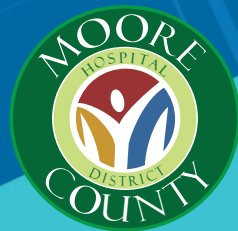


FY2024 Strategic Plan

- Business Plan Strategies
- External Data



Business Plan Strategies



- Growth
- Service
- Employees
- Quality
- Finance
- Community
- Medical Staff

MOORE COUNTY HOSPITAL DISTRICT BUSINESS PLAN SWOT ANALYSIS | FY2024

Strengths, Weaknesses, Opportunities, and Threats

	Moore County Hospital District	BSA	Northwest Texas
Strengths (I)	<ol style="list-style-type: none"> 1. Employee and Physician Engagement creates a unified, loyal, stable, optimistic, and forward-thinking culture capable of overcoming tremendous challenges. Tremendous talent and breadth of care for a rural hospital. 2. Community partnerships have created tremendous educational and career opportunities for those desiring healthcare careers. 3. New facility and Moore County's geographic location and economic diversity propel future development and prosperity. 4. High quality, personalized care. Low infection rates. 5. Strategic ability to manage populations (ACO, PHO) positions MCHD for long-term viability. 	<ol style="list-style-type: none"> 1. Positive community perception 2. Diverse product lines 3. Nice facilities 4. BSA Insurance Network 5. Access to Specialists 6. New Level 3 Trauma Designation. 	<ol style="list-style-type: none"> 1. Designated Trauma Center 2. Diverse product lines 3. Texas Panhandle Clinical Partners ACO 4. Access to Specialists
Weaknesses (I)	<ol style="list-style-type: none"> 1. Construction delays drain valuable resources. 2. Outdated EHR creates barriers to efficient care delivery. 	<ol style="list-style-type: none"> 1. Understaffed. 2. Infection Rates 3. Potential for Impersonal Service 4. Poor communication and lack of relationship with area hospitals and providers. 	<ol style="list-style-type: none"> 1. Understaffed. Poor employee relationships. 2. Potential for Impersonal Service 3. Currently without a permanent CEO. Former leadership left regional relationships in a mess. 4. Ruptured relationships has caused physicians to flee to other hospitals (including MCHD).
Opportunities (E)	<ol style="list-style-type: none"> 1. New Dietary contract opens possibilities for improved services and products. 2. With the success of the RNEC, a new partnership with Amarillo College for Lab Techs could be modeled on the same concept. 3. Relationships with Amarillo surgeons could bring additional cases to MCHD OR. 4. Improve Community Image 5. Expand Telemedicine services 	<ol style="list-style-type: none"> 1. Recent CEO change could bring new perspectives. 2. Development of Freestanding ERs/Urgent Care Centers. 	<ol style="list-style-type: none"> 1. Development of Freestanding ERs/Urgent Care Centers. Direct employment of rural physicians.
Threats (E)	<ol style="list-style-type: none"> 1. Outmigration from Moore County to Amarillo 2. Increasing concentration of revenue streams from governmental programs 3. Limited labor pool 4. Acquisition of neighboring rural hospitals by BSA/Northwest 	<ol style="list-style-type: none"> 1. Rural hospitals affiliating with NWTHS. 	<ol style="list-style-type: none"> 1. Strategy to employ rural physicians has fractured relationships with several rural hospitals and reduced the trust others once had in Northwest. 2. BSA achieving Level 3 Trauma Designation will move volume from Northwest.

GROWTH

- FY22 physician turnover negatively affects FY23-24 volumes. Continue recovery efforts.
- Unoccupied office space, available and interested talent, and local demand for spa services create opening for new service.
- On-going construction project is draining MCHD's capacity for future growth while also creating new challenges and opportunities for the campus.
- Years of construction spending has limited reinvestment in essential capital equipment. Reinvestment is now mandatory.
- Long-term resident deaths have reduced MNRC's census.

SERVICE

- Engaging physicians in operational decisions is always a strategic imperative.
- The intent of the UniDine Agreement must be fulfilled with enhanced service offerings and implementation of systems to capture revenue.

EMPLOYEES

- Maintaining strong employee engagement is key to MCHD's success.
- With active shooter incidents on the rise, even hospitals must be prepared for the unthinkable.
- With inflation and a tight labor market, wages continue to rise at an accelerated pace.

QUALITY

- Meditech Expanse must achieve go-live in February 2024.
- Quality data clearinghouses often fail rural hospitals due to low volumes and lack of specialized services. Find a way to compare data with similar hospitals while continuing to submit data where required. The goal is to improve, not just submit data.
- Since terminating The Joint Commission, MCHD has gone without the services of an accreditation vendor.
- Handwashing and Decreasing EKG Times have been identified as areas for improvement by the Board Quality Committee.

FINANCE

- Pricing strategy has not been reviewed in recent years. Review needed at MCHD, MNRC, and Home Health.
- Under the Direction of the CFO, internal financial processes must be assessed and improved to maximize MCHD's financial potential: Denials, Purchasing Processes.
- MCHD's self-insured health plan costs continue to rise. Specialist availability at Northwest has declined.
- As pay-for-service continues to decline, governmental pay-for-performance programs take on greater importance.

COMMUNITY

- MCHF will lead funding efforts for needed capital equipment and workforce development.
- MCHD's historical social media and on-line reputation management strategy is unable to keep up with the current environment.

MEDICAL STAFF

- Current and aspiring medical staff leaders need leadership training. Once elected, leadership requires a significant donation of personal time.
- PIC lines and infectious disease consults are not readily available.
- Transfers and specialist referrals are sometimes difficult to Amarillo.

SUMMARY OF OPPORTUNITIES

GROWTH

“Constantly seek new and innovative ways to grow MCHD”

1. Open/Expand New Practices/Programs
 - a. Open Dr. Priyanka Patel’s Practice at Moore County Internal Medicine
 - b. Open Rejuvenew Med Spa
 - c. Expand Surgical Cases/Coverage with Drs. Kordestani and Heffel
2. Facility Improvement
 - a. Complete Hospital Renovation Project
 - b. Cafeteria Renovation
 - c. Resolve Parking Concerns
 - i. Resurface Old ER/Radiology Lot, Dr. Bella’s Office
 - ii. Build New Patient Parking at Northbound Bliss Avenue
 - iii. Abate and Demo Old House, Move and Demo Home Health, Construct New Parking on Southwest Campus Corner
 - iv. Reopen Binkley Lot
3. Equipment Upgrades
 - a. 3D Mammography
 - b. OR Cameras
 - c. Women’s Services Ultrasound
 - d. Fluoroscopy Unit
4. Grow MNRC Census
5. Expand Social Services with Community Case Management Mental Health Grant

GROWTH STRATEGY 1 | OPEN/EXPAND NEW PRACTICES/PROGRAMS

Goal: To expand access to care and create new health-related products.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Open Dr. Priyanka Patel's practice at Moore County Internal Medicine (Sept/Oct 2023)	Jeff Connie	→		
2. Expand surgical coverage with Drs. Kordestani and Heffel a. Dr. Kordestani – Hands, Lacerations b. Dr. Heffel – On-call and vacation coverage for Dr. Agle	Jeff, Yessenia Jeff, Dr. Agle	→		
3. Open Rejuvenew Med Spa	Connie			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$100k	\$
Incremental Admissions	5	10	15
Incremental Surgeries	20	30	40
Incremental Clinic Visits	650	1000	1175
Incremental OP Visits	150	200	210
Incremental Net Revenue	\$264K	\$395K	\$475K

EXPAND COVERAGE WITH DRS. KORDESTANI AND HEFFEL

Dr. Heffel On-call/Coverage Potential

120 Days of Transferred General Surgery Cases (Dr. Agle Out)

NAME	V#	DIAGNOSIS	PHYSICIAN/CLINIC	HOSPITAL	ANESTHESIA/MEDICAL	PHYSICIAN NOTE
Patient 1	v4907132	Severe Abdominal pain/suspect Mesenteric/colonic istemia	\$ 13,071.78		\$ 637.30	Transfer: Needs interventional radiology or vascular surgery
Patient 2	v4907752	cholecystitis/pancreatitis	\$ 16.10	\$ 10,311.61	\$ 637.30	I manage, but not a gen surg operation
Patient 3	v4911571	?? Hernia/small bowel obstruction	\$ 1,400.00	\$ 9,072.88	\$ 693.34	ENDO
Patient 4	v4911270	Acute cholecystitis	\$ 1,610.00	\$ 4,108.60	\$ 637.00	
Patient 5	v4912144	Acute Appendicitis	\$ 1,779.00	\$ 1,190.92	\$ 1,779.00	
Patient 6	v4912543	RLQ Abscess	\$ 297.00	\$ 11,015.22	\$ 102.38	
Patient 7	v4913221	Acute Appendicitis	\$ 1,610.00	\$ 8,355.00	\$ 482.00	
Patient 8	v4870603	Gall stone pancreatitis/common duct stone (chole....)		\$ 4,966.77	\$ 86.00	I manage, but not a gen surg operation
Patient 9	v4961544	Acute appendicitis/nausea and vomiting	\$ 1,610.00	\$ 9,254.80	\$ 482.00	
Patient 10	v4927087	small bowel obstruction		\$ 10,475.00	\$ 3,928.00	ENDO
Patient 11	v4849507	severe anemia, GI bleed, DOE	\$ 360.00	\$ 7,654.42	\$ 177.29	ENDO
Patient 12	v4849850	Acute cholecystitis	\$ 964.00	\$ 10,000.00	\$ 482.00	
Patient 13	v4849965	s/p arrest, upper GI bleed, sepsis, anemia	\$ 649.00	\$ 15,816.00	\$ 117.75	Transfer: Needs surgery at a facility with an ICU
Patient 14	v4955218	gluteal abscess recurrent	\$ 502.00	\$ 9,094.61	\$ 178.30	
Patient 15	v4925955	complex abscess r buttocks, leukocystitis, failed OP treatment	\$ 268.00	\$ 11,000.00	\$ 57.92	
Patient 16	v4935756	incarcerated umbilical hernia, leukocytosis	\$ 916.00	\$ 9,198.00		
Patient 17	v4941551	recurrent ascites, abdominal pain and distension, h/c pancreatectomy tubes in place		\$ 2,066.57		Transfer: Needs interventional radiology and the surgeon who initially operated on him
Patient 18	v4941756	symptomatic GB dz, early cholecystitis	\$ 1,753.00	\$ 10,500.00	\$ 637.30	
Patient 19	v4842677	Acute cholecystitis, severe abdominal pain	\$ 1,000.00	\$ 1,536.98	\$ 482.00	
Patient 20	v4843924	severe sepsis, ??	\$ 649.00	\$ 13,366.75	\$ 117.75	Transfer: due to need for ICU
Patient 21	v4856988	perirectal abscess,hypertension, throm..., anemia, breast CA, Kidney CA, mass on spine	\$ 1,363.00	\$ 57,000.00	\$ 413.00	Transfer: needs multiple specialist available

120 days = \$ 29,817.88 \$ 215,984.13 \$ 12,127.63

360 Days = \$ 89,453.64 \$ 647,952.39 \$ 36,382.89

Technical Component for Surgery Only \$ 647,952.39

Technical Component for Surgery & Anesthesia \$ 684,335.28

Technical and Professional for All Components \$ 773,788.92

Note: Assumes Medicare Reimbursement Rates

green = would be transferred even if I were available and I typed in explanation in red on last column.

Blue = would be transferred unless I was the surgeon on call, not typically a General Surgery case.

Orange = would be transferred unless the surgeon did endoscopy.

Total "White" Non-transfer Cases - 120 Days \$ 12,309.00 \$ 85,254.13 \$ 5,319.90

Total "White" Non-transfer Cases - 360 Days \$ 36,927.00 \$ 255,762.39 \$ 15,959.70

Technical Component for Surgery Only \$ 255,762.39

Technical Component for Surgery & Anesthesia \$ 271,722.09

Technical and Professional for All Components \$ 308,649.09

REJUVANEW

MED SPA



REJUVANEW
MED SPA

DumasMedSpa.com



The Premier Med Spa in Dumas

Why should you drive to Amarillo, Dallas, Houston or Oklahoma City when your favorite MedSpa services are available right here in Dumas?

Located at 222 South Bliss in Dumas, Rejuvenew Med Spa offers the most popular Med Spa treatments close to home. You get to enjoy the same exceptional aesthetic services, without the drive.

Rejuvenew's mission is to promote a relaxed environment where both men and women receive the most advanced aesthetic care to help you look and feel beautiful. Your safety, health and results are always our TOP priority.

Rejuvenew MedSpa has been providing services to Dumas and the surrounding area since 2015.

Our Provider



Trish Agle, PA

Trish Agle is a Physician Assistant with a 14-year combined experience in Orthopedic Surgery, Medical Aesthetics, Family Medicine and Internal Medicine. She completed her undergraduate degree from McMurry University in Abilene, TX and received her Master of PA Studies from the University of North Texas Health Science Center, PA Program in Fort Worth, TX in 2006. Trish is looking forward to applying her knowledge and passion to improve the well-being of others in the Moore County community.

Our Services

Wrinkle Treatment

BOTOX®

Dysport®

Fillers

Juvederm® Voluma

Juvederm® Ultra XC

Juvederm® Volbella® XC

Mesotherapy

Laser Services

Photo Facials

Pigment Correction

Scar Treatment

Stretch Mark Treatment

Wrinkle Reduction

Spider Vein/Cherry Angioma Treatment

Age Spot Treatment

Skinmedica Skincare

Creams

Serums

Cleansers

...More!



Wrinkle Treatment

— consists of prescription injections that are used to temporarily improve the look of moderate to severe facial lines such as frown lines, crow's feet, and forehead lines.

At your free consultation, your Rejuvanew provider will determine which product best suits your skin type and what is needed for your desired outcome.

Rejuvanew offers the following wrinkle treatment products:

BOTOX®

Dysport®



Fillers – Dermal fillers

— help to diminish facial lines and restore volume and fullness in the face. Rejuvenew offers these best-known filler products, each targeting specific results:

Juvederm® Voluma

Juvederm® Ultra XC

Juvederm® Volbella® XC

Your Rejuvenew provider will conduct a free in-depth consultation with you to determine the best product for your skin type and desired outcomes.



Mesotherapy

— an injection of a PPC/DC mixture that breaks down fat cells in the injection area to create a firmer, smoother appearance at the injection site(s).

Rejuvenew offers mesotherapy for the chin area and for larger areas such as the arms and thighs.

Mesotherapy is a great solution for that stubborn area under the chin!



Laser Services

— Rejuvenew uses the Cynosure Icon aesthetic technology to provide a wide range of the most popular cosmetic treatments.

Icon's proprietary technology results in fast treatments with excellent results.

Laser treatments use IPL (intense pulsed light) to target skin conditions such as brown spots, broken capillaries, spider veins and facial redness.

It works by delivering a bright blast of light at very high energy levels through a hand-held device.

Our aesthetic laser services include: Photo Facials, Scar Treatment, Stretch Mark Treatment, Wrinkle Reduction, Spider Vein & Cherry Angioma Treatment, and Age Spot Treatment.



Skinmedica Skincare

— Our Skinmedica skincare products are proven to be some of the best on the market. They've even received the Best of Beauty Hall of Fame Award for three years running (2020-2022!)

Available Skinmedica products range from rejuvenation items such as the complete LUMIVIVE® System to everyday cleansing items such as a AHA/BHA exfoliating cleanser.

From age defense, to brightening products, to moisturizers, Rejuvenew is your once stop source for Skinmedica products.

Rejuvenate

Menu of Services

Renew

MED SPA SERVICES

WRINKLE REDUCTION

Botox® . . . 10 / unit

For treatment of moderate to severe frown lines, crow's feet, and forehead lines.
20 - 50 units used in a standard treatment.

Dysport® . . . 5 / unit

For treatment of moderate to severe glabellar lines (deep lines that form between eyebrows.)
20 - 50 units used in a standard treatment.

FACIAL FILLERS

Juvéderm® Volbella® XC (0.55ml) . . . 350

Juvéderm® Volbella® XC (1.0ml) . . . 575

Facial filler used to target the lips

FACIAL FILLERS (CONT)

Juvéderm® Ultra XC (0.55ml) . . . 460

Juvéderm® Ultra XC (1.0ml) . . . 550

Facial filler used to target deeper facial lines

Juvéderm® Voluma® XC (1.0ml) . . . 650

Facial filler used to target the cheeks and chin

MESOTHERAPY

Small Area (chin/jowls) . . . 150* / 75**

Large Area (arms/thighs) . . . 200* / 350**

A PPC/DC mixture that breaks down fat cells in the injection area to create a firm, smoother appearance at the injection site(s).

* Price for 1st treatment. ** Price per additional treatments.

LASER SERVICES

PHOTO FACIALS, PIGMENT CORRECTION, & FACIAL VESSELS

Full Face . . . 300 / treatment
Face & Neck . . . 500 / treatment
Spot Treatment . . . 100-250 / treatment***
Chest . . . 300-400 / treatment***
Arms . . . 300-400 / treatment***

***Depending on the size of the area being treated

WRINKLES, SCARS, & STRETCH MARKS

Face . . . 500 / treatment
Face & Neck . . . 700 / treatment
Spot Treatment . . . 200-350 / treatment***
Scars . . . 100-300 / treatment***
Stretch Marks . . . 200/500/700 / treatment***

*Depending on the size of the area being treated

Rejuvenate

Menu of Services

Renew

SKINMEDICA

REJUVENATION

Neck Correct Cream . . . 81

A powerfully effective serum uniquely designed to prevent/address visible signs of neck aging.

HA⁵® Rejuvenating Hydrator . . . 107

Provides immediate smoothing in the appearance of fine lines/wrinkles/supports skin's natural ability to retain moisture resulting in radiant, rejuvenated tone/texture.

LUMIVIVE® System . . . 160

This two-step system gives your skin more power to resist the environment's attack during the day and recover itself overnight.

TNS Advanced+ Serum . . . 178

Improves the appearance of coarse wrinkles/fine lines/skin tone/texture.

BRIGHTENING

AHA/BHA Cream . . . 27

Exfoliates/ improves appearance of skin tone/texture

Lystera® 2.0 Pigment Correcting Serum . . . 93

An advanced Pigment Correcting Serum, formulated to address the appearance of stubborn skin discoloration.

MOISTURIZE

TNS Ceremide Treatment Cream™ . . . 42

Hydrates/helps restore skin's barrier function/balance

Dermal Repair Cream . . . 78

Ultra rich moisturizer helps prevent moisture loss and improve skin smoothness

AGE DEFENSE

Retinol Complex .25 . . . 38

Renews skin/ diminishes the appearance of fine lines

Total Defense + Repair SPF 34 . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself

Total Defense + Repair SPF 34 (Tinted) . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself (tinted version)

Total Defense + Repair SPF 50+ . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself

Retinol Complex .50 . . . 47

Renews skin/ diminishes the appearance of fine lines

Instant Bright Eye Cream . . . 53

Comprehensive eye treatment with advanced ingredients from Lystera® 2.0 Pigment Correcting Serum & HA5® Rejuvenating Hydrator

TNS Eye Repair® . . . 62

Reduces the appearance of fine lines, wrinkles, and dark circles around the eyes

CLEANSE

AHA /BHA Exfoliating Cleanser . . . 29

Gently scrubs away dead skin, improving the appearance of skin tone and texture.



The new you awaits...

REJUVANEW
MED SPA

222 South Bliss | Dumas, TX 79029

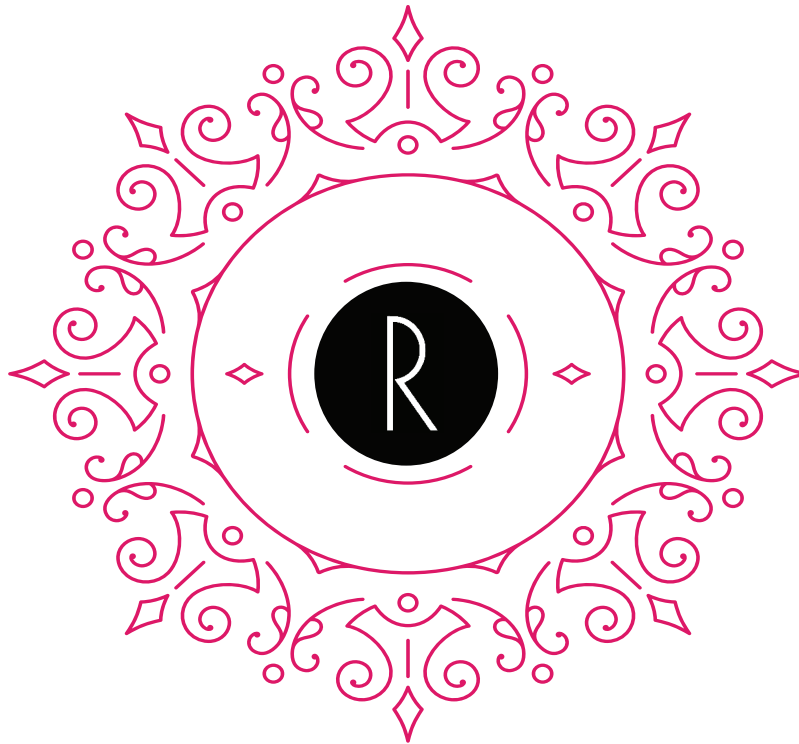
806.934.7721

DumasMedSpa.com

Rejuvanew MedSpa

(806) 935-5094

www.DumasMedSpa.com



Menu of Services



Located in the offices of:
Moore County General Surgery
1405 E 1st St, Suite 201 | Dumas | TX | 79029
(806) 935-5094

Rejuvenate

Menu of Services

Renew

MED SPA SERVICES

WRINKLE REDUCTION

Botox® . . . 10 / unit

For treatment of moderate to severe frown lines, crow's feet, and forehead lines.
20 - 50 units used in a standard treatment.

Dysport® . . . 5 / unit

For treatment of moderate to severe glabellar lines (deep lines that form between eyebrows.)
20 - 50 units used in a standard treatment.

FACIAL FILLERS

Juvéderm® Volbella® XC (0.55ml) . . . 350

Juvéderm® Volbella® XC (1.0ml) . . . 575

Facial filler used to target the lips

FACIAL FILLERS (CONT)

Juvéderm® Ultra XC (0.55ml) . . . 460

Juvéderm® Ultra XC (1.0ml) . . . 550

Facial filler used to target deeper facial lines

Juvéderm® Voluma® XC (1.0ml) . . . 650

Facial filler used to target the cheeks and chin

MESOTHERAPY

Small Area (chin/jowls) . . . 150* / 75**

Large Area (arms/thighs) . . . 200* / 350**

A PPC/DC mixture that breaks down fat cells in the injection area to create a firm, smoother appearance at the injection site(s). Can assist with the reduction of fat cells in the area.

* Price for 1st treatment. ** Price per additional treatments.

LASER SERVICES

PHOTO FACIALS, PIGMENT CORRECTION, & FACIAL VESSELS

Full Face . . . 300 / treatment
Face & Neck . . . 500 / treatment
Spot Treatment . . . 100-250 / treatment***
Chest . . . 300-400 / treatment***
Arms . . . 300-400 / treatment***

***Depending on the size of the area being treated

WRINKLES, SCARS, & STRETCH MARKS

Face . . . 500 / treatment
Face & Neck . . . 700 / treatment
Spot Treatment . . . 200-350 / treatment***
Scars . . . 100-300 / treatment***
Stretch Marks . . . 200/500/700 / treatment***

*Depending on the size of the area being treated

Rejuvenate

Menu of Services

Renew

SKINMEDICA

REJUVENATION

Neck Correct Cream . . . 81

A powerfully effective serum uniquely designed to prevent/address visible signs of neck aging.

HA⁵® Rejuvenating Hydrator . . . 107

Provides immediate smoothing in the appearance of fine lines/wrinkles/supports skin's natural ability to retain moisture resulting in radiant, rejuvenated tone/texture.

LUMIVIVE® System . . . 160

This two-step system gives your skin more power to resist the environment's attack during the day and recover itself overnight.

TNS Advanced+ Serum . . . 178

Improves the appearance of coarse wrinkles/fine lines/skin tone/texture.

BRIGHTENING

AHA/BHA Cream . . . 27

Exfoliates/ improves appearance of skin tone/texture

Lystera® 2.0 Pigment Correcting Serum . . . 93

An advanced Pigment Correcting Serum, formulated to address the appearance of stubborn skin discoloration.

MOISTURIZE

TNS Ceremide Treatment Cream™ . . . 42

Hydrates/helps restore skin's barrier function/balance

Dermal Repair Cream . . . 78

Ultra rich moisturizer helps prevent moisture loss and improve skin smoothness

AGE DEFENSE

Retinol Complex .25 . . . 38

Renews skin/ diminishes the appearance of fine lines

Total Defense + Repair SPF 34 . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself

Total Defense + Repair SPF 34 (Tinted) . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself (tinted version)

Total Defense + Repair SPF 50+ . . . 41

Revolutionary super screen defends against UV rays while supporting the skin's ability to restore itself

Retinol Complex .50 . . . 47

Renews skin/ diminishes the appearance of fine lines

Instant Bright Eye Cream . . . 53

Comprehensive eye treatment with advanced ingredients from Lystera® 2.0 Pigment Correcting Serum & HA5® Rejuvenating Hydrator

TNS Eye Repair® . . . 62

Reduces the appearance of fine lines, wrinkles, and dark circles around the eyes

CLEANSE

AHA /BHA Exfoliating Cleanser . . . 29

Gently scrubs away dead skin, improving the appearance of skin tone and texture.

GROWTH STRATEGY 2 | FACILITY IMPROVEMENT

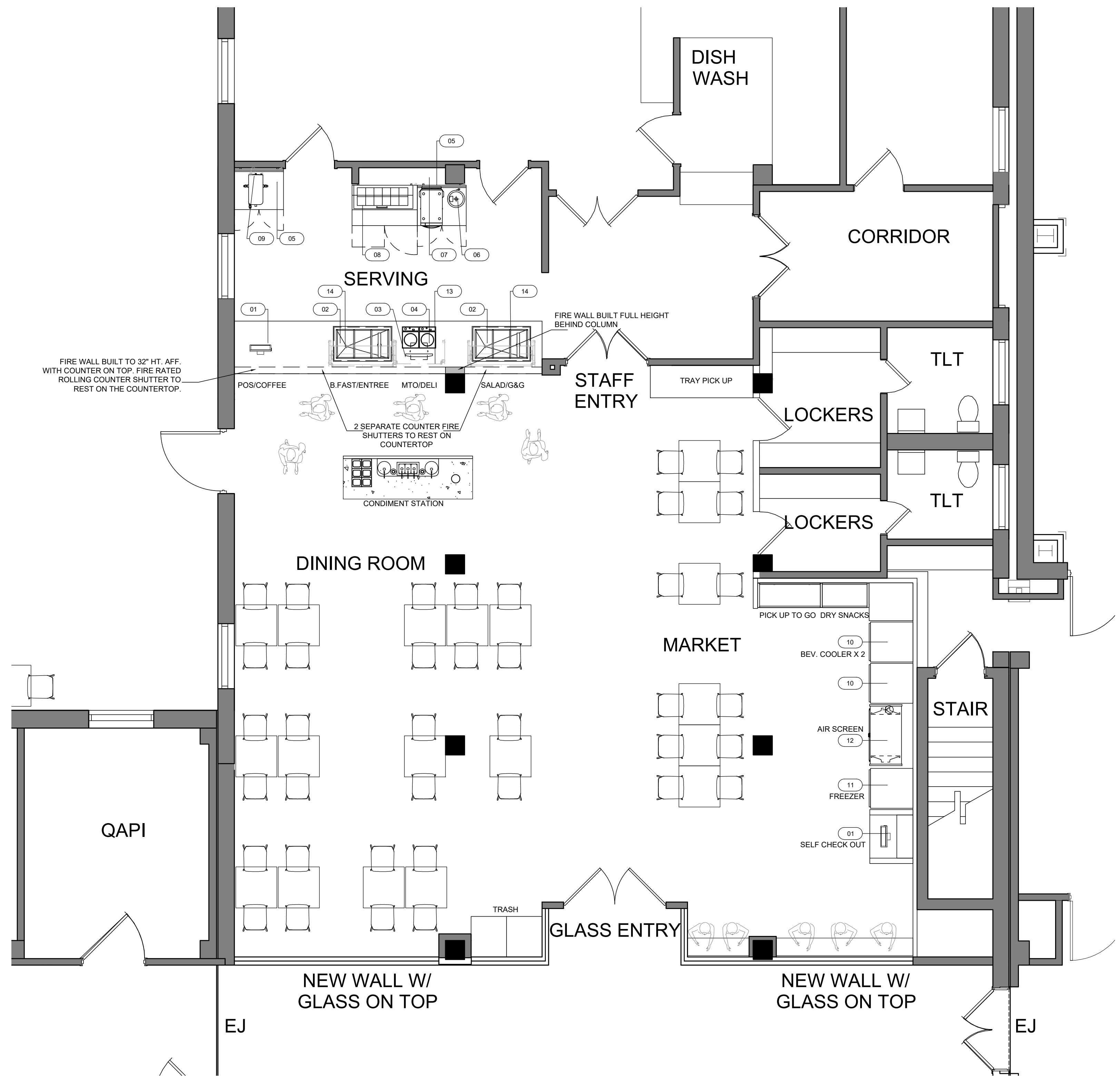
Goal: Develop facilities that support the provision of care.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Complete the HB construction project a. Project Wrap-up, Liquidated Damages, Post-construction negotiations, Legal?	Jeff MCHD Board	→	→	→
2. Cafeteria Renovation (\$850k)	Jeff	→	→	
3. Address Parking Problems a. Build New Patient Parking at Northbound Bliss Avenue (\$55k) b. Reopen Binkley Lot c. (If funds available) Resurface Old ER/Radiology Lot, Dr. Bella's Office d. (If funds available) Abate and Demo Old House, Move and Demo Home Health, Construct New Parking on Southwest Campus Corner	Jeff	→	→	→

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$905k*	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

* \$850k est cost for cafeteria renovation. \$500k of that could be paid using original PNC Bank Construction CD, if authorized.

FOODSERVICE EQUIPMENT SCHEDULE			
ITEM NO.	QTY.	DESCRIPTION	REMARKS
01	2	POS	
02	2	3-PAN DROP-IN HOT / COLD WELL	DELFIELD - N8643P
03		DOWNDRAFT AIR FILTER SYSTEM	SPRING USA - AF350
04	2	COUNTERTOP INDUCTION RANGE	SPRING USA - SM 181C
05	2	REFRIGERATED WORK TABLE	TRUE MFG. - TWT-36-HC
06	1	SOUP WELL	COOKTEK - 11QT. SINAQUA SOUPER
07	1	TURBOCHEF SOTA	
08	1	MAKE STATION	TRUE MFG. - TSSU-48-12D-2-HC
09	1	BUNN COFFEE MAKER	BUNN-O-MATIC 531.0101 FILTERED WATER LINE REQUIRED. REFER CUT SHEETS FOR DETAILS
MARKET EQUIPMENT			
10	2	BEVERAGE COOLER	MINUS FORTY - 22-USGR-F2-BL
11	1	FREEZER	MINUS FORTY - 22-USGF-F2-BL
12	1	REFRIGERATED SELF SERVICE CASE	STRUCTURAL CONCEPTS - B4524
13	1	40" FULL-SERVE SNEEZE GUARD	#04 INDUCTION RANGE
14	2	50" FULL-SERVE SNEEZE GUARD W/HEAT & LIGHT	#02 3-PAN DROP-IN HOT/COLD WELL



1 FS EQUIPMENT PLAN
 10-2 SCALE: 1/4" = 1'-0"

PROJECT:
 SERVERY/ DINING HALL REFRESH
 MOORE COUNTY HOSPITAL DISTRICT
 TEXAS

DATE: JAN 19, 2022

SCALE: (PDF NTS)

DRAWING: EQUIPMENT PLAN

PROJECT: 2022046

NORTH:

FILE NAME:

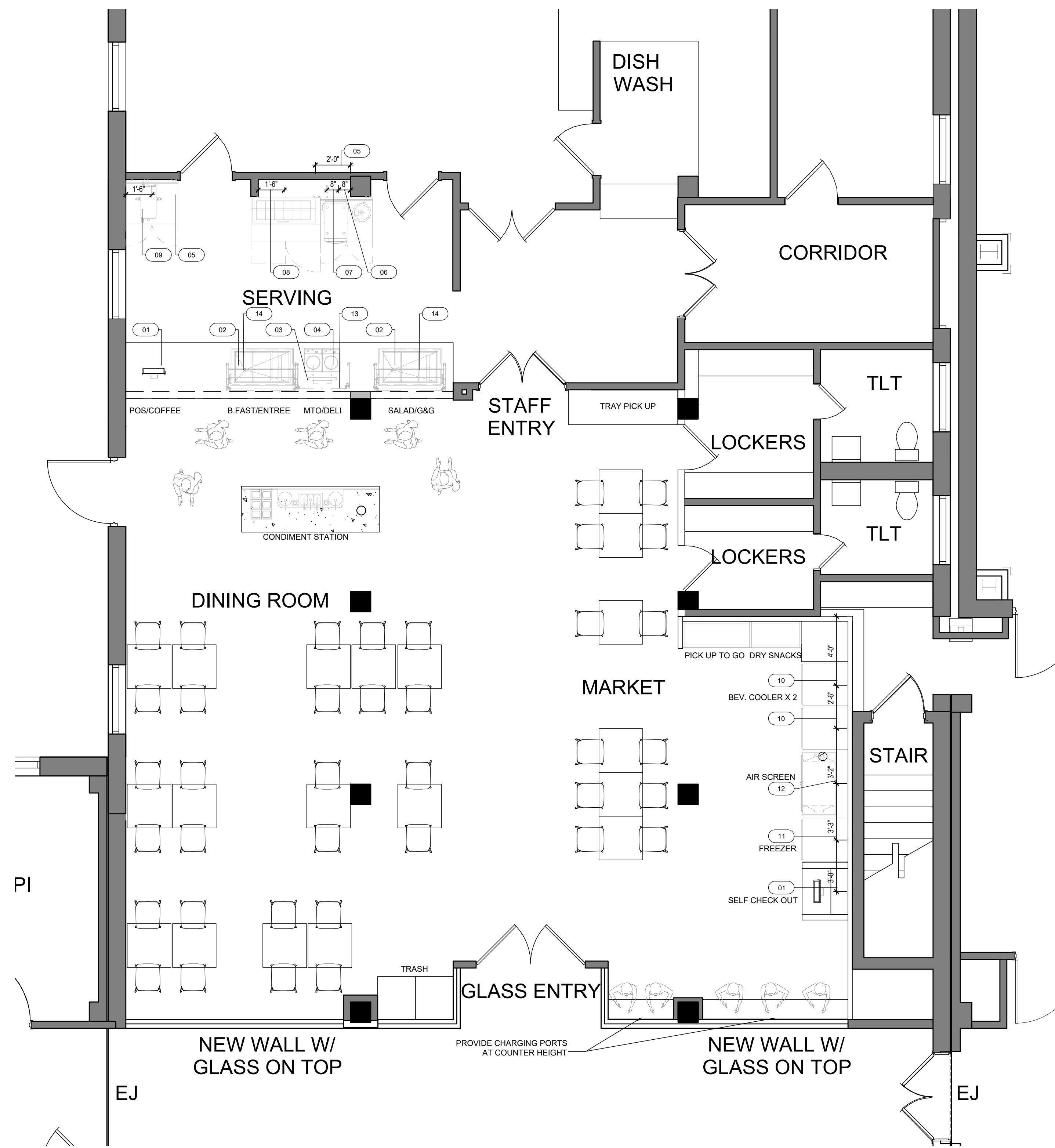
DRAWN BY:

PAGE:

10-2

FOODSERVICE ELECTRICAL SCHEDULE

ITEM NO.	QTY	DESCRIPTION	VOLTS	CYCLE	PHASE	KW	AMP	TYPE	NEMA	REMARKS
01	2	POS	-	-	-	-	-			
02	2	3-PAN DROP-IN HOT/COLD WELL	120	60	1		21			
03	1	DOWNDRAFT AIR FILTER SYSTEM	110-120	60	1	350	3		5-15P	
04	2	COUNTERTOP INDUCTION RANGE	120	60	1		15		5-15P	
05	2	REFRIGERATED WORK TABLE	115	60	1		2.0		5-15P	
06	1	11QT DROP-IN SOUP WELL	120	60	1	0.5	4.2			
07	1	TURBOCHEF SOTA	208	60	1	6.2	30		6-30P	
08	1	MAKE STATION	115	60	1		5.8		5-15P	
09	1	BUNN-O-MATIC	120	60	1	1.7	14		5-15P	
10	1	BEVERAGE COOLER	115	60	1	.37	4.6		5-15P	
11	1	FREEZER	115	60	1	.37	4.6		5-15P	
12	1	REFRIGERATED SELF SERVICE CASE	208	60	1		10.82		6-15P	
14	2	50" FULL-SERVE SNEEZE GUARD W/HEAT & LIGHT								REF. MANUFACTURER'S CUT SHEETS FOR DETAILS



1 FS ELECTRICAL PLAN
 10-2 SCALE: 1/4" = 1'-0"

PROJECT:
 SERVERY/DINING HALL REFRESH
 MOORE COUNTY HOSPITAL DISTRICT
 TEXAS

DATE: JAN 19, 2022

SCALE: (PDF NTS)

