



(325) 387-2521 FAX: (325) 387-2396 www.sonora-hospital.org

Our Mission

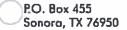
"To provide quality health care and services which are responsive to the needs of our community in the spirit of our founders"

PUBLIC NOTICE

A regular meeting of the Sutton County Hospital District, Board of Directors, will be held on Monday, February 26, 2018 at 6:00 PM in the multi-purpose room of the wellness center at LMH Memorial Hospital, 308 Hudspeth, Sonora, Texas.

- 1. Call to Order
- 2. Approval of minutes from the regular meeting of January 22, 2018
- 3. Discussion and approval of Avera e-Care (ER Telemedicine) agreement.
- 4. Financial report ending 01/31/18 and January expenditures.
- 5. Alvis F. Johnson Hospice IDT Update
- 6. Approval of Will Griffin DO employment agreement.
- 7. Approval of bid for South Heights, Block 59A, Lot NW 40' Lot 5, from Arturo Fuentes for \$5,500.
- 8. Approval of bid for Block W35, Lot 7, from Standley Clay Anderson for \$5,555.
- 9. CEO report

Sharon Holman President





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REGULAR MEETING Sutton County Hospital District February 26, 2018

The regular meeting of the Sutton County Hospital District, Board of Directors, was held on Monday, February 26, 2018 at 6:00 PM in the multipurpose room at LMH Memorial Hospital, 308 Hudspeth, Sonora, Texas. The following board members were present:

Sharon Holman, President
Edward Earwood
Adelita Alvarez
Lenora Pool
John-Henry Strauch
Don Longoria

Also present: John Graves, CEO; Michelle Schaefer, Board Secretary; Joe Marshall; Joe David Ross; Pam Miller; Kelsey Coffman; Sonia Castro; Lynn Burchell.

Sharon Holman called the meeting to order at 6:00 PM.

Don Longoria moved, Edward Earwood seconded, to approve the minutes of the regular meeting of January 22, 2018. All voted in favor.

John Parks with e-Care conducted a presentation on ER Telemedicine. Lenora Pool moved, Adelita Alvarez seconded, to approve a two year contract with Avera e-Care. Voting for were, Lenora Pool, Adelita Alvarez, Edward Earwood. Abstaining were Don Longoria and John-Henry Strauch.

Edward Earwood moved, Adelita Alvarez seconded, to approve the financials and expenditures ending 01/31/18. (Exhibit A) All voted in favor.

Lynn Burchell presented the Alvis F Johnson Hospice IDT. (Exhibit B)

Lenora Pool moved, Edward Earwood seconded, to approve the contract with Will Griffin DO. (Exhibit C) All voted in favor.

Don Longoria moved, Lenora Pool seconded, to accept a bid of \$5,500 from Arturo Fuentes for South Heights, Block 59A, Lot NW 40' Lot 5, as presented from Perdue Brandon Attorneys at Law. (Exhibit D) All voted in favor.

Adelita Alvarez moved, Lenora Pool seconded, to accept a bid of \$5,555 from Standley Clay Anderson for Block W35, Lot 7, as presented from Perdue Brandon Attorneys at Law, (Exhibit E) All voted in favor.

John Graves presented the CEO report. (Exhibit F)

Adelita moved, Don Longoria seconded, to adjourn at 8:20 pm.

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Adelita Alvarez moved, Don Longoria seconded, to adjourn at 8:20 PM.

Sharon Holman President

ATTEST:

Michelle Schaefer, Board Secretary

(EXHIBITY)

January 2018 Financial Update

General Comments:

January, also used as year to date, same time period, was especially busy both in the clinic and in the hospital, for all services. Much of the activity was related to the flu and respiratory illnesses. You will note for many departments compensation, benefits, and taxes will exceed the budget target. Some of the overages are due to staff vacancies filled by extra shifts, PRNs, and overtime, which the latter two can be very expensive. We are hopeful most of this will level out as we progress through the year. The good news is every dollar expensed generated \$1.66 in return.

Balance Sheet

A transfer of \$ 200,000 was made from money market to operating account in January. Current collections from Sutton County Appraisal District currently stand at 80% collected as of January 31, 2018. Fukuda Denshi Telemetry System installation was added to fixed equipment for \$24,000 and the deprecation was backed up to the November 2017 installation date; CPSI MU3-Cloud-BI software upgrade for \$82,920 was added to fixed assets and placed into service.

Income Statement Summary

Month of January

Net patient service revenue: \$ 918,414
Other operating revenue: \$ 240,171
Non-operating revenue: \$ 11,544
Total Revenue: \$ 1,170,129

Operating Expenses: (\$ 762,907)

PROFIT \$ 407,222

YTD Jan

Net patient service revenue: \$ 918,414
Other operating revenue: \$ 240,171
Non-operating revenue: \$ 11,544
Total Revenue: \$1,170,129

Operating Expenses: (\$ 762,907)

PROFIT: \$ 407,222

Variances reported plus or minus (+/-) 5%

Program Item	Month	YTD	Comments
Gross Revenue/Charges	31%	31%	Gross Revenue break out for January actual as a

	111111111111111111111111111111111111111	(1,040055))	percentage of budget shows Lab/X-ray/EKG (112%);
			IP/OBS/PT/RX/Pro Fee (159%); Emergency Room
			(169%); EMS (159%); Wellness Center (140%); Sonora Medical Clinic (222%).
- 100 (100%) To 10 (100 100)			Adjustments, mostly from December revenue are
Deductions/Adjustments	-10%	-10%	down. From a cyclical perspective one can expect
	10%	10,0	February and March deductions to increase.
			Result of Gross Rev minus Adjustments above.
Net Patient Service Revenue	167%	167%	Reflects business has increased.
Other Operating Revenue	217%	217%	DSRIP revenue \$222,778
	7		Increased revenue for January created a need for
Alurrian calculated (all)	2.000	4.4504	use if PRNs, overtime, and PTO payout \$7300.
Nursing salaries (all)	146%	146%	There are currently three vacancies with one to
- Claud			come in March.
Nursing Payroll Taxes	152%	152%	Resulting from increased salaries
Nursing Education/Travel	359%	359%	Health Stream training & CNO TORCH Conf in April
Nursing Contracted Srvs	549%	549%	Qtrly THCIC reporting & Annual HCAPS Fee
Nursing Dues/Computer	-33%	-33%	Below budget
ER Supplies	151%	151%	Direct result of increase revenue in ER
			Some locums are admitting and performing rounds
ER Physician Coverage	107	107%	which drive an additional expense. All admissions
	11177	(Earline)	in Jan converted to Dr. Pajestka.
EMS Payroll Taxes	141%	141%	Investigating, could be some employees adjusted
		212/0	individual tax deductions. Difference is \$808.00.
EMS Supplies	115%	115%	Direct correlation to increased revenue (69%
			increase after adjustments)
EMS Fuel	165%	165%	Direct correlation to increased revenue (69%
EMS Education/Travel	297%	297%	increase after adjustments)
EMS Equip/Maint	-70%	-70%	Health Stream training
EMS Bldg Rpr	188%	188%	Anticipate expenditures later in the year
Treatment Room	265%	265%	Repair electrical connection & lighting
Laboratory Salaries	106%	106%	Specialty physician guarantee Callback after hours
		Maria Carrier	
Laboratory Supplies	115%	115%	Supplies increase as a result of qtrly purchase & increased revenue
			Increase in EMS, ER, and ancillary services; trained
Radiology Salaries	109%	109%	PRN to cover for PTO and other absences
Radiology Employee Benefits	-28%	-28%	Same as above.
Radiology CT/Ultrsnd	•		Expense moved to leased equipment
Radiology Dues/Computer	200%	200%	Annual CT/Radiology License
Radiology Equipment/Maint	-51%	-51%	Anticipated maintenance expense later in year
EKG Salaries	150%	150%	Direct correlation to increased revenue
PT Salaries	-16%		Budget includes overlap for new PT in Apr, should
	-10%	-16%	level out after April.
PT Supplies	284%	284%	Purchase of therabands.
RX Supplies	389%	389%	Expired medications
			The second secon

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Business Office Salaries	-14%	-14%	Amended budget allowed restoring of one FTE, which did not work the whole month of Jan.
Business Office Due/Comp	121%	121%	Increased CPSI fees
IT Salaries	-32%	-32%	Hourly employee has not worked full schedule; use of outsourcing to accommodate the difference.
IT Dues/Computer	-21%	-21%	Below anticipated budget
Admin Salaries	108%	108%	This may be due to accruals which should level out over the year. Validated salaries against budget and all are correct.
Admin Payroll Taxes	138%	138%	Reflects above; also checking to ensure HR has appropriate distribution of time in system.
Admin Employee Benefits	137%	137%	Reflects two above; also checking to ensure HR has appropriate distribution of time in system.
Admin Education/Travel	-91%	-91%	Anticipated education/travel later in year
Admin Dues/Computer	144%	144%	TORCH/NRHA annual dues
Dietary Salaries	-15%	-15%	Primarily schedules staff based on days of admissions.
Housekeeping Contracted Srv	113%	113%	Increase in laundry fees
Material Mgmt Supplies	454%	454%	Expired supplies
Resp Therapy Salaries	-48%	-48%	Less workload, shifted to nursing.
Resp Therapy Supplies	220%	220%	Purchase of oxygen
Wellness Center Equip	256%	256%	Purchase of weights/circuit training equip
SMC Salaries	-34%	-34%	Anticipated increase in salaries after Griffin arrives
SMC Supplies	133%	133%	Direct correlation to increased revenue
SMC Equipment	-27%	-27%	Anticipated equipment purchase later in year
Hospice Employee Benefits	-45%	-45%	Demand was less.
Hospice Contracted Srvs	-90%	-90%	Not meeting budget requirements this early, may level out over time.
Tax Collection Fee	328%	328%	Qtrly fee to Appraisal District
Interest Income	134%	134%	Interest on radiology leases
Depreciation Expense	111%	111%	Changes in capital expenditures

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District Gross Charges	\$	1,441,667	5	1,233,871	5	864,840	S	1,342,725	П	\$ 477,886		5	108,655	0	5	(98,941)	
- Contractual Adjustments plus All other Adjustments	\$	588,387	\$	366,745	\$	542,670	\$	424,312	П	5 (118,358)	0	5	57,567	-	_	(164,075)	
= Net Patient Revenue	5	853,279	\$	847,126	\$	322,170	\$	918,414	I	5 596,244		5	51,288	0	5	65,134	
+ Other Operating Revenue	\$	416,685	\$	18,462	\$	12,617	\$	240,171	I	\$ 227,554		5	221,709	0	5	(176,514)	
+ Non-Operating Revenue	5	9,923	\$	9,520	\$	11,520	5	11,544	I	\$ 24		5	2,025	0	5	1,621	
= Total Revenue		1,279,887	\$	895,107	5	346,307	\$	1,170,129	l	\$ 823,822	0	5	275,022	0	5	(109,758)	•
- Operating Expenses	\$	833,714	\$	828,213	S	713,037	\$	762,907	П	\$ 49,870		5	(65,306)		5	(70,867)	
= Net Positon (Total Revenue minus Expenses)	5	448,173	\$	66,894	5	(366,730)	\$	407,222	П	5 773,952		5	340,327	0	5	(38,951)	
Collections rate per day	5	27,525	\$	27,972	\$	10,393	\$	29,626	П	\$ 19,234	0	5	1,654		15	2,101	_

LILLIAN H HUDSPETH MEMORIAL BALANCE SHEET

FOR THE HONTH ENDING: 01/31/18

	Current Year	Prior Year	Het Change
ASSETS			
CURRENT ASSETS			
CASH-OPERATING ACCOUNT	470,492.36	399,524.52	70,967,84
CASH ON HAND	200.00	200.00	.00
CASH-MONEY MARKET	1,919,327.79	3,732,994.56	(1,813,666.77)
CASH-CERTIFICATE OF DEPOSITS	3,043,299.25	.00	3,043,299.25
SAMANGELO AREA FOUNDATION	13,471,975.27	11,692,878.83	1,779,096.44
ACCOUNTS RECEIVABLE HOSPITAL	1,767,767.60	1,587,492.86	180,274.74
ACCOUNTS RECEIVABLE ROCKSPRINGS CLINIC	.00	2,473.37	(2,473.37)
ACCOUNTS RECEIVABLE SONORA CLINIC	106,620.84	4,283.30	102, 337.54
ACCOUNTS RECEIVABLE CMS	(401,623.00)	310,959.00	(712,582.00)
TAXES RECEIVABLE - CURRENT	185,398.92	161,815.55	
TAXES RECEIVABLE - DELINQUENT	30,229,70	24,234.45	23,583.37
GTHER ASSET-THIE	75,154.00	75,154.00	5,995.25
ACCOUNTS RECEIVABLE-OTHER	30,000.00	32,727,50	.00
ALLOWANCES FOR UNCOLLECTIBLES	(905, 246.72)	(905, 246, 72)	(2,727.50)
INVENTORIES	105, 131.15	118,873.96	.00
CASH CLEARING	948.25		(13,742.81)
FREPAID INSURANCE & INTERST	23,138.84	.00	948.25
FREPAID MAINTENANCE	28,747.12	44,740.16	(21,601.32)
PREPAID FIXED EQUIPMENT	6,652.25	28,652.15	94.97
Timesta Trimp effections	0,032.23	6,819.06	(166.81)
TOTAL CURRENT ASSETS	19,958,213.62	17,318,576.55	2,639,637.07
PLANT, PROPERTY & EQUIPMENT			
DEFERRED OUTFLOWS OF RESOUCES	874,306.00	874,306.00	.00
LAIID	260,074.00	260,074.00	
BUILDINGS	9,851,646.81	9,802,146.81	.00
FIXED EQUIPMENT	3,085,818.50	5,289,746.05	49,500.00
HOVABLE EQUIPMENT	1,744,757.70		(1,403,927.55)
NEDICAL CLINIC BUILDINGS	783,031.72	1,941,189.55	(196, 431.85)
MEDICAL CLINIC IMPROVEMENTS	49,988.77	725,266.72	57,765.00
BUILDING PROCESS-APT BREEZWAY	4,780.00	49,988.77	.00
EUILDING PROCESS-TREADILLS	20,432.40	.00	4,780.00
BUILDING PROCESS-POOL HEATER	5,814.95	43,380.00	(22,947.60)
ACCUM DEPRECIATION-BUILDINGS		.00	5,814.95
ACCUM DEPRECIATION-FIXED EQUIPMENT	(3,434,618.75) (2,031,509.34)	(3, 130, 093.21)	(304,525.54)
ACCUM DEPRECIATION-HOV EQUIPMENT	(1,110,037.40)	(3,827,596.65)	1,796,087.51
ACCUM DEPRECIATION-MEDICAL CLINIC BLOG		(1,456,857.03)	346,819.63
MOOSI PERMETATION TREDICAS CENTIC DESC	(323,794.68)	(305,955.12)	(17,839.56)
HET PROPERTY, PLANT & EQUIP	10,580,690.68	10,265,595.69	315,094.99
TOTAL ASSETS	30,530,904.30	27,584,172.24	2,954,732.06

LILLIAN H HUDSPETH MEMORIAL

BALANCE SHEET

FOR THE MONTH ENDING: 01/31/18

	Current Year	Prior Year	Net Change
LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	235,867.30	198,237.10	37,630.20
ACCOUNTS PAYABLE COMMERCE BANK	21,158.89	(179.82)	21.338.71
OTHER PAYABLE CPSI	65,645.00	39,042.00	26,603.00
OTHER PAYABLE	271,640.20	263,624.08	8,016.12
PAYROLL TAXES PAYABLE	8,271.67	7,272.40	999.27
A/R DEDUCTIONS PAYABLE	.00	250.00	(250.00)
EMPLOYEE INSURANCE PAYABLE	4,416.46	4,180.21	236.25
ACCRUED SALARIES PAYABLE	111,968.45	98,546.70	13,421.75
ACCRUED VACATION	188,839.41	186,959.23	1,880.18
DEPOSITS	5,050.00	6,500.00	(1,450.00)
TOTAL CURRENT LIABILITIES	912,857.38	804,431.90	108,425.48
NOTE PAYABLE			
HET PENSION LIABILITY	(23,908.00)	(23, 908.00)	.00
DEFERRED INFLOWS OF RESOURCES	262,149.00	262,149.00	.00
LEASE PAYABLE - LT	967,794.71	.00	967,794.71
TOTAL LONG TERM LIABILITIES	1,206,035.71	238,241.00	967,794.71
RESTRICTED FUND BALANCE			
FUND BALANCE - CAPITAL	19,569,317.76	19,569,317.76	.00
CURRENT YEAR PROFIT/LOSS	407,221.68	(366, 730.34)	773,952.02
RESERVED RET EARNINGS BAL FWD	8,443,471.77		1,104,559.85
TOTAL FUIID BALANCE	28,420,011.21	26,541,499.34	1,878,511.87
TOTAL LIABILITIES & FUND BALANCE	30,538,904.30	27,584,172.24	2,954,732.06

LILLIAN M HUDSPETH MEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 MONTH ENDING: 01/31/18

		НОНТН	744		Y Е	AR TO DAT	F
	ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
	43 040 00	00 200 50		REVENUE			
	47,040.00	20,380.50	26,659.50	ROOM & BOARD	47,040.00	20,380.50	26,659.50
	6,653.82	4,085.17	2,568.65	CENTRAL SUPPLY	6,653.82	4,085.17	2,568.65
	353,290.03	304,466.00	40,823.95	LABORATORY - IMPATIENT & OUT	353,290.03	304,466.08	48,823.95
	11,396.00	9,027.58	2,368.42	EKG	11,396.00	9,027.58	2,368.42
	74,646.00	78,574.92	(3,928.92)	RADIOLOGY	74,646.00	78,574.92	(3, 928.92)
	163,042.00	136,573.50	26,468.50	CT SCAN	163,042.00	136,573.50	26,468.50
	33,105.00	38,965.17	(5,860.17)	MRI	33,105.00	38,965.17	(5,860.17)
	35,188.30	33,093.67	2,094.63	PHYSICAL THERAPY	35,188.30	33,093.67	2,094.63
	49,266.12	27,074.75	22,191.37	PHARMACY	49,266.12		22,191.37
	43,314.00	17,067.08	26,246.92	INHALATION THERAPY	43,314.00	17,067.08	26,246.92
	2,880.00	4,171.42	(1,291.42)		2,880.00	4,171.42	(1,291.42)
	259,584.00	153,684.00	105,900.00	EMERGENCY ROOM	259,584.00	153,684.00	105,900.00
	119,899.14	75,288.00	44,611.14	EMS	119,899.14	75,288.00	
	23,408.00	28,058.67	(4,650.67)		23,408.00	28,058.67	44,611.14
	6,336.00	4,533.50	1,802.50	WELLNESS CENTER MEMBERSHIP	6,336.00	4,533.50	(4,650.67)
	40,238.00	22,289.58	17,948.42	PROFESSIONAL FEES	40,238.00		1,802.50
	73,439.06	32,935.00	40,504.06	RURAL HEALTH CLINIC	73,439.66	22,289.58	17,948.42
	.00	33,035.75	(33, 035.75)		.00	32,935.00 33,035.75	40,504.06 (33,035.75)
						44,433.13	(22)(22)(3)
	1,342,725.47	1,023,304.34	319, 421:13	PATIENT REVENUE	1,342,725.47	1,023,304.34	319,421.13
				DEDUCTIONS FROM REVENUE			
	120,874.46	171,094.25	50,219.79	CONTRACTUAL ADJ - MEDICARE	125, 974.46	171,094.25	50,219.79
	47,536.59	41,243.67	(6, 292.92)	CONTRACTUAL ADJ - MEDICAID	47,536.59	41,243.67	(6, 292.92)
	1,054.41	6,148.33		CONTRACTUAL ADJ - WORKMAN CO	1,054.41	6,149.33	5,093.92
	18,818.73	33,787.75	14,969.02		18,818.73	33,787.75	14,969.02
	14,664.55	10,402.92	(4,261.63)	CONTRACTUAL ADJ - PRO FEES	14,664.55	10,402.92	(4, 261.63)
	4,654.15	2,694.67	(1,959.48)		4,654.15	2,694.67	
	35,735.87	25,272.58		CONTRACTUAL ADJ - EMS	35,735.87	25,272.58	(1,959.48)
	.00	13,250.00	13,250.00	CONTRACTUAL ADJ - HHEH	.00	13,250.00	(10, 463.29)
	43,117.65	21,636.67	(21,481.18)		43,117.85	21,636.67	13,250.00
	11,657.74	3,008.08	(8,649.66)		11,657.74	3,008.08	(21, 481.18)
	105,231.00	114,221.25	8,990.25	BAD DEBT EXPENSE	105, 231.00		(8,649.66)
	9,296.62	14,331.17	5,034.55	BAD DEBT EMS	9, 296.62	114,221.25	8,990.25
	8,285.67	13,249.58	4,963.91	COURTESY ALLOWANCE	8,285.67	14,331.17	5,034.55
	.00	(45.17)	(45.17)			13,249.58	4,963.91
	3,384.15	2,537.25	(846.90)		.00 3,384.15	(45.17)	(45.17)
				The state of the s	3,304.13	2,537.25	(846.90)
	424,311.79	472,833.00	48,521.21	TOTAL DEDUCTIONS FROM REVE	424,311.79	472,833.00	48,521.21
	918,413.68	550,471.34	367,942.34	NET PATIENT SERVICE REVENU	918,413.68	550,471.34	367,942.34
	2,074.00	2,333.33	(259.33)	MEALS	2 02 1 20		
	238.90	158.33	80.57		2,074.00	2, 333.33	(259.33)
	225,682.64	54,125.33		SALE OF ABSTRACT	238.90	158.33	80.57
_	12,175.19	12,500.00	171,557.31	OTHER OPERATING INCOME	225,682.64	54,125.33	171,557.31
	1,158,584.41	619,588.33	(324.81)	RECOVERY OF BAD DEBTS	12,175.19	12,500.00	(324.81)
1	14.406406141	117,000,11	538,996.08	TOTAL OPERATING REVENUE	1,158,584.41	619,588.33	538,996.08

