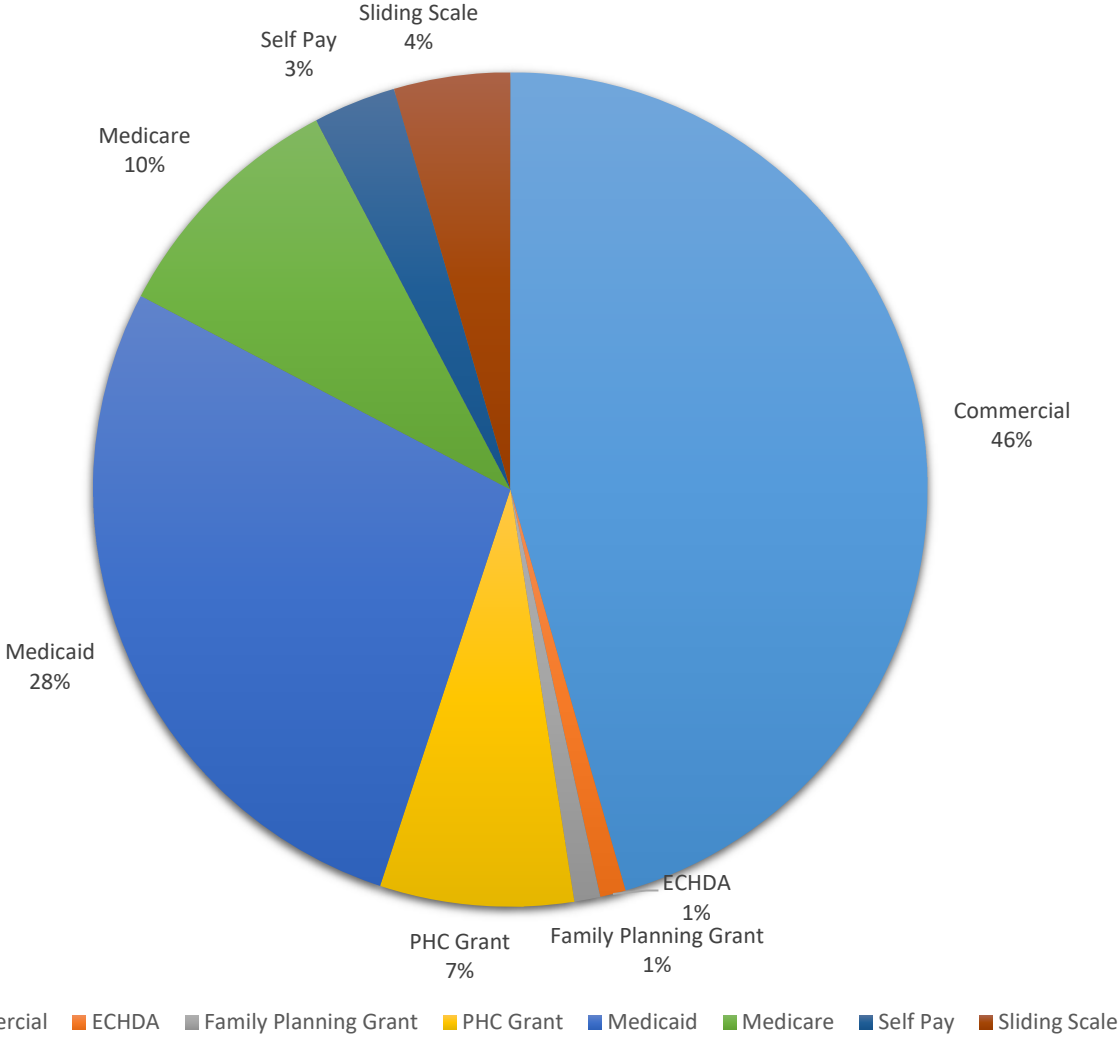
**PAYMENTS BY PAYOR**

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 16,169	7.0%	\$ 8,015	4.4%	\$ 33,736	5.9%	\$ 11,697	3.4%
Medicaid	74,141	32.0%	26,295	14.5%	177,883	31.2%	53,926	15.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	105,302	45.3%	97,480	53.9%	264,364	46.5%	169,034	48.5%
Self Pay	32,233	13.9%	45,186	25.0%	86,290	15.1%	109,514	31.4%
Other	4,169	1.8%	3,840	2.1%	7,410	1.3%	4,187	1.2%
<b>TOTAL</b>	<b>\$ 232,014</b>	<b>100.0%</b>	<b>\$ 180,816</b>	<b>100.0%</b>	<b>\$ 569,683</b>	<b>100.0%</b>	<b>\$ 348,357</b>	<b>100.0%</b>

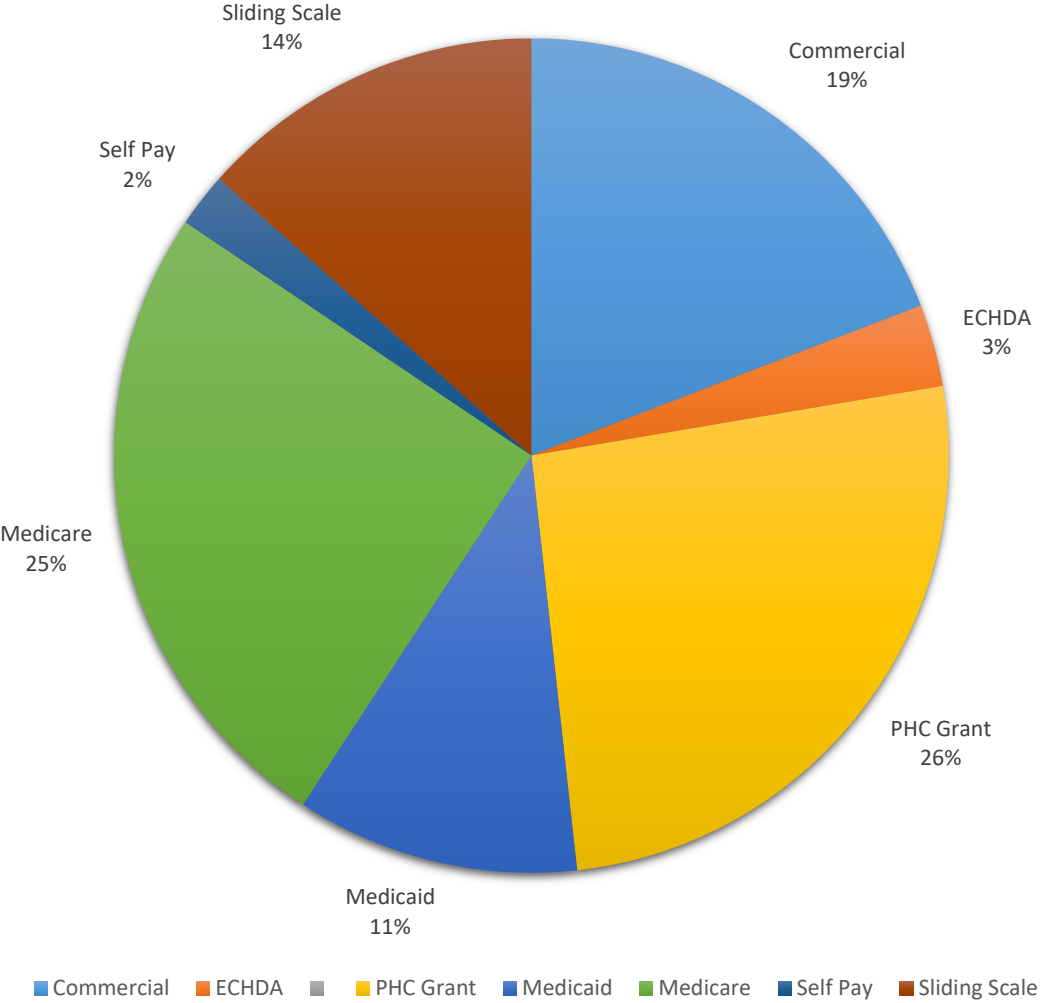
### FHC November Visits By Service



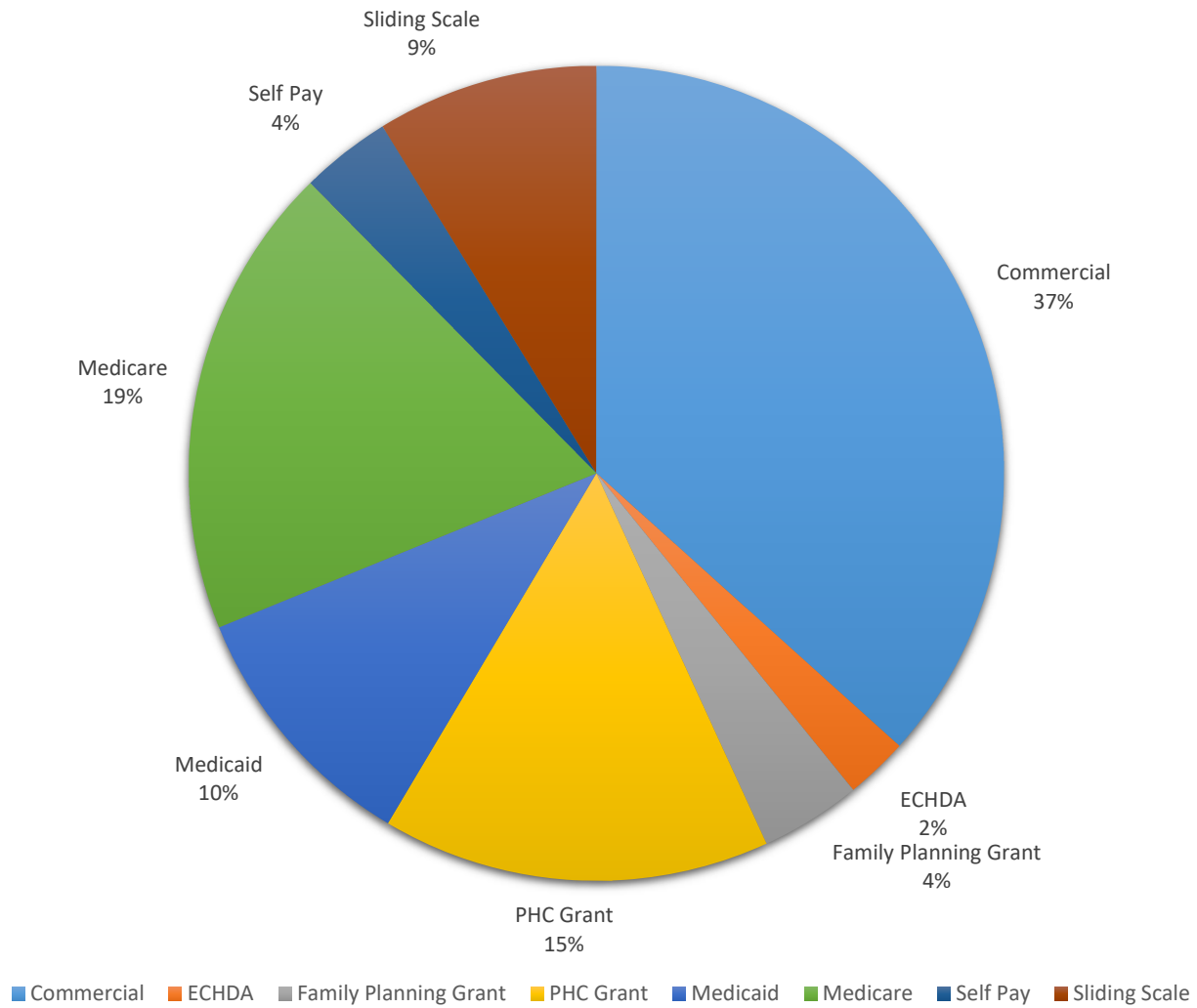
### Total FHC November Visits by Financial Class



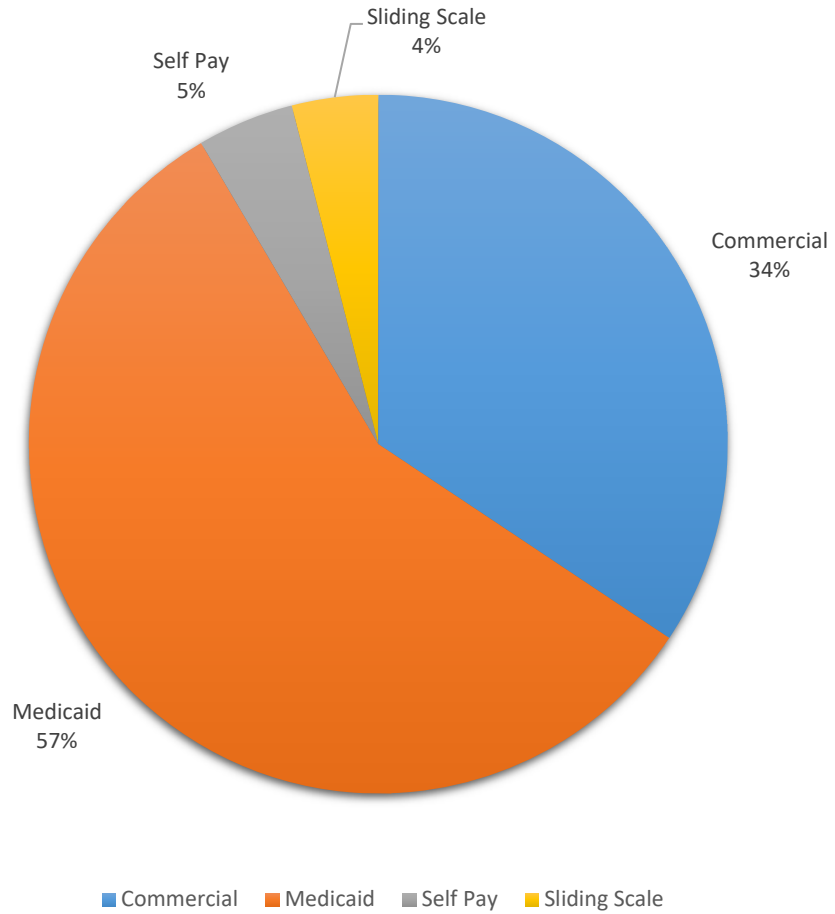
### FHC Clements November Visits by Financial Class



### FHC West University November Visits by Financial Class

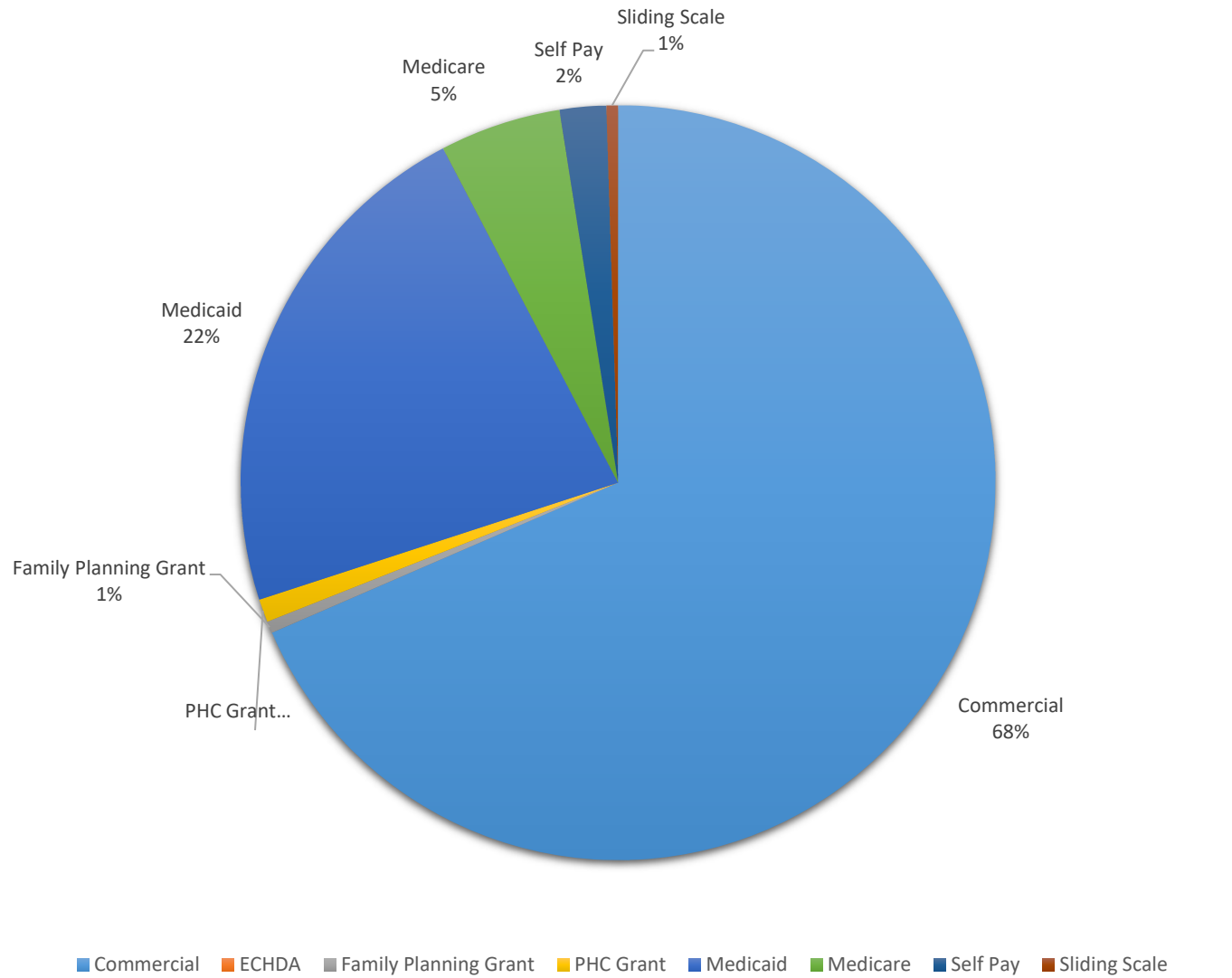


### Healthy Kids Clinic November Visits by Financial Class





### Womens Clinic November Visits by Financial Class



## FHC Executive Director's Report-January 2025

- **Staffing Update:**
  - **Women's Clinic:** The Women's Clinic is currently in search of an LVN and FT Ultrasound Tech.
  - **Healthy Kids Clinic:** The Healthy Kids Clinic is currently in search of a FT LVN, a PT LVN, two Medical Assistants, and a front desk position.
  
- **Provider Update:**
  - **West University:** We are currently searching for an additional Family Medicine physician and Nurse Practitioner for our West University location.
  - **Women's Clinic:** The Women's Clinic is currently searching for two OB/Gyns. Both Merritt Hawkins and Curative are assisting with the search. Dr. Martinez will be retiring January 31, 2025.

**MEMORANDUM**

DATE: January 14, 2025  
TO: Ector County Hospital District Board of Directors  
FROM: Steve Ewing, Chief Financial Officer  
SUBJECT: Review, Revision and Re-Adoption of Ector County Hospital District Investment Policy

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Attached is the District's Investment Policy for annual review and reaffirmation.

There are no changes proposed to the Investment Policy and it remains in compliance with the Public Funds Investment Act. The Board will also approve the reappointment of the following Broker/Dealers (page 10):

- Hilltop Securities Independent Network (Long Term Investment Funds)
- Prosperity Bank (Endowments)
- Frost Bank (Operating, Payroll and Money Market Accounts)

Please contact me if you have any questions.

**ECTOR COUNTY HOSPITAL DISTRICT  
(Medical Center Health System)  
INVESTMENT POLICY**

**EFFECTIVE: December, 1999  
Reaffirmed: January 14, 2025**

**POLICY STATEMENT**

The Ector County Hospital District seeks to optimize the rate of return on available cash reserves while emphasizing safety of principal and retaining sufficient liquidity to meet projected financial needs. The investment portfolio shall be designed to attain a reasonable rate of return throughout budgetary and economic cycles, taking into account the District's investment risk constraints, cash flow requirements and state and federal laws that may restrict the placement of District funds.

**STANDARD OF CARE**

Investments shall be made with judgment and care, under prevailing circumstances, that a person of prudence, discretion, and intelligence would exercise in the management of the person's own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived.

**POLICY OBJECTIVES**

Investment of funds shall be governed by the following objectives in order of priority:

**A. Safety of Principal**

1. Safety of principal and compliance with applicable state laws (Public Funds Investment Act [PFIA]) are the foremost objectives of the District. Each investment transaction shall seek to ensure that potential capital losses are avoided.
2. The District will not make investments for the purpose of trading or speculation.

**B. Liquidity**

1. The District's portfolio will maintain sufficient liquidity through structuring maturities that enable it to meet all financial requirements which might reasonably be anticipated.

**C. Diversification**

1. In accordance with applicable laws, the District will diversify its investments to avoid incurring unreasonable and avoidable risks regarding specific security types or concentrations within individual financial institutions. Investment decisions should not incur unreasonable investment risks in order to obtain current or long term investment income.
2. Maturities will be structured to allow for continued liquidity and investment opportunities. Selected maturities shall provide for income, stability and liquidity.
3. The District may solicit bids in determining which investment opportunities to consider. Bids or offers may be solicited orally, in writing or electronically.

## **INVESTMENT STRATEGIES**

A written investment strategy must be developed for each of the District's Funds. These strategies should include the following:

1. The investment objective for that particular fund.
2. An understanding of the suitability of the investment to the District's financial requirements.
3. Preservation and safety of principal.
4. Liquidity.
5. Marketability of investment if need arises to liquidate prior to maturity.
6. Diversification.
7. Yield.

The investment strategies are an integral part of the District's investment policy and are attached as addendum "A".

## **AUTHORIZED INVESTMENTS**

All investments must be restricted to the following:

1. Obligations of the United States or its agencies and instrumentalities.
2. Direct obligations of the state of Texas or its agencies and instrumentalities.
3. Obligations of states, agencies, counties, cities and other political subdivisions of any state rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent.
4. Collateralized Mortgage Obligations directly issued by a Federal Agency or instrumentality of the United States, the underlying security for which is guaranteed by an agency or instrumentality of the United States.
5. Other obligations, the principal and interest of which are unconditionally guaranteed or insured by, or backed by the full faith and credit of, this state or the United States or their respective instrumentalities.
6. Certificates of Deposit and Share Certificates are Authorized Investments:
  - a) A certificate of deposit or share certificate is an authorized investment if the certificate is issued by a depository institution and is:
    - 1) guaranteed or insured by the Federal Deposit Insurance Corporation or its successor or the National Credit Union Share Insurance Fund or its successor;
    - 2) secured by obligations that are described by this policy (including mortgage backed securities directly issued by a federal agency or instrumentality that have a market value of not less than the principal amount of the certificates, but excluding those mortgage backed securities of the nature described in "investments not allowed" in this policy); or,
    - 3) secured in any other manner and amount provided by law for deposits of ECHD.
  - b) In addition to the authority to invest funds in certificates of deposit under Subsection (a), an investment in certificates of deposit made in accordance with the following conditions is an authorized investment under this subchapter:
    - 1) the funds are invested by ECHD through a depository institution that is selected by ECHD;
    - 2) the depository institution selected by ECHD under subdivision (1) arranges for the deposit of the funds in certificates of deposit in one or

more federally insured depository institutions, wherever located, for the account of ECHD;

- 3) the full amount of the principal and accrued interest of each of the certificates of deposit is insured by the United States or an instrumentality of the United States;
  - 4) the depository institution selected by ECHD under Subdivision (1) acts as custodian for ECHD with respect to the certificates of deposit issued for the account of ECHD;
  - 5) at the same time that the funds are deposited and the certificates of deposit are issued for the account of ECHD, the depository institution selected under subdivision (1) receives an amount of deposits from customers of other federally insured depository institutions, wherever located, that is equal to or greater than the amount of the funds invested by ECHD through the depository institution selected under subdivision (1).
7. Repurchase agreement if the repurchase agreement:
- a) has a defined termination date;
  - b) is secured by obligations of the United States or its agencies and instrumentalities, as described by 2256.009(a)(1) of the PFIA;
  - c) is pledged to the District, held in the District's name and deposited at the time the investment is made with the District or with a third party selected and approved by the District; and
  - d) is placed through a primary government securities dealer, as defined by the Federal Reserve, or a financial institution doing business in this state.
  - e) notwithstanding any other law, the term of any reverse security purchase agreement may not exceed ninety (90) days after the date the reverse security repurchase agreement is delivered;
  - f) money received by the District under the terms of a reverse security repurchase agreement shall be used to acquire additional authorized investments, but the terms of the authorized investments acquired must mature not later than the expiration date stated in the reverse security repurchase agreement.

The term "repurchase agreement" shall mean a simultaneous agreement to buy, hold for a specified time, and sell back at a future date obligations of the United States or its agencies and instrumentalities, as described by 2256.009(a)(1) of the PFIA, at a market value at the time the funds are disbursed of not less than the principal amount of the funds dispersed. The term includes a direct security repurchase agreement and a reverse security repurchase agreement.

8. A no-load money market mutual fund if the mutual fund:
- a) is registered with and regulated by the Securities and Exchange Commission;
  - b) provides the District a prospectus and other information required by the Securities Exchange Act of 1934 or the Investment Company Act of 1940;
  - c) has a dollar-weighted average stated maturity of 90 days or fewer;
  - d) includes in its investment objectives the maintenance of a stable net asset value of \$1.00 for each share.
9. A no-load mutual Fund if the mutual Fund:
- a) is registered with the Securities and Exchange Commission;
  - b) has an average weighted maturity of less than two years;

- c) is invested exclusively in obligations which are authorized investments under the Ector County Hospital District Investment Policy;
  - d) is continuously rated as to investment quality by at least one nationally recognized investment rating firm of not less than AAA or its equivalent; and
  - e) conforms to the requirements set forth in 2256.016(b) and (c) of the Public Funds Investment Act relating to the eligibility of investment pools to receive and invest funds of investing entities.
10. Banker's Acceptances is an authorized investment if it:
- a) Has a stated maturity of 270 days or fewer from the date of its issuance;
  - b) will be, in accordance with its terms, liquidated in full at maturity;
  - c) is eligible for collateral for borrowing from a Federal Reserve Bank; and
  - d) is accepted by a bank organized and existing under the laws of the United States or any state, if the short-term obligations of the bank, or of a bank holding company of which the bank is the largest subsidiary, are rated not less than A-1 or P-1 or an equivalent rating by at least one nationally recognized credit rating agency.
11. Commercial paper is an authorized investment under this policy if the commercial paper;
- a) has a stated maturity of 270 days or fewer from the date of its issuance; and
  - b) is rated not less than A-1 or P-1 or an equivalent rating by at least:
    - 1) two nationally recognized credit rating agencies; or
    - 2) one nationally recognized credit rating agency and is fully secured by an irrevocable letter of credit issued by a bank organized and existing under the laws of the United States or any state.

**The District shall not:**

- 1. Invest in the aggregate more than 80% of the District's monthly average fund balance, excluding bond proceeds and reserves and other funds held for debt service in money market funds described in above or mutual funds described in above;
- 2. Invest in the aggregate more than 15% of the District's monthly average fund balance, excluding bond proceeds and reserves and other Funds held for debt service, in mutual Funds described in above;
- 3. Invest any portion of bond proceeds, reserves and Funds held for debt service, in mutual Funds described in above;
- 4. Invest District funds or funds under District's control including bond proceeds and reserves and other funds held for debt service in any one mutual fund in amount that exceeds 10% of the total assets of the mutual fund.

**INVESTMENTS NOT AUTHORIZED**

The following are investments not to be purchased by the District:

- 1. Obligations whose payment represents the coupon payments on the outstanding principal balance of the underlying mortgage-backed security collateral and pays no principal;
- 2. Obligations whose payment represents the principal stream of cash flow from the underlying mortgage-backed security collateral and bears no interest;
- 3. Collateralized mortgage obligations that have a stated final maturity date of greater than 10 years; and
- 4. Collateralized mortgage obligations, the interest rate of which is determined by an index that adjusts opposite to the changes in a market index.

## **MATURITIES**

Structuring of the investment portfolio shall be in accordance with the District's Investment policy and the specific strategies developed for each fund.

## **COLLATERALIZATION**

All District Funds held as a demand or a time deposit by a depository institution expressly authorized by law to accept a public entity's time or demand deposits shall be collateralized as provided in Chapter 2257 of Texas Government Code "Collateral for Public Funds".