DRAWING: FS ELECTRICAL PLAN

PROJECT: 2022046

NORTH:




FILE NAME:

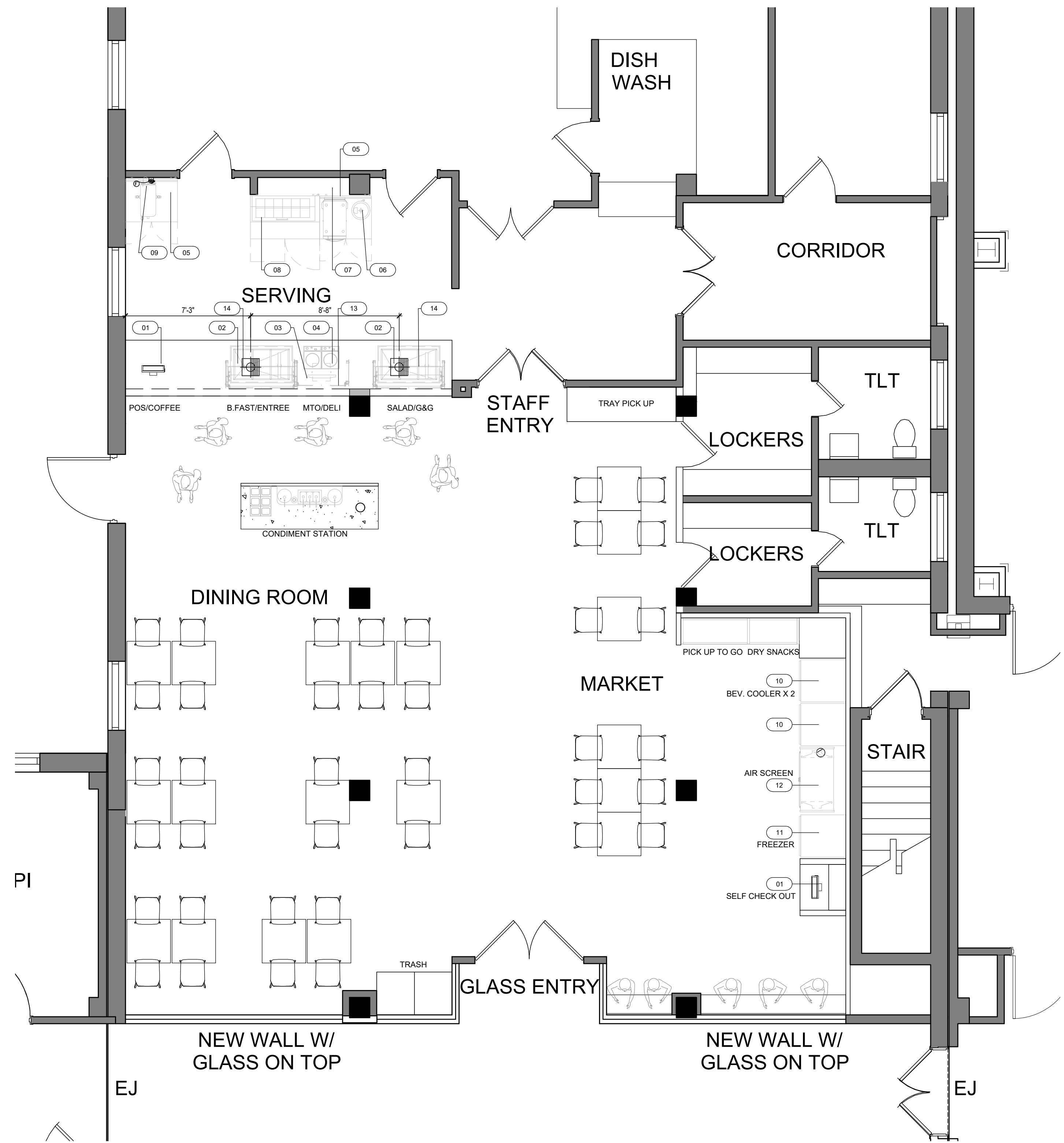
DRAWN BY:

PAGE:

ID-2

FOODSERVICE EQUIPMENT SCHEDULE			
ITEM NO.	QTY.	DESCRIPTION	REMARKS
01	2	POS	
02	2	3-PAN DROP-IN HOT / COLD WELL	DELFIELD - N8643P
03		DOWNDRAFT AIR FILTER SYSTEM	SPRING USA - AF350
04	2	COUNTERTOP INDUCTION RANGE	SPRING USA - SM 181C
05	2	REFRIGERATED WORK TABLE	TRUE MFG. - TWT-36-HC
06	1	SOUP WELL	COOKTEK - 11QT. SINAQUA SOUPER
07	1	TURBOCHEF SOTA	
08	1	MAKE STATION	TRUE MFG. - TSSU-48-12D-2-HC
09	1	BUNN COFFEE MAKER	BUNN-O-MATIC 531.0101 FILTERED WATER LINE REQUIRED. REFER CUT SHEETS FOR DETAILS
MARKET EQUIPMENT			
10	2	BEVERAGE COOLER	MINUS FORTY - 22-USGR-F2-BL
11	1	FREEZER	MINUS FORTY - 22-USGF-F2-BL
12	1	REFRIGERATED SELF SERVICE CASE	STRUCTURAL CONCEPTS - B4524
13	1	40" FULL-SERVE SNEEZE GUARD	#04 INDUCTION RANGE
14	2	50" FULL-SERVE SNEEZE GUARD W/HEAT & LIGHT	#02 3-PAN DROP-IN HOT/COLD WELL

PLUMBING LEGEND	
	FLOOR SINK - FULL GRATE
	FLOOR SINK - PARTIAL GRATE
	FILTERED WATER



1 FS PLUMBING PLAN
 10-2 SCALE: 1/4" = 1'-0"

PROJECT:
 SERVERY/DINING HALL REFRESH
 MOORE COUNTY HOSPITAL DISTRICT
 TEXAS

DATE: JAN 19, 2022

SCALE: (PDF NTS)

DRAWING: FS PLUMBING PLAN

PROJECT: 2022046

NORTH:

FILE NAME:

DRAWN BY:

PAGE:

ID-2



NEW CAFE RESET

DATE:
ESTIMATE:

ESTIMATE

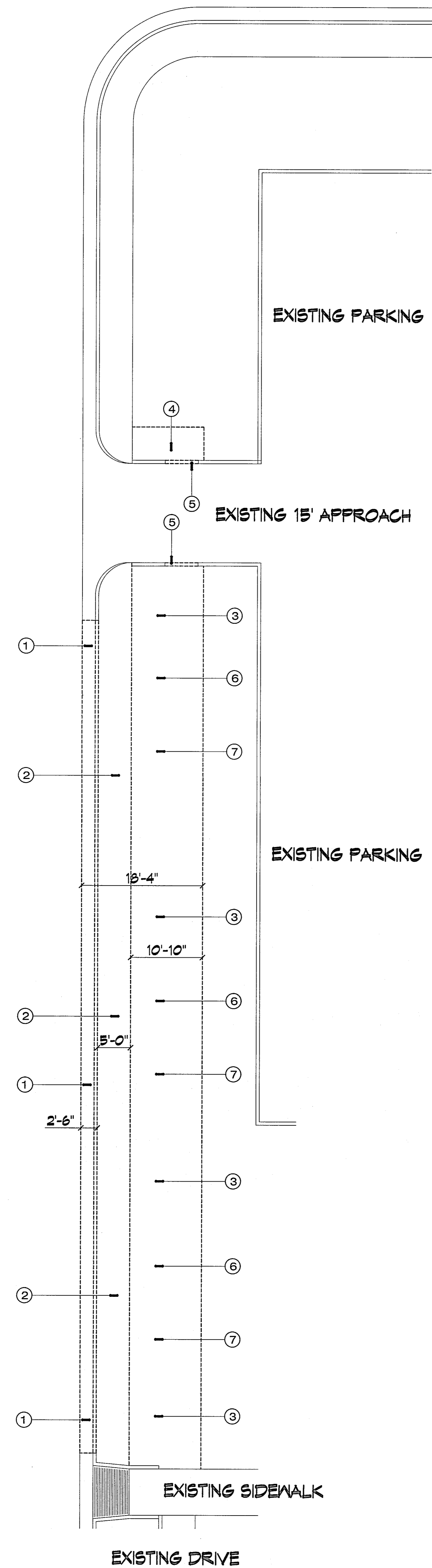
2/27/2023

ACCOUNT: Moore County Hospital District TOTAL PROJECT
 ADDRESS: 224 East 2nd Street
 CITY: Dumas STATE: TX ZIP CODE: 79029
 Cost Center: Unidine
 Vendor ID

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	Millwork Package		
	Front Counter	21,390.00	
	Tray Pick Up	6,715.00	
	Condiment	8,556.00	
	Trash Units	4,657.00	
	Poser Bar	6,210.00	
	Market Wall	21,217.00	
	(5) Bar Height Chairs	2,825.00	
	Subtotal Millwork Package	71,570.00	\$ 71,570.00
	Equipment Package		
	Drop In (3 pan) Hot/ Cold	19,740.00	
	Induction Countertop Cook Station	5,005.00	
	Refrigerated Work Table	4,620.00	
	Soup Rethermalizer (countertop)	1,370.00	
	Turbo Chef Sota	15,805.00	
	Make Station	7,740.00	
	Coffee Brewer/ Dual	Existing	
	(2) Minus40 Bev Coolers	4,935.00	
	(1) Minus40 Freezer	4,335.00	
	Refrigerated Self Service Air Screen	13,030.00	
	Sneeze Guard Package	14,425.00	
	Subtotal Equipment Package	91,005.00	\$ 91,005.00
	Graphics/ Design Elements-		
	Graphics Signage allowance	7,500.00	
	Video Menu Signage (2)	3,400.00	
	Subtotal Graphics Package	10,900.00	\$ 10,900.00
	Services		
	Design Services	6,500.00	
	PM Services	9,500.00	
	Site Visits for Verifications	5,800.00	
	Millwork & Equipment Installation	17,500.00	
	Punch Trip	4,250.00	
	Burn In and Start Up	3,200.00	
	Shipping & Handling (Dedicated & LTL)	19,900.00	
	Contingency (not billed if not used)	10,000.00	
	Project Fee	15,095.00	
	Subtotal Services	91,745.00	\$ 91,745.00
	Construction Services-	365,300.00	\$ 368,395.00
	Demo/Drywall/Acoustical		
	DFH/Fire Shutters		
	Painting		
	Flooring/Base		
	Glass/Glazing		
	Millwork		
	Electrical		
	HVAC		
	Plumbing		
	Fire Alarm		
	Fire Sprinkler		
	Contingency		
	General Conditions		
	HUB project/program management fee		\$ 10,000.00
	All work Done During Regular Hours		

		SUBTOTAL	\$ 643,615.00
		EST SALES TAX	53,098.24
		TOTAL	\$ 696,713.24
PAYMENT	TERMS		
DOWN	Upon acceptance	\$348,356.62	
PROGRESS	At Install	\$313,520.96	
FINAL	Completion	\$34,835.66	

EAST 1st STREET



SITE DEMOLITION NOTES

- ① REMOVE EXISTING CONCRETE CURB & GUTTER IN ITS ENTIRETY; PREP EXISTING GRADE AS REQUIRED FOR NEW ASPHALT PAVING.
- ② REMOVE EXISTING CONCRETE SIDEWALK IN ITS ENTIRETY; PREP EXISTING GRADE AS REQUIRED FOR NEW ASPHALT PAVING.
- ③ REMOVE EXISTING LAWN GRASS IN ITS ENTIRETY; REMOVE EXISTING SOIL AS REQUIRED FOR THE INSTALLATION OF NEW PAVING / SIDEWALK AS DRAWN.
- ④ REMOVE EXISTING LAWN GRASS IN ITS ENTIRETY; REMOVE EXISTING SOIL AS REQUIRED FOR THE INSTALLATION OF NEW SIDEWALK / RAMP AS DRAWN.
- ⑤ REMOVE EXISTING 6" CONCRETE STAND-UP CURB AS REQUIRED TO INSTALL NEW CONCRETE SIDEWALK & RAMP AS SHOWN.
- ⑥ THE OWNER TO REWORK THE EXISTING LAWN SPRINKLER SYSTEM AS REQUIRED PER NEW LAYOUT.
- ⑦ THE OWNER TO REMOVE EXISTING TREES AND GRIND STUMPS DOWN 2' BELOW EXISTING GRADE; THIS WORK TO BE COMPLETE BEFORE STARTING THE NEW CONSTRUCTION.

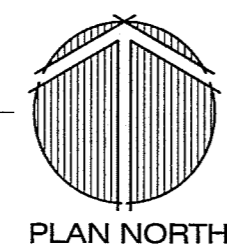
SITE CONSTRUCTION NOTES

- (A) ASPHALT PAVING - 2" ASPHALTIC CONCRETE TOP COURSE OVER 6" COMPACTED CALICHE BASE COURSE; STABILIZE SUBGRADE.
- (B) INSTALL NEW 30" CONCRETE CURB AND GUTTER; 6" HIGH CURB; NO STEEL REINFORCING; 3000 PSI CONCRETE.
- (C) INSTALL NEW CONCRETE SIDEWALK; 4" THICK SLAB OVER 4" SAND CUSHION; REINFORCE W/ #3'S @ 16" OC EACH WAY; 3000 PSI CONCRETE
- (D) INSTALL NEW CONCRETE RAMP (1:12 SLOPE MAX.); 4" THICK SLAB OVER 4" SAND CUSHION; REINFORCE W/ #3'S @ 16" OC EACH WAY; 3000 PSI CONCRETE.
- (E) INSTALL NEW 6" X 18" STANDUP CONCRETE CURB; REINFORCE W/ #5 @ TOP AND 21" LONG #3 DOWELS @ 24" OC; DRIVE DOWELS 6" INTO GROUND; 3000 PSI CONCRETE.
- (F) INSTALL SURFACE APPLIED RAISED TRUNCATED DOME TILE SYSTEM AT LANDINGS OF RAMPS; TILE SYSTEM TO BE: ARMOR-TILE TACTILE SYSTEM SIZE: 1'-0" X 4'-0"
- (G) CONCRETE CONTROL JOINTS - 3/8" WIDE X 3/8" DEEP; JOINTS ARE AS LOCATED ON THE DRAWINGS.
- (H) PAINT 4" WIDE STRIPES AS SHOWN ON THE DRAWINGS. COLOR TO BE "WHITE".
- (I) PAINT NEW 4' X 4' HANDICAPPED SYMBOL - "BLUE BACKGROUND W/ "WHITE" SYMBOL AND 12" HIGH TEXT "VAN".
- (J) FURNISH AND INSTALL HANDICAPPED SIGN AS DETAILED ON SHEET A.1. (1 - STANDARD)
- (K) FURNISH AND INSTALL SIGN IN THE ACCESS AISLE AS SHOWN WHICH READS " VIOLATION SUBJECT TO FINE AND TOWING"; 1" CAPITAL LETTERS; MOUNT ON POLE WITH BOTTOM OF SIGN AT 72" ABOVE PARKING SURFACE.
- (L) THE WORDS "NO PARKING" SHALL BE PAINTED IN THE ACCESS AISLE; 12" HIGH CAPITAL LETTERS WITH A STROKE WIDTH OF 2 - 3".

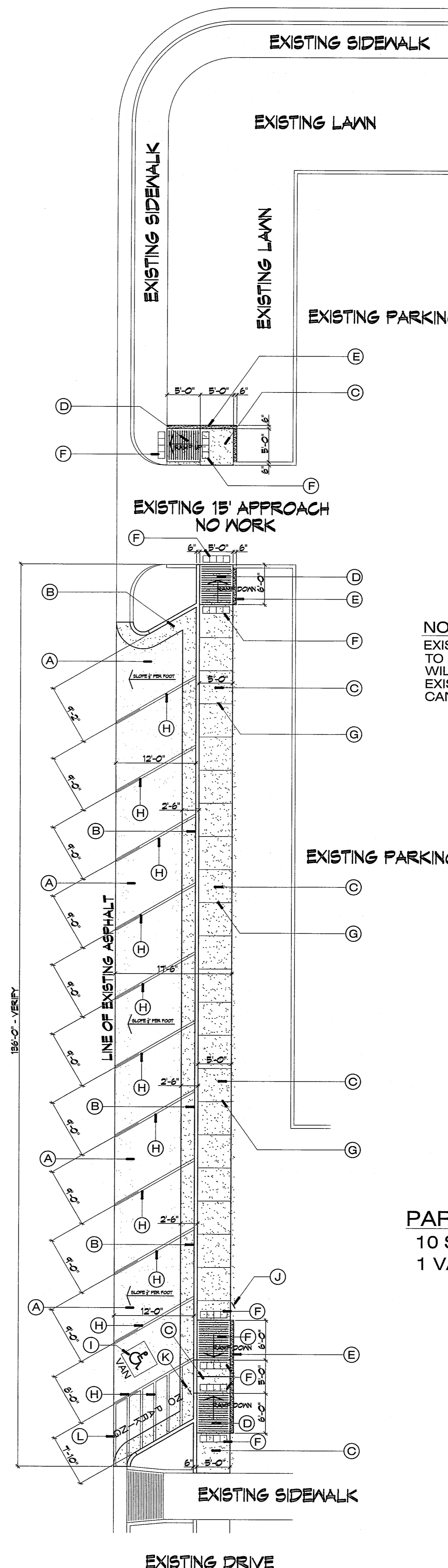
BLISS STREET

site demolition plan

SCALE: 1" = 10' - 0"



EAST 1st STREET



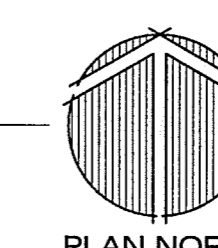
NOTE:
EXISTING GRADES ALONG BLISS STREET TO BE MAINTAINED AS IS. ALL NEW WORK WILL BE REQUIRED TO WORK WITH THESE EXISTING GRADES AND THE EXISTING FLOW CAN NOT BE ALTERED.

PARKING RECAP - 11 SPACES
10 STANDARD SPACES
1 VAN ACCESSIBLE SPACE

BLISS STREET

site plan

SCALE: 1" = 10' - 0"



2023

PARKING EXPANSION

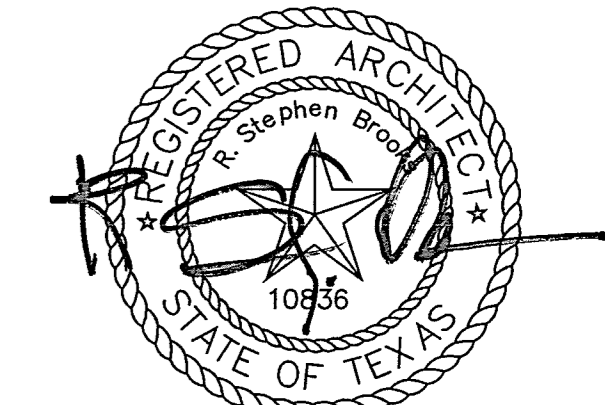
MOORE COUNTY HOSPITAL

224 East Second Street, Dumas, Texas

ARCHITECT



R. Stephen Brooks, Architect
1203 W 5th Avenue, Suite B
Amarillo, Texas 79101
email: stevebrooks53@yahoo.com
phone: 806.372.5144 / fax: 806.373.4031



9 June 2023

Issue Expires 11.30.2023

CONSULTANTS :

Mechanical Design / Build :

Electrical Design / Build :

Structural Engineering :

Civil Engineering :

REVISIONS :

▲ ADD ONE ACCESSIBLE 5/30/2023 PARKING SPACE

DATE : 7 . JUNE . 2023

SHEET TITLE :

Site Demolition Plan

SHEET NUMBER :

A.2

PROJECT NUMBER : 23.08

From: [Shawn Shafer](#)
To: [Jeff Turner](#)
Subject: FW: 206 E. 3rd
Date: Thursday, May 4, 2023 3:17:15 PM

I am sure you saved this, but we were talking about it the other day, so I thought I would resend.

From: Henry King <hking@kingcompanies.net>
Sent: Wednesday, April 5, 2023 9:25 AM
To: Shawn Shafer <sshafer@mchd.net>
Cc: Rana Anthony <ranthony@kingcompanies.net>
Subject: 206 E. 3rd

Shawn

I reviewed what we did last time and I estimate that the cost for this for the abatement to be from \$40,000.00 to \$45,000.00 and the demo to be \$20,000.00 to \$25,000.00. I think this is on the high side but I feel sure we can get it done for this.

Let me know if there are any questions.

Thanks, Henry

Henry King
King Consultants, Inc.
1205 E. 46th St.
Lubbock, Texas 79404
(806) 763-6157 Office
806) 789-6763 Cell
hking@kingcompanies.net

GROWTH STRATEGY 3 | EQUIPMENT UPGRADES

Goal: Provide quality equipment to support quality care.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. 3D Mammography (\$380k)* 2. OR Cameras (381k) 3. Fluoroscopy (488k)		Ashleigh, Kathie Yessenia, Kathie Ashleigh	→	

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$1.2M	\$	\$
Incremental Admissions	5	6	7
Incremental Surgeries	7	9	10
Incremental Clinic Visits	70	90	100
Incremental OP Visits	70	90	100
Incremental Net Revenue	\$105K	\$133K	\$150K

* Anticipate Harvest 2023 and grant funds will cover cost of 3D Mammography equipment.



1 Quote Summary

Quote Number: 10119654
 Quote Name: Dumas Upgrade 2022
 Prepared For: 17652 : MEMORIAL HOSP OF MOORE COUNTY
 Quote Date: 02/28/2023

Ship to		From	
Name:	MEMORIAL HOSP OF MOORE COUNTY	Rep:	Philip Yokas
Address:	224 E 2ND ST DUMAS, TEXAS 79029	Rep Phone:	
Phone:		Email:	philip.yokas@stryker.com
		GPO Name:	PREMIER, INC

Standard/Sample

Product	Description	U/M	Qty	List Price	Contract Price	Contract Total
0240031300	Pkg, 32" 4K OLED Surgical Display	EA	4	\$27,380.95	\$13,964.28	\$55,857.12
0620050000	PNEUMOCLEAR PLUS CO2 CONDITIONING INSUFFLATOR (AMERICAS)	EA	2	\$34,697.80	\$17,082.35	\$34,164.70
0240300100	SDC4K INFORMATION MANAGEMENT SYSTEM	EA	2	\$20,058.82	\$9,663.49	\$19,326.98
1688010000	PKG, 1688 Camera Control Unit (CCU)	EA	2	\$40,854.97	\$17,861.25	\$35,722.50
0220230300	PKG, L11 LED Light Source with AIM	EA	2	\$36,244.67	\$15,845.68	\$31,691.36
0240031065	Pkg, SYNK 4K Wireless Transmitter	EA	2	\$16,653.48	\$7,497.67	\$14,995.34
0240031075	Pkg, SYNK 4K Wireless Receiver	EA	2	\$8,058.15	\$3,627.91	\$7,255.82
1688610122	PKG, 1688 AIM 4K CAMERA HEAD WITH INTEGRATED COUPLER	EA	4	\$47,020.50	\$20,556.73	\$82,226.92
0233050400	FG, SAFELIGHT FIBER OPTIC CABLE WITH ADVANCED IMAGING MODALITY, 5 MM	EA	4	\$1,766.47	\$764.50	\$3,058.00
0502444030	Precision IE 4K Eyepiece Arthroscope, Autoclavable, 4mm x 30°, 140mm, Speed- Lock	EA	3	\$8,508.95	\$3,792.88	\$11,378.64
0502538030	SPY LAPAROSCOPE, AUTOCLAVABLE, DIA 5.4mm 30 DEG, 30cm	EA	2	\$14,942.51	\$7,620.68	\$15,241.36
0502538010	SPY LAPAROSCOPE, AUTOCLAVABLE, DIA 5.4mm 0 DEG, 30cm	EA	2	\$14,942.51	\$7,620.68	\$15,241.36
PC9001K	Video Processor/Illuminator (VPI), US Kit	EA	1	\$103,615.13	\$54,529.65	\$54,529.65

Total List Price:	\$806,719.48
Total Contract Discount:	\$426,029.73
Total Discount Amount:	\$426,029.73
Total Quote Price:	\$380,689.75
Grand Total:	\$380,689.75



Applicable taxes and shipping will apply upon invoice. Estimates are subject to change. If you have provided a freight account, charges will be billed through your freight carrier.

F.O.B.: Shipping Point
Prices: In effect for 60 days
Terms: Net 30 Days
Contact your local Sales Representative for more information about our flexible payment options.

Comments

MEDICAL VIDEO | POWERED ARTHROSCOPY INSTRUMENTS | OPTICS & INSTRUMENTS FOR ARTHROSCOPY AND LAPAROSCOPY | FLOURESCENCE IMAGING

THIS SALES PROPOSAL IS THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND IS SUBJECT TO STRYKER'S TERMS OF SALE (FOUND AT www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), WHICH RELATE TO THE SALE AND PURCHASE OF THE PRODUCTS AND SERVICES OF STRYKER ENDOSCOPY, STRYKER COMMUNICATIONS, STRYKER SPORTS MEDICINE, AND STRYKER PROCARE, AND ANY DIFFERENT OR ADDITIONAL TERMS ARTICULATED BY STRYKER HEREIN. NONE OF STRYKER'S TERMS MAY BE REJECTED OR REVOKED BY BUYER WITHOUT THE CONSENT OF STRYKER ENDOSCOPY'S LEGAL TEAM. ADDITIONALLY, ANY DIFFERENT OR ADDITIONAL TERMS ON ANY PURCHASE ORDER OR OTHER DOCUMENT SUBSEQUENTLY SUBMITTED BY BUYER ARE NULL AND VOID UNLESS EXPLICITLY APPROVED BY STRYKER ENDOSCOPY'S LEGAL TEAM. ACCORDINGLY, ACCEPTANCE OF BUYER'S PURCHASE ORDER AND SHIPPING OF STRYKER PRODUCT TO BUYER DOES NOT SERVE AS ACCEPTANCE OF ANY SUCH DIFFERENT OR ADDITIONAL TERMS. IF YOU HAVE ISSUE WITH ANY OF STRYKER'S TERMS OF SALE, PLEASE CONTACT YOUR STRYKER SALES REPRESENTATIVE. BY ACCEPTING THE PRODUCT/S AND/OR SERVICES, YOU ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Stryker Sales Corporation acting through its Endoscopy Division
5900 Optical Ct, San Jose, CA 95138
For Customer Service Call: 800-624-4422



Purchase Quotation

PLEASE REFER TO THIS NUMBER ON ALL CORRESPONDENCES AND ORDERS

Quote #: Q-333759

Status: Approved

Quote Expiration Date: 6/21/2023

TO:

CUSTOMER NAME	CUSTOMER NUMBER
MOORE COUNTY HOSPITAL DISTRICT	73384
BILL TO ADDRESS	SHIP TO ADDRESS
224 E 2ND ST DUMAS Texas US 79029	224 E 2ND ST DUMAS Texas US 79029

TAX INFO:

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

This Quotation is based on the information known by Hologic regarding your needs as of the date the Quotation is generated. This offer is subject to change or withdrawal by Hologic prior to acceptance. This Quotation and the governing terms as noted herein shall supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms. In the event of a conflict between this Quotation and the governing terms, this Quotation shall prevail. To accept, please sign below within the time period for acceptance. Signed quote and/or purchase order should be forwarded by mail, via e-mail or by fax to:

Breast Health:
HOLOGIC SALES AND SERVICE, LLC
250 Campus Drive
Marlborough, MA 01752
ATTN: Sales Administration
Fax: (203) 731-8463
BSHSalesSupportUS@hologic.com

ATTN: Cari Harp **Phone:** (806) 935-7171 **Fax:** **Email:** charp@mchd.net

Quote Date	Hologic Representative	Quote Currency
5/25/2023	Alyson Keller alyson.keller@hologic.com	U.S. Dollar

Summary of Governing Terms/Contracts	Contract Number	FOB	Payment Terms	Freight Terms
Hologic Std T&C*		ORIGIN	30 NET	NO CHARGE
PREMIER - MAMMO 2015	PP-IM-295	ORIGIN	30 NET	NO CHARGE

*For the purpose of clarity, the Products as contained herein that are not subject to a governing terms / contract as listed above, shall be governed by the applicable Hologic Terms and Conditions available at: <https://www.hologic.com/hologic-sales-terms-conditions>

3D Performance - UPS System

Qty	Product Name	Description	List Price	Unit Price	Extended Price
1	SDA-SYS-3000-3D-UPS	SELENIA® DIMENSIONS® 3D™ PERFORMANCE SYSTEM WITH UPS	\$662,000.00	\$300,000.00	\$300,000.00
1	ASY-10935	3D KIT MAMMOPAD ACCESSORY	Included	Included	Included
1	DIM-ASY-SCS-3PACK	SMARTCURVE BREAST STABILIZATION SYSTEM 3-PACK	\$29,200.00	\$12,500.00	\$12,500.00
1	PRD-04420	HIGH RESOLUTION READY DETECTOR	Included	Included	Included
1	PRD-04749	KIT, NON-TOUCH SCREEN CONTROL MONITOR, UNIVERSAL ERGO AWS	Included	Included	Included
1	FAB-12469	SHIELD, UNIVERSAL AWS	Included	Included	Included
1	DIM-LIC-IC	IMAGECHECKER CAD 10.0 SOFTWARE LICENSE ON AWS	\$48,200.00	\$18,000.00	\$18,000.00

Quote #: Q-333759-1

Qty	Product Name	Description	List Price	Unit Price	Extended Price
3	ASY-04662	RACK, PADDLE STORAGE	\$428.00	\$300.00	\$900.00
1	SVC-SDM-OPT-BTO	SELENIA DIMENSIONS BTO ENABLED	Included	Included	Included
1	DIM-TRAIN-APPS-INIT	TECHNOLOGISTS, DIMENSIONS, INITIAL TRAINING, 2 DAYS, 1 SITE, MAX 5 TECHNOLOGISTS	Included	Included	Included
1	SDM-TRAIN-INIT-03	MEDICAL PHYSICIST, DIMENSIONS, INITIAL TRAINING, 8 HRS (5 HRS LIVE - 3 HRS ONLINE TRAINING), 1 SITE, MAX 2 PHYSICISTS	Included	Included	Included
1	SDM-TRAIN-INIT-04	RADIOLOGISTS, TOMOSYNTHESIS, INITIAL TRAINING, 8 HOURS VIRTUAL TRAINING, 14 RADIOLOGISTS	Included	Included	Included
1	ASY-04194	KIT, DIAGNOSTIC PADDLES	\$4,280.00	\$3,050.00	\$3,050.00
1	ASY-02452	KIT, SDM NEEDLE LOCALIZATION	\$10,700.00	\$5,500.00	\$5,500.00
1	SDM-LIC-0005	C-VIEW SOFTWARE LICENSE	\$42,800.00	\$20,500.00	\$20,500.00
1	TRADE-REC-GE_ESS2D	TRADE-IN OF GE SENOGAPHE ESSENTIAL 2D SYSTEM (INSTALLED AND FUNCTIONING)	Included	-\$26,325.00	-\$26,325.00
1	HLX-COMPETITIVE-DISCOUNT	HOLOGIC COMPETITIVE DISCOUNT	Included	-\$15,000.00	-\$15,000.00
1	SCRAP-TIER1-FEE-BSH	SCRAPPING FEE IS APPLICABLE TO TIER1 BSH CAPITAL ITEMS	\$2,500.00	\$2,500.00	\$2,500.00
1	ASY-08451	KIT, X-RAY FOOTSWITCH, UNIVERAL AWS	\$15,800.00	\$3,600.00	\$3,600.00
1	DIM-DISP-2MP	SDM; 2MP DISPLAY OPTION	\$5,230.00	\$3,300.00	\$3,300.00
1	ASY-10996	KIT, ARTICULATED ARM, 2MP COLOR MONITOR, UNIVERSAL ERGO AWS	\$7,860.00	\$3,825.00	\$3,825.00
1	DIM-LIC-IVIEW 2.0	NEW CONTRAST LICENSE FOR CUSTOMERS ON DIMENSIONS SOFTWARE 1.10.0/2.1.0 OR LATER	\$106,500.00	\$59,000.00	\$59,000.00
1	SDM-TRAIN-INIT-06	TECHNOLOGIST, CONTRAST-ENHANCED MAMMOGRAPHY, INITIAL TRAINING, 1 DAY, 1 SITE, MAX 5 TECHNOLOGISTS	Included	Included	Included
3D Performance - UPS System TOTAL:					\$391,350.00

Portfolio Discount

Qty	Product Name	Description	List Price	Unit Price	Extended Price
1	BSH-VOLUME-DISCOUNT	BSH PORTFOLIO VOLUME DISCOUNT	Included	-\$11,707.20	-\$11,707.20
Portfolio Discount TOTAL:					\$-11,707.20

*To the extent this Quotation contains any Professional Services for Equipment relocation or clinical training, such Professional Services shall be governed by the Hologic Professional Services Terms and Conditions (US Customers), available at <https://www.hologic.com/hologic-master-sales-terms-conditions>. To the extent this Quotation contains any Products with Product Name UA-SUB-SW-0001, UA-SW-002, UEQ-SUB, DIM-LIC-QT-SUB (collectively "Subscription Products"), such Subscription Products shall be governed by the Hologic Subscription Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>, and the Effective Term for said Subscription Products shall be a twelve (12) month period beginning on the date of designated Equipment for such Subscription Software. Otherwise, any Products with Governing Terms listed as "Hologic Std T&C" shall be governed by the Hologic Sales Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>.

List Price Total: USD 936,354.00
Discount: USD 556,711.20
Total Quote Price: USD 379,642.80
Final Quote Price: USD 379,642.80

In order to qualify for the pricing contained herein, Customer must execute this quote simultaneously with POS Quote Q-329536.

Customer agrees to keep the discount price provided to them in this quote or agreement confidential and not disclose it to anyone other than as required by law or court order.

Title Transfer

The undersigned MOORE COUNTY HOSPITAL DISTRICT ("Transferor"), for valuable consideration hereby transfer title for property defined as:

3D Performance - UPS System

Product Name	Trade-In Manufacturer	Trade-In Serial #
TRADE-REC-GE_ESS2D	GE	011787

to Hologic Sales and Service, LLC of 250 Campus Drive, Marlborough, MA 01752, effective as of date of the actual pick-up of the property by Hologic Sales and Service, LLC.

If applicable, Transferor acknowledges as such consideration a trade-in credit value of

US \$ _____ (if known) toward purchase of a Hologic Model _____

Transferor warrants in regard to the property being transferred that:

1. Transferor is the legal owner,
2. Transferor will defend the title against any and all claims and demands of all persons,
3. Transferor will take all further steps necessary to effectively transfer ownership to Hologic Sales and Service, LLC, at no cost or expense to Hologic Sales and Service, LLC, and
4. It is free from all liens and encumbrances
5. All patient data stored within the hard drive(s) of transferred property has been removed from all data storage devices in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health of 2009 ("HITECH") regulations implemented by the U.S Dept. of Health and Human Services.
6. The transferred property has been thoroughly cleaned and, if property has been in contact with potentially infectious materials (blood, blood products or other potentially infectious materials), it must be decontaminated in accordance with OSHA 29 CFR 1910.1030 "Bloodborne Pathogens." If it is not feasible to fully decontaminate the equipment, the equipment must be clearly labeled with a warning sign that indicates the possible presence of blood/body fluids. Decontamination must be done with an appropriate EPA approved disinfectant - <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>).

If Transferor and Hologic are parties to a Service Agreement providing maintenance and repair services for the property being transferred herein, then this Title Transfer shall serve as an amendment to said Service Agreement terminating coverage with respect to the transferred property. The termination of coverage shall be effective as of the date of the actual pick-up of the property by Hologic Sales and Service, LLC.

To HAVE AND TO HOLD the same, with the rights, privileges, and appurtenances thereof, unto Hologic Sales and Service, LLC, its successors and assigns, forever, to its own use and behalf.

This agreement will be construed in accordance with and governed by the laws of the state of Massachusetts.

Hologic may request new customers and established customers to complete our credit application to create or update current credit files. This requirement will be contingent on order amount and prior history with Hologic.

Please note: Given the global supply disruptions impacting product availability, upon receipt of a Purchase Order your Hologic team will work collaboratively on an installation timeline.

Sales Orders that are requested to be cancelled within forty-five (45) days of the confirmed installation date must be approved by Hologic and may be subject to a cancellation fee of ten percent (10%) of the total Quote price for the items contained herein.

Once the installation confirmation is provided by Hologic, all requests to reschedule an installation within seven (7) business days of the confirmed installation date may be subject to a rescheduling fee of \$2,500.00 USD.

The parties acknowledge that they intend for purchases under this Quote to be reported to the identified group purchasing organization ("identified GPO") for payment of administrative fees in accordance with the applicable group purchasing organization contract between the identified GPO and Hologic. This Quote is not entered into, pursuant to, or in connection with any other group purchasing or IDN/System, arrangement of which Customer

or Hologic is a party, and is not intended to result in the reporting of sales or the payment of administrative fees to any such organization other than the identified GPO.

The Customer agrees to treat all quoted and sales information as confidential and not to disclose it to any third party other than the identified GPO or as required by law.