LILLIAN M HUDSPETH MEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 MONTH ENDING: 01/31/18

		НОИТН	-		Y E A R	TO DAT	· F
	ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
				OPERATING EXPENSES			
	44,064.57	32,788.42		NRSG - RN SALARIES	44,064.57	32,788.42	(11,276.15)
	27,798.79	16,992.33		NRSG - LVN SALARIES	27,798.79	16,992.33	(10,806.46)
	6,355.05	4,017.83		NRSG - AIDES SALARIES	6,355.05	4,017.83	(2,337.22)
	6,600.55	4,347.67		NRSG - PAYROLL TAXES	6,600.55	4,347.67	(2,252.88)
	15,057.06	14,340.75		NRSG - EMPLOYEE BENEFITS	15,057.06	14,340.75	(716.31)
	958.36	833.33		NRSG - SUPPLIES	858.36	833.33	(25.03)
	2,539.52	708.33		NRSG - EDUCATION/TRAVEL	2,539.52	708.33	(1,831.19)
	7,323.81	1,333.33		NRSG - CONTRACTED SERVICES	7,323.81	1,333.33	(5,990.48)
	4,450.28	6,616.67		NRSG - DUES/SUBSCRIP/COMPUTE	4,450.28	6,616.67	2,166.39
	.00	416.67	416.67		.00	416.67	416.67
	115,047.99	82,395.33	(32,652.66)	NRSG - EXPENSES	115,047.99	82,395.33	(32,652,66)
	2,522.95	1,666.67		ER - SUPPLIES	2,522.95	1,666.67	(856.28)
	.00	416.67	416.67	ER - EDUCATION/TRAVEL	.00	416.67	416.67
	104.00	833,33	729.33	ER - CONTRACTED SERVICES	104.00	833.33	729.33
	.00.	292.50		ER - DUES/SUBSCRIP/COMPUTER	.00	292.50	292.50
	175.58	433.33	257.75	0.70	175.58	433.33	257.75
	75,783.80	70, 939.75		ER - PHYSICIAN COVERAGE	75,783.80	70,939.75	(4,844.05)
	78,586.33	74,582.25	(4,004.08)	ER - EXPENSES	78,586.33	74,582.25	(4,004.08)
	40,701.26	40,331.25		EMS - SALARIES	40,701.26	40,331.25	(370.01)
	2,805.09	1,996:17		EMS - PAYROLL TAXES	2,805.09	1,996.17	(808.92)
\	7,050.81 861.33	7,130.92	80.11	EMS - EMPLOYEE BENEFITS	7,050.81	7,130.92	80.11
/	1,715.48	750.00		EMS - SUPPLIES	861.33	750.00	(111.33)
	1,359.60	1,041.67		EMS - FUEL	1,715.48	1,041.67	(673.81)
	75.64	458,33		EMS - EDUCATION/TRAVEL	1,359.60	458.33	(901.35)
	.00	58.33		EMS - RENTAL EXPENSE	75.64	58.33	(17.31)
	1,000.00	41.67	41.67	EMS - MISC EXPENSE	.00	41.67	41.67
	48.11	1,083.33 416.67	83.33	EMS - CONTRACTED SERVICES	1,000.00	1,083.33	83.33
	499.01	1,666.67	368.56	EMS - DUES/SUBCRIP/COMUTER	48.11	416.67	368.56
	684.70	750.00	1,167.66 65.30	EMS - EQUIPMENT/MAINTENANCE	499.01	1,666.67	1,167.66
	939.15	500.00	(439.15)	EMS - UTILITIES	684.70	750.00	65.30
	1,075.62	1,125.00	49.38	EMS - BLDG REPAIR	939.15	500.00	(439.15)
	3,747.74	3,791.67	43.93	EMS - INS BLOG/EQUIP	1,075.62	1,125.00	49.36
	62,563.62	61,141.68	(1,421.94)	EMS - DEPRECIATION BLDG/EQUI EMS - EXPENSES	3,747.74	3,791.67	43.93
	2,208.61	833.33		TRHT ROOM - SALARIES	62,563.62	61,141.68	(1,421.94)
	2,208.61	833.33	(1, 375.28)	TRHT ROOM - EXPENSES	2,208.61	833.33	(1,375.28)
	19,290.39	18,269.67	* * * *	LAB - SALARIES	2,208.61 19,290.39	833.33	(1,375.28)
	1,176.94	1,084.67		LAB - PAYROLL TAXES	1,176.94	18,269.67	(1,020.72)
	2,605.45	3,315.08	709.63	LAB - EMPLOYEE BEHEFITS	2,605.45	1,084.67 3,315.08	(92.27)
	25,840.48	22,500.00	(3,340.48)	LAB - SUPPLIES	25,840.48	22,500.00	709.63
	.00	125.00	125.00	LAB - EDUCATION/TRAVEL	-00	125.00	(3,340,48) 125.00
	4,406.63	4,583.33	176.70	LAB - CONTRACTED SERVICES	4,406.63	4,583.33	176.70
	1,151.95	1,250.00	98.05	LAB - DUES/SUBSCRIP/COMPUTER	1,151.95	1,250.00	98.05
	9,979.63	10,833.33	853.70	LAB - EQUIPMENT/MAINTENANCE	9,979.63	10,833.33	853 ₊ 70
	64,451.47	61,961.08	{2,490.39}	LAB - EXPENSES	64,451.47	61,961.08	(2,490.39)
	22,759.93	20,806.67	(1,953.26)	RADIOLOGY - SALARIES	22,759.93	20,806.67	(1,953.26)
	1,426.83	1,890-17	463.34	RADIOLOGY - PAYROLL TAXES	1,426.83	1,890.17	463.34
	3,461.23	4,829.33	1,368.10	RADIOLOGY - EMPLOYEE BENEFIT	3,461.23	4,829.33	1,368-10
10	167.28	833.33	666.05	RADIOLOGY - SUPPLIES	167.28	833.33	666.05
	+00	2,133.33	2,133.33	RADIOLOGY - CT SCAN EXPENSE	00	2,133.33	2,133.33
	.00	558.33	558.33	RADIOLOGY - ULTRASOUND EXPEN	.00	558.33	558-33
	7,077.67	7,333,33	255.66	RADIOLOGY - MRI	7,077.67	7,333.33	255.66

LILLIAN H HUDSPETH MEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 MONTH ENDING: 01/31/18

	ноитн			Y E A R	70 0 0 2 7	F
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
.00	666,67	666.67	TIDIOLOGY MANGARIAN (MANAGAMA)	alle eller i		
.00	458.33	458.33			666.67	666.67
2,996.72	1,500.00		RADIOLOGY - CONTRACTED SERVI		458.33	458.33
4,069.04	7,916.67	3,847.63	RADIOLOGY - DUES/SUBSCRIP/CO	2,996.72	1,500.00	(1,496.72)
28,967.35	30,491.67			4,069.04	7,916.67	3,847.63
70,926.05		0 401 70	RADIOLOGY - EQUIPMENT DEPREC	28,967.35	30,491.67	1,524.32
792.28	526.92	1255 761	RADIOLOGY - EXPENSES EKG - SALARIES		79,417.83	8,491.70
14.51	41.67	27.16		792.28	526.92	(265.36)
.00	41.67	41.67		14.51	41.67	27.16
806.79	610.26	(196.53)		.00	41.67	41.67
151.25	833.33	682.08		806.79	610.26	(196.53)
151.25	833.33	682.08		151.25	833.33	682.08
10,102.14	12,071.33		BLOOD - EXPENSES PT - SALARIES	151.25	833.33	682.08
865.93	938.42			10,102.14	12,071.33	1,969.19
2,315.14	2,408.50	93.36	PT - PAYROLL TAXES	865.93	938.42	72.49
473.77	166.67		PT - EMPLOYEE BENEFITS PT - SUPPLIES	2,315.14	2,408.50	93.36
152.89	208.33	55.44		473.77	166.67	(307.10)
152.30	166.67		PT - EDUCATION/TRAVEL	152.89	208.33	55.44
.00	166.67	166 67	PT - DUES/SUBSCRIP/COMPUTER	152.30	166.67	14.37
4,643.76	4,416.67	100.07	PT - EQUIPMENT/MAINTENANCE	.00	166.67	166.67
18,705.93	20,543.26	1.837.33	PT - CONTRACTED SERVICES	4,643.76	4,416.67	(227.09)
4,574.35	4,654.67	80.32	PT - EXPENSES	18,705.93	20,543.26	1,837.33
347.20	350.75	3.55			4,654.67	80.32
1,068.60	1,095.08	26.48	RX - PAYROLL TAXES	347.20	350.75	3.55
19,446.95	5,000.00			1,068.60	1,095.08	26.48
2,769.00	2,916.67			19,446.95	5,000.00	(14,446.95)
900.72	1,166.67	265.95	RX - CONTRACTED SERVICES		2,916.67	147.67
781.22	875.00	93.78	RX - DUES/SUBSCRIP/COMPUTER	900.72	1,166.67	265.95
29,888.04	16,058.84	(13, 829.20)	RX - EQUIPMENT EXPENSE		875.00	93.78
.00	1,166.67	1,166.67	RX - EXPENSES 340B PGM - SUPPLIES	29,888.04	16,058.84	(13,829.20)
.00	41.67	41.67		.00	1,166.67	1,166.67
.00	1,206.34		340B PGM - DUES/SUBSCRIP/COM	.00	41.67	41.67
0,302.76	9,683.25	1,380.49	340B PGM - EXPENSES BUSINESS OFC - SALARIES	.00	1,208.34	1,208.34
858.84	976.33	117.49			9,683.25	1,380.49
3,845.97	4,759.17	913.20	BUSINESS OFC - PAYROLL TAXES BUSINESS OFC - EMPLOYEE BENE		976.33	117.49
106.15	166.67	60.52		3,845.97	4,759.17	913.20
.00	416.67	416.67	Distance and account	106.15	166.67	60.52
1,649.00	2,000.00	351.00	BUSINESS OFC - CONTRACTED SE	.00	416.67	416.67
3,575.40	2,958.33	(617.07)		1,649.00	2,000.00	351.00
.00	200.00	200.00	BUSINESS OFC - EQUIPMENT/MAI	3,575.40	2,958.33	(617.07)
18,338.12	21,160.42	2,822.30	BUSINESS OFC - EXPENSES	.00	200.00	200.00
2,019.36	2,985.50	966.14	IT - SALARIES	18,338.12	21,160.42	2,822.30
164.67	218.75	54.08	IT - PAYROLL TAXES	2,019.36	2,985.50	966.14
919.26	973.50	54.24	IT - EMPLOYEE BENEFITS	164.67	218.75	54.08
.92	41.67	40.75	IT - SUPPLIES	919.26	973.50	54.24
.00	416.67	416.67	IT - EDUCATION/TRAVEL	.92	41.67	40.75
7,128.37	7,500.00	371.63	IT - CONTRACTED SERVICES	.00	416.67	416.67
4,030.15	5,083.33	1,053.18	IT - DUES/SUBSCRIP/COMPUTER	7,128.37	7,500.00	371.63
.00	2,083.33	2,083.33	IT - EQUIPMENT/MAINTENANCE	4,030.15	5,083.33	1,053.18
14,262.73	19,302.75	5,040.02	II - EXPENSES	.60	2,083.33	2,083.33
35,548.66	32,824.25		ADMIN - SALARIES	14,262.73	19,302.75	5,040.02
3,328.79	2,410.25		ADMIN - PAYROLL TAXES	35,548.66	32,824.25	(2,724.41)
5,689.57	4,152.92	(1,536.65)		3, 328.79	2,410.25	(918.54)
		(41990109)	THE PATER DENETITS	5,689.57	4,152.92	(1,536.65)

LILLIAN M HUDSPETH MEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 HONTH ENDING: 01/31/18

	ноитн			Y E A R	TO DATE	
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
594.81	500.00	(94.81)	ADMIN - SUPPLIES	594.81	500.00	(94.81)
152.50	1,666.67	1,514.17	ADMIN - EDUCATION/TRAVEL	152.50	1,666.67	1,514.17
.00	66.67		ADMIN - RENTAL/MEETINGS EXPE		66.67	66.67
3,407.32	3,333.33	(73.99)	ADMIN - COLLECTION AGENCY FE	3,407.32	3,333.33	(73.99)
748.05	500.00		ADMIN - SERVICE CHARGES	746.05	500.00	(248.05)
.00	3,333.33	3,333.33	ADMIN - MISC EXPENSE	.00	3,333.33	
.00	16,666.67		ADMIN - CONTRACTED SERVICES	nn.	16,666.67	
4,198.57	2,916.67	(1,281.90)	ADMIN - DUES/SUBSCRIP/COMPUT	4,198.57	2,916.67	
2,043.75	3,333.33	1,209.58	ADMIN - ADS/INTERNET CHARGES	2,043.75	3,333.33	1,289.59
538.72	666.67	127.95	ADMIN - EQUIPMENT/MAINTENANC	538.72	666.67	127.95
56,250.74	72,370.76	16,120.02	ADMIN - EXPENSES	56,250.74	72,370.76	
5,826.25	6,840.25	1,014.00	DIETARY - SALARIES	5,826.25		
465.51	502.92		DIETARY - PAYROLL TAXES	465.51	502.92	37.41
2,728.27	2,779.00	50.73	DIETARY - EMPLOYEE BENEFITS	2,728.27	2,779.00	50.73
367.84	333.33	(34.51)	DIETARY - SUPPLIES	367.84	333.33	(34.51)
3,096.60	2,750.00	(346.60)	DIETARY - FOOD EXPENSE	3,096.60	2,750.00	(346.60)
450.00	541.67		DIETARY - CONTRACTED SERVICE	450.00	541.67	91.67
5.15	16.67		DIETARY - DUES/SUBSCRIP/COMP		16.67	11.52
516.00	416.67		DIETARY - EQUIPMENT/MAINTENA		416.67	(99.33)
13,455.62	14,180.51			13,455.62		
5,043.63	5,565.67	522.04	HSEKPG - SALARIES	5,043.63	5,565.67	522.04
358.42	393,92	35.50		358.42	393.92	35.50
2,605.00	2,678.58	73.56	HSEKPG - EMPLOYEE BENEFITS	2,605.00	2,678.58	73.58
450.80	583.33	132.53	HSEKPG - SUPPLIES	450.80	583.33	132,53
2,825.06	2,250.00	(575.06)	HSEKPG - CONTRACTED SERVICES	2,825.06	2,250.00	
.00	41.67	41.67	HSEKPG - MISC EXPENSE	.00	41.67	41.67
11,282.91	11,513.17	230.26	HSEKPG - EXPENSES	11,282.91	11,513.17	230.26
10,321.22	10,374.42	53.20	OPERATIONS - SALARIES	10,321.22	10,374.42	53.20
666.29	782.83	116.54	OPERATIONS - PAYROLL TAXES	666.29	782.83	116.54
3,030.23	3,036.92	6.69	OPERATIONS - EMPLOYEE BENEFI	3,030.23	3,036.92	6.69
23.33	41.67	18.34	OPERATIONS - SUPPLIES	23.33	41.67	18.34
127.03	100.00	(27.03)	OPERATIONS - EDUCATION/TRAVE	127.03	100.00	(27.03)
17.50	16.67	(.83)	OPERATIONS - DUES/SUBSCRIP/C	17.50	16.67	(.83)
.00	66.67	66.67	OPERATIONS - EQUIPMENT/MAINT	.00	66-67	66.67
14,185.60	14,419.18	233.58	OPERATIONS - EXPENSES		14,419.18	233.58
2,415.19	2,426.67	11.48	MAT MGMT - SALARIES	2,415.19	2,426.67	11.46
186.09	185.67	(-42)	MAT HGHT - PAYROLL TAXES	186.09	185.67	(.42)
930.98	941.42	10.44	HAT MGMT - EMPLOYEE BENEFITS	930.98	941.42	10.44
2,536.35	558.33	(1,978.02)	HAT MGNT - SUPPLIES	2,536.35	558.33	(1,970.02)
.00	41.67	41.67	MAT MGMT - EDUCATION/TRAVEL	.00	41.67	41.67
319.15	308.33	(10.82)	MAT MGMT - DUES/SUBSCRIP/COM	319.15	308.33	(10.82)
384.78	416.67	31.89	HAT MGMT - EQUIPMENT/MAINTEN	384.78	416.67	31.89
6,772.54	4,878.76	(1,893.78)	MAT MGHT - EXPENSES	6,772.54	4,878.76	(1,893.78)
1,988.01	3,806.42	1,618.41	RESP THERAPY - SALARIES	1,988.01	3,806.42	1,818.41
1,183.09	1,219.08	35.99	RESP THERAPY - EMPLOYEE BENE	1,183.09	1,219.08	35.99
.00	485.33	485.33	RESP THERAPY - PAYROLL TAXES	.00	485.33	485.33
604.89	275.00	(329.89)	RESP THERAPY - SUPPLIES	604.89	275.00	(329.89)
285.20	308.33	23.13	RESP THERAPY - RENTAL	285.20	300.33	23.13
.00	41.67	41.67	RESP THERAPY - EQUIPMENT/MAI	.00	41.67	41.67
4,061.19	6,135.83	2,074.64	RESP THERAPY - EXPENSES	4,061.19	6,135.83	2,074.64
6,473.45	6,262.83	(210.62)	WELL CHTR - SALARIES	6,473.45	6,262.83	(210.62)
1,192.48	1,191.33	(1.15)	WELL CHTR - EMPLOYEE BENEFIT	1,192.48	1,191.33	(1-15)
461.15	450.33	(10.82)	WELL CHITR - PAYROLL TAXES	461.15	450-33	(10.82)

LILLIAN M HUDSPETH MEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 HONTH ENDING: 01/31/18

	HOHTH			Y E	AR TO DAT	E
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
227.92	250.00	22.08	WELL CHTR - SUPPLIES	227.92	250.00	72.68
.00	166.67	166.67	WELL CUTR - ADVERTISING	.00	166.67	166.67
1,287.50	1,333.33	45.83	WELL CHITA - CONTRACTED SERVI	1,287.50	1,333.33	45.83
167.50	41.67	(125.83)		167.50	41.67	(125.83)
2,697.14	1,053.58	(1,643.56)	WELL CHTR - EQUIPMENT/MAINTE	2,697.14	1,053.58	(1,643.56)
12,507.14	10,749.74	(1,757.40)	WELL CHTR - EXPENSES	12,507.14	10,749,74	
36,916.65		17,640.18	CLINIC - SALARIES	36,916.65	54,556.83	17,640.18
	3,071.42			2,591.55	3,071.42	479.87
	9,022.00	(643.42)	CLINIC - EMPLOYEE BENEFITS	9,665.42	9,022.00	(643.42)
	3,391.67	(1, 122.31)	CLINIC - SUPPLIES	4,513.98	3,391.67	(1,122.31)
.00	625.00	625.00	CLINIC - EDUCATION/TRAVEL	.00	625.00	625.00
	6,250.00	(21.29)	CLINIC - CONTRACTED SERVICES	6,271.29	6,250.00	(21.29)
2,208.17	2,500.00	291.83	CLINIC - DUES/SUBSCRIP/COMPU	2,208.17	2,500.00	
	1,805.42	504.84	CLINIC - EQUIPMENT/MAINTENAN	1,380.58		
958.34	1,000.00	41.66	CLINIC - UTILITIES	958.34	1,000.00	41.66
64,505.98		17,796.36	CLINIC - EXPENSES	64,505.98	82,302.34	17,796.36
845.92	850.00	4.08	RKSPGS CLINIC - DEPR/INS	845.92	850.00	4.08
845.92	850.00	4.08	RKSPGS CLINIC - EXPENSES		850.00	4.08
	13,652.17	4,082.20	HH/HOSPICE - SALARIES	9,569.97		
646.22	947.33	301.11	HH/HOSPICE - PAYROLL TAXES	646.22	947.33	301.11
	2,416.67	1,077.88	HH/HOSPICE - EMPLOYEE BENEFI		2,416.67	1,077.88
440.43	750.00	309.57	HH/HOSPICE - SUPPLIES	440.43	750.00	309.57
462.52	500.00	37.48	HH/HOSPICE - EDUCATION/TRAVE	462.52	500.00	37.48
250.00	2,500.00	2,250.00	HH/HOSPICE - CONTRACTED SERV	250.00	2,500.00	2,250.00
740.07	610.00	61.93	HH/HOSPICE - DUES/SUBSCRIP/C	748.07	810.00	61.93
870.03	250.00	(628.83)	HH/HOSPICE - EQUIPMENT/MAINT	878.63		(628.83)
•	21,826.17	7,491.34	HH/ROSPICE - EXPENSES	14,334.83		7,491.34
.00	208.33	208.33	ALL FACILITY BENEFITS	.00	208.33	208.33
13,386.27	4,083.33		TAX COLLECTION FEE	13,385.27	4,083.33	(9, 302.94)
3,341.13	2,500.00	(841.13)	INTEREST EXPENSE	3,341.13	2,500.00	(841.13)
2,324.28	2,583.33	259.05	HEDICAL CLINIC EXPENSE	2,324.28	2,583.33	259.05
.00	500.00	500.00	FACILITY LICENSE	.00	500.00	500.00
1,328.11	1,416.67	00. 56	TELEPHONE EXPENSE	1,328.11		88.56
600.00	375.00		POSTAGE EXPENSE	600.00	375.00	
	10,416.67	(453.19)	UTILITIES	10,869.86	10,416.67	
235.00	333.33	98.33	HAZARDOUS WASTE	235.00	333.33	98.33
.00	95.83	95.83	BLDG INSPECTIONS	.00	95.83	95.83
3,728.32	4,166.67	438.35	BLDG REPAIR	3,728.32	4,165.67	138.35
7,151.68	7,916.67	764.99	INSURANCE EXPENSE	7,151.68	7,916.67	764.99
33,261.43	30,000.00	(3, 261.43)	DEPRECIATION EXPERSE	33,261.43	30,000.00	(3, 261.43)
76,226.08	64,595.83	(11,630.25)	OVERHEAD EXPENSES	76,226.08	64,595.83	(11,630.25)
342.63	291.67	(50.96)	RENTAL INSURANCE	342.63	291.67	(50.96)
3,512.84	4,583.33	1,070.49	RENTAL BLDG REPAIR	3,512.84	4,583.33	1,070.49
6,595.88	6,666.67	70.79	RENTAL DEPRECIATION	6,595.88	6,666.67	70.79
2,090.13	916.67	(1,173.46)	RENTAL UTILITIES	2,090.13	916.67	(1, 173.46)
12,541.48	12,458.34	(83.14)	RENTAL EXPENSE	12,541.48	12,458.34	(83.14)
762,906.96	756, 329. 33	(6,577.63)	TOTAL OPERATING EXPENSE	762,906.96	756, 329.33	(6,577.63)
395,677.45	(136,741.00)	532,410.45	NET INCOME/LOSS FROM OPERA	395,677.45	(136,741.00)	532,418.45
			OTHER REVENUE			
5,804.50	6,154.17	(349.67)	RENT INCOME	5,804.50	6,154.17	(349.67)
				-11-10	4,134-11	1142-01