## **INVESTMENT OFFICER**

The Chief Financial Officer shall be designated as the District's Investment Officer/Investment Advisor and is responsible for the investment of the District's Funds. The investment Officer will review and approve all transactions conducted within the investment portfolio. The Investment Officer and Chairperson of the Finance Committee, or a designated alternate, shall review all transactions and shall be responsible for monitoring and reviewing all investment activity on a regular basis. The investment Officer shall exercise the judgment and care, under prevailing circumstances, that a prudent person would exercise in the management of the person's own affairs. Unless authorized by law, no other person may deposit, withdraw, transfer or manage in any other manner the funds of the District.

## **INVESTMENT TRAINING**

1. Board Members – Each member of the District's Board of Directors shall attend at least one training session relating to their responsibilities regarding investments within six months after taking office.
2. Investment Officer – (1) The Chief Financial Officer and any other investment Officer of the District shall attend at least one training session related to their responsibilities regarding investments within twelve months after taking office; and (2) attend an investment training session not less than once in a two-year period and receive a minimum of 10 hours of instruction relating to their investment responsibilities

Training must be provided by an independent source and include education in investment controls, security risks, strategy risks, market risks and compliance with the Public Funds Investment Act.

## **CONFLICT OF INTEREST**

Any investment officer for the District who has a personal business relationship with a business organization offering to engage in an investment transaction with the District, shall file a statement disclosing that personal business interest. Any investment officer of the District who is related within the second degree of affinity or consanguinity as determined under chapter 573 of the Texas Government Code to an individual seeking to sell an investment to the District shall file a statement disclosing that relationship. A statement under this section shall be filed with the Texas Ethics Commission and the Board of Directors of the District.

The investment officer has a personal business relationship with an organization if:

1. the investment officer owns 10 percent or more of the voting stock or shares of the business organization or owns \$5,000 or more of the fair market value of the business organization;



2. funds received by the investment officer from the business organization exceed 10 percent of the investment officer's gross income for the previous year; or,
3. the investment officer has acquired from the business organization during the previous year investments with a book value of \$2,500 or more for the personal account of the investment officer.

## **BROKERS/DEALERS**

The District will utilize a minimum of three different broker/dealers in obtaining its investment purchases. A bidding process will be utilized to verify the competitiveness of each firm's rates of return when deemed necessary.

A written copy of the investment policy shall be presented to any person offering to engage in an investment transaction with the District. A business organization includes investment pools. Nothing in this section relieves the District of the responsibility for monitoring investments made by the District to determine that they are in compliance with the investment policy. The qualified representative of the business organization offering to engage in an investment transaction with the District shall execute a written instrument in a form acceptable to the District and the business organization substantially to the effect that the business organization has:

1. Received and reviewed the investment policy of the District; and,
2. Acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the organization that are not authorized by the District investment policy, except to the extent that this authorization is dependent on an analysis of the makeup of the entity's entire portfolio or requires an interpretation of subjective investment standards.

The District shall on an annual basis review, revise and adopt a list of qualified brokers that are authorized to engage in investment transactions with the District.

## **REPORTING REQUIREMENTS**

### **A. Internal Reports**

The monthly internal financial statements will reflect all investment activities and proper accounting practices will be followed. On a quarterly basis, the designated Investment Officer of the district shall prepare a written report of all investment transactions for all Funds of the district, in compliance with section 2256.023 of the PFIA. The report must be submitted to the Finance Committee and the Hospital Administrator and the Board of Directors and must:

1. Describe in detail the investment position of the District, on the date of the report;
2. Be prepared and signed by all Investment Officers;
3. Contain a summary statement prepared in compliance with generally accepted accounting principles, of each pooled Fund group that states the (a) beginning market value for the report period; (b) additions and changes to the market value during the period; and (c) ending market value for the period; and (d) fully accrued interest for the reporting period;
4. State the book value and market value of each separately invested asset at the beginning and end of the reporting period by type of asset and fund type;
5. State the maturity date of each invested asset;
6. State the account or Fund or pooled group fund of the District for which each investment was acquired; and

7. State the portfolio is in compliance with the District' investment strategy and the PFIA.

If the District invests in other than money market mutual funds, investment pools or accounts offered by its depository bank in the form of certificates of deposit, or money market accounts or similar accounts, the reports prepared by the investment officers under this section shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the governing body by that auditor.

**B. External Reports**

A compliance audit of management controls on investments and adherence to the District's investment policy shall be performed by an independent auditor in conjunction with the District's annual financial audit. The results of this report should be submitted to the Board of Directors and Hospital Administrator.

**C. Other Reports**

On at least an annual basis, the stated market values of each investment shall be reviewed by an independent third party. A report of such review shall be reported to the Finance Committee of the Board of Directors.

**REVIEW OF INVESTMENT POLICY**

This policy including all investment strategies must be reviewed by the Board of Directors not less than annually. The Board shall adopt a written resolution stating that it has reviewed the investment policy and strategies. Such resolution shall record any changes made to either the investment policy or investment strategies.

## **ADDENDUM A**

### **Investment Strategies**

#### **GENERAL OPERATING FUNDS**

The purpose of these funds is to provide for payment of operating expenses, payroll and normal capital expenditures. The investment objective will ensure that these daily cash needs are met. Anticipated level of funds needed to be available on a daily basis is estimated at approximately \$2 million to \$4 million. Authorized investments should be highly liquid. Suitable investments for this fund are all investments allowed by this policy if authorized by the Public Funds Investment Act (PFIA). These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the Fund. When individual investments are purchased, the maturity shall not exceed 31 days.

#### **DEBT SERVICE FUNDS**

The purpose of these funds is to ensure that adequate monies are set aside for payment of further principal and interest on the District's indebtedness and to maintain compliance with any and all debt covenant requirements relating to the advance funding of indebtedness. The investment objective will ensure that these requirements are met. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased the maturity shall approximate the due dates of principal and interest payments on the indebtedness.

#### **DISPROPORTIONATE SHARE FUNDS**

The purpose of these funds is to provide improved access to healthcare services for indigents. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. Authorized investments shall have stated maturity dates that approximate the anticipated qualified expenditures of the District. When individual investments are purchased for this Fund, the maturity should not exceed ten years.

#### **FUNDED DEPRECIATION FUNDS**

The purpose of these funds is to provide monies for future purchases of capital equipment. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this fund, the maturities should not exceed ten years.

#### **SELF-INSURANCE FUNDS**

The purpose of these funds is to provide monies for future expenditures related to workers' compensation, malpractice and other legal claim or settlements. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this Fund, the maturities should not exceed ten years.

## **BOARD DESIGNATED FUNDS**

The purpose of these funds is to provide monies for future capital expenditures or other major projects as designated by the Board of Directors. The investment objective of this fund will ensure that monies will be available if and when financial needs arise as so determined by the Board. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this Fund, the maturities should be spread over a period of one month to ten years.

## **LIABILITY FUNDS**

The purpose of these funds is to provide monies for future payments to liabilities. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this fund, the maturities should be spread over a period of one month to ten years.

## **TAX REVENUE FUNDS**

The purpose of these funds is to receive monies related to ad valorem and sales tax collections of the District and then transfer those monies to other funds when needed. Ad valorem tax monies are utilized for debt service payments and costs of indigent care and thus are transferred to Debt Service Funds and General Operating Funds when needed. Sales tax monies are utilized for capital expenditures and operating costs are transferred to the General Operating Fund when needed. Suitable investments for this fund are all investments allowed by this policy if authorized by the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this Fund, the maturities should be twelve months or less since these funds are usually transferred within a short period of time after receipt.

## **TRUSTEE HELD FUNDS**

(1) These monies are related to the proceeds from Bond issues as approved and authorized by the Board of Directors and are held in safekeeping by the Trustee. Construction Funds will be utilized for payment of construction costs related to the authorized construction or expansion project. Authorized investments will be highly liquid focusing primarily on money market accounts and demand deposit accounts as these funds should be fully utilized within the next few months.

(2) Debt Reserve Funds must be maintained throughout the life of the indebtedness as required by the Bond Agreement. This fund will be utilized only if the District is in default on its debt service payments. The investment objective will consider market conditions, debt covenants and Arbitrage regulation compliance. Obligations of the United States Government or its agencies and instrumentalities and money market funds are suitable investments for this fund. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. When individual investments are purchased for this Fund, the maturities shall not be greater than the life of the corresponding indebtedness.

## **REVOCABLE TRUST ENDOWMENT FUNDS**

The purpose of this Trust is provide funding for endowed chairs to promote excellence in clinical care of patients, clinical programs, clinical practice, and graduate medical education at Texas Tech University Health Sciences Center at the Permian Basin, University of Texas Permian Basin and at the Odessa Junior College District. These funds may invested by the appointed Trustee as allowed for and in compliance with the PFIA. These investments will provide safety of principal, liquidity, diversification and marketability while providing a market rate of return to meet the objectives of the fund. Disbursement of fund earnings will occur in March of each year, commencing in March 2008, and shall be disbursed in accordance with the provisions of the applicable Endowment Trust Agreement.

## **BROKERS/DEALERS**

PFIA requires the Board to approve on an annual basis, all brokers/dealers for the purpose of investing the District's funds. The Board policy further requires that there be a minimum of three (3) brokers/dealers which the District does business with. The Board approved the following Brokers/Dealers for the District;

- (1) Reappoint: Hilltop Securities Independent Network
- (3) Reappoint: Prosperity Bank
- (4) Reappoint: Frost Bank (Operating, Payroll and Money Market accounts)

**ECTOR COUNTY HOSPITAL DISTRICT  
MONTHLY STATISTICAL REPORT  
NOVEMBER 2024**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
<b>Hospital InPatient Admissions</b>										
Acute / Adult	1,082	1,152	-6.1%	1,138	-4.9%	2,202	2,424	-9.2%	2,230	-1.3%
Neonatal ICU (NICU)	17	17	0.0%	20	-15.0%	39	36	8.3%	44	-11.4%
<b>Total Admissions</b>	<b>1,099</b>	<b>1,169</b>	<b>-6.0%</b>	<b>1,158</b>	<b>-5.1%</b>	<b>2,241</b>	<b>2,460</b>	<b>-8.9%</b>	<b>2,274</b>	<b>-1.5%</b>
<b>Patient Days</b>										
Adult & Pediatric	4,189	4,221	-0.8%	4,185	0.1%	8,427	8,883	-5.1%	8,350	0.9%
ICU	454	420	8.1%	450	0.9%	881	884	-0.3%	857	2.8%
CCU	423	407	3.9%	451	-6.2%	849	857	-0.9%	852	-0.4%
NICU	454	266	70.7%	296	53.4%	952	568	67.6%	579	64.4%
<b>Total Patient Days</b>	<b>5,520</b>	<b>5,314</b>	<b>3.9%</b>	<b>5,382</b>	<b>2.6%</b>	<b>11,109</b>	<b>11,192</b>	<b>-0.7%</b>	<b>10,638</b>	<b>4.4%</b>
Observation (Obs) Days	740	631	17.3%	537	37.8%	1,494	1,328	12.5%	1,276	17.1%
Nursery Days	271	275	-1.5%	304	-10.9%	547	579	-5.5%	635	-13.9%
<b>Total Occupied Beds / Bassinets</b>	<b>6,531</b>	<b>6,220</b>	<b>5.0%</b>	<b>6,223</b>	<b>4.9%</b>	<b>13,150</b>	<b>13,099</b>	<b>0.4%</b>	<b>12,549</b>	<b>4.8%</b>
<b>Average Length of Stay (ALOS)</b>										
Acute / Adult & Pediatric	4.68	4.38	6.8%	4.47	4.8%	4.61	4.38	5.2%	4.51	2.3%
NICU	26.71	15.65	70.7%	14.80	80.4%	24.41	15.78	54.7%	13.16	85.5%
<b>Total ALOS</b>	<b>5.02</b>	<b>4.55</b>	<b>10.5%</b>	<b>4.65</b>	<b>8.1%</b>	<b>4.96</b>	<b>4.55</b>	<b>9.0%</b>	<b>4.68</b>	<b>6.0%</b>
Acute / Adult & Pediatric w/o OB	5.67			5.26	7.8%	5.64			5.36	5.3%
<b>Average Daily Census</b>	<b>184.0</b>	<b>177.1</b>	<b>3.9%</b>	<b>179.4</b>	<b>2.6%</b>	<b>182.1</b>	<b>183.5</b>	<b>-0.7%</b>	<b>174.4</b>	<b>4.4%</b>
<b>Hospital Case Mix Index (CMI)</b>	<b>1.7220</b>	<b>1.7180</b>	<b>0.2%</b>	<b>1.6602</b>	<b>3.7%</b>	<b>1.7992</b>	<b>1.7180</b>	<b>4.7%</b>	<b>1.6707</b>	<b>7.7%</b>
<b>CMI Adjusted LOS</b>	<b>2.92</b>	<b>2.65</b>	<b>10.2%</b>	<b>2.80</b>	<b>4.2%</b>	<b>2.76</b>	<b>2.65</b>	<b>4.0%</b>	<b>2.80</b>	<b>-1.6%</b>
<b>Medicare</b>										
Admissions	438	471	-7.0%	434	0.9%	867	990	-12.4%	865	0.2%
Patient Days	2,385	2,427	-1.7%	2,368	0.7%	4,857	5,109	-4.9%	4,717	3.0%
Average Length of Stay	5.45	5.15	5.7%	5.46	-0.2%	5.60	5.16	8.6%	5.45	2.7%
Case Mix Index	1.9534	1.9465	0.4%	1.9737	-1.0%	2.0700	1.9465	6.3%	1.9697	5.1%
<b>Medicaid</b>										
Admissions	94	117	-19.7%	126	-25.4%	190	246	-22.8%	249	-23.7%
Patient Days	511	453	12.8%	550	-7.1%	1,054	952	10.7%	1,041	1.2%
Average Length of Stay	5.44	3.87	40.4%	4.37	24.5%	5.55	3.87	43.3%	4.18	32.7%
Case Mix Index	1.2750	1.1174	14.1%	0.9861	29.3%	1.2880	1.1174	15.3%	1.0232	25.9%
<b>Commercial</b>										
Admissions	391	369	6.0%	366	6.8%	790	777	1.7%	705	12.1%
Patient Days	1,814	1,529	18.6%	1,535	18.2%	3,484	3,219	8.2%	2,911	19.7%
Average Length of Stay	4.64	4.14	12.0%	4.19	10.6%	4.41	4.14	6.5%	4.13	6.8%
Case Mix Index	1.6333	1.6559	-1.4%	1.5354	6.4%	1.6550	1.6559	-0.1%	1.6107	2.8%
<b>Self Pay</b>										
Admissions	142	183	-22.4%	198	-28.3%	324	386	-16.1%	389	-16.7%
Patient Days	603	770	-21.7%	783	-23.0%	1,350	1,624	-16.9%	1,647	-18.0%
Average Length of Stay	4.25	4.21	0.9%	3.95	7.4%	4.17	4.21	-1.0%	4.23	-1.6%
Case Mix Index	1.5753	1.5885	-0.8%	1.5381	2.4%	1.7662	1.5885	11.2%	1.4659	20.5%
<b>All Other</b>										
Admissions	34	29	17.2%	34	0.0%	70	61	14.8%	66	6.1%
Patient Days	207	139	48.9%	146	41.8%	364	292	24.7%	322	13.0%
Average Length of Stay	6.09	4.79	27.0%	4.29	41.8%	5.20	4.79	8.6%	4.88	6.6%
Case Mix Index	1.7643	2.0742	-14.9%	2.1596	-18.3%	1.9081	2.0742	-8.0%	1.9271	-1.0%
<b>Radiology</b>										
InPatient	4,580	4,433	3.3%	4,505	1.7%	9,000	9,335	-3.6%	8,779	2.5%
OutPatient	8,212	8,252	-0.5%	8,064	1.8%	17,817	17,361	2.6%	16,863	5.7%
<b>Cath Lab</b>										
InPatient	485	634	-23.5%	704	-31.1%	1,094	1,334	-18.0%	1,372	-20.3%
OutPatient	305	519	-41.2%	579	-47.3%	791	1,093	-27.6%	1,002	-21.1%
<b>Laboratory</b>										
InPatient	78,387	76,051	3.1%	79,856	-1.8%	156,615	160,172	-2.2%	153,046	2.3%
OutPatient	66,840	67,109	-0.4%	67,834	-1.5%	144,145	141,220	2.1%	137,486	4.8%
<b>Other</b>										
Deliveries	177	162	9.3%	180	-1.7%	358	341	5.0%	382	-6.3%
<b>Surgical Cases</b>										
InPatient	220	235	-6.4%	208	5.8%	484	495	-2.2%	436	11.0%
OutPatient	527	504	4.6%	536	-1.7%	1,191	1,061	12.3%	1,072	11.1%
<b>Total Surgical Cases</b>	<b>747</b>	<b>739</b>	<b>1.1%</b>	<b>744</b>	<b>0.4%</b>	<b>1,675</b>	<b>1,556</b>	<b>7.6%</b>	<b>1,508</b>	<b>11.1%</b>
<b>GI Procedures (Endo)</b>										
InPatient	136	136	0.0%	111	22.5%	269	287	-6.3%	284	-5.3%
OutPatient	197	179	10.1%	186	5.9%	411	377	9.0%	400	2.8%
<b>Total GI Procedures</b>	<b>333</b>	<b>315</b>	<b>5.7%</b>	<b>297</b>	<b>12.1%</b>	<b>680</b>	<b>664</b>	<b>2.4%</b>	<b>684</b>	<b>-0.6%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
MONTHLY STATISTICAL REPORT  
NOVEMBER 2024**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
<b>OutPatient (O/P)</b>										
Emergency Room Visits	4,894	4,895	0.0%	5,402	-9.4%	10,392	10,301	0.9%	10,699	-2.9%
Observation Days	740	631	17.3%	537	37.8%	1,494	1,328	12.5%	1,276	17.1%
Other O/P Occasions of Service	18,548	18,635	-0.5%	20,268	-8.5%	40,032	39,214	2.1%	41,248	-2.9%
<b>Total O/P Occasions of Svc.</b>	<b>24,182</b>	<b>24,161</b>	<b>0.1%</b>	<b>26,207</b>	<b>-7.7%</b>	<b>51,918</b>	<b>50,843</b>	<b>2.1%</b>	<b>53,223</b>	<b>-2.5%</b>
<b>Hospital Operations</b>										
Manhours Paid	293,576	282,109	4.1%	279,173	5.2%	592,789	581,278	2.0%	564,285	5.1%
FTE's	1,712.5	1,645.6	4.1%	1,628.5	5.2%	1,700.6	1,667.6	2.0%	1,618.9	5.1%
Adjusted Patient Days	10,428	10,241	1.8%	10,328	1.0%	21,809	21,557	1.2%	20,858	4.6%
Hours / Adjusted Patient Day	28.15	27.55	2.2%	27.03	4.2%	27.18	26.97	0.8%	27.05	0.5%
Occupancy - Actual Beds	50.0%	50.8%	-1.5%	48.8%	2.6%	49.5%	52.6%	-5.9%	47.4%	4.4%
FTE's / Adjusted Occupied Bed	4.9	4.8	2.2%	4.7	4.2%	4.8	4.7	0.8%	4.7	0.5%
<b>Family Health Clinic - Clements</b>										
Total Medical Visits	620	579	7.1%	601	3.2%	1,375	1,137	20.9%	1,215	13.2%
Manhours Paid	1,910	1,741	9.7%	2,149	-11.1%	3,605	3,419	5.4%	4,203	-14.2%
FTE's	11.1	10.2	9.7%	12.5	-11.1%	10.3	9.8	5.4%	12.1	-14.2%
<b>Family Health Clinic - West University</b>										
Total Medical Visits	788	560	40.7%	556	41.7%	1,546	1,258	22.9%	1,278	21.0%
Manhours Paid	1,529	1,205	26.9%	1,075	42.2%	2,982	2,707	10.2%	2,514	18.6%
FTE's	8.9	7.0	26.9%	6.3	42.2%	8.6	7.8	10.2%	7.2	18.6%
<b>Family Health Clinic - JBS</b>										
Total Medical Visits	1,001	863	16.0%	840	19.2%	2,103	1,765	19.2%	1,619	29.9%
Manhours Paid	1,494	1,736	-13.9%	1,475	1.3%	2,691	3,550	-24.2%	3,223	-16.5%
FTE's	8.7	10.1	-13.9%	8.6	1.3%	7.7	10.2	-24.2%	9.2	-16.5%
<b>Family Health Clinic - Womens</b>										
Total Medical Visits	1,408	1,802	-21.9%	1,565	-10.0%	3,297	3,579	-7.9%	3,220	2.4%
Manhours Paid	3,418	2,753	24.1%	3,244	5.3%	6,829	5,468	24.9%	6,828	0.0%
FTE's	19.9	16.1	24.1%	18.9	5.3%	19.6	15.7	24.9%	19.6	0.0%
<b>Total ECHD Operations</b>										
Total Admissions	1,099	1,169	-6.0%	1,158	-5.1%	2,241	2,460	-8.9%	2,274	-1.5%
Total Patient Days	5,520	5,314	3.9%	5,382	2.6%	11,109	11,192	-0.7%	10,638	4.4%
Total Patient and Obs Days	6,260	5,945	5.3%	5,919	5.8%	12,603	12,520	0.7%	11,914	5.8%
Total FTE's	1,761.2	1,689.0	4.3%	1,674.8	5.2%	1,746.8	1,711.0	2.1%	1,667.0	4.8%
FTE's / Adjusted Occupied Bed	5.1	4.9	2.4%	4.9	4.2%	4.9	4.8	1.0%	4.9	0.3%
<b>Total Adjusted Patient Days</b>	<b>10,428</b>	<b>10,241</b>	<b>1.8%</b>	<b>10,328</b>	<b>1.0%</b>	<b>21,809</b>	<b>21,557</b>	<b>1.2%</b>	<b>20,858</b>	<b>4.6%</b>
<b>Hours / Adjusted Patient Day</b>	<b>28.95</b>	<b>28.27</b>	<b>2.4%</b>	<b>27.80</b>	<b>4.2%</b>	<b>27.92</b>	<b>27.67</b>	<b>0.9%</b>	<b>27.86</b>	<b>0.2%</b>
<b>Outpatient Factor</b>	<b>1.8890</b>	<b>1.9273</b>	<b>-2.0%</b>	<b>1.9190</b>	<b>-1.6%</b>	<b>1.9632</b>	<b>1.9261</b>	<b>1.9%</b>	<b>1.9607</b>	<b>0.1%</b>
<b>Blended O/P Factor</b>	<b>2.0905</b>	<b>2.1284</b>	<b>-1.8%</b>	<b>2.1119</b>	<b>-1.0%</b>	<b>2.1667</b>	<b>2.1227</b>	<b>2.1%</b>	<b>2.1626</b>	<b>0.2%</b>
<b>Total Adjusted Admissions</b>	<b>2,076</b>	<b>2,253</b>	<b>-7.9%</b>	<b>2,222</b>	<b>-6.6%</b>	<b>4,399</b>	<b>4,738</b>	<b>-7.1%</b>	<b>4,459</b>	<b>-1.3%</b>
<b>Hours / Adjusted Admisssion</b>	<b>145.43</b>	<b>128.52</b>	<b>13.2%</b>	<b>129.20</b>	<b>12.6%</b>	<b>138.40</b>	<b>125.88</b>	<b>10.0%</b>	<b>130.32</b>	<b>6.2%</b>
<b>FTE's - Hospital Contract</b>	<b>45.2</b>	<b>53.2</b>	<b>-15.1%</b>	<b>50.7</b>	<b>-10.9%</b>	<b>46.2</b>	<b>55.0</b>	<b>-16.1%</b>	<b>50.2</b>	<b>-8.0%</b>
<b>FTE's - Mgmt Services</b>	<b>58.8</b>	<b>53.7</b>	<b>9.5%</b>	<b>56.5</b>	<b>4.0%</b>	<b>56.8</b>	<b>53.7</b>	<b>5.8%</b>	<b>53.3</b>	<b>6.7%</b>
<b>Total FTE's (including Contract)</b>	<b>1,865.2</b>	<b>1,795.9</b>	<b>3.9%</b>	<b>1,782.1</b>	<b>4.7%</b>	<b>1,849.9</b>	<b>1,819.8</b>	<b>1.7%</b>	<b>1,770.4</b>	<b>4.5%</b>
<b>Total FTE'S per Adjusted Occupied Bed (including Contract)</b>	<b>5.37</b>	<b>5.26</b>	<b>2.0%</b>	<b>5.18</b>	<b>3.7%</b>	<b>5.18</b>	<b>5.15</b>	<b>0.5%</b>	<b>5.18</b>	<b>0.0%</b>
<b>ProCare FTEs</b>	<b>207.6</b>	<b>237.8</b>	<b>-12.7%</b>	<b>205.5</b>	<b>1.0%</b>	<b>207.8</b>	<b>237.8</b>	<b>-12.6%</b>	<b>202.7</b>	<b>2.5%</b>
<b>TraumaCare FTEs</b>	<b>8.4</b>	<b>8.8</b>	<b>-5.0%</b>	<b>9.4</b>	<b>-11.0%</b>	<b>8.4</b>	<b>8.8</b>	<b>-4.5%</b>	<b>9.4</b>	<b>-11.3%</b>
<b>Total System FTEs</b>	<b>2,081.2</b>	<b>2,042.6</b>	<b>1.9%</b>	<b>1,997.0</b>	<b>4.2%</b>	<b>2,066.1</b>	<b>2,066.4</b>	<b>0.0%</b>	<b>1,982.5</b>	<b>4.2%</b>
<b>Urgent Care Visits</b>										
JBS Clinic	1,352	1,244	8.7%	1,405	-3.8%	2,811	2,618	7.4%	2,819	-0.3%
West University	848	835	1.6%	1,033	-17.9%	1,786	1,757	1.7%	1,912	-6.6%
<b>Total Urgent Care Visits</b>	<b>2,200</b>	<b>2,079</b>	<b>5.8%</b>	<b>2,438</b>	<b>-9.8%</b>	<b>4,597</b>	<b>4,375</b>	<b>5.1%</b>	<b>4,731</b>	<b>-2.8%</b>
<b>Retail Clinic Visits</b>										
Retail Clinic	123	53	132.1%	50	146.0%	188	127	48.0%	121	55.4%