In no event will Hologic be obligated to pay administrative fees to a group purchasing organization ("GPO"), integrated delivery network, or other entity other than the identified GPO with respect to any single purchase order by Customer, and whose Equipment and purchase options are not included in the separate GPO agreement between the identified GPO and Hologic.

Customer acknowledges that the pricing guaranteed under this Quote is strictly provided to Customer only because the pricing is based on the Customer's commitment related to quantity and commitment to Hologic products, and in no event shall Hologic be required to offer such pricing to any other customer who is in anyway affiliated with or is a member of the identified GPO.

If purchasing under a buying group with existing terms and conditions, those conditions would supersede Hologic's standard terms and conditions. If a buying group does not have their own terms and conditions, Hologic's would apply.

Buyer Acceptance

MOORE COUNTY HOSPITAL DISTRICT

By: _____ (signature)

Name: _____ Title: _____ (print/type)

Date: _____

Additional Buyer Acceptance (if applicable)

By: _____ (signature)

Name and Title: _____ (print/type)

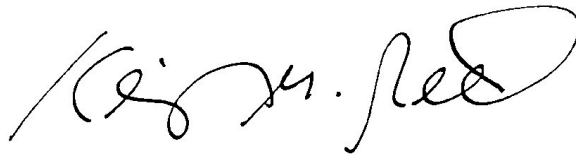
Date: _____

Please provide the Shipping and Billing address here if different from the quote address above
(If this section is left blank, the product will ship and bill to the addresses printed at the top)

Shipping Address

Billing Address:

Hologic Approval:



Date:

HOLOGIC SALES AND SERVICE, LLC 250 CAMPUS DRIVE. MARLBOROUGH MA 01752

Product Name	Long Description
SDA-SYS-3000-3D-UPS	<p>Hologic Selenia® Dimensions® 3000 system for Genius® 3D Mammography™ screening and diagnostic imaging. Upgradable to interventional or mobile imaging. INCLUDES:</p> <p>X-ray Gantry:</p> <ul style="list-style-type: none"> • Generator: Fully integrated constant potential, high frequency, inverter type. • Detector: High-resolution ready detector. • X-ray Tube: Tungsten, bi-angular, high speed, high heat capacity. • X-ray Filters: Rhodium, silver, aluminum. • Anti-scatter Grid: Auto-retracting linear grid. <p>Fixed-height Acquisition Workstation:</p> <ul style="list-style-type: none"> • CPU: Standard computer, multi-core Intel-based CPU, minimum 16 GB RAM, minimum 2 TB disk, Windows 10/64, NVIDIA GPU. • Includes DVD +/- R/W. • User Interface Display: 1.2 MP color LCD control monitor. • Full X-ray shield, pull-out keyboard drawer, keyboard and mouse, Uninterruptible Power Supply (UPS). <p>Selenia Dimensions Software:</p> <ul style="list-style-type: none"> • User access control, patient and study selection, imaging procedure selection and definition, X-ray parameter control, image review and acceptance/rejection, quality control. • Licenses: Tomosynthesis imaging, Diagnostic Imaging, Dynamic Tube Head Motion. <p>Connectivity:</p> <ul style="list-style-type: none"> • DICOM: Modality work list, storage, storage commitment, query/retrieve, print. • IHE Profiles: Scheduled workflow, patient information reconciliation, mammography image. • Advanced Connectivity: Ability for the system to participate in DICOM Modality Performed Procedure Step (MPPS) transactions and to output DICOM Radiation Dose Structured Report (RDSR) objects to third-party dose aggregation and reporting systems. The MPPS and RDSR capabilities can be enabled and disabled independently. <p>Accessories:</p> <ul style="list-style-type: none"> • Screening Paddles (3): 24 x 29 cm, 18 x 24 cm, small breast. • Other Paddles (3): 10 cm contact, 10 cm magnification, 7.5 cm spot contact for use during QC testing only. • Magnification stand with platform, flat field phantom and case, ACR tomosynthesis geometry calibration phantom, Dimensions interconnect cable kit, 2D fixed face shield, retractable 3DMammography™ face shield. User, service, maintenance, and QC manuals. MammoPad® Breast Cushion trial box. • Hologic Platinum Marketplace: Co-operative marketing program focused on business growth through patient and referring physician education. Complete initiation form at hologicmarketplace.com/user/register. Estimated value per system: \$5,000. <p>Installation: Installation by Hologic certified technicians.</p> <p>Warranty: Standard one-year parts and labor warranty; two-year prorated manufacturer's warranty on X-ray tube. Warranty service coverage is Monday-Friday from 8:00 am to 5:00 pm local time.</p> <p>CONDITIONS:</p> <ul style="list-style-type: none"> • Required but independently sold software features are not included gratis under Hologic Warranty, or Hologic Service Contracts that include software upgrades, and must be ordered separately. • Required system software updates that are included under Hologic Warranty, or Hologic Service Contracts will be provided at no charge. • FFDM accreditation is required, apply to the ACR or your State for FFDM certification.

Product Name	Long Description
DIM-ASY-SCS-3PACK	<p>SmartCurve™ Breast Stabilization System for Selenia® Dimensions® systems.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Small 18 x 24 cm SmartCurve System version 2 • Large 24 x 29 cm SmartCurve System version 2 • SmartCurve Mini small breast paddle • SmartCurve System license Requirements: •Dimensions software version 1.11 or later, 3Dimensions™ 2.2 or later
PRD-04420	<p>Hologic 3D Mammography™ high-resolution ready digital image receptor for 3Dimensions™ mammography systems or Selenia® Dimensions® systems.</p> <p>INCLUDES:</p> <p>Digital Image Receptor</p> <ul style="list-style-type: none"> •Amorphous selenium, TFT •Structure: Single 24 x 29 cm plate •Image Matrix Sizes: 2560 x 3328 (18 x 24 cm); 3328 x 4096 (24 x 29 cm) •Pixel Size: 0.070 mm •Limiting Spatial Resolution: 7.1 lp/mm. <p>(Hologic Clarity HD license purchase required to enable Clarity HD high-resolution imaging on 3D Performance and Dimensions 6000 and 9000 systems. This license is included with a 3Dimensions system.)</p>
PRD-04749	<p>A 17" flat panel color monitor available on the Selenia Dimensions Avia 3000 and 6000 packages (1280X1024 viewing area, 56-76HZ).</p>
FAB-12469	<p>Shield, Universal AWS</p>

Product Name	Long Description
DIM-LIC-IC	<p>The ImageChecker® computer-aided detection (CAD) and Citra™ advanced CAD display software adds one license to the AWS to process 2D images from a single mammography system.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • One ImageChecker CAD software license to support: <ul style="list-style-type: none"> • Hologic software generated 2D For Processing synthesized images • Hologic For Processing 2D FFDM images • Citra advanced CAD display license provides additional information about why ImageChecker CAD marked specific regions: <ul style="list-style-type: none"> • RightOn™ CAD marks placed right on the potential region-of-interest to unambiguously flag the location • Malc™ CAD marks placed where the algorithm detects signs of both density and calcifications • PeerView™ CAD marks provide anatomic outline of tissues • EmphaSize™ markers are scaled according to the prominence of features • Training provided via Video-On-Demand from Hologic.com. Training may be accessed at any time for unlimited staff for an unlimited period. <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • AWS software minimum 1.10/2.1 • Specify serial number at time of order • Please refer to Hologic's diagnostic workstation description for minimum requirements <p>NOTES:</p> <ul style="list-style-type: none"> • Advanced Citra CAD features require workstations that conform to proper display of those features. They can be disabled for use with other non-conformant workstations. The customer needs to check with their workstation vendor • This item is for use with 2D Images only.
ASY-04662	<p>Wall-mounted, felt-lined rack for storing system compression paddles. Each rack, sold separately, provides enough storage room for 3-4 compression paddles.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Paddle storage rack with felt lining • Wall-mounting bracket (installation not included) • Graphic paddle labels <p>Dimensions:</p> <ul style="list-style-type: none"> • W x H x D: 36 1/4" x 7" x 4" (from the wall) • Minimum Vertical Pitch: 12" to 14" when multiple racks are installed one above another <p>Recommended:</p> <ul style="list-style-type: none"> • Selenia® Dimension® Avia systems: min. 1 rack • Selenia Dimensions 2D systems: min. 2 racks • Selenia Dimensions 3D™ systems: min. 3 racks • 3Dimensions™ systems: min. 3 racks <p>Requirements:</p> <ul style="list-style-type: none"> • Must be securely attached to the wall • Must be installed by a professional installer

Product Name	Long Description
SVC-SDM-OPT-BTO	<p>This configuration enables output of tomosynthesis slices in DICOM Breast Tomosynthesis Image Object form. Use of this configuration will first require an integrated planning team, including your IT department, Hologic and other vendors, to work together to ensure that your enterprise is ready for use of the tomosynthesis data in DICOM Breast Tomosynthesis Image Object form. The completion of critical feasibility questions included in Hologic's Enterprise Survey will guide the team through understanding any infrastructure requirements and changes necessary.</p> <p>Note: While a preliminary check by your Hologic representatives may have allowed the ability to quote this output configuration, completion of the Enterprise Survey is required before Dimensions Tomosynthesis system or option is enabled. Software and hardware upgrades may be required. Hologic makes no guarantees of software and hardware performance for products not associated to Hologic. By signing this quote, the customer agrees that the completion of purchase of the accompanying Hologic products shall not be contingent on the implementation of this no-charge configuration.</p> <p>Requires:</p> <ul style="list-style-type: none"> • Completion of Hologic Enterprise Survey by site personnel in conjunction with Hologic representatives • PACS system including Deep Archive capable of storing / retrieving DICOM Breast Tomosynthesis Image Objects and with suitable storage capacity • Softcopy review workstation capable of displaying DICOM Breast Tomosynthesis Image Objects
DIM-TRAIN-APPS-INIT	<p>Technologist training for a new 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system and is valued at \$5,100 (unused training cannot be deducted from your purchase price). Training duration to be determined by customer needs up to 2 days.</p> <ul style="list-style-type: none"> • One session of technologist onsite applications training or other clinical support for maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to 5 technologists add purchasable DIM-TRAIN-APPS-ADDL. • Online CEU courses required prior to onsite training. • Video training available during and post training. • Onsite portion of training or other clinical support must be completed within 24 months of equipment installation. <p>Required FDA training:</p> <ul style="list-style-type: none"> • FFDM accreditation is required: apply to the ACR or your State for FFDM certification. • Once FFDM accredited, contact the MQSA FFDM Certification Extension Program for Tomosynthesis. • Sites must obtain ACR or State FFDM accreditation before using the tomosynthesis modality. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
SDM-TRAIN-INIT-03	<p>Medical physicists training for a new mammography system. Included in the purchase price of your system are (8) hours of Hologic tomosynthesis educational training for up to (2) physicists. Initial training is included in the purchase price of your system/license and is valued at \$1,500 (unused training cannot be deducted from your purchase price). Five (5) hours of live tomosynthesis training for up to 2 medical physicists with a Hologic Field Service Engineer during the installation of the system and access to Hologic's 3-hour online tomosynthesis training course for medical physicists to fulfill the 8-hour FDA requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.</p> <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>

Product Name	Long Description
SDM-TRAIN-INIT-04	Radiologist training for 3Dimensions™ or Selenia® Dimensions® system(s). Initial training is included in the purchase price of your system and is valued at \$5,250 (unused training cannot be deducted from your purchase price). Access to Hologic's virtual tomosynthesis training course for up to 14 radiologists. This program will fulfill the 8-hour FDA training requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.
ASY-04194	The diagnostic paddle kit for Selenia® Dimensions®. Includes: frameless spot contact paddle (ASY-01950), 7.5cm spot contact paddle (ASY-01986), 7.5cm spot magnification paddle (ASY-02162).
ASY-02452	Needle localization kit for Selenia® Dimensions®. Includes: 10cm open localization paddle (ASY-01993), 10cm open magnification localization paddle (ASY-02163), localization crosshairs (ASY-02385), magnification localization crosshair device (ASY-02258).
SDM-LIC-0005	Enables creation of C-View™ generated 2D images on Selenia® Dimensions® systems or 3Dimensions™ systems configured with Hologic standard resolution 3D™ imaging. The C-View software license adds the ability to create low dose tomosynthesis studies in Tomo HD (standard tomo + C-View) and Combo HD (standard tomo + FFDM + C-View) imaging modes. Includes: <ul style="list-style-type: none"> • C-View Generated 2D Imaging software license
HLX-COMPETITIVE-DISCOUNT	Customers who trade in their existing competitive mammography gantry for a new Hologic 3D™ capable system, are eligible for an additional "Competitive Discount" in conjunction with their trade-in credit. Please see notes section for additional eligibility requirements.
SCRAP-TIER1-FEE-BSH	SCRAPPING FEE IS APPLICABLE TO TIER1 BSH CAPITAL ITEMS FOR ALL RELATED COSTS INCLUDING BUT NOT LIMITED TO SCRAP FEE, DISPOSAL FEE, HANDLING FEE AND OTHERS.
ASY-08451	Provides an ergonomic X-ray trigger footswitch for Selenia Dimensions system Avia 3000, 6000 and 9000 packages. The footswitch serves as an optional means of triggering image acquisition for all imaging studies.
DIM-DISP-2MP	Selenia Dimensions 2MP Display Option. Includes: <ul style="list-style-type: none"> • 21.3" clinical display monitor for hospital wide-viewing of clinical data and images, with 1600x1200 maximum resolution tft am color, active display 432hx324mm(17x12.8), lcd 2mp, 100/240v, 5a 50/60
ASY-10996	Provides all mounting hardware and cabling necessary for mounting a 2MP Color Monitor onto a double-articulating swing-arm on the Selenia Dimensions system Avia 3000, 6000 and 9000 packages. Monitor sold separately.

Product Name	Long Description
DIM-LIC-IVIEW 2.0	<p>I-View™ 2.0 Contrast Enhanced Mammography (CEM) software for new Selenia® Dimensions® or 3Dimensions™ system. This option allows Contrast Enhanced Mammography on both 2D and 3D™ systems.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Contrast enhanced mammography 2.0 software license • Copper filter <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Dimensions software minimum v. 1.10/2.1 with Windows 10 OS • Selenia Dimensions/3Dimensions system with Diagnostic license installed • HDT (high definition) detector is needed. This can be either standard resolution or a high-resolution ready detector (PRD-01702 or PRD-04420). Systems manufactured prior to January 2013 may require a new detector if they still have PRD-00779. Please consult your Field Engineer or Technical Solutions Specialist.
SDM-TRAIN-INIT-06	<p>Technologist training for I-View™ contrast-enhanced mammography including both didactic instruction and hands-on clinical patient examinations. Initial training is included in the purchase price of your license and is valued at \$2,500 (unused training cannot be deducted from your purchase price).</p> <ul style="list-style-type: none"> • One 1-day session of technologist onsite applications training with clinical patients scheduled in the afternoon. For maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to five technologists add purchasable SDM-TRAIN-ADDL-06. • Technologists must be available for the entire training. • Hologic recommends that Radiologists attend the course "Contrast-enhanced Mammography" available from www.ICPME.us. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>

Portfolio Discount

Product Name	Long Description
BSH-VOLUME-DISCOUNT	<p>1) Additional discount applied to customer purchasing multiple modalities (ex. Dimensions and Horizon products) across Hologic portfolio 2) Products being bundled must have line item value on quote 3) If bundled products are NOT on the same quote, the correlating quote or contract number must be referenced in the customer notes</p>

Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
 Ramiro Baiza
 ramiro.baiza@siemens-healthineers.com

Customer Number: 0000119864

Date: 05/15/2023

MOORE COUNTY HOSPITAL DISTRICT
 224 E 2ND
 DUMAS, TX 79029

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

Table of Contents

	<u>Page</u>
Luminos Agile Max for dual use (Quote Nr. CPQ-835439 Rev. 2).....	3
Alternate Products for Luminos Agile Max for dual use (Quote Nr. CPQ-835439 Rev. 2).....	8
OPTIONS for Luminos Agile Max for dual use (Quote Nr. CPQ-835439 Rev. 2)	9
General Terms and Conditions	11
Software License Schedule	18
Trade-In Equipment Requirements.....	21
Warranty Information	22
Cut Sheets	25

Contract Total: \$ 480,127

(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 06/30/2023

Estimated Delivery Date: 12/15/2023

Delivery dates and other contractual obligations of Seller may change due to the effects of the Covid-19 epidemic or other epidemic, including delays and disruptions in the supply chain, manufacturing, or execution as well orders by authorities and prioritization of (new and existing) orders of customers which are essential for the public healthcare. The magnitude of such changes cannot be predicted and might be substantial because it depends on the development of the Covid-19 epidemic or other epidemic.

This proposal includes the OPTIONAL trade-in of equipment referenced in Trade Sheet Project #2023-1388. If customer elects to have Siemens deinstall the existing equipment, customer must sign for the OPTIONAL Deinstall costs as well.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

The parties hereby expressly agree that the Premier Healthcare Alliance, L.P. Group Purchasing Agreement—Imaging Products and Services effective October 1, 2015 XPRF: PP-IM-274 and Siemens Terms and Conditions of Sale and Software License Schedule attached hereto shall govern the purchase of Products pursuant to this



Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

Quotation.

Accepted and Agreed to by:

Siemens Medical Solutions USA Inc.

MOORE COUNTY HOSPITAL DISTRICT

By (sign): _____

By (sign): _____

Name: Ramiro Baiza

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

By signing below, signor certifies that no modifications or additions have been made to the Quotation. Any such modifications or additions will be void.

By (Sign): _____

Quote Nr: CPQ-835439 Rev. 2

Terms of Payment: 00% Down, 80% Delivery, 20% Installation
Free On Board: Destination

Purchasing Agreement: PREMIER PURCHASING PARTNERS LP
PREMIER PURCHASING PARTNERS LP terms and conditions apply to Quote Nr CPQ-835439
Customer certifies, and Siemens relies upon such certification, that : (a) PREMIER PP-IM-274 GEN RAD is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

Luminos Agile Max for dual use

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14448983	<p>Luminos Agile Max</p> <p>Luminos Agile Max is a highly versatile table side controlled X-ray diagnostic system meeting all requirements with respect to ease of use, image quality, connectivity and low dose. The lifting table and the wide table/detector distance are specially designed to accommodate the growing population of obese and bariatric patients. It features full tableside control of system movements and imaging parameters and allows you to stay with the patient throughout the examination such as interventional procedures (e.g. ERCP) or pediatric patients.</p> <p>The large 43 cm x 43 cm (17" x 17") flat detector ensures excellent coverage and provides high-resolution images for more accuracy and efficiency.</p> <p>The syngo FLC digital one-stop workflow from patient registration to image documentation offers fast and easy operation, security settings based on a hardened Microsoft Windows 10 operating system, for consistent exam settings and a consistent image impression.*</p> <p>Following items are included in the standard delivery:</p> <ul style="list-style-type: none">- Optitop tube- 65 kW generator- Display for live image in the control room- Keyboard/Mouse- Table tilt + 90°/- 20°- Caremax- Storage capacity: 25.000 RAD images / 200.000 DFR images- DICOM Send and Print- DiamondView MAX- CD / DVD recorder- CAREVISION

* The description in the "DICOM Conformance Statement" downloadable from the Internet is exclusively binding for the functionality of the DICOM interface(s).

Qty	Part No.	Item Description
1	14443195	<p>MAX wi-D Lightweight mobile, wireless 35 cm x 43 cm (14" x 17") detector with handle for comfortable and safe handling. The detector can be used with all other MAX systems based on the MAXswap feature.</p> <p>It can be charged automatically in the system's detector holder.</p>
1	14436593	<p>MAX wi-D Clip-on Grid 5/85 F115 Grid (5/85), f 115 cm Highly selective anti-scatter grid for scattered radiation reduction: – Pb 5/85 (grid ratio 5:1, 85 lines/cm) – Grid focusing for SID 115 cm (45")</p>
1	14448987	<p>WLAN WLAN functionality to connect MAX wireless detectors to the system.</p>
1	14436601	<p>Charger f. MAX wi-D and MAX mini This charger can be used to charge the spare batteries for the MAX mini and MAX wi-D detectors.</p> <p>Please note: The MAX mini battery can only be charged with this charger.</p> <p>Includes: - 1 x Battery charger - 1 x Power supply - 1 x Battery</p>
1	14428860	<p>Transparent grid 13/92, F115 Highly selective anti-scatter grid for scattered radiation reduction.</p>
1	14428861	<p>Transparent grid 13/92, universal Highly selective anti-scatter grid for scattered radiation reduction.</p>
1	14448930	<p>80 kW Upgrade An upgrade of the high-frequency X-ray generator from 65 kW to 80 kW power, to improve performance and expand the spectrum of possible applications.</p>
1	14448985	<p>Ysio Max Option The Ysio Max option adds full radiographic versatility to the system especially enabling cross table examinations and high-throughput radiography workflow.</p> <p>Ysio Max is a universal digital radiographic workplace for skeletal radiography of the recumbent, standing or seated patient. It is seamlessly integrated into the control of the system. One or more portable flat detectors can be integrated, depending on the configuration, for a fully digital imaging chain.</p>
1	14411235	<p>Laser light localizer Additional laser line light localizer to form a 90° laser light cross for improved target setting and patient positioning.</p>
1	14449067	<p>DAP meter CAREmax 2nd plane CAREMAX Dose Area Product (DAP) meter tracks and displays the Dose Area Product (DAP) and/or standardized patient entrance dose.</p>
1	14411087	<p>Manual Control Bucky Wall Unit Wired remote control for system functions.</p>
1	14467827	<p>Basic CARE Package The Basic CARE Package enables to eliminate unnecessary dose and allows for precise dose documentation.</p> <p>The following functionalities for low dose results can be found in this package: - CAREPROFILE Reduces dose for patients and staff by radiation free collimation. The collimator blades are placed using the last-image-hold for orientation.</p>

Qty	Part No.	Item Description
		- CAREPOSITION Reduces dose for patients and staff by radiation-free object positioning. The region of interest is placed using the last-image-hold and displaying the X-ray center beam as well as the image edges graphically.
1	14402070	Fluoroloop - C Storage and review of fluoroscopy sequences for documentation. The maximum storable fluoroscopy time depends on the selected pulse rate.
1	04434028	DICOM WORKLIST & MPPS Import of patient/examination data from an external RIS (Radiology Information System) /HIS (Hospital Information System) patient management system with DICOM MWL (Modality Worklist) as well as feedback on the examination status with DICOM MPPS (Modality Performed Procedure Step).
1	14417233	External DVI interface Standard video output (DVI-D format) at the FLUOROSPOT Compact, for connecting an external recorder to record image information on video recording media.
1	14448986	Bucky wall stand Floor-mounted Bucky wall stand with height-adjustable and tiltable detector tray for a MAX wi-D 35 cm x 43 cm (14" x 17") acquisitions. Vertical height adjustment and detector tilt is possible from both sides. Bucky wall stand is especially suited for acquisitions of skeletal radiography of the standing and seated patient: - Orthopedic diagnostics - Thorax and general diagnostics - Trauma and ER diagnostics With this Bucky wall stand more profound diagnostic requirements for acquisitions of thorax (lungs), abdomen, pelvis, spine, skull and extremities are met. The basic configuration consists of a radiography system with a vertically positioned and tiltable detector Bucky for horizontal, oblique or lateral patient acquisitions. The additional tilting range of the detector Bucky extends the diagnostically relevant acquisition projections. Please note: Tilting range is only valid in combination with Ysio or Ysio Max option
1	14449078	Display trolley 1 with 1 display Mobile trolley with one tiltable flat display in TFT technology (high luminance and extended viewing angle) for live image display in the examination room and radiation indicator.
1	14401930	Compression Belt Belt compression device used for patient compression during thoracic or abdominal examinations as well as for safe positioning of restless or frail patients. Compression is achieved by means of an easy to clean, radiolucent plastic belt with a ratcheting tension lever. Advantages of compression: – Quick and safe securing of patient to the tabletop. – Reduction of patient thickness, i.e. improvement of image quality through reduction of scattered radiation.
1	14417468	Leg Support (left and right) Leg supports are required for gynecological and urological examinations. They can be adjusted in height and for leg positioning; the holders are shaped to conform to the anatomy of the knee joint. Attachment at the head end of the table in connection with the attachment frame for the footrest. The leg support is attached with a clamping device and clamping bolts. Weight: 4.4 kg (9.7 lbs)

Qty	Part No.	Item Description
1	08861002	<p>Patient positioning mattress Radiolucent table pad with a heavy-duty, soft, light-colored plastic cover that is easy to clean. The soft cushion allows comfortable patient positioning and repositioning. To prevent the pad from sliding during head-up positions, the straps of the patient table pad can be attached to the grip protection rail at the head end. The soft cushion allows comfortable patient positioning and repositioning.</p>
1	XPRF_AMAX_B D_LV3	<p>Essential Education Level 3 (XPRF)(AMAX) This Essential Education Bundle provides system training in a blended learning environment using training modules (typically 1 hour): A 12-month subscription to our continuing education platform, PEPconnect, including access to up to 50 CEU credits. Up to 12 hrs of live remote training to review predetermined system related topics. Remote configuration of customer specific programs based on the provided RIS worklist. Essential Onsite Training Part 1 - Up to 20 hours of onsite education for up to 8 users. This Educational offering must be completed by the later of (12) months from install end date or purchase date. If training is not completed within the applicable time period, Siemens Healthineers obligation to provide the training will expire without refund.</p>
1	AXD_RIG_FLUO RO_STD	<p>Standard Rigging Fluoro</p>
1	CID4948	<p>Portable DR Panel Protector(14x17) The unique design of the DR Panel Protector provides an easy way to take weight-bearing x-rays of feet (AP view). The unit is simply placed over the DR panel which is first positioned on the floor. Patients step onto the DR Panel Protector with as much weight as needed to get the desired image. The face plate is made of polycarbonate designed to support patients weighing up to 500 pounds. The face plate is x-ray lucent, allowing the x-rays to pass through the DR Panel Protector with no significant absorption or scattering. The non-slip rubber floor grips keep the DR Panel Protector from slipping on a hard floor. The Panel Protector frame is notched to accommodate the cable connection from the digital DR panel to the host system. One year warranty through Clear Image Devices</p>
1	PW5P850G	<p>Eaton 5P 850G Tower UPS 850VA / 600W Input: IEC C14 Output: (6) IEC C13 Dimensions (H x W x D): 9.1" x 5.9" x 13.6" Weight: 23.0 lbs. Run Time @ Full Load: 4 min. Run Time @ Half Load: 14 min.</p> <p>This product is not OSHPD certified.</p> <p>Includes two year limited warranty with depot exchange through Eaton.</p>
1	AS10847102	<p>Mobile detector holder for Max wi-D The versatile holder accommodates computed radiography (CR) cassettes and light portable DR Panels (including the max wi-D detector) with a total weight (including clip-on grid if required) of less than 4.3kg (9.5 lbs). The holder rolls on large locking castors and facilitates examinations in accident and emergency departments, in operating rooms and radiographic rooms. The heavy duty base gives a low center of gravity. Properties: • The holder is adjustable for height from floor level to 50 in (measured from its lower edge) • The holder is counterbalanced for easy rising or lowering and can overhang the x-ray or operating table by 24 in. • Supports detectors with a width of 9.6 to 21 in</p>

Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
 Ramiro Baiza
 ramiro.baiza@siemens-healthineers.com

Qty	Part No.	Item Description	
1	TIMS061000SP MCPSHC	<ul style="list-style-type: none"> • Maximum detector thickness 1.2 in (including clip-on grid if required) • The holder can be turned & tilted and orientated to suit any examination position • Effective locks keep the holder firmly in place <p>TIMS 2000 SP Pkg Mobile (New Agile/dRF) Included HW/SW: TIMS 2000 SP Desktop System Mobile Cart 27" Touch Screen Monitor Qty (1) License of TIMS DICOM Review Software (TDRS) Wireless Microphone Keyboard, Mouse, and Associated Cables</p> <p>Description: Provides for the high-resolution video and synced audio recording, review, analysis, and archiving to PACS of modified barium swallow studies for speech pathology. The system is positioned on a mobile cart in the procedure area, allowing for more flexibility and in-study review and analysis of video and audio. Also includes one license of TIMS DICOM Review Software (TDRS) for the remote review and analysis of studies in the speech pathology office area. This allows for more efficient use of the fluoroscopy room because studies are sent immediately to the TDRS system at the completion of the study. With this workflow, the fluoroscopy room is immediately available for the next patient, allowing more studies per day. Speech pathologists can then edit, review, label, analyze, and archive to PACS studies from the comfort of their own office.</p> <p>Installation: Onsite installation and training are included when purchased with a new Siemens' system. When purchased to upgrade an existing system, the customer is responsible for room preparation and cable installation per Foresight Imaging's planning guide. Additional costs may be required for a Siemens service engineer.</p> <p>Warranty: Support & Maintenance for one year. Includes technical support via telephone, email, and online on regular business days from 8:00am to 8:00pm EST, downloadable software updates, and in the event of a hardware failure, a replacement system is sent within two business days.</p>	
1	AXD_ADDL_RIG GING	Additional Rigging AXD \$4,000	
System Total			\$ 480,127

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

ALTERNATE PRODUCTS on Quote Nr : **CPQ-835439 Rev. 2**

Alternate Products for Luminos Agile Max for dual use
All items listed below are **ALTERNATE PRODUCTS**: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Initial to Accept
1	XPRF_AMAX_ BD_LV1	<p>Essential Education Level 1 (XPRF)(AMAX) This Essential Education Bundle provides system training in a blended learning environment using training modules (typically 1 hour): Essential Onsite Training Part 1 - Up to 20 hours of onsite education for up to 8 users. 1 hr. live remote session to review workflow and system functionality. Remote configuration of customer specific programs based on the provided RIS worklist. This Educational offering must be completed by the later of (12) months from install end date or purchase date. If training is not completed within the applicable time period, Siemens Healthineers obligation to provide the training will expire without refund.</p> <p>The above item(s) are being quoted as a substitute for the following quoted Part No(s).</p> <ul style="list-style-type: none"> • XPRF_AMAX_BD_LV3 -Essential Education Level 3 (XPRF)(AMAX) 	<p>Incremental Price - \$ 4,576</p>
			<p>X _____</p>

Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
 Ramiro Baiza
 ramiro.baiza@siemens-healthineers.com

OPTIONS on Quote Nr : CPQ-835439 Rev. 2

OPTIONS for Luminos Agile Max for dual use

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	AXD_TRADE_I N_ALLOW	Trade-in of a Toshiba Kalare, Project 2023-1388, Deinstall/Expiration 11/30/2023, Scrap (\$1)	+ \$ 1	_____
1	AXD_DEINSTA LL_EQ	Deinstallation of Equipment - AXD \$13,000	+ \$ 13,000	_____

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

FINANCING: The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

ACCESSORIES: Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1-888-222-9944 or contact your local Sales Representative.

COMPLIANCE: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our communication channel "Let Us Know".

Siemens Medical Solutions USA, Inc. General Terms and Conditions

1. GENERAL

1.1 Contract Terms and Acceptance. These terms and conditions constitute an integral part of any contract between Seller and Purchaser identified on the first page hereof and shall govern the sale of the products identified in such contract ("Products"). Purchaser acknowledges that this is a commercial and not a consumer transaction. Purchaser shall be deemed to have assented to, and to have waived any objection to, this Agreement upon the earliest to occur of any of the following: Purchaser's completion or execution of this Agreement; Purchaser's acceptance of all or any part of the Products; Purchaser's issuance of a purchase order for any Products identified on Seller's quotation or proposal; or delivery of the Products to the common carrier for shipment pursuant hereto.

1.2 Refurbished/Used Products. For Products identified on this Agreement as used or refurbished Products, these Products have been previously owned and used. When delivered to Purchaser, such Products will perform in accordance with the manufacturer's specifications. Since pre-owned Products may be offered simultaneously to several customers, the availability of such Products to Purchaser cannot be guaranteed. If the Products are no longer available, Seller will use its best efforts to identify other suitable products in its inventory. If substitute products are not acceptable to Purchaser, then Seller will cancel the order and refund to Purchaser any deposits previously paid. The warranty period for any used or refurbished Products will be separately stated on the quotation.

1.3 Third Party Products. If this Agreement includes the sale of third party products not manufactured by Seller, then Purchaser agrees and acknowledges that (a) Purchaser has made the selection of these products on its own, (b) the products are being acquired by Seller solely at the request of and for the benefit and convenience of Purchaser, (c) no representation, warranty or guarantee has been made by Seller with respect to the products, (d) the obligation of Purchaser to pay Seller for the products is absolute and unconditional, (e) use of the products may be subject to Purchaser's agreement to comply with any software licensing terms imposed by the manufacturer; and (f) unless otherwise indicated by Seller in writing, Seller is

not responsible for any required installation, validation, product recall, warranty service, maintenance, complaint handling, or any other applicable FDA regulatory requirements, and the Purchaser will look solely to the manufacturer regarding these services and will assert no claim against Seller with respect to these products.

2. PRICES

2.1 Quotations. Unless otherwise agreed to in writing or set forth in the quotation, all prices quoted by Seller and amounts payable by Purchaser are in U.S. dollars, and include Seller's standard packaging. The prices quoted to Seller assume that the Seller is located in, and will use the Products in, the U.S. If not, such quotation will be void. Unless otherwise stated, the quotation shall only be valid for forty-five (45) days from the date of the quotation.

2.2 Delay in Acceptance of Delivery. Should the agreed delivery date be postponed by Purchaser, Seller shall have the right to deliver the Products to storage at Purchaser's risk and expense, and payments due upon delivery shall become due when Seller is ready to deliver.

3. TAXES

3.1 Any sales, use or manufacturer's tax which may be imposed upon the sale or use of Products, or any property tax levied after readiness to ship, or any excise tax, license or similar fee (excluding the Medical Device Excise Tax as set forth in Section 4191 of the Internal Revenue Code of 1986, as amended) required under this transaction, shall be in addition to the quoted prices and shall be paid by Purchaser. Notwithstanding the foregoing, Seller agrees to honor any valid exemption certificate provided by Purchaser.

4. TERMS OF PAYMENT; DEFAULT

4.1 Payments; Due Date. Unless otherwise set forth in the quotation, Purchaser shall pay Seller as follows: an initial deposit of 10% of the purchase price for each Product is due upon submission of the purchase order, an additional 80% of the purchase price is due upon delivery of each Product, and the final 10% of the purchase price is due upon completion of installation or when the Products are available for first patient use, whichever occurs first. Unless otherwise agreed, all payments other than the initial deposit are due net thirty

(30) days from the date of invoice. Seller shall have no obligation to complete installation until the payment due upon delivery is received. Partial shipments shall be billed as made, and payments for such shipments will be made in accordance with the foregoing payment terms.**4.2 Late Payment.** A service charge of 1½% per month, not to exceed the maximum rate allowed by law, shall be made on any portion of Purchaser's outstanding balance which is not paid when due. Payment of such service charge shall not excuse or cure Purchaser's breach or default for late payment.**4.3 Payment of Lesser Amount.** If Purchaser pays, or Seller otherwise receives, a lesser amount than the full amount provided for under this Agreement, such payment shall not constitute or be construed other than as on account of the earliest amount due Seller. No endorsement or statement on any check or payment or elsewhere shall constitute or be construed as an accord or satisfaction. **4.4 Where Payment Due Upon Installation or Completion.** Should any terms of payment provide for either full or partial payment upon completion of installation or thereafter, and completion of installation is delayed for any reason for which Seller is not responsible beyond the installation date set forth in the Notice to Manufacture Letter issued by Seller, as applicable, then the balance of payments shall be due on the day following such installation date.**4.5 Default; Termination.** Each of the following shall constitute an event of default under this Agreement: (i) a failure by Purchaser to make any payment when due; (ii) a failure by Purchaser to perform any other obligation under this Agreement within thirty (30) days of receipt of written notice from Seller; or (iii) the commencement of any insolvency, bankruptcy or similar proceedings by or against Purchaser. Upon the occurrence of any event of default, at Seller's election: (a) the entire amount of any indebtedness and obligation due Seller under this Agreement and interest thereon shall become immediately due and payable; (b) Seller may suspend the performance of any of Seller's obligations hereunder, including, but not limited to, obligations relating to delivery, installation and warranty services; (c) Purchaser shall put Seller in possession of the Products upon demand; (d) Seller may sell or otherwise dispose of all or any part of the Products and apply the proceeds thereof against any indebtedness or obligation of Purchaser under this Agreement; (e) if this Agreement or any indebtedness or obligation of Purchaser under this Agreement is referred to an attorney for collection or realization, Purchaser shall

pay to Seller all costs of collection and realization (including, without limitation, a reasonable sum for attorneys' fees); and Purchaser shall pay any deficiency remaining after collection of or realization by Seller on the Products. In addition, Seller may terminate this Agreement upon written notice to Purchaser in the event that Purchaser is not approved for credit or upon the occurrence of any material adverse change in the financial condition or business operations of Purchaser.**4.6 Financing.** Notwithstanding any arrangement that Purchaser may make for the financing of the purchase price of the Products, the parties agree that any such financing arrangement shall have no effect on the Purchaser's payment obligations under this Agreement, including but not limited to Sections 4.1 and 4.2 above.