LILLIAN N HUDSPETH NEMORIAL HOSPITAL OPERATING/INCOME STATEMENT FOR THE 1 HONTH ENDING: 01/31/18

***************************************	ноитн			Y E A	R 70 DAT	TO DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE		
.00	416.67	(416.67)	RESTRICTED CONTRIBUTIONS	.00	416.67	(416.67)		
177.40	.00	177.40	TAX REVENUE	177.40	.00	177.40		
4,762.41	77,566.83	(72,804.42)	INTEREST INCOME	4,762.41	77.566.83	(72,804,42)		
799.92	1,250.00	(450.08)	INTEREST & PENALTY/TAX REVEN	799.92	1,250.00	(450.08)		
11,544.23	85,387.67	(73, 843.44)	TOTAL OTHER REVENUE	11,544.23	85,387.67	(73,843.44)		
407,221.68	(51, 353.33)	458,575.01	NET INCOME/LOSS	407,221.6B	(51, 353.33)	458,575.01		
********	***********	**********		866				

LILLIAN N HUDSPETH NEHORIAL CHECK REGISTER

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BANK--CHECK---- INVOICE---CODE NUMBER DATE AMOUNT PAYEE MINBER DATE AMOUNT COMMENTS OPR 050308 01/02/18 2,190.00 ADAPTIVE MEDICAL PARTHE 6442 01/01/15 2,190.00 PHYSICAL THERAPIST SEARCH 050389 01/02/18 941.83 AMERICAN UNITED LIFE IN JAN 2018 12/29/17 871.29 ELECTIVE EMPLOYEE LIFE JA JAN 18 01/01/16 70.54 EMPLOYEE LIFE INS JAN 050390 01/02/18 270.66 ATAT 971000050+ 12/11/17 270.66 LONG DISTANCE CHARGES OPR 050391 01/02/18 47, 474.30 BLUE CROSS BLUE SHIELD 1288 01/01/18 47, 474.30 ENPLOYEE HEDICAL JAN OPR 050392 01/02/18 450.00 BROWN-SOLOMAN, MARY RC180101001 01/01/18 450.00 050393 01/02/18 OPA 192.50 CHUCK HODAPP TELEPHONE 20289 12/20/11 192.50 RPR FAX LINE 023 050394 01/02/18 692.25 CONOLY, PAUL 12/26/17 12/26/17 692.25 PHARHACIST 050395 01/02/18 3,000.00 GRIFFIN WILLIAM JAN 18 01/02/18 3,000.00 STIPEND JANUARY **S**40 PAJESTKA ND, CHARLES 050396 01/02/18 1,000.00 RC180101001 01/01/18 1,000.00 OPR 050397 01/02/18 12,998.51 SUTTON COUNTY APPRAISAL 1ST QTR 2018 01/01/18 12,998.51 TAX COLLECTION PHT 1ST OT OPR 050398 01/02/18 3,800.00 TORCH 18.204 01/01/18 950.00 2018 POLICY BANK SUBSCRIP 18.299 01/01/18 2,850.00 2018 BOSPITAL DUES OP3 050399 01/05/18 350.00 AFFORDABLE PEST CONTROL 10941 01/02/18 50.00 EMS BLDG 10930 ROSPITAL/RENTAL 01/02/18 300.00 050400 01/05/18 1.941.25 AMAZON CODING 1217-41 12/31/17 1.941.25 TCD-10/PRO FEE/RHC 050401 01/05/18 592.49 CROSS TEXAS SUPPLY LLC 34459 12/29/17 307.29 OXYCEN 107731 12/31/17 285.20 OXYGEN TANK RENTAL 050402 01/05/18 1,700.16 AMERISOURCE BERGIN DALL 929690637 12/18/17 51.28 MORHITISA 929791309 12/19/17 11.01 GABPENTIN 929770018 12/19/17 776.61 AZTREONAH/NALBURPHINE/ACY 930071975 12/26/17 79.14 LIDOCAINE 930106282 12/27/17 ACETAHONPHEN-COD 1.97 930106283 173.45 12/27/17 AZITHROHYCEN/LOVENOX 930239755 12/29/17 23.85 LACTINEX/BENZOIN/ENEMA 930238756 12/29/17 582.85 ADVAIR/HEORYCIN/LINCOHYCI 050403 01/05/1B 346.11 BAXTER HEALTHCARE CORP 57399379 12/18/17 289.94 SOD CHL/ 57437918 12/20/17 56.17 SOD CHI. 050404 01/05/18 3,387.13 BEN E KEITH CO 17668398 12/01/17 797.78 FOOD/SUPPLIES 17682737 12/08/17 1,199.00 F000 17696738 12/15/17 540.43 FOOD 17710422 12/22/17 305.81 POOD/SUPPLIES 17720700 12/29/17 544.11 FOOD/SUPPLIES OPR 050405 01/05/18 2.500.00 RKN LLP BK00825229 12/27/17 2,500.00 2018/DY6-B 050406 01/05/18 1.698.78 BOUNDTREE HEDICAL 8717152 12/15/17 857.88 AED/DIF PADS 82719859 12/19/17 93.99 AED PEDT PARS 82718574 12/19/17 102.97 AED ADULT 82726179 12/27/17 563.94 AED DEFIB PADS OPA 050407 01/05/18 350.00 BURCHELL LYNN 01/02/18 01/02/18 350.00 TX-NH CONF OPR 050408 01/05/18 241,55 COMPANY PRINTING 86287 12/22/17 100.95 RX PADS-ER 86402 12/22/17 140.60 **BUSTNESS CARDS-CHO** 050409 01/05/18 976.50 COHOLY, PAUL 12/30/17 12/30/17 284.25 PHARMACIST 01/04/18 01/04/18 692.25 PHARMACIST OPR 050410 01/05/18 95.37 CROSS TEXAS SUPPLY LLC 344530 12/29/17 19.73 OXYGEN EMS 187877 12/31/17 75.64 OXYGEN TANK RENTAL **OPA** 050411 01/05/18 39.18 DEVILS RIVER AUTO PARTS 15338-1625 12/30/17 39.18 HEADLIGHT-EMS 050412 01/05/18 162.66 DIRECT TV 331863460504 01/04/18 162.66 050413 01/05/LB 2,160.50 DON JOLLY PHYSICAL THER 12/26-29/17 12/29/17 2,160.50 PT COVERAGE 12/26-29/17 OPR 050414 01/05/18 FRONTIER COMMUNICATIONS DEC 17 1,338.96 1,338.96 12/22/17 BASE PHONE LINES 050415 01/05/18 914.71 HILL POOL & SPAS SALES 20281 12/29/17 914.71 CHEMICALS/HEATER FOR POOL

LILLIAN N HUDSPETH MENORIAL CHECK REGISTER

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DIPY-	-CHECK		01/01	18 1950 ATATA	_TITMICE -			
CODE	HRBER		AMOURIT	PAYEE	-INVOICE MRBER	DATE	AHOURIT	CONSIDITS
OPR	050416	01/05/18	545.00	KHOS	17120277	12/31/17	110.00	BRONCO SPORTS
					17120276	12/31/17	435.00	RADIO ADV
OPR	050417	01/05/18		KINNSER SOFTWARE	257235	01/01/18	127.92	HEEH SOFTWARE JAN
OPR	050418	01/05/18		LANDAGER INC	160544910	12/21/17	185,49	DOSINETRY
OPR	050419	01/05/18	1,161.35	HAYFIELD PAPER COMPANY	2253873	12/04/17	126.08	DELINER/OVER CLAR/TRASE B
					2253874	12/04/17	151.87	TRASH BAGS/TOWELS
					2261856	12/18/17	62.68	DEODORAHT
					2261295	12/18/17	260.61	GLOVES
					2261303	12/18/17	453.05	TOWELS/SOAP/BOWL CLUR/BAT
					2267408	12/29/17	107.06	BOWL CLAR/TOWELS
OPR	050420	01/05/18	368.97	HCCANTS PLUMBING	6149	12/29/17	368.97	RPR BASENENT LEAK/ER CLOS
OPR	050421	01/05/18		OPTUN	80012152649	12/19/17	62.97	HCPCS 2018
OPR	050422	01/05/18		OMERS & MINOR	2033630055	12/27/17	4.74	SLIPPERS
OPR	050423	01/05/10	253.60	PRO GUARD SERVICE & SOL	7676281	11/21/17		DISEWASHER RENTAL CR
					7217352	10/08/17	165.23	DISHWASHER RENTAL
					7545192	11/05/17	165.23	DISHMASHER RENTAL
OPR	050424	01/05/18	313.57	RED BATTERIES INC	1361615	12/28/17	313.57	BATTERY FOR CARDIAC REHAB
OPR		01/05/18		SIENENS FINANCIAL SERVI	4640641	12/25/17		PORTBLE XAY LSE(5)293 PMT
			-,		4640824	12/26/17	1,016.25	ULTRASOUND LSE IJBOPH FWT
					4640825	12/26/17	1,319.53	OLTRASOUND LSE ICTEVE ENT
OPR	050426	01/05/18	120,00	SONORA CHAMBER OF COME	2016	01/01/18	120.00	2018 DUES
OPR		01/05/18		SOUTHWEST MEDICAL ASSOC	DEC 17	12/31/17	53,933.00	ER PHY COV DEC 17
OPA		01/05/19		TEXAS ASSOCIATION BONE	12/01/17	12/01/17	265.00	2018 DUES 1/6
OPR		01/05/18		TORCH	17.442	12/29/17	200.00	MAGE SURVEY
OPR		01/05/18		WEST TEXAS MEDICAL ASSO		12/31/17	963.97	WILCAN GUARANTEE DEC
OPR		01/09/18		INTERNAL REVENUE SERVIC	30TR 17	12/31/17	191.34	752152933 CHORPHT \$187.25
0PR		01/09/18		INTERNAL REVENUE SERVIC	2ND OTR 2017	12/31/17	484.92	752152933 UNDRENT \$484.92
027		01/12/18		ABC HEATING & AIR CONDI	A3C026	12/26/17	335.00	RER POOL HTR BOARD
OPR		01/12/18		AMERIPRIDE LINEN & APPA	3200458001	12/25/17	37.20	NEW LOOP HIS BONSO
••••	020121	01111114	2,200.02	Mentium attitu a utiu	3200458000	12/05/17	544.82	
					3200459333	12/12/17	17.18	
					3200459330	12/12/17	544.82	
					3200460634	12/19/17	17.18	
					3200460633	12/19/17	544.82	
					3200461944	12/26/17	17.18	
					3200461943		544.82	
OPR	000436	01/12/18	1,265.48	ANGELO PLOMBING SUPPLY		12/26/17		NAME WALL BECOME
OPR		01/12/18		ARMSTRONG ELECTRICAL SU	1391557 3073006-00	01/10/18	1,265.40	BACK FLOW TESTING
OPR		01/12/18		BOTROTREE HEDICAL		01/11/18	549.99	WIRING ENS BLDG RPR
UFA	030437	A1/15/10	997.09	DOGUNTARY SENTON	82727515	12/28/17	561.68	ET TUBE/TOURNIQUET
					02726935	17/29/17	21.50	ET TUBE
A60	050430	01/12/18	414.12	CIRRILL BELLEY	82733357	01/04/18	63.86	ET TUBE/GASTRIC SUMP
OFR	029135	41/12/10	414.13	CARDINAL HEALTH	7078130728	12/28/17	107.60	DRSG/NEEDLE
					7078385038	01/02/18		ACTICOAT/COBAN/ADAPTER VA
ane	AEA436	01/10/10	2 (84 64	ATEN AN AGENCY	7078398161	01/03/18		SUTURE
099 099		01/12/18	,	CITY OF SOWORA	JAH 18	01/01/18	2,684.90	
OPR		01/12/18		D'OROGNA DESTREE E	709401	01/11/18	500.00	LAB HEDICAL DIRECTOR JAH
OPR		01/12/18		DEVILS RIVER HERS	2152	11/30/17	20.00	RENTAL UNITS NOV
OPR		01/12/18		DISH NETWORK	01/01/18	01/01/18	56.49	SHC TV
OPR		01/12/18		PAST HEALTH	OLA18LHENE	01/01/18	500.00	www.somora-bospital.org
OPR		01/12/18		GRAINGER INC	9653471038	12/27/17	508.20	FILTERS
OPR	050445	01/12/18	64.73	BONE DEPOT CREDIT SERVI	55 9 3788	12/14/17	30.69	SOFT PELLETS

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CHECK REGISTER 01/01/18 THRW 01/31/18

	MAGER	DATE	THUOHA	PAYEE	INVOICE MANGER	DATE	AHOURT	COMENTS
			6 1771		4123211	12/15/17	34.04	SANTOOTH HAND WHEEL
R9C		01/12/18		LONE'S PAY AND SAVE INC	DEC 17	12/31/17		FOOD
55(01/12/10	350.00		01/09/18	01/09/18		TXM HOSPICE ORGANIZATION
PR		01/12/15	65.08	MATTHEW BENDER & CO INC		12/27/17		TX PHARMACY LAWS 2018
PR	050449	01/12/18	2,974.76			12/03/17		ESR CHEK CONTROL
					16476565	12/12/17		CONFIDENCE SYSM/SURGISCRI
					16539010	12/12/17		RSV/FLU/STREP/VACUETTE
					17103192	12/20/17		CONFIDENCE SYSTM/SURGISC
					17191772	12/21/17		ECLIPSE NEEDLE
					17189840	12/21/17		6PANEL DRG/FIU
					17349252	12/24/17		LINEARITY SET D-DINER
PR	050450	01/12/18	679.26	MEDLINE INDUSTRIES INC	1841661783	12/30/17		PATIENT BELONGINGS
					1841740632	01/03/18		HITRAZINE INDICTR/URINAL
					1841740631	01/03/18		
PR	050451	01/12/18	7,962,75	MICHAEL TAYLOR	4845	12/01/17		IT CONTRACT
					4849	12/31/17		EMAIL DEC
PA .	050452	01/12/18	675.00	HRHA	84442 2018	01/02/18		ANNUAL DUES
PA		01/12/18			01/05/18	01/05/18		EMS BLDG REMOTES/BELTS
E3		01/12/18	310.96		2033813554	01/03/18		
PR		01/12/18	149.24		DEC 17	12/31/17		BANDAGE/DÆSTS BAG/CO2 DE
FR		01/12/18	256.30		DEC 17	12/31/17		SUPPLIES
23		01/12/18	791.96		B061519	01/02/18		DELINQUENT TAX COLLECTION
		,,		a to the stage	8061521	01/02/18		BATTERY PACK/BLANK INK C
					8061523	01/02/18		BLK TONER/DRUM
PR	050458	01/12/18	688.00	QUIDEL CORPORATION	SLS10247099			BLK CARTRIDGE/BLACK TONES
		,,,	000100	Sarana contabilition	SLS10247033	12/27/17		TRIAGE KIT
PR	050459	01/12/18	2,356.00	REED CLAYHON HEEKER & H		01/03/18		TRGE CARDI FHL BNP
		*********	21334144	trees crutting traces # B	12579	12/31/17		SAFE HARBOR/PRAOS REALTH
PA	050460	01/12/18	6,376.83	STEWERS FINANCIAL SERVE		12/31/17		GRIFFIN PHY AGMT
27		01/12/18	9,759.59			12/30/17		CT LSE #53292 PHT#5
PR		01/12/18	67.95			01/01/18	9,759.59	HRI HAINT/HANNO HAINT
PR		01/12/18	1,225.00		01/06/18 0013609	01/06/18	67.95	HOSPICE PATIENT VISIT
PR		01/12/18	26.00	SUTTON COUNTY CLERK		01/04/18	1,225.00	TRIM WORK-CT/X-RAY ROOM
PR		01/12/18	136.15		203658+	01/09/18	26.00	MVA LIEN JINEMEZ
PA		01/12/18	4,077.00			01/12/18	136.15	ID 00136008273284 PR END
PR		01/12/18	70.00			12/31/17		HORICHAM'S COMP INS AUDIT
PR		01/12/16	891.12	UNITED BLOOD SERVICES	3502479	12/31/17	70.00	RESTOCKING FEE
PR :		01/12/18			1716170	12/31/17	891,12	FUEL
PR		01/12/18	25.00	PAJESTKA ND, CHARLES	01/12/18	01/12/18	25.00	DEDUCT PR END 12/06/18
2.14	030110	01/12/10	11,080.98	PAJESTRA HD, CHARLES	01/03/18	01/03/18	1,846.83	
PR	650471	01/12/18	127 56	Chumes morney	01/05-09-18	01/09/18	9,234.15	ER PHY COV 01/05,06,07,00
PR			137.50	SANCHEZ JACINDA	12/29-01/04	01/04/18	137.50	ZURBA INSTR
		01/12/18	1,219.76	WESTERN PETROLEUM	1715326	12/15/17	1,219.76	FUEL
)PR	030413	01/12/16	2,305.35	FISHER HEALTHCARE	2788527	12/04/17	124.25	ULTRA STRP A
					4013638	12/11/17	99.45	PYLORI CHAL
					4420094	12/11/17	132.86	CHATEK LVL 2 3
					422206B	12/12/17	112.57	TRICONTROLS LVL 1 3
					5336266	12/21/17	114.83	ALCHL AMMONTA
					5171084	12/20/17	559.64	CARDIOTHNONE LVL 1 2 3
					5170177	12/20/17	726.69	OHNI-INMINE CHTRL LVL 1 2
					5336267	12/21/17	133.36	ULT HCG COHBO
					5004897	12/27/17	203.76	CHMTRK LVL 1 2

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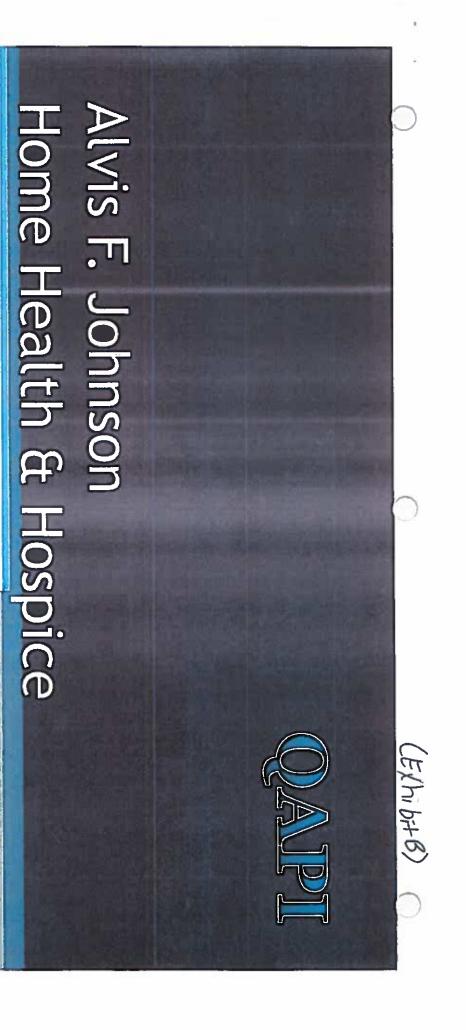
01/01/18 THRU 01/31/18