**ECTOR COUNTY HOSPITAL DISTRICT  
BALANCE SHEET - BLENDED  
NOVEMBER 2024**

	CURRENT YEAR	PRIOR FISCAL YEAR END			CURRENT YEAR CHANGE
		HOSPITAL UNAUDITED	PRO CARE UNAUDITED	TRAUMA CARE UNAUDITED	
<b>ASSETS</b>					
<b>CURRENT ASSETS:</b>					
Cash and Cash Equivalents	\$ 17,226,399	\$ 39,080,496	\$ 4,500	\$ -	\$ (21,858,596)
Investments	60,598,864	51,625,680	-	-	8,973,184
Patient Accounts Receivable - Gross	248,701,431	214,878,735	20,514,645	2,184,343	11,123,709
Less: 3rd Party Allowances	(154,913,224)	(137,537,477)	(11,562,038)	(1,672,339)	(4,141,370)
Bad Debt Allowance	(50,542,856)	(38,524,192)	(5,030,483)	(410,000)	(6,578,181)
Net Patient Accounts Receivable	43,245,351	38,817,066	3,922,124	102,004	404,157
Taxes Receivable	10,868,661	11,080,895	-	-	(212,234)
Accounts Receivable - Other	10,387,791	3,859,669	84,681	-	6,443,441
Inventories	10,678,634	10,158,660	481,637	-	38,337
Prepaid Expenses	5,328,532	5,310,963	154,463	24,531	(161,426)
<b>Total Current Assets</b>	<b>158,334,232</b>	<b>159,933,430</b>	<b>4,647,405</b>	<b>126,535</b>	<b>(6,373,137)</b>
<b>CAPITAL ASSETS:</b>					
Property and Equipment	523,223,702	521,685,955	403,173	-	1,134,574
Construction in Progress	19,270,214	17,368,743	-	-	1,901,472
	542,493,916	539,054,698	403,173	-	3,036,045
Less: Accumulated Depreciation and Amortization	(381,027,814)	(377,031,484)	(338,723)	-	(3,657,607)
<b>Total Capital Assets</b>	<b>161,466,102</b>	<b>162,023,214</b>	<b>64,449</b>	<b>-</b>	<b>(621,561)</b>
<b>LEASE ASSETS</b>					
Leased Assets	4,190,843	4,190,843	-	-	0
Less Accumulated Amortization Lease Assets	(2,090,870)	(1,956,677)	-	-	(134,194)
<b>Total Lease Assets</b>	<b>2,099,972</b>	<b>2,234,166</b>	<b>-</b>	<b>-</b>	<b>(134,194)</b>
<b>SUBSCRIPTION ASSETS</b>					
Subscription Assets	8,617,075	8,410,917	-	-	206,158
Less Accumulated Amortization Subscription Assets	(3,017,407)	(2,749,774)	-	-	(267,633)
<b>Total Subscription Assets</b>	<b>5,599,669</b>	<b>5,661,144</b>	<b>-</b>	<b>-</b>	<b>(61,475)</b>
LT Lease Receivable	6,014,609	6,227,920	-	-	(213,311)
<b>RESTRICTED ASSETS:</b>					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,469,359	6,469,359	-	-	-
Restricted TPC, LLC	1,707,903	1,707,903	-	-	-
Investment in PBBHC	30,997,988	30,997,988	-	-	-
Restricted MCH West Texas Services	2,368,878	2,356,263	-	-	12,615
Pension, Deferred Outflows of Resources	10,795,764	10,795,764	-	-	-
Assets whose use is Limited	298,190	-	271,068	6,480	20,642
<b>TOTAL ASSETS</b>	<b>\$ 386,157,562</b>	<b>\$ 388,412,046</b>	<b>\$ 4,982,922</b>	<b>\$ 133,015</b>	<b>\$ (7,370,421)</b>
<b>LIABILITIES AND FUND BALANCE</b>					
<b>CURRENT LIABILITIES:</b>					
Current Maturities of Long-Term Debt	\$ 1,880,000	\$ 1,880,000	\$ -	\$ -	\$ -
Self-Insurance Liability - Current Portion	3,640,526	3,640,526	-	-	-
Current Portion of Lease Liabilities	879,222	627,362	-	-	251,860
Current Portion of Subscription Liabilities	1,343,111	1,325,425	-	-	17,687
Accounts Payable	31,599,349	35,847,536	(1,957,165)	(531,939)	(1,759,083)
A/R Credit Balances	2,289,642	2,596,359	-	-	(306,717)
Accrued Interest	425,741	214,256	-	-	211,486
Accrued Salaries and Wages	13,849,150	5,947,335	6,995,870	232,095	673,850
Accrued Compensated Absences	5,226,457	5,326,543	-	-	(100,086)
Due to Third Party Payors	8,683,192	8,683,192	-	-	-
Deferred Revenue	(1,918,649)	261,004	(22,952)	-	(2,156,700)
<b>Total Current Liabilities</b>	<b>67,897,741</b>	<b>66,349,537</b>	<b>5,015,753</b>	<b>(299,844)</b>	<b>(3,467,548)</b>
ACCRUED POST RETIREMENT BENEFITS	30,922,628	31,913,601	-	-	(990,973)
LESSOR DEFERRED INFLOWS OF RESOURCES	6,812,022	7,050,609	-	-	(238,587)
SELF-INSURANCE LIABILITIES - Less Current Portion	2,422,562	2,422,562	-	-	-
LEASE LIABILITIES	1,753,945	2,097,459	-	-	(343,514)
SUBSCRIPTION LIABILITIES	3,753,117	3,919,443	-	-	(166,327)
LONG-TERM DEBT - Less Current Maturities	28,265,028	28,360,398	-	-	(95,370)
<b>Total Liabilities</b>	<b>141,827,044</b>	<b>142,113,609</b>	<b>5,015,753</b>	<b>(299,844)</b>	<b>(5,002,474)</b>
<b>FUND BALANCE</b>	<b>244,330,518</b>	<b>246,298,437</b>	<b>(32,831)</b>	<b>432,859</b>	<b>244,363,349</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>\$ 386,157,562</b>	<b>\$ 388,412,046</b>	<b>\$ 4,982,922</b>	<b>\$ 133,015</b>	<b>\$ (7,370,421)</b>



**ECTOR COUNTY HOSPITAL DISTRICT  
BLENDED OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Inpatient Revenue	\$ 55,197,319	\$ 56,567,885	-2.4%	\$ 54,859,490	0.6%	\$ 112,553,335	\$ 118,457,903	-5.0%	\$ 107,737,113	4.5%
Outpatient Revenue	60,192,284	63,833,925	-5.7%	60,997,938	-1.3%	131,317,988	132,992,249	-1.3%	125,251,784	4.8%
<b>TOTAL PATIENT REVENUE</b>	<b>\$ 115,389,603</b>	<b>\$ 120,401,810</b>	<b>-4.2%</b>	<b>\$ 115,857,427</b>	<b>-0.4%</b>	<b>\$ 243,871,323</b>	<b>\$ 251,450,152</b>	<b>-3.0%</b>	<b>\$ 232,988,897</b>	<b>4.7%</b>
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 72,120,813	\$ 78,582,257	-8.2%	\$ 74,664,169	-3.4%	\$ 155,312,634	\$ 164,165,955	-5.4%	\$ 151,832,597	2.3%
Policy Adjustments	1,040,987	1,235,380	-15.7%	1,251,052	-16.8%	2,194,569	2,532,226	-13.3%	2,273,161	-3.5%
Uninsured Discount	8,245,397	6,939,251	18.8%	11,485,870	-28.2%	17,095,097	14,510,279	17.8%	16,640,219	2.7%
Indigent	1,235,630	991,010	24.7%	637,512	93.8%	2,908,666	2,072,725	40.3%	1,521,641	91.2%
Provision for Bad Debts	5,743,339	7,392,004	-22.3%	4,113,076	39.6%	12,702,118	15,449,541	-17.8%	12,373,223	2.7%
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ 88,386,166</b>	<b>\$ 95,139,902</b>	<b>-7.1%</b>	<b>\$ 92,151,679</b>	<b>-4.1%</b>	<b>\$ 190,213,084</b>	<b>\$ 198,730,726</b>	<b>-4.3%</b>	<b>\$ 184,640,841</b>	<b>3.0%</b>
	76.60%	79.02%		79.54%		78.00%	79.03%		79.25%	
<b>OTHER PATIENT REVENUE</b>										
Medicaid Supplemental Payments	\$ 1,810,333	\$ 1,810,333	0.0%	\$ 1,551,832	16.7%	\$ 3,620,666	\$ 3,620,666	0.0%	\$ 3,103,664	16.7%
DSRIP/CHIRP	(551,281)	494,167	-211.6%	1,225,836	-145.0%	(1,145,319)	988,334	-215.9%	2,406,764	-147.6%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OTHER PATIENT REVENUE</b>	<b>\$ 1,259,052</b>	<b>\$ 2,304,500</b>	<b>-45.4%</b>	<b>\$ 2,777,668</b>	<b>-54.7%</b>	<b>\$ 2,475,347</b>	<b>\$ 4,609,000</b>	<b>-46.3%</b>	<b>\$ 5,510,428</b>	<b>-55.1%</b>
<b>NET PATIENT REVENUE</b>	<b>\$ 28,262,489</b>	<b>\$ 27,566,408</b>	<b>2.5%</b>	<b>\$ 26,483,416</b>	<b>6.7%</b>	<b>\$ 56,133,587</b>	<b>\$ 57,328,426</b>	<b>-2.1%</b>	<b>\$ 53,858,484</b>	<b>4.2%</b>
<b>OTHER REVENUE</b>										
Tax Revenue	\$ 6,549,477	\$ 6,693,589	-2.2%	\$ 7,167,313	-8.6%	\$ 13,279,358	\$ 13,387,178	-0.8%	\$ 13,958,044	-4.9%
Other Revenue	1,376,034	1,592,400	-13.6%	2,323,630	-40.8%	3,106,362	3,181,877	-2.4%	3,582,074	-13.3%
<b>TOTAL OTHER REVENUE</b>	<b>\$ 7,925,510</b>	<b>\$ 8,285,989</b>	<b>-4.4%</b>	<b>\$ 9,490,943</b>	<b>-16.5%</b>	<b>\$ 16,385,720</b>	<b>\$ 16,569,055</b>	<b>-1.1%</b>	<b>\$ 17,540,118</b>	<b>-6.6%</b>
<b>NET OPERATING REVENUE</b>	<b>\$ 36,187,999</b>	<b>\$ 35,852,397</b>	<b>0.9%</b>	<b>\$ 35,974,359</b>	<b>0.6%</b>	<b>\$ 72,519,307</b>	<b>\$ 73,897,481</b>	<b>-1.9%</b>	<b>\$ 71,398,602</b>	<b>1.6%</b>
<b>OPERATING EXPENSES</b>										
Salaries and Wages	\$ 15,088,369	\$ 15,522,184	-2.8%	\$ 14,745,294	2.3%	\$ 31,820,851	\$ 31,808,799	0.0%	\$ 29,789,840	6.8%
Benefits	1,904,595	1,999,842	-4.8%	2,253,851	-15.5%	4,199,438	4,047,024	3.8%	4,180,034	0.5%
Temporary Labor	1,287,697	1,403,582	-8.3%	1,659,776	-22.4%	2,775,118	2,917,381	-4.9%	3,572,846	-22.3%
Physician Fees	1,367,527	1,198,962	14.1%	1,065,366	28.4%	2,668,875	2,397,924	11.3%	2,189,743	21.9%
Texas Tech Support	1,017,511	1,002,447	1.5%	959,076	6.1%	2,010,225	2,004,894	0.3%	1,927,944	4.3%
Purchased Services	4,742,363	4,807,100	-1.3%	4,510,906	5.1%	9,320,588	9,613,892	-3.1%	8,887,403	4.9%
Supplies	6,384,459	6,659,768	-4.1%	6,968,530	-8.4%	14,473,009	13,743,677	5.3%	13,504,894	7.2%
Utilities	358,710	392,557	-8.6%	410,513	-12.6%	690,570	781,806	-11.7%	720,574	-4.2%
Repairs and Maintenance	990,834	1,039,521	-4.7%	720,419	37.5%	1,752,811	2,079,717	-15.7%	1,563,971	12.1%
Leases and Rent	97,179	106,909	-9.1%	107,895	-9.9%	261,093	214,356	21.8%	238,859	9.3%
Insurance	238,328	207,411	14.9%	184,978	28.8%	465,109	414,822	12.1%	376,207	23.6%
Interest Expense	90,763	117,840	-23.0%	100,570	-9.8%	179,819	235,680	-23.7%	201,049	-10.6%
ECHDA	90,952	283,446	-67.9%	208,138	-56.3%	177,173	566,892	-68.7%	370,158	-52.1%
Other Expense	183,103	249,264	-26.5%	135,230	35.4%	422,702	523,364	-19.2%	283,225	49.2%
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 33,842,391</b>	<b>\$ 34,990,833</b>	<b>-3.3%</b>	<b>\$ 34,030,542</b>	<b>-0.6%</b>	<b>\$ 71,217,382</b>	<b>\$ 71,350,228</b>	<b>-0.2%</b>	<b>\$ 67,806,747</b>	<b>5.0%</b>
Depreciation/Amortization	\$ 2,035,328	\$ 1,991,230	2.2%	\$ 1,972,809	3.2%	\$ 4,084,844	\$ 4,000,917	2.1%	\$ 3,949,232	3.4%
(Gain) Loss on Sale of Assets	(300)	-	0.0%	-	0.0%	(300)	-	0.0%	(27,000)	-98.9%
<b>TOTAL OPERATING COSTS</b>	<b>\$ 35,877,419</b>	<b>\$ 36,982,063</b>	<b>-3.0%</b>	<b>\$ 36,003,351</b>	<b>-0.3%</b>	<b>\$ 75,301,926</b>	<b>\$ 75,351,145</b>	<b>-0.1%</b>	<b>\$ 71,728,979</b>	<b>5.0%</b>
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	<b>\$ 310,581</b>	<b>\$ (1,129,666)</b>	<b>127.5%</b>	<b>\$ (28,992)</b>	<b>1171.3%</b>	<b>\$ (2,782,618)</b>	<b>\$ (1,453,664)</b>	<b>91.4%</b>	<b>\$ (330,377)</b>	<b>742.3%</b>
Operating Margin	0.86%	-3.15%	-127.2%	-0.08%	-1164.9%	-3.84%	-1.97%	95.1%	-0.46%	729.2%
<b>NONOPERATING REVENUE/EXPENSE</b>										
Interest Income	\$ 143,677	\$ 137,303	4.6%	\$ 118,183	21.6%	\$ 210,302	\$ 274,606	-23.4%	\$ 301,294	-30.2%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	-	-	-
Opioid Abatement Fund	-	-	0.0%	-	0.0%	-	-	-	-	-
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	-	-	(3,000)	-100.0%	64,243	-	-	(3,000)	-2241.4%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
						1,482,045	2,782,933		3,819,904	
<b>CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY</b>	<b>\$ 454,257</b>	<b>\$ (992,363)</b>	<b>145.8%</b>	<b>\$ 86,191</b>	<b>-427.0%</b>	<b>\$ (2,508,074)</b>	<b>\$ (1,179,058)</b>	<b>-112.7%</b>	<b>\$ (32,083)</b>	<b>-7717.6%</b>
Unrealized Gain/(Loss) on Investments	\$ 113,055	\$ -	0.0%	\$ 348,514	-67.6%	\$ 127,512	\$ -	0.0%	\$ 528,148	-75.9%
Investment in Subsidiaries	10,240	96,879	-89.4%	(4,699)	-317.9%	12,615	193,758	-93.5%	(4,680)	-369.5%
<b>CHANGE IN NET POSITION</b>	<b>\$ 577,553</b>	<b>\$ (895,484)</b>	<b>164.5%</b>	<b>\$ 430,006</b>	<b>-34.3%</b>	<b>\$ (2,367,947)</b>	<b>\$ (985,300)</b>	<b>-140.3%</b>	<b>\$ 491,386</b>	<b>581.9%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
HOSPITAL OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Inpatient Revenue	\$ 55,197,319	\$ 56,567,885	-2.4%	\$ 54,859,490	0.6%	\$ 112,553,335	\$ 118,457,903	-5.0%	\$ 107,737,113	4.5%
Outpatient Revenue	49,072,846	52,453,278	-6.4%	50,415,139	-2.7%	108,406,370	109,701,054	-1.2%	103,499,754	4.7%
<b>TOTAL PATIENT REVENUE</b>	<b>\$ 104,270,165</b>	<b>\$ 109,021,163</b>	<b>-4.4%</b>	<b>\$ 105,274,628</b>	<b>-1.0%</b>	<b>\$ 220,959,705</b>	<b>\$ 228,158,957</b>	<b>-3.2%</b>	<b>\$ 211,236,866</b>	<b>4.6%</b>
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 66,146,278	\$ 72,871,291	-9.2%	\$ 69,496,163	-4.8%	\$ 143,361,822	\$ 152,505,093	-6.0%	\$ 141,087,927	1.6%
Policy Adjustments	38,354	74,594	-48.6%	45,225	-15.2%	66,817	155,954	-57.2%	86,183	-22.5%
Uninsured Discount	8,060,466	6,688,854	20.5%	11,329,972	-28.9%	16,719,670	13,996,316	19.5%	16,044,611	4.2%
Indigent Care	1,223,578	980,714	24.8%	640,204	91.1%	2,886,235	2,051,303	40.7%	1,485,962	94.2%
Provision for Bad Debts	4,784,960	6,277,952	-23.8%	3,036,489	57.6%	10,519,620	13,147,056	-20.0%	10,381,330	1.3%
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ 80,253,637</b>	<b>\$ 86,893,405</b>	<b>-7.6%</b>	<b>\$ 84,548,053</b>	<b>-5.1%</b>	<b>\$ 173,554,163</b>	<b>\$ 181,855,722</b>	<b>-4.6%</b>	<b>\$ 169,086,013</b>	<b>2.6%</b>
	<b>76.97%</b>	<b>79.70%</b>		<b>80.31%</b>		<b>78.55%</b>	<b>79.71%</b>		<b>80.05%</b>	
<b>OTHER PATIENT REVENUE</b>										
Medicaid Supplemental Payments	\$ 1,810,333	\$ 1,810,333	0.0%	\$ 1,551,832	16.7%	\$ 3,620,666	\$ 3,620,666	0.0%	\$ 3,103,664	16.7%
DSRIP/CHIRP	(551,281)	494,167	-211.6%	1,225,836	-145.0%	(1,145,319)	988,334	-215.9%	2,406,764	-147.6%
<b>TOTAL OTHER PATIENT REVENUE</b>	<b>\$ 1,259,052</b>	<b>\$ 2,304,500</b>	<b>-45.4%</b>	<b>\$ 2,777,668</b>	<b>-54.7%</b>	<b>\$ 2,475,347</b>	<b>\$ 4,609,000</b>	<b>-46.3%</b>	<b>\$ 5,510,428</b>	<b>-55.1%</b>
<b>NET PATIENT REVENUE</b>	<b>\$ 25,275,580</b>	<b>\$ 24,432,258</b>	<b>3.5%</b>	<b>\$ 23,504,244</b>	<b>7.5%</b>	<b>\$ 49,880,889</b>	<b>\$ 50,912,235</b>	<b>-2.0%</b>	<b>\$ 47,661,282</b>	<b>4.7%</b>
<b>OTHER REVENUE</b>										
Tax Revenue	\$ 6,549,477	\$ 6,693,589	-2.2%	\$ 7,167,313	-8.6%	\$ 13,279,358	\$ 13,387,178	-0.8%	\$ 13,958,044	-4.9%
Other Revenue	1,206,478	1,349,725	-10.6%	2,122,486	-43.2%	2,573,061	2,726,852	-5.6%	3,107,271	-17.2%
<b>TOTAL OTHER REVENUE</b>	<b>\$ 7,755,955</b>	<b>\$ 8,043,314</b>	<b>-3.6%</b>	<b>\$ 9,289,799</b>	<b>-16.5%</b>	<b>\$ 15,852,419</b>	<b>\$ 16,114,030</b>	<b>-1.6%</b>	<b>\$ 17,065,314</b>	<b>-7.1%</b>
<b>NET OPERATING REVENUE</b>	<b>\$ 33,031,535</b>	<b>\$ 32,475,572</b>	<b>1.7%</b>	<b>\$ 32,794,043</b>	<b>0.7%</b>	<b>\$ 65,733,309</b>	<b>\$ 67,026,265</b>	<b>-1.9%</b>	<b>\$ 64,726,597</b>	<b>1.6%</b>
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 10,504,497	\$ 10,742,913	-2.2%	\$ 10,414,799	0.9%	\$ 22,364,592	\$ 22,146,722	1.0%	\$ 20,949,415	6.8%
Benefits	1,583,677	1,643,835	-3.7%	1,908,446	-17.0%	3,527,642	3,321,721	6.2%	3,462,377	1.9%
Temporary Labor	704,542	820,190	-14.1%	825,016	-14.6%	1,472,897	1,725,597	-14.6%	1,641,006	-10.2%
Physician Fees	1,450,361	1,240,268	16.9%	1,119,270	29.6%	2,834,745	2,480,536	14.3%	2,287,113	23.9%
Texas Tech Support	1,017,511	1,002,447	1.5%	959,076	6.1%	2,010,225	2,004,894	0.3%	1,927,944	4.3%
Purchased Services	4,973,375	5,121,636	-2.9%	4,761,747	4.4%	9,859,893	10,242,464	-3.7%	9,456,649	4.3%
Supplies	6,318,474	6,594,333	-4.2%	6,935,353	-8.9%	14,320,766	13,603,994	5.3%	13,386,992	7.0%
Utilities	357,808	391,832	-8.7%	410,856	-12.9%	688,710	780,504	-11.8%	719,521	-4.3%
Repairs and Maintenance	990,834	1,038,229	-4.6%	720,258	37.6%	1,752,811	2,077,133	-15.6%	1,560,399	12.3%
Leases and Rentals	(46,356)	(38,486)	20.4%	(36,713)	26.3%	(33,345)	(76,972)	-56.7%	(45,254)	-26.3%
Insurance	169,420	145,158	16.7%	123,535	37.1%	334,423	290,316	15.2%	254,978	31.2%
Interest Expense	90,763	117,840	-23.0%	100,570	-9.8%	179,819	235,680	-23.7%	201,049	-10.6%
ECHDA	90,952	283,446	-67.9%	208,138	-56.3%	177,173	566,892	-68.7%	370,158	-52.1%
Other Expense	131,280	178,419	-26.4%	92,374	42.1%	287,906	368,574	-21.9%	191,890	50.0%
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 28,337,141</b>	<b>\$ 29,282,060</b>	<b>-3.2%</b>	<b>\$ 28,542,726</b>	<b>-0.7%</b>	<b>\$ 59,778,257</b>	<b>\$ 59,768,055</b>	<b>0.0%</b>	<b>\$ 56,364,239</b>	<b>6.1%</b>
Depreciation/Amortization	\$ 2,023,398	\$ 1,979,003	2.2%	\$ 1,965,842	2.9%	\$ 4,060,983	\$ 3,976,463	2.1%	\$ 3,935,298	3.2%
(Gain)/Loss on Disposal of Assets	(300)	-	0.0%	-	0.0%	(300)	-	0.0%	(27,000)	-98.9%
<b>TOTAL OPERATING COSTS</b>	<b>\$ 30,360,238</b>	<b>\$ 31,261,063</b>	<b>-2.9%</b>	<b>\$ 30,508,568</b>	<b>-0.5%</b>	<b>\$ 63,838,940</b>	<b>\$ 63,744,518</b>	<b>0.1%</b>	<b>\$ 60,272,537</b>	<b>5.9%</b>
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	<b>\$ 2,671,296</b>	<b>\$ 1,214,509</b>	<b>119.9%</b>	<b>\$ 2,285,474</b>	<b>-16.9%</b>	<b>\$ 1,894,368</b>	<b>\$ 3,281,747</b>	<b>-42.3%</b>	<b>\$ 4,454,059</b>	<b>57.5%</b>
Operating Margin	8.09%	3.74%	116.2%	6.97%	16.0%	2.88%	4.90%	-41.1%	6.88%	-58.1%
<b>NONOPERATING REVENUE/EXPENSE</b>										
Interest Income	\$ 143,677	\$ 137,303	4.6%	\$ 118,183	21.6%	\$ 210,302	\$ 274,606	-23.4%	\$ 301,294	-30.2%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
Opioid Abatement Fund	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	-	0.0%	(3,000)	-100.0%	64,243	-	-	(3,000)	-224.4%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
<b>CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION</b>	<b>\$ 2,814,973</b>	<b>\$ 1,351,812</b>	<b>108.2%</b>	<b>\$ 2,400,657</b>	<b>17.3%</b>	<b>\$ 2,168,913</b>	<b>\$ 3,556,353</b>	<b>-39.0%</b>	<b>\$ 4,752,354</b>	<b>-54.4%</b>
Procure Capital Contribution	(2,396,581)	(2,367,132)	1.2%	(2,404,755)	-0.3%	(4,757,052)	(4,781,033)	-0.5%	(4,948,955)	-3.9%
<b>CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY</b>	<b>\$ 418,393</b>	<b>\$ (1,015,320)</b>	<b>141.2%</b>	<b>\$ (4,098)</b>	<b>10309.4%</b>	<b>\$ (2,588,139)</b>	<b>\$ (1,224,680)</b>	<b>-111.3%</b>	<b>\$ (196,601)</b>	<b>-1216.4%</b>
Unrealized Gain/(Loss) on Investments	\$ 113,055	-	0.0%	\$ 348,514	-67.6%	\$ 127,512	-	0.0%	\$ 528,148	-75.9%
Investment in Subsidiaries	10,240	96,879	-89.4%	(4,699)	-317.9%	12,615	193,758	-93.5%	(4,680)	-369.5%
<b>CHANGE IN NET POSITION</b>	<b>\$ 541,688</b>	<b>\$ (918,441)</b>	<b>159.0%</b>	<b>\$ 339,717</b>	<b>-59.5%</b>	<b>\$ (2,448,012)</b>	<b>\$ (1,030,922)</b>	<b>-137.5%</b>	<b>\$ 326,867</b>	<b>848.9%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
PROCARE OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 11,036,638	\$ 11,219,618	-1.6%	\$ 10,312,725	7.0%	\$ 22,606,701	\$ 22,932,291	-1.4%	\$ 21,278,788	6.2%
<b>TOTAL PATIENT REVENUE</b>	\$ 11,036,638	\$ 11,219,618	-1.6%	\$ 10,312,725	7.0%	\$ 22,606,701	\$ 22,932,291	-1.4%	\$ 21,278,788	6.2%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 5,929,604	\$ 5,633,639	5.3%	\$ 5,054,692	17.3%	\$ 11,790,216	\$ 11,488,514	2.6%	\$ 10,565,897	11.6%
Policy Adjustments	1,002,186	1,136,169	-11.8%	1,174,062	-14.6%	2,093,536	2,321,406	-9.8%	2,131,190	-1.8%
Uninsured Discount	184,931	250,397	-26.1%	155,898	18.6%	375,427	513,963	-27.0%	595,608	-37.0%
Indigent	12,051	10,296	17.0%	(2,692)	-547.7%	22,431	21,422	4.7%	35,679	-37.1%
Provision for Bad Debts	955,107	1,089,331	-12.3%	1,046,318	-8.7%	2,148,888	2,247,387	-4.4%	1,938,714	10.8%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 8,083,879	\$ 8,119,832	-0.4%	\$ 7,428,278	8.8%	\$ 16,430,499	\$ 16,592,692	-1.0%	\$ 15,267,089	7.6%
	73.25%	72.37%		72.03%		72.68%	72.36%		71.75%	
<b>NET PATIENT REVENUE</b>	\$ 2,952,759	\$ 3,099,786	-4.7%	\$ 2,884,447	2.4%	\$ 6,176,202	\$ 6,339,599	-2.6%	\$ 6,011,699	2.7%
<b>OTHER REVENUE</b>										
Other Income	\$ 169,303	\$ 241,600	-29.9%	\$ 200,047	-15.4%	\$ 529,506	\$ 452,875	16.9%	\$ 470,234	12.6%
<b>TOTAL OTHER REVENUE</b>	\$ 169,303	\$ 241,600	-29.9%	\$ 200,047	-15.4%	\$ 529,506	\$ 452,875	16.9%	\$ 470,234	12.6%
<b>NET OPERATING REVENUE</b>	\$ 3,122,062	\$ 3,341,386	-6.6%	\$ 3,084,494	1.2%	\$ 6,705,708	\$ 6,792,474	-1.3%	\$ 6,481,933	3.5%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 4,344,391	\$ 4,534,956	-4.2%	\$ 4,088,427	6.3%	\$ 8,979,649	\$ 9,172,857	-2.1%	\$ 8,343,832	7.6%
Benefits	313,989	340,930	-7.9%	334,448	-6.1%	655,586	687,609	-4.7%	694,155	-5.6%
Temporary Labor	583,155	583,392	0.0%	834,761	-30.1%	1,302,221	1,191,784	9.3%	1,931,840	-32.6%
Physician Fees	176,414	217,942	-19.1%	205,344	-14.1%	352,626	435,884	-19.1%	421,126	-16.3%
Purchased Services	(231,680)	(316,039)	-26.7%	(251,491)	-7.9%	(542,192)	(631,578)	-14.2%	(571,086)	-5.1%
Supplies	65,985	65,269	1.1%	32,798	101.2%	152,035	139,325	9.1%	117,084	29.9%
Utilities	901	725	24.3%	(343)	-362.7%	1,860	1,302	42.9%	1,053	76.6%
Repairs and Maintenance	-	1,292	-100.0%	160.15	-100.0%	-	2,584	-100.0%	3,571	-100.0%
Leases and Rentals	142,881	143,402	-0.4%	142,615	0.2%	291,791	287,342	1.5%	280,126	4.2%
Insurance	59,187	54,021	9.6%	53,168	11.3%	111,243	108,042	3.0%	104,678	6.3%
Other Expense	51,490	70,401	-26.9%	42,395	21.5%	134,081	153,902	-12.9%	90,574	48.0%
<b>TOTAL OPERATING EXPENSES</b>	\$ 5,506,712	\$ 5,696,291	-3.3%	\$ 5,482,282	0.4%	\$ 11,438,899	\$ 11,549,053	-1.0%	\$ 11,416,954	0.2%
Depreciation/Amortization	\$ 11,930	\$ 12,227	-2.4%	\$ 6,967	71.2%	\$ 23,861	\$ 24,454	-2.4%	\$ 13,934	71.2%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OPERATING COSTS</b>	\$ 5,518,643	\$ 5,708,518	-3.3%	\$ 5,489,249	0.5%	\$ 11,462,760	\$ 11,573,507	-1.0%	\$ 11,430,888	0.3%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ (2,396,581)	\$ (2,367,132)	1.2%	\$ (2,404,755)	-0.3%	\$ (4,757,052)	\$ (4,781,033)	-0.5%	\$ (4,948,955)	-3.9%
Operating Margin	-76.76%	-70.84%	8.4%	-77.96%	-1.5%	-70.94%	-70.39%	0.8%	-76.35%	-7.1%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,396,581	\$ 2,367,132	1.2%	\$ 2,404,755	-0.3%	\$ 4,757,052	\$ 4,781,033	-0.5%	\$ 4,948,955	-3.9%
<b>CAPITAL CONTRIBUTION</b>	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