5. EXPORT TERMS

5.1 Unless other arrangements have been made, payment on export orders shall be made by irrevocable confirmed letter of credit, payable in U.S. dollars against Seller's invoice and standard shipping documents. Such letter of credit shall be in an amount equal to the full purchase price of the Products and shall be established in a U.S. bank acceptable to Seller. Purchaser shall have sole responsibility to procure all necessary permits and licenses for shipment and compliance with any governmental regulations concerning control of final destination of Products.**5.2** Purchaser agrees that Products shall not at any time directly or indirectly be used, exported, sold, transferred, assigned or otherwise disposed of in a manner which will result in non-compliance with applicable export Control and US Sanction laws and regulations. If Purchaser purchases a Product at the domestic price and exports such Product, or transfers such Product to a third party for export, outside of the U.S., Purchaser shall pay to Seller the difference between the domestic price and the international retail price of such Product. Purchaser shall deliver to Seller, upon Seller's request, written assurance regarding compliance with this Section in form and content acceptable to Seller.

6. DELIVERY, RISK OF LOSS

6.1 Delivery Date. Delivery and installation dates will be established by mutual agreement of the parties as set forth in the Notice to Manufacture Letter issued by the Seller, as applicable. Seller shall make reasonable efforts to meet such delivery date(s).**6.2 Risk of Loss;**

Title Transfer. Unless otherwise agreed to in writing, the following shall apply: (a) For Products that do not require installation by Seller, and for options and add-on products purchased subsequent to delivery and installation of Products purchased under this Agreement, delivery shall be complete upon transfer of possession to common carrier, F.O.B. Shipping Point, whereupon title to and all risk of loss, damage to or destruction of the Products shall pass to Purchaser. (b) For Products that require installation by Seller, delivery shall be complete upon delivery of the Products to Purchaser's designated site, F.O.B. Destination; whereupon title to and all risk of loss, damage to or destruction of such Products shall pass to Purchaser upon completion of delivery. (c) All freight charges and other transportation, packing and insurance costs, license fees, custom duties and other similar charges shall be the sole responsibility of Purchaser unless included in the purchase price or otherwise agreed to in writing by Seller. In the event of any loss or damage to any of the Products during shipment, Seller and Purchaser shall cooperate in making any insurance claim.

7. SECURITY INTEREST/FILING

7.1 Purchaser grants to Seller a security interest in the Products until payment in full by Purchaser. Purchaser shall sign any financing statements or other documents necessary to perfect Seller's security interests in the Products. Purchaser further represents and covenants that (a) it will keep the Products in good order and repair until the purchase price has been paid in full, (b) it will promptly pay all taxes and assessments upon the Products or the use thereof, (c) it will not attempt to transfer any interest in the Products until the purchase price has been paid in full, and (d) it is solvent and financially capable of paying the full purchase price for the Products.

8. CHANGES, CANCELLATION, AND RETURN

8.1 Orders accepted by Seller are not subject to change except upon Seller's written agreement. **8.2** Orders accepted by Seller are non-cancellable by Purchaser except upon Seller's written consent and payment by Purchaser of a cancellation charge equal to 10% of the price of the affected Products, plus any shipping, insurance, inspection and refurbishment charges; the cost of providing any training, education, site evaluation or other services completed by Seller; and any return, cancellation or restocking fees with

respect to any Third Party Products ordered by Seller on behalf of Purchaser. Seller may retain any payments received from Purchaser up to the amount of the cancellation charge. In no event can an order be cancelled by Purchaser or Products be returned to Seller after shipment. **8.3** Seller reserves the right to change the manufacture and/or design of its Products if, in the judgment of Seller, such change does not alter the general function of the Products.

9. FORCE MAJEURE

9.1 Seller shall not be liable for any loss or damage for delay in delivery, inability to install or any other failure to perform due to causes beyond its reasonable control including, but not limited to, acts of God or the public, war, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, storms, strikes, lockouts, labor disputes, or unavailability of labor, raw materials, power or supplies. Should such a delay occur, Seller may reasonably extend delivery or production schedules or, at its option, cancel the order in whole or part without liability other than to return any unearned deposit or prepayment.

10. WARRANTY

10.1 Seller warrants that the Products manufactured by Seller and sold hereunder shall be free from defects in material or workmanship under normal use and service for the warranty period. The final assembled Products shall be new although they may include certain used, reworked or refurbished parts and components (e.g., circuit boards) that comply with performance and reliability specifications and controls. Seller's obligation under this warranty is limited, at Seller's option, to the repair or replacement of the Product or any part thereof. Unless otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference ("Product Warranty"), the warranty period shall commence upon the earlier of the date that the Products have been installed in accordance with Section 12.5 hereof (which date shall be confirmed in writing by Seller) or first patient use, and shall continue for twelve (12) consecutive months. Seller makes no warranty for any Products made by persons other than Seller or its affiliates, and Purchaser's sole warranty therefor, if any, is the original manufacturer's warranty, which Seller agrees to pass on to Purchaser, as applicable. The warranty provided by Seller under this Section 10 extends only to the original Purchaser,

unless the Purchaser obtains the Seller's prior written consent with respect to any sale or other transfer of the Products during the term of the warranty. **10.2** No warranty extended by Seller shall apply to any Products which have been damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 9 hereof or by the Purchaser's failure to operate the Products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions; which are defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Products by the Purchaser or any third party or due to the attachment and/or use of non-Seller supplied parts, equipment or software without Seller's prior written approval; which failed due to causes from within non-Seller supplied equipment, parts or software including, but not limited to, problems with the Purchaser's network; or which have been damaged from the use of operating supplies or consumable parts not approved by Seller. In addition, there is no warranty coverage for any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, delamination from cleaning with inappropriate solutions, or TEE bite marks. Seller may effectuate any repairs at Purchaser's facility, and Purchaser shall furnish Seller safe and sufficient access for such repair. Repair or replacement may be with parts or products that are new, used or refurbished. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty. Purchaser shall, upon Seller's request, return the non-complying Product or part to Seller with all transportation charges prepaid, but shall not return any Product or part to Seller without Seller's prior written authorization. Purchaser shall pay Seller its normal charges for service and parts for any inspection, repair or replacement that falls outside of Seller's warranty. Seller's warranty does not apply to consumable materials, disposables, supplies, accessories and collateral equipment, except as specifically stated in writing or as otherwise set forth in the Product Warranty. **10.3** This warranty is made on condition that immediate written notice of any noncompliance be given to Seller and Seller's inspection reveals that Purchaser's claim is covered under the terms of the warranty (i.e., that the noncompliance is due to traceable defects in original materials and/or workmanship). **10.4** Purchaser shall provide Seller with

both on-site and remote access to the Products. The remote access shall be provided through the Purchaser's network as is reasonably necessary for Seller to provide warranty services under this Agreement. Remote access will be established through a broadband internet-based connection to either a Purchaser owned or Seller provided secure end-point. The method of connection will be a Peer-to-Peer VPN IPsec tunnel (non-client based) with specific inbound and outbound port requirements. **10.5** Warranty service will be provided without charge during Seller's regular working hours (8:30-5:00), Monday through Friday, except Seller's recognized holidays. If Purchaser requires that service be performed outside these hours, such service can be made available at an additional charge, at Seller's then current rates. The obligations of Seller described in this Section are Seller's only obligations and Purchaser's sole and exclusive remedy for a breach of product warranty. **10.6 SELLER MAKES NO WARRANTY OTHER THAN THE ONE SET FORTH HEREIN AND IN THE PRODUCT WARRANTY. SUCH WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSES, AND SUCH CONSTITUTES THE SOLE AND EXCLUSIVE WARRANTY MADE WITH RESPECT TO THE PRODUCTS, SERVICE OR OTHER ITEM FURNISHED UNDER THIS AGREEMENT.** **10.7** In the event of any inconsistencies between the terms of this Section 10 and the terms of the Product Warranty, the terms of the Product Warranty shall prevail.

11. LIMITATION OF LIABILITY

11.1 In no event shall Seller's liability hereunder exceed the actual loss or damage sustained by Purchaser, up to the purchase price of the Products. The foregoing limitation of liability shall not apply to claims for bodily injury or damages to real property or tangible personal property to the extent arising from Seller's negligence or a product defect. **11.2 SELLER SHALL NOT BE LIABLE FOR ANY LOSS OF USE, REVENUE OR ANTICIPATED PROFITS; COST OF SUBSTITUTE PRODUCTS OR SERVICES; LOSS OF STORED, TRANSMITTED OR RECORDED DATA; OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY OR ANY**

OTHER THEORY OR FORM OF ACTION, EVEN IF SELLER HAS BEEN ADVISED OF THE POSSIBILITY THEREOF, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SALE OR USE OF THE PRODUCTS. THE FOREGOING IS A SEPARATE, ESSENTIAL TERM OF THIS AGREEMENT AND SHALL BE EFFECTIVE UPON THE FAILURE OF ANY REMEDY, EXCLUSIVE OR NOT.

12. INSTALLATION - ADDITIONAL CHARGES

12.1 General. Unless otherwise expressly stipulated in writing, the Products shall be installed by and at the expense of Seller except that Seller shall not provide rigging or site preparation services unless otherwise agreed to in writing by Seller for an additional charge. Seller will not install accessory items such as cabinets, illuminators, darkroom equipment or processors for X-Ray and CT equipment, unless otherwise agreed to in writing by Seller. **12.2 Installation by Seller.** If Seller specifies it will install the Products, the following applies: subject to fulfillment of the obligations set forth in Section 12.3 below, Seller shall install the Products and connect them to the requisite safety switches and power lines to be installed by Purchaser. Except as otherwise specified below, if such installation and connection are performed by Seller's technical personnel, prices shown include the cost thereof, provided that the installation and connection can be performed within the Continental United States or Puerto Rico and during normal business hours. Any overtime charges or other special expenses shall be additional charges to the prices shown. **12.3 Purchaser's Obligations.** Purchaser shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of the Products by Seller. Additionally, Purchaser shall provide free access to the installation site and, if necessary, safe and secure space for storage of Products and equipment prior to installation by Seller. Purchaser shall be responsible, at its sole cost and expense, for obtaining all permits, licenses and approvals required by any federal, state or local authorities in connection with the installation and operation of the Products, including but not limited to any certificate of need and zoning variances. Purchaser shall provide a suitable environment for the Products

and shall ensure that its premises are free of hazardous conditions and any concealed or dangerous conditions and that all site requirements are met. Seller shall delay its work until Purchaser has completed the removal of any hazardous materials or has taken any other precautions and completed any other work required by applicable regulations. Purchaser shall reimburse Seller for any increased costs and expenses incurred by Seller that are the result of or are caused by any such delay. In the event that Seller is requested to supervise the installation of the Products, it remains the Purchaser's responsibility to comply with local regulations. Seller is not an architect and all drawings furnished by Seller are not construction drawings. If local labor conditions, including a requirement to use union labor, require the use of non-Seller employees to participate in the installation of the Product or otherwise causes delays or any additional expenses, then any such additional costs shall be at Purchaser's expense. **12.4 Regulatory Reporting.** In the event that any regulatory activity is performed by anyone other than Seller's authorized personnel, then Purchaser shall be responsible for fulfilling any and all reporting requirements. **12.5 Completion of Installation.** Installation shall be complete upon the conclusion of final calibration and checkout under Seller's standard procedures to verify that the Products meet applicable written performance specifications. Notwithstanding the foregoing, first use of the Products by Purchaser, its agents or employees for any purpose after delivery shall constitute completion of installation.

13. PATENT, COPYRIGHT AND OTHER INFRINGEMENT CLAIMS

13.1 Infringement by Seller. Seller warrants that the Products manufactured by Seller and sold hereunder do not infringe any U.S. patent or copyright. If Purchaser receives a claim that any such Products, or parts thereof, infringe upon the rights of others under any U.S. patent or copyright, Purchaser shall notify Seller immediately in writing. Provided that Purchaser gives Seller information, assistance and exclusive authority to evaluate, defend and settle such claims, Seller shall at its own expense and option: indemnify and defend Purchaser against such claims; settle such claims; procure for Purchaser the right to use the Products; or remove or modify them to avoid infringement. If none of these alternatives is available on terms reasonable to Seller, then Purchaser shall return the Products to Seller and Seller shall refund to

Purchaser the purchase price paid by Purchaser less reasonable depreciation for Purchaser's use of the Products. The foregoing states Seller's entire obligation and liability, and Purchaser's sole remedy, for claims of infringement. **13.2 Infringement by Purchaser.** If some or all of the Products sold hereunder are made by Seller pursuant to drawings or specifications furnished by Purchaser, or if Purchaser modifies or combines, operates or uses the Products other than as specified by Seller or with any product, data, software, apparatus or program not provided or approved by Seller, then the indemnity obligation of Seller under Section 13.1 shall be null and void.

14. DESIGNS AND TRADE SECRETS; LICENSE; CONFIDENTIALITY

14.1 Any drawings, data, designs, software programs or other technical information supplied by Seller to Purchaser in connection with the sale of the Products shall remain Seller's property and shall at all times be held in confidence by Purchaser. **14.2** For all Products which utilize software for their operation, such "Applications Software" shall be licensed to Purchaser under the terms of Seller's Software License Schedule attached hereto. **14.3** Seller and Purchaser shall maintain the confidentiality of any information provided or disclosed to the other party relating to the business, customers and/or patients of the disclosing party, as well as this Agreement and its terms (including the pricing and other financial terms under which the Purchaser will be purchasing the Products). Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. The obligations of confidentiality set forth herein shall not apply to any information in the public domain at the time of disclosure or that is required to be disclosed by court order or by law.

15. ASSIGNMENT

15.1 Neither party may assign any rights or obligations under this Agreement without the prior written consent of the other, which shall not be unreasonably withheld. Any attempt to do so shall be void, except that Seller may assign this Agreement without consent to any subsidiary or affiliated company, and may delegate to authorized subcontractors or service suppliers any work to be performed under this Agreement so long as

Seller remains liable for the performance of its obligations under this Agreement. This Agreement shall inure to and be binding upon the parties and their respective successors, permitted assigns and legal representatives.

16. COSTS AND FEES

16.1 In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination or validity thereof, the prevailing party shall be entitled to recover from the other party all reasonable attorneys' fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

17. MODIFICATION

17.1 This Agreement may not be changed, modified or amended except in writing signed by duly authorized representatives of the parties.

18. GOVERNING LAW; WAIVER OF JURY TRIAL

18.1 This Agreement shall be governed by the laws of the state where the Product(s) will be installed, without regard to that state's choice of law principles. **18.2 EACH OF THE PARTIES EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE UNDER THIS AGREEMENT.**

19. COST REPORTING

19.1 Purchaser agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 CFR §1001.952(h), in all applicable Medicare, Medicaid and state agency cost reports. Purchaser shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

20. INTEGRATION

20.1 These terms and conditions, including any attachments or other documents incorporated by reference herein, constitute the entire, complete and exclusive statement of agreement with respect to the subject matter hereof, and supersede any and all prior agreements, understandings and communications between the parties with respect to the Products. Purchaser's additional or different terms and conditions stated in a purchase order, bid documents or any other

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

document issued by Purchaser are specifically rejected and shall not apply to the transactions contemplated under this Agreement.

21. SEVERABILITY; HEADINGS

21.1 No provision of this Agreement which may be deemed unenforceable will in any way invalidate any other portion or provision of this Agreement. Section headings are for convenience only and have no substantive effect.

22. WAIVER

22.1 No failure and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

23. NOTICES

23.1 Any notice or other communication under this Agreement shall be deemed properly given if in writing and delivered in person or mailed, properly addressed and stamped with the required postage, to the intended recipient at its address specified on the face hereof.

24. RIGHTS CUMULATIVE

24.1 The rights and remedies afforded to Seller under this Agreement are in addition to, and do not in any way limit, any other rights or remedies afforded to Seller by any other agreement, by law or otherwise.

25. END USER CERTIFICATION

25.1 Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for lease-back financings).

26. ACCESS TO BOOKS AND RECORDS

26.1 To the extent required by Section 1861(v)(1)(I) of the Social Security Act and the regulations promulgated thereunder, until the expiration of four (4) years after the furnishing of any Product or service pursuant to this Agreement, Seller shall make available, upon written request by the Secretary of Health and Human Services (the "Secretary"), or upon request by the Comptroller General (the "Comptroller"), or any of their duly authorized representatives, copies of this Agreement and any books, documents, records or other data of Seller that are necessary to certify the nature and extent of any costs incurred by Purchaser for such Products and services. If Seller carries out any

of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, Seller will cause such subcontract to contain a clause to the effect that, until the expiration of four (4) years after the furnishing of any Product or service pursuant to said contract, the related organization will make available upon the written request of the Secretary or the Comptroller, or any of their duly authorized representatives, copies of records of said related organization that are necessary to certify the nature and extent of cost incurred by Purchaser for such Product or service.

27. DISPOSITION OF PRODUCTS

27.1 Purchaser expressly agrees that should Purchaser sell, transfer or otherwise dispose of the Products, Purchaser shall notify Seller in writing and give Seller the opportunity to purchase such Products. With Purchaser's notice, Purchaser shall provide Seller with a copy of the third party's binding offer to purchase the Products and Seller shall have seven (7) days to notify the Purchaser of an offer to purchase the Products.
05/15 Rev.

Software License Schedule to the Siemens Medical Solutions USA, Inc General Terms and Conditions

1. DEFINITIONS: The following definitions apply to this Schedule:

"Agreement" shall mean the attached (i) Quotation for Products and/or Services including the Terms and Conditions of Sale and applicable schedules; and/or (ii) Software License Agreement describing the software licensed herein and the specific system for which the license is issued.

"Licensor" shall mean Siemens Medical Solutions USA, Inc.

"Licensee" shall mean the end-user to whom Licensor provides Software or Documentation for its internal use under the Agreement.

"Software" shall mean the software described in the attached Agreement, including the following as contained therein: (i) software programs consisting of a series of statements or instructions to be used directly or indirectly in a programmable controller or computer to bring about a certain result and (ii) databases consisting of systemized collections of data to be used or referenced directly or indirectly by a programmed controller or computer. Notwithstanding the foregoing, "Software" does not include "firmware" as such term is conventionally understood. Diagnostic/Maintenance Software also is not included within the scope of the Software licensed under this Schedule, and is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee.

"Documentation" shall mean the documents and other supporting materials which are intended to support the use of an associated product, including (but not limited to) instructions, descriptions, flow charts, logic diagrams and listings of the Software, in text or graphic form, on machine readable or printed media.

"Designated Unit" shall mean a single control unit or computer identified on the first page of the Agreement, on which Software licensed hereunder may be used by Licensee.

2. SCOPE: The following terms and conditions shall apply to all Software and Documentation provided by Licensor to Licensee under the Agreement (whether included with other products listed in the Agreement or listed separately in the Agreement), together with any updates or revisions thereto which Licensor may provide to Licensee, and all copies thereof, except any Software and/or Documentation licensed directly by Licensor's supplier under a separate end-user license agreement accompanying the Software or the Documentation, in which case Licensee agrees to be bound by that license agreement as a condition to using the Software and/or Documentation. Except as expressly provided herein, and provided that in no event shall the warranties or other obligations of Licensor with respect to such Software or Documentation exceed those set forth in this Schedule, this Schedule shall be subject to the liability limitations and exclusions and other terms and conditions set forth in the Agreement. **ANY USE OF THE SOFTWARE, INCLUDING BUT NOT LIMITED TO USE ON THE DESIGNATED UNIT, WILL CONSTITUTE LICENSEE'S AGREEMENT TO THIS SOFTWARE LICENSE SCHEDULE (OR RATIFICATION OF ANY PREVIOUS CONSENT).**

3. SOFTWARE AND DOCUMENTATION LICENSE: Subject to the payment of any applicable annual license fee(s), whether stated separately or included in the purchase price of another product, and to Licensee's acceptance of all of the obligations set forth herein and to the fulfillment of those obligations, Licensor or, if applicable, its licensor or supplier, hereby grants to Licensee a paid-up, nonexclusive and nontransferable (except as expressly provided in this Schedule) limited license to use the Software provided by Licensor under the Agreement solely for Licensee's own use on the Designated Unit and to use the Documentation in support of Licensee's authorized use of the Software, for the purpose of operating the Designated Unit in accordance with the instructions set forth in the user's manual supplied with the Designated Unit and for no other purpose whatsoever. A separate license is required for each Designated Unit on which the Software is to be used. Licensee may obtain from Licensor one copy of the Software licensed hereunder for backup and archival purposes only as is necessary to support Licensee's own authorized use of the Software, provided that Licensee includes on or in all copies (in any form) all copyright, trade secret or other proprietary notices contained on or in the Software as provided by Licensor. Additional copies of the Documentation may be licensed from Licensor at its then applicable charges. Licensee may

make the Software and Documentation (including any copies) available only to its employees and other persons on Licensee's premises to whom such disclosure is necessary to enable Licensee to use the Software or Documentation within the scope of the license provided in this Schedule. If the Software is supplied to any unit or agency of the United States Government other than the Department of Defense, the Software and Documentation are classified as "restricted computer software" and the Government's rights in the Software and Documentation shall be as provided in paragraph (c) (2) of the Commercial Computer Software-Restricted Rights clause in FAR 52.227-19 and any successor laws, rules or regulations thereto. If the Software is supplied to the United States Department of Defense, the Software is classified as "commercial computer software" and the Government is furnished the Software and Documentation with "restricted rights" as defined in paragraph (c) (1) of the Rights in Technical Data and Computer Software clause in DFARS 252.227-7013 and any successor laws, rules or regulations thereto.

4. PROPRIETARY PROTECTION AND CONFIDENTIALITY: Ownership of and title to the Software and Documentation and all copies, in any form, licensed under this Schedule are and will remain in Licensor or its suppliers at all times. Licensee shall not (i) remove any copyright, trade secret or other proprietary right notices contained on or in the Software or Documentation as provided by Licensor, (ii) reproduce or modify any Software or Documentation or copy thereof, (iii) reverse assemble, reverse engineer or decompile any Software, or copy thereof, in whole or in part (except and only to the extent that such activity is expressly permitted by applicable law notwithstanding this limitation), (iv) sell, transfer or otherwise make available to others the Software or Documentation, or any copy thereof, except as expressly permitted by this Schedule, or (v) apply any techniques to derive any trade secrets embodied in the Software or Documentation. Licensee shall take all appropriate actions to ensure that: (i) the Software does not leave the Designated Unit's equipment location as set forth above, (ii) the Software is not copied by Licensee or any third parties, and (iii) the Software is not used in any equipment other than the Designated Unit. Licensee shall secure and protect the Software and Documentation and copies thereof from disclosure and shall take such actions with its employees and other persons who are permitted access to the Software or Documentation or copies as may be necessary to satisfy Licensee's obligations hereunder. Prior to disposing of any computer medium, computer memory or data storage apparatus, Licensee shall ensure that all copies of Software and Documentation have been erased therefrom or otherwise destroyed. In the event that Licensee becomes aware that any Software or Documentation or copies are being used in a manner not permitted by the license, Licensee shall immediately notify Licensor in writing of such fact and if the person or persons so using the Software or Documentation are employed or otherwise subject to Licensee's direction and control, Licensee shall use reasonable efforts to terminate such impermissible use. Licensee will fully cooperate with Licensor so as to enable Licensor to enforce its proprietary and property rights in the Software. Licensee agrees that, subject to Licensee's reasonable security procedures, Licensor shall have immediate access to the Software at all times and that Licensor may take immediate possession thereof upon termination or expiration of the associated license or this Schedule. Licensee's obligations under this paragraph shall survive any termination of a license, the Schedule or the Agreement.

5. UPDATES AND REVISIONS: During the warranty period or under a separate service contract or software update subscription, revised or updated versions of the Software licensed under this Schedule may be made available, at Licensor's option, to Licensee to use or to test while Licensee continues use of a previous version. Licensee has the right to decide whether to install any such revised or updated versions or to continue use of the previous version after giving due regard to the United States Food and Drug Administration rules and regulations. However, Licensee shall pay Licensor for any services necessitated by any modifications of the Software by Licensee or by Licensee's failure to utilize the current non-investigational version of the Software provided by Licensor. Software updates that provide new features or capabilities or that require hardware changes will be offered to Licensee at purchase prices established by Licensor. Licensor retains the sole right to determine whether an update represents an enhancement of a previously purchased capability or

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

a new capability for which the Licensee will be charged. In addition, some updates may require Applications Training performed by Licensor's personnel that will be offered at Licensor's prevailing rates. Licensor retains the sole right to determine whether an update requires such training.

6. DELIVERY, RISK OF LOSS AND TITLE: Notwithstanding the provisions of Section 6 of the attached Terms and Conditions of Sale, if any, the Software and Documentation licensed hereunder shall be delivered on or about the delivery date stated in the Agreement unless a separate delivery date is agreed upon. If Software or Documentation licensed hereunder is lost or damaged during shipment from Licensor, Licensor will replace it at no charge to Licensee. If any Software or Documentation supplied by Licensor and licensed hereunder is lost or damaged while in the possession of Licensee, Licensor will replace it at Licensor's then current applicable charges, if any, for materials, processing and distribution. Notwithstanding the provisions of Section 6 of the attached Terms and Conditions of Sale, if any, the Software and Documentation, in any form, and all copies made by Licensee, including partial copies, and all computer media provided by Licensor are and remain the property of Licensor or its supplier. Licensee has no right, title or interest in the Software, the Documentation, or any computer media provided by Licensor, or copies, except as stated herein, and ownership of any such Software, Documentation and computer media shall at all times remain with Licensor or its suppliers.

7. LICENSE TRANSFER: The Software and Documentation, and the license hereunder, may not be assigned, transferred or sublicensed except as hereinafter provided. Upon the sale or lease of the Designated Unit to a third party, Licensee may transfer to such third party, with Licensor's written consent and in accordance with Licensor's then current policies and charges, the license to use the Software and Documentation hereunder, together with the Software, the Documentation, the computer media provided by Licensor, and all copies provided that: (i) Licensee notifies Licensor in writing of the name and address of such third party; (ii) such third party agrees in a written instrument delivered to Licensor to the terms of this Schedule; and (iii) Licensee does not retain any copies of the Software or Documentation in any form.

8. WARRANTIES: Licensor warrants that for the warranty period provided by Licensor under the attached Terms and Conditions of Sale, if any, the Software shall conform in all material respects to Licensor's published specifications as contained in the applicable supporting Documentation. This paragraph replaces Paragraphs 10.1 and 10.4 of any such Terms and Conditions of Sale with respect to the Software and Documentation. Such Documentation may be updated by Licensor from time to time and such updates may constitute a change in specification. Licensee acknowledges that the Software is of such complexity that it may have inherent or latent defects. As Licensee's sole remedy under the warranty, Licensor will provide services, during the warranty period, to correct documented Software errors which Licensor's analysis indicates are caused by a defect in the unmodified version of the Software as provided by Licensor. Licensor does not warrant that the Software will meet Licensee's requirements, or will operate in combinations which may be selected for use by Licensee, or that the operation of the Software will be uninterrupted or error free. Licensee is responsible for determining the appropriate use of and establishing the limitations of the Software and its associated Documentation as well as the results obtained by use thereof.

LICENSOR MAKES NO WARRANTY WITH RESPECT TO THE SOFTWARE AND DOCUMENTATION OTHER THAN THOSE SET FORTH IN THIS SECTION. THE WARRANTY HEREIN IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WHICH ARE HEREBY DISCLAIMED, AND CONSTITUTES THE ONLY WARRANTY MADE WITH RESPECT TO THE SOFTWARE AND DOCUMENTATION.

9. LICENSE TERM AND TERMINATION: The license for the Software and Documentation is effective on the shipment date of the Software and Documentation (F.O.B. shipping point or F.A.S., as the case may be) and continues until Licensee's possession of the Software and all copies ceases (except in connection with a transfer of the license as permitted by this Schedule) or until otherwise terminated as provided herein. Licensee may terminate the license for the Software and Documentation at any time after discontinuance of use of the Software and Documentation and all copies, upon written notice to Licensor. If Licensee (i) fails to comply with its obligations herein and does not cure such failure within ten (10) days after receipt of notice from Licensor, or (ii) attempts to assign the Agreement or this Schedule or any rights or obligations hereunder without Licensor's prior written consent, then

Licensor may terminate the license hereunder and require the immediate discontinuance of all use of the Software and Documentation and all copies thereof in any form, including modified versions and updated works. Within five (5) days after the termination of the license, Licensee shall, at Licensor's option either: (i) return to Licensor the Software and Documentation, and all copies, in any form, including updated versions, along with any computer media provided by Licensor; or (ii) destroy the affected Software and Documentation, and all copies, in any form, including updated versions, and certify such return or destruction in writing to Licensor.

10. MISCELLANEOUS: Since the unauthorized use of the Software and/or Documentation may leave Licensor without an adequate remedy at law, Licensee agrees that injunctive or other equitable relief will be appropriate to restrain such use, threatened or actual. Licensee further agrees that to the extent applicable, (i) any of Licensor's suppliers of Software and/or Documentation is a direct and intended beneficiary of this Schedule and may enforce it directly against Licensee with respect to the Software and/or Documentation provided by such supplier, and that (ii) **NO SUPPLIER OF LICENSOR SHALL BE LIABLE FOR ANY GENERAL, SPECIAL, DIRECT, INDIRECT, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES ARISING OUT OF ANY SUBLICENSE OF THE SOFTWARE AND/OR DOCUMENTATION. THIS LIMITATION ON LIABILITY SHALL APPLY EVEN IF ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE.**

11. ADDITIONAL PROVISIONS RELATING TO THIRD-PARTY SOFTWARE: If the Software includes software licensed by Licensor from third parties, the following additional provisions shall apply:

(a) If Software is provided by Licensor on separate media and labeled "Recovery Media," Licensee may use the Recovery Media solely to restore or reinstall the Software and/or Documentation originally installed on the Designated Unit.

(b) Licensee is licensed to use the Software to provide only the limited functionality (specific tasks or processes) for which the Designated Unit has been designed and marketed by Licensor. This license specifically prohibits any other use of the software programs or functions, or inclusion of additional software programs or functions that do not directly support the limited functionality, on the Designated Unit. If Licensee uses the Designated Unit to access or utilize the services or functionality of Microsoft Windows Server products (such as Microsoft Windows NT Server 4.0 (all editions) or Microsoft Windows 2000 Server (all editions)), or uses the Designated Unit to permit workstation or computing devices to access or utilize the services or functionality of Microsoft Windows Server products, Licensee may be required to obtain a Client Access License for the Designated Unit and/or each such workstation or computing device. Licensee should refer to the end user license agreement for its Microsoft Windows Server product for additional information.

(c) The Software may contain support for programs written in Java. Java technology is not fault tolerant and is not designed, manufactured, or intended for use or resale as online control equipment in hazardous environments requiring fail-safe performance, such as in the operation of nuclear facilities, aircraft navigation or communication systems, air traffic control, direct life support machines, or weapons systems, in which the failure of Java technology could lead directly to death, personal injury, or severe physical or environmental damage. Sun Microsystems, Inc. has contractually obligated Licensor's supplier to make this disclaimer.

(d) The Software may permit Licensor, its supplier(s), or their respective affiliates to provide or make available to Licensee Software updates, supplements, add-on components, or Internet-based services components of the Software after the date Licensee obtains its initial copy of the Software ("Supplemental Components").

- If Licensor provides or makes available to Licensee Supplemental components and no other end-user software licensing agreement terms are provided along with the Supplemental Components, then the terms of this Software License Schedule shall apply.

- If a supplier of Licensor or affiliates of such a supplier make available Supplemental Components, and no other end-user software licensing agreement terms are provided, then the terms of this Schedule shall apply, except that the supplier or affiliate entity providing the Supplemental Component(s) shall be the licensor of the Supplemental Component(s).

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

Licensor, its supplier(s), and their respective affiliates reserve the right to discontinue any Internet-based services provided to Licensee or made available to Licensee through the use of the Software.

(e) **The Software and Documentation supplied by Licensor's suppliers are provided by such suppliers "AS IS" and with all faults. SUCH SUPPLIERS DO NOT BEAR ANY OF THE RISK AS TO SATISFACTORY QUALITY, PERFORMANCE, ACCURACY, OR EFFORT (INCLUDING LACK OF NEGLIGENCE) WITH RESPECT TO SUCH SOFTWARE AND DOCUMENTATION. ALSO, THERE IS NO WARRANTY BY SUCH SUPPLIERS AGAINST INTERFERENCE WITH LICENSEE'S ENJOYMENT OF THE SOFTWARE OR AGAINST INFRINGEMENT. IF LICENSEE HAS RECEIVED ANY WARRANTIES REGARDING THE DESIGNATED UNIT OR THE SOFTWARE, THOSE WARRANTIES DO NOT ORIGINATE FROM, AND ARE NOT BINDING ON, LICENSOR'S SUPPLIERS.**

(f) Licensee acknowledges that portions of the Software are of U.S. origin. Licensee agrees to comply with all applicable international and national laws that apply to the Software, including the U.S. Export Administration Regulations, as well as applicable end-user, end-use and destination restrictions issued by U.S. and other governments. For additional information on exporting software supplied by Microsoft, see <http://www.microsoft.com/exporting/>.

Revised 03/15/05

TRADE-IN EQUIPMENT REQUIREMENTS

TRADE-IN EQUIPMENT REQUIREMENTS

THE FOLLOWING APPLIES ONLY TO THE EXTENT THAT THE QUOTATION INCLUDES AN EQUIPMENT TRADE IN OR IF A TRADE-IN IS LATER ADDED TO THIS QUOTATION VIA A CHANGE ORDER. THESE REQUIREMENTS ARE IN ADDITION TO ANY OTHER REFERENCED TERMS AND CONDITIONS OF THE QUOTATION AND SHALL REMAIN IN EFFECT REGARDLESS OF ANY CONTRARY LANGUAGE IN THE QUOTATION.

This Quotation includes the trade-in equipment described herein and referenced by either the Project Number identified in the Quotation hereof (non-Ultrasound) or the Trade In Part Number (Ultrasound) as further described in the associated Trade Sheet which is incorporated herein by reference. Purchaser certifies that the description of the trade-in equipment as set forth on the Trade Sheet is a true and accurate representation of the equipment, and that the equipment is in good working condition unless otherwise noted on the Trade Sheet.

The trade-in equipment must be made available for removal no later than turnover of the new equipment. Purchaser must vacate the room of all items not listed on the Trade Sheet, or otherwise clearly identify all items listed on the Trade Sheet, prior to the start of the de-installation. If this is not done, Seller will have no liability for items which are subsequently removed or scrapped. If the de-installation or return of the trade-in equipment is delayed by Purchaser for reasons other than a force majeure event, or if upon inspection by Seller it is determined that the equipment does not meet the manufacturer's operating specifications, or if any items listed as included on the Trade Sheet are not made available at the time of de-installation, then trade-in value will be re-evaluated and any loss in value or additional costs incurred by Seller shall be deducted from the established trade-in value and the pricing set forth on this Quotation will be adjusted by change order. In the event that access to the non-ultrasound trade-in equipment is denied past 14 days from turnover, or access to ultrasound trade-in equipment is denied past 30 days from turnover, then Purchaser shall pay to Seller a rental fee in the amount 3.5% of the total trade-in value plus any additional value provided by an Elevate/Promotional program included in this quotation (no less than \$1000) for each month, or part thereof, that access is denied. In addition, if the purchase and installation of the new equipment covered by this Quotation is not completed, then Seller shall invoice Purchaser for all costs and expenses incurred by Seller in connection with the de-installation and removal of the trade-in equipment, including but not limited to labor, materials, rigging out, and transportation, which costs shall be paid by Purchaser within thirty (30) days of the invoice date.

Purchaser further acknowledges and agrees that (i) the trade-in equipment will be free and clear of all liens and encumbrances including, but not limited to, unpaid leases and loans, and that upon request, it will execute a bill of sale or other documents reasonably satisfactory to Siemens to transfer title and ownership of the

equipment to Seller, (ii) it is Purchaser's sole responsibility to delete all protected health information and any other confidential information from the equipment prior to de-installation, without damaging or cannibalizing the equipment or otherwise affecting the operation of the equipment in accordance with its specifications, (iii) the equipment, including all updates, upgrades, modifications, enhancements, revisions, software, S/W disks and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and (iv) to the extent not prohibited by applicable law, Purchaser shall indemnify and hold Seller harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from Purchaser's failure to comply with item (i) above.

FOR MR SYSTEMS: cryogen levels must be least 65% upon time of de-installation. FOR MOBILE SYSTEMS: system must be road worthy and a state issued title transferring ownership to Seller (or Designee) must be received prior to the removal of the mobile system. FOR MODALITY TRADE SYSTEMS (non-ultrasound): The trade-in equipment must be available for inspection within two weeks of the scheduled de-installation date. In addition, Purchaser must provide a clear path for the removal of the trade-in equipment and on the date of de-installation after final inspection and test by the Seller (or Designee) has occurred, the Purchaser must supply licensed tradespeople to disconnect the power and plumbing (including draining and removing and disposing of any hazardous materials including, but not limited to glycol from the chiller and oil from the transformer, as examples.) Any additional costs due to the need to use a larger rig (other than a standard 80 ton rig), as well as any construction activities, street closings, permits, etc., required to de-install/remove the equipment are out-of-scope costs and will be the responsibility of Purchaser. FOR ULTRASOUND SYSTEMS – Purchaser may provide transducers with the ultrasound unit being traded in, but will not receive additional credit for such transducers.