	-CHECK- Hunger		AHOUNT	PAYEE	-TAVOICE EAMBER	DATE	AHOUNT	COMMITS
					5931782	12/20/17	177.94	CIBITRE ASYD LVL 3
PR	050474	01/19/18	4,142.50	DEVILS RIVER NEWS	2133	11/30/17		NEWPAPER ADV
					2161	12/31/17		ADVERTISING
PR		01/19/18	888,16	ENCLARA PHARMACIA INC	265111	12/31/17	886.16	RX BOSPICE PATIENT DEC
PA	050476	01/19/18	374.39	GRAVES JOHN	12/16/17	12/16/17	208.65	TRAVEL -PRAOS HURSING PL
					12/23/17	12/23/17	123.05	HCCANEY COLLABORATION NE
					01/13/18	01/13/18	42.69	ADAPTIVE HEDICAL PARTHER
PR		01/19/18	529.55	HOSPICE CLOUD	11000.6188	12/31/17	529.55	BOSPICE DNE DEC
PR		01/19/18	30.00	H'HOGAL SERVICES LTD	INV90734035	12/31/17	30.00	Q4-2017 FLUENCY DIRECT C
PR		01/19/18	56,979.36	TEXAS CO & DIST RETIREM	DEC 17	12/31/17	56,979.36	DECEMBER RETIREMENT
PR	050480	01/19/18	8,974.12	AMERISOURCE BERGIN DALL	930326282	01/02/18	6,618.26	THE/CEFTRIAXONE/KENALOG
					930509261	01/05/18	5.70	POLETHYLEN GLYCOL
					930529707	01/05/18	90.10	EPIHEPHRINE
					930509262	01/05/18	959.62	KENALOG/ADVAIR/AZITHROHY
					930653085	01/09/18	27.70	ALUM HYD/BACITRACIN/HINT
					930653086	01/09/18	525.44	RURULTH/ACYCLOVER/ADVAIR
					930728094	01/10/18	5.47	TRAMADOL
					930728093	01/10/18	17.54	CITRACAL/HETAHUCIL
					930728095	01/10/18	591.54	FAHOTIDINE/ACYCLOVIR/FLO
					586059578	01/10/18	90.100	EPINEPHRINE
					586059579	01/11/18	91.36	EPINEPARINE
					930867533	01/12/18	25.07	DOCUSATE CALCIUM/FERROUS
					930867534	01/12/18	106.40	CEFPROZIL/LOSARTAN POT/M
PR	050481	01/19/18	822.66	BAXTER HEALTHCARE CORP	57616715	01/03/10	668.67	MED SET/FLO SOLN SET/OL
					57669423	01/08/18	117.95	NACL INJ
					57686223	01/09/18	36.04	500 CHL
PA	050482	01/19/18	588.10	COFFHAN KELSEY	01/19/18	01/01/91	588.10	707 E 2ND RENDKUTILITIES
FR	050483	01/19/18	692.25	CONOLY, PAUL	01/14/18	01/14/18	692.25	FHARMACIST
PR	050484	01/19/18	39.97	DEVILS RIVER AUTO PARTS	15338-2574	01/16/19	39.97	DIESEL EXHAUST FLD/ANTIF
PR	050485	01/19/18	3,399.20	HEALTHSTREAM INC	0098308	01/12/18	3,399.20	BLS/ACLS
PR	050486	01/15/18	235.00	MEDSHARPS	1144010418	01/04/18	235.00	HEDICAL WASTE DISPOSAL
PR	050487	01/19/18	2,000.00	PEREZ PEDRO	012679	01/12/18	2,000.00	PMT 11 APT REMODEL
PR	050488	01/19/18	124_39	SOLT MICHELLE	01/19/16	01/19/18	124.39	APT 3 DEP RENOKPET/CLNR/
PR	050469	01/19/18	2,083.33	SONGRA ISD	228	01/02/18	2,083.33	SONORA ISD TRAINER JAN
PR	050490	01/19/18	265.00	TEXAS ASSOCIATION HOME	01/01/18	01/01/19	265.00	2018 DUES 2/6
PR	050491	01/19/18	9,471.60	TXU ENERGY	054552102111	01/12/18		
PR	050492	01/19/18	1,984.05	VERIZON SOUTHNEST	Z6263918	01/08/18	1,984.85	DATA LINE
PR.		01/24/18	927.34	ASTNA				
PR		01/24/18	2,373.17	BLUE CROSS BLUE SRIELD				
PA		01/24/18	199.08	HERNANDEZ SAMUEL DAVID				
PR		01/24/18	200,00	SULLIVAN ROYLAN N				
PR		01/24/18	42.56	WEBSTER BAROLYNN W				
PR		01/26/18	421.00	ADKINS SEPTIC SERVICES	12444	01/15/18	421.00	CLEAN GREASE TRAPE KITCH
PR		01/26/18	2,394.32	AFLAC	059397	01/26/10	2, 394.32	ELECTIVE INS FEB
PR		01/26/18	976.77	ASG DBA ADVANCED SERVIC	20116	01/22/18	976.77	RPR TRAINE CHILLER
PR		01/26/18	305.18	ATET	6659698303	01/11/18	305.10	LONG DISTANCE CHARGES
PR		01/26/18	361.10	BAXTER BEALTHCARE CORP	57538080	12/29/17	54.60	SOO CHL
		1 At #8	201-10	manufactured tolk	57686974	01/09/10	189.03	SECONDARY SET/FLO SOLN
					57754307		60.73	
					57823306	01/15/18		LACTATED RINGER
PR	UEUEUS	01/26/18	036 05	BAIRMODER MEDICAL		01/19/18	56.74	SOD CAL
rn.	430303	A1170/10	935.05	BOURDTREE MEDICAL	52734784	01/05/18	21.50	et ture

LILLIAN M HUDSPETH MEMORIAL CHECK REGISTER 01/01/18 THRU 01/31/18

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	CHECK		/18 THRU 01/31/18	INVOICE				
CODE	MUNGER DATE	AMOUNT	PAYEE	NUMBER	DATE	AMOUNT	COMPENTS	
				82734785	01/05/18	699.96	TRACHEOTORY DEVICE	
				82736445	01/08/18			
				82734365	01/09/18			
				82740056				
				82741548	01/10/18			
				82742658	01/11/18		THORACIC CATH	
OPR	050504 01/26/18	1,606.27	CARDINAL HEALTH		01/12/16			
		-, ******	ornitan invita	7078468899 7078468897	01/64/18			
					01/04/18			
				7078685414	01/09/18		IV CATH/NEEDLE/ICE BAG/U	
				7078798047	01/11/18		HEEL PROTECTOR	
DPR	050505 01/26/18	150.00	COMPUTEREASE LIMITED	7078853049	01/12/18		IV CATH	
OPR	050506 01/26/18		COMPLY, PAUL	0147820-20180122		150.00	WELLNESS CENTER SOFTHRE	
DPR	050507 01/26/18			01/20/18	01/20/18			
DPR	050508 01/26/18		FEDERAL EXPRESS CORPORA		01/18/18	4.36	SHIPPING FEES	
IPR	050509 01/26/18	2,574.20	FLOOR STORE	108039	01/18/18	2,574.20	RPLCE CARPET 707 E 2HD	
DPR	050510 01/26/18	115.90	FRONTIER COMMUNICATIONS		01/16/18	115.90	FAX LINES	
PA		130.30	GRAINGER INC	9670144998	01/16/18	130.30	ICE HELT	
	050511 01/26/18	109,81	GRAVES JOHN	01/27/10	01/26/18	109.81	ADAPTIVE NEDICAL/SAN AND	
)FR	050512 01/26/18	350.00	HRM USA INC	200184672	01/15/18	350.00	PEDDIETERS	
JPR .	050513 01/26/18	1,147.92	HUNANA	FEE 18	01/26/18		ELECTIVE DENTAL FEB	
)P3	050514 01/26/18	10,216.20	HARATHON FITNESS	QT0013588	01/08/18	10,216.20	TREADMILL W/VIEWING SCRE	
IPR	050515 01/26/18	94.68	MEDLINE INDUSTRIES INC	1841906031	01/04/18	94.68	SANITIZER	
FRC	050516 01/26/18	304.20	METLIFE	FEB 18	01/26/18		ELECTIVE VISION FEB	
RA(050517 01/26/18	640.66	ONERS & MINOR	2034024462	01/10/18			
				2034224283	01/17/18			
					01/17/18		TABLE PAPER/GAUZE/SPECUL	
ESC	050518 01/26/18	25.00	PAJESTKA HD, CHARLES		01/26/16		DEDUCT PR END 01/20	
FR	050519 01/26/18	182.00	PATHOLOGY REFERENCE LAB		01/10/18	182.00	REFERENCE LAS CHGS DEC	
PA	050520 01/26/18	20.09	Pacc		01/11/18	20.09	INK PAD KIT	
PA	050521 01/26/18	366.81	PERFORMANCE HEALTH		01/16/18	366.81	THERABAND X4	
PA	050522 01/26/18	250.95	PHYSICIANS' FEE REFEREN		01/08/18	250.95		
er.	050523 01/26/18	10.31	PROVANTAGE		01/17/18		PHY FEE REFERENCE CD	
PR	050524 01/26/18	600.00	RESERVE ACCOUNT		01/26/10	18.31	USB 3.0 USB	
PR	050525 01/26/18	549.95	SANCHEZ JACINDA			600.00	POSTAGE 29703642	
			and the state of t		01/17/18	500.00	ZURBA INSTR 01/8-17	
PR	050526 01/26/18	250.00	SCHLEICHER COUNTY LIVES		01/26/18	49.95	HEIGHTS XS	
PR	050527 01/26/18		SHAART HEDICAL SYSTEMS		01/19/18	250.00	DONATION LIVESTOCKEFOOD	
	050528 01/26/18	26.00	SUTTON COUNTY CLERK		01/17/18	16,645.00	PACS HAINT APR 18-HAR 19	
PA PA	050529 01/26/18	136.15			01/26/18	26.00	HVA LIEN ABREGO-HORALES	
PR	050530 01/26/18	1.972.00	TEXAS CHILD SUPPORT SOU		01/26/18		ID 00136008273284 PR END	
	050531 01/26/18	151.25	TEXAS DEPT STATE HEALTH		01/26/18	1,972.00	CT/RADIOLOGY LICENSE	
	050532 01/26/18			****	01/16/18	151.25	HANDLING FEES	
	050533 01/26/18	4,166.67	MALTER GORDY DAY HD		01/26/18	4,166.67	HEDICAL DIRECTOR SHC JAN	
		180.00	NEST CENTRAL WIRELESS		01/16/18	180.00	WIRELESS PHONES	
	050534 01/26/18	1,454.01	WEST TEXAS GAS		01/19/18	1,454.01		
	050535 01/26/18	1,118.09	WESTERN PETROLEUM	1717053	01/15/18	1,118.09	FUEL	
	050536 01/26/18	121.77	BLUE CROSS BLUE SHIELD			-	E	
	050537 01/26/18	166.96	UNITED HEALTBCARE INS C					
	050538 01/29/18	100.00	SOLT MICHELLE	01/29/16	01/29/18	100.00	CORRECTION TO DEPOSIT RET	
PR	050539 01/29/1B	22.77	CASHIER/TEXAS NORKFORCE		01/29/18	22,77	UNEMP TAX 4TH QTR 2017	
						*****	AUTH THE ATH ATH CATA	
OTALS	:	372,557.90						

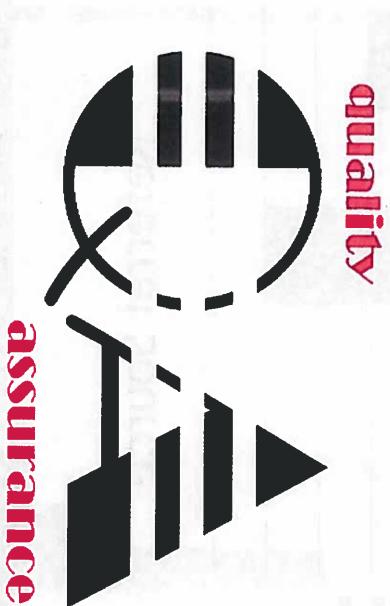


July 2016

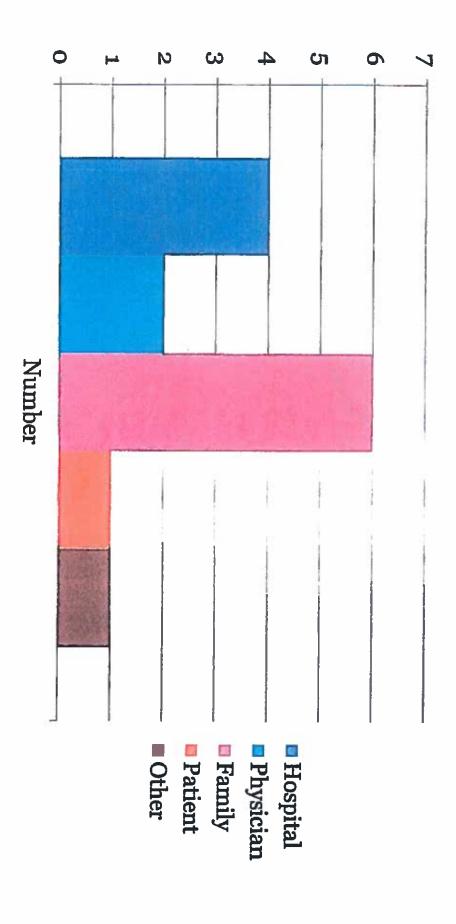
to

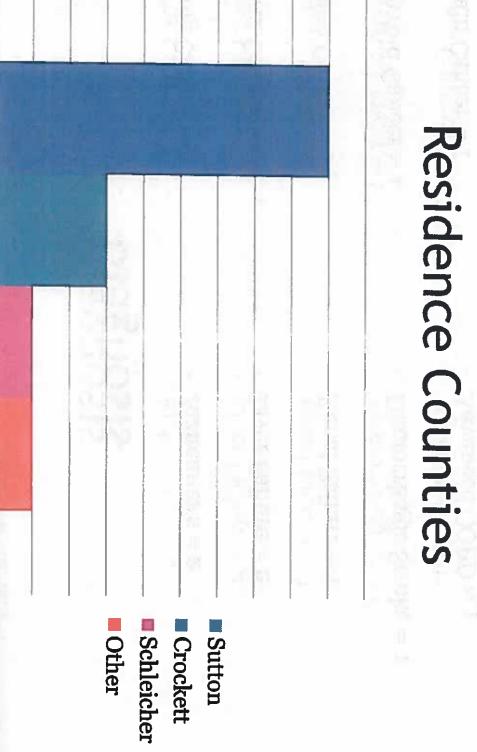
December 2017

QUALITY ASSURANCE



Referral Source





County

10

Diagnosis

- Lung Cancer = 3
- Liver Cancer = 1
- Colon Cancer = 1
- Brain Cancer = 1

Thyroid Cancer = 1

- Alzheimer's = 2
- Liver Failure = 2
- Renal Failure 1
- Hemorrhagic Stroke = 1
- Advanced COPD = 1

Complaints

There have been no patient complaints.

Adverse Events

Definition: the act of doing something wrong OR failure to do the right thing

- NONE
- Near Misses: A patient is exposed to a hazardous situation, but does not experience harm either through luck or early detection.
- NONE
- Errors: a broader term referring to any act of commission (doing something wrong) or omission (failing to do the right thing) that exposes patients to a potentially hazardous situation
- None

Medication Incidents

Definition: drug reaction, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors or nonadherence.

Some patients have duplicate therapies such as pain medications with specific instructions as to when one or the other is to be given. Many have been on these medications with long standing prescriptions.

- Norco, MS
- Nebulizer treatments and inhalers
- BP meds (multiple) (+Lasix)

All medications are reconciled and evaluated for effectiveness.

Patient Perceived Care

CHAPS issues surveys to patients and/or their begin to participate. become CHAP certified, our patients will now care. However, since we have just recently families to inquire about the satisfaction of their

Hospice Compare – we are not currently on this site for the same reason as above.

Patient Record Reviews

Two active patients:
No deficiencies found

Inactive patients admitted from July to December:

Charts have been reviewed and corrections have been made.

Hospice Items Sets (HIS) Measures

- Given a Bowel Regimen with an Opioid who are **#1617 Patients Treated**
- **#1634 Pain Screening**
- **#1637 Pain Assessment**
- **#1639 Dyspnea Screening**
- **#1638 Dyspnea Treatment**

- the patient) Addressed (if desired by #1647 Beliefs/Values
- is Imminent **Hospice Visits when Death**
- **Assessment at Admission #3235 Hospice and** Comprehensive **Process Measure** Palliative Care Composite

#1641 Treatment Preferences

Hospice Items Sets (HIS) Measures (cont)

Measures from the CAHPS Hospice Survey:

- Communication:
- Getting timely Help
- Treating patient with respect
- **Emotional and Spiritual Support**
- Help for pain and symptoms
- Training family to care for patient
- Rating of this Hospice
- Willing to recommend this Hospice

Ethical Issues

There have been no ethical issues reported or noted with current patients.

Policy & Procedures

There have been no changes to current policies and procedures since the policy review performed in 08/14/2017 when reviewed during the board meeting.

Agency's Program Issues:

Current:

Previous or Resolved:

Other Items

Completed:

Status in Billing Ability:

- Received Notice from CMS of acceptance.
- Received Notice from DADS of acceptance.
- Received Notice from Palmetto for EFT approval.

Pending:

- Access to Palmetto for claim submission Estimated date is March 31, 2018
- Request a Submitter ID -
- Begin Billing Estimated date to begin billing is approximately June 15th.

GOOD NEWS

CARCARIA PLACIANT ANNA PARTICIPA AND PLACIANT

PALMETTO GBA

February 22, 2018

Sutton County Hospital District 13043 Restruda Terrace Son Automio TX 78254

DCN: 18001063000841

Dear previde:

We are pleased to Inform you that your faltial Medicare Eurolinean application is approved. Listed below are your National Provider Identifier (NPT) and Provider Transaction Access Number (FTAN)

To start billing, you must use your NPI on all Medicare claim minniation. Because the FTAN 11 not considered a Medicare legacy identifier, do not report it as an "baker" provider identification tumber to the National Plan and Provider Emmermian System (NPPES)

Your FTAN has been activated and will be the required authoristance element for all impaires to enterested the processalities (CSRs), writing inspirely units, and the enterested writes response (IVR) system. The IVR allows you in inquire about claims status, beneficiary aligibility and transaction information.

Palmetto GBA is pleased to offer socure and fast access to your Medicare information through Palmetto GBA efervices. Through efervices you can accessly askent forms, documents and payments; preduce praise material/energy electronically via obliviory, view beneficiary eligibility, claims status, walker reminances and financial information and much more. Please visit our claims status, walker reminances and financial information and much more. Please visit our on at warm delinessorbe case so Bes stated

If you plea to file claims electronically, please complete the ED3 caroliment application at every relim<u>ction has no</u>n and admits to our ED3 department.

Medicare Eurollancet Information

Provider / Supplier Name:

ractice location:

> 74-1700 Survey County Hospital District 301 Hwdapeth Street Sonort, TX 76930

Sedicare Year-East Cost Report Date:

Hospace 09/19/2017 5

Please voify the accuracy of your ormilment information

participation in Federal or State health care program, or a Medicare revocation by a different You are required to submit updates and changes to your enrollment information in accordance with specified timeframes pursuant to 42 CFR §424.516. Reportable changes include, but are not limited to, changes in: (1) legal business name (LBN)/tax identification number (TIN). (2) including felony convictions, license suspensions or revocations, an exclusion or debarment from practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as electronic funds transfer information and (6) final adverse legal actions,

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). To apply via the Internet-based PECOS or to download the CMS-855 enrollment opplications, yo to http://www.cms.hhs.sqv/MedicareProviderSupEntoll

Medicare contractor.

Medicare regulations, including payment policy and coverage guidelines. CMS conducts numerous types of compliance reviews to ensure providers and suppliers are meeting this obligation. Please visit the Medicare Learning Network at https://www.sms.gon/Outrach-and-education-Medicare-Learning-Network-MLN/MLNPnducts/index.html for further information courses for qualified provident. Providers and suppliers carolled in Medicare are required to ensure strict compliance with shout regulations and compliance reviews, as well as Continuing Medical Education (CME)

Centers for Medicare & Medicaid Services (CMS) Web site at Additional information about the Medicare program, including billing, fee schedules, and Medicare policies and regulations can be found at our Web site at <u>n.n.v.palmenopha.com</u> or the htp://www.cms.hhs.gov/home/medicare.asp.

If you have any questions, please contact our Provider Contact Center at (855) 696-0705 between the hours of 8:00 A.M. and 4:30 P.M. ET.

Sincerely. Markiska Wilson

Provider Enrollment Analyst

Questions?

(



W. TRACY CRITES, JR. Attorney at Law 1031 ANDREWS HWY, SUITE 210 MIDLAND, TEXAS 79701 TELEPHONE 432-522-2427 FAX 432-699-7884 www.pbfcm.com

January 26, 2018

Sutton County Hospital District Attn: John Graves 308 Hudspeth St. Sonora, TX 76950

RE: Approval/Denial of Bid for Purchase of Property Held in Trust by City of Sonora

Dear Mr. Graves,

Our firm contracts with Sutton County Appraisal District for the collection of delinquent property taxes. The bidders on the attached sheets have recently submitted bids for the purchase of trust property that was struck-off to City of Sonora for foreclosed delinquent property taxes. Each taxing entity having an interest in a property must approve a bid in order for the bidder to be awarded a property. Please be advised that accepting a bid would allow the property to be placed back on the tax roll, and that the Commissioners Court may reject a bid for any reason.

Please place each property on the Hospital District's agenda as a separate item for consideration, and advise if you would like me to appear in person. Please send me notification of acceptance or denial of each bid by email at kbaeza@pbfcm.com.

Your help and consideration are greatly appreciated. If you have any questions or concerns, please feel free to contact me.

Sincerely.

Kim Bueza

Office Manager

PURCHASE BID FOR SUTTON COUNTY TRUST PROPERTY

BID INFORMATION (please print or type)
Tax ID Number of property: R 100956
Legal description of property: NW 40' of Lot 5
BIK 59A South Heights
Amount Bid: \$5,500

TERMS AND CONDITIONS:

- All bids for the purchase of real property held in trust must be approved by all applicable taxing entities prior to the issuance of a tax deed to the approved bidder.
- 2. No hidder who currently owes delinquent taxes can receive a tax deed until all delinquent taxes have been paid in full. A taxing only may elect to withhold its approval of a bid until the hidder has paid his/her delinquent taxes in full.
- 3. In the event a bidder is notified by the taxing entity that his/her bid has been approved by the appropriate taxing entities, he/she must tender a cashier's check or money order for the bid amount within 10 days, made payable to SUTTON COUNTY APPRAISAL DISTRICT. He/she must tender at the same time a separate cashier's check or mency order made payable to SUTTON COUNTY CLERK in the amount of \$34.00 in order to cover the cost of recording the tax deed. Please note that the cost of recording is not controlled by the taxing entities and may change in the future.
- 4. All property held in trust by Sutton County is sold AS-IS without any warranties, express or implied. ALL SALES ARE PINAL,

Name of Bidder: Arturo Fuentes
Name of Bidder: Hrturo tumpes
Street Address: 409 5. Water
City, State, Zip: Soura, TE 180950
Phone number: 43-530. 5837
Signature of bidder:

8,000 by MB True Automation, inc.