**MONTHLY STATISTICAL REPORT**

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	7,055	7,640	-7.7%	7,131	-1.07%	15,650	15,773	-0.8%	14,936	4.78%
Total Hospital Visits	6,249	7,180	-13.0%	6,567	-4.84%	13,064	14,017	-6.8%	12,864	1.55%
Total Procedures	12,933	13,447	-3.8%	12,433	4.02%	27,609	27,407	0.7%	25,403	8.68%
Total Surgeries	788	696	13.2%	704	11.93%	1,569	1,472	6.6%	1,479	6.09%
Total Provider FTE's	88.4	89.7	-1.5%	84.8	4.29%	87.5	89.7	-2.5%	84.9	3.08%
Total Staff FTE's	110.8	136.6	-18.9%	108.7	1.92%	112.3	136.6	-17.8%	105.9	5.96%
Total Administrative FTE's	8.4	11.5	-26.5%	12.1	-29.90%	8.1	11.5	-29.5%	11.9	-31.86%
Total FTE's	207.6	237.8	-12.7%	205.5	1.03%	207.8	237.8	-12.6%	202.7	2.54%

**ECTOR COUNTY HOSPITAL DISTRICT  
TRAUMACARE OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 82,800	\$ 161,029	-48.6%	\$ 270,074	-69.3%	\$ 304,917	\$ 358,904	-15.0%	\$ 473,243	-35.6%
<b>TOTAL PATIENT REVENUE</b>	\$ 82,800	\$ 161,029	-48.6%	\$ 270,074	-69.3%	\$ 304,917	\$ 358,904	-15.0%	\$ 473,243	-35.6%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ 44,931	\$ 77,327	-41.9%	\$ 113,314	-60.3%	\$ 160,595	\$ 172,348	-6.8%	\$ 178,774	-10.2%
Policy Adjustments	447	24,617	-98.2%	31,765	-98.6%	34,216	54,866	-37.6%	55,788	-38.7%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	3,272	24,721	-86.8%	30,269	-89.2%	33,610	55,098	-39.0%	53,178	-36.8%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 48,650	\$ 126,665	-61.6%	\$ 175,348	-72.3%	\$ 228,422	\$ 282,312	-19.1%	\$ 287,740	-20.6%
	58.76%	78.66%		64.93%		74.91%	78.66%		60.80%	
<b>NET PATIENT REVENUE</b>	\$ 34,150	\$ 34,364	-0.6%	\$ 94,726	-63.9%	\$ 76,495	\$ 76,592	-0.1%	\$ 185,503	-58.8%
						25.1%				
<b>OTHER REVENUE</b>										
Other Income	\$ 253	\$ 1,075	-76.5%	\$ 1,097	-76.9%	\$ 3,795	\$ 2,150	76.5%	\$ 4,570	-16.9%
<b>TOTAL OTHER REVENUE</b>										
<b>NET OPERATING REVENUE</b>	\$ 34,403	\$ 35,439	-2.9%	\$ 95,823	-64.1%	\$ 80,291	\$ 78,742	2.0%	\$ 190,072	-57.8%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 239,481	\$ 244,315	-2.0%	\$ 242,068	-1.1%	\$ 476,610	\$ 489,220	-2.6%	\$ 496,593	-4.0%
Benefits	6,929	15,077	-54.0%	10,956	-36.8%	16,210	37,694	-57.0%	23,501	-31.0%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(518,496)	(518,496)	0.0%	(518,496)	0.0%
Purchased Services	667	1,503	-55.6%	650	2.6%	2,888	3,006	-3.9%	1,840	56.9%
Supplies	-	166	-100.0%	379	-100.0%	208	358	-41.9%	818	-74.6%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	653	1,993	-67.2%	1,993	-67.2%	2,647	3,986	-33.6%	3,987	-33.6%
Insurance	9,722	8,232	18.1%	8,275	17.5%	19,443	16,464	18.1%	16,551	17.5%
Other Expense	333	444	-25.0%	461	-27.7%	715	888	-19.5%	760	-5.9%
<b>TOTAL OPERATING EXPENSES</b>	\$ (1,462)	\$ 12,482	-111.7%	\$ 5,534	-126.4%	\$ 225	\$ 33,120	-99.3%	\$ 25,553	-99.1%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OPERATING COSTS</b>	\$ (1,462)	\$ 12,482	-111.7%	\$ 5,534	-126.4%	\$ 225	\$ 33,120	-99.3%	\$ 25,553	-99.1%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ 35,865	\$ 22,957	56.2%	\$ 90,289	-60.3%	\$ 80,066	\$ 45,622	75.5%	\$ 164,519	-51.3%
Operating Margin	104.25%	64.78%	60.9%	94.22%	10.6%	99.72%	57.94%	72.1%	86.56%	15.2%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>CAPITAL CONTRIBUTION</b>	\$ 35,865	\$ 22,957	56.2%	\$ 90,289	-60.3%	\$ 80,066	\$ 45,622	75.5%	\$ 164,519	-51.3%

**MONTHLY STATISTICAL REPORT**

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	251	472	-46.82%	654	-61.62%	898	1,052	-14.64%	1,277	-29.68%
Total Provider FTE's	7.4	8.1	-8.72%	8.4	-12.03%	7.4	7.9	-7.25%	8.4	-12.52%
Total Staff FTE's	1.0	0.7	34.98%	1.0	-2.25%	1.0	0.8	22.74%	1.0	-1.12%
Total FTE's	8.4	8.8	-5.04%	9.4	-10.97%	8.4	8.8	-4.46%	9.4	-11.30%

**ECTOR COUNTY HOSPITAL DISTRICT  
DIABETES SCREENING CLINIC - SOUTH - OPERATIONS SUMMARY  
NOVEMBER 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<b>PATIENT REVENUE</b>										
Outpatient Revenue	\$ 4,505	\$ 3,787	19.0%	\$ -	0.0%	\$ 12,205	\$ 7,865	55.2%	\$ -	0.0%
<b>TOTAL PATIENT REVENUE</b>	\$ 4,505	\$ 3,787	19.0%	\$ -	0.0%	\$ 12,205	\$ 7,865	55.2%	\$ -	0.0%
<b>DEDUCTIONS FROM REVENUE</b>										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	5,526	2,439	126.6%	-	0.0%	13,086	4,878	168.3%	-	0.0%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL REVENUE DEDUCTIONS</b>	\$ 5,526	\$ 2,439	126.6%	\$ -	0.0%	\$ 13,086	\$ 4,878	168.3%	\$ -	0.0%
	122.7%	64.4%		#DIV/0!		107.2%	62.0%		#DIV/0!	
<b>NET PATIENT REVENUE</b>	\$ (1,021)	\$ 1,348	-175.7%	\$ -	0.0%	\$ (881)	\$ 2,987	-129.5%	\$ -	0.0%
<b>OTHER REVENUE</b>										
Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>TOTAL OTHER REVENUE</b>	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
<b>NET OPERATING REVENUE</b>	\$ (1,021)	\$ 1,348	-175.7%	\$ -	0.0%	\$ (881)	\$ 2,987	-129.5%	\$ -	0.0%
<b>OPERATING EXPENSE</b>										
Salaries and Wages	\$ 495	\$ 492	0.5%	\$ -	0.0%	\$ 1,346	\$ 1,022	31.7%	\$ -	0.0%
Benefits	75	75	0.0%	-	0.0%	212	153	38.6%	-	0.0%
Physician Services	2,000	937	113.4%	-	0.0%	4,000	1,874	113.4%	-	0.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	339	679	-50.1%	-	0.0%	399	1,401	-71.5%	-	0.0%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	3,061	-100.0%	-	0.0%	40	6,122	-99.4%	-	0.0%
Leases and Rentals	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<b>TOTAL OPERATING EXPENSES</b>	\$ 2,909	\$ 5,244	-44.5%	\$ -	0.0%	\$ 5,997	\$ 10,572	-43.3%	\$ -	0.0%
Depreciation/Amortization	\$ 905	\$ 2,137	-57.7%	\$ 2,769	-67.3%	\$ 1,810	\$ 4,274	-57.7%	\$ 5,539	-67.3%
<b>TOTAL OPERATING COSTS</b>	\$ 3,814	\$ 7,381	-48.3%	\$ 2,769	37.7%	\$ 7,807	\$ 14,846	-47.4%	\$ 5,539	41.0%
<b>NET GAIN (LOSS) FROM OPERATIONS</b>	\$ (4,835)	\$ (6,033)	19.9%	\$ (2,769)	-74.6%	\$ (8,688)	\$ (11,859)	26.7%	\$ (5,539)	-56.9%
Operating Margin	473.59%	-447.55%	-205.8%	0.00%	0.0%	986.66%	-397.02%	-348.5%	0.00%	0.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	17	13	30.8%	-	0.0%	42	27	55.6%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.1	0.2	-35.9%	-	0.0%	0.2	0.2	-17.4%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT  
NOVEMBER 2024**

**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	\$ 40,205,583	38.6%	\$ 40,479,136	38.5%	\$ 86,118,648	39.0%	82,266,076	39.1%
Medicaid	10,687,675	10.2%	13,630,733	12.9%	23,328,119	10.6%	26,673,875	12.6%
Commercial	40,345,328	38.7%	37,127,296	35.3%	82,583,449	37.3%	73,825,683	34.9%
Self Pay	9,077,337	8.7%	10,139,580	9.6%	20,945,954	9.5%	20,770,979	9.8%
Other	3,954,241	3.8%	3,897,882	3.7%	7,983,535	3.6%	7,700,254	3.6%
<b>TOTAL</b>	<b>\$ 104,270,165</b>	<b>100.0%</b>	<b>\$ 105,274,628</b>	<b>100.0%</b>	<b>\$ 220,959,705</b>	<b>100.0%</b>	<b>211,236,866</b>	<b>100.0%</b>

**PAYMENTS BY PAYOR**

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,294,423	40.0%	\$ 8,383,350	38.9%	\$ 18,235,885	39.7%	16,094,329	37.1%
Medicaid	1,625,581	7.8%	2,551,096	11.8%	3,457,947	7.5%	5,185,791	11.9%
Commercial	9,061,245	43.8%	8,687,188	40.3%	19,601,086	42.8%	18,315,880	42.2%
Self Pay	1,205,539	5.8%	1,185,288	5.5%	2,657,507	5.8%	2,413,987	5.6%
Other	549,466	2.6%	756,616	3.5%	1,929,689	4.2%	1,408,150	3.2%
<b>TOTAL</b>	<b>\$ 20,736,254</b>	<b>100.0%</b>	<b>\$ 21,563,539</b>	<b>100.0%</b>	<b>\$ 45,882,114</b>	<b>100.0%</b>	<b>43,418,137</b>	<b>100.0%</b>

**ECTOR COUNTY HOSPITAL DISTRICT  
STATEMENT OF CASH FLOW  
NOVEMBER 2024**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ (2,448,012)	-	80,066	\$ (2,367,946)
Noncash Expenses:				
Depreciation and Amortization	4,056,817	2,616	-	4,059,433
Unrealized Gain/Loss on Investments	127,512	-	-	127,512
Accretion (Bonds) & COVID Funding	(95,370)	-	-	(95,370)
Changes in Assets and Liabilities				
Patient Receivables, Net	(585,259)	186,509	(5,408)	(404,157)
Taxes Receivable/Deferred	(1,935,494)	(8,972)	-	(1,944,467)
Inventories, Prepays and Other	(6,367,033)	44,713	1,969	(6,320,351)
LT Lease Rec	213,311			
Deferred Inflow of Resources	-			
Accounts Payable	(3,294,662)	1,305,713	(76,851)	(2,065,800)
Accrued Expenses	2,294,887	(1,530,504)	224	764,607
Due to Third Party Payors	-	-	-	-
Accrued Post Retirement Benefit Costs	(1,229,560)	-	-	(1,229,560)
Net Cash Provided by Operating Activities	<u>\$ (9,262,863)</u>	<u>75</u>	<u>-</u>	<u>\$ (9,262,788)</u>
Cash Flows from Investing Activities:				
Investments	\$ (9,100,696)	-	-	\$ (9,100,696)
Acquisition of Property and Equipment	(3,242,204)	-	-	(3,242,204)
Net Cash used by Investing Activities	<u>\$ (12,342,900)</u>	<u>-</u>	<u>-</u>	<u>\$ (12,342,900)</u>
Cash Flows from Financing Activities:				
Current Portion Debt	\$ -	-	-	\$ -
Principal Paid on Subscription Liabilities	\$ 17,687			
Principal Paid on Lease Liabilities	\$ 251,860			
Intercompany Activities	-	-	-	-
LT Liab Subscriptions	(166,327)			
LT Liab Leases	(343,514)			
Net Repayment of Long-term Debt/Bond Issuance	-	-	-	-
Net Cash used by Financing Activities	<u>(240,294)</u>	<u>-</u>	<u>-</u>	<u>(240,294)</u>
Net Increase (Decrease) in Cash	(21,846,056)	75	-	(21,845,981)
Beginning Cash & Cash Equivalents @ 9/30/2024	<u>49,618,916</u>	<u>4,500</u>	<u>-</u>	<u>49,623,416</u>
Ending Cash & Cash Equivalents @ 11/30/2024	<u>\$ 27,772,860</u>	<u>\$ 4,575</u>	<u>\$ -</u>	<u>\$ 27,777,435</u>

**ECTOR COUNTY HOSPITAL DISTRICT  
MEDICAID SUPPLEMENTAL PAYMENTS  
FISCAL YEAR 2025**

<b>CASH ACTIVITY</b>	<b>TAX (IGT) ASSESSED</b>	<b>GOVERNMENT PAYOUT</b>	<b>BURDEN ALLEVIATION</b>	<b>NET INFLOW</b>
<b>DSH</b>				
1st Qtr	\$ (4,984,427)	\$ 7,899,900		\$ 2,915,473
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
<b>DSH TOTAL</b>	<b>\$ (4,984,427)</b>	<b>\$ 7,899,900</b>		<b>\$ 2,915,473</b>
<b>UC</b>				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
<b>UC TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
<b>GME</b>				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd .	-	-		-
4th Qtr	-	-		-
<b>GME TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
<b>CHIRP</b>				
1st Qtr	\$ (6,004,341)	\$ 96,404		\$ (5,907,937)
2nd Qtr	-	-		-
3rd .	-	-		-
4th Qtr	-	-		-
<b>CHIRP TOTAL</b>	<b>\$ (6,004,341)</b>	<b>\$ 96,404</b>		<b>\$ (5,907,937)</b>
<b>HARP</b>				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd .	-	-		-
4th Qtr	-	-		-
<b>HARP TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
<b>TIPPS</b>				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd .	-	-		-
4th Qtr	-	-		-
<b>TIPPS TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
<b>MCH Cash Activity</b>	<b>\$ (10,988,768)</b>	<b>\$ 7,996,304</b>		<b>\$ (2,992,464)</b>
<b>ProCare Cash Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Blended Cash Activity</b>	<b>\$ (10,988,768)</b>	<b>\$ 7,996,304</b>	<b>\$ -</b>	<b>\$ (2,992,464)</b>

**INCOME STATEMENT ACTIVITY:**

FY 2025 Accrued / (Deferred) Adjustments:

	<b>BLENDED</b>
DSH	\$ 1,620,000
UC	1,420,000
GME	286,000
CHIRP	(1,145,319)
HARP	248,000
TIPPS	46,666
Regional UPL Benefit	-
<b>Medicaid Supplemental Payments</b>	<b>2,475,347</b>
DSRIP Accrual	-
<b>Total Adjustments</b>	<b>\$ 2,475,347</b>



**ECTOR COUNTY HOSPITAL DISTRICT  
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S  
NOVEMBER 2024**

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	10.5	11.1	-5.6%	13.3	-21.0%	11.7	11.5	1.9%	13.2	-10.7%
Operating Room	10.3	11.6	-11.4%	12.6	-18.4%	10.4	12.0	-13.0%	11.5	-9.0%
Imaging - Diagnostics	4.4	3.2	36.7%	3.1	42.1%	4.5	3.3	36.2%	2.9	53.2%
Labor & Delivery	4.8	4.7	3.4%	3.4	41.6%	4.4	4.8	-8.6%	3.8	15.8%
7 Central	1.4	0.9	53.0%	-	0.0%	1.5	1.0	56.5%	0.2	607.2%
Laboratory - Chemistry	1.1	6.1	-82.6%	4.8	-77.9%	1.5	6.3	-76.3%	4.3	-64.7%
4 East - Post Partum	0.9	1.4	-32.1%	1.2	-22.9%	1.1	1.4	-23.1%	1.2	-4.6%
UTILIZATION REVIEW	1.0	0.6	68.2%	-	0.0%	0.9	0.6	53.9%	-	0.0%
Imaging - Ultrasound	0.8	0.9	-18.4%	0.9	-13.7%	0.9	1.0	-7.4%	1.2	-23.1%
Intensive Care Unit (CCU) 4	1.4	1.1	28.7%	0.1	1727.8%	0.8	1.1	-26.9%	0.2	454.1%
Imaging - Nuclear Medicine	0.9	-	0.0%	-	0.0%	0.6	-	0.0%	-	0.0%
Intensive Care Unit (ICU) 2	0.6	1.5	-56.7%	0.1	334.4%	0.5	1.5	-68.7%	0.4	12.2%
Recovery Room	-	0.5	-100.0%	2.4	-100.0%	0.4	0.5	-10.7%	2.0	-78.3%
6 Central	0.3	0.3	6.7%	0.1	269.9%	0.4	0.3	39.1%	0.1	166.0%
Laboratory - Histology	0.1	0.9	-89.6%	1.1	-92.2%	0.4	0.9	-56.4%	1.1	-65.7%
Center for Health and Wellness - Sports Medici	0.5	1.6	-67.2%	1.0	-47.0%	0.3	1.6	-80.4%	0.8	-58.1%
Emergency Department	0.4	0.5	-19.1%	-	0.0%	0.2	0.5	-47.7%	-	0.0%
3 West Observation	0.2	0.5	-55.6%	-	0.0%	0.2	0.5	-56.6%	0.0	451.5%
4 Central	0.2	0.5	-54.7%	-	0.0%	0.1	0.5	-71.2%	-	0.0%
9 Central	-	0.2	-100.0%	-	0.0%	0.1	0.2	-55.7%	0.2	-41.9%
5 Central	0.1	0.3	-77.4%	-	0.0%	0.1	0.3	-79.2%	0.0	95.8%
Neonatal Intensive Care	0.1	-	0.0%	0.7	-80.3%	0.1	-	0.0%	0.7	-89.8%
5 West - Pediatrics	-	-	0.0%	-	0.0%	0.0	-	0.0%	-	0.0%
6 West	-	0.1	-100.0%	-	0.0%	0.0	0.1	-49.2%	0.3	-87.3%
PM&R - Occupational	-	0.9	-100.0%	1.7	-100.0%	-	1.0	-100.0%	1.7	-100.0%
Imaging - Cat Scan	-	-	0.0%	0.1	-100.0%	-	-	0.0%	0.6	-100.0%
Nursing Orientation	-	-	0.0%	0.4	-100.0%	-	-	0.0%	0.3	-100.0%
Care Management	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%
Laboratory - Hematology	-	1.9	-100.0%	-	0.0%	-	2.0	-100.0%	-	0.0%
PM&R - Physical	-	0.5	-100.0%	-	0.0%	-	0.5	-100.0%	-	0.0%
Imaging - CVI	-	0.9	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
Cardiopulmonary - Neonatal Intensive Care Uni	-	0.6	-100.0%	-	0.0%	-	0.6	-100.0%	-	0.0%
<b>SUBTOTAL</b>	<b>40.0</b>	<b>53.2</b>	<b>-24.8%</b>	<b>47.0</b>	<b>-14.8%</b>	<b>41.4</b>	<b>55.0</b>	<b>-24.8%</b>	<b>46.8</b>	<b>-11.5%</b>
<b>TRANSITION LABOR</b>										
Laboratory - Chemistry	5.2	-	0.0%	3.8	37.5%	4.8	-	0.0%	3.4	39.7%
<b>SUBTOTAL</b>	<b>5.2</b>	<b>-</b>	<b>0.0%</b>	<b>3.8</b>	<b>37.5%</b>	<b>4.8</b>	<b>-</b>	<b>0.0%</b>	<b>3.4</b>	<b>39.7%</b>
<b>GRAND TOTAL</b>	<b>45.2</b>	<b>53.2</b>	<b>-15.1%</b>	<b>50.7</b>	<b>-10.9%</b>	<b>46.2</b>	<b>55.0</b>	<b>-16.1%</b>	<b>50.2</b>	<b>-8.0%</b>



# Financial Presentation

For the Month Ended

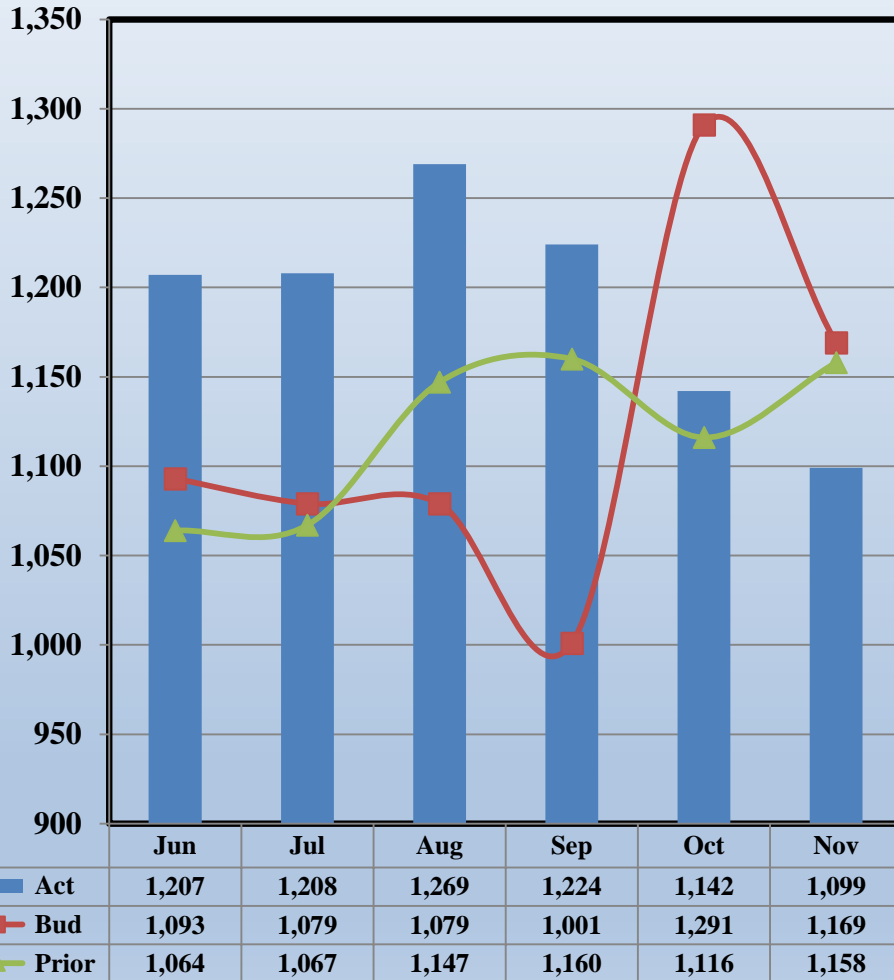
November 30, 2024

# Volume



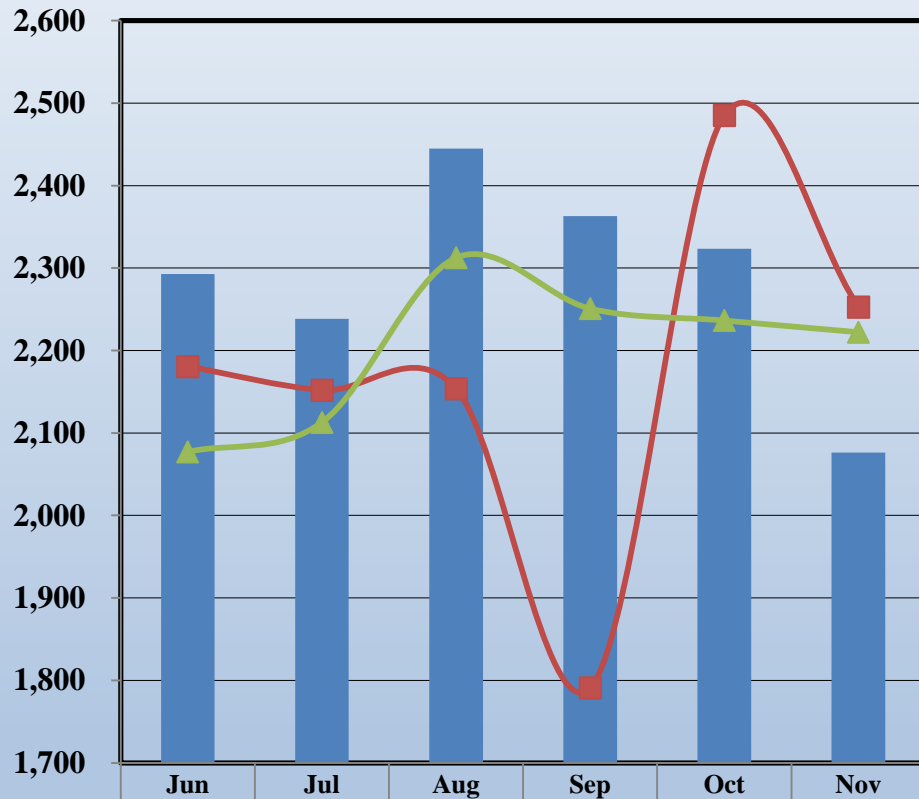
# Admissions

## *Total – Adults and NICU*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,099	1,169	1,158
Var %		-6.0%	-5.1%
Year-To-Date	2,241	2,460	2,274
Var %		-8.9%	-1.5%
Annualized	14,382	13,510	13,281
Var %		6.5%	8.3%

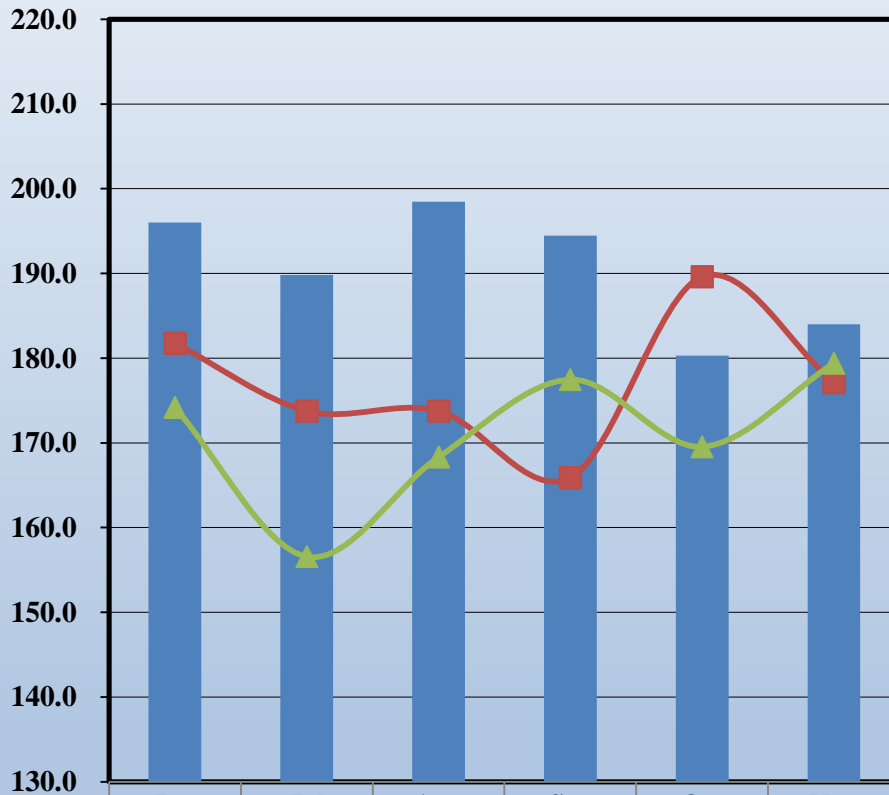
# Adjusted Admissions



Act	2,293	2,238	2,445	2,363	2,323	2,076
Bud	2,181	2,152	2,154	1,791	2,485	2,253
Prior	2,077	2,113	2,313	2,251	2,236	2,222