XPRF / XPWH / XPSU Warranty Information

Product (New Systems and "ECO" Refurbished Systems Only)	Period of Warranty ¹	Coverage
X-Ray System (Not including consumables)	First 12 months	Full Warranty (parts & labor) Principal Coverage Period 8am-5pm Monday through Friday ¹

The parts warranty below only applies to purchased parts, not to replacement parts provided pursuant to a warranty. Repairs or replacements shall not interrupt, extend, or prolong the term of the warranty.

Image Intensifier Tubes (Sirecon, Optilux)	First 12 months	Prorated credit given to customer against replacement cost, parts only months 13 through 24	credit percentage = (24 - months in use) /24*100
Flat Panel Detectors (e.g., Pixium, PaxScan, Canon, LMAM, Max Wi-D)	First 12 months 100% Wear or Failure parts and labor unless additional coverage is purchased during contract period. Damage deductibles apply during warranty and extended warranty period if purchased.	Prorated credit given to customer against replacement cost Months 13 through 36 if no extended warranty is purchased through a service agreement. Damage includes drops included up to 70 cm (27.5 in) or Shock Level 1. Wear, failure, and damage exclusions: The customer shall be charged up to 12 weeks after replacement if a detector is deemed non-repairable by the factory due to: • crystal damage caused by thermal fluctuations outside of spec, damage caused by improper environmental conditions, liquid damage, or damage due to unapproved cleaning agents • abusive or intentional. If the detector shock value indicates an impact of shock 2, which is equal to a 71 cm (28 in) or greater drop, the damage will be deemed excessive and isolated and not covered by damage coverage. • electrical transients • catastrophic / force majeure • loss or theft	credit percentage = (36 - months in use) /36*100

General Diagnostic tubes (Opti, Optitop)	First 12 months		
Mammography tubes (P40/single tank unit)			
Single tank tubes (Polyphos, P125-135, (Sirephos, SR)			
Single tank x-ray tubes (Powerphos)	Prorated to a maximum of 80,000 SLU ⁴ or 12 months whichever occurs first	Prorated credit given to customer against replacement cost	credit percentage = (80,000 - SLU ⁴ used) / 80,000*100
Control Triodes for Generators	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use) /12*100
TV Camera tubes (exposure tubes) and cathode-ray tubes (CRT)	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use) /12*100
XPSu Mobile System – Cover	First 12 months	Covers failure of covers. Excludes damage and wear caused by abusive/intentional events or damage due to unapproved cleaning agents.	
Consumables	Refer to warranty of consumable item		
Post-Warranty (after expiration of system warranty) – Replacement of parts prorated only. Does not include labor.			
Items above	As described above, but parts only	As described above, but parts only	As described above, but parts only
Spare parts	6 months	Parts only	

⁴ SLU: Siemens Load Unit (1 exposure or 2 seconds cine DCM (Digital Cine Mode) or 15 seconds Digital Pulsed Fluoroscopy (DPF))

¹ Period of warranty commences from the date of first use or completion of installation, whichever occurs first. In the event the completion of installation is delayed for reasons beyond Siemens' control, the stated warranty period shall commence 60 days after delivery of equipment. Optional extended Warranty commences 366 days after initial warranty period.

² Standard deliverables independent of subsequent service contract commitment

Note: Optional extended warranty coverage can be obtained by purchase of a service agreement.

XPU Warranty Information

Product (New Systems and "ECO" Refurbished Systems Only)	Period of Warranty ¹	Coverage
X-Ray System (Not including consumables)	First 12 months	Full Warranty (parts & labor) Principal Coverage Period 8am-5pm Monday through Friday ²

The parts warranty below only applies to bought parts, not to replacement parts provided pursuant to a warranty. Repairs or replacements shall not interrupt, extend, or prolong the term of the warranty.			
Image Intensifier Tubes (Sirecon, Optilux)	First 12 months	Prorated credit given to customer against replacement cost, parts only months 13 through 24	credit percentage = (24 - months in use) /24*100
Flat Panel Detectors (e.g., Pixium, PaxScan, Canon, LMAM, Max Wi-D)	First 12 months wear/failure unless added coverage is purchased during contract period. Damage deductibles apply during warranty and extended warranty period if bought.	Prorated credit given to customer against replacement cost Months 13 through 36 if no extended warranty is bought through a service agreement. Damage includes drops included up to 70 cm (27.5 in) or Shock Level 1. Wear, failure, and damage exclusions: The customer shall be charged up to 12 weeks after replacement if a detector is deemed non-repairable by the factory due to: •crystal damage caused by thermal fluctuations outside of spec, damage caused by improper environmental conditions, liquid damage, or damage due to unapproved cleaning agents •abusive or intentional. If the detector shock value indicates an impact of shock 2, which is equal to a 71 cm (28 in) or greater drop, the damage will be deemed excessive and isolated and not covered by damage coverage. •electrical transients •catastrophic / force majeure •loss or theft	credit percentage = (36 - months in use) /36*100
General Diagnostic tubes (Opti, Optitop) Single tank tubes (Polyphos, P125-135, (Sirephos, SR)	First 12 months		

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Ramiro Baiza
ramiro.baiza@siemens-healthineers.com

Control Triodes for Generators	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use) / 12 * 100
TV Camera tubes (exposure tubes) and cathode-ray tubes (CRT)	Prorated to a maximum of 12 months	Prorated credit given to customer against replacement cost	credit percentage = (12 - months in use) / 12 * 100
Shockwave head (Standard)	150,000 LS		
Shockwave head C	300,000 LS		
Shock generator and spark-gap module	400,000 LS		
Shockwave module and ultrasound probe included in shockwave system	300,000 LS		
Shock Head, C Plus system Part# 70 41 358	1,500,000 LS or 12 months whichever occurs first		
Charging energy unit Part# 11 58 000	2,000,000 LS or 12 months whichever occurs first		
Consumables	Refer to warranty of consumable item		
Post-Warranty (after expiration of system warranty) – Replacement of parts prorated only. Does not include labor.			
Items above	As described above, but parts only	As described above, but parts only	As described above, but parts only
Spare parts	6 months	Parts only	

¹ Period of warranty commences from the date of first use or completion of installation, whichever occurs first. In the event the completion of installation is delayed for reasons beyond Siemens' control, the stated warranty period shall commence 60 days after delivery of equipment. Optional extended Warranty commences 366 days after initial warranty period.

² Standard deliverables independent of subsequent service contract commitment

Note: Optional extended warranty coverage can be obtained by purchase of a service agreement.

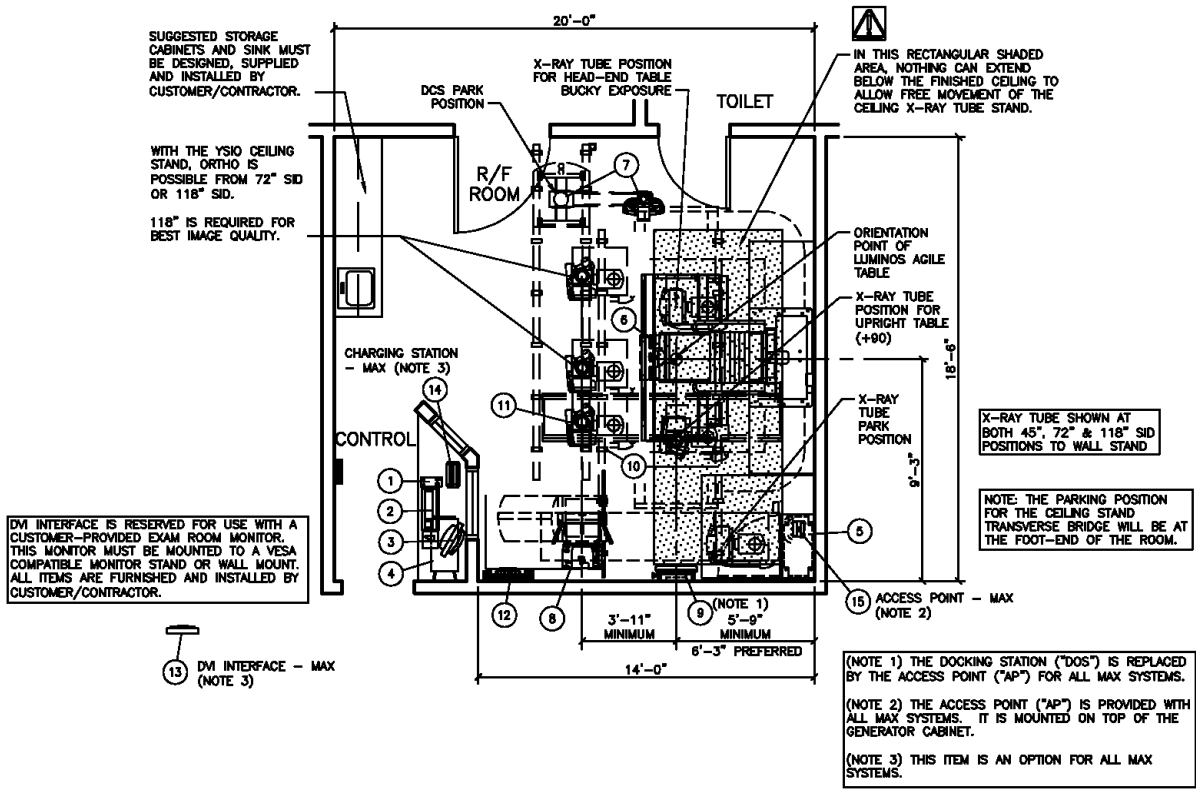
SIEMENS

LUMINOS AGILE / AGILE MAX SYSTEM TYPICAL ROOM PLAN



The intended use for this Cut Sheet is to communicate the spatial requirements as well as the basic architectural, electrical, structural, and mechanical requirements for this piece of imaging equipment. The information provided in this document is for reference only, during the pre-planning stage, and therefore does not contain any site specific detailed requirements. This information is subject to change without notice. Federal, state and/or local requirements may impact the final placement of the components. It is the customer's responsibility to ensure that the final layout and placement of the equipment complies with all applicable requirements.

LUMINOS AGILE / AGILE MAX SYSTEM TYPICAL ROOM PLAN



TYPICAL PLAN

SCALE: 1/8" = 1'-0"

LUMINOS AGILE / AGILE MAX SYSTEM SPECIFICATIONS

EQUIPMENT LEGEND								
NO	DESCRIPTION	SMS SYM	WEIGHT (LBS)	BTU/HR TO AIR	DIMENSIONS (INCHES)			REMARKS
					W	D	H	
①	CONTROL ROOM MODULE	Ⓞ	2	–	4 3/4	10 1/16	3 3/16	ON CUSTOMER'S COUNTER
②	IMAGING SYSTEM – KEYBOARD AND MOUSE	Ⓞ	–	–	–	–	–	ON CUSTOMER'S COUNTER
③	B/W FLAT SCREEN CONTROL ROOM MONITOR	Ⓞ	–	–	–	–	–	ON CUSTOMER'S COUNTER
④	IMAGING SYSTEM (UNDER COUNTER)	Ⓞ	110	1,468	17 3/8*	32 1/2*	27*	*INCLUDES 5 1/8" BEHIND, 4" ABOVE AND ALONG CONTAINER.
⑤	POLYDOROS F80 (80 kW) GENERATOR CABINET	Ⓞ	838	2,048**	31 1/2	17 1/8	86 3/4	**DURING OPERATION, 1,195 IN STANDBY MODE
⑥	LUMINOS AGILE (+90/–90) TABLE	Ⓞ	3,793	2,900***	83	88	77	***DURING OPERATION, 512 IN STANDBY MODE
⑦	DCS–1 IC–DVI FLAT DISPLAY & TOUCH DISPLAY ON CEILING SUSPENSION	Ⓞ	419	512	167 1/8	27 7/8	*A	*A – 63"MIN. AND 102" MAX.
⑧	YSIO WALL STAND WITH MOBILE DETECTOR (RIGHT LOADING)	Ⓞ	551	819	30	37*B	83	*B – MAX. IN HORIZONTAL POSITION
⑨	(*) DOCKING STATION (WALL MOUNTED)	Ⓞ	40	256	20 3/8	7 13/16	16 1/4	WITHIN 11.5 FT. OF WALL STAND
⑩	CEILING RAILS FOR FULLY SYNCHRONIZED TUBE STAND	Ⓞ	59	–	167 3/8	3	3 1/2	SIZE AND WEIGHT PER RAIL
⑪	3M TRANSVERSE BRIDGE AND X–RAY TUBE STAND	Ⓞ	772	853	119 1/4	39	*43	TUBE CARRIAGE IN PK POS
⑫	GRID HOLDER (WALL MOUNTED)	Ⓞ	63	–	25 1/16	6 7/16	21 11/16	SUGGESTED LOCATION
⑬	(MAX) DVI INTERFACE FOR EXAM ROOM DISPLAY (OPTION)	Ⓞ	–	–	–	–	–	CUSTOMER PROVIDES MONITOR
⑭	(MAX) CHARGING STATION FOR MAX DETECTORS (OPTION)	Ⓞ	–	–	–	–	–	ON CUSTOMER'S COUNTER
⑮	(MAX) ACCESS POINT (TOP OF GENERATOR)	Ⓞ	4	–	8	5.5*A	3*B	*A 12 1/4, *B 9" INCLUDING ANTENNAE
Ⓞ	(*) – THIS ITEM IS ELIMINATED FOR ALL MAX SYSTEMS (MAX) – ITEM ADDED FOR MAX SYSTEMS ONLY		–	–	–	–	–	

LUMINOS AGILE / AGILE MAX SYSTEM SPECIFICATIONS

POLYDOROS F80 80kW	
X-RAY GENERATOR POWER REQUIREMENTS	
INCOMING POWER:	480 VOLTS, 3 PHASE, 60Hz
CIRCUIT BREAKER:	80 AMPS.
GENERATOR OUTPUT:	80 kW
ALLOWABLE IMPEDANCE:	≤ 0.16 Ω
MAXIMUM MOMENTARY LOAD:	126 kVA
LINE VOLTAGE VARIATION:	± 10% MAX.
PHASE IMBALANCE:	± 2%
FREQUENCY VARIATION:	± 1 Hz
<p>NOTE: ALL INCOMING POWER SUPPLIES, FOR THE SIEMENS EQUIPMENT, ARE TO BE DEDICATED (BACK TO SOURCE) ISOLATED AND INSULATED FROM ANY OTHER EQUIPMENT, SUCH AS, ELEVATORS, GENERATORS, HVAC SYSTEMS, ETC.</p> <p>A NEUTRAL CONDUCTOR, IF PRESENT, IS NOT USED FOR THE LINE VOLTAGE CONNECTION TO THE SIEMENS EQUIPMENT. IF THE NEUTRAL CONDUCTOR IS PROVIDED, IT SHOULD NOT BE ELECTRICALLY CONNECTED AT ANY POINT IN THE POWER DISTRIBUTION TO THE SIEMENS EQUIPMENT UNLESS SPECIFICALLY REQUIRED. UNINTENTIONAL NEUTRAL TO GROUND BONDS MAY VIOLATE LOCAL AND NATIONAL ELECTRICAL CODES, AS WELL AS CREATE GROUNDING PROBLEMS.</p> <p>IF AN ON-SITE TRANSFORMER IS REQUIRED TO OBTAIN XP MODALITY OPERATING VOLTAGE, IT MUST BE OF SUFFICIENT CAPACITY AND CHARACTERISTICS TO MAINTAIN SUPPLY VOLTAGE AND IMPEDANCE REQUIREMENTS (TRANSFORMER & CONDUCTORS).</p>	
<p>ATTENTION: SIEMENS MEDICAL SYSTEMS, INC. RECOMMENDS THAT THE INCOMING POWER LINES BE ANALYZED WITH RESPECT TO TRANSIENT SURGES AND IMPULSES, SAGS, AND OVERVOLTAGES.</p>	
REV 2	

SYSTEM TECHNICAL DATA			
TRANSPORTING INFORMATION			
		SIZE	WEIGHT
TRANSVERSE BRIDGE	3 M	126"L x 32"W x 10"H	419#
	4 M	174"L x 32"W x 10"H	512#
LONGITUDINAL RAILS	4 M	167"L x 3"W x 4"H	59# EACH
	5 M	197"L x 3"W x 4"H	82# EACH
DCS-1/2	4 M	167"L x 3"W x 3"H	441#
X-RAY TUBE STAND (FULLY SYNCHRONIZED)		67"L x 41"W x 53"H	827#
WALL STAND WITH MOBILE DETECTOR (WITH PACKING)		35"L x 93"W x 41"H	898#
MINIMUM DOOR OPENING:	3'-5 3/8"		
MINIMUM CORRIDOR WIDTH:	6'-11"		
ENVIRONMENTAL CONDITIONS			
		IN OPERATION	TRANSPORT
PERMISSIBLE AMBIENT TEMPERATURE (WITH WIRELESS DETECTOR)		59°F TO 82°F	-4°F TO 131°F
PERMISSIBLE RELATIVE HUMIDITY		20% TO 75%	5% TO 95% REV 0

TABLE TECHNICAL DATA	
ENVIRONMENT:	59°F - 95°F OPERATING ROOM TEMPERATURE (NOTE: MAXIMUM 82°F WITH WIRELESS DETECTOR) 20% - 75% PERMISSIBLE RELATIVE AIR HUMIDITY (NON-CONDENSING)
TRANSPORTING/RIGGING:	<p>UNIT BASE WEIGHT: 1,901 LBS. WITH PACKING 1,610 LBS. WITHOUT PACKING (WITH TRANSPORT CARRIAGE) DIMENSIONS WITH PACKING: 53"L X 36"W X 67"H</p> <p>UNIT SUPPORT WEIGHT: 2,095 LBS. WITH PACKING 1,517 LBS. WITHOUT PACKING (WITH TRANSPORT CARRIAGE) DIMENSIONS WITH PACKING: 97"L X 52"W X 56"H DIMENSIONS WITHOUT PACKING (WITH TRANSPORT CARRIAGE): 116"L X 32"W X 60"H (WHEELS OUTSIDE) 95"L X 32"W X 60"H (ALL WHEELS INSIDE) 107"L X 32"W X 60"H (TWO WHEELS INSIDE) MINIMUM DOOR OPENING FOR TRANSPORT CARRIAGE: 34"W WITH MINIMUM 8'-3" CORRIDOR WIDTH 48"W WITH MINIMUM 6'-1" CORRIDOR WIDTH</p>

WIRELESS DETECTOR CONNECTION
OPERATION OF THE WIRELESS DETECTOR CAN BE AFFECTED BY OTHER WLAN DEVICES IN THE VICINITY OF THIS INSTALLATION. TO AVOID ANY CONFLICTS, THE CUSTOMER MUST PROVIDE A LIST OF EXISTING WLAN CHANNELS (FREQUENCIES) OR THE SPECIFIC CHANNEL (FREQUENCY) THEY DESIRE TO BE USED FOR THE WIRELESS DETECTOR.
THE WIRELESS CONNECTION IS ENCRYPTED (WPA2) AND IS BASED ON TWO WLAN STANDARDS, WITHIN WHICH SEVERAL CHANNELS (FREQUENCIES) ARE AVAILABLE: 1) 11G STANDARD - OPERATES AT 2.5 GHZ 2) 11A STANDARD - OPERATES AT 5 AND 6 GHZ
THE STANDARD (11G OR 11A) CAN BE SET BY SIEMENS SERVICE VIA THE SERVICE SOFTWARE INSTALLED ON THE IMAGING SYSTEM.
THE WIRELESS CONNECTION IS ONLY USED TO TRANSFER DATA BETWEEN SIEMENS EQUIPMENT AND IS NOT USED TO SEND DATA TO THE CUSTOMER'S NETWORK.
REV 0

GROWTH STRATEGY 4 | GROW MNRC CENSUS

Goal: Admit new residents to replace recent long-term resident losses.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Admit new residents. Grow and stabilize ADC to 34.	Galy			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$75k	\$75k	\$75k

Goal: Respond to Community’s Mental Health needs while respecting MCHD’s capabilities /resources.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Work with the Meadows Foundation to secure the Community Case Management Mental Health Grant. 2. Develop viable and sustainable CoCM structure for MCHD employed practices. 3. Hire Mental Health Case Worker (Social Worker). 4. Implement program. Monitor financial sustainability. 40 pts/mos in 1 st yr. 90 pts/mos in 2 nd /3 rd yr.	Yessenia, Connie	→	→	

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits	160	360	360
Incremental OP Visits			
Incremental Net Revenue	\$111k	\$101k	\$101k

Collaborative Care Management/Model (CoCM) for Behavioral Health Integration (BHI) Budget								
Projected Expenses		Year 1 Total			Year 2 Total			Year 3 Total
1 FTE	Social Worker	\$64,750	3% increase yr 2	\$1,942.50	\$66,692.50	3% increase yr 3	\$2,000.78	\$68,693.28
0.5 FTE	Clerk	\$15,600	3% increase yr 2	\$468.00	\$16,068.00	3% increase yr 3	\$482.04	\$16,550.04
	Psychiatric Consultant	\$19,200	5% increase yr 2	\$960.00	\$20,160.00	5% increase yr 3	\$1,008.00	\$21,168.00
	Mental Health Continuing Ed	\$500			\$500			500
	Marketing	\$500			\$500			500
	Computer	\$950			\$950			950
	Total Projected Expenses	\$101,500			\$104,870.50			\$108,361.32
Projected Reimbursement (Income)			Projected Net					
Year 1	40 patients Enrolled 50/50 Caseload		Year 1					
	70min	\$3,618.40	Total Expense	\$101,500.00				
	60min	\$19,634.40	Total Reimbursement	\$111,401.20				
	With additional 30min	\$5,276.40		\$9,901.20				
	General BHI	\$7,872.00						
	Grant Year 1	\$75,000						
	Total Projected	\$111,401.20						
Year 2	90 patients Enrolled 75/25 Caseload		Year 2					
	70min	\$8,141.40	Total Expense	\$104,870.50				
	60min	\$66,756.96	Total Reimbursement	\$101,497.32				
	With additional 30min	\$17,939.76		-\$3,373.18				
	General BHI	\$8,659.20						
	Grant Year 2	\$0.00						
	Total Projected	\$101,497.32						
Year 3	90 patients Enrolled 75/25 Caseload		Year 3					
	70min	\$8,141.40	Total Expense	\$108,361.32				
	60min	\$66,756.96	Total Reimbursement	\$101,497.32				
	With additional 30min	\$17,939.76		-\$6,864.00				
	General BHI	\$8,659.20						
	Grant Year 3	\$0.00						
	Total Projected	\$101,497.32						
National average BHI Reimbursement								
	99492- Initial Psychiatric care 70min	\$90.46						
	99493- Subsequent care 60min	\$81.81						
	99494- additional 30min to the 492,493	\$43.97						
	99484- 20min not required by psychiatric consult	\$32.80						
	99484- 20min not required by psychiatric consult	\$32.80						

Collaborative Care Management/Model (CoCM) for Behavioral Health Integration (BHI)

Staffing

Team Member	Pay per hr		
	Min	10 yrs	20 yrs
Masters Social Worker (MSW) - Graduate Pre-License	\$25.00		
Masters Social Worker (MSW)	\$25.00	\$31.13	\$36.76
Unit Clerk/Secretary	\$15.00	\$18.10	\$21.20
Projected Total Expanse	\$40.00	\$0.00	\$0.00

Pay per year		
min	10 yrs	20 yrs
\$ 52,000.00		
\$ 52,000.00	\$ 64,750.40	\$ 76,460.80
\$ 31,200.00	\$ 37,648.00	\$ 44,096.00
\$ 83,200.00	\$ 102,398.40	\$ 120,556.80

Year \$ Staffing 10 yrs	
Social Worker	\$64,750
Part time clerk	\$15,600
Psych Con	\$19,200
Total	\$99,550

Psychiatric Provider/Consultant	\$200-\$400/hr	400 x 4= 1,600 per month x12= \$19,200
---------------------------------	----------------	--

Revenue codes

Code	Description	Non-Facility	Facility
99492	70 Mins, Initial Month	\$150.80	\$92.85
99493	60 Mins, Subsequent Month	\$142.67	\$101.32
99494	30 Additional Mins, Any Month	\$57.95	\$40.67
G2214	30 Mins, Any Month	\$58.63	\$37.95
99484	General BHI	\$43.04	\$29.48

2023 Medicare National Rates

National average BHI Reimbursement	
99492- Initial Psychiatric care 70min	\$ 90.46
99493- Subsequent care 60min	\$ 81.81
99494- additional 30min to the 492,493	\$ 43.97
99484- 20min not required by psychiatric consult	\$ 32.80

Potential Caseload Capacity

75-90 Patients
50/50 (requiring Psych consult and vs. general BHI) 38 45

Projected Monthly Reimbursement	Initial Care		Subsequent Care		With additional 30min 50%	
	75	90	75	90	75	90
With CoCM requiring psych eval/consult	\$ 3,437.48	\$ 4,070.70	\$ 3,108.78	\$ 3,681.45	\$ 917.24	\$ 1,093.12
General BHI	\$ 1,246.40	\$ 1,476.00	\$ 1,246.40	\$ 1,476.00	\$ 1,246.40	\$ 1,476.00
Projected Monthly Reimbursement	\$ 4,683.88	\$ 5,546.70	\$ 4,355.18	\$ 5,157.45	\$ 2,163.64	\$ 2,569.12

Potential Reimbursement per Patient

	75		90	
Initial Care	\$90.46 - \$134.43	\$3,437.48 - \$5,108.34		
Subsequent Care	\$81.81 - \$125.78	\$3,108.78 - \$4,779.64		
General BHI	\$32.80	\$1,246.40		

Meadows Mental Health Policy Institute

An Amarillo Area Foundation Initiative: Panhandle Collaborative Care Grant Opportunity – May 2022

The Panhandle Collaborative Care Initiative

Every year approximately 1.5 million Texans suffer from depression, including an estimated 25,000 in the Texas Panhandle alone. While this may seem a daunting number, more than two million Texans suffer from diabetes and we do not hesitate to try to treat each one of them. If detected and addressed, depression is highly treatable. In most cases, outcomes are just as good or better if care is offered through a primary care provider. The first step toward treating any disease successfully is early detection, and all Texans ages 12 and older should be screened for depression by their primary care doctors and monitored over time, just like we routinely screen and monitor for heart disease and high blood pressure.

To advance the goal of ending untreated depression in the Texas Panhandle, the Meadows Institute has partnered with the Amarillo Area Foundation to launch a Collaborative Care grant opportunity. Eliminating untreated depression is an uncharted, ambitious vision, comparable to efforts to eliminate other diseases like cancer, heart disease, diabetes, and strokes.

Within health systems, we are working through this initiative to promote:

- Universal screening for depression (and other mental health and substance use disorders) by leading Texas Panhandle health systems,
- Implementation of measurement-based care (MBC) for depression, and other mental health and substance use disorders, so that providers track symptoms routinely over time (as they do for hypertension, diabetes, and other diseases), and
- Reengineering of workflows and billing systems to leverage new payment codes. More specifically, Collaborative Care Model (CoCM) billing codes can optimize financial sustainability for primary care-based depression treatment. CoCM codes were first introduced in 2016 and now widely covered by Medicare and most commercial insurers nationally and in Texas. In addition, the 87th legislature passed Senate Bill 672 that authorizes Texas Medicaid coverage for CoCM codes. Meadows Institute is working with Texas Health and Human Services Commission to help plan the implementation of the legislation for later in 2022.

Current Grant Opportunity

The Amarillo Area Foundation (AAF) has committed to advancing the forementioned health system reforms by investing, in its first year of the project, \$475,000 to the Meadows Institute to provide incentive grants and technical assistance to three leading Panhandle health systems best positioned to accelerate their efforts to make the reforms noted above.



To award the incentive grant, the Meadows Institute has identified Baptist St Anthony Health

System (BSA), Family Medicine Center (FMC), and Coalition of Health Services Inc. (COHS) as the three Panhandle health systems that are (1) most prepared to implement the priority reforms and (2) have developed the most realistic and achievable multi-year plan to implement MBC system-wide for mental health and substance use disorders.

Health systems may use the subgrant to fund the following efforts:

- Support development of infrastructure needed to deliver screening and MBC, including electronic health record (EHR) upgrades and programming.
- Support staffing needs to either carry out the reforms or start-up primary care based clinical interventions;
- Engage other third parties as necessary (in addition to the supports available through the Meadows Institute under this grant) to support this process; and
- Other activities necessary to achieve the goals of the grant.

Subgrantee Expectations

As part of this funding opportunity, each health system receiving the incentive grant will be required to participate in broader regional initiatives to promote depression screening and outcomes, which will be critical to ensuring population-based efforts to end depression.

As part of the application process for the award, invited health systems will be asked to provide information on activities in which they are currently engaging to implement CoCM and/or MBC, and describe activities they would undertake to meet the goal of comprehensive CoCM implementation across their entire health system in the following areas of effort:

- **Screening:** Applicants will describe how they propose to develop and implement an effective depression screening program throughout their entire health system. Solutions can include plans to enhance and improve gaps identified in their health systems, focused population health strategies aimed at targeting patients at risk for depression in their population, or integration of screening into a more comprehensive treatment continuum.
- **Measurement-based care (MBC):** MBC has been shown to significantly improve outcomes of care for behavioral health conditions. The Joint Commission has recently incorporated MBC as a requirement for accreditation of specialty behavioral health care programs within health systems, so most health systems have already integrated some form of MBC within their specialty systems (though not within their primary care based systems). Applicants will present their plans for implementation of MBC in primary care health care settings. While priority will be placed on using MBC in routine depression care in primary care settings, programs will also be able to use funds to screen and treat additional behavioral health conditions as well.



An Amarillo Area Foundation Initiative: Panhandle Collaborative Care Grant Opportunity 3

- **Sustainability:** The subgrants will also support implementation of the evidence-based intervention CoCM, which can generate ongoing payments to cover the costs of MBC. CoCM is the only approach with both robust empirical evidence (over 80 randomized clinical trials) and current coverage by Medicare and most commercial payers. Texas Medicaid has recently approved CoCM billing codes and this additional reimbursement stream will be instituted later in 2022. Health systems can also use funds to support electronic health record modifications, development of a billing infrastructure, and staff time during start up.

Applicants will also need to provide a project plan and associated multi-year budget, which

includes specification of the health systems' own resource commitment and proposed distribution and use of grant funds. Also required will be a sustainability plan detailing their strategy for (a) utilizing existing reimbursement mechanisms via CoCM billing codes to support the screening and primary care-based MBC efforts, and (b) integrating state-of-the-art tools and practices across their existing systems and processes.

Because a primary goal of the broader initiative the Meadows Institute is leading is to improve depression outcomes across all of the Texas Panhandle, health systems will be required to provide data which we will utilize to monitor efforts and identify success(es). Subgrantees will be required to collect and report de-identified data, including metrics of MBC and CoCM. See Exhibit A for metrics definitions and required metric reporting dates.

Awardees will also have an opportunity to participate in a learning collaborative that our partners at University of Texas-Southwestern (UTSW) will co-facilitate with other health systems across the state. We expect these forums to offer shared best practices while highlighting health systems and the broader community's progress in freeing people from depression.

Exhibit A

Metrics Definitions and Reporting Dates

MBC and CoCM Metric Reporting:

To meet the reporting requirements under the Grant Contract, health systems will submit reports into the project data repository containing the following MBC and CoCM metrics:

- **Initially Reached** is defined as the number of unique people served by a health system that has committed to universal implementation of the Lone Star Depression Challenge's core MBC and CoCM components. This is simply the total number of unique individuals served across the entire health system.
- **Fully Reached** is defined as all people served by discrete clinics within that health system which have actually implemented MBC and CoCM as demonstrated by completing at least one of the following: routine screening for all primary care patients, maintenance of a registry, billing of at least one Collaborative Care code, and hiring or contracting with a behavioral healthcare manager or psychiatric care consultant in preparation to bill Collaborative Care codes.
- **Treated** is defined as the number of unique people during the time period who are documented as receiving (1) Collaborative Care (CPT codes 99492, 99493, 99494 or HCPCS codes G2214) or general integrated behavioral health codes (CPT code 99484) in primary care, and/or (2) any other treatment for depression for which Measurement Based Care using the PHQ-9 for individuals 12 and older and BDI-Y for individuals 12 and under (or comparable instrument approved by Meadows Institute) is used to track changes in symptoms.
- **Remission** is defined as the subset of unique "Treated" people who are diagnosed with depression based on an initial elevated score comparable to a 9 or higher on the PHQ-9 and have shown a significant change in their assessment after treatment as measured by the PHQ-9 for individuals 12 and older and BDI-Y for individuals 12 and under (or comparable instrument approved by Meadows Institute). This includes an unduplicated total of the following two groups of people:
 - Individuals who achieve significant change. defined as a reduction of 50% in the

- Individuals who achieve significant change, defined as a reduction of 50% in the PHQ-9 score documented at 4-8 months following the initial elevated score of greater than 9, or
- Individuals who achieve remission, defined as a reduction in the elevated PHQ-9 score to below 5, documented at 4-8 months following the initial elevated score of greater than 9.

MEADOWS
MENTAL HEALTH

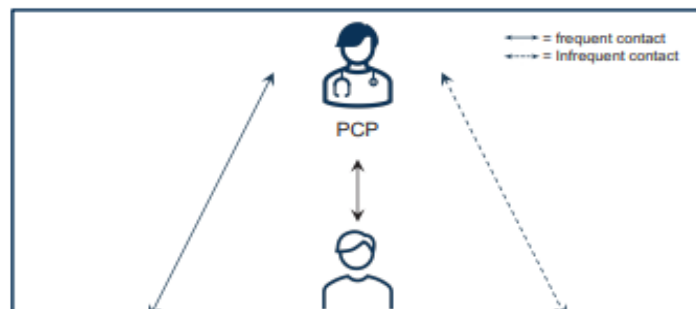
Collaborative Care Model (CoCM) Grant Opportunity

Amarillo Area Foundation CoCM Grant Opportunity

- To advance the goal of ending untreated depression in the Texas Panhandle, the Meadows Institute has partnered with the Amarillo Area Foundation to launch a Collaborative Care grant opportunity
- This initiative affords health systems a funded opportunity to implement universal screening depression (and other mental health/substance use disorders), implementation of measurement-based care, and reengineering of workflows and billing to leverage CoCM billing codes
- The grant opportunity includes \$75,000 incentive grant for the participating health system and technical assistance by Meadows Institute for two years

What is Collaborative Care (CoCM)?