DIMENSIONS 40X140 UNIT PRICE GROSS VALUE 200.00 8,000 ADJ HASSADJ 1.00 1.00 Capacity: 0

MRT VAL AG AF

AGAPPLY AGCLASS AGTABLE AGUNT PRO 0,00

AG VALUE

100.00% 櫃 LAND INFORMATION

<u>S</u> 聖 ≥K ᄙ

SUBD: SH L# DESCRIPTION 1: SH 100.00% NBHD:SONORA

Comment LDSEQ=1

TOPOGRAPHY
ROAD ACCESS
ZONING
NEXT REASON 라고 지지 기 REMARKS SITUS 610 ORIENT SALE DT 10/13/1998 ISSUE DT SUBD: SH RESIDENTA DESCRIPTION ST BUILDING PERMITS
PERMIT TYPE PERMIT AREA PRICE 100.00% GRANTOR GENERAL MIND CLASS/SUBCL RM RS1F/ RM STF2/ RM STF2/ NBHD:SONORA LAST APPR. YR
LAST INSP. DATE
NEXT INSP. DATE S OT / 298 / 744 DEED (NFO AREA UNIT PRICEUNITS BUILT EFF YR 860.0 58.45 1 1987 1987 50.0 1025 1 1987 1987 1025 1 1987 1987 PERMIT VAL 100.00% 2011 02/13/2017 01/01/2020 IMPROVEMENT INFORMATION APPR VAL METHOD: Cost 5 SKETCH for improvement #1 (RESIDENTIAL) COND. VALUE DEPR PHYS ECON PR 48,550 58% 100% 100% FR 5,840 86% 100% 100% FR 820 66% 100% 100% 훈리 1= E **\$**5 ة þ ADJ VALUE 28,160 3,650 540 05t'zt Foundation
Roof Covering
Roof Style
Construction Style
Heating/Cooling ASSESSED VALUE IMPROVEMENT FEATURES EXEMPTIONS PICTURE CIPRABM 1 CPSH 1 GB 1 WDFM 18 40,350 000000

PROPERTY APPRAISAL INFORMATION 2018 LOPEZ JOHN & RITA 608 OREINT SONORA, TX 76950 **EFF. ACRES:** ACRES: និនឧឧឧឧ

OWNERSHIP 100,00%

OWNER ID 398470

Tratales.

100% 100% 100% 100%

40,350

32,350 8,000

40,350

HS CAP LOSS APPRAISED VALUE PRODUCTIVITY LOSS MARKET VALUE LAND MARKET IMPROVEMENTS

09/09/1992

Sutton County Appraisal District
PROPERTY 100956 R 09/09/198
Legal Description
SOUTH HEIGHTS, BLOCK 59A, LOT NW 40° OF 5

Ref ID1: 01SH 59A5 0001 01SH 59A5 0001

Trust Property Report

Trustee:

City of Sonora, In Trust

Property Number:

R100956

Address:

610 Orient

Legal Description:

Being the NW 40' of Lot5, Block 59A, South Heights Addition,

Town of Sonora, Sutton County. Texas; being more particularly described in a Warranty Deed recorded in Volume 298, Page 744

in the Deed Records of Sutton County, Texas.

Bid Amount:

\$5,500.00

Current Appraised Value:

\$40,350.00

Bidder:

Arturo Fuentes



W. TRACY CRITES, JR. Attorney at Law 1031 ANDREWS HWY, SUITE 210 MIDLAND, TEXAS 79701 TELEPHONE 432-522-2427 FAX 432-699-7884 www.pbfcm.com

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Sincerely,

Kim Baeza
Office Manager

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BIDDER INFORMATION	
Name of Bidder: _	SHAWATEG CLAY HANDERSON
Street Address:	Ela III
City, State, Zip:	SONGRA
Phone number:	325-226-3388 OR 87
Signature of bidder	Hartley Of Cleron

Page
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TOPOGRAPHY ROAD ACCESS SUBD: SONO
L# DESCRIPTION
1. SONO-W A 지구양양 SITUS 506 W 1ST STREET Ref ID1: 0150NOW35 7 0001 0150NOW35 7 0001 Sutton County Appraisal District PROPERTY 101528 1 Legal Description SONORA, BLOCK W35, LOT 7 Comment LDSEQ=1 REMARKS ZONING NEXT REASON 09/16/1966 SALEDT **ISSUE DT** SUBD; SONO RESIDENTIA DESCRIPTION LA OP CARPORT OP BUILDING PERMITS
PERMIT TYPE PERMIT AREA ST PERMIT VAL PRICE Mr. Lopez was in the office 10-19-2012. Says house in bad shape inside - not suitable for renting. yra 100.00% NBHD:SONORA 100,00% 100,00% NBHD:SONORA GRANTOR GENERAL MIHD CLASSISUBCL RM RS1FI 1. RM CNS1/ RM CNS1/ 5 × LAST APPR. YR LAST INSP. DATE NEXT INSP. DATE LAST APPR. TABLE SC SONO-W A1 09/09/1992 OT / 78 / 359 DEED INFO AREA UNIT PRICEUNITS BUILT EFF YR
1,334.0 52 14 1 0 1930
181.0 1930 1 1930
400.0 14.09 1 0 1930
374.0 7 30 1 0 1930 100,00% 01/01/2020 02/28/2017 牆 OWNER ID OWNERSHIP 100.00% DIMENSIONS 100X100 IMPROVEMENT INFORMATION ACRES: EFF. ACRES: PROPERTY APPRAIBAL INFORMATION 2018
BROWN PAT
ATTN: CHRISTINE B LOPEZ
2101 GARDEN ST
AUSTIN, TX 78702 APPR VAL METHOD: Cost LAND INFORMATION

UNIT PRICE GROSS VALUE
150 00 15,000 PR 1,800 15% PR 1,800 15% PR 1,800 15% PR 2,700 15% SKETCH for improvement #1 (RESIDENTIAL) 2 를도 변 불학 Ľ Ε ADJ MASS ADJ VAL SRC 1 10 1,00 A 불우 E Þ TONC TONC 89 HRRAGIES: 0 ON WEIST: 0
MICT VAL AGAPPLY AGCIASS AGTABLE AGUNIT PRO
18,500 16,500 ADJ VALUE 16,430 1,270 360 100 Foundation
Roof Covering
Roof Style
Roof Style
Construction Style
Heating/Cooling PRODUCTIVITY LOSS ASSESSED VALUE HS CAP LOSS **WARKET VALUE** LAND MARKET IMPROVEMENTS APPRAISED VALUE IMPROVEMENT FEATURES EXEMPTIONS PICTURE CIPRABM 1 CPSH 1 GB 1 WDFM HA AG VALUE 28,740 28,740 16,500 28,740 12,240 obooo

By WB

Trust Property Report

Trustee:

City of Sonora, In Trust

Property Number:

R101528

Address:

506 W. 1st Street

Legal Description:

Being Lot 7, Block W-35, Town of Sonora, Sutton County, Texas.

Bid Amount:

\$5,555.00

Current Appraised Value:

\$28,740.00

Bidder:

Standley Clay Anderson

(txhibi++)
Updaxid

CEO Report to the SCHD Board of Directors February 26, 2018

- 1. Financial Risk Assessment for Jan (YTD)
- 2. Don Jolley has agreed to accept the position of physical therapist, will begin to overall on or about April 12. Jim Murphy will depart on or about April 23.
- 3. Nursing and EMS staffing shortages causing increase expenses for PRNs and use of overtime.
- 4. Flu Season continues to keep the system busy.
- 5. Hudspeth Corporation (Ranch Board) Meetings.
- 6. Increased security measures.
- Patient First Culture. Staff morale seems to be better; some are dissatisfied with compensation. Will need to review our position with verifiable and reliable markets for 2019.
- 8. Current website is out of compliance with ADA and the CMS mandate for emergency preparedness (§485.625, Condition of Participation for Critical Access Hospitals (CAHs)).
- 9. Sharon Holman, Board President, has asked to read aloud a statement.
- 10. Change in location of Board Meetings County Courthouse Annex

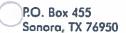
P.O. Box 455 Sonora, TX 76950



(325) 387-252) FAX: (325) 387-2396 www.sonora-hospital.ora

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(325) 387-2521 FAX: (325) 387-2396 www.sonora-hospital.org

February 26, 2018

Board President Comments:

In August of 2016 I reminded the board of directors, as elected trustees, the community at large puts their trust in us to uphold public policy, even in the most difficult times. To date the board has brought the district to legal standing ranging from policies & procedures, surveillance by state organizations, and ensuring all employment agreements have been reviewed for fair market value and approved by this body.

All the information I am about to discuss is substantiated by financials, minutes, and other miscellaneous documents. If anyone on the board would like to see the background information I am happy to present one on one.

Points I want to address this evening are:

- Old news becoming current news
- Financial stability
- Rural Health Clinic
- Overall Accomplishments
- With the upcoming elections it is our responsibility to adequately and satisfactorily answer
 questions from our constituents. I and other board members have been approached regarding
 actions and decisions of the past made by the board specific to Drs. Mark and Kristy Edwards.
 Let me remind of you of the facts. This is especially important for newer board members.
 - a. In 2012 and 2013; a former hospital administrator executed three physician employment agreements without notifying the SCHD Board in advance or gaining approval.
 - b. Administrator ignored legal counsel's advice and did not consult with the Board
 - Agreements were not initially reviewed in accordance with Centers for Medicare and Medicaid (CMS) standards or for fair market value —agreements need to meet fair market value the entire time they are in place.
 - d. Administrator hired in late 2013 discovered physician agreements and reported to the board. Interim Administrator (Aug – Dec 2014) and current Administrator (Jan 2015) exclusive of one another had same concerns and continued to make the board aware of legal deficiencies.
 - e. Edwards' agreements were assessed for fair market value in 2016; agreements did not meet standards
 - f. Why did the Edwards' agreements not meet fair market value standards?

- District paid out an expense equivalent to 2.8 full-time physicians when the value or contribution in return equated to .8, or less than one full-time physician—substantiated by Dr. Jon Burroughs
- ii. Per the basic tenants in the agreements each were to contribute 19.5 hours per week in the clinic and 3.5 24-hour periods per month sharing in the ER on-Call schedule.
- iii. The Edwards failed to meet minimum CMS standards for qualified visits for each of the five years employed (2012 2016)--substantiated by CMS cost reports filed annually.
- iv. The Edwards earned a combined compensation of \$791,414 in 2016, substantiated by hospital filed W2s.
- v. Adding benefits increased the compensation total to \$892,331.
- vi. The Edwards were provided full-family health insurance coverage by the district while all other employees were only provided individual coverage.
- vii. Total cost of the employment agreements in 2016 after adding employer taxes and professional liability was \$972,651.
- viii. If the Edwards were still employed under the same conditions as in 2016 the total cost is estimated to have been \$1,050,163 for 2018.
- ix. Hence, the expenses outlined above when considering the contribution and value in return did not meet the fair market value standard. Expenses kept increasing while contribution and effort continually decreased.
- g. The Edwards were asked to participate in the district's compensation freeze in 2016, like all other employees, but refused unless other considerations were accommodated.
- h. Seeking to remedy the situation, the hospital district and physicians began the process of developing and negotiating new employment agreements in late 2016.
- i. Wanting to keep the physicians employed the hospital district proposed employment agreements at the top end of fair market value; with expense and expected contribution and value to match.
- j. The physicians chose not to provide a counter offer; instead they chose to mediate a severance agreement and resigned in December 2016.
- k. At no time did the board prevent or preclude the Edwards from opening their own clinic in Sonora. Instead they chose to practice medicine in San Angelo.

2. Financial Stability

a. The hospital district's financial position deteriorated beginning in 2013 and continued through 2016 losing an average of \$479,289 per year. This downturn is directly related to a former administrator executing without board review or approval three physician employment agreements with exorbitant payouts without matching contribution or value in return. Even with the lawsuit and severances paid out in 2016 the district more than doubled its financial position from the previous year, which is primarily attributed to lowering expenses for non-producing service lines; for example, the Rocksprings Clinic and closing the rural health clinic on Fridays when providers were not scheduled to see

- patients. Fortunately, now, it seems the worst is over with the largest growth occurring in 2017 at \$1,104,560.
- b. Hospital district taxes were raised in 2017 to support rising costs of healthcare in Sutton County. Sutton County's tax rate in comparison to other hospital districts in the State remains in the lower third tier. Schleicher County's tax rate, for example, is the highest rate legally allowed.
- c. Rising healthcare costs impact Sutton County similar to all other health systems nationwide. Some examples are medical expenses rising faster than the rate of inflation, rising incidents of chronic illness and obesity, and complicated insurance plans confusing patients with fewer options. One example of a cost increase for the hospital district is employer paid health insurance for employees increased nearly 300% for 2018.
- d. This board can be proud it approved a strategic plan with a path forward steadying expenses and providing for revenue growth options.
- 3. The rural health clinic has struggled financially since it opened in 2012. Between the years 2012 and 2016 the rural health clinic's net position ranged from a minus (-) \$624,000 to minus (-) \$924,000. The rural health clinic's net position improved \$210,000 in 2017 from the previous year, garnering the lowest loss in the clinic's history. The clinic between 2012 and 2016 experienced an average outmigration percentage of 73%, the highest in 2016 at 78%. Outmigration is the impact of people choosing to receive their care elsewhere. The clinic in 2017 reduced that percentage by 12.86%, meaning more people are choosing the rural health clinic as their choice for care. This statistic alone is a testament to the current staff; particularly, their selflessness in allowing to the greatest extent possible walk-ins and same day appointments.
- 4. We are moving toward meeting all the needs identified in the 2016 Community Health Needs Assessment to include:
 - a. Radiological upgrade for five pieces of equipment, all Siemens products; 128 slice CT Scanner, Digital X-ray, portable X-ray, cardiac ultrasound, and general ultrasound. The hospital is now one hundred percent (100%) digital, which is required by 2019 to ensure maximum reimbursement under XR 29 standards for Medicare and Medicaid, and provides cost report advantages.
 - Upgraded hospital's telemetry system and current and impending standards of care under Medicare and Medicaid guidelines.
 - c. Re-opened the rural health clinic with two nurse practitioners under the medical direction of Dr. Gordy Day, to be replaced by Dr. Will Griffin in July of this year.
 - d. Improved the environment of safety for patients and staff by replacing carpet and old floors in the hospital, and both clinics A & B. This upgrade also controls the spread of infectious disease.
 - e. Upgraded the Electronic Health Record with improved modules and applications to improve both patient and staff satisfaction. The upgrade also allows us to attest in the future for Meaningful Use Stage 3.

- f. The Hospice agency recently received its accreditation and will soon begin to collect fees for both commercial and government payers.
- g. Executed a telemedicine agreement with Texas Tech University to provide specialty care telemedicine services in the rural health clinic; starting with dermatology and behavioral health.
- h. Provided additional access to the wellness center by lowering membership rates to more affordable levels and creating access to the entire community. We've added a health fitness consultant and resumed Zumba classes.
- i. The specialty care clinic has improved the number of offerings to include cardiology, orthopedics, urology, gastroenterology, hearing services, obstetrics and gynecology, workforce evaluations, and neurosurgery.
- j. We continue to be successful with the paramedic outreach program assisting the community with education, medication management, and general support.
- k. Since 2015 the District improved relationships and established collaborative partnerships with the Sonora Independent School District, Sutton County, Shannon Medical Center, San Angelo Community Medical Center, and most rural health systems in the Western Texas Region; specifically in the Permian Basin.
- Executed an agreement with PRAOS to provide nurse credentialing tracking and establish a wide network of PRN (temporary) nursing staff.

These accomplishments are a testament to the hard work and commitment by all the board members balancing public policy and the needs of the community at large.

Respectfully,

Sharon Holman

Board President

CONFIDENTIAL

AVERA eCARE® EMERGENCY SERVICES AGREEMENT

This Avera eCARE® Emergence	cy Services Agreement (the "Services Agreement") is
enreren woo da ruiz - day ot	2018, hetween Avera Health a South Dakote
nonprofit corporation, located at 3900	West Avera Drive, Sioux Falls, South Dakota 57108
("Avera") and Sutton County District I	Hospital d/b/a Lillian M. Hudsneth Memorial Hospital
located at 308 Hudspeth Street, Sonora	, Texas 76950 ("Hospital").

WHEREAS, Avera, through its employees, contracts with other providers, and affiliated health care facilities, provides Avera eCARE® Emergency services; and

WHEREAS, Hospital desires to contract with Avera to provide Avera eCARE® Emergency services to Hospital's patients; and

WHEREAS, all parties wish to cooperate in providing Avera eCARE® Emergency services as set forth in this Services Agreement.

THEREFORE, the parties agree as follows:

1. TERM AND TERMINATION.

This Services Agreement is effective for an initial term of three (3) years, beginning on [Month X, 20XX] ("Effective Date") and ending [Month X, 20XX] ("Initial Term"), subject to earlier termination as provided in this Services Agreement. Following the Initial Term, this Services Agreement will automatically renew for successive one (1) year terms ("Renewal Term"), unless either party provides written notice to the other party at least ninety (90) days prior to the conclusion of the then-current Term. After the second anniversary of the Effective Date, either party may terminate this Services Agreement without cause at any time by providing the other party with written notice of termination not less than ninety (90) days prior to such termination date. For the purposes of this Services Agreement, "Term" will be deemed to include the Initial Term and any Renewal Term(s).

This Services Agreement may be terminated by either party at any time "for cause" based upon a breach of material term or condition of this Services Agreement or its Exhibits, provided the breaching party shall be provided written notice of such breach describing the breach in reasonable detail and granted thirty (30) days from such notice to remedy the identified breach.

2. AVERA eCARE® EMERGENCY SERVICES.

Avera shall provide the following services for the provision of Avera eCARE® Emergency:

- A. Avera eCARE® Emergency Installation Services will include but are not limited to the following:
 - Participate in conference calls with Hospital project staff throughout the implementation process. The frequency of such conference calls shall be as reasonably necessary for the effective implementation of Polycom audio and video equipment at Hospital.
 - Provide Avera Information Technology ("IT") engineering support for dedicated circuit connectivity to Hospital, in conjunction with Hospital IT and third-party circuit vendor, including design, provisioning, and ongoing technical support.
 - 3. Provide IT hardware and software engineering support to Hospital, in conjunction with Hospital IT, including site survey, technical specifications design (including hardware requirements and internal facility wiring), and implementation support and testing of all associated equipment.
- B. Avera eCARE® Emergency Consultation Services shall include but may not be limited to the following:
 - Assign an Avera eCARE[®] manager who will work collaboratively with Hospital leadership and staff.
 - 2. Provide predentialing and privileging services as set forth in a separate Agreement for Credentialing and Privileging of Avera eCARE® Emergency Tolemedicine attractitioners to be executed by Avera McKennan and Ecspital.
 - 3. Ensure the timely licensing of Avera eCARE® Emergency physicians and nuist subject ordance with licensure requirements in the state in which the patient is receiving services.
 - 4. Developin implementation team to work collaboratively with Hospital teams and adhere to mutually agreed upon implementation timelines.
 - Avera will conduct an initial education/planning session with Hospital's nursing management team, administrative team, physicians, and any other relevant Hospital employees or agents.
 - An Avera eCARE[®] Emergency medical director will work collaboratively
 with Hospital physicians on Avera eCARE[®] Emergency protocol review
 and revisions.

- In collaboration with Hospital, Avera will document Hospital's
 Emergency Department set up, medications, equipment for the integration
 of Avera eCARE® Emergency into the care of Hospital patients.
- 8. Avera will provide onsite Avera eCARE® Emergency "go live" education for Hospital's nurses, physicians, administrative employees, and other clinical staff, as appropriate, who will be utilizing Avera eCARE® Emergency services.
- Avera will provide change management support to develop internal trust and acclimation to Avera eCARE® Emergency program.
- Provide Avera IT ongoing technical support for dedicated circuit connectivity to the Hospital, in conjunction with Hospital information technology ("IT") and third-party circuit vendor.
- 11. Provide opportunities to participate in regularly scheduled, Avera-led conference calls.
- 12. Provide ongoing change management support and consultation regarding the appropriate Hospital internal staffing compliment to support the Avera eCARE® Emergency program (including development of trust, acclimation, and workflow integration recommendations).
- Collect and disseminate to Hospital evaluation and quality metrics.
 Additionally, this de-identified data may be disseminated to the larger stakeholder group.
- 14. Provide assistance in development of marketing strategy and external communication materials.
- C. Avera eCARE® Emergency Services, as activated at Hospital's discretion by pressing the call button installed in Hospital's emergency department, shall include but may not be limited to the following:
 - 1. Avera eCARE[®] Emergency physician and nursing staff availability using videoconferencing equipment on a 24 hour per day, seven days per week basis to respond to the needs of Hospital's emergency department patients.
 - 2. Consultation services for emergent or care of patients presenting to Hospital's emergency department(s).
 - 3. Patient transfer support, as necessary, including identification of accepting physician and air/critical care transportation, to an accepting facility.

- 4. Participate in daily connectivity and audio/video equipment testing between Avera eCARE® Emergency hub and Hospital.
- 5. In collaboration with Hospital, maintain updated documentation of Hospital's emergency department set up, medications, and equipment for the ongoing integration of Avera eCARE® Emergency into the care of Hospital's patients.
- 6. Provide "over the camera" education sessions for Hospital clinical staff who utilize Avera eCARE® Emergency services
- 7. Collaborate with Hospital to utilize systems that meet or exceed the applicable current Joint Commission and Centers for Medicare and Medicaid Services standards for telemedicine. Ayora CARE Emergency services.
- 8. Assist in the arrangement of consultations by other specialists in emergent or urgent situations, as appropriate.

3. HOSPITAL RESPONSIBILITIES.

Hospital agrees to the following Avera eCARE Emergency responsibilities:

- A. Assign a primary point of contact with whom Avera eCARE® manager and Avera eCARE® Emergency hub will work collaboratively.
- B. Execute a separate Agreement for Credentialing and Privileging of Avera eCARD Emergency Telemedicine Practitioners with Avera McKennan.
- C. Notify A yera Illibrior to any Jospital information systems or security systems upgrades change in and smaintenance schedules.
 - Develop an implementation team to work collaboratively with Avera teams and middle to mutually agreed upon implementation timelines.
- E. Accommodite the utilization of the Avera eCARE® Emergency program within the Hospital workflow and adhere to Avera eCARE® Emergency protocols.
- F. Activate Avera eCARE® Emergency service, at Hospital's discretion, by pressing the call button installed in Hospital emergency department. Hospital physician designates the level of Avera eCARE® Emergency support requested on a case by case basis and remains the primary provider.
- G. Place all documentation sent from the Avera eCARE® Emergency hub relative to a specific patient in that patient's medical record.