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,076	2,253	2,222
Var %		-7.9%	-6.6%
Year-To-Date	4,399	4,738	4,459
Var %		-7.1%	-1.3%
Annualized	27,541	26,570	25,704
Var %		3.7%	7.1%

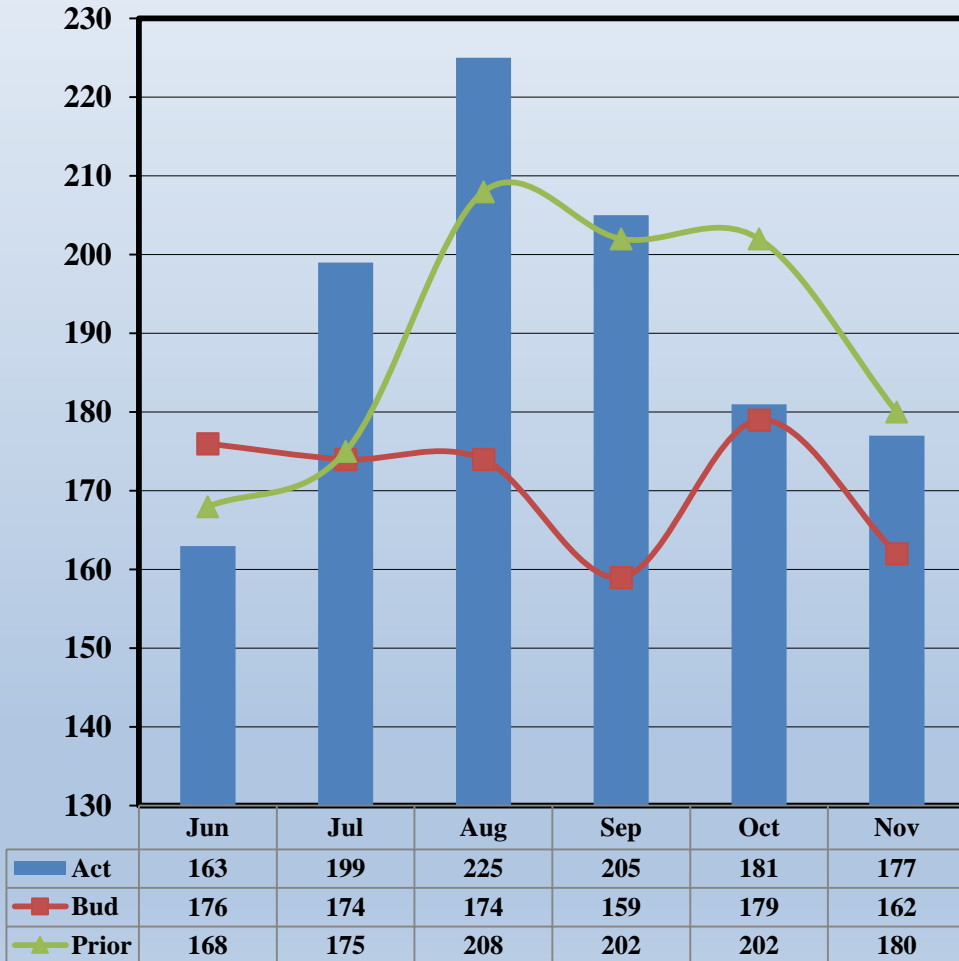
# Average Daily Census



	Jun	Jul	Aug	Sep	Oct	Nov
Act	196.0	189.8	198.5	194.5	180.3	184.0
Bud	181.8	173.8	173.8	165.9	189.6	177.1
Prior	174.2	156.6	168.3	177.5	169.5	179.4

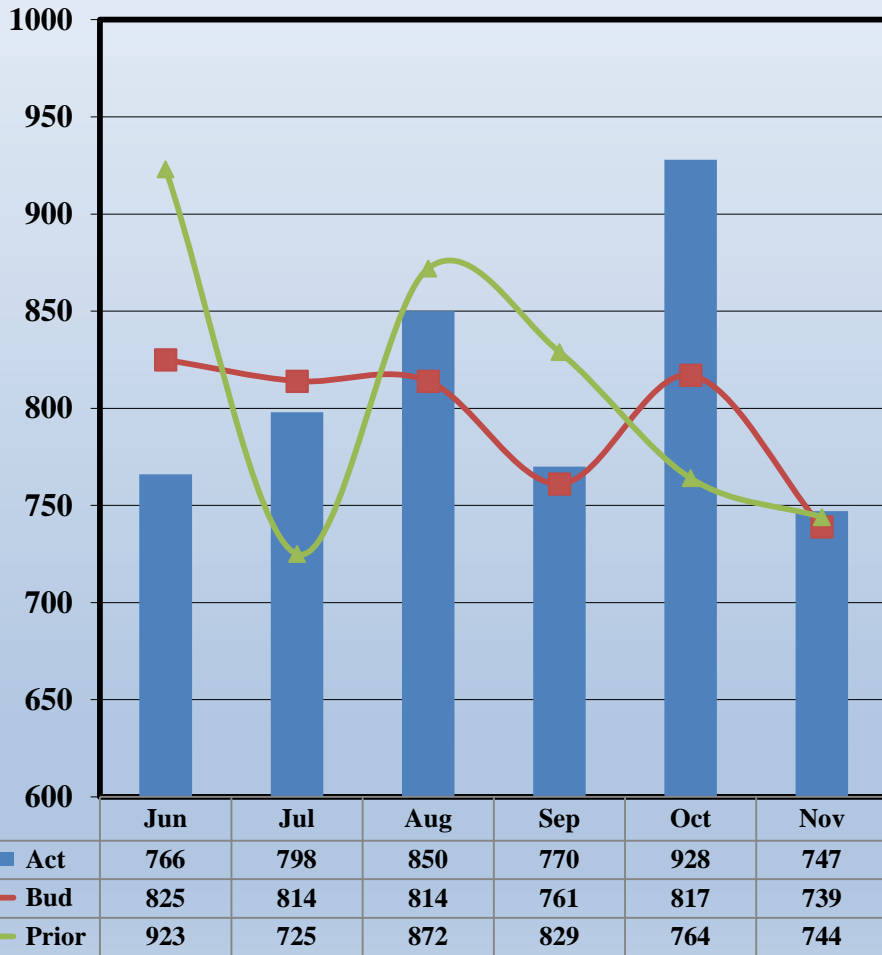
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	184.0	177.1	179.4
Var %		3.9%	2.6%
Year-To-Date	182.1	183.5	174.4
Var %		-0.7%	4.4%
Annualized	189.8	181.3	175.9
Var %		4.7%	7.9%

# Deliveries



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	177	162	180
Var %		9.3%	-1.7%
Year-To-Date	358	341	382
Var %		5.0%	-6.3%
Annualized	2,198	2,119	2,185
Var %		3.7%	0.6%

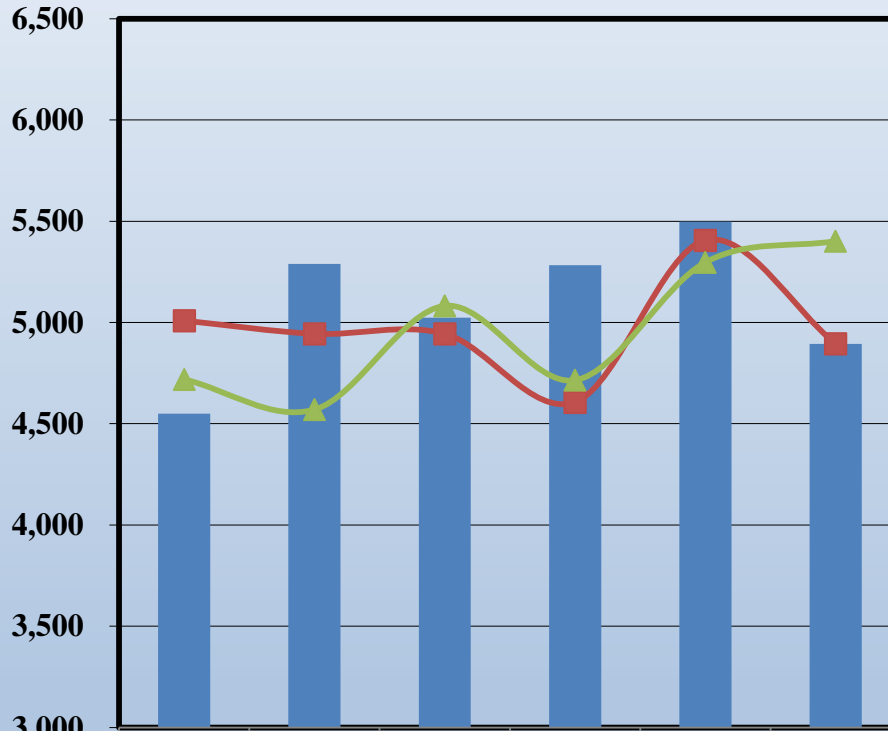
# Total Surgical Cases



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	747	739	744
Var %		1.1%	0.4%
Year-To-Date	1,675	1,556	1,508
Var %		7.6%	11.1%
Annualized	9,437	9,900	9,483
Var %		-4.7%	-0.5%



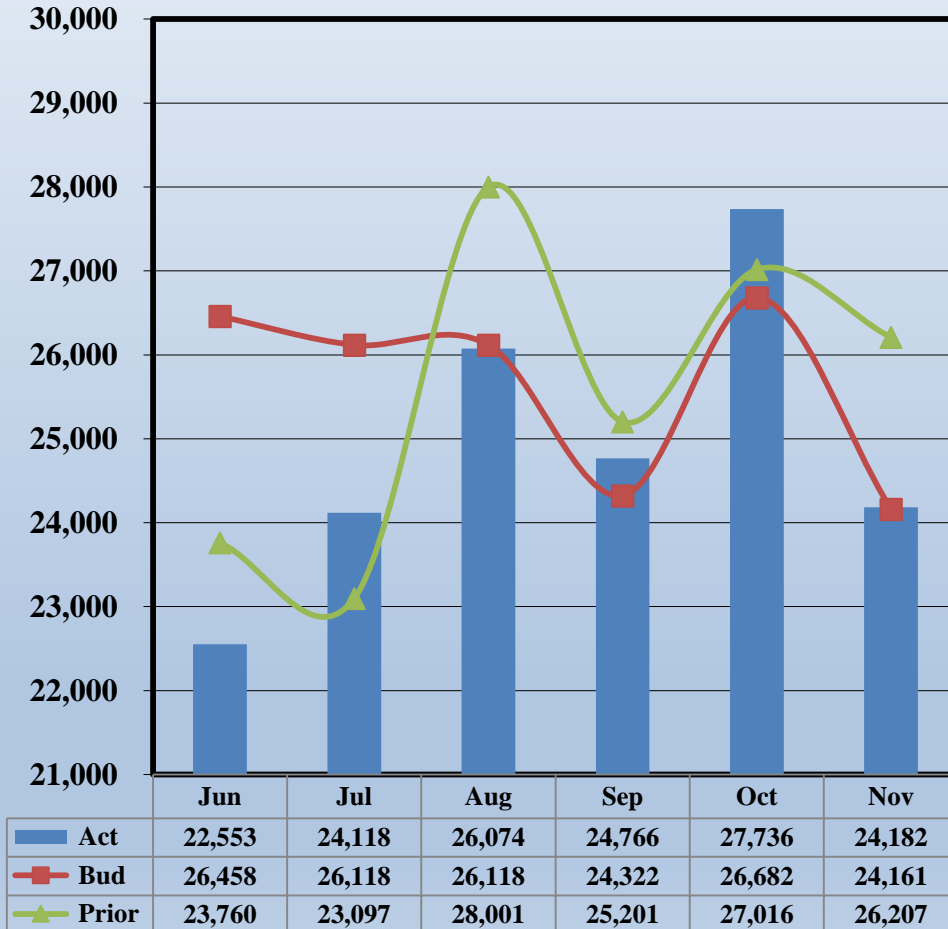
# Emergency Room Visits



	Jun	Jul	Aug	Sep	Oct	Nov
Act	4,550	5,290	5,023	5,283	5,498	4,894
Bud	5,009	4,944	4,944	4,607	5,406	4,895
Prior	4,719	4,570	5,082	4,715	5,297	5,402

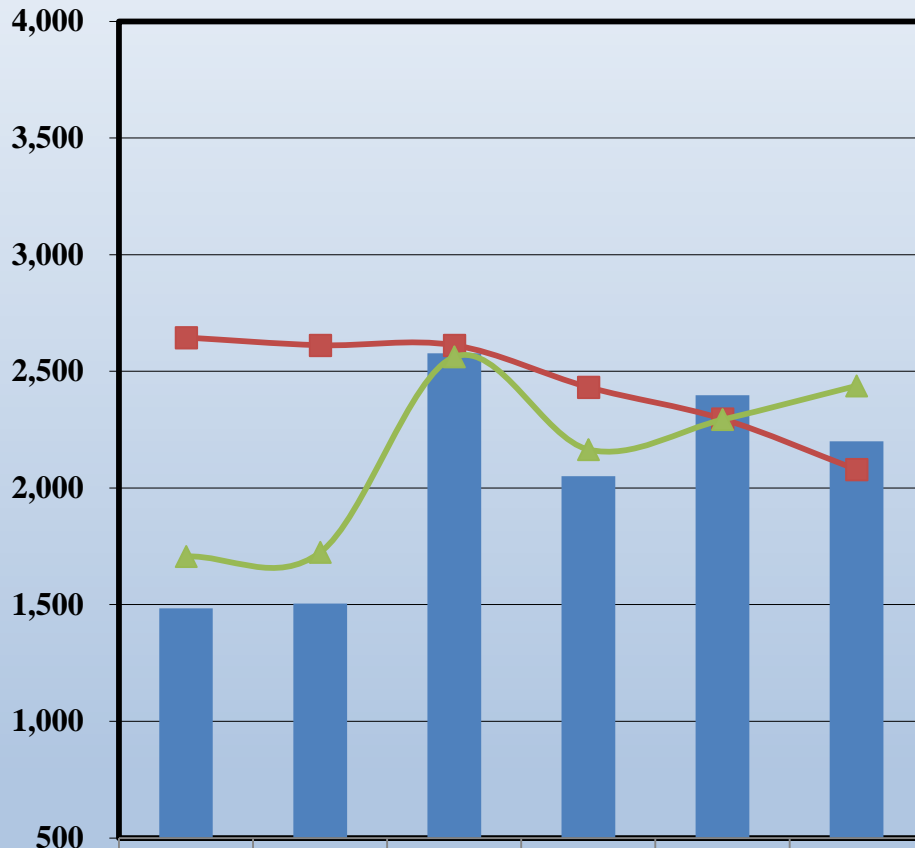
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	4,894	4,895	5,402
Var %		0.0%	-9.4%
Year-To-Date	10,392	10,301	10,699
Var %		0.9%	-2.9%
Annualized	63,179	60,953	60,810
Var %		3.7%	3.9%

# Total Outpatient Occasions of Service



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	24,182	24,161	26,207
Var %		0.1%	-7.7%
Year-To-Date	51,918	50,843	53,223
Var %		2.1%	-2.5%
Annualized	306,433	318,400	305,473
Var %		-3.8%	0.3%

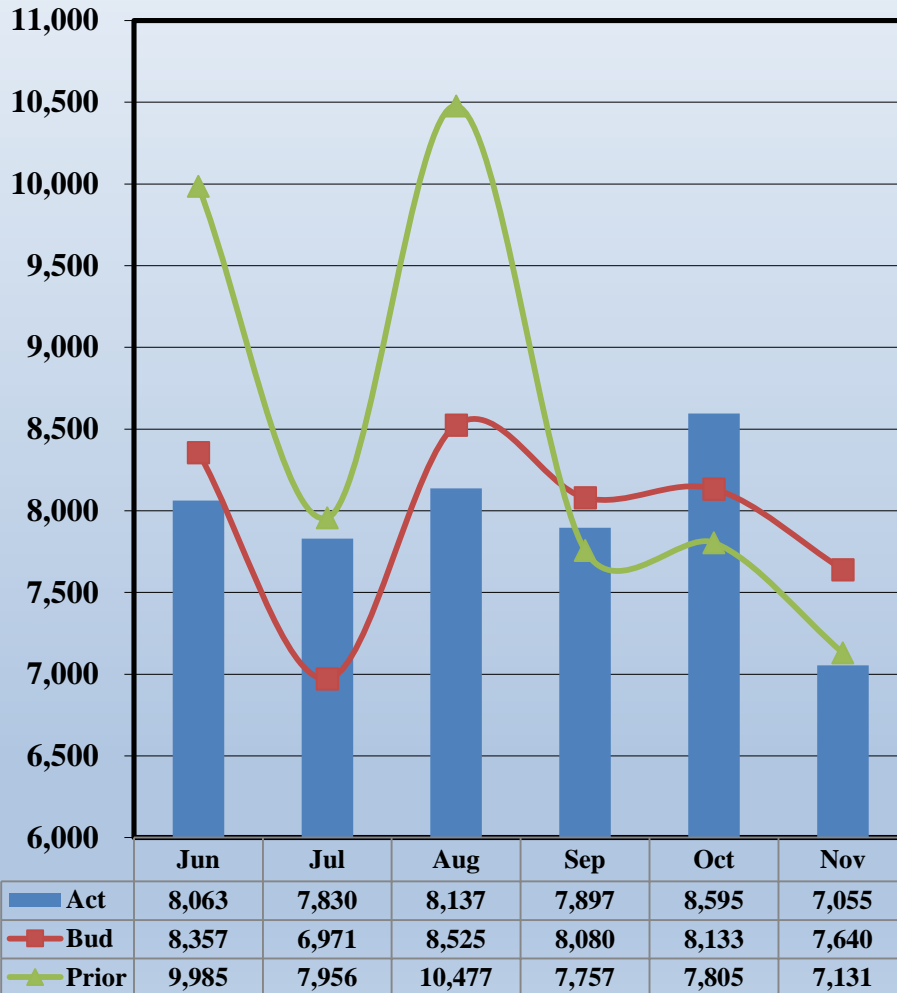
# Urgent Care Visits



■ Act	1,484	1,505	2,577	2,051	2,397	2,200
■ Bud	2,645	2,612	2,612	2,432	2,296	2,079
▲ Prior	1,707	1,724	2,562	2,165	2,293	2,438

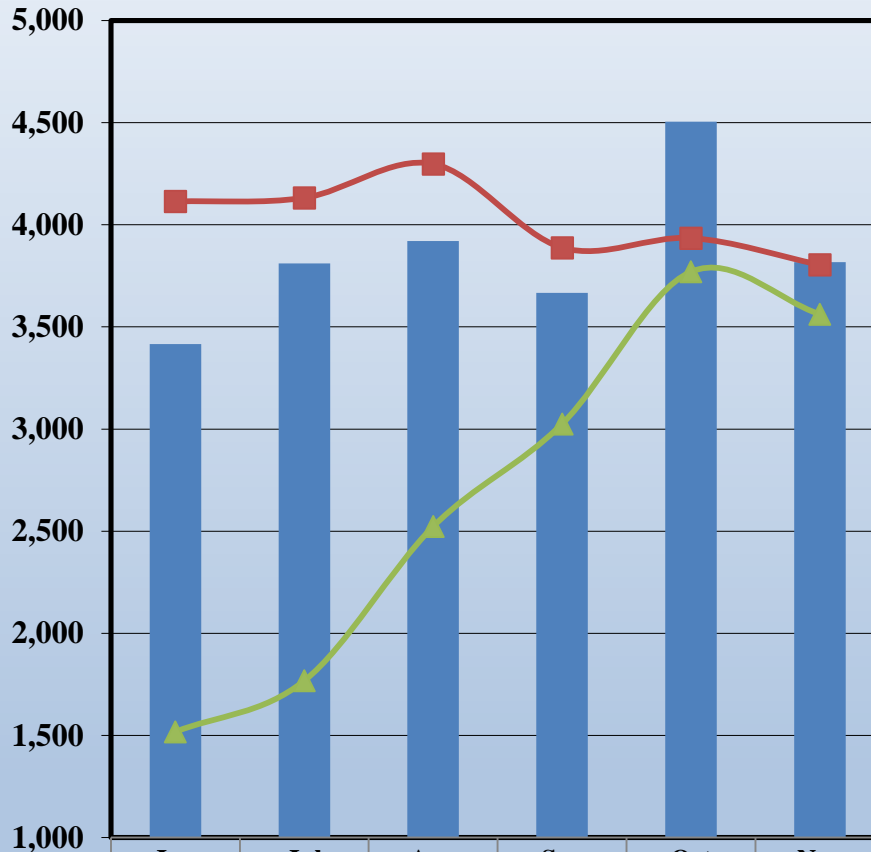
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,200	2,079	2,438
Var %		5.8%	-9.8%
Year-To-Date	4,597	4,375	4,731
Var %		5.1%	-2.8%
Annualized	26,774	31,128	27,530
Var %		-14.0%	-2.7%

# Total ProCare Office Visits



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	7,055	7,640	7,131
Var %		-7.7%	-1.1%
Year-To-Date	15,650	15,773	14,936
Var %		-0.8%	4.8%
Annualized	94,361	101,482	112,963
Var %		-7.0%	-16.5%

# Total Family Health Clinic Visits



	Jun	Jul	Aug	Sep	Oct	Nov
Act	3,416	3,811	3,921	3,667	4,504	3,817
Bud	4,114	4,132	4,298	3,888	3,935	3,804
Prior	1,518	1,768	2,523	3,025	3,770	3,562

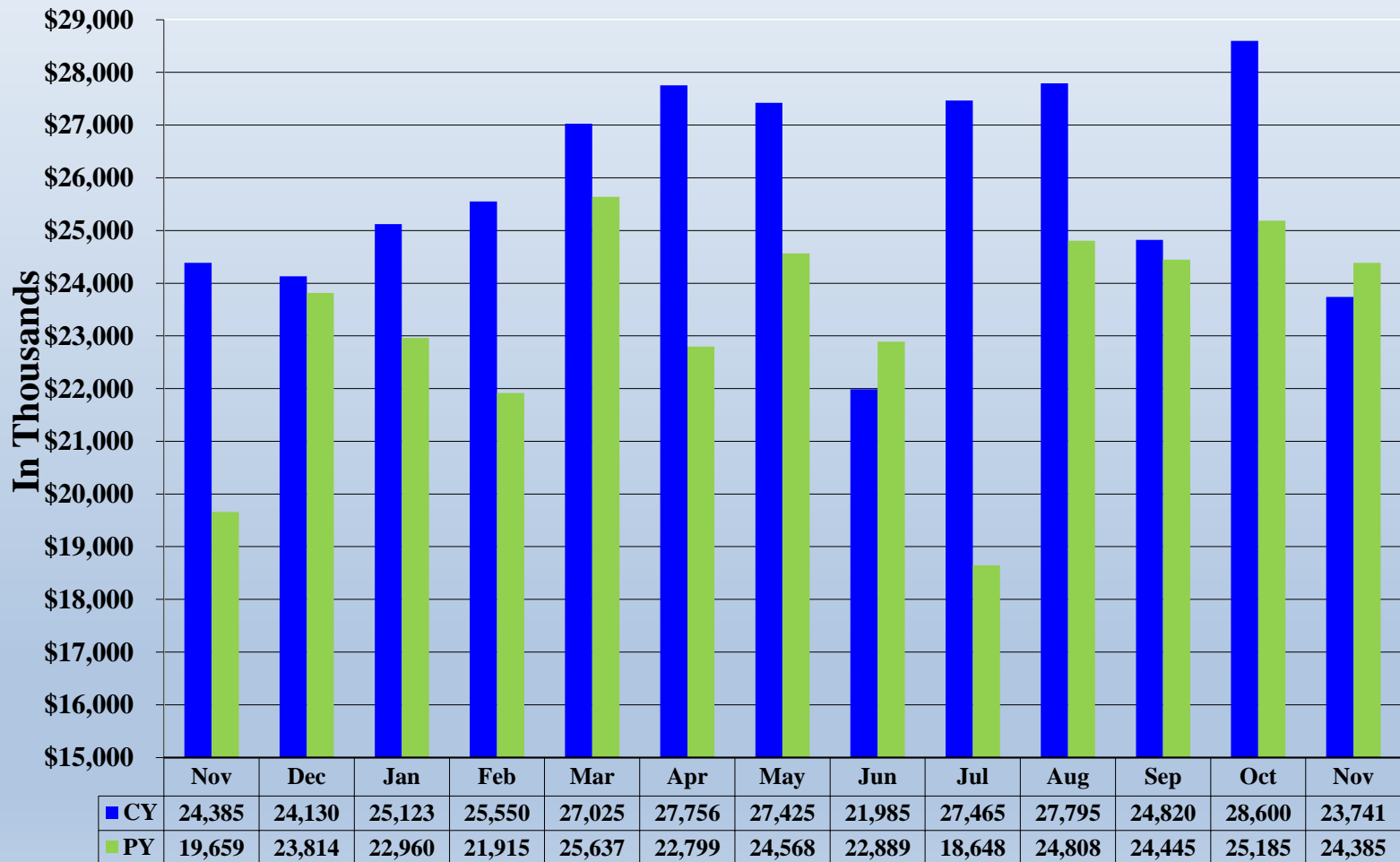
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	3,817	3,804	3,562
Var %		0.3%	7.2%
Year-To-Date	8,321	7,739	7,332
Var %		7.5%	13.5%
Annualized	45,731	48,883	28,359
Var %		-6.4%	61.3%