- CoCM is an extensively evidence-based model for integration of mental health treatment into primary care
- The model leverages a specially-trained care manager to facilitate team-based care with the primary care provider/pediatrician and a designated psychiatric consultant
- CoCM is a population health

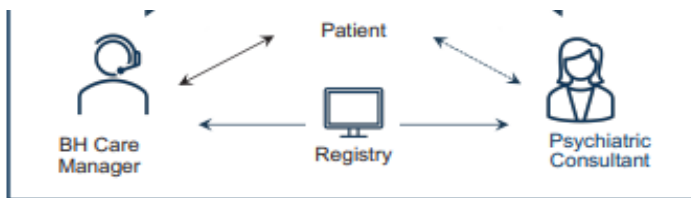


intervention that prevents patients from falling through the cracks

- CoCM has been shown to be effective for various mental health problems across diverse populations and treatment settings

<https://aims.uw.edu/collaborative-care/principles-collaborative-care>

Image source: <https://hopesparks.org/programs/pediatric-healthcare-integration/>



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Five Core Principles of Collaborative Care Model

| 8

CoCM has 5 primary evidence-based principles:



<https://aims.uw.edu/collaborative-care/principles-collaborative-care>

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Evidence Supporting CoCM for Adults

| 9

- More than 90 RCTs demonstrate CoCM's efficacy across diverse populations and treatment settings
- In IMPACT, the largest CoCM randomized clinical trial to date, 49% of people achieved response and 30% achieved remission (with none seeing a psychiatrist face-to-face) over 6 months ([Unützer et al., 2002](#))
- Real world study (primarily in rural FQHCs), 29-44% and 19-29% of CoCM patients achieved response and remission over 6 months ([Unützer et al., 2020](#))
- Real world study (urban practices), of patients with at least one follow-up assessment, 58% patients improved in depression or anxiety symptoms; 19% remission from depression symptoms; 20% remission from anxiety ([Blackmore et al., 2022](#))

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

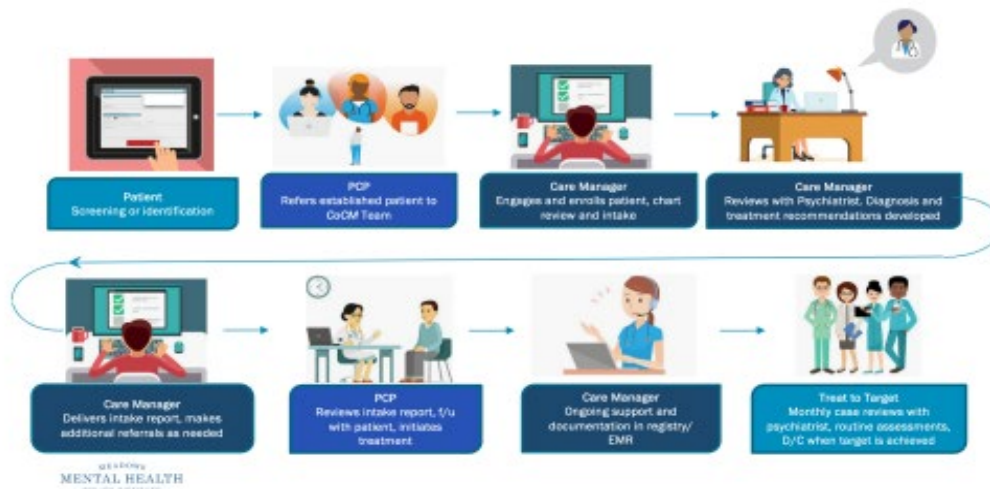
Evidence for CoCM in Specific Populations

| 10

- Rural treatment found to be as efficacious as urban treatment ([Powers et al 2020](#))
- Efficacious in specific medical populations, such as those with recent cardiac events ([Huffman et al 2014](#))
- Efficacious for patients with co-morbid diabetes, heart disease, obesity, cancer, HIV and others ([Panagioti et al, 2016](#); [Sharpe et al 2014](#); [Ma et al 2019](#); [Pyne et al 2011](#))
- Efficacious in the PCMH ([Croghan et al 2010](#)), FQHCs and other under-resourced settings ([Fortney et al 2013](#))
- Efficacious through telehealth ([Fortney et al 2007](#))
- Efficacious for trauma survivors and PTSD ([Zatzick et al 2004](#) and [Fortney et al 2015](#))
- Mitigates treatment disparities for persons of color – systematic review ([Hu et al 2020](#) – 19 studies) – including Black, Latinx, Asian, Native American, Alaska Native patients
- Efficacious for alcohol and opiate use disorders ([Chan et al 2013](#); [Chan et al 2014](#))

Collaborative Care Virtual Workflow

| 11



Collaborative Care

| 12

Code	Description	Non-Facility	Facility
99492	70 Mins, Initial Month	\$150.80	\$92.85
99493	60 Mins, Subsequent Month	\$142.67	\$101.32
99494	30 Additional Mins, Any Month	\$57.95	\$40.67
G2214	30 Mins, Any Month	\$58.63	\$37.95
99484	General BHI	\$43.04	\$29.48

2023 Medicare National Rates

- CoCM services are reimbursed by Medicare, TX Medicaid, and most commercial payers
- Contracted rates for commercial payers vary by region, practice size, provider type, contract type (individual vs. group and non-facility vs. facility), how successfully the practice negotiated at the time of contracting, and payer mix
- Codes are billed incident-to by the treating provider who takes the role of the billing provider and billed under the medical benefits, not the BH carve-out
- Codes are time based, for services provided by the BHCM in a calendar month

SUMMARY OF OPPORTUNITIES

SERVICE

“Provide exceptional customer service to all we serve”

1. Physician Engagement Survey

2. UniDine Dietary Service Enhancement
 - a. Implement POS System

 - b. Physician Lounge Dining Events

 - c. Women’s Services Celebration Meals

 - d. MNRC “Meals of the Month”

 - e. Integrate UniDine Dietician Services with MCHD Services

SERVICE STRATEGY 1 | PHYSICIAN ENGAGEMENT

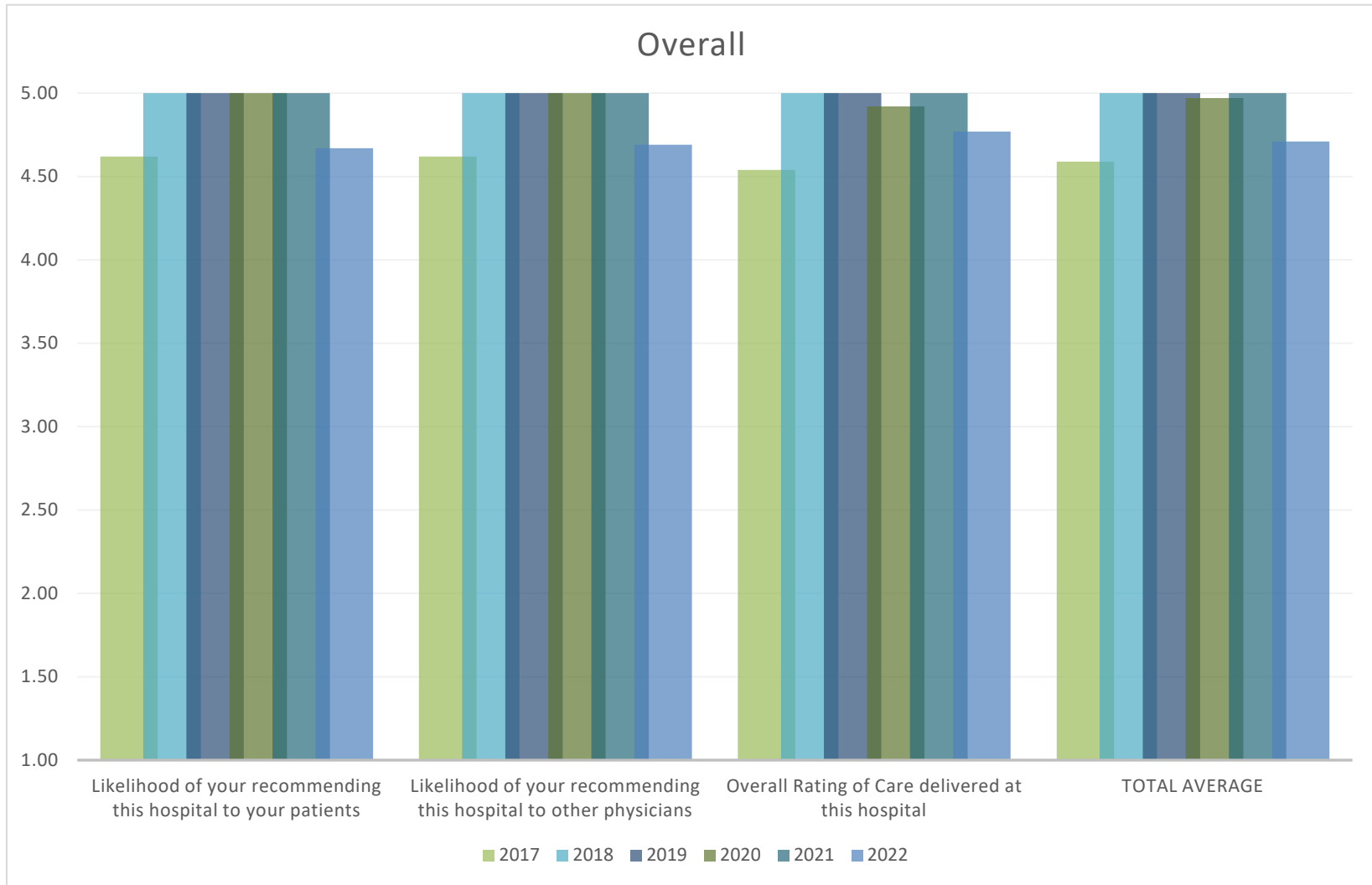
Goal: Integrate physician perspectives into District decisions.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
<ol style="list-style-type: none"> 1. Conduct Physician Engagement Survey 2. Add physicians to Operational meetings and discussions (Exec Ops, PIC, etc.) 3. See also Medical Staff Strategies. 4. See also UniDine Physician Meals. 	Ashley Jeff Dr. Diehlmann, Jeff Jeff, et. al.	→	→	→

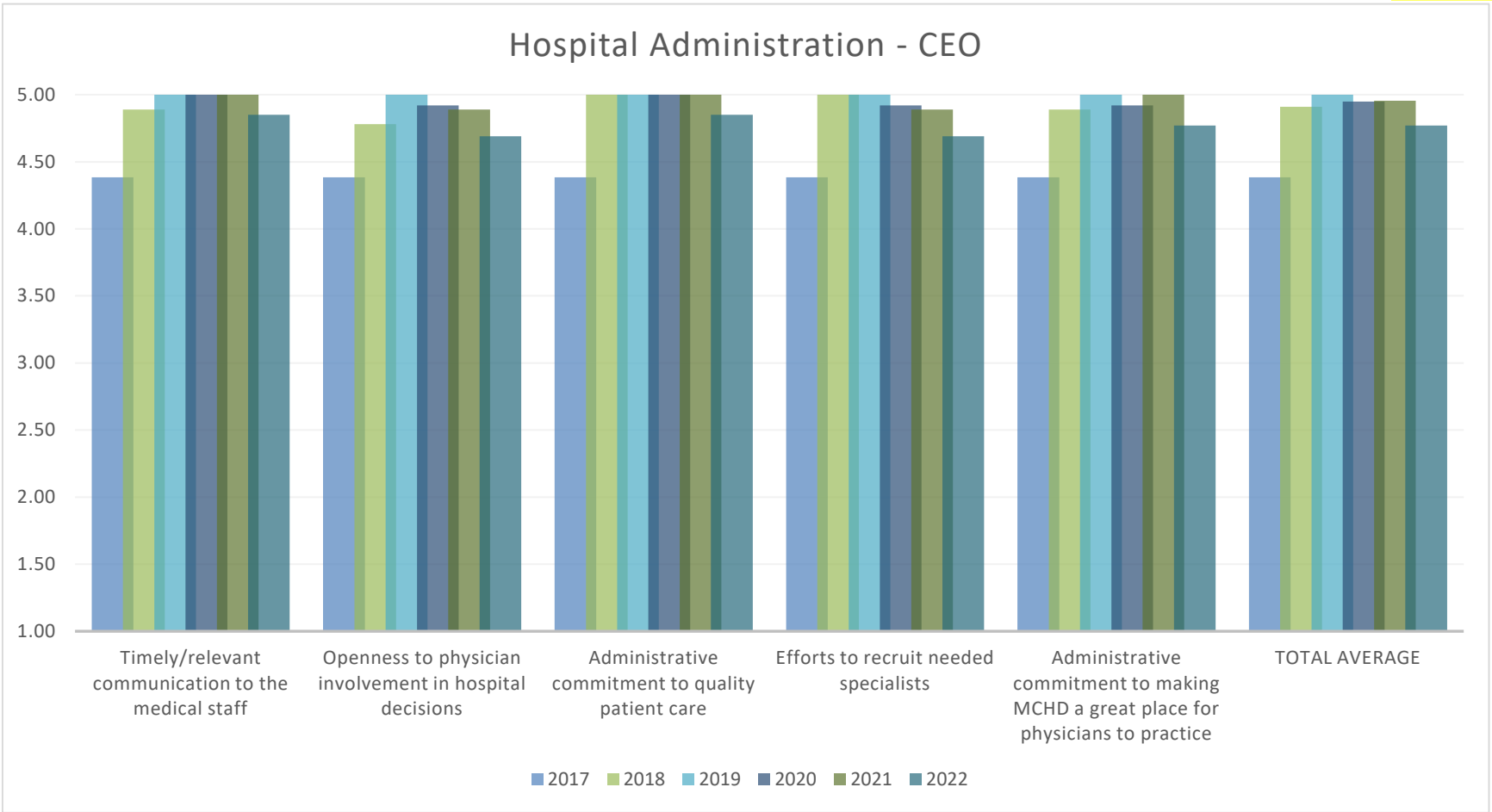
Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

FINAL EVALUATIONS

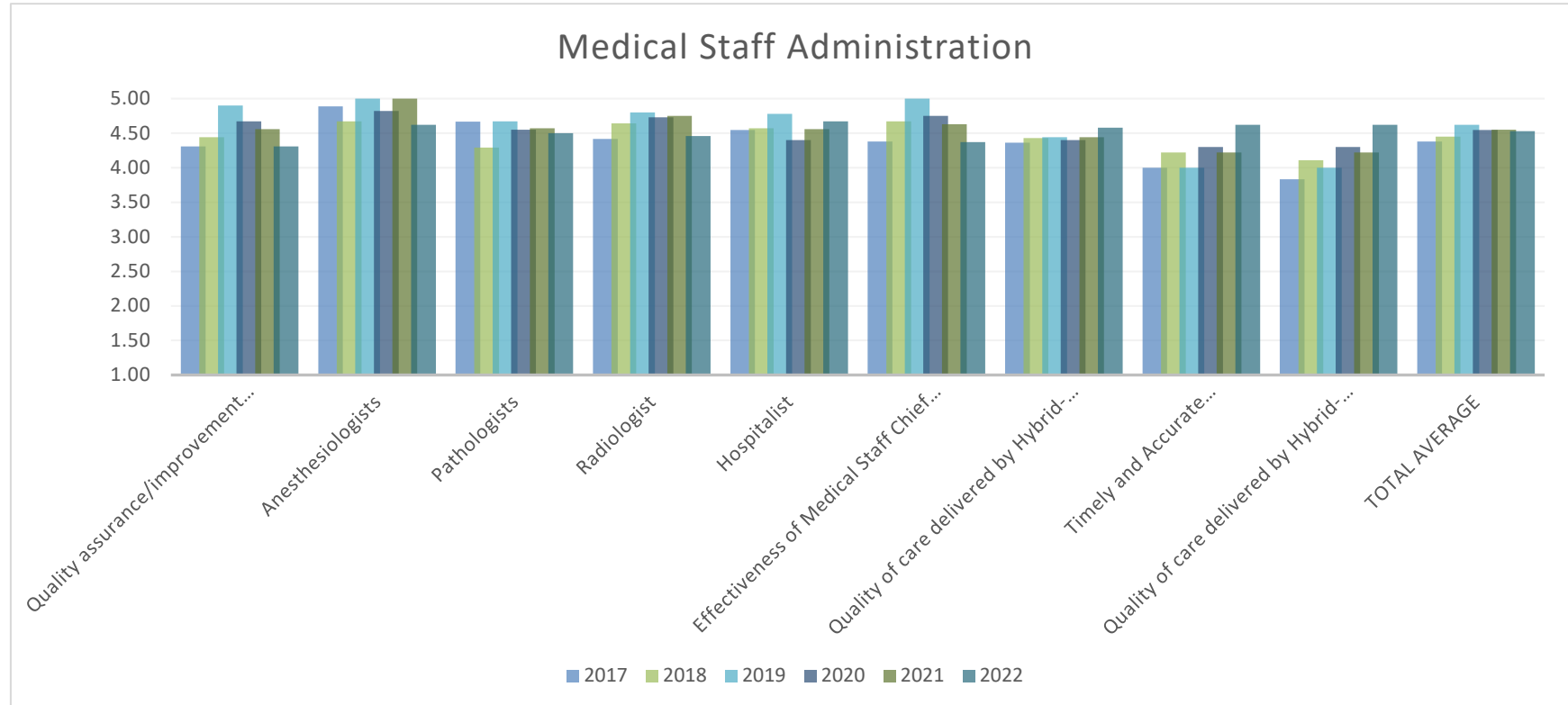
	2017	2018	2019	2020	2021	2022
Likelihood of your recommending this hospital to your patients	4.62	5.00	5.00	5.00	5.00	4.67
Likelihood of your recommending this hospital to other physicians	4.62	5.00	5.00	5.00	5.00	4.69
Overall Rating of Care delivered at this hospital	4.54	5.00	5.00	4.92	5.00	4.77
TOTAL AVERAGE	4.59	5.00	5.00	4.97	5.00	4.71



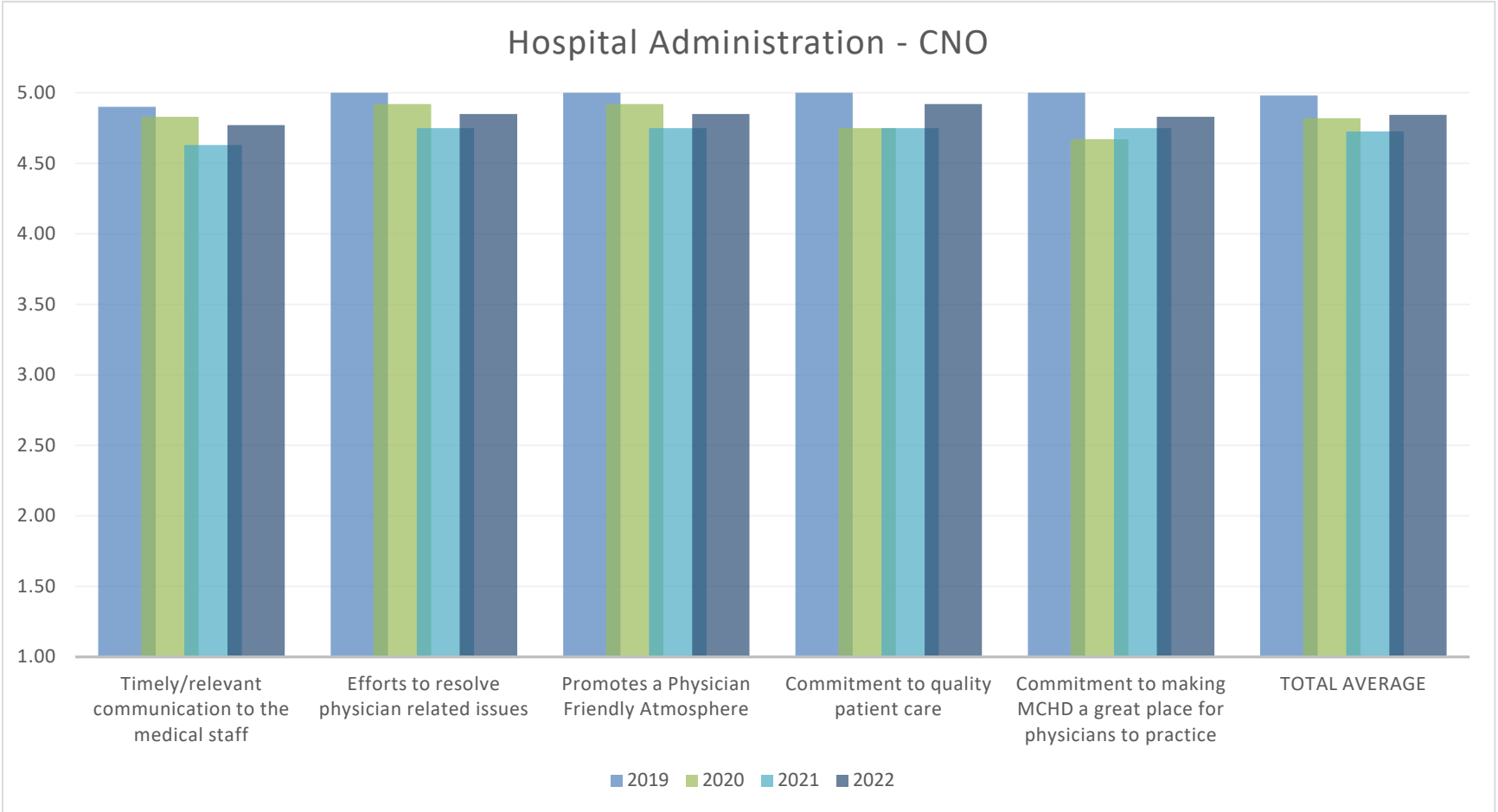
HOSPITAL ADMINISTRATION - CEO						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	4.38	4.89	5.00	5.00	5.00	4.85
Openness to physician involvement in hospital decisions	4.38	4.78	5.00	4.92	4.89	4.69
Administrative commitment to quality patient care	4.38	5.00	5.00	5.00	5.00	4.85
Efforts to recruit needed specialists	4.38	5.00	5.00	4.92	4.89	4.69
Administrative commitment to making MCHD a great place for physicians to practice	4.38	4.89	5.00	4.92	5.00	4.77
TOTAL AVERAGE	4.38	4.91	5.00	4.95	4.96	4.77



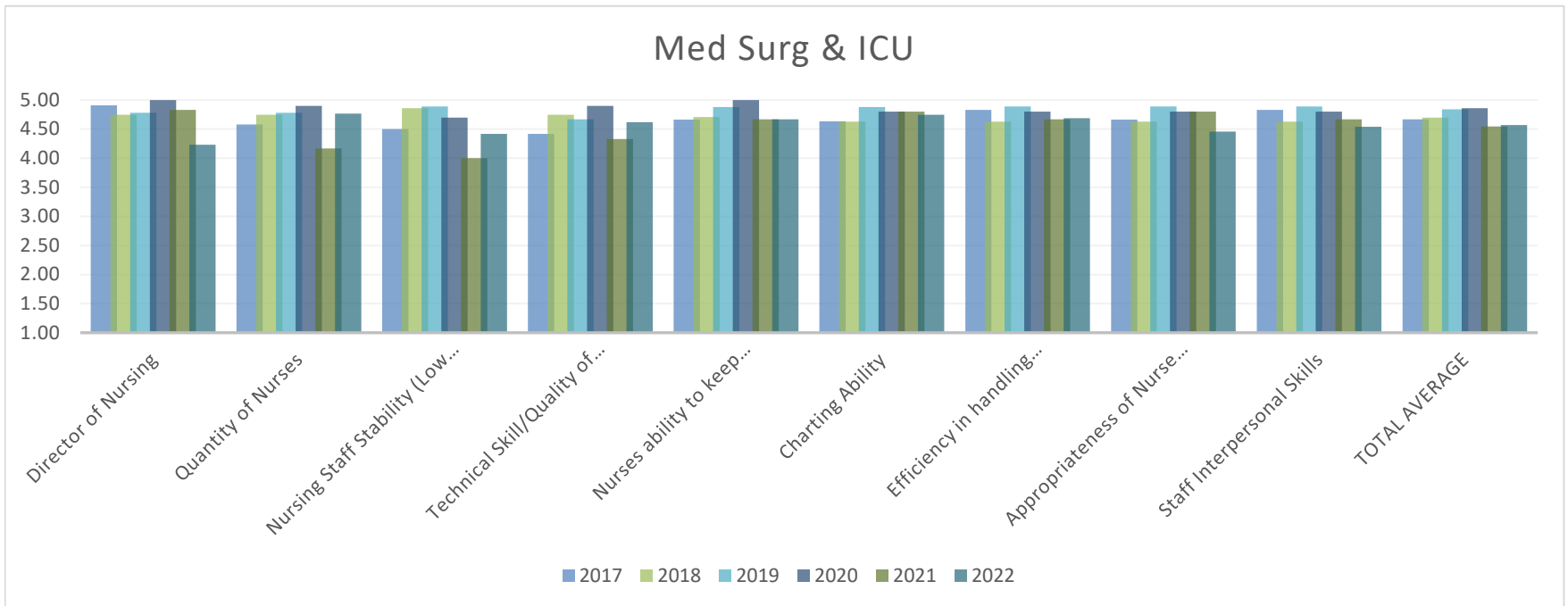
MEDICAL STAFF ADMINISTRATION						
	2017	2018	2019	2020	2021	2022
Quality assurance/improvement procedures	4.31	4.44	4.90	4.67	4.56	4.31
Anesthesiologists	4.89	4.67	5.00	4.82	5.00	4.62
Pathologists	4.67	4.29	4.67	4.55	4.57	4.50
Radiologist	4.42	4.64	4.80	4.73	4.75	4.46
Hospitalist	4.55	4.57	4.78	4.40	4.56	4.67
Effectiveness of Medical Staff Chief of Staffs	4.38	4.67	5.00	4.75	4.63	4.37
Quality of care delivered by Hybrid-Model Hospitalists	4.36	4.43	4.44	4.40	4.44	4.58
Timely and Accurate communication by Hybrid-Model Mid-Levels	4.00	4.22	4.00	4.30	4.22	4.62
Quality of care delivered by Hybrid-Model Mid-Levels	3.83	4.11	4.00	4.30	4.22	4.62
TOTAL AVERAGE	4.38	4.45	4.62	4.55	4.55	4.53



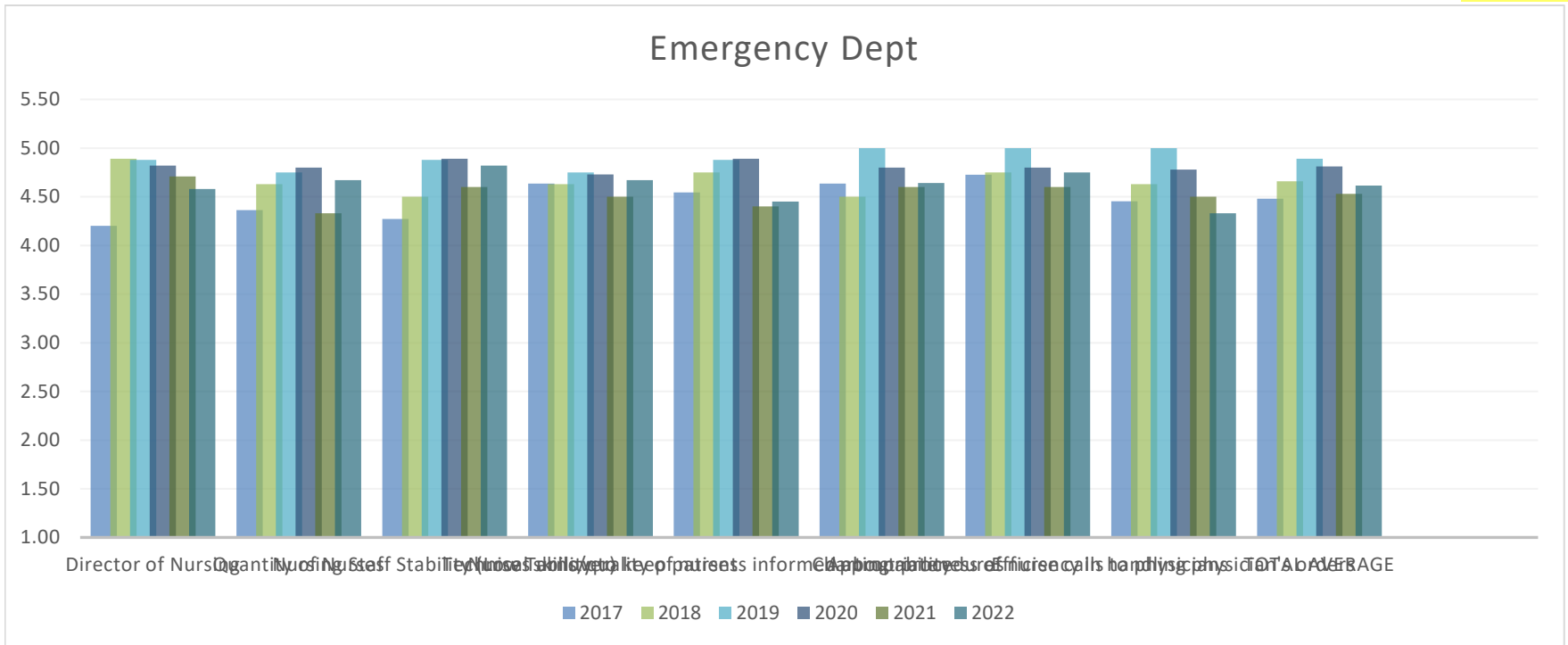
HOSPITAL ADMINISTRATION - CNO						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	4.23	4.78	4.90	4.83	4.63	4.77
Efforts to resolve physician related issues	4.15	4.75	5.00	4.92	4.75	4.85
Promotes a Physician Friendly Atmosphere	4.15	4.67	5.00	4.92	4.75	4.85
Commitment to quality patient care	4.38	4.89	5.00	4.75	4.75	4.92
Commitment to making MCHD a great place for physicians to practice	4.15	4.22	5.00	4.67	4.75	4.83
TOTAL AVERAGE	4.22	4.66	4.98	4.82	4.73	4.84



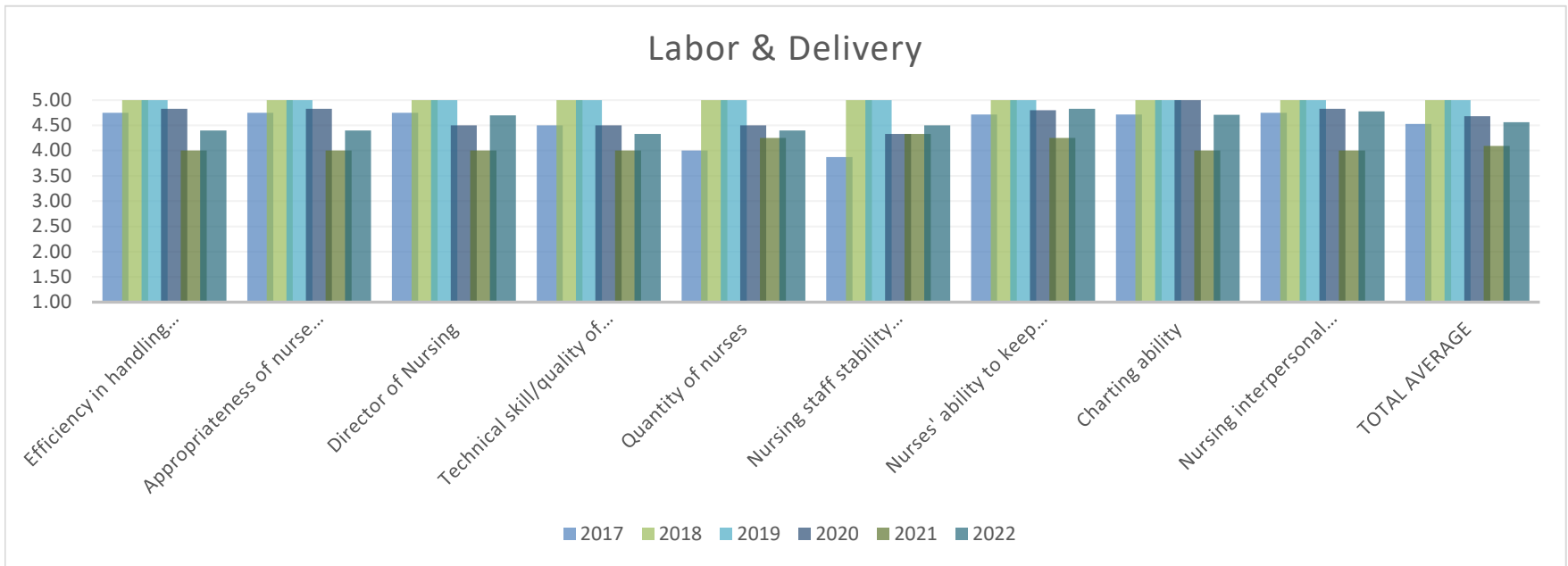
NURSING (Med Surg & ICU)						
	2017	2018	2019	2020	2021	2022
Director of Nursing	4.91	4.75	4.78	5.00	4.83	4.23
Quantity of Nurses	4.58	4.75	4.78	4.90	4.17	4.77
Nursing Staff Stability (Low Turnover)	4.50	4.86	4.89	4.70	4.00	4.42
Technical Skill/Quality of Nurses	4.42	4.75	4.67	4.90	4.33	4.62
Nurses ability to keep patients informed about procedures, etc.	4.67	4.71	4.88	5.00	4.67	4.67
Charting Ability	4.64	4.63	4.88	4.80	4.80	4.75
Efficiency in handling physician's orders	4.83	4.63	4.89	4.80	4.67	4.69
Appropriateness of Nurse Calls to Physician	4.67	4.63	4.89	4.80	4.80	4.46
Staff Interpersonal Skills	4.83	4.63	4.89	4.80	4.67	4.54
TOTAL AVERAGE	4.67	4.70	4.84	4.86	4.55	4.57



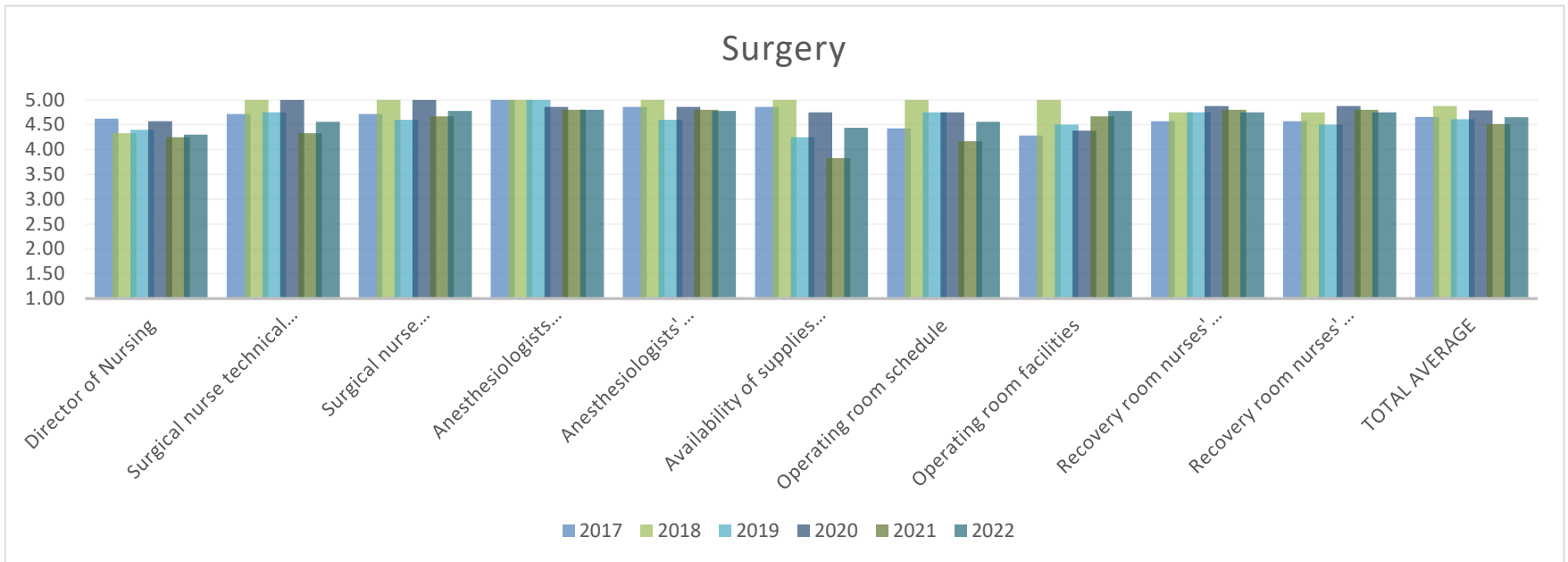
NURSING (ED)						
	2017	2018	2019	2020	2021	2022
Director of Nursing	4.20	4.89	4.88	4.82	4.71	4.58
Quantity of Nurses	4.36	4.63	4.75	4.80	4.33	4.67
Nursing Staff Stability (Low Turnover)	4.27	4.50	4.88	4.89	4.60	4.82
Technical skills/quality of nurses	4.64	4.63	4.75	4.73	4.50	4.67
Nurses ability to keep patients informed about procedures	4.55	4.75	4.88	4.89	4.40	4.45
Charting ability	4.64	4.50	5.00	4.80	4.60	4.64
Appropriateness of nurse calls to physicians	4.73	4.75	5.00	4.80	4.60	4.75
Efficiency in handling physician's orders	4.45	4.63	5.00	4.78	4.50	4.33
TOTAL AVERAGE	4.48	4.66	4.89	4.81	4.53	4.61



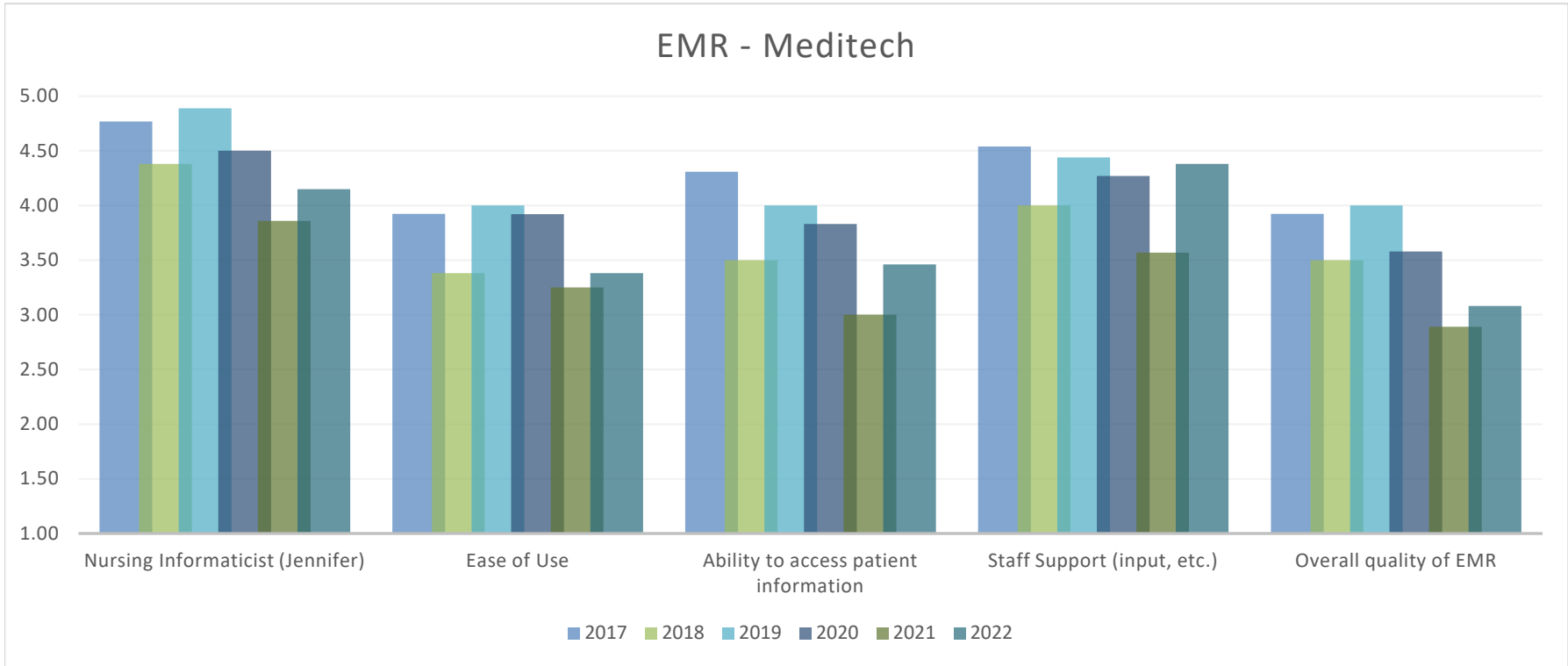
SPECIALTY NURSING UNITS (Women's Services)						
	2017	2018	2019	2020	2021	2022
Efficiency in handling physician's orders	4.75	5.00	5.00	4.83	4.00	4.40
Appropriateness of nurse calls to physician	4.75	5.00	5.00	4.83	4.00	4.40
Director of Nursing	4.75	5.00	5.00	4.50	4.00	4.70
Technical skill/quality of nurses	4.50	5.00	5.00	4.50	4.00	4.33
Quantity of nurses	4.00	5.00	5.00	4.50	4.25	4.40
Nursing staff stability (low turnover)	3.88	5.00	5.00	4.33	4.33	4.50
Nurses' ability to keep patients informed about procedures	4.71	5.00	5.00	4.80	4.25	4.83
Charting ability	4.71	5.00	5.00	5.00	4.00	4.71
Nursing interpersonal skills	4.75	5.00	5.00	4.83	4.00	4.78
TOTAL AVERAGE	4.53	5.00	5.00	4.68	4.09	4.56