- H. Participate in daily connectivity and audio/video equipment testing between Hospital and Avera eCARE® Emergency hub.
- I. Provide all Hospital's applicable policies and procedures, including but not limited to emergency department or acute admission physician order sets (if applicable) to the emergency department as well as formulary and medication protocols. Ensure timely and complete communication of changes to Hospital's applicable policies and procedures.
- J. Provide Avera eCARE® Emergency clinical staff Electronic Medical Record (EMR) view access to patient history; admissions, discharges, and transfers; laboratory; and pharmacy to the extent available.
- K. Fund dedicated circuit between Hospital and Avera private data network with bandwidth appropriate to support Avera eCARE® Emergency service.
- L. Provide, fund, and maintain internal facility wiring to designated location(s) within Hospital necessary to support Avera eCARE® Emergency service.
- M. Pay the Avera eCARE Emergency Service Fee referenced in Exhibit A of this Services Agreement and all associated fees regardless of utilization.
- N. Make available site-specific information related to Emergency Department logs, quality, and or process outcomes.
- O. When showcasing Avera eCARE[®] Emergency for purposes other than recruiting and internal operations, Hospital agrees to provide Avera timely notification prior to any occasion that may or will result in a "Competitor" of Avera eCARE[®] Emergency participating in a demonstration of Avera eCARE[®] Emergency services. For the purposes of this Services Agreement, a "Competitor" shall mean any person or entity that provides or intends to provide services or business software relating to telemedicine emergency services.
- P. While this Services Agreement is in effect, Hospital agrees and consents to the inclusion of Hospital's name and location in Avera eCARE® customer listings and service area maps. Hospital also agrees and consents to the use of Hospital's names in advertising Avera eCARE® services with Avera so long as all such advertising is approved by Hospital, as applicable, in writing and in advance. Hospital further agrees to abide by Avera's trademark guidelines as follows: Avera retains the right to use the trademark Avera eCARE®. No party may use the trade name stated above without the prior written consent of Avera.

ADDITIONAL REPRESENTATIONS.

A. Each party shall maintain, at its sole cost and expense, the following insurance with required limits being minimum limits and which limits may not adequately insure the exposure. Such insurance may be maintained through commercial underlying or excess insurance contracts, a plan of self-insurance approved by the facility governing body, a facility's participation in a state specific patient compensation fund or professional excess liability fund or a combination of any of the three. Evidence of required insurance shall be provided upon receipt of a written request:

- 1. General liability in the amount of One Million Dollars (\$1,000,000) per occurrence; and
- 2. Professional liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate.
- Applicable state statutory limits for workers compensation.
- 4. Without limiting any of the obligations or liabilities of Hospital, the parties shall carry and maintain, at its own expense including any applicable deductibles or retentions, as long as respective, applicable statutes of limitation or repose are in effect relating to the specific purposes of this Services Agreement, Network Security insurance with limits of not less than Five Million Dollars (\$5,000,000) for each occurrence and an annual aggregate of Five Million Dollars (\$5,000,000) covering claims involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security. Such coverage shall provide twelve months of "credit watch coverage for individuals whose protected health information has been inappropriately accessed.
- 5. In the event either party procures a "claims-made" policy to meet the institute requirements herein, such party agrees, following the termination of this Services Agreement, to purchase an indefinite extended reporting endorsement "Tail" or to provide continuing coverage as required in this Services Agreement.
- B. For purposes of this Services Agreement, the parties agree that their respective employees are not employees of the other party and are not eligible for workers' compensation coverage carried by the other party. Each party agrees to provide for its employees necessary workers' compensation protection, as required by law.
- C. Regarding the Avera eCARE® Emergency Equipment listed in Exhibit A, as such exhibit may be amended or replaced from time to time by mutual written agreement of the parties, it is understood and agreed by the parties as follows:

- 1. Avera shall remain the sole owner of the Avera eCARE® Emergency Equipment.
- 2. Avera shall maintain a service plan for the Avera eCARE® Emergency Equipment. Such plan is intended to provide replacement parts/equipment and software updates/upgrades as needed based on reasonable operation of equipment.
- 3. Hospital shall insure the Avera eCARE® Emergency Equipment. Such insurance coverage shall provide replacement cost coverage with Avera named a loss payee as its interests appear. Exhibit A provides replacement cost values which are subject to increase. Hospital shall be responsible for any deductible maintained.
- 4. Hospital is responsible for the internal wiring to and installation of Avera eCARE® Emergency Equipment in designated location within Hospital.
- 5. Hospital shall, at Hospital's cost, return to Avera the Avera eCARE® Emergency Equipment, in good working condition, within sixty (60) days after the conclusion of the Term of this Services Agreement.
- D. The parties agree to maintain proper compliance with applicable state and federal laws, ordinances, regulations, Centers for Medicare and Medicaid Services, and The Joint Commission standards associated with telemedicine services.

5. GENERAL PROVISIONS.

- A. Confidentiality. All data and information furnished between the parties shall be regarded as confidential, shall remain the sole property of the party initially providing the information, and shall be held in confidence and safekeeping for the sole use of the parties under the terms of this Services Agreement. This undertaking expressly survives termination of this Services Agreement.
- B. Assignment. Neither this Services Agreement nor any rights or obligations hereunder shall be assigned by any party without the prior written consent of the other parties, except that this Services Agreement may be assigned by Avera to the survivor in any merger or other business combination including any party, or to the purchaser of substantially all of the assets of any party, or to an entity controlled by or under common control with Avera.
- B. Participation in Government Programs. The parties represent and warrant that their respective officers, directors and employees (a) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs"); (b) have not been convicted of a criminal offense related to the provision of

healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal Healthcare Programs, and (c) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in a party being excluded from participation in the Federal Healthcare Programs. This shall be an ongoing representation and warranty during the term of this Agreement and the party shall immediately notify the other party of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give a party the right to terminate this immediately for cause.

D. Notices. Any notice or other communication required or permitted under this Services Agreement shall be in writing and shall be deemed to have been given on the date delivered personally or deposited in the United States Postal Service, certified mail, return receipt requested, with adequate postage affixed, addressed as follows:

Avera:

Avera

3900 West Avera Drive Sioux Falls, SD 57108 ATTN: President and CEO

With a copy to:

Avera eGARE®

4500 North Lewis Avenue Sioux Falls, SD 57104 ATTN: Contract Department

Facility:

Lillian M. Hudspeth Memorial Hospital

P.O. Box 455 Sobora, TX 76950

ATTN: President and CEO

Any party may change its address for notices under this Services Agreement by giving written notice of such change to the other parties in accordance with the terms of this paragraph.

- E. Governing taw. This Services Agreement and the rights and obligations to the parties betteinder shall be construed and governed by the laws of the State of South Pakota and venue of any proceedings arising hereunder shall be in said state.
- F. Integration of Terms. This Services Agreement constitutes the entire agreement between the parties with respect to its subject matter. It supersedes any prior agreement or understanding between them, and it may not be modified or amended except by a writing executed by both parties.

G. Medicare Access. In accordance with 42 U.S.C. § 1395x(v)(I)(i) & (ii), until the expiration of four (4) years after the furnishing of services under this Services Agreement, the parties shall make available, upon written request by the Secretary, U.S. Department of Health and Human Services or upon request by the U.S. Comptroller General, or any of their duly authorized representatives, the contracts, books, documents and records that are necessary to certify the nature and extent of costs of any agreement between the parties.

In the event of a request for access under the cited provisions, the parties agree to notify each other immediately and to consult with each other regarding what response will be made to the request.

In the event that a party fails to comply with the terms and provisions of this agreement relating to the retention and production of documents, that party agrees to indemnify and make whole the other parties for any third-party reimbursement it may lose as the result of the refusal of that party or its subcontractor to maintain or produce documents in accordance with the provisions herein.

The provisions relating to the retention and production of documents set forth herein is included because of the possible application of Section 1861(v)(I)(I) of the Social Security Act to such agreements or contracts between the parties, and if this Section should be found to be inapplicable, then these clauses shall be deemed to be inoperative and without force and effect.

- H. Independent Contractor. Avera and Hospital agree that the services to be rendered by Avera (through its designees) under the terms of agreement are the services of a professional working as an independent contractor and nothing under this Services Agreement is intended nor shall be construed to create between Hospital and Avera an employer/employee relationship, a joint venture relationship, or a lease or landlord/tenant relationship, or to allow Hospital to exercise control or direction over the manner or method by which Avera provides services that are the subject matter of this Services Agreement, provided that such services are rendered in a professional and competent manner in keeping with the policies and directives of Hospital. Avera understands that Hospital will not pay or withhold on behalf of Avera any sums for federal or state income tax, any other federal or state tax, unemployment insurance, social security or any other withholding pursuant to any law or requirement and that all such payments and withholdings are the sole responsibility of Avera. In the event a claim, demand, or action is brought against Hospital for such taxes, premiums or other withholdings, Avera agrees to indemnify and hold harmless Hospital for such claim and any related expenses (including attorney's fees).
- I. Indemnification. Avera agrees to hold harmless and indemnify Hospital, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of the negligence, misconduct, error or omission of any officer, agent or employee of

Avera.

Hospital agrees to hold harmless and indemnify Avera, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of the negligence, misconduct, error or omission of any officer, agent or employee of Hospital.

NOW, THEREFORE, the parties agree to be bound to the above terms and conditions by signing below.

AVERA HEALTH

SUTTON COUNTY DISTRICT HOSPITAL D/B/A LILLIAN M. HUDSBETH MEMORIAL HOSPITAL

By:

John T. Porter

President and CEO Its:

John Graves



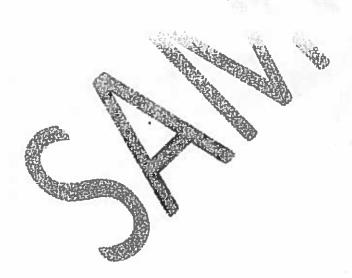


Exhibit A

Costs for Avera eCARE® Emergency Services

1. Avera eCARE® Emergency Installation Services Fee:

This one-time fee of Six Thousand Dollars (\$6,000) is for the technical services set forth in Section 2.A. of this Services Agreement. The Avera eCARE® Emergency Installation Services Fee is due within Thirty (30) days after signing this Services Agreement.

2. Avera eCARE® Emergency Service Fee:

This fee is for the Avera eCARE® Emergency Services set forth in Section 2.B. and Section 2.C. of this Services Agreement. The Avera eCARE® Emergency Services Fee is payable in the amount of Four Thousand Nine Hundred Ninety Dollars (\$4,990) monthly starting on the go-live date. Hospital will remit payment to Avera for the Avera eCARE® Emergency Services Fee within thirty (30) days of invoice. The Avera eCARE® Emergency Services Fee will be increased three percent (3%) annually beginning on the first of the month following the first anniversary of the go-live date.



11

Exhibit B

Avera eCARE® Emergency Equipment

Subject to change based on on-site assessment.

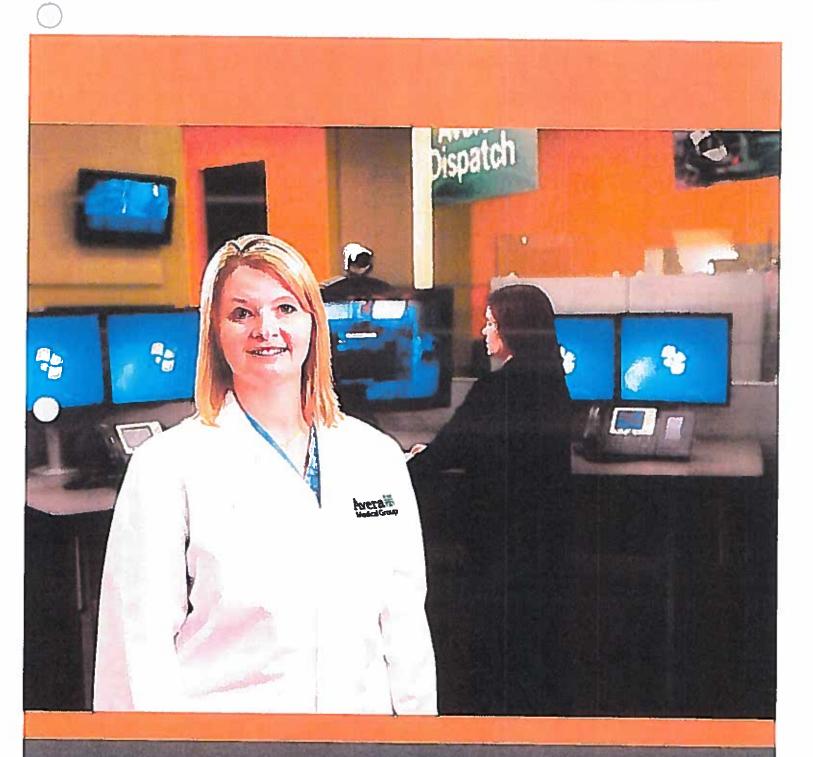
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Accepted by both parties effective the latter of the two signatory dates below:

AVERA HEA	LTH		SUTTON COUNTY DISTRICT HOSPITAL D/B/A LILLIAN M. HUDSPETH MEMORIAL HOSPITAL
By:		Ву:	
Title:		Title:	
Date:		Date:	

Averae CARE M





Avera eCARE Emergency Clinical Assessment Information Guide

Avera eCARE

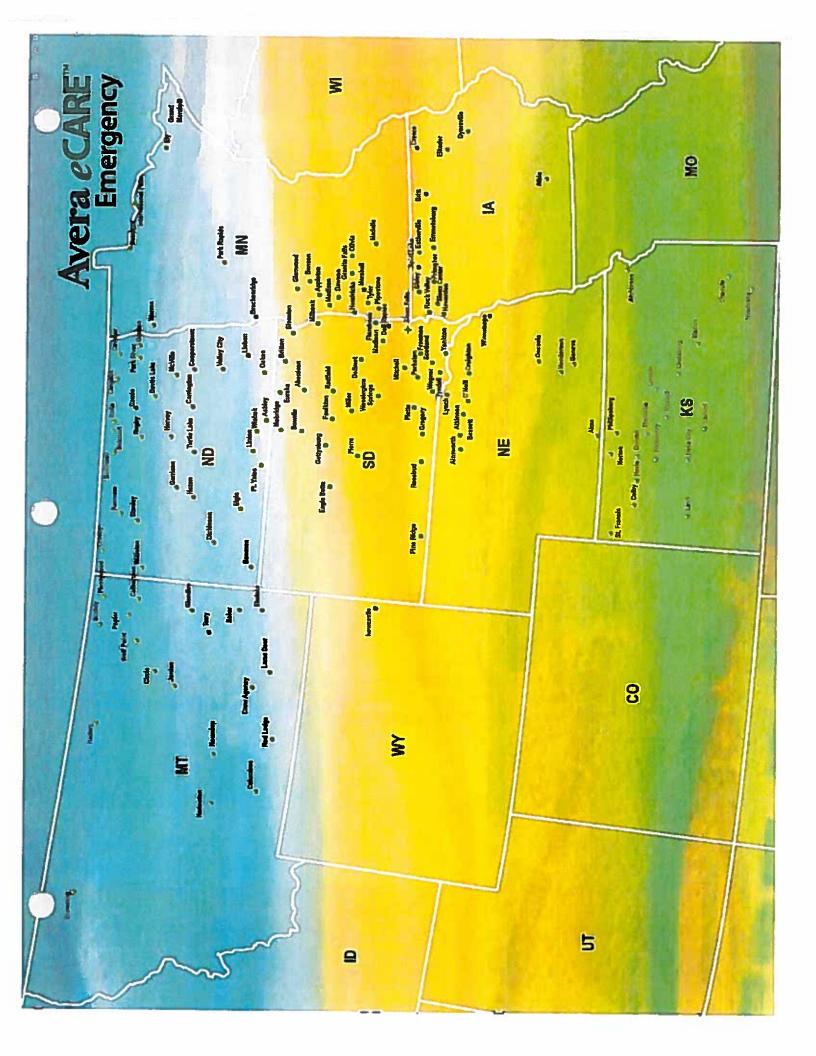
Our History

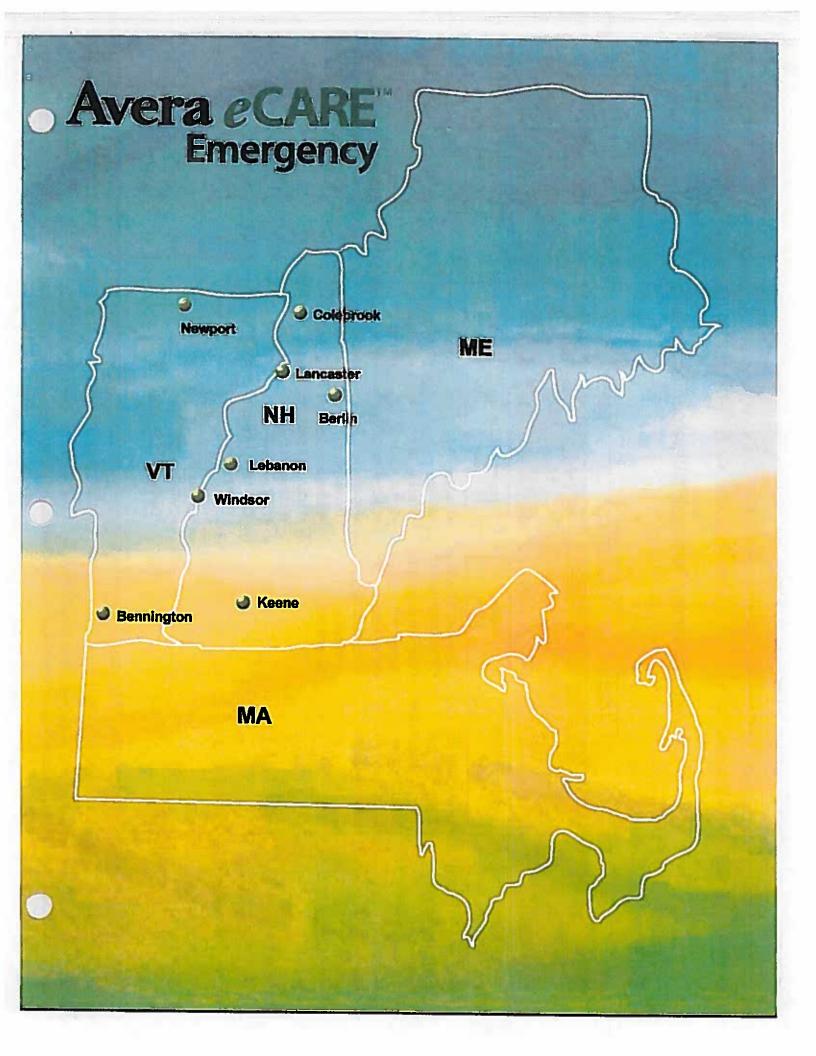
Avera's roots stretch back to the frontier of medicine of the Benedictine and Presentation Sisters; who began providing health care in Dakota Territory in 1897. Avera is still sponsored by these same Sisters today, which helps lead to our mission:

Our Mission

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian Values.







eCARE Emergency Partnership Development Phases

	-		
	Client Relations	Cilent Relation, Clinical & Technical Teams	Post Implementation Review Call Dedicated Account Executive Medical Director and Nursing leadership Technical Support
ks 1 Week	Training & Go Live	Implementation Team	•Onsite Training Sessions •ER Providers •ER Staff •Local EMS, HIM, Lab, Radiology, Respiratory, Local Media
ks 2 Weeks	Implementation	Implementation Team	Vimeline: 8-12 Weeks Weekly Calls Status Reports Clinical Workflows Process Development Reference Materials Technical Readiness Equipment Order Facility Network Cabling & Electrical Termination Equipment Installation SEMR & PACS Connectivity Testing
2 Weeks	Contract Execution	Sales Team	•Timeline: 2-6 Weeks •Service Agreement •Business Associates Agreement •Telemedicine Credentialing & Privileging Agreement
ks 1 Week	Planning	Implementation Team	•Technical Review Call •Credentialing & Privileging and Bylaw Considerations Call •Bill of Materials •Network Quotes
2 Weeks	Onsite Assessment	Implementation Team	•Clinical Assessment •IT Assessment •Equipment Placement •PACS •EMR •USAC



How Does eEmergency Work With Your Hospital

eEmergency is an innovative program using high definition audio/video equipment, linking rural emergency rooms to a centralized hub, 24/7. The eEmergency team consists of Board Certified Emergency Medicine Physicians and Certified Emergency Nurses. Through the push of a button, this team ensures immediate access to physician rendered emergency care or peer-to-peer support for the local providers and nurses.

- Your team of providers and nurses and the eEmergency staff work together to provide the best possible care.
- Your patient care team determines the degree of involvement of the eEmergency staff by requesting the type of support they need for each patient.
- The eEmergency physicians can make decisions about treatment when the local provider is not yet
 present because they are licensed in your state and credentialed and privileged in your hospital. In
 all instances, the care team is available to respond to emergent issues as they arise.
- Vital signs, medications, blood test results, X-rays and CTs can be viewed by the eEmergency staff over a secure network connection.
- The eEmergency staff are here to be a support system on many levels. Examples include:
 - Physician guidance on patient care: manage complete care, consult with provider on-site, or a second opinion
 - Medication questions
 - Transfer support
 - Nursing support
 - Behavioral health assessment and help in placing patients if needed
 - Interpreter Services
 - Education opportunities
- The eEmergency hub maintains information specific to your hospital including:
 - · Contact information for providers, nurses and ancillary staff
 - · Typical transfer patterns
 - Available emergency equipment
 - Available medications
 - Lab capabilities
 - Ancillary services including Ultrasound, Anesthesia, Respiratory and CT



How Does eEmergency Work With Your Hospital

Who Makes the Decisions?