# Accounts Receivable



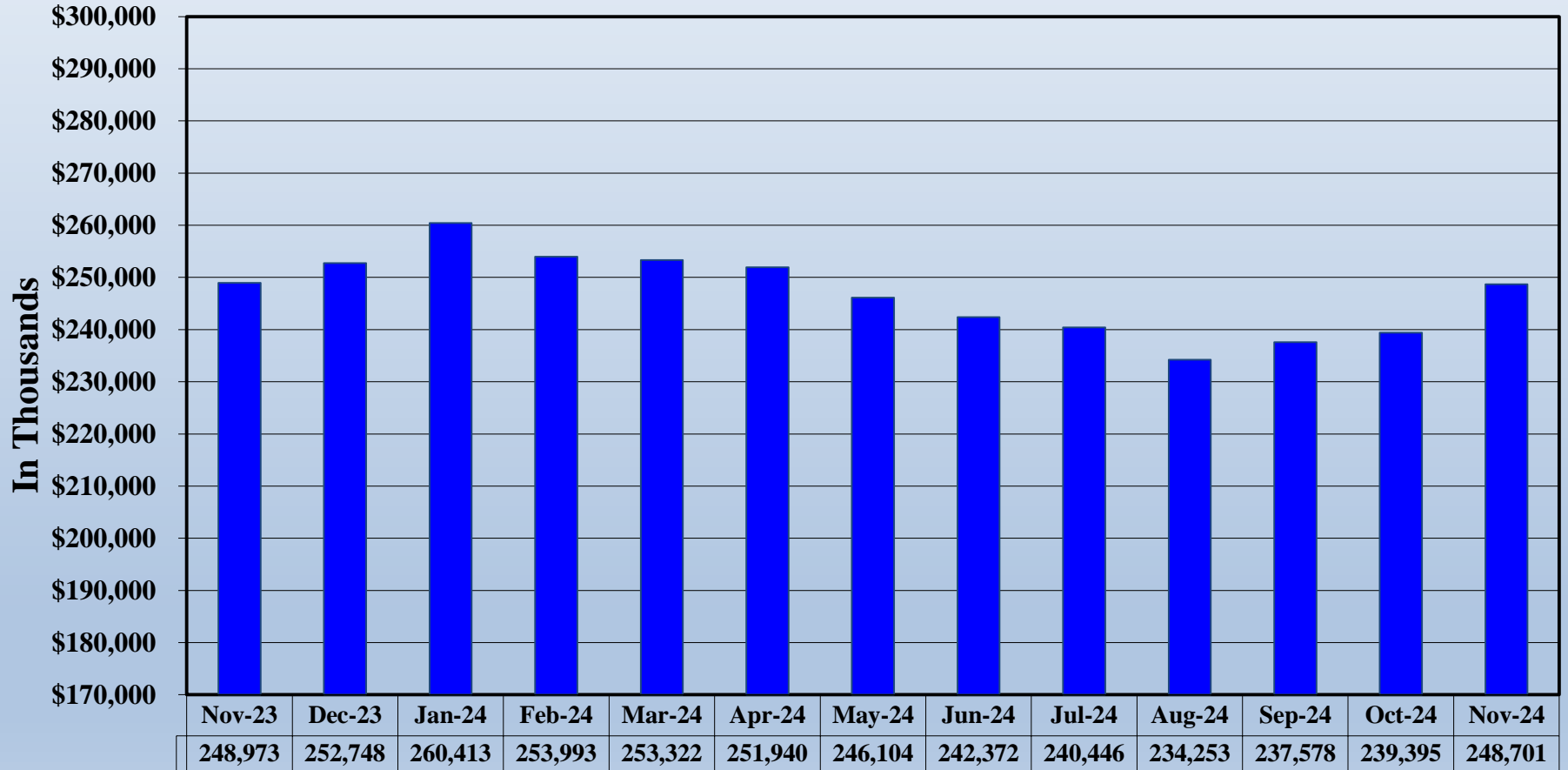
# Total AR Cash Receipts

## 13 Month Trending



# Total Accounts Receivable – Gross

## Thirteen Month Trending



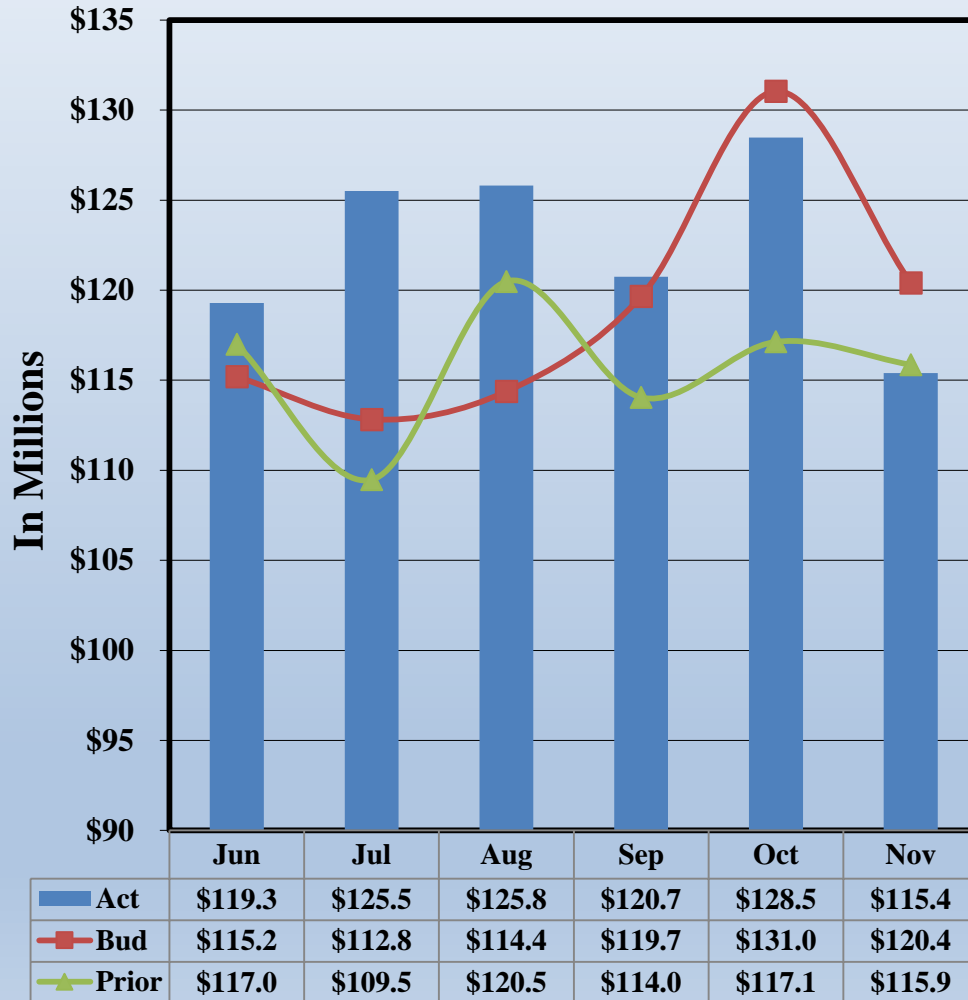


# Revenues & Revenue Deductions



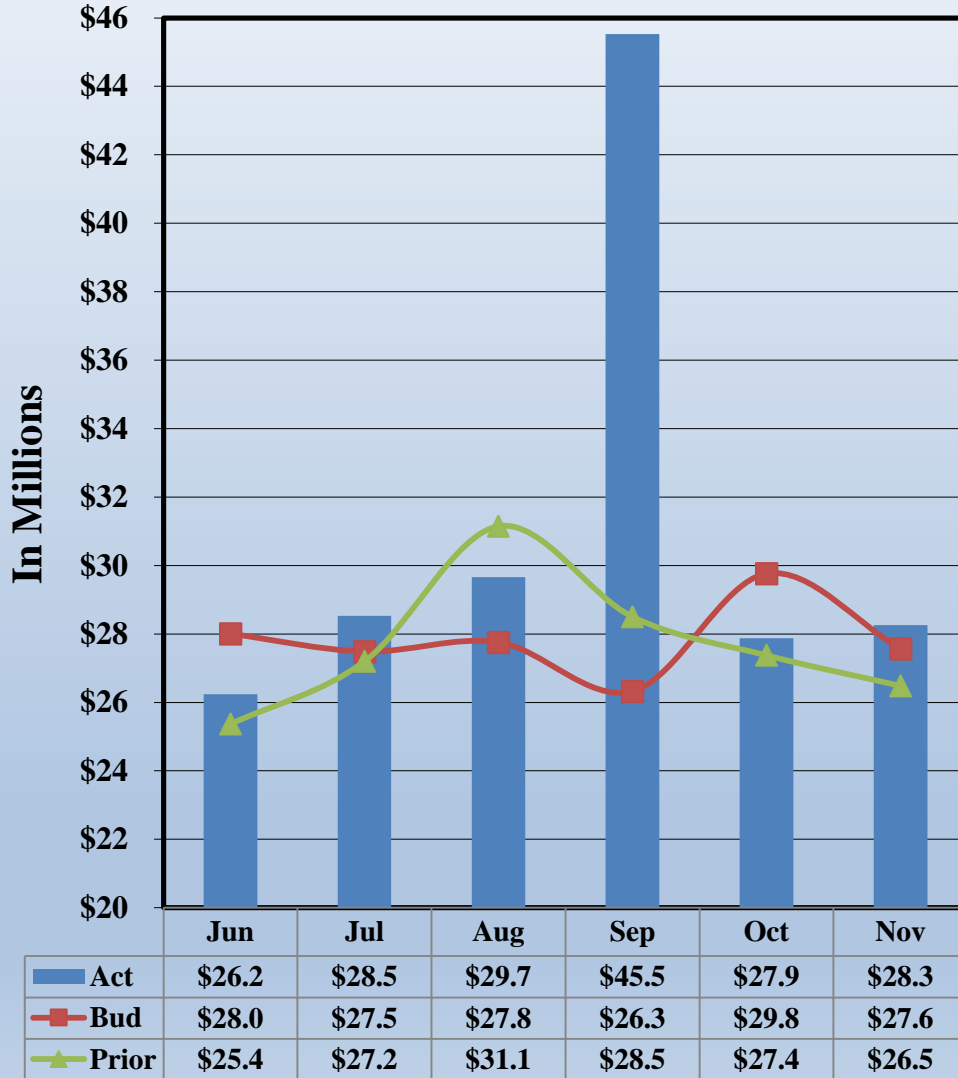
# Total Patient Revenues

## *(Ector County Hospital District)*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 115.4	\$ 120.4	\$ 115.9
Var %		-4.2%	-0.4%
Year-To-Date	\$ 243.9	\$ 251.5	\$ 233.0
Var %		-3.0%	4.7%
Annualized	\$ 1,462.6	\$ 1,420.9	\$ 1,371.8
Var %		2.9%	6.6%

# Total Net Patient Revenues

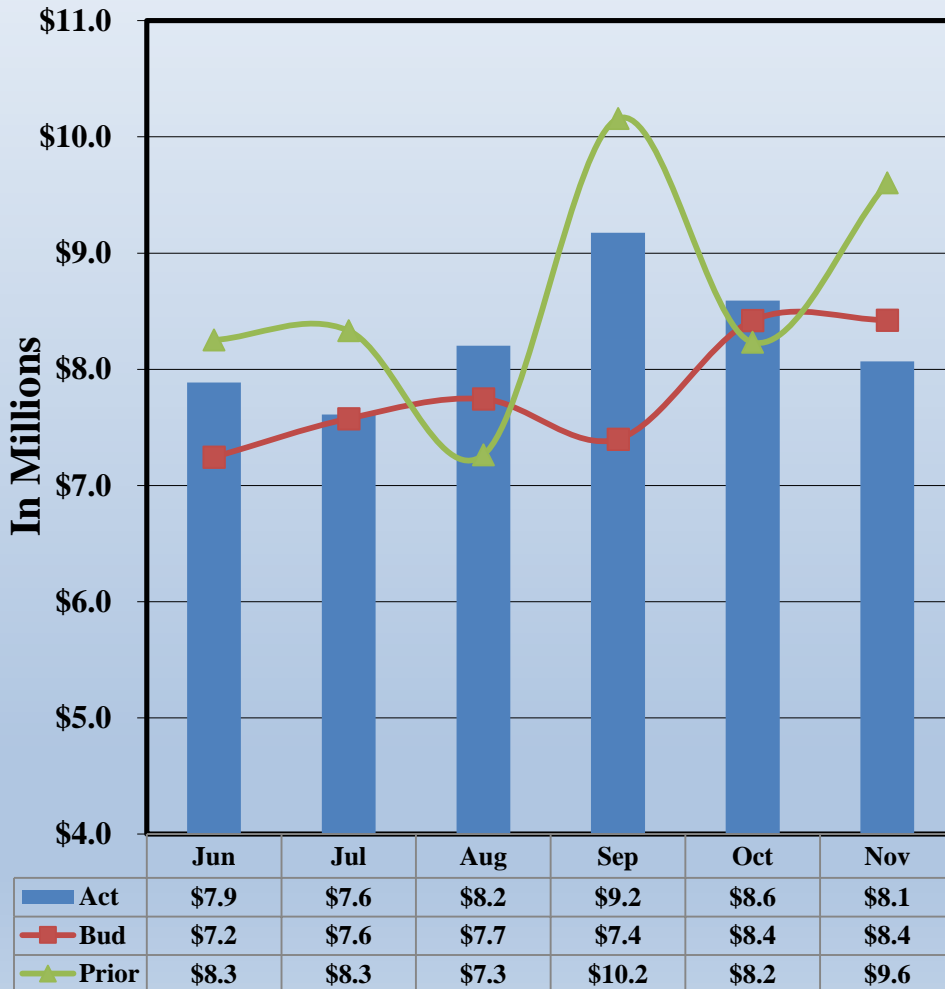


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 28.3	\$ 27.6	\$ 26.5
Var %		2.5%	6.7%
Year-To-Date	\$ 56.1	\$ 57.3	\$ 53.9
Var %		-2.1%	4.2%
Annualized	\$ 353.4	\$ 337.9	\$ 324.7
Var %		4.6%	8.8%

# Other Revenue

*(Ector County Hospital District)*

*Including Tax Receipts, Interest & Other Operating Income*



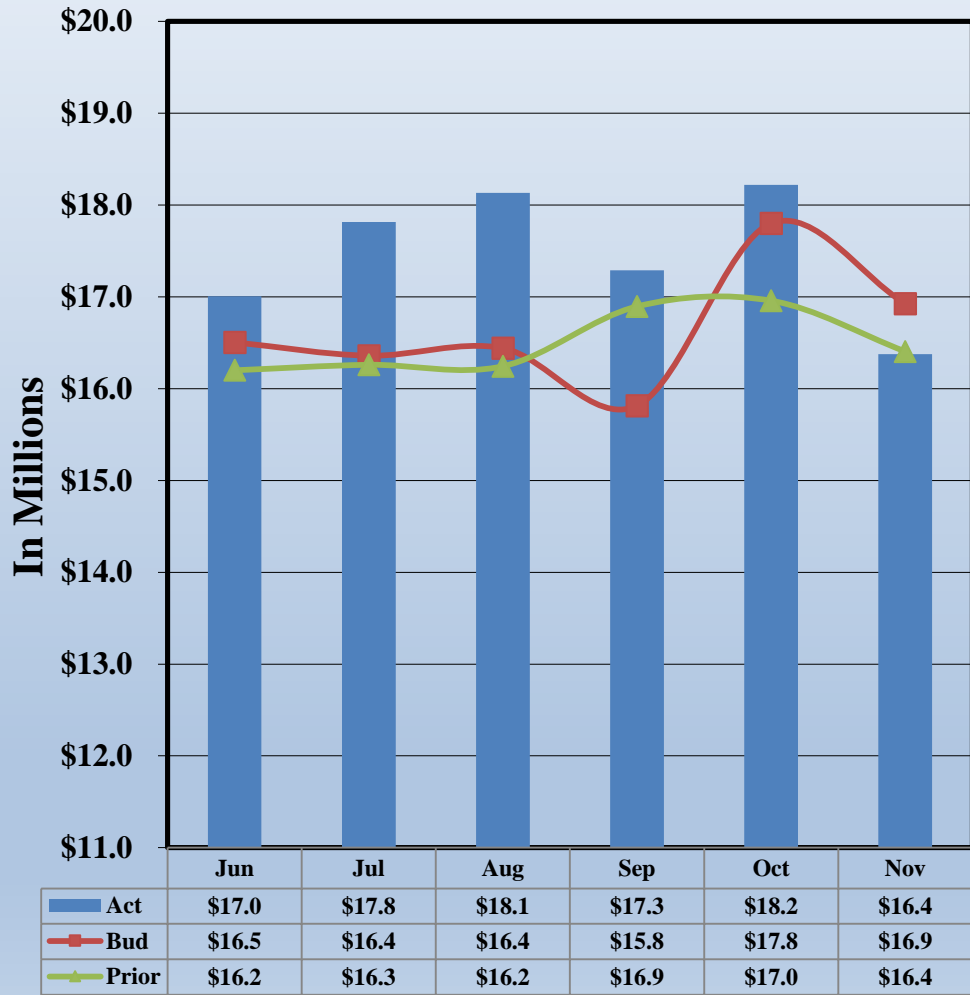
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 8.1	\$ 8.4	\$ 9.6
Var %		-4.2%	-16.0%
Year-To-Date	\$ 16.7	\$ 16.8	\$ 17.8
Var %		-1.1%	-6.6%
Annualized	\$ 98.5	\$ 92.8	\$ 98.5
Var %		6.2%	0.0%

# Operating Expenses



# Salaries, Wages & Contract Labor

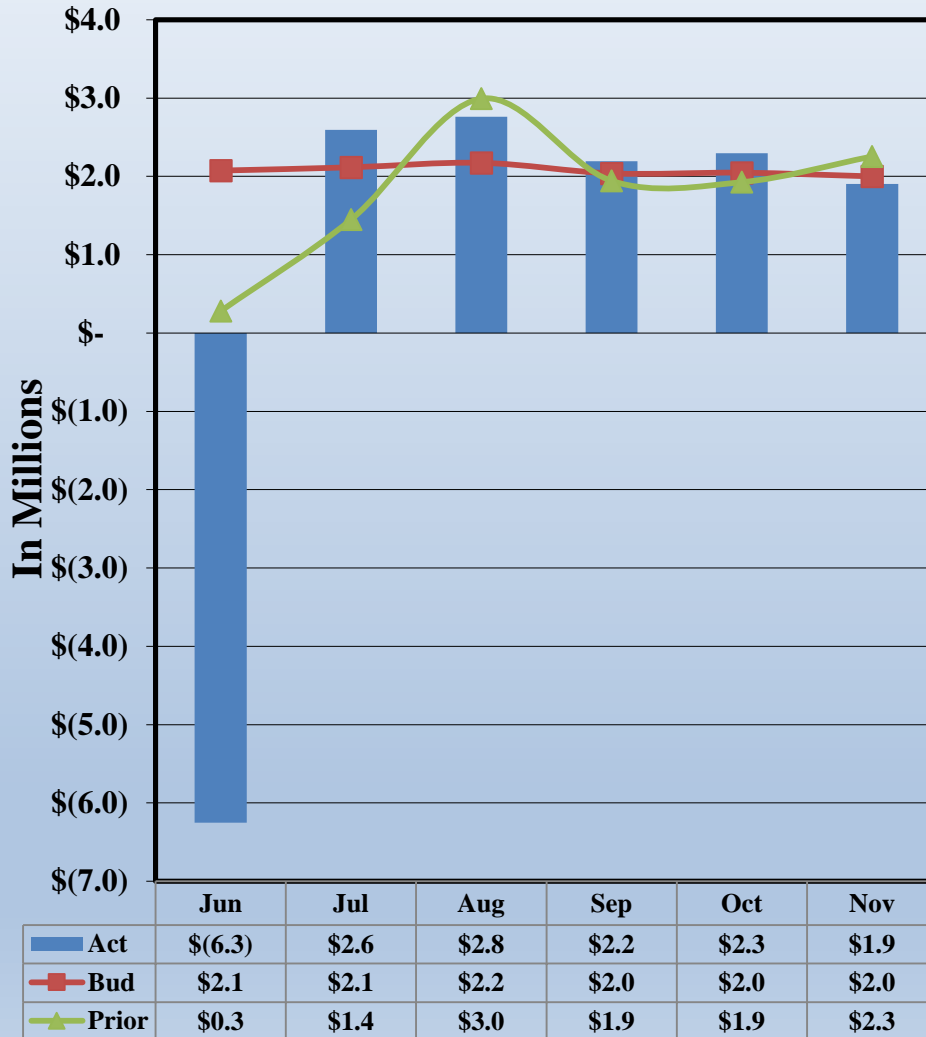
## *(Ector County Hospital District)*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 16.4	\$ 16.9	\$ 16.4
Var %		-3.0%	0.0%
Year-To-Date	\$ 34.6	\$ 34.7	\$ 33.4
Var %		-0.3%	3.6%
Annualized	\$ 207.1	\$ 199.4	\$ 193.6
Var %		3.9%	7.0%

# *Employee Benefit Expense*

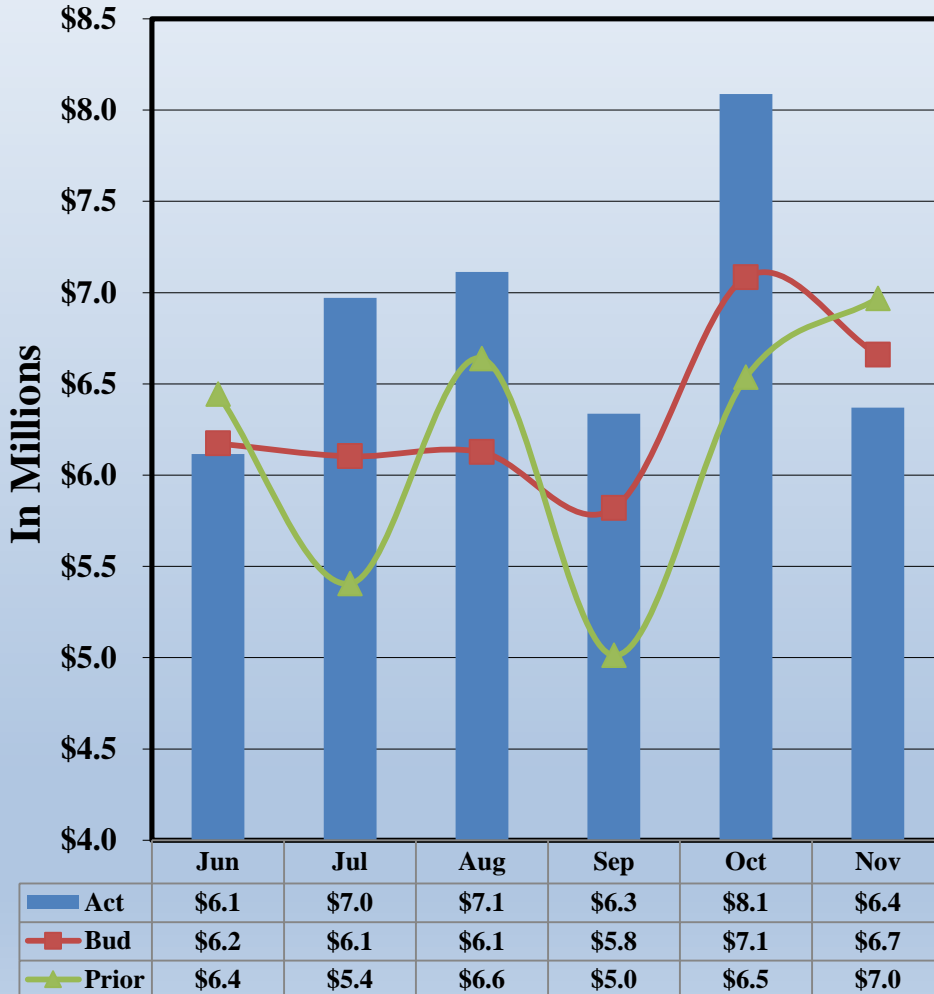
## *(Ector County Hospital District)*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 1.9	\$ 2.0	\$ 2.3
Var %		-4.8%	-15.5%
Year-To-Date	\$ 4.2	\$ 4.0	\$ 4.2
Var %		3.8%	0.5%
Annualized	\$ 23.6	\$ 25.8	\$ 30.5
Var %		-8.4%	-22.5%

# *Supply Expense*

## *(Ector County Hospital District)*

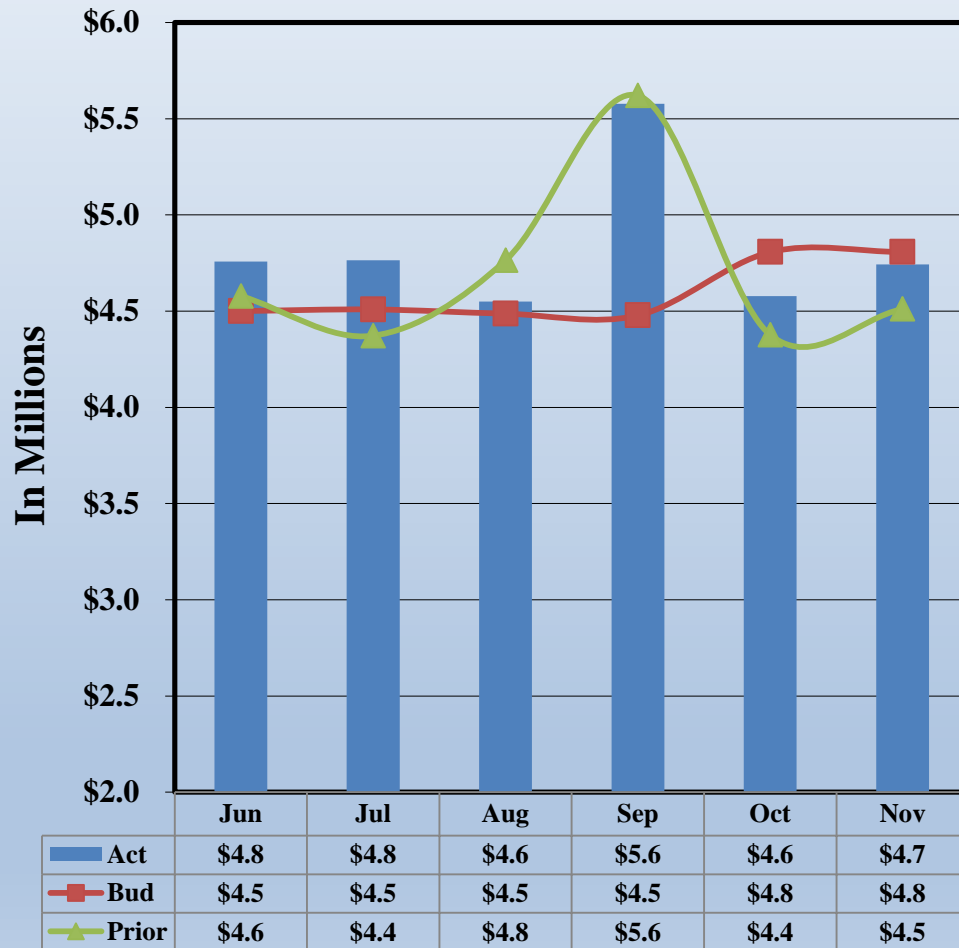


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 6.4	\$ 6.7	\$ 7.0
Var %		-4.1%	-8.4%
Year-To-Date	\$ 14.5	\$ 13.7	\$ 13.5
Var %		5.3%	7.2%
Annualized	\$ 79.6	\$ 75.7	\$ 72.1
Var %		5.2%	10.4%



# Purchased Services

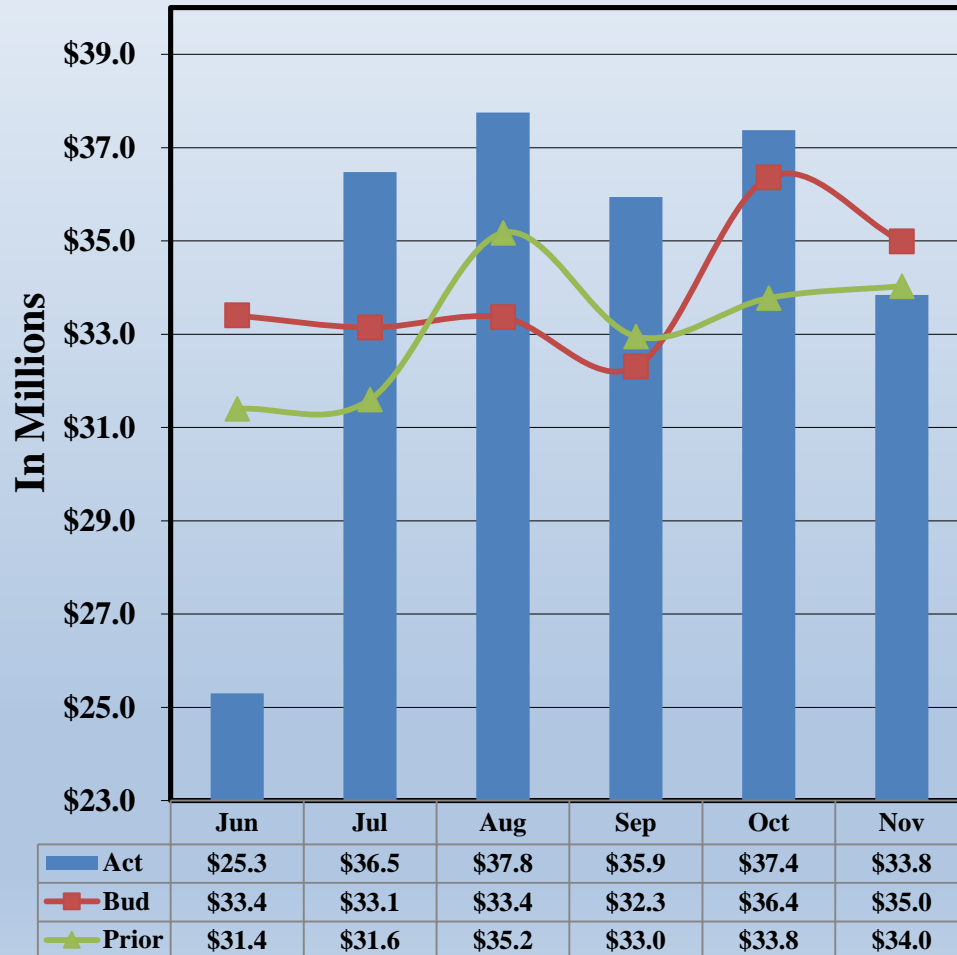
## *(Ector County Hospital District)*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 4.7	\$ 4.8	\$ 4.5
Var %		-1.3%	5.1%
Year-To-Date	\$ 9.3	\$ 9.6	\$ 8.9
Var %		-3.1%	4.9%
Annualized	\$ 57.1	\$ 55.0	\$ 54.3
Var %		4.3%	5.4%