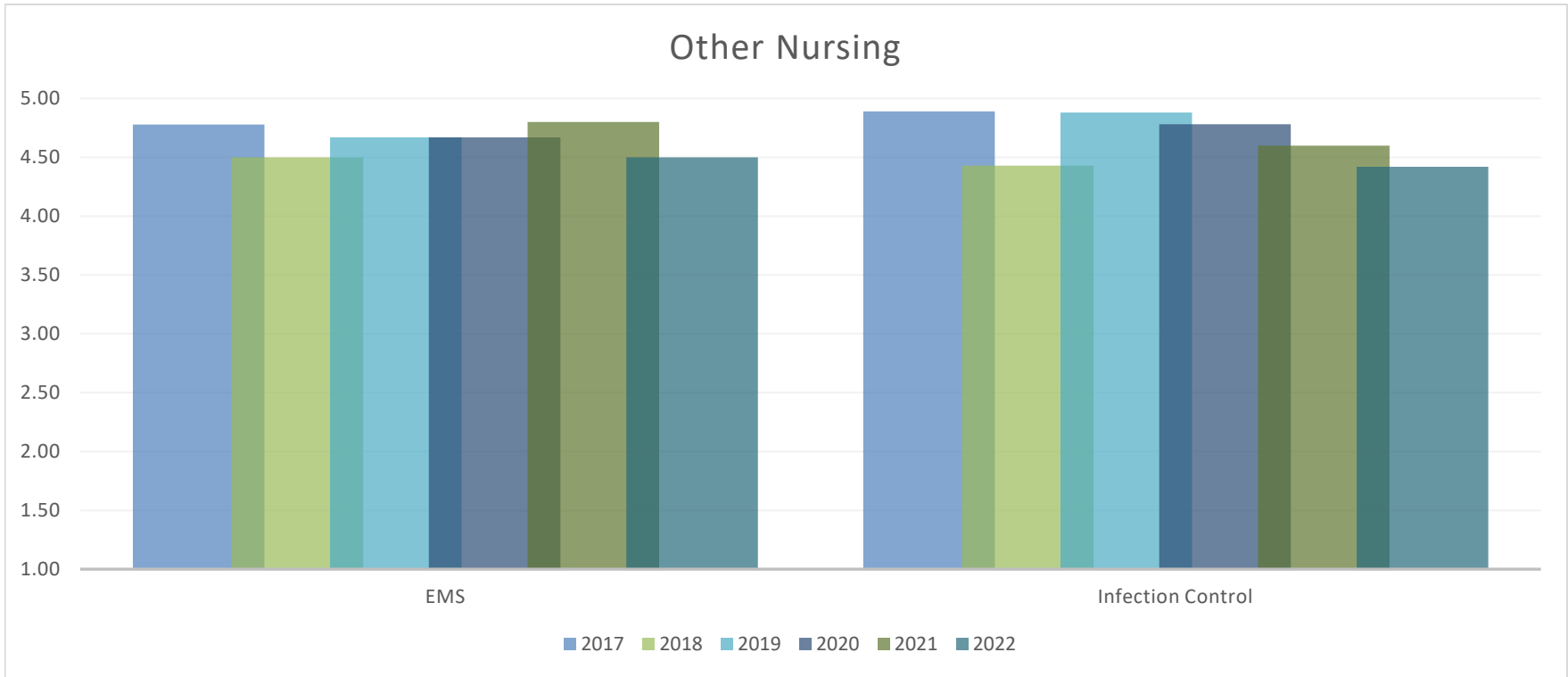
SURGERY						
	2017	2018	2019	2020	2021	2022
Director of Nursing	4.63	4.33	4.40	4.57	4.25	4.30
Surgical nurse technical skills	4.71	5.00	4.75	5.00	4.33	4.56
Surgical nurse interpersonal skills	4.71	5.00	4.60	5.00	4.67	4.78
Anesthesiologists' technical skills	5.00	5.00	5.00	4.86	4.80	4.80
Anesthesiologists' interpersonal skills	4.86	5.00	4.60	4.86	4.80	4.78
Availability of supplies and equipment	4.86	5.00	4.25	4.75	3.83	4.44
Operating room schedule	4.43	5.00	4.75	4.75	4.17	4.56
Operating room facilities	4.29	5.00	4.50	4.38	4.67	4.78
Recovery room nurses' technical skills	4.57	4.75	4.75	4.88	4.80	4.75
Recovery room nurses' interpersonal skills	4.57	4.75	4.50	4.88	4.80	4.75
TOTAL AVERAGE	4.66	4.88	4.61	4.79	4.51	4.65



EMR - Meditech						
	2017	2018	2019	2020	2021	2022
Nursing Informaticist (Jennifer)	4.77	4.38	4.89	4.50	3.86	4.15
Ease of Use	3.92	3.38	4.00	3.92	3.25	3.38
Ability to access patient information	4.31	3.50	4.00	3.83	3.00	3.46
Staff Support (input, etc.)	4.54	4.00	4.44	4.27	3.57	4.38
Overall quality of EMR	3.92	3.50	4.00	3.58	2.89	3.08

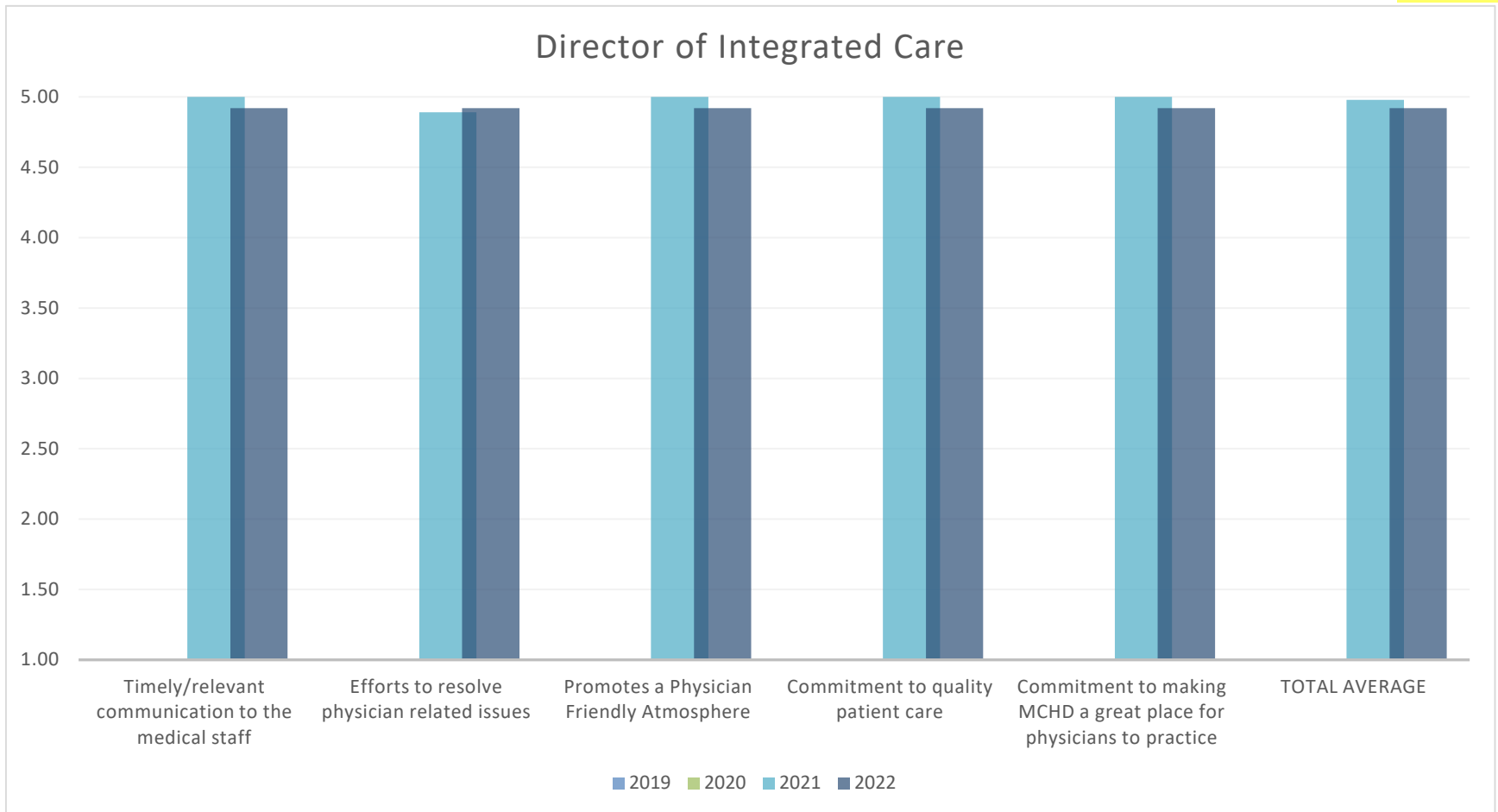


Other Nursing						
	2017	2018	2019	2020	2021	2022
EMS	4.78	4.50	4.67	4.67	4.80	4.50
Infection Control	4.89	4.43	4.88	4.78	4.60	4.42

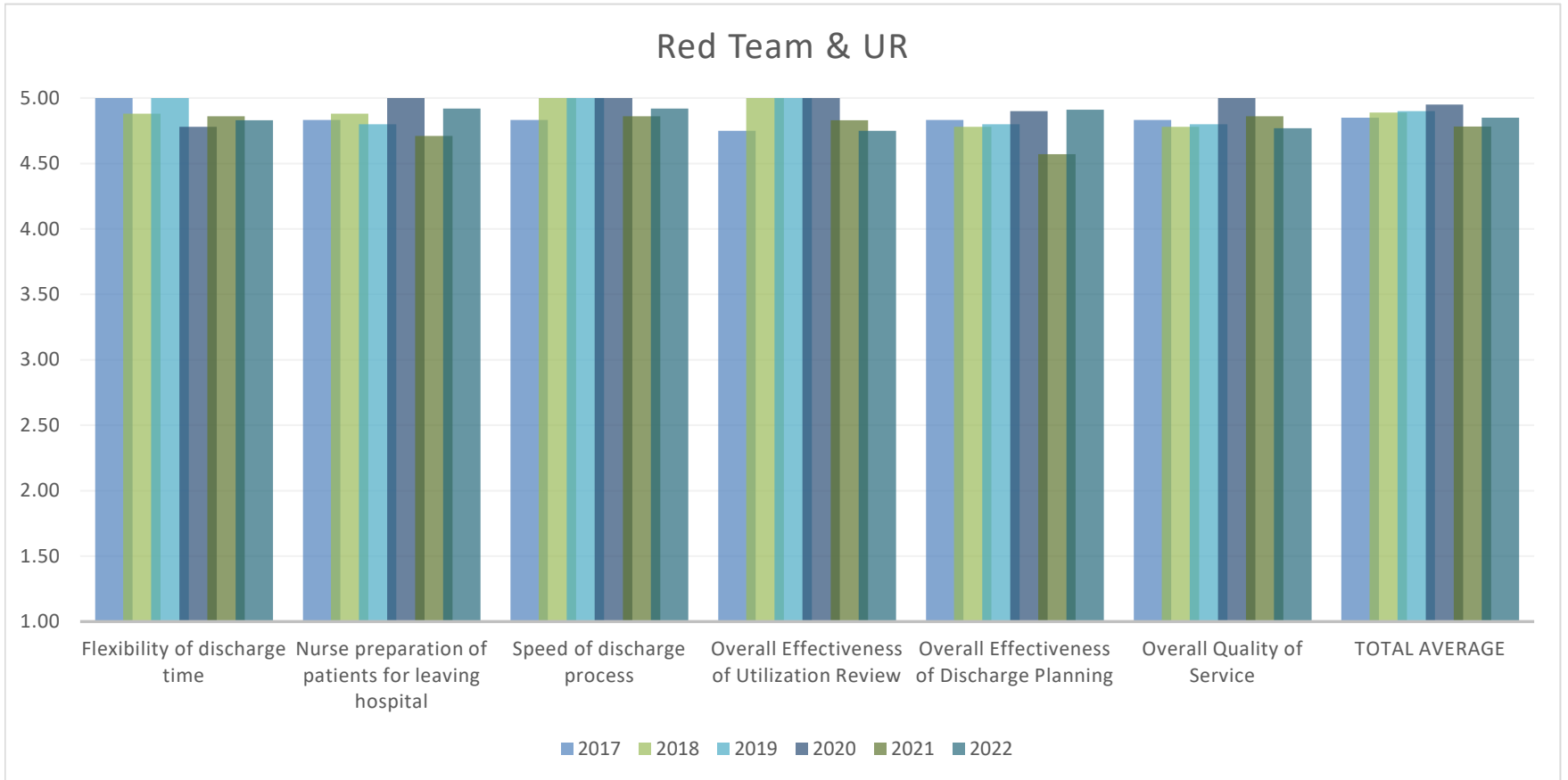


POPULATION HEALTH - DIRECTOR

	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff					5.00	4.92
Efforts to resolve physician related issues					4.89	4.92
Promotes a Physician Friendly Atmosphere					5.00	4.92
Commitment to quality patient care					5.00	4.92
Commitment to making MCHD a great place for physicians to practice					5.00	4.92
TOTAL AVERAGE					4.98	4.92

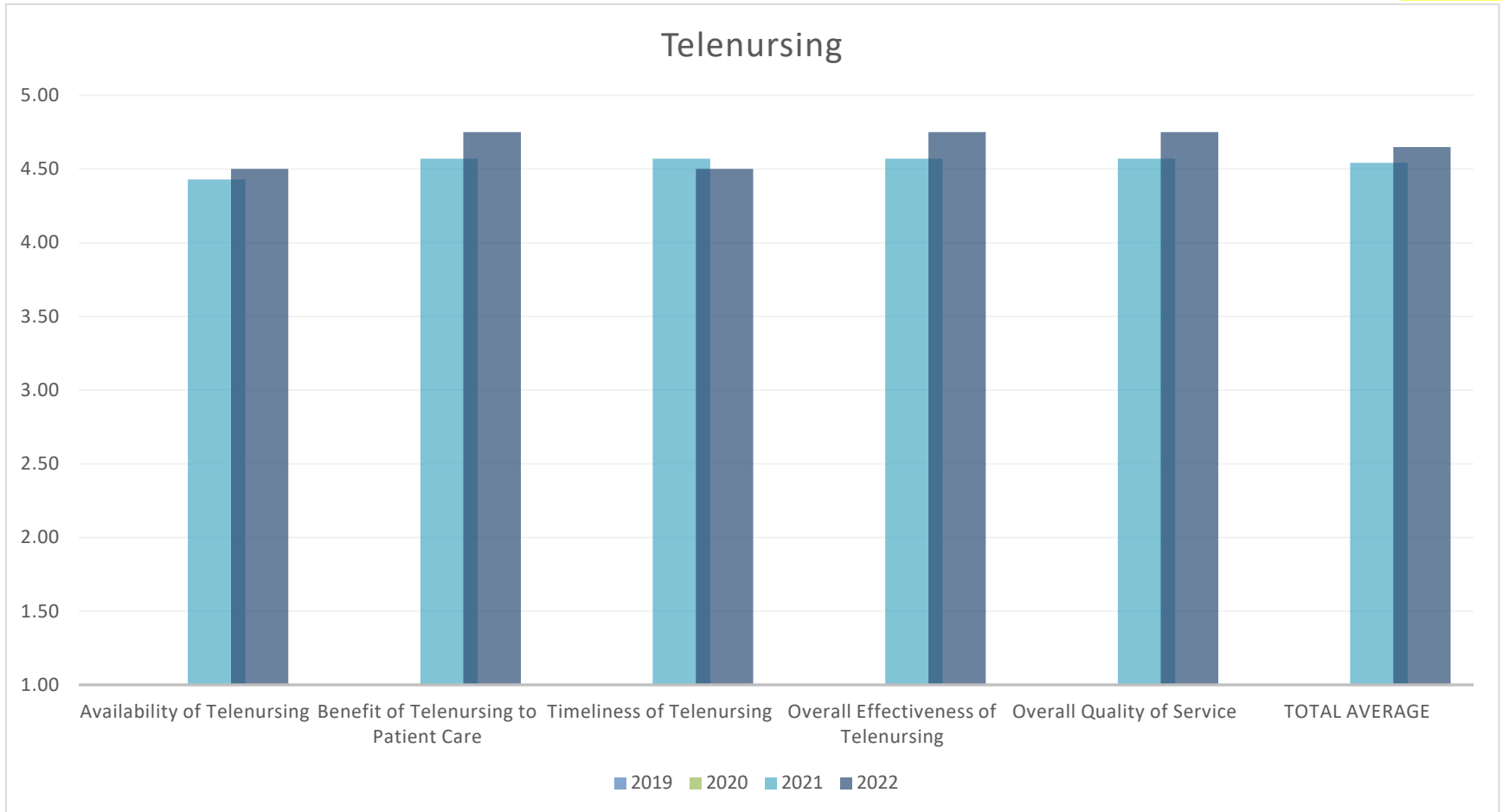


POPULTAION HEALTH - RED TEAM & UR						
	2017	2018	2019	2020	2021	2022
Flexibility of discharge time	5.00	4.88	5.00	4.78	4.86	4.83
Nurse preparation of patients for leaving hospital	4.83	4.88	4.80	5.00	4.71	4.92
Speed of discharge process	4.83	5.00	5.00	5.00	4.86	4.92
Overall Effectiveness of Utilization Review	4.75	5.00	5.00	5.00	4.83	4.75
Overall Effectiveness of Discharge Planning	4.83	4.78	4.80	4.90	4.57	4.91
Overall Quality of Service	4.83	4.78	4.80	5.00	4.86	4.77
TOTAL AVERAGE	4.85	4.89	4.90	4.95	4.78	4.85



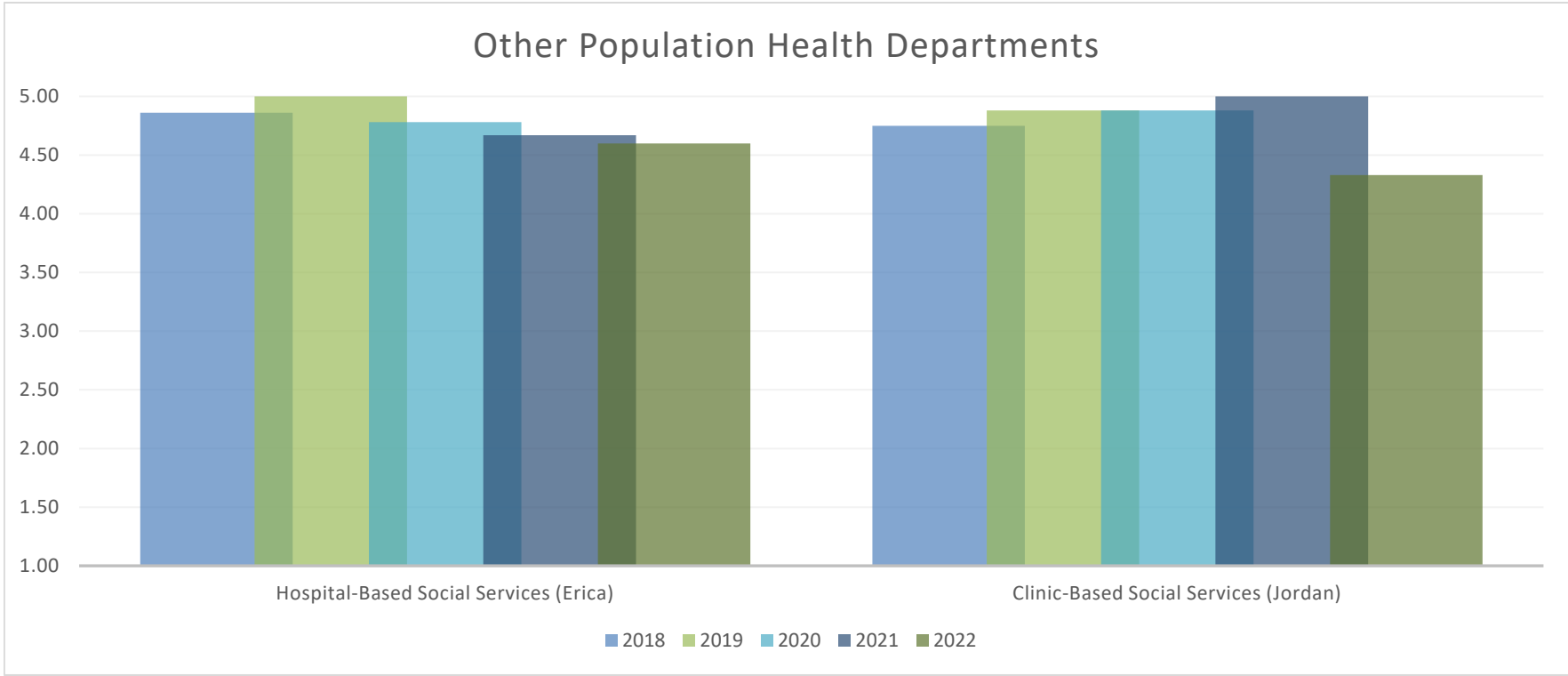
POPULATION HEALTH - TELENURSING

	2017	2018	2019	2020	2021	2022
Availability of Telenursing					4.43	4.50
Benefit of Telenursing to Patient Care					4.57	4.75
Timeliness of Telenursing					4.57	4.50
Overall Effectiveness of Telenursing					4.57	4.75
Overall Quality of Service					4.57	4.75
TOTAL AVERAGE					4.54	4.65

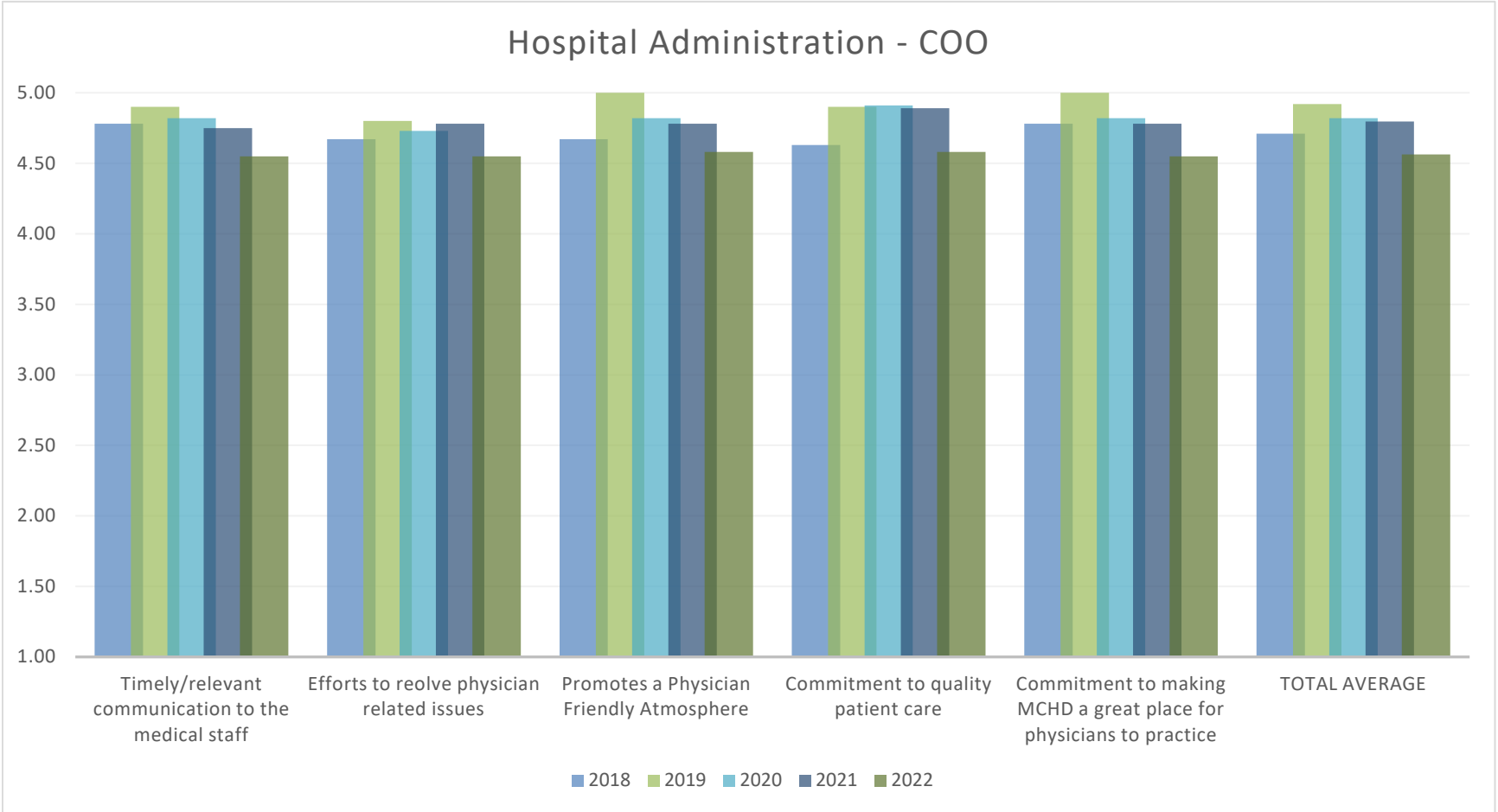


Other Population Health Departments

	2017	2018	2019	2020	2021	2022
Hospital-Based Social Services (Erica)	4.56	4.86	5.00	4.78	4.67	4.60
Clinic-Based Social Services (Jordan)	5.00	4.75	4.88	4.88	5.00	4.33

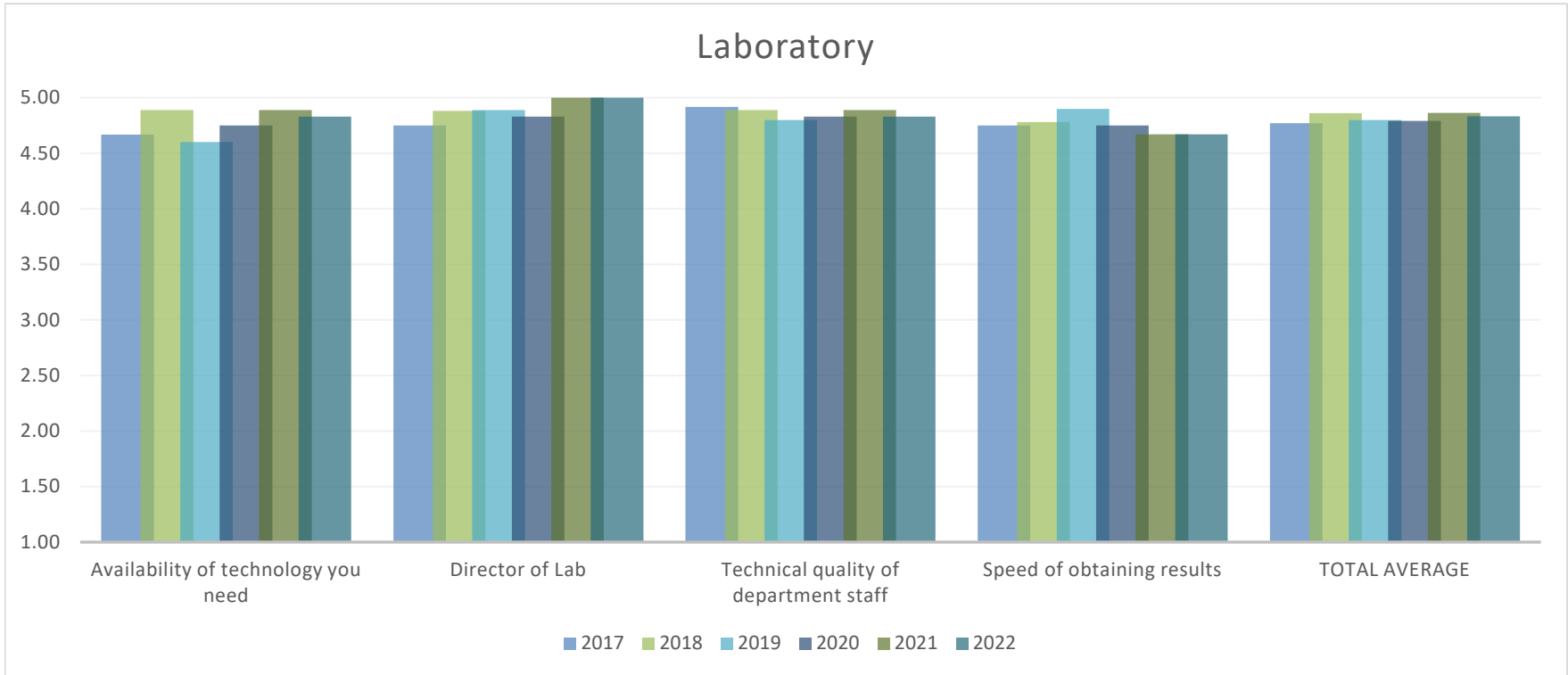


HOSPITAL ADMINISTRATION - COO						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	4.77	4.78	4.90	4.82	4.75	4.55
Efforts to reolve physician related issues	4.77	4.67	4.80	4.73	4.78	4.55
Promotes a Physician Friendly Atmosphere	4.77	4.67	5.00	4.82	4.78	4.58
Commitment to quality patient care	4.85	4.63	4.90	4.91	4.89	4.58
Commitment to making MCHD a great place for physicians to practice	4.85	4.78	5.00	4.82	4.78	4.55
TOTAL AVERAGE	4.80	4.71	4.92	4.82	4.80	4.56



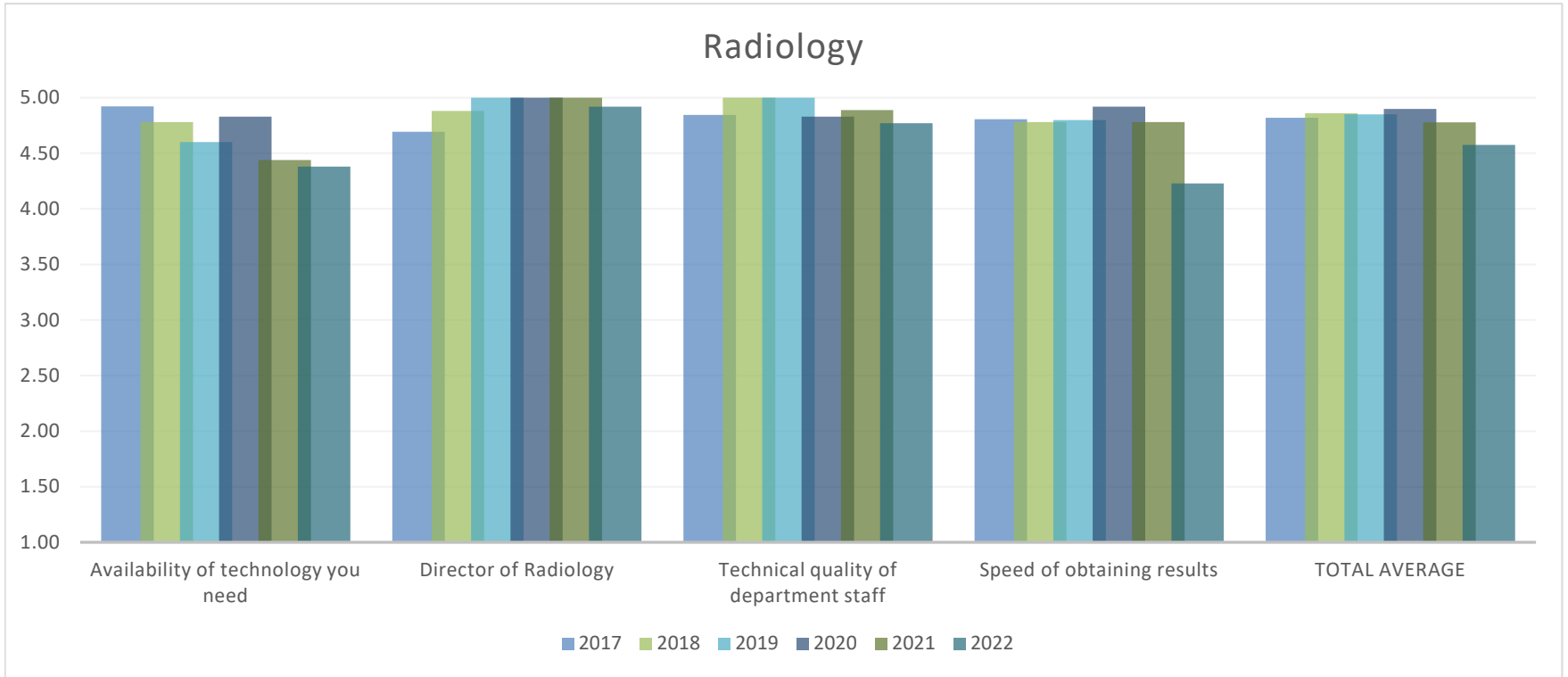
ANCILLARY CLINICAL DEPARTMENTS (Laboratory)

	2017	2018	2019	2020	2021	2022
Availability of technology you need	4.67	4.89	4.60	4.75	4.89	4.83
Director of Lab	4.75	4.88	4.89	4.83	5.00	5.00
Technical quality of department staff	4.92	4.89	4.80	4.83	4.89	4.83
Speed of obtaining results	4.75	4.78	4.90	4.75	4.67	4.67
TOTAL AVERAGE	4.77	4.86	4.80	4.79	4.86	4.83



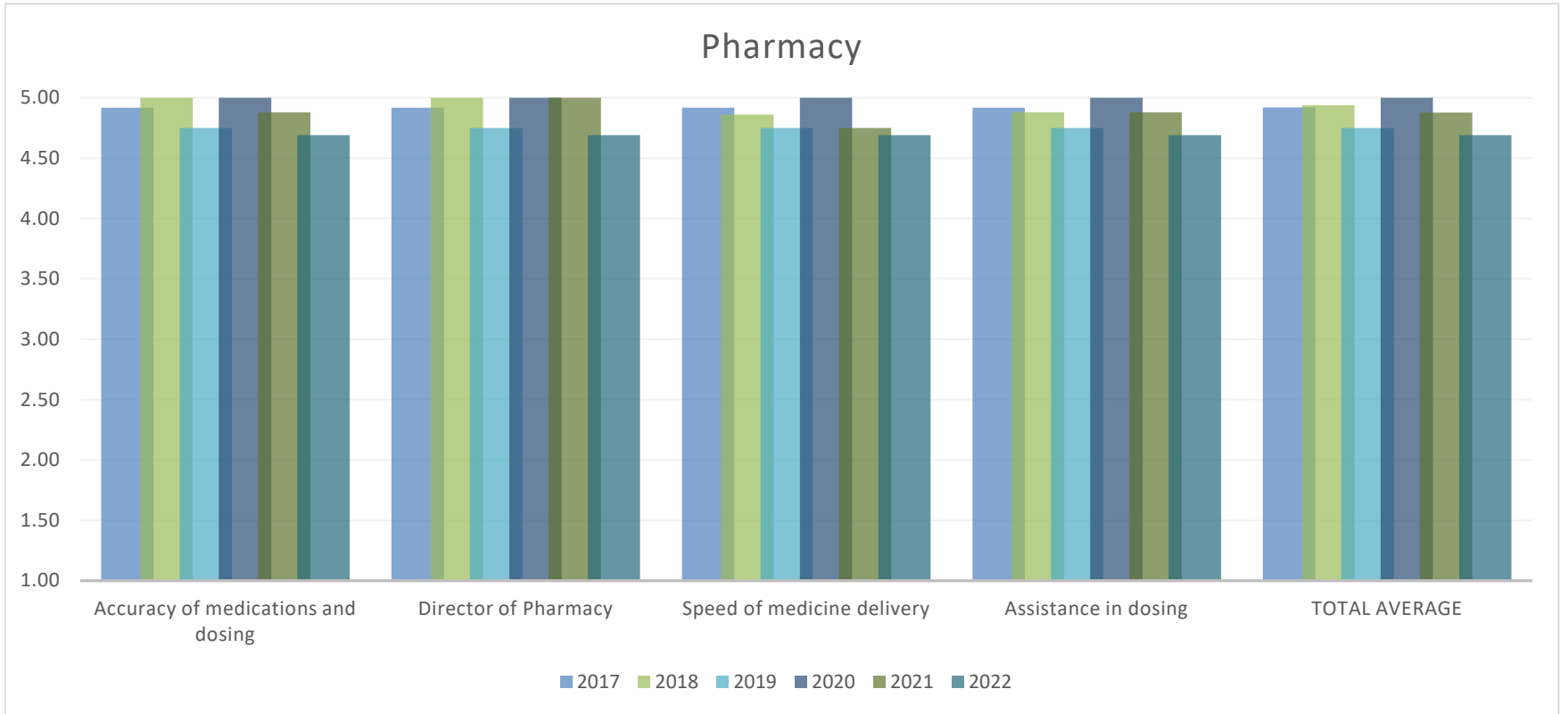
ANCILLARY CLINICAL DEPARTMENTS (Radiology)