- Your provider makes all final decisions regarding patient care.
- If requested, your provider and the eEmergency physician will collaborate to determine medical status and treatment plans.
- In all circumstances, the eEmergency care team will communicate with your clinical staff, and when appropriate, the patient or the patient's family on the plan of medical care.

Why Are Cameras Necessary?

- Because the eEmergency physicians and nurses cannot physically be at the patient's bedside, the camera allows our team to fully participate in patient care.
- eEmergency doctors and nurses only view patients when invited into the room by your staff.
- When turned on, the camera turns to face the patient and the eEmergency staff will introduce themselves.
- When the camera is turned off, it faces away from the patient toward the wall.
- Daily camera checks are required.
 - This ensures equipment is working properly and is ready when you need it most.
 - Regular camera checks also help to ensure comfort when using the system and familiarity with the eEmergency hub staff.

How is the Patient's Private Health Information Protected?

- Protected Health Information (PHI) is not released to anyone other than those involved in patient care.
- No recordings are ever made from the eEmergency cameras or microphones.
- Patient information is shared only across secure connections.



How Does eEmergency Work With Your Hospital

Will the Patient Receive a Bill For This Service?

- Patients are not billed for any services provided by eEmergency.
- · Your facility pays a monthly fee for the service.
- The monthly fee does not change based on how many times the service is used.

What Other Resources are Available to eEmergency Staff?

- elCU: Critical Care Intensivists and Nurses
- ePharmacy: Clinical Pharmacists
- Senior Care: Geriatric Medicine





eEmergency



Avera eCARE

Camera Check

How Does eEmergency Work With Your Hospital

Request Process





State:

Town & State
Room You Are In
Purpose of Call



Request Patient Interaction



State

Patient Name & Correct Spelling
Age & DOB
Chief Complaint
Local Provider Name
Primary Nurse Name



State Level of Involvement Requested

Physician Support
Manage Complete Care
Consult With Provider on Site
Second Opinion



Nursing Support Nursing Documentation Medication Questions



Request Transfer Support
Destination Requested

Transport Service Requested
Patient Weight for Air Transport

eEmergency Utilization Quick Reference Sheet

Board Certified Emergency Physicians rendering emergency care and peer to peer support for local providers along with experienced, Certified Emergency Nurses available for nursing support.

- Transfer assistance with obtaining accepting physician, bed placement, and MD/RN report to facility
 of choice to allow local provider and staff to continue patient care
- Rapid helicopter or fixed wing support activation for critical patients
- Behavioral health assessment by emergency assessment counselor on video who will provide recommendations and assist with inpatient placement when appropriate
- Assistance with interpretation of EKG, CT, US, Radiology images, and Lab values for ER patients
- Interpreter services by 3 way call over video equipment, including Sign Language
- Immediate Burn Center referrals with regional burn facilities
- ePharmacy consults for toxicology cases, overdoses, calculating resuscitative medications, and IV drip rates
- Procedural assistance with joint reduction, chest tube placement, RSI/difficult airway intubations, central lines, IO insertion, and sedation protocols
- Nursing support to include documentation on critical care patients, medication questions, guidance for new staff
- Protocols set up for your facility to meet CMS guidelines for Quality Initiative studies including cardiac, stroke, sepsis, and airway
- · eEducation for facility and local EMS staff
 - Physician/Provider CME, live education on a quarterly basis and national airway course annually
 - Nursing CNE, live education offered monthly
 - Personal cloud portal access to archived education sessions allowing staff to obtain credits 24/7/365
- Debriefing with a CISD team following disaster, trauma or stressful events
- Assistance with disaster tree activation calls
- NORA (Need Officer Right Away), standardized acronym to alert eEmergency team of imminent threat prompting notification to local law enforcement



Letter from Avera eCARE Medical Director

RE: CMS Memo on Emergency Services

Dear Partner.

On June 7, 2013, CMS issued Memorandum Ref: S&C: 13-38-CAH/EMTALA on Critical Access Hospital (CAH) Emergency Services and Telemedicine: Implications for Emergency Services Condition of Participation (CoPs) and Emergency Medical Treatment and Labor Act (EMTALA) On-Call Compliance. This document is attached for your review.

The purpose of the memo is to clarify EMTALA On-Call requirements for small CAHs. In general, the memo dispels beliefs that federal regulations require CAHs to have a physician (MD OR DO) on call, even on "back-up" or "secondary" call to come into the facility and provide emergency services. To quote the Memo:

- "Under 42 CFR 485.618(d), a doctor of medicine (MD), a doctor of osteopathy (DO), a physician assistant (PA), a nurse practitioner (NP), or a clinical nurse specialist (CNS), with training or experience in emergency care, must be immediately available by telephone or radio, and available on-site within 30 minutes (60 minutes for CAHs in frontier areas that meet certain conditions). Under the CAH CoPs an MD or DO is not required to be available in addition to a non-physician practitioner."
- "Under the COP at §485.618(e), an MD or DO must be immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients. This requirement can be met by the use of a telemedicine MD/DO as well as by an MD/DO who practices on-site at the CAH."

We encourage our customers to review the attached Memo from CMS, and determine if the clarification provides any new opportunities for the way your hospital staffs your emergency services. Some facilities, in conjunction with their medical staff, nursing staff, and attorneys, may determine that they no longer need a physician on "secondary" call when their nurse practitioner, physician assistant, or clinical nurse specialist is on first call.



eEmergency

As you read and consider the document, please keep in mind that there may be other reasons for having both an APP and physician on call, including:

1. Complying with existing facility bylaws or policies

2. Meeting State regulatory requirements for emergency services and general hospital care

3. Meeting County or State regulatory requirements for placing mental health holds

4. Meeting State licensing requirements for physician supervision or physician collaboration agreements with Physician Assistants or Nurse Practitioners

5. Providing support for APP's according to their experience, skill, and comfort level

6. Meeting existing contract obligations with physicians

7. Meeting trauma level designations, in accordance with State regulations

In response to the Memo, we have drafted the attached eEmergency policy, which outlines how we sign or countersign the required certifications for transferring patients when a local physician is not at the facility to sign the certification. Please note the eEmergency physician will only sign transfer certifications in those instances when the eEmergency physician is involved in patient care by video.

Again, we encourage you to review these documents and speak with your State regulators, medical staff, and attorneys regarding the implications for your facility. If you have questions about how eEmergency fits within the CMS clarification, or how the eEmergency policy affects your facility, please contact Angel Luttmann at (605) 322-2336 or Angel.Luttmann@Avera.org.

Sincerely,

Brian Skow, MD, FACEP

Avera eCARE Medical Director



eEmergency

eCARE Policies

Policy Title: CAH Compliance with Emergency Services Conditions of Participation & EMTALA

requirements

Policy Number: 07.003

Effective Date: June 2013

Revision Date:

Review Dates: June 2013, September 2014

Submitted by: Lisa Lindgren

Approved by: Lisa Lindgren

Distribution: eEMERGENCY

<u>Purpose:</u> The purpose of this policy is to provide guidance for Avera eEmergency physicians and CAH providers and nurses to ensure compliance with the CAH Emergency Services Conditions of Participation and Emergency Medical Treatment and Labor Act On-Call Compliance requirements.

General Information:

<u>Policy:</u> The Avera eEmergency physician will countersign the required certification on behalf of the rural hospital if the eEmergency physician is in two-way video contact with the on-site non-physician qualified medical provider ("provider") and involved in the transfer decision. Avera eEmergency physicians will not countersign the required certification if they are not consulted on the case prior to patient transfer.

Responsibilities:

- 1. The on-site provider is responsible for activating the eEmergency system if a need for transfer is anticipated.
- 2. The Avera eEmergency physician is responsible for initiation of immediate video connection to the rural site, and to provide consultation in accordance with usual and customary care and rural site hospital procedures.
- 3. The on-site provider is responsible for completing and signing the required certification that the anticipated benefits of the transfer outweigh the risks of transfer.
- 4. The Avera eEmergency physician is responsible for cosigning the required certification within twenty four hours of the patient transfer.



eCARE Policies

Guidelines:

- 1. Under 42 CFR 485.618(d), a doctor of medicine (MD), a doctor of osteopathy (DO), a physician assistant (PA), a nurse practitioner (NP), or a clinical nurse specialist (CNS) with training or experience in emergency care must be immediately available by telephone or radio, and available on-site within 30 minutes (60 minutes for CAHs in frontier areas that meet certain conditions). Under the CAH CoPs an MD or DO is not required to be available in addition to a non-physician practitioner:
- 2. Under the CoP at §485.618(e), an MD or DO must be immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients. This requirement can be met by the use of a telemedicine MD/DO as well as by an MD/DO who practices on-site at the CAH.
- 3. If using telemedicine for emergency and other services, a CAH is not required to include the telemedicine physicians on its physician on-call list mandated under the EMTALA regulations at 42 CFR 489.20(r)(2) and §489.24(j), nor would it be advisable for a CAH to do so.
- 4. The CAH is required under EMTALA to have an on-call list reasonably related to the services it offers, composed of physician(s) who practice on-site at the CAH. This does not mean that physicians who practice on site must be on-call and available to appear in person at all times. Nor does it mean that an on-call physician must be called to appear on-site in every case involving an emergency medical condition.
- 5. Avera eEmergency physicians can countersign the required certification on behalf of the rural hospital if the eEmergency physician is in video contact with the on-site provider and involved in the transfer decision.
- 6. Avera eEmergency physicians will not countersign the required certification on behalf of the rural hospital if they are not consulted on the case prior to patient transfer.
- 7. The on-site provider will complete and sign the required transfer certification and will fax to the Avera eEmergency hub.
- 8. The Avera eEmergency physician will countersign the transfer certification within twenty four hours of patient transfer and will return the form, via fax, to the rural hospital.

References:

This policy was developed as a guide for the delivery of telehealth services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although originating site or eCARE personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-38-CAH/EMTALA

DATE:

June 7, 2013

TO:

State Survey Agency Directors

FROM:

Director

Survey and Certification Group

SUBJECT:

Critical Access Hospital (CAH) Emergency Services and Telemedicine: Implications for Emergency Services Condition of Participation (CoPs) and Emergency Medical Treatment and Labor Act (EMTALA) On-Call Compliance

Memorandum Summary

- The Center for Medicare & Medicaid Services (CMS) Welcomes use of Telemedicine by CAHs: Telemedicine has great potential to expand availability of specialty care services, including emergency medicine services, to rural populations. However, misconceptions about CAH CoP and EMTALA requirements may cause unnecessary concerns about, or create barriers to, using telemedicine.
- The CAH Emergency Services CoP does not Require a <u>Physician</u> to Appear On-site Whenever an Individual Comes to the Emergency Department (ED):
 - Under 42 CFR 485.618(d), a doctor of medicine (MD), a doctor of osteopathy (DO), a physician assistant (PA), a nurse practitioner (NP), or a clinical nurse specialist (CNS), with training or experience in emergency care, must be immediately available by telephone or radio, and available on-site within 30 minutes (60 minutes for CAHs in frontier areas that meet certain conditions). Under the CAH CoPs an MD or DO is not required to be available in addition to a non-physician practitioner.
 - Under the CoP at §485.618(e), an MD or DO must be immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients. This requirement can be met by the use of a telemedicine MD/DO as well as by an MD/DO who practices on-site at the CAH.
- EMTALA is Not a Barrier to Using Telemedicine to Extend CAH Emergency Services:
 - If using telemedicine for emergency and other services, a CAH is not required to include the telemedicine physicians on its physician on-call list mandated under the EMTALA regulations at 42 CFR 489.20(r)(2) and §489.24(j), nor would it be advisable for a CAH to do so.
 - The CAH is required under EMTALA to have an on-call list reasonably related to the services it offers, composed of physician(s) who practice on-site at the CAH. This does not mean that physicians who practice on site must be on-call and available to appear in person at all times. Nor does it mean that an on-call physician must be called to appear on-site in every case involving an emergency medical condition.

Background

CMS welcomes use of telemedicine by CAHs to extend access to specialty care services, including emergency services, for the rural populations CAHs serve. However, we have learned that some CAHs have been under the impression that MDs/DOs who provide only telemedicine services to CAH patients and who participate in the screening and stabilizing of individuals in the emergency department (ED) <u>must</u> be on the CAH's EMTALA on-call list. This is incorrect, and it actually would not be prudent place an MD/DO who cannot make an in-person appearance at the CAH on the on-call list. Likewise, some CAHs have had the mistaken impression that even when there is involvement of a telemedicine MD/DO in the provision of care, an MD or DO who is on-call at the CAH must always be asked to come in to the CAH for emergency services.

Depending on the specific circumstances, there could be cases when it is sufficient for a telemedicine-only MD/DO to work with the qualified medical person (QMP) on site to screen and stabilize and/or appropriately transfer individuals who come to the CAH's ED. There could also be times when an on-call MD/DO would be requested to come to the CAH by the QMP, even though a telemedicine-only MD/DO is also providing services. We are taking this opportunity to clarify below the requirements under EMTALA and the CAH CoPs for MDs, DOs and other practitioners in CAHs that use telemedicine as a component of their ED services.

CAH CoP Emergency Services Requirements:

Section 1820(c)(2)(B)(ii) of the Social Security Act (the Act) requires a CAH to make 24-hour emergency care services available. Pertinent implementing regulations are:

- §485.618(e), which requires an MD or DO to be immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients to the CAH or other appropriate locations for treatment. This requirement can be met in whole or in part through the use of an MD/DO via telemedicine. It is the CAH's decision whether to use a telemedicine MD/DO for this purpose, and to what extent in order to meet this requirement. For example, a CAH could use a telemedicine MD/DO 100 percent of the time, or could develop a schedule for the use of MDs/DOs who practice on-site for part of the time, with the telemedicine MDs/DOs providing these services for the rest of the time.
- §485.618(d)(1), which requires an MD, DO, PA, NP, or CNS, with training or experience in emergency care, to be on-call and immediately available by telephone or radio contact, and be available on-site within 30 minutes on a 24-hours a day basis. (The standard is 60 minutes for CAHs in frontier areas that meet the following conditions: the CAH is located in a frontier area or a remote location; the State has determined, that allowing an emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the CAH; and the State maintains documentation showing that the response time of up to 60 minutes is justified because other available alternatives would increase the time needed to stabilize a patient in an emergency).

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If the on-call practitioner is notified that he/she is needed at the CAH, that practitioner is required to physically appear at the CAH.

Note:

- In accordance with §485.618(d)(3), under specific conditions and only for a temporary period, instead of a practitioner a registered nurse (RN) may also satisfy this requirement, if the CAH has no more than 10 beds, is located in a frontier area or remote location, and the Governor has submitted a letter that meets specified requirements.
- Practitioner availability by telephone or radio (as required under §485.618(e)) may be satisfied by a telemedicine practitioner, but the requirement for on-site availability cannot be met via the use of telemedicine.
- Any one of the listed types of practitioners satisfies the regulatory requirement. A CAH
 MD or DO is not required to be available in addition to a non-physician practitioner
 (or RN substituting for a practitioner).

EMTALA Requirements for CAHs

Section 1867 of the Act contains the EMTALA provisions, including a requirement for hospitals and CAHs to provide a medical screening examination to all individuals who come to the ED, and stabilizing treatment or an appropriate transfer for those who have been determined through the screening to have an emergency medical condition. Section 1866(a)(1)(I)(iii) of the Act contains an EMTALA-related requirement for hospitals and CAHs to maintain a list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition.

- §489.24(a)(i) requires that a medical screening examination be performed by a qualified medical person (QMP), i.e., an individual determined to be qualified by the CAH by-laws or rules and regulations and who meet the requirements of §482.55 (the hospital CoP for emergency services), which requires the use of "...adequate medical and nursing personnel qualified in emergency care." The QMP on-site conducting the required screening examination may be assisted or directed by a qualified telemedicine practitioner.
- §489.20(r)(2) and §489.24(j) implement the on-call provisions related to EMTALA obligations.
 - Unlike the CAH CoP requirements for practitioner availability in the ED, the EMTALA
 on-call requirement is specific to physicians. The EMTALA requirement cannot be
 satisfied by including non-physician practitioners on the on-call list.
 - A physician who is on-call and requested by the CAH's QMP to make an in-person appearance at the CAH after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition must come to the CAH within a reasonable amount of time. Failure by a physician to do so could subject both the CAH and the on-call physician to EMTALA enforcement action and penalties.

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Although CMS takes enforcement action only with respect to the CAH, the Office of Inspector General may levy penalties against either or both the CAH and the physician.

- There is no EMTALA requirement for all physicians holding CAH privileges to take call.
 - o A CAH which has only a few MDs or DOs routinely practicing on-site is not expected to have one of them on-call at all times. In such a situation it would not be unreasonable for the CAH to have very limited on-call coverage.
 - o There is no requirement under EMTALA for a CAH to include on its on-call list a physician who provides emergency or other services only via telemedicine to the CAH's patients. Since a physician providing services only by telemedicine may be located too far away to make an in-person appearance feasible, it might not be prudent for the CAH to include telemedicine-only practitioners on its on-call list.
 - O However, we also reiterate that CAHs have a responsibility under EMTALA to ensure that they are providing sufficient on-call services to meet the needs of their community in accordance with the resources the CAH has available. CMS expects a hospital or CAH to strive to provide adequate specialty on-call coverage consistent with the services routinely provided at the hospital or CAH. (73 FR 48662).
- When a telemedicine physician is providing/directing diagnosis or treatment of individuals in a CAH ED, there is no requirement or expectation under EMTALA that the CAH must always require one of the local on-call physicians to come to the ED as well. However, if the QMP on-site and/or the telemedicine physician determine that hands-on treatment that is beyond the capability of the on-site QMP is required to stabilize an individual's emergency medical condition, then a request for a local CAH physician to come to the ED could be required, depending on the circumstances:
 - o If one or more of the local physicians is on-call and able to provide the required hands-on stabilizing treatment, then the CAH is expected to request that an on-call physician come to the ED to stabilize the individual.
 - o If the QMP and/or the telemedicine physician determine that the individual needs hands-on treatment that the CAH's on-call physician(s) cannot provide (e.g., the on-call physician is a family medicine practitioner and a surgical procedure is needed), then the CAH may transfer the individual to another hospital or CAH for stabilization, following the EMTALA rules for appropriate transfer. It is not necessary to have the local, on-call physician come to the ED just to certify the appropriateness of the transfer. Either the telemedicine physician or the on-site non-physician QMP, after consultation with the telemedicine physician, may sign the required certification that the anticipated benefits of the transfer outweigh its risks. If the on-site non-physician QMP signs it, the telemedicine physician must subsequently countersign. See §489.24(e)(1)(i)(B) and (C).
 - o If no physician is on-call and the QMP and/or the telemedicine physician determine that hands-on treatment that is beyond the capability of the on-site QMP is required to stabilize an individual's emergency medical condition, the CAH may transfer the

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individual to another hospital or CAH for stabilization, following the EMTALA rules for appropriate transfer. Either the telemedicine physician or the on-site non-physician QMP, after consultation with the telemedicine physician, may sign the required certification that the anticipated benefits of the transfer outweigh its risks. If the on-site non-physician QMP signs it, the telemedicine physician must subsequently countersign. See §489.24(e)(1)(i)(B) and (C).

Questions concerning this memorandum should be addressed to hospitalseg@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/ Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Avera eCARE Emergency Airway ManagementProgram Powered by the Difficult Airway Course

Avera eCARE annually hosts the Difficult Airway Course in Sioux Falls, SD where world-class faculty from The Difficult Airway Course: Emergency™, the only national CME program, teaches the evidence-based, algoithmic approach to emergency airway management. This one day course provides clinicians advanced education in difficult and failed airway management and offers small group hands-on training in crucial airway techniques. This course is targeted at Physicians, Advanced Practice Providers, EMS and Flight Staff.

Avera eCARE Emergency Peripheral Equipment

Video Laryngoscope

- Emergency airway management poses unique challenges in the rural setting as it is not a skill that is commonly performed on a routine basis. By utilizing a video laryngoscope linked to the eEmergency equipment, rural providers have immediate access to an experienced emergency trained physician who can guide them through the intubation procedure. Several different video laryngoscopes are currently available; the following are video compatible and allow the device to slave to eEmergency equipment.
 - Glidescope: The Glidescope video laryngoscope is designed for use in a wide array of clinical settings, and can be used to facilitate neonatal, pediatric and adult intubation. The Glidescope has a uniquely shaped blade that necessitates a change in provider technique, but is considered the "gold standard" video laryngoscope and is portable and easy to use. Glidescope blades are disposable, and can be charged to the patient.
 - Karl Storz C-MAC: The C-MAC video laryngoscope provides video laryngoscopy capability while requiring little adjustment in provider technique. The C-MAC is portable and can be used to facilitate both adult and pediatric intubations. C-MAC laryngoscope blades are reusable, eliminating the need to manage disposable inventory.
 - King Vision: The King Vision video laryngoscope is a lightweight, clinician-friendly and cost-effective option for adult airway management. It includes disposable channeled and non-channeled blades and a reusable video display that is mounted on the end of the laryngoscope handle.



eEmergency

Avera eCARE eEducation

Avera eCARE is excited to share educational opportunities with our partners. eEducation has evolved with the growth of our virtual hospital to meet the needs of our rural co-workers understanding scheduling conflicts, geographical, and financial challenges for continuing education. One of the best parts of eEducation is that it's included in your partnership with Avera eCare.

This innovative program includes the following options:

Live Streamed Events

- 1-2 nursing education sessions per month providing CNE credits
- 1-2 provider education sessions per quarter providing CME credits

Recorded Events

Avera CE Portal providing 24/7/365
 access to archived education sessions
 allowing staff to obtain CME/CNE
 credit from a desktop, laptop, tablet,
 or smart-phone

We are continuously working to bring up to date vital clinical information forward and welcome ideas that would be of value to your team. Several of our sessions developed out of conversations relating to specific encounters and internal challenges.