# Total Operating Expense

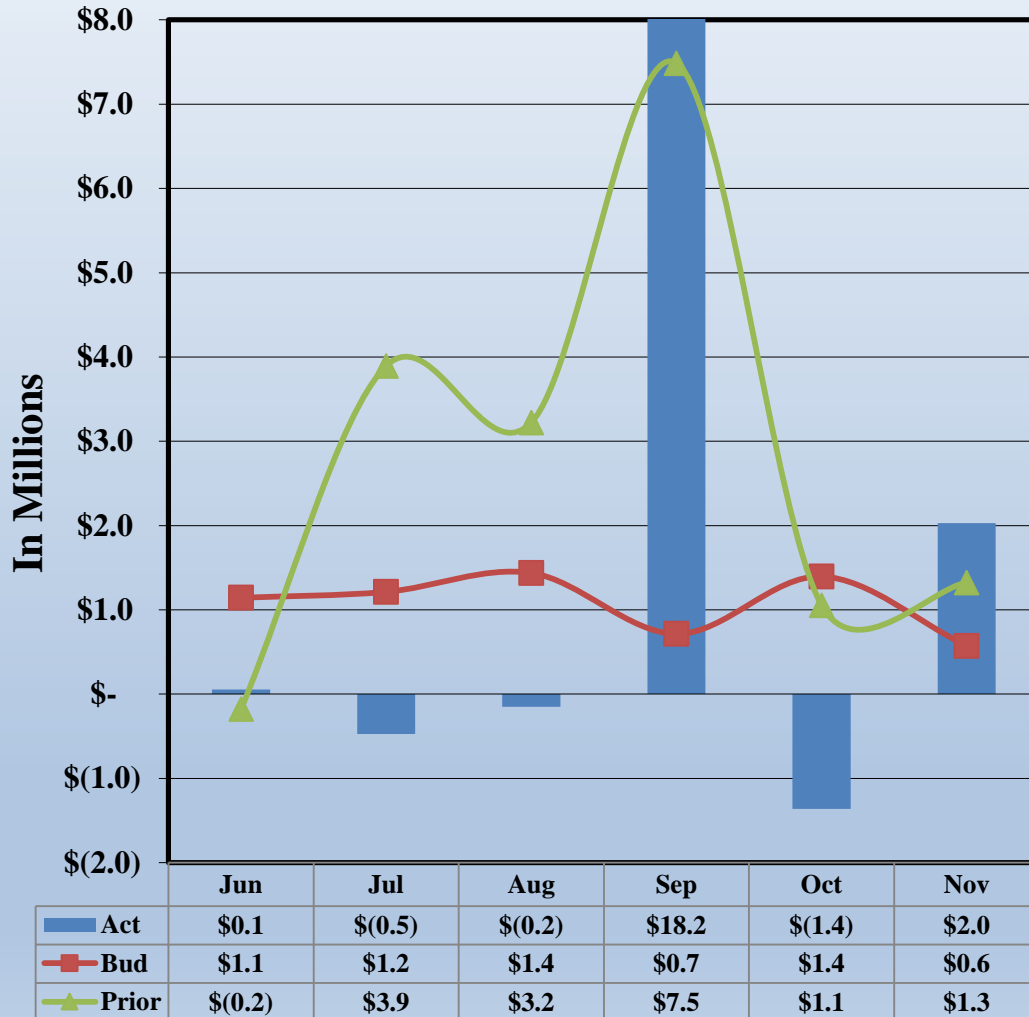
## *(Ector County Hospital District)*



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 33.8	\$ 35.0	\$ 34.0
Var %		-3.3%	-0.6%
Year-To-Date	\$ 71.2	\$ 71.4	\$ 67.8
Var %		-0.2%	5.0%
Annualized	\$ 413.8	\$ 407.0	\$ 398.3
Var %		1.7%	3.9%

# Adjusted Operating EBIDA

## *Ector County Hospital District Operations*

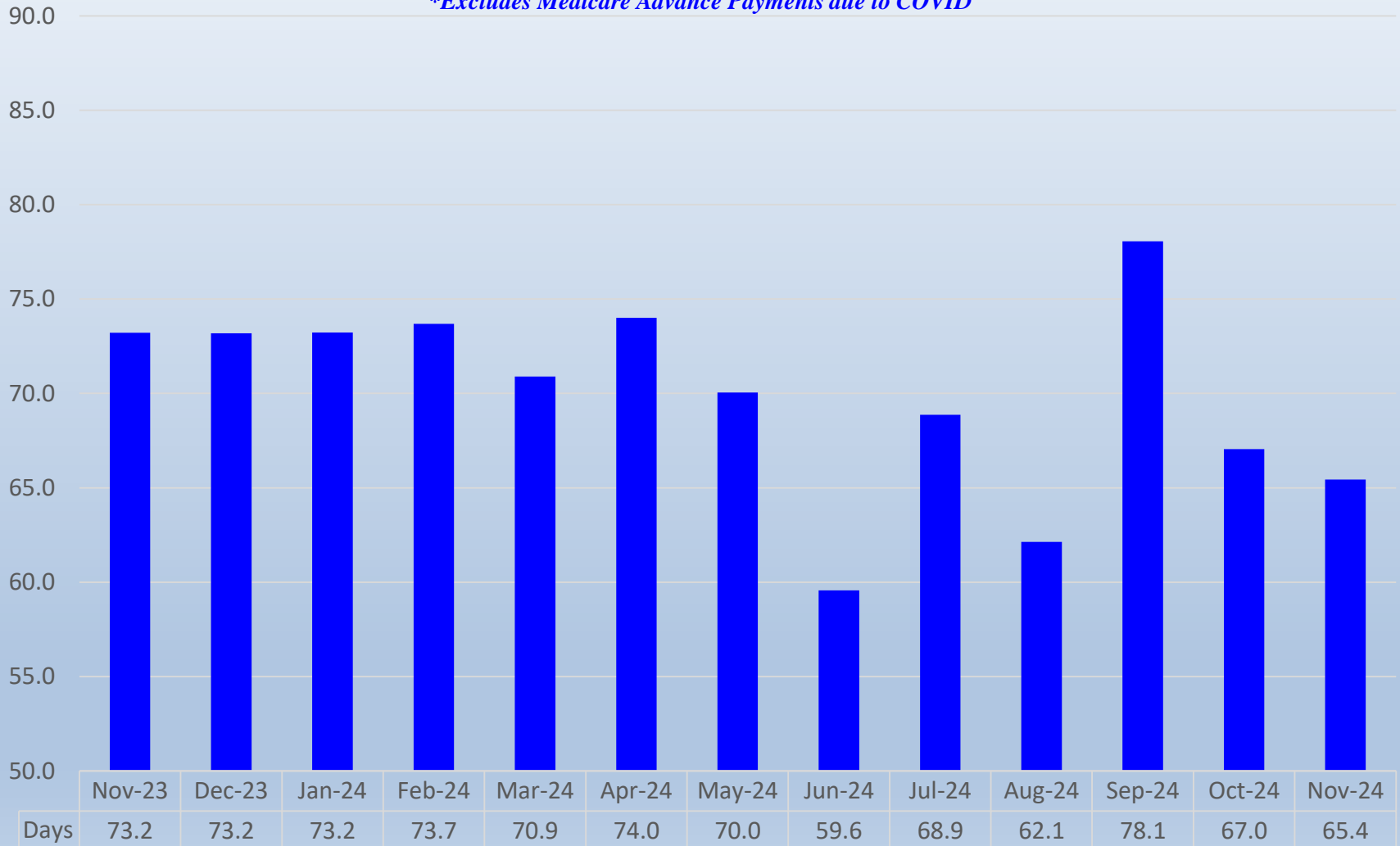


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 2.0	\$ 0.6	\$ 1.3
Var %		233.3%	53.8%
Year-To-Date	\$ 0.7	\$ 2.0	\$ 2.4
Var %		-65.0%	-70.8%
Annualized	\$ 22.6	\$ 14.5	\$ 25.0
Var %		55.9%	-9.6%

# Days Cash on Hand

## Thirteen Month Trending

*\*Excludes Medicare Advance Payments due to COVID*



mch



# MCH Diabetes Screening Clinic Operations Summary November 2024

215 Patient  
Visits  
Feb 2024 –  
Nov 2024

\$10,361  
Revenue  
Earned

@ Medicaid Reimbursement  
Rate

\$62,754 Total Operating Expense

**MEMORANDUM**

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

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**Cost:**

Airgas Southwest \$380,000.00

**Budget Reference:**

Operational Budget \$380,000.00

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**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.

**MEMORANDUM**

TO: ECHD Board of Directors  
 FROM: Linda Carpenter, Chief Information Officer  
 SUBJECT: Cyber Vault Backup Solution  
 DATE: January 1, 2025

**Cost:**  
 Cyber Vault Backup Solution \$216,228.79

**Budget Reference:**  
 FY2025 Capital Funds \$216,228.79

**Background:**

The healthcare industry is one of the most heavily targeted sectors for cyberattacks, including ransomware, data breaches, and malware infiltration. As a mission-critical service provider, any disruption to data access or operational continuity can have a profound impact on patient care, financial stability, and our organization’s reputation. Implementing the Cyber Vault Backup Solution will establish a highly secure and isolated environment for storing critical data, safeguarding our ability to quickly begin recovery efforts during a cyber incident.

**Objective:**

Our existing solution requires several days to complete, fails to capture all data, and operates under a very limited threshold. By implementing a Cyber Vault Backup Solution, we will be able to perform daily backups of all data and retain that data for an extended period.

**Enhanced Data Security**

- Isolates critical backups from the primary network to minimize unauthorized access and malware infiltration.
- Provides immutable backups that cannot be altered or deleted, ensuring trustworthy data restoration.

**Incident Containment and Recovery**

- Acts as a fail-safe repository allowing us to restore operations in a shorter amount of time in the event of a cyberattack.

**Operational Continuity**

- Mitigates financial and reputational risks by ensuring reliable and rapid recovery mechanisms.

**Staffing** - No additional FTE’s will be required.

**Implementation Time Frame** - Typical implementation takes between 3 to 6 months.

**Funding** – Cyber Vault Backup Solution from vendor, CDW will come from contingency funds.



**MEMORANDUM**

TO: ECHD Board of Directors  
 FROM: Linda Carpenter, Chief Information Officer  
 SUBJECT: VMware Software License Support Renewal  
 DATE: December 1, 2024

**Cost:**

VMware Software License Support (3YR Term – Annual Billing)	\$479,767.68
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**Budget Reference:**

Operational Funds	
Support Yr-1	\$159,922.56
Support Yr-2	\$159,922.56
Support Yr-3	<u>\$159,922.56</u>
<b>Total</b>	<b><u>\$479,767.68</u></b>

**Objective:**

Medical Center Health System (MCHS) uses VMware to make the most of our IT resources by running multiple applications and operating systems on 34 host servers. VMware creates virtual machines (VMs) that work just like physical computers, allowing each user the ability to operate their own virtual desktop session independently with their own programs. This is the foundation where we build, run and host most of our applications, including our Virtual Desktop Infrastructure (VDI).

Our VMware environment, now running on new, more efficient Dell MX7000 hardware, includes 34 server hosts that support over 1,700 virtual machines & 350+ servers. The Dell MX7000 hardware further hardens and optimizes our environment, enhancing performance, reliability, and scalability. Additionally, our Citrix environment is fully integrated into VMware, ensuring seamless delivery of virtual desktops and applications. This integration makes it easier for our staff to work from anywhere, move their sessions with them as they travel between patient rooms & charting areas, all while keeping everything secure and efficient.

With Broadcom’s recent acquisition of VMware, the licensing structure changed and is now calculated based on the number of central processing unit (CPU) cores rather than sockets in use. Had we not migrated to our new MX7000 hardware our annual costs would have increased to over \$250,000 annually. By moving to the newer Dell MX7000 servers, we reduced our core counts from 2,144 to 1,344, resulting in significant annual savings.

**Funding:**

VMware Software License support from vendor, STSG will come from operational budgeted funds, billed annually in the amount of \$159,922.56.



TO: Matt Collins, COO

FROM: Jerry Hild, Divisional Director of Radiology

DATE: December 26, 2024

RE: **SOFIE PET FDG contract – 2025 funds additon to PO 250672**

Contract: 001-8420-S-2021R2, SOFIE  
 Term: **month to month renewal**  
 Action: PO additional funds  
 Amount: \$330,000

This is a request for 2025 calendar year funds to be added to PO#250672. Sofie has agreed to provide radiopharmaceuticals for PET scans until such time that IsoRx obtains FDA approval to provide these doses. The vendor Will only provide a month to month contract at this time and will not extend beyond that.

\$330,000 spent in 2024 for PET radiopharmaceuticals. There has been an annual 5% increase to FDG as set by vendor.

Grand Total	
Order Procedure	Completed Volume 2024
Grand Total	<b>627</b>
PET CT Pylarify PSMA	<b>31</b>
PET CT Skull Base to Midhigh	<b>199</b>
PET CT Skull Base to Midhigh Subsequent	<b>350</b>
PET CT Whole Body	<b>16</b>
PET CT Whole Body Subsequent	<b>31</b>



To: ECHD Board of Directors  
Through: Russell Tippin, President & CEO  
Through: Matt Collins, COO  
From: Jerry Hild, Divisional Director of Radiology  
Date: December 31, 2024  
RE: Addition of Annual Funds – PYLARIFY PET Radiopharmaceutical

Operational Cost: \$400,000  
Term: Effective date – 1/1/2023-3/1/27  
PO: 253992

**REQUEST**

The Radiology Department is requesting approval for operational funds to be added through the length of the Pylarify contract ending in 2027. This was a new drug/exam introduced to MCHS in 2024 which was a discovery period for its usage. Nuclear Medicine department averages 3-4 Pylarify exams monthly. The approximate annual expenditure is \$220,000/yr. There has been a price reduction from \$4002.00 to \$3,968.89 for 2025 for this drug.

**PURPOSE OF CONTRACT**

Pylarify (piflufolastat F 18) injection for PET that is used to image prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer. This radiopharmaceutical is used to detect suspected metastasis for men who may be candidates of initial definitive therapy or men with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level. Please let me know if you need any more information.



**Memorandum**

Date: January 1st, 2025

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President -CEO  
Kim Leftwich, DNP, RN - CNO

From: Julia Navarette, BSN, RN, RNC-NIC

Re: Neonatal Transporter

**Total Cost – CNM Funding- Approved** **\$247,907.23**

**OBJECTIVE**

The neonatal transport incubator provides a safe way to transport babies from one hospital to the other while providing oxygen, warmth, and monitoring to keep the babe safe while in transit with the neonatal transport team.

The neonatal transport incubator is equipped with oxygen, pulse oximeter, skin temp probe, ventilator etc. These transporters are basically mini hospital rooms. These incubators are used to move the babies from L&D or other hospitals to the NICU when NICU admission is required. They are equipped to handle any need until the baby can safely transported from the region to our level II NICU for care and treatment. They are also equipped to be loaded safely with locking mechanisms in an airplane or helicopter.

As our service line and deliveries grow is it vital that we keep updated, critical life saving equipment here at Medical Center Hospital to not only provide care to the region, but also for our tiniest patient in Odessa and Midland.

**Plan:** The organization-wide QAPI Plan encompasses major important aspects of care provided by the hospital in support of the achievement of MCH’s mission and strategic goals. This includes continual quality data measurement, assessment and process improvement activities. The Plan describes the overall process for Departments and Services to collaboratively perform QAPI activities in a systematic manner, including the communication of activities and outcomes directed towards improving quality care and services.

**Goal:** The goals of the Quality Plan of Medical Center Health System are as follows:

- To make gradual improvements across a minimum of 80% of the department specific QAPI projects which are in support and improvement of the MCH strategic plan.
- Educate 100% of MCH department leaders on how to write effective corrective action plans and measurable goals for CY2024.

**Authority & Responsibility:** The ECHD Board of Directors has the authority and responsibility to require and support a Quality Assurance and Performance Improvement Program (QAPI) at Medical Center Hospital. The ECHD Board of Directors has delegated the responsibility of implementing an organization-wide QAPI program to the CEO and Quality and Patient Safety Department.

**ECHD Board of Directors:** The ECHD Board of Directors receives QAPI reports from the council or council designee at minimum annually.

**CEO:** The CEO oversees the development and implementation of the QAPI activities to assure the integration and coordination of service-specific activities into the organization- program. The CEO delegates authority to the Quality and Patient Safety Department for coordinating and implementing the program.

**Medical Staff Responsibility:** Medical Staff Members are assigned by the MEC to serve on the Quality Assurance and Performance Improvement Committee (QAPI). QAPI monitors the approved QAPI Plan indicators and reports actions and findings to the MEC and Leadership defined above.

**Department Leader Responsibility:** Every department, both clinical and non-clinical, within MCHS is responsible for implementing quality assurance and performance improvement projects within their departments. Department Leaders will identify quality indicators, collect and analyze data, develop and implement changes with their frontline staff to impact their identified QAPI goal for the year. Individual department’s QAPI goal progress should be reported out to the QAPI Committee as scheduled, at minimum yearly.

**QAPI Committee:** The QAPI Committee is an interdisciplinary team that oversees the Quality Assurance Performance Improvement activities throughout MCHS.

Committee Role:

- Drive monthly meetings

- Provide QAPI education
- Find ways to remove identified barriers
- Provide and identify cross-functional support needs
- Ensure on-going compliance within the QAPI program
- Annually approve the organizational wide QAPI Plan including individualized department goals or service line specific indicators to improve quality of care utilizing evidence-based practices.
- Receive and act on reports of QAPI outcomes and communicate findings and actions to the Executive team and ECHD Board of Directors.
- Assure QAPI monitoring outcomes are communicated to hospital and medical staff members.
- Assure the effectiveness of sentinel event corrective action through QAPI monitoring.
- Facilitate integration of risk reduction strategies into the QAPI program to reduce medical errors.

The members shall include representation from the following areas: Administration, Nursing, Pharmacy, Ancillary Services, Health Information Management, Information Risk/Safety Management, Quality Facilitator / Management Representative, Physical Environment / Life Safety, Volunteer / Community Member and Medical Staff.

#### **Facility Wide QAPI Integration**

Quality Assurance and Performance Improvement is utilized in many areas of Medical Center Hospital, it is important that all areas of performance improvement are integrated into Hospital Wide QAPI plan.

- Departmental Reports
- Accreditation Reports and Corrective Action Plans
- Service Line QAPI Programs
- Risk/Quality Review Outcomes and Action Plans

**Quality Improvement Processes and Methodology:** Departments/Services should utilize the DMAIC or PDCA processes to benchmark, collect data, trend data, and form action plans to achieve attainable goals. Other lean tools may be utilized as needed.

Outside sources, comparative databases, professional practice standards, national and state benchmarks along with specialty (like stroke, chest pain, cath lab, lab, AIM, etc.) accreditation standards will be utilized to compare outcomes, processes, and to set benchmarks and goals. These comparative analyses will inform goal setting and prioritization of improvement efforts. If national standards or external benchmarks are not available, internal benchmarking will be established to ensure consistent performance evaluation.

**Annual Evaluation:** An annual report, summarizing outcomes of the QAPI program will be submitted to the Executive Leadership Team for approval at the end of the plan year. The report will contain information regarding opportunities identified to improve care through the QAPI process and the effectiveness of actions taken. The Executive Leadership Team shall forward the annual summary and any recommendations they may have to the Quality Medical Committee, Medical Executive Committee, and The Board of Trustees for final review. The annual report and any recommendations received shall serve as a basis for development of the subsequent QAPI Plan.

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**Chief Patient Experience Officer**

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**Chief Medical officer**

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**Chief Executive Officer**

**MEDICAL CENTER HEALTH SYSTEM  
ANNUAL EVALUATION OF THE INFECTION CONTROL PROGRAM AND PLAN FY2025**

**PURPOSE**

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

**PROGRAM GOALS**

The goal of the infection prevention program is to identify high priority areas within Medical Center Health System and the community served and to evaluate, develop, and implement specific strategies to prioritize and mitigate these risks. Strategies to mitigate risk may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, modifications to disinfection or cleaning of medical equipment, devices, and supplies or a combination of any of the these.

**PROGRAM SCOPE**

The scope of the infection prevention and control program addresses all pertinent services and sites of care within Medical Center Health System in efforts to prevent, identify and control the spread of infections including inpatient, outpatient and ambulatory services.

**INFECTION PREVENTION AND CONTROL GUIDELINES**

MCHS implements relevant infection prevention and control actions that are based on regulatory requirements, scientific evidence, or in the absence of evidence, expert consensus. This is accomplished by reviewing and implementing regulations or infection prevention and control guidelines issued by:

1. Accrediting and regulatory agencies such as Centers for Medicare & Medicaid Services (CMS), Det Norske Verita (DNV), and Occupational Safety and Health Administration (OSHA).
2. Current literature and recommendations from professional organizations such as Center for Disease Control and Prevention (CDC), World Health Organization (WHO), Association for Professionals in Infection Control and Epidemiology (APIC), Association for the Advancement of Medical Instrumentation (AMMI), Association of perioperative Registered Nurses (AORN), Infectious Disease Society of America (IDSA) The Society for Healthcare Epidemiology of America (SHEA), American Society of Heating, and Refrigeration and Airconditioning Engineers (ASHRAE)
3. Notices and recommendations from the Department of State Health (DSHS) or local public health departments.

**INFECTION CONTROL RISK ASSESSMENT**

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

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
  - a. Medical Center Health System (MCHS) is a 402-bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principal industry is oil and gas related service. The population of Ector County is approximately 160,000 (United States Census Bureau 2023). Medical Center Health System (MCHS) serves seventeen (17) counties, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico, therefor patients could possibly be from out of



the country. MCHS services multiple jails and prisons in Ector and surrounding counties. Patients are received via private transport, ground medical transport, and medical flight services.

- b. **Emerging/ Reemerging problems in the Healthcare Community:** MCHS keeps abreast of infection control related issues occurring in the healthcare community, emerging or reemerging problems by maintaining close collaboration with the public health departments.
  - i. Ector County Health Department is a county funded Health Department within the Department of State Health Services (DSHS) Region 9/10 with the main office being in El Paso TX and a satellite office located 20 mile east of Odessa in Midland TX.
  - ii. MCHS IP department also participates in regional healthcare and epidemiology meetings provided by DSHS.
2. The care, treatment, and services provided:
  - 20 bed Medical-Surgical ICU2
  - 20 bed Cardiac Critical Care ICU4
  - 30 bed Level 3 NICU
  - 19 bed pediatric unit
  - 24 bed Observation unit
  - Inpatient medical, medical/surgical, oncology, orthopedic, stroke, and telemetry services
  - Internal and Family Medicine Services
  - Stroke Services
  - In and out-patient Endoscopy
  - Surgical Services on the main campus and at Wheatley Stewart Medical Pavilion
  - Inpatient hemodialysis and peritoneal dialysis
  - In and out-patient Cardiac Rehabilitation
  - Infusion Services
  - Laboratory Services
  - In and out-patient Physical/Occupational/Speech therapy
  - Family Health Clinics
  - MCH Urgent Care sites
  - Extensive Radiology services
  - Laboratory services
  - 24-hour inpatient Pharmacy
  - Emergency Room
  - The Center for Health and Wellness OB/GYN (In and out-patient services)
  - Women and Infant Services
  - Telehealth Services
3. Analysis of surveillance activities and the results of MCH's infection prevention and control data is collected and evaluated by but not limited to:
  - a. The CERNER Electronic Health Record, which was implemented on April 01, 2017, and provides the data base for all patient information. This allows Infection Prevention and other departments to retrieve reports and provide clinical data to assist with management and reporting of infectious diseases.
  - b. The Cerner system provides customized reports for management of significant hospital trends. These reports require collaboration with the Cerner support team, IT, and Infection Prevention to ensure customization and verification of reports for surveillance and reporting.
  - c. NHSN Data uploads and reports are also utilized for tracking and trending HAIs.
  - d. Infection Prevention evaluation and observations during infection prevention and EOC rounds.
  - e. Sentact Rounding tool and reports will be utilized in FY25.

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

Any unresolved goals for fiscal year ending September 30, 2024, may be continued as priorities for Infection Prevention or other departments with periodic evaluation of performance to determine any continued unresolved issues. The following priorities are listed by level of assessed risk from the annual risk assessment and not in order of priority in each section.

**FY25 High Risk priority areas identified by the Annual Infection Control Risk Assessment include:**

1. **Potential for Central Line Associated Blood Stream Infections:** Due to an increase in CLABSIs in FY24 and the potential consequence and nature of these infections, prevention of CLABSIs will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to reduce/prevent CLABSIs.
2. **Potential for Catheter Associated Urinary Tract Infections:** We have seen a decrease in CAUTIs, however due to the potential consequence and the nature of these infections, prevention of CAUTIs will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to reduce/prevent CAUTIs.
3. **Potential for Surgical Site Infections:** We have seen a decrease in SSIs however due to the nature of these infections, SSIs prevention will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to reduce/prevent SSIs.
4. **Potential for Ventilator Associate Event (VAE):** We have noticed an increased acuity of vented patients and a slight increase in VAE over the past year therefore VAE prevention will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to reduce/prevent VAEs.
5. **Potential for MDORs due to over utilization of antibiotics:** Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patters in healthcare system. NHSN reporting as needed. Antibiotic stewardship taking on new projects in FY25 to deescalate antibiotics sooner for inpatient locations. MDRO prevention will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to reduce/prevent MDROs.
6. **Potential for failure to identify and mitigate infection risk associated with construction and renovation through the Infection Control Risk Assessment (ICRA):** Construction and Renovation plans are an ongoing part of operations, increasing the need for ICRA collaboration, surveillance and monitoring during the construction/renovation activity. Continue weekly meetings with engineering and construction team. Follow MCH policy 1054. ICRA's addressed and approved prior to start of construction. Ongoing surveillance of construction projects as needed. Due to ongoing construction projects planned for FY25, ICRA's will remain a high priority for infection prevention in FY25.
7. **Potential for increased risk of infection due to lack of ventilation, temperature and humidity monitoring/control:** Engineering uses the Centers for Medicare and Medicaid (CMS) ventilation requirements per ASHRAE standard 170 for ventilation standards. Temperature and humidity are monitored using Insight. Insight provides alerts when temperature or humidity go out of range, and these are promptly reviewed and corrected by engineering. Due potential consequence associated with this risk; this will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation actions to reduce/prevent risk associated with ventilation, temperature, and humidity.

**FY25 Moderate Risk priority areas identified by the Annual Risk Assessment include:**

1. **Potential for transmission of infectious pathogens on healthcare personnel hands due to non-compliance with CDC and/or WHO guidelines and recommendations for hand hygiene:** Due to the high consequences of transmission of pathogens on staff's hands, HH will remain a priority for infection prevention in FY25. Continue ongoing surveillance and implementation of EBBP to improve compliance with hand hygiene practices.
2. **Potential for unprotected exposure to pathogens throughout the organization due to non-compliance with policies addressing category of disease specific isolation and other precautions:** Policy in place. Daily surveillance of isolation patients and review of orders. Protocols in EMR for ordering isolation. IP monitoring of compliance. Due to the high consequences of transmission of pathogens, this will remain a priority for infection prevention in FY25.
3. **Potential for transmission of infection from medical equipment, and medical devices due to inappropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, or inadequate use of appropriate personal protective equipment for equipment cleaning:** Disposable equipment is used whenever possible and disposed of after each use. All shared equipment is disinfected between patients. Education on disinfection and appropriate wet/contact times, precleaning instruments and appropriate PPE to use for each is completed on hire and annually as well as staff educated on separation of clean and dirty. All sterilization of equipment is completed in SPD following manufacturer's recommendations, AAMI and AORN guidelines. High level disinfection completed for semi critical items. CDC guidelines for reprocessing Endo scopes are followed and Endo scopes are stored vertically in a way to prevent recontamination and promote drying. Temp and humidity are monitored in sterile equipment storage areas. Added temp and humidity monitored cabinets for sterile supplies have been added. IUUS was eliminated by adding more one-of-a-kind sets, and quantity of one-of-a-kind instruments. Limited access to Sterile Processing Department. There are separate areas for clean and soiled equipment throughout facility. Trimedx cleans and bags IV pumps, SCDs, and feeding pumps. Monthly ATP testing completed on pumps disinfected by Tirmedx which yielded a >96% pass rate for FY24. Due to risk for cross contamination associated with equipment, this will remain a priority for infection prevention in FY25.
4. **Potential for infection due to prolonged wait times in common areas and potential exposure to infectious individuals:** Direct patient bedding process in ED to minimize wait times. Online check in available at UC. Hand sanitizer and PPE available in waiting areas and sign with reminders to cover cough/sneezes and how to dispose of tissues and sanitize hands. Education to staff on standard and enhanced precautions. Due to the consequence associated with this risk, this will remain a priority for infection prevention in FY25.
5. **Potential for acquisition and transmission of MDROs that carry the potential for increased transmission among patients and staff such as: MRSA, VRE, CDI, ESBL, CRE, VRSA, C auris and Community Incident of MDRO creating potential for increased transmission among staff and patients:** We did see an increase in LabID CDI and MRSA bacteremia in FY24 resulting in an increased risk score. Due to the consequence associated with this risk, this will remain a priority for infection prevention in FY25.
6. **Potential for community Incident of MDRO creating potential for increased transmission among staff and patients:** See #5 above.
7. **Potential for lack of staff compliance with influenza vaccination program goal of > 85% immunization rate & potential for lack of Staff Compliance with COVID-19 vaccination:** Several free influenza vaccine clinics offered by health and wellness to MCHS employees, medical staff, volunteers, and contract staff. We will re-evaluate current immunization policy and revise as necessary before each flu season. Strongly encouraging staff to stay up to date with vaccines. Implemented additional mitigation measures for those not up to date with vaccines. Monitor employees for appropriate immunization identification during flu season. Flu vaccine compliance rate report out by Health and Wellness to IP committee. NHSN reporting as needed.

8. **Potential for lack of staff compliance with COVID-19 vaccination:** COVID-19 vaccines are offered free of cost to all MCHS employees. Employees can either receive vaccinations through MCH or receive vaccinations elsewhere and provide proof of such vaccination to health and wellness. NHSN reporting as needed. Strongly encouraging staff to stay up to date with vaccines.
9. **Potential for exposure to bloodborne pathogens:** Policy MCH-2043 exposure control plan provides guidelines to prevent or minimize occupation exposure of employees to bloodborne pathogens and other potentially infectious material. Engineering controls are instituted whenever and wherever practical to eliminate or minimize employee exposure to blood or other potentially infectious materials. Blood spills are promptly cleaned up with EPA-registered disinfectants. Infectious waste and sharps are disposed in clearly marked, leak-proof receptacles. Education on bloodborne pathogens completed on hire and annually. Hep B vaccine offered free to all staff with potential exposure. Due to the risk associated with these exposures, prevention of exposure to bloodborne pathogens will remain a priority for infection prevention in FY25.
10. **Potential for lack of sterilizer monitoring of contamination of sterile items:** Sterilizers tested per manufacturer's recommendations. Logs maintained by SPD and reviewed periodically by IP. All sterile processing completed in SPD. Internal, external, and chemical indicators in use. Re-organized racks at autoclave with color coding for distinction of quarantined items. Two-person validation in place. Temp and Humidity Monitoring of areas with sterile reprocessed instruments. Use of engineered cabinets to control Temp and Humidity for sterile instrument outside of central storage. Limited access to Sterile Processing Department and sterile storage. IP rounding in SPD. SPD report out at IP committee meeting.
11. **Potential for transmission of infections due to failure to meet environmental cleanliness standards:** Cleanliness is essential for every healthcare setting. All treatment areas, equipment and surfaces are to be kept free of blood, mold, and accumulation of dirt or dust and other potentially infectious materials. EVS participates in EOC rounding and addresses EVS issues. IP collaborates with EVS on room cleaning. Implemented new rounding tool (Sentact Rounding). Cleanliness of the environment will continue to be a priority for IP in FY25.
12. **Potential for failure to identify and mitigate risk from water borne pathogens:** Policy MCH-1204 addresses minimizing risk of legionella associated with building water system. Monthly and as needed monitoring of water system completed, and a copy sent to IP. Legionella risk assessment to be completed annually in collaboration with Engineering, safety officer and IP.
13. **Potential for lack of Hemodialysis monitoring:** Hemodialysis is contracted to Fresenius. Fresenius provides staff and completes machine maintenance and water quality testing. IP completes periodic reviews of water quality testing, hand hygiene compliance, safe injection practices, use of appropriate PPE, compliance with regular and biohazard waste, cleaning and disinfection of environmental surfaces and external surfaces of HD machines during IP and EOC rounds.
14. **Potential for exposure from Community-wide outbreaks of communicable diseases (such as SARS and influenza) that carry the potential of adversely impacting operations and service capabilities:** Developed policies and procedures to manage COVID-19, Flu, RSV and other highly infectious diseases. Collaboration with local and state health departments for management of community outbreaks. Due to the consequence associated with this risk, this will remain a priority for infection prevention in FY25.
15. **Potential for a bioterrorism event that would require specific responses from the organization to successfully meet the threat:** Developed policies and procedures for highly infectious diseases. Collaborate with County and State on response. Continued surveillance and screening of patients. Schedule drills with PPE Donning and Doffing Training. Donning and Doffing education annually.

**FY25 Low Risk priority** remain on infection prevention watchlist for FY25 with continued surveillance and adjustments as indicated. **Low Risk priority areas identified by the Annual Risk Assessment include:**

- 1. Potential for lack of compliance with Antibiotic monitoring through Antibiotic Stewardship Program:** Antimicrobial Stewardship Program has become more fine-tuned within the healthcare organization. Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patters in healthcare system. NHSN reporting as needed.
- 2. Potential for lack of Compliance with Annual TB screening and Health requirements per policy MCH-3029:** Policy MCH- 3029 Health and wellness program specifies yearly requirements for employees, pre-employment requirements, and requirements for students. Employees will receive an annual TB screening. An annual Respiratory Fit Test is required for those who have direct patient contact/care. Employees will need to be evaluation yearly at their annual evaluation date prior to being released by HW to continue to work.
- 3. Potential for exposure to foodborne pathogens:** Hand washing is required prior to handling food. Food is prepared in a clean area and is cooked and kept at appropriate temperature. Dishwashers reach thermal disinfection temperatures. No employee food and drinks in patient care areas per OSHA standard. Designated OASIS areas on each unit for drinks. Hand hygiene products and stations available in breakrooms.
- 4. Potential for exposure to pathogens on linens due to lack of linen processing center oversight:** Linens are washed and processed by Texas Healthcare Linen plant in Abilene, Texas. MCH is part ownership and has direct oversight of Texas Healthcare Linen. Texas Healthcare Linen provides quality reports to MCH. IP completes routine visits to check on processes as well as routine linen checks.
- 5. Potential for failure to meet blood culture contamination goal of <2%:** Kurin diversion device in use and we have maintained blood culture contamination rates below 2% for prior 18 months.

## **SUCCESS OF INFECTION CONTROL INTERVENTIONS**

The Infection Prevention and Control Department consists of three-FTEs. One FTE is CIC certified and all participate in professional organizations such as Texas Society of Infection Control Professionals (TSICP) and/or Association for Professionals in Infection Control (APIC).

In FY25 IP department will continue with required surveillance and reporting to appropriate regulatory agencies in a timely manner regarding incidence of Texas Reportable conditions, regulatory reporting compliance with Texas HAI Reporting via NHSN for CLABSIs in all in-patient units within the facility, CAUTI in all adult in-patient units, SSI for colon and abdominal hysterectomy procedures, MRSA Bacteremia and C-difficile LABID events facility wide and reporting of H&W Influenza vaccination and COVID-19 vaccination compliance.

- Ector County has a county funded Health Department and most notifiable conditions are reported directly to the Ector County Health Department (ECHD) or Midland Health Department (MHD) with occasional special surveillances reported directly to DSHS. The Infection Prevention department staff are in frequent contact with DSHS, ECHD and MHD. MCH also transmits data to DSHS via ECHD by syndromic surveillance or NEDS which is a statewide surveillance system that runs at ECHD.

The organization undertook several initiatives to prevent and control infection during the evaluation period of FY24. A summary of the effectiveness of significant interventions is noted below as well as interventions in place listed in the risk assessment.

1. **Significant reduction in CAUTI rates in FY2024** (lower is better): CAUTI rate has decreased from a rate of **0.68/1000catheter days** in FY23, to **0.44** as of July 2024. CAUTI committee continues to collaborate with stakeholders to implementing EBBP to decrease CAUTIs. Daily focused review of indwelling urinary catheter device utilization and appropriate indication for use. Nurse driven protocol for foley catheter removal implemented. Education completed annually and as needed on CAUTI prevention strategies, and use of external devices as foley alternatives. Continue ongoing surveillance for CAUTIs based on NHSN criteria. Monitor NHSN SIR, internal rates as well as CMS national comparison reports and adjust practices as indicated per evidence-based practice.
2. **Increase in CLABSI rates in FY2024** (lower is better): CLABSI rate had decreased by 47% in FY23, however we are seeing an increase in FY24 from **0.78/ 1000CLdays** in FY23 to **1.13** as of July 2024. The IP department will continue to collaborate with key leadership to reduce this rate. Daily focus review of central line utilization and appropriate use. IP will collaborate with providers for appropriate use and appropriateness of culture collection. Continue ongoing surveillance and reviews of central line insertion and maintenance bundles. Provide additional culture collection education for staff biannually and as needed. CLABSI committee is working on implementing EBBP to decrease CLABSIs. Continue ongoing surveillance for CLABSIs based on NHSN criteria. Monitor NHSN SIR and internal rates as well as CMS national comparison reports and adjust practices as indicated per evidence-based practice. Continue Nasal decolonization for patients with CL.
3. **Significant reduction in COLO SSI in FY 2024 from 3.95 to 2.52 infection rate through June of 2024** (lower is better): SSI Committee has reconvened to address and implement EBBP guidelines for prevention of Post-op Surgical Site Infections. Pre-op nasal decolonization of Staph aureus approved implemented Aug 2022 for COLO, CABG, HPRO, and KPROs. COLO bundle implemented fall of 2023. SSI Committee is working on COLO SSI prevention bundle to standardize care. Continue ongoing surveillance for SSIs based on NHSN criteria. Monitor NHSN SIR and internal rates and adjust practices as indicated per evidence-based practice.
4. **Increase in IVAC Plus rates in FY24** (lower is better): IVAC Plus rates in FY23 decreased by 77% from FY22 from 6.14 to **1.51** per 1000 vent days. FY24 however, we have seen a slight increase in the rate to **2.53** for YTD FY24 as of July 2024. This may be partially due to less ventilator days for FY24 as we have the same total of IVAC Plus events YTD as we did in FY23. Continue with VAP bundle, vent setting review, and oral care compliance during patient safety rounds and IP rounds. VAE surveillance per NHSN guidelines and reporting as applicable. Monitor NHSN SIR, internal rates as well as CMS national comparison reports and adjust practices as indicated using evidence-based practice.
5. **Increase in Hand Hygiene Compliance in FY24** (higher is better): Overall hand hygiene compliance has increased from **98.13%** in FY23 to **98.43%** as of July 2024. The total number of hand hygiene observations per month tripled in FY2023 compared to FY22 and has maintained over 200 observations per unit for 2 consecutive years. HH champions/observers has also doubled. Additional hand hygiene observers have completed training classes and are submitting hand hygiene observations. Hand hygiene education for all staff via new employee orientation, yearly and ongoing on the spot training. Hallway sinks have been added for availability and more are planned to be added in FY25. EVS rounding to ensure hand hygiene products are available and soap dispensers and hand sanitizers are functioning properly. Hand hygiene policy revised to include latest Leap Frog standards. Hand Hygiene Committee implementing EBBP to improve HH compliance. Hand hygiene compliance reported regularly to stakeholders (at least monthly).
6. **MDRO reporting of CDI and MRSA Bacteremia** (lower is better): We did see an increase in both CDI and MRSA Bacteremia in FY24. MDRO Committee initiated to complete deep dives and identify any opportunities for improvement and implement EBBP guidelines to decrease the incidence of MDROs. We will continue to follow policy for standard and isolation precautions (MCH-1200), and policy on preventing the introduction and/or transmission of MDROs (MCH- 1201). Staff educated on appropriate HH and PPE use completed on hire and annually in Net Learning. Daily surveillance by IP of patient isolation orders with recommendations for continuing or

discontinuing isolation precautions. Protocol in CPOE for ordering isolation when MRSA, VRE, ESBL, or CRE are identified by lab. Protocol in CPOE for ordering isolation when CDI testing is ordered. CDI surveillance and reporting where applicable. Trend and report CDI rates to stakeholders and complete re-education as needed. Continue ongoing surveillance of hand hygiene and isolation precaution compliance. Collaborate with antibiotic stewardship program to identify and control epidemiologically important MDROs and monitor antibiotic use. Collaborate with pharmacy and microbiology to ensure prompt notification of IP when a resistance pattern based on microbiology results is detected. Collaboration with EVS on proper cleaning of isolation rooms. Monitor for increased incidence of MRSA, VRE, CDI, ESBL, and CRE. CMS CDI and MRSA validation concluded that MCHS Infection Prevention staff is well prepared and knowledgeable of NHSN definitions and how to use them.

MCH's Infection Prevention and Control Department goals for FY25 is to further align with multi-disciplinary team involving participation from individuals across the healthcare organization such as senior leadership, employee health and wellness, frontline staff, pharmacy, engineering, environmental services and physicians in order to review and implement evidence based best practice guidelines to reduce the risk of infection from factors identified in the annual risk assessment as stated above, to decrease device utilization through collaboration with nursing staff and providers, and to improve hand hygiene performance and compliance with additional observations and hand hygiene awareness leading to behavior modifications. IP Department will continue to submit local, state and federal public health reporting in a timely manner.

**DETERMINATION OF EFFECTIVENESS**

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

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

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

		Date
Completed by Infection Prevention Officer in collaboration with IP Committee Members	Brenda Dalrymple RN, BSN, CIC	08/07/2024
Approved by Infection Prevention Medical Director	Dr. Pablo Feuillet	8/14/2024
Approved by IP Committee	IP Committee	08/14/2024
Approved by Patient Safety Committee	PS Committee	November 2024
Approved by Board of Directors	Board of Directors	



## Patient Safety Committee – 2025 Annual Plan

### I. Introduction

#### a. Purpose

The purpose of the Patient Safety Plan is to support Medical Center Health Systems (MCH) mission and strategic vision by outlining priorities, objectives, and overall improvement strategies relating to patient safety.

#### b. Mission

The Medical Center Health System (MCH) 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.

To support Medical Center’s mission, the Patient Safety Program will develop, promote, and improve patient safety by providing patient-centered, integrated and quality care programs through best and safe work practices.

#### c. Goal

The Patient Safety Plan outlines the annual patient safety plan and committees’ objectives for the **2025** calendar year.

#### d. Objectives

MCH will utilize the Centers for Medicare and Medicaid Services (CMS), Leapfrog Hospital Survey, National Safety Forum (NSF) Safe Practices, Patient Safety Culture Measurement Tools, and MCH’s Quality Assessment Performance Improvement (QAPI) data sources to measure progress towards meeting all patient safety objectives.

To support the overall mission, strategic vision, and goals for MCH, the following objectives will be prioritized:

1. Decrease patient harm surrounding safety events to achieve zero harm as measured through Performance Health and Vizient:
  - a. Patient falls
  - b. Medication errors
  - c. AHQR related PSIs (Patient Safety Indicators)
  - d. HAIs
  - e. Mortality for below or well below mortality risk as determined by Vizient CDB reports
2. Improve teamwork index mean to significant improvement (> 0.1) on the annual patient safety survey results as measured by Gallup.
3. Utilize social determinants of health (SDOH) data to identify trends around patient safety events and implement action plans to improved outcomes for the specific population served.

### II. Structure and Leadership

- a. MCH executive team is responsible for developing the priorities through strategic planning, ensures patient safety plan aligns with priority objectives, provide leadership, and allocates resources to support the Patient Safety Committee plan.



- b. The Chief Experience and Quality Officer oversees the Patient Safety Program. This oversight ensures quality and safety activity alignment within the organization and allows for collaboration while minimizing redundancy. The Patient Safety Committee reports to MCH’s Quality Management System for management oversight.
- c. The Patient Safety Committee is responsible for executing the plan by ensuring they are carried out by the committees, work groups, departments, and services. The Committee will include report out from the following areas and will at minimum fulfill the reporting requirements as listed in Figure 1 attached:
  - Laboratory
  - Infection Prevention
  - Surgical Services
  - Pharmacy
  - Risk Management
  - Employee Health
  - Patient Experience
  - Quality
  - Radiology
  - Patient safety
  - Grievances
  - Other areas as needed
- d. Departmental Directors from the areas listed above will be responsible for reporting out accurate information about ongoing safety events that pertain to their area, and to assist in planning and driving action plans to achieve the Patient Safety Committee objectives.

		Date
Completed by Infection Prevention Officer in collaboration with Patient Safety Committee Members	Brenda Dalrymple RN, BSN, CIC	Dec. 10, 2024
Approved by Patient Safety Committee	IP Committee	Dec. 10, 2024
Approved by Board of Directors	Board of Directors	(January 2025)



# Patient Safety Survey Results Review

# Medical Center Hospital Patient Safety 2024

## TOTAL RESPONDENTS

- 1,164

## PARTICIPATION

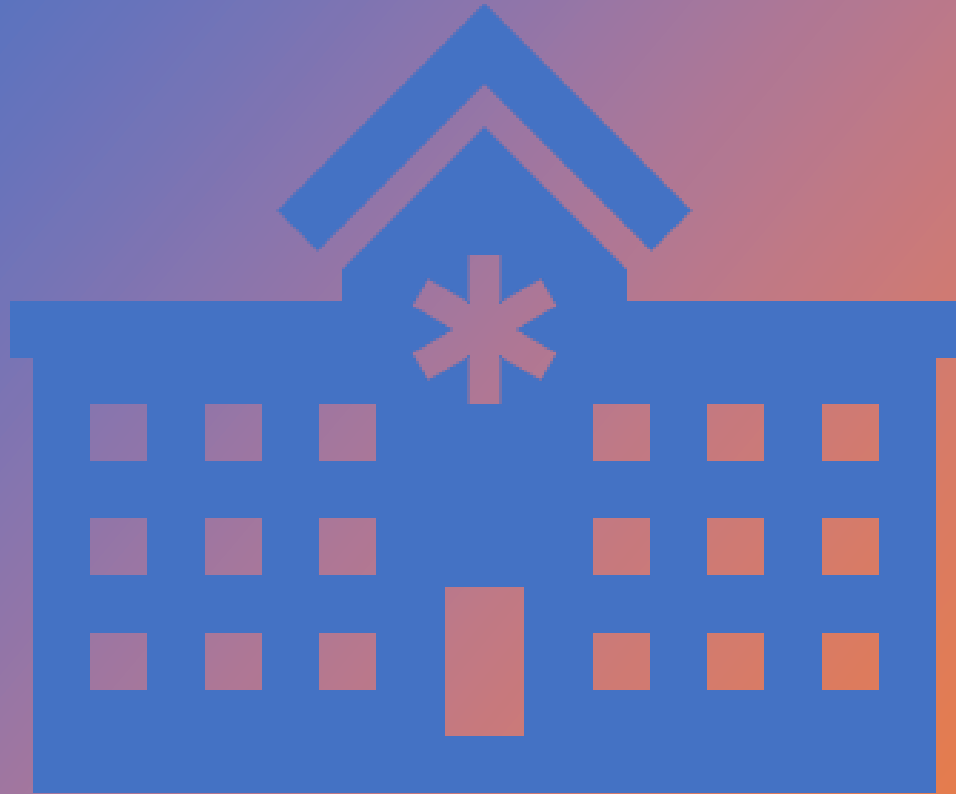
- 57%

## START DATE

- SEP 18, 2024

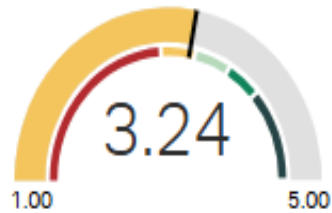
## END DATE

- OCT 06, 2024



# Critical Information Flow Index

Mean



Trended Mean >



Change From Last Mean: 0.12

Percentile Rank

45<sup>th</sup>



The mean is greater than 45% of those in the Gallup Overall database.

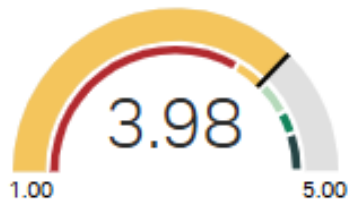
Respondents >

787

1. Problems often occur in the exchange of information across hospital units. (3.08)
2. Important patient care information is often lost during shift changes. (3.4)

# Culture Management and Policy Index

Mean



Trended Mean >



Change From Last Mean: 0.13

Percentile Rank

45<sup>th</sup>



The mean is greater than 45% of those in the Gallup Overall database.

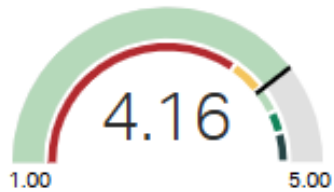
Respondents >

1,063

1. The actions of hospital management show that patient safety is a top priority.  
(4.09)
2. Our procedures and systems are good at preventing errors from happening.  
(3.88)

# Error Information and Remediation Index

Mean



Trended Mean >



Percentile Rank

52<sup>nd</sup>



The mean is greater than 52% of those in the Gallup Overall database.

Respondents >

1,023

1. In this unit, we discuss ways to prevent errors from happening again. (4.30)
2. We are informed about errors that happen in this unit. (4.12)
3. We are given feedback about changes put into place based on event reports. (4.04)

# Teamwork Index

Mean



Trended Mean >



Percentile Rank

37<sup>th</sup>



The mean is greater than 37% of those in the Gallup Overall database.

Respondents >

1,088

1. When a lot of work needs to be done quickly, we work together as a team to get the work done. (4.21)
2. When one area in this unit gets really busy, others help out. (4.01)

## Regional Services

January 2025 Board Report

### Regional Site Visits

Rankin- Met with providers, no recent issues with transfers. They did mention they have had some issues with getting general surgery patients transferred and have been having to transfer to Abilene, but nothing other than that. Introduced providers to Hannah NP with MCH Procure Pain Management Clinic, she provided contact information and information in regard to what clinic can treat. Referral specialist was out of office at this time, but we left card information to contact for pain mgt referrals.

McCamey- Met with providers and referral specialist introduced Hannah NP and provided contact information. We also met with ED provider, Dr. Addison is back in their community seeing patients only in the ED no recent issues with transfers.

Crane- Met with CEO, providers, ED staff and clinic. Provided MCH updates on providers and transfers. They were also introduced to Hannah and what services MCH Pain Management provides. No needs at this time. No needs or issues at this time.

Ward- Russell, MCH compliance, and Case Management and I met with leadership at Ward Memorial hospital to discuss swing bed referrals and the pathways for patient information to be shared. Monahans agreed they are getting more swing bed referrals, but they are still wanting more. They will be sending over a team to meet with case management. I will also connect them with Texas Tech attendings and hospitalist director as they play a role in discharge planning as well.

### Community Outreach

Dr Atti- Primary Care Odessa Texas

### Other Regional Community Updates

MCH Labor and Delivery donating newborn warmers to 3 rural facilities

Rural hospitals also working with MCH for Labor and Delivery education opportunities

### Telehealth

Month 24'	On Demand	Scheduled
January	21	152
February	30	71
March	16	85
April	8	68
May	7	57
June	13	40
July	11	63
August	13	52



September	13	112
October	13	155
November	5	161
December	13	115

**December 2024 CEO Report**  
**Community Outreach**

**Community Events:**

**December 5** – Holiday Blood Drive. Opportunity for MCHS staff and community to donate blood.

**December 7** - Parks Legado Christmas Tree Market. Urgent Care participated in the event with information on services. MCHS was the Tree and Wreath Sponsor of the event.

**Community Sponsorships:**

**December 7 & 14** - Christmas Tree Market at Parks Legado benefitting the Permian High Band. MCHS is the Tree & Wreath Sponsor for the event.

**December 8** – Christmas Tour of Homes presented by the Odessa Board of Realtors. MCHS is the Education Partner sponsor and has tickets to attend the event.

**December 12** – Christmas Carriage Rides presented by the Junior League of Odessa. MCHS is the VIP Carriage Sponsor. The 12 tickets with this sponsorship were offered to Care Management.

**Upcoming Community Events:**

None at this time

**Upcoming Community Sponsorships:**

**January 25** – Dancing with West Texas Stars. MCHS is the Patron of Pros sponsor and purchased 20 seats for the event. MCHS Foundation also purchased 20 seats.

**January 31** – Chocolate Decadence benefitting the Aphasia Center of West Texas. MCH purchased two Fudge Brownie sponsorships/ two tables. Attendance will be offered to PM&R and 9C stroke staff.

**MCHS FY25 Campaign Build Out**  
**December 2024**

## **Q1 OCTOBER-NOVEMBER-DECEMBER**

PCPs

OB/GYN

Ortho

75th Anniversary

Urgent Care

FHC

Note: Cardio paused until January

### **Digital Ads - Rotating**

75th Anniversary

ORTHO

FAMILY MEDICINE

FHC (Year Round)

Urgent Care

OB/GYN

1) Campaign 1: 75th Anniversary 10%/10% Spanish Click through to this site:  
<https://www.mchodessa.com/about-us/>

2) Campaign 2: ORTHO10%/10% Spanish Click through to this site:  
<https://www.mchodessa.com/services/orthopedics/>

3) Campaign 3: FAMILY MEDICINE 10% Click through to this site:  
<https://www.mchodessa.com/services/Primary-care/>

4) Campaign 4: Urgent Care 10%/15% Spanish Click through to this site:  
<https://www.mchodessa.com/services/mch-urgent-care/>

5) Campaign 5: FHC 15% - FOUR Convenient Locations Click through to this site:  
<https://www.mchodessa.com/services/mch-family-health-clinics/>

6) Campaign 6: OB/GYN 10% Click through to this site:  
<https://www.mchodessa.com/services/ob-gyn-services/>

**NOTE: Urgent Care will also be running a separate digital campaign from Nov - Apr.**

## **Digital Video Ads Rotating**

75th Anniversary – 40%

Ortho - 10%

OB/GYN- 10% Family Medicine - MCHS Family Medicine- 20%

Urgent Care - Tinsel in a Tangle

1) Campaign 1: 75th Anniversary Click through to this site:

<https://www.mchodessa.com/about-us/>

2) Campaign 2: ORTHO Click through to this site:

<https://www.mchodessa.com/services/orthopedics/>

3) Campaign 3: OB/GYN Click through to this

site:<https://www.mchodessa.com/services/ob-gyn-services/> 4) Campaign 4: Family

Medicine – MCHS Family Medicine Click through to this site:

<https://www.mchodessa.com/services/primary-care/>

5) Campaign 5: Urgent Care Click through to this site:

<https://www.mchodessa.com/services/mch-urgent-care/>

## **OA Digital Ads - Rotating**

75th Anniversary

ORTHO

Urgent Care

OB/GYN

FHC

## **TV Commercials - TV Buys - :30**

75th Anniversary – 35%

Urgent Care Tinsel in a Tangle - 20%

Urgent Care - Julie - English 20%/Spanish- 100% (NEW - ready to run the second week in December)

Twas the Night Before Christmas - Foundation 25%

Note: FHC (Raul) will run in January/Will have new Urgent Care :15s to run as bookends in January

## **Station ID's**

75th Anniversary – English 50%/Spanish 50%

Urgent Care - Holiday - English 50%/Spanish 50%

**Billboard (s) -**

-Loving Our Patients

-Walk in Clinic with Hours

-75th Anniversary

-Urgent Care

-Twas the night before Christmas

**Andrews Billboards**

-MCH Branding – Your One Source -Quality Care Close to Home

-75th

-Heart Health (Andrews only, always keep heart health)

**Static Billboard**

My MCH Billboard - Quality Care Close to home

**Midland Lifestyles - December**

AD - Urgent Care v ER

ARTICLE - Urgent Care v ER

January will be State of the Health/New Year/ New You (Due 11/29) - check blog with Melanie -

**Pipeline Magazine - December**

AD - Urgent Care v ER

ARTICLE - Urgent Care v ER

**Odessan Magazine – November**

AD-Urgent Care v ER

ARTICLE - Urgent Care v ER

**Odessa Chamber E-Blast (s) - *Due the Monday before the date listed***

First, second, third Wed of the month

(February & March we will not have the 1st Wed - it will be the last Wed)

December 2nd (runs on Monday instead of Wednesday): Giving Tuesday Don't need a separate eblast

Link to: TBD

December: 11th Urgent Care v ER

Link to: <https://www.mchodessa.com/services/mch-urgent-care/>

December 18th: Merry Christmas (art to come from MCHS)

Link TBD

**Chamber Digital Mailer – December**

Urgent Care w/ Santa (take thanksgiving off)

**Podcast J & J Topics/Promos - November**

Wk 1- 75th Anniversary in December

Wk 2- Urgent Care vs. ER

Wk 3- 75th Anniversary in December

Wk 4- Urgent Care vs. ER

May have new providers - ENT & GI in January