Some of our sessions have included:

- Stroke Symptoms: Nurses Role in the First 60 Minutes
- When In Doubt, Chart It Out!
- Respiratory Distress: O2 Delivery by CPAP, BiPAP, or Ventilator
- Pharmacology of Sedative Agents
- Drugs for a Wild Heart: Antidysrythmics
- Mangled & Mauled in Machinery: Trauma Case Review
- Not too Sour, Not too Sweet: Glucose Control
- Every Second Matters: Pediatric Respiratory Emergencies and Pediatric Trauma

Avera eCARE will share event sign up and portal access instructions with the leadership team at your facility. Please direct inquiries to Angel Luttmann at angel.luttmann@avera.org or 605.322.2336.

Thank you for partnering with us.



Quality Projects Reference

These projects are in addition to your facilities programs and do not replace them. Reports will be provided for validation and comparison of internal data.

Chest Pain Project: Overall goal is to improve patient care by meeting quality metrics. eCARE Emergency follows national standards and benchmarks for time to Aspirin and time to EKG.

Facility receives quarterly report

· Program data will only include patients that are on video with eCARE Emergency; due to this, reporting will not capture 100% of patients that present with chest pain symptoms. Program works best when facility calls before patient arrival or as patient is arriving in the ER.

· Data collection includes: Patient demographics, patient arrival time, Aspirin time, EKG time and whether EKG is done in

the field (EMS), Fibrinolytic time, patient disposition, and transfer time if applicable

 Chest pain study calls often involve nursing documentation and eCARE Emergency physician review of EKG. The length of the call is determined by patient acuity and bedside staff, varying from 2 minutes to 2 hours.

Stroke Project: Overall goal is to improve patient care and was introduced as a request from a CAH due to not meeting their door to CT read time of 45 minutes.

Facility receives quaterly report

· Program data will only include patients that are on video with eCARE Emergency; due to this, reporting will not capture 100% of patients that present with stroke symptoms. Program works best when facility calls before patient arrival or as patient is arriving in the ER.

Data collection includes: Patient demographics, time of symptom onset, time of CT order, time of CT result, TPA

candidate, TPA administration time, transfer time if applicable.

eCARE Emergency staff will review TPA exclusion criteria at the facilities request and fax upon completion

Sepsis Project: Overall goal is to create more awareness, to recognize sepsis early, and have 100% compliance of eCARE Emergency facilities complete a sepsis screen on all ER patients.

· Facility receives quarterly data that indicates how many patients screened positive for sepsis. Additional information

can then be requested if desired.

 Program data will only include patients that are on video with eCARE Emergency. Program works best when eCARE Emergency is activated early, prior to patient arrival or as patient is arriving in the ER (when EMS report indicates sepsis or when patient screens positive in the ER for sepsis).

· Data collection includes: Patient demographics, patient arrival time, positive sepsis screen, sepsis bundle elements including serum lactate, blood cultures, antibiotics, volume, vasopressors, lactate re-measure if applicable.

eCARE Emergency screens every patient via the camera for sepsis and conducts our own internal sepsis quality project.

Intubation Project: Overall goal is to improve first pass success rate for video laryngoscope use, increase awareness, and provide airway management education. Please share the details of this project with your intubating clinicians.

eCARE Emergency participates in the NEAR study (National Emergency Airway Registry); therefore, collecting data on

every intubation completed while on video. Neither PHI nor facility/provider data is reported in the study.

· When involved in an intubation on camera, eCARE Emergency collects the following data from the intubating clinician: primary indication for intubation, difficult airway markers, method, device, best glottic view, adverse events and patient disposition.

· eCARE Emergency will provide guidance to clinicians on use of intubation techniques and equipment during an acute event or upon request.



Licensing, Credentialing & Privileging

eCARE Emergency physicians and nurses are individually licensed in your state.

eCARE prefers to utilize the CMS streamlined process to credential and privilege eCARE Emergency telemedicine physicians with your facility. CMS released its final rule and Interpretive Guidelines changing CMS's Conditions of Participation regarding the credentialing and privileging of telemedicine practitioners. The rule, effective July 5, 2011, allows Originating Site Hospitals (hospital in which the patient is located) to rely upon and accept the credentialing and privileging decisions of the Distant Site (telemedicine service provider). This rule was developed by CMS to minimize the duplication, expense, and waste that often occur under traditional credentialing of telemedicine providers. eCARE has a team dedicated to work with your credentialing team through this process which we will engage at the appropriate time.

EMR & Documentation

Avera eCARE Emergency does not maintain any permanent patient medical records.

eCARE Emergency does not enter any information directly into your electronic medical record. We will request view only access which is commonly used to review patient history, a previous EKG or pending lab values. We will document charting, orders, etc. within eCARE Emergency's proprietary software and then forward via eFax to your facility. These documents will then be scanned or data can be transferred into your EMR.

eCARE Emergency physician orders and notes are part of your permanent medical record and are required to be scanned.

At the appropriate time, we will share examples of each of our documents and discuss the process in more detail to ensure that your team has an internal process in place. eCARE Emergency documents include Physician Consult Form-Phone Consultation, Physician Documentation Form-Video Encounter, Diagnostic Order Form, Medication Order Form, Critical Care Flow Sheet, Critical Care Medication Form, Trauma Record, Code Blue Flow Sheet and Satisfaction Survey.



Telemedicine Informed Consent

Avera eCARE recommends that our partner facilities consider revising their hospital consent form allowing patient's to give informed consent acknowledging the presence of telemedicine services in their facility. Once our eEmergency implementation process begins, we will provide additional information re: legal requirements as well as suggested verbiage should your team choose to include this in your existing consent form.

Encounter Notifications

Upon eEmergency go live, automated "near real time" email notifications will populate to your identified team member(s) after each encounter. These notifications provide an awareness of when eEmergency was activated and can be utilized in any manner determined by your team. The notifications do not include PHI. Below is an example of a notification.

Avera

Encounter Information

Requesting Facility:
Encounter Date:
Encounter Time:
Chief Complaint:
Hub Physician:
Hub Nurse:

If you would like additional information on this event or would like to change email addresses receiving these updates, please contact:

Rebecca VandeKieft at rebecca.vandekieft@avera.org or (605) 322-1946.

Thank You



eEmergency

Utilization & Quality Reporting

After your facility is live with eEmergency, the following reports will be provided to your identified team members by your eCARE Accout Executive:

Utilization:

- · Quarterly reporting
- Data includes patient encounter volume (consult, video and transfer); time to encounter (median time from patient arrival to eEmergency activation); chief complaint volume; nonpatient video encounter volume (interpreter services, eEducation, tour, debriefing, etc.).

Quality Programs:

- Chest Pain Project: Data includes chest pain encounter volume, median time to transfer, aspirin compliance, median time to EKG, Fibrinolysis compliance, median time to fibrinolysis
- Stroke Project: Data includesThrombolytic compliance, median time to CT interpretation.
- Sepsis Project: Data includes number of positive screenings
- Intubation Project: Data includes rate of successful intubations, rate of successful intubations in first witnessed attempt, count of prior intubation attempts
- · Quarterly reporting

Equipment Check

Upon eEmergency go live, we request that a camera check is completed as least once daily for the purpose of testing the equipment and minimizing issues when patient support is needed. Your team will receive additional details during your implementation.

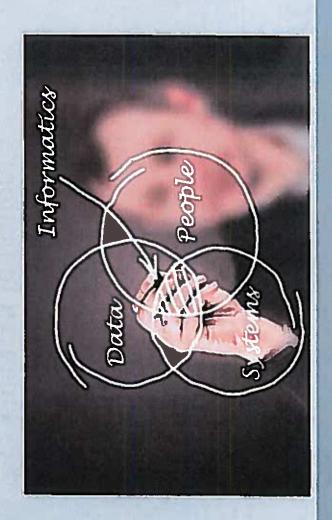
30 Day All Call

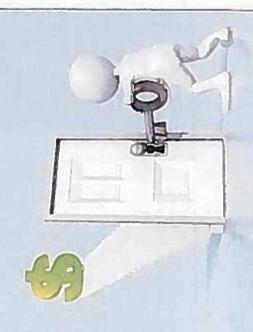
eEmergency encourages new partners to participate in an All Call for the first 30 days post go live. This includes activating eEmergency for every patient regardless of acuity level or whether support is needed. If neither physician nor nursing support is requested, eEmergency will request minimal data and disconnect the encounter. The purpose of an all call is to help your team and community become familiar with the eEmergency service and equipment prior to needing support during an emergency.



Financial, Productivity & Key Performance Indicators







Financial Report Agenda

- Source Data
- Financial Risk Assessment
- Month over Month
 - Year over Year
- Key Financial Indicators
- Productivity (Throughput)
- Rural Health Clinic Numbers

Source Data

The following slides contain information sourced from the following documents or information

Income Statement (presented each month)

Aged Trial Balance (Accounts Receivable) - verified by CFO

Adjustments or Write-off reports – verified by CFO

Demographic ad hoc reports from Evident (CPSI)

Financial Risk Assessment (Month over Month)

5-25 Jan 2018	の 100mm の 10
Jan 2017	\$854,840 \$522,176 62,75% \$ 12,647 \$ 12,520 \$846,807 \$846,807 \$10,698
Jan 2015	W WWW WWW W
Jan 2015	\$ 1,9441,6697 \$1,2889,8970 \$ 5888,8977 \$ 3667,1036 40.81346 \$ 18,462 \$ 415,6885 \$ 18,462 \$ 1,279,887 \$ 895,007 839,704 \$ 828,007 839,704 \$ 828,007 839,704 \$ 828,007 839,704 \$ 828,007 846,1973 \$ 66,894 348,897 348,897 5 27,525 \$ 27,872
Ling Rem	ill@AllotherAdjistments Piges e/filitas Expenses)
	Minical Class Charges Contracted Adjustments off Ref Fai ent Revence Refit of Adjustmentering Offer Operating Revence University Revence University Revence Operating Expenses Net Position Indial Revenue Refit Revenue Operating Expenses Net Position Indial Revenue Reflections Indial Revenue Reflections Indial Revenue Reflections Indial Revenue

The above illustrates performance for each (individual) month of January for years 2015, 16, 17, and 18.

YTD over YTI

Gire Item	Jan YTD 20	15 Ja	1 YTO 2018	183	YTD Z01	17 Jan	YTO 2015 Jan YTO 2016 Jan YTO 2017 Jan YTO 2018	20	018 over 2017	2	2018	2018 Over 2016	1	2018 Over 2015	15
District Gross Charges	\$ 1,441,667	2 5	1,233,871	S	864,840	\$ 0	1,342,725	S	477,886	0	vs	108,855	0	\$ (98,941)	E
- Contractual Adjustments olus All other Adjustments	\$ 588,387	7	366,745	45	542,670	\$ 0	424,312	40	(118,358)	0	s	27,567	0	\$ (164,075	75
* Not Patient Recents	\$ 853.279	47	867,126	45	322,170	0	918,414	w	596,244	0	s	51,288	0	\$ 65,134	4
+ Other Operating Revenue	\$ 416,685	45	18,462	45	12,61	2	240,171	w	227,554	0	**	221,709	•	\$ (176,5)	9
4 Non-Decrating Resents	\$ 9.923	(F)	9,520	40	11,52	0	11,544	45	24	0	43	2,025	0	\$ 1,6,	1
= Total Second	\$ 1.279,887	2 2	895,107	w	346,307	× 1	1,170,129	UN.	823,822	0	s	275,022	•	\$ (109,75)	
- Operating Exposes	\$ 833,714	45	828,213	w	713,037	4	762,907	to.	49,870	0	vs	(65,306)	0	\$ (70,84	10
a Net Positon (Total Resenue minus Expenses)	5 446,173	m	66,894	vs	(366,730)	0	407,222	45	773,952	0	45	340,327	0	\$ (38,9)	
Collections rate per day	\$ 27,525	45	27,972	*	10,393	\$	29,62	s,	19,234	0	45	1,654	0	5 2,11	-

- This chart illustrates the cumulative for Jan through Dec for the years 2015, 16, 17, and 18
 The red and blue dots indicates favorable or unfavorable

SCHD & RHC Year over Year

Sutton County Hospital District										
And Bond	÷.		2089	Eller Falls	1039	offic.	distriction, and	Wate belong 12	OPCompached budget	Deligination of the following the confined of
Ustrikt Gross Charges Contractual Adjustments plus All other Adjustments Net Patient Revenue	\$ 14,677,615 \$ 6,344,156	677,615 \$ 344,156 \$	14,334,316 S 6,000,139 S	13,967,201 6,022,599	S 14,850,144 S 6,775,966	5 13,626,112 5 5,898,237	\$ 11,358,255 \$ \$ 5,388,906 \$	11,836,141	\$ 12,279,650 6 \$ 5,673,997 \$	(443,509)
Ratio of Adjustments to Charges Other Operation Resembles	43	43.22%	41.86%	7,944,603	S 8,074,178 45.63%	5 7,727,875 43.29%	5 5,969,349 S 47,44%	6,565,593	5 6,605,653 46.21%	
Net Operating Margin (Profit) Non-Operating Revenue	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	703,404 S	559,018 5	(627,402)	5 647,562 \$ (967,845)	5 762,204 5 (2,062,271)	\$ 614,968 S \$ (2,929,112) S	842,521 (2,382,738)	\$ 829,404 5 (2,537,798) 5	
Total Revenue Operating Expenses	\$ 10,69	695,873 \$	2 862,791,11	10,712,698	5 9,827,681	\$ 10,881,183 \$ 10,881,183	\$ 3,418,704 S \$ 10,003,021 S	3,418,728	5 2,406,108 S 5 9,841,165 S	4,012,620
Net Positon (Total Revenue minus Expenses)	5 2,245,	45,990 S	2,072,893 \$	1,000,984	5 9,689,585 S 138,096	5 10,552,351 S 328,832	5 8,898,461 S 5 1,104,560 S	8,948,331 1,878,512	5 9,143,451 S 5 697,714 S	
Adjusted Gross Margin	77	21.00%	(173,097) \$	(1,07,909)	\$ (862,889)	5 190,736	\$ 827,277 \$	773,952	(1,180,798) \$	
Collections rate per day	5 22,	22,831 \$	22,833 \$	21,766	5 22,121	5 21,172	5 16,354 S	17,988 \$	18,098	10/26% (1110)
Senera Medical Clink										Trace
F. pullmaren.	202		2000	2002	400	1000	302314.7 in period (7) e	47 to Jun 577	colleges attacks upoll	Section between
SMC Gross Charges	\$ 589,	89,860 S	944,035 \$	950,223	5 957,965	5 681.026	5 370,685 5	2 363 644	380 220 [6	True Contract
Not Patient Candon Bearing	5 430,	130,690 \$	687,120 \$	189,072	258,650	\$ 258,537	\$ 61,328 \$	13,184 \$	62,783 5	[49.599]
Ratio of Adjustments to Charges	e c	73.0%	256,915 S 77.8%	761,151	5 699,314 (\$ 422,490	\$ 309,357 \$	429,452 \$	326,437 \$	210,801
Total Revenue	\$ 159,	\$ 071,921	256,915 \$	761.151	699,314	30.07e 5 422.490	2001 S	3.0%	16.13%	ABDBIA
Total Expenses (Direct + Indirect) Net Position (Total Revenue minus Expenses)	\$ 1,082,	82,919 5	1,216,428 \$	1,385,587	1,376,850	1,166,095	5 938,391 5	985,364 \$	987,628	(8.264)
Change in Overall Net Position	, 13EJ	2	(35,764) \$	335,078 \$	(53.100)	(743,605)	5 (588,456) 5	555,913) \$	(661,191) \$	877,201
Collections and an area of the contractions and area of the contractions are a second and area of the contractions are a second area of the contra	-580	80.36%	-373,48%	-82,04%	-96.89%	176.01%	-190.22%	129,45%	-202.55%	MISTOR
APR and are a reconstruction	ın	436 S	704 S	2,085 \$	1,916	1,158	5 848 5	1,177 \$	894 5	282

Indirect expenses for RHC are estimated and will be finalized with the cost report.

Key Financial Indicators

						700
	SORCE	No.	May remarks moseran	No. I.	767 6	2016
	NAME OF THE PARTY	9 8	Adhered Operation Marris	121,000		7 E
	>167c190	1113				ì
	×4074-45%	245 %	_	X22.EX	41.86%	43.12
	>25%<30%	>30)%		· · · · · · · · · · · · · · · · · · ·	27.17%	TO SECTION
	>10%<15%	>15%		Mr. of springers	emestioning	12.33
	>5%cg%	28%	_	7.51%	\$12.8	6,16
-	>40<40	969	Days in Gress AR	The same of the same of	The Control of the Co	
8	<39 >50<60	094	Days in Net AR	9	0	
á		0.00	CATA AR Turnesser			

47 44 40 01 18.04

> 43.29% 28.22% 12.10%

45 63% 24.30% 13.97%

87 P

Sutton County Hospital District								
(und-form)	010	580	2023	\$100	Parts 20	AVIDA Ros-	Len 20138	ZOTS Boiling I.P.
Ratio of Adjustments to Charges	43,22%	41.86%	43.12%	45.63%	43.29%	47.44%	31.60%	44.53%
Ratio of Contractual Adjustments to Gross Charges			24.63%	28.50%	29.32%	40.01%	18.12%	28.11%
Rario of Rad Debt Adjustments to Gross Charges	Not Reported	ted	12,33%	13.97%	12.10%	18.04%	8.78%	12.31%
Ratio of Charlty + Other to Gross Charges			6.16%	3,18%	4,06%	3.59%	4.70%	3.77%
Ratio of Expanses to Revenue	79.00%	81,49%	90.66%	98.59%	96.98%	88.96%	65.20%	82,65%
Ratio of NPSR to Total Revenue	85.58%	74,43%	74.16%	82.15%	71.02%	59.68%	78,49%	60,64%
Ratio of Non-parient Revenue to Total Revenue	14,42%	13.52%	15.20%	11.25%	21.97%	34.18%	966'0	31.58%
Bad debt/Charity/Other Adl as a percent of gross charges	16.47%	14,68%	17.83%	16.56%	16.17%	-15,42%	13.48%	16.06%

Productivity ()

	2016 Expectation 2018 (2018 YTD / Average				7 .	Carlo and						- Charles and the second		23.743		07/1
		4163	7161		200		2	202	9	2.0	2	Ç	acuc	acut.	7658	and and
	E07 2016	1532 A	Catt	330	000	13	0.28	24.0	193.0	0	64.0	51	2676.0	810.0	9020.0	
	EOY 2015	1515.0	154.0	431.0	2.8	1.2	89.0	26.0	282.0	10.8	106.0	2.0	4306	1828.00	6209.0	
)	EOY 2014	1604.0	137.0	146.0	2.5	0.9	74.0	21.0	169.0	8.0	80.0	1.4	4180	1856.00	5210.0	
	EOY 2013	1442.0	159.0	617.0	Đ, M	1.7	89.0	34.0	337.0	6.6	66.0	2.6	4626	1889.00	4768.0	
	EOY 2012	1710.0	73.0	199.0	2.7	0.5	41.0	2.0	0,83	4.0	10.0	9.0	4145	1741.00	1785.0	•
	Service Type	ED Visits	Inpetient Patients	Inpatient Days	Impatient Days per Patient	Average Inpatient Daily Census		Swarg bed Patients	Swing bed Days	Average swing bed Days per Potient	Conservation Patients	Combined Average Darky Census (IP and SB)	Rural Health Clinic Throughput SCs: EP, FU, NP, TH, CS, WC, E.	ML VISKS	Physical Therapy Patient Days	Paralical Design Dave per Darless

Rural Health Clinic Numbers

Rural Health Clinic		2018	2014	2016	2016	2017 Pre-Audit	Jen-18	Accumulative
CMS Dualified Visits	4746	4626	27	4306	2578		337.00	27,00
Dave	Ā	Ñ	S	2	**	23	22.00	22.00
Walte car Calandar Dev	16.52	18.28	16.52	17,02	12.21	279	15.33	15.22
New Patients	25	ä	8	255	314	194	22.00	12,00
Barto of New Patients to Total Cusiffed Widts	13.87%	15,73%	26.05%	12.52K	11.75%	22,73%	24.33%	24.55%
Man Bullante Cotton Country				17.6	798	755	2	R
M. of New Patients in Sutton County as a ratio to Total Patients				21.46%	22.22	37,28%	15.73%	15.73%
States County (7695)	90000	66.29%	61.79%	SK-ZEX	69.15%	87.90%	73.55K	75.59%
Cohlisher County (759%)	11.95%	11.276	*STEE	11.62%	9.75%	11.44%	20.05K	20,02%
Coorbett County (75943)	3123K	372071	9.EZK	11.15%	11.05%	8.09%	8,01%	2,01%
K. Edwards Caushy (78200-7829)	777	2.15%	7.93%	7,63%	4778	4,64%	2.06%	2,08%
Coher	X65.2	9,16%	7.31%	3,14%	5.93%	7.94%	6.25%	6.25%
Suffee County Population (35 Conus Bursan	2930	1007	2764	2015	2369	9798	3,869	3869
Entheliant Union	1800	1961	1180	151	1204	122	280	97
Recent of Entrelent Ilves to Total Patients	40.53%	40,23%	45,00%	35,49%	44.99%	60.31%	83.09%	\$3.09%
Market defination (Lifethe new year mer market the	247	972	177	287	27.2	1.66	1.20	123
Cotton County Beautation with health insurance						3002		3002
RHC Percent of population with Insurance (Equiv lives / Pop with Insura						46.00%		
RHC Percent of total population (Equiv Rives / SC Total Population)						31.61%		
RMC Dutzniersten (based on population)	70.54%	69.21%	70.74%	74.90%	78.48%	64.39X		
Change in automotion in named ("." named out and and and		-1.09%	2.21%	2.62%	4.75%	-12.86%		

- 2017 Accumulative is pre-Audit and is subject to change
 - RHC did not re-open until February 6, 2017
- Beckie Sullivan-NP; Dr. Gordy Day as the supervising physician
 - Amanda Lindo arrived in late March 2017
 - Outmigration has improved 12.9% over 2016
 - Net positon improved \$210,027 (pre-Audit)

QUESTIONS?