	2017	2018	2019	2020	2021	2022
Availability of technology you need	4.92	4.78	4.60	4.83	4.44	4.38
Director of Radiology	4.69	4.88	5.00	5.00	5.00	4.92
Technical quality of department staff	4.85	5.00	5.00	4.83	4.89	4.77
Speed of obtaining results	4.81	4.78	4.80	4.92	4.78	4.23
TOTAL AVERAGE	4.82	4.86	4.85	4.90	4.78	4.58

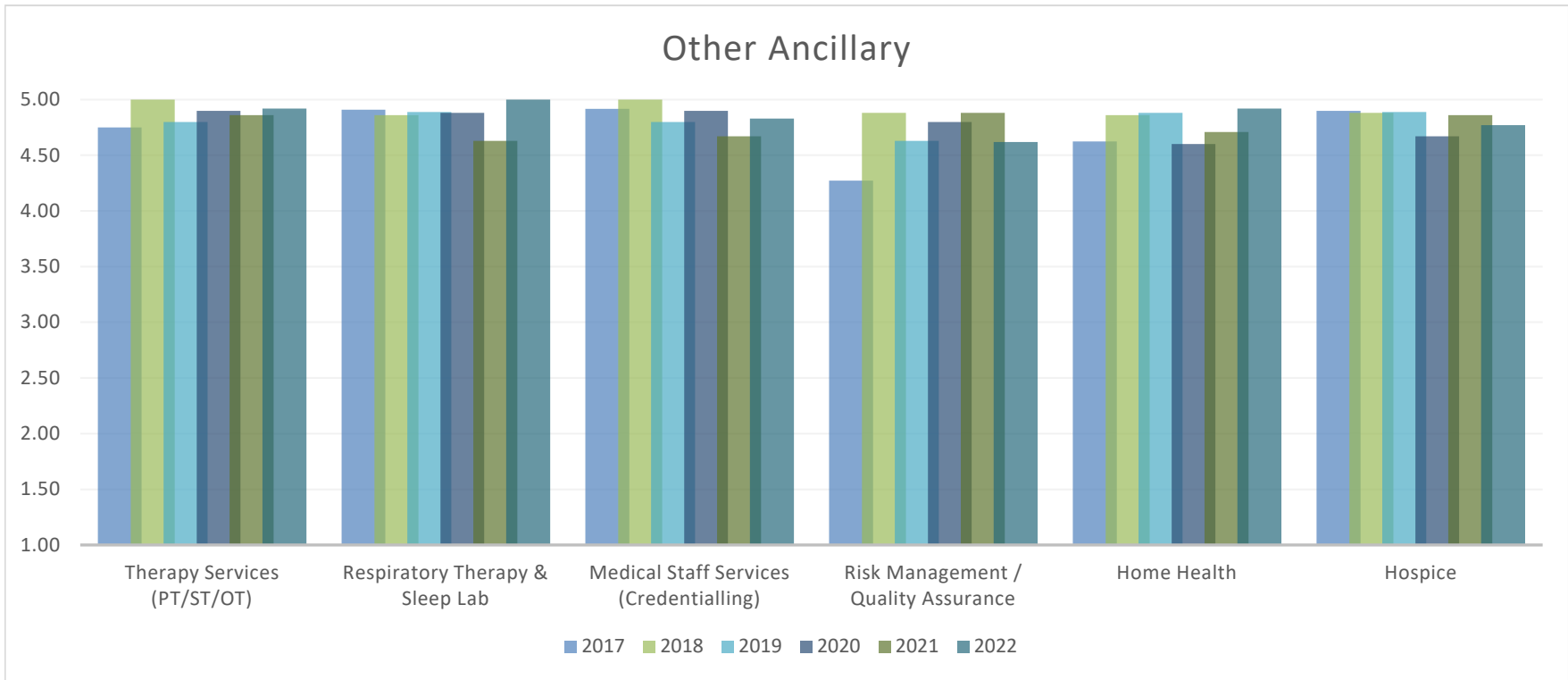


ANCILLARY CLINICAL DEPARTMENTS (Pharmacy)

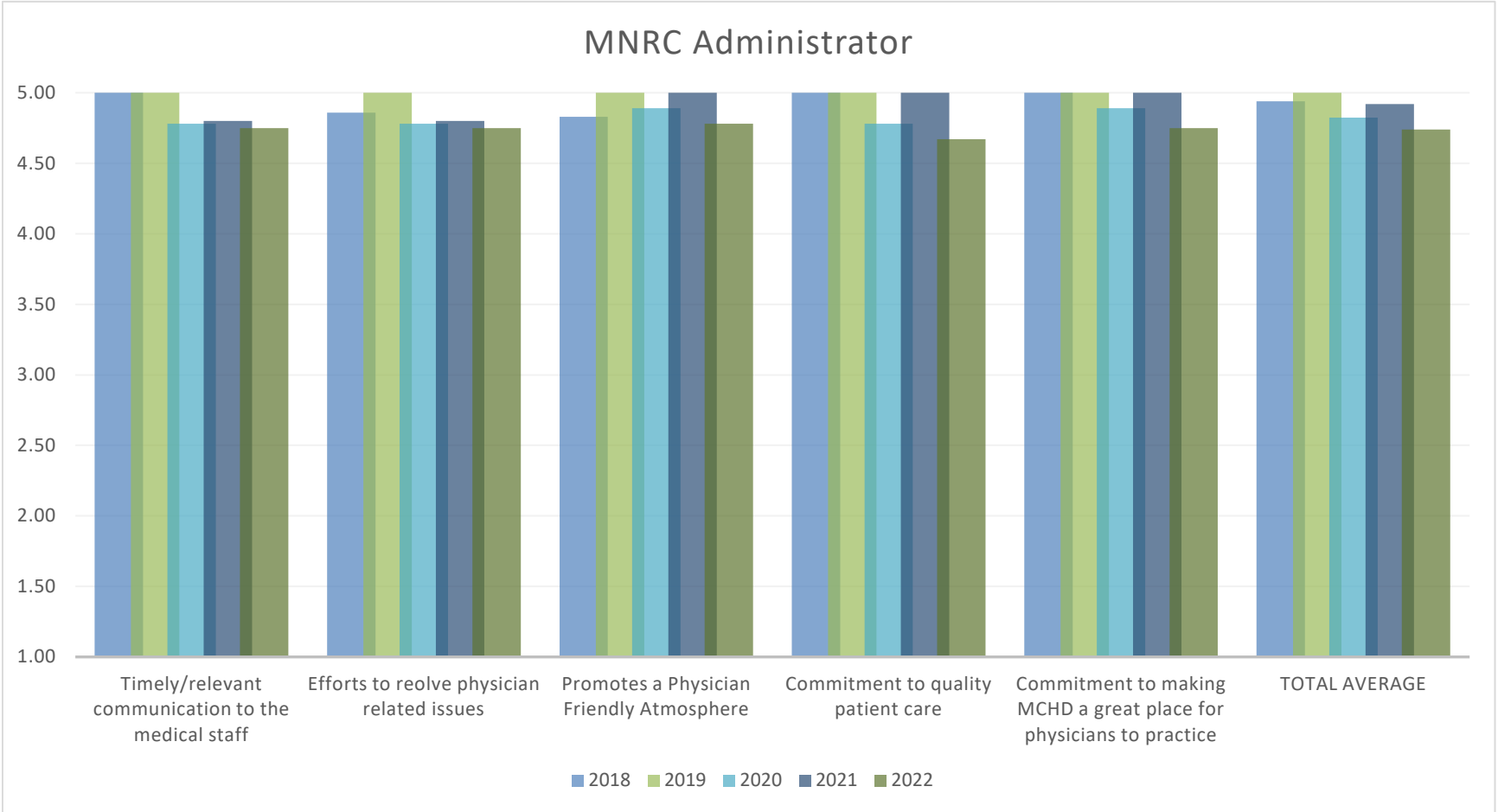
	2017	2018	2019	2020	2021	2022
Accuracy of medications and dosing	4.92	5.00	4.75	5.00	4.88	4.69
Director of Pharmacy	4.92	5.00	4.75	5.00	5.00	4.69
Speed of medicine delivery	4.92	4.86	4.75	5.00	4.75	4.69
Assistance in dosing	4.92	4.88	4.75	5.00	4.88	4.69
TOTAL AVERAGE	4.92	4.94	4.75	5.00	4.88	4.69



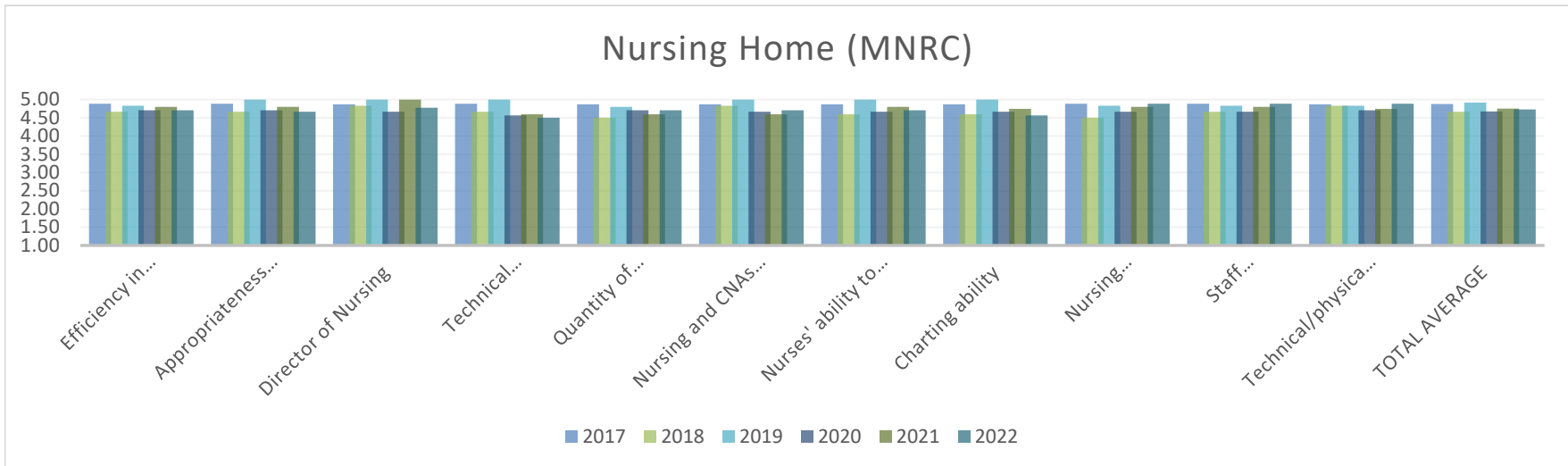
Other Ancillary						
	2017	2018	2019	2020	2021	2022
Therapy Services (PT/ST/OT)	4.75	5.00	4.80	4.90	4.86	4.92
Respiratory Therapy & Sleep Lab	4.91	4.86	4.89	4.88	4.63	5.00
Medical Staff Services (Credentialling)	4.92	5.00	4.80	4.90	4.67	4.83
Risk Management / Quality Assurance	4.27	4.88	4.63	4.80	4.88	4.62
Home Health	4.63	4.86	4.88	4.60	4.71	4.92
Hospice	4.90	4.88	4.89	4.67	4.86	4.77



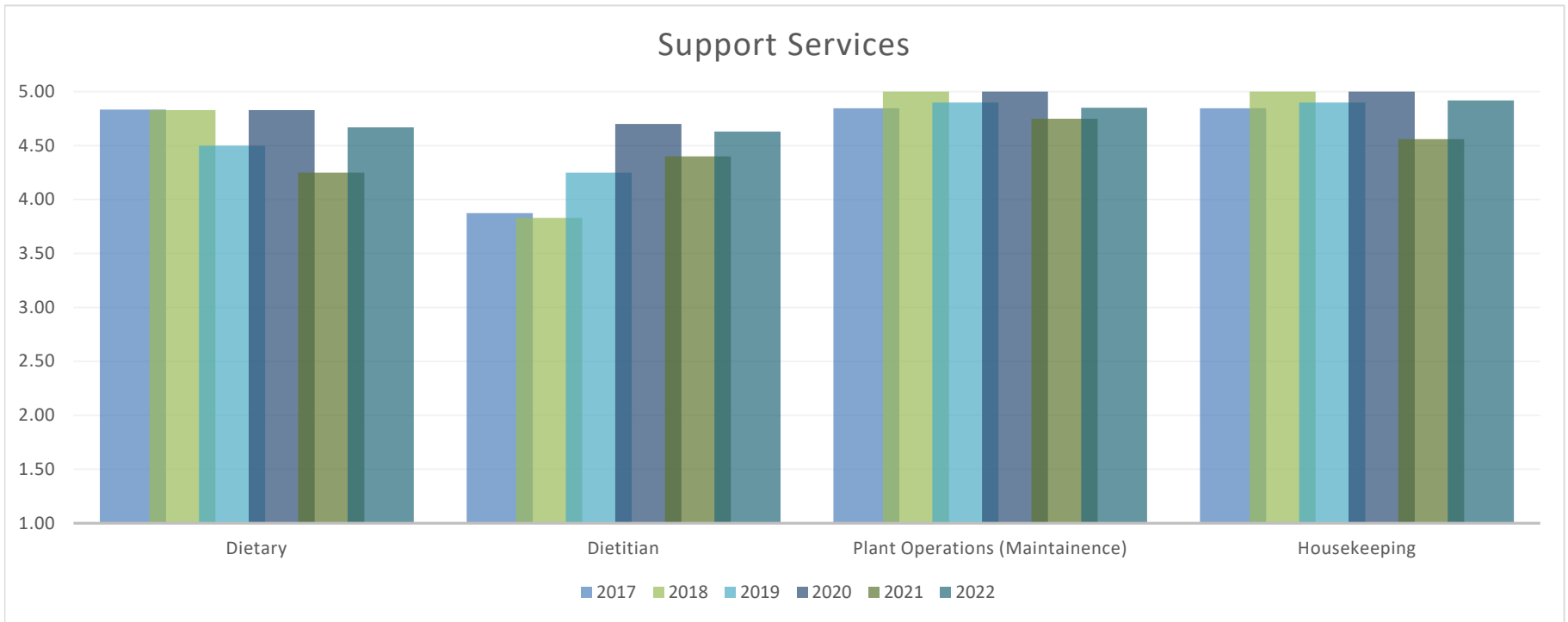
MNRC Administrator						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	5.00	5.00	5.00	4.78	4.80	4.75
Efforts to resolve physician related issues	5.00	4.86	5.00	4.78	4.80	4.75
Promotes a Physician Friendly Atmosphere	5.00	4.83	5.00	4.89	5.00	4.78
Commitment to quality patient care	5.00	5.00	5.00	4.78	5.00	4.67
Commitment to making MCHD a great place for physicians to practice	5.00	5.00	5.00	4.89	5.00	4.75
TOTAL AVERAGE	5.00	4.94	5.00	4.82	4.92	4.74



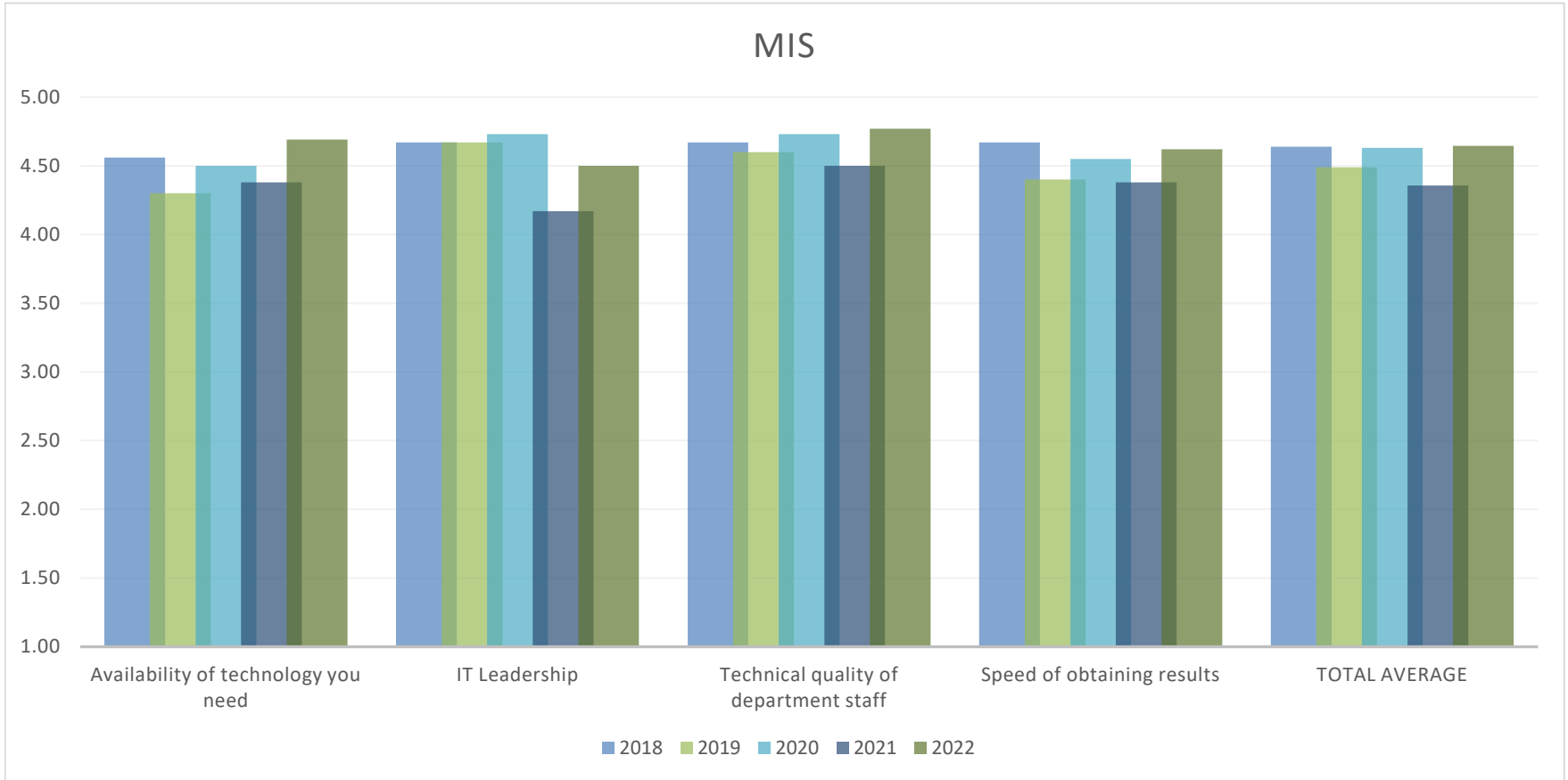
NURSING HOME (MNRC)						
	2017	2018	2019	2020	2021	2022
Efficiency in handling physician's orders	4.89	4.67	4.83	4.71	4.80	4.71
Appropriateness of nurse calls to physician	4.89	4.67	5.00	4.71	4.80	4.67
Director of Nursing	4.88	4.83	5.00	4.67	5.00	4.78
Technical skill/quality of nurses and CNAs	4.89	4.67	5.00	4.57	4.60	4.50
Quantity of nurses and CNAs	4.88	4.50	4.80	4.71	4.60	4.71
Nursing and CNAs staff stability (low turnover)	4.88	4.83	5.00	4.67	4.60	4.71
Nurses' ability to keep patients informed about procedures	4.88	4.60	5.00	4.67	4.80	4.71
Charting ability	4.88	4.60	5.00	4.67	4.75	4.57
Nursing interpersonal skills	4.89	4.50	4.83	4.67	4.80	4.89
Staff interpersonal skills	4.89	4.67	4.83	4.67	4.80	4.89
Technical/physical facilities	4.88	4.83	4.83	4.71	4.75	4.89
TOTAL AVERAGE	4.88	4.67	4.92	4.68	4.75	4.73



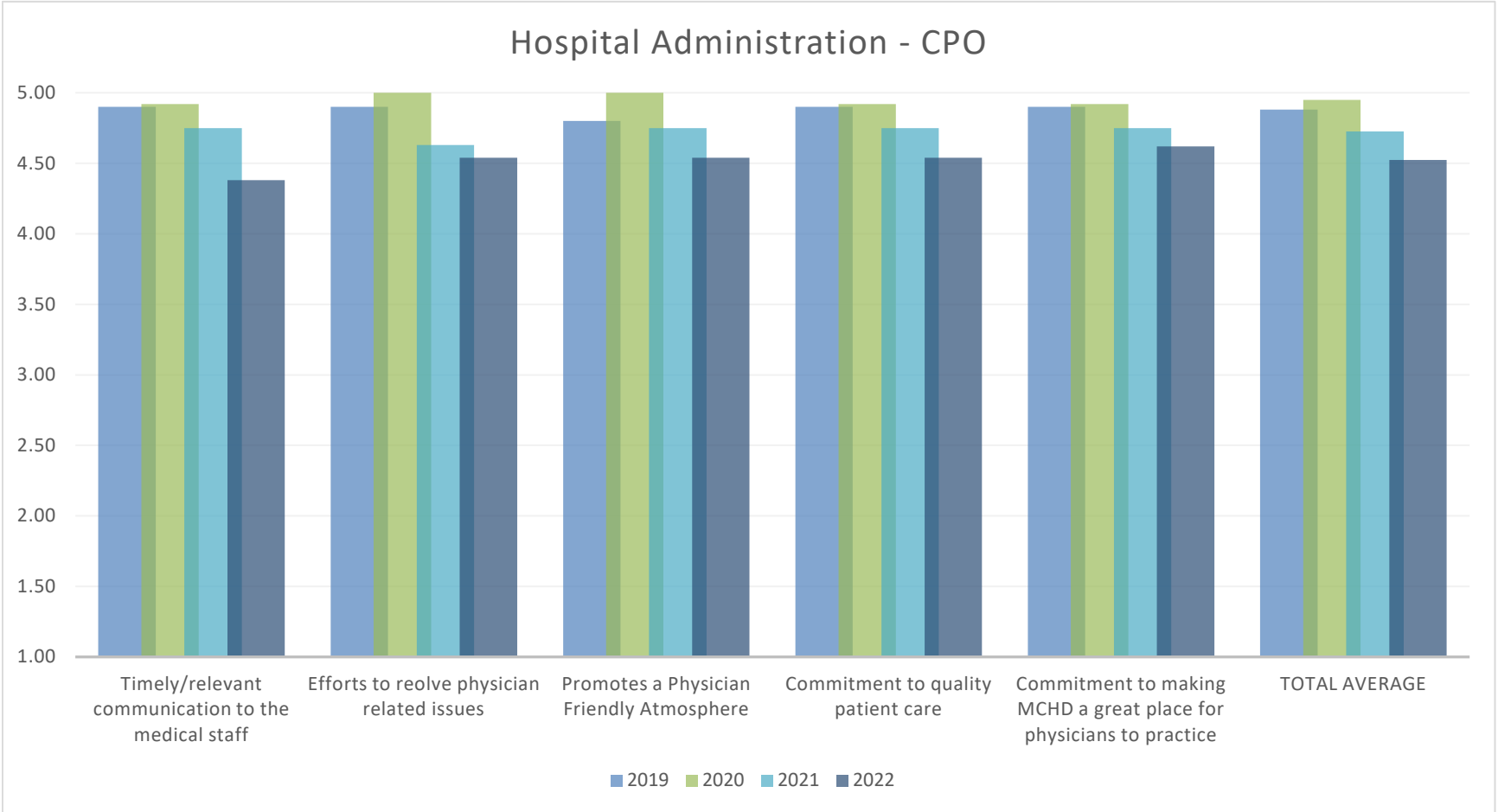
Support Services						
	2017	2018	2019	2020	2021	2022
Dietary	4.83	4.83	4.50	4.83	4.25	4.67
Dietitian	3.88	3.83	4.25	4.70	4.40	4.63
Plant Operations (Maintainence)	4.85	5.00	4.90	5.00	4.75	4.85
Housekeeping	4.85	5.00	4.90	5.00	4.56	4.92



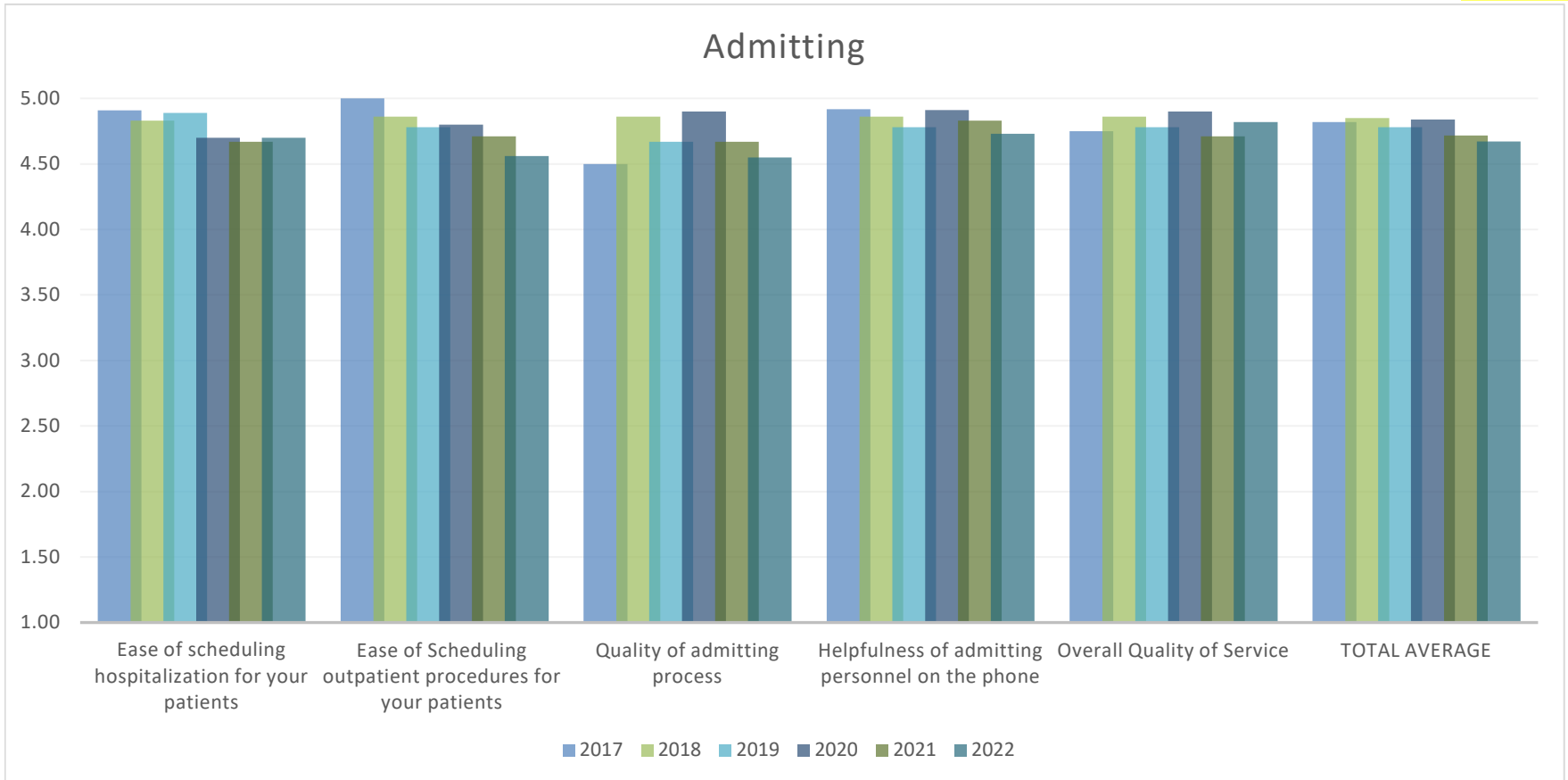
MIS (Information Technology)						
	2017	2018	2019	2020	2021	2022
Availability of technology you need	4.69	4.56	4.30	4.50	4.38	4.69
IT Leadership	4.69	4.67	4.67	4.73	4.17	4.50
Technical quality of department staff	4.77	4.67	4.60	4.73	4.50	4.77
Speed of obtaining results	4.77	4.67	4.40	4.55	4.38	4.62
TOTAL AVERAGE	4.73	4.64	4.49	4.63	4.36	4.65



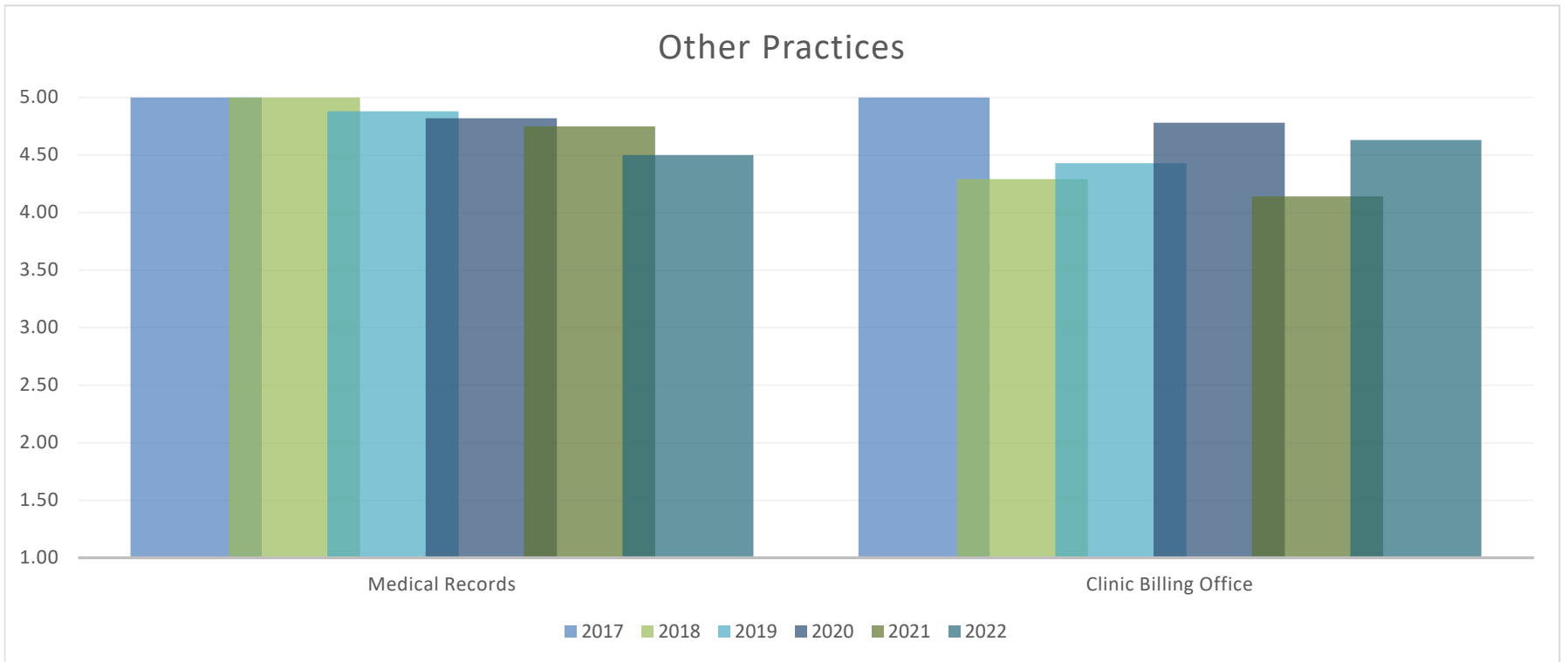
HOSPITAL ADMINISTRATION - CPO						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	4.83	4.63	4.90	4.92	4.75	4.38
Efforts to resolve physician related issues	4.83	4.88	4.90	5.00	4.63	4.54
Promotes a Physician Friendly Atmosphere	4.83	4.63	4.80	5.00	4.75	4.54
Commitment to quality patient care	4.83	4.63	4.90	4.92	4.75	4.54
Commitment to making MCHD a great place for physicians to practice	4.83	4.88	4.90	4.92	4.75	4.62
TOTAL AVERAGE	4.83	4.73	4.88	4.95	4.73	4.52



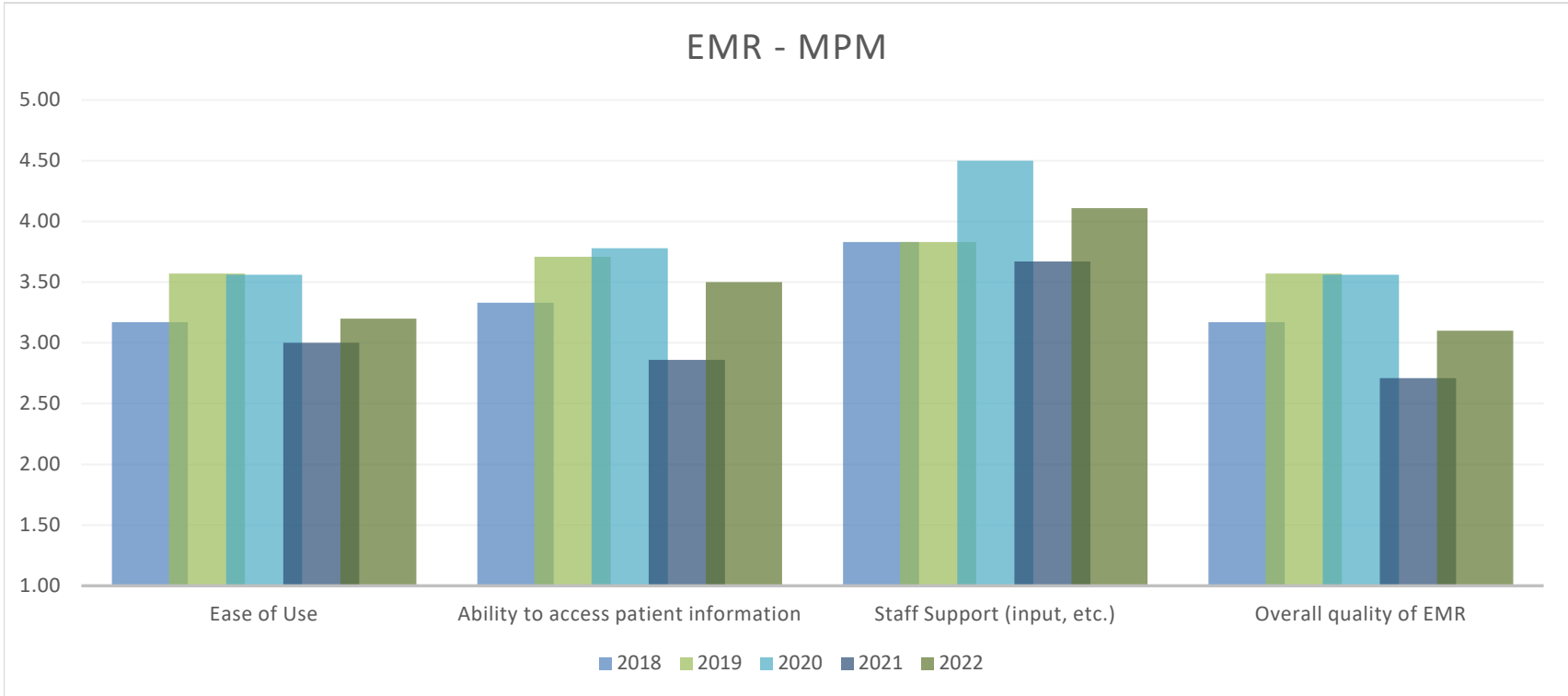
INPATIENT ADMITTING/SCHEDULING						
	2017	2018	2019	2020	2021	2022
Ease of scheduling hospitalization for your patients	4.91	4.83	4.89	4.70	4.67	4.70
Ease of Scheduling outpatient procedures for your patients	5.00	4.86	4.78	4.80	4.71	4.56
Quality of admitting process	4.50	4.86	4.67	4.90	4.67	4.55
Helpfulness of admitting personnel on the phone	4.92	4.86	4.78	4.91	4.83	4.73
Overall Quality of Service	4.75	4.86	4.78	4.90	4.71	4.82
TOTAL AVERAGE	4.82	4.85	4.78	4.84	4.72	4.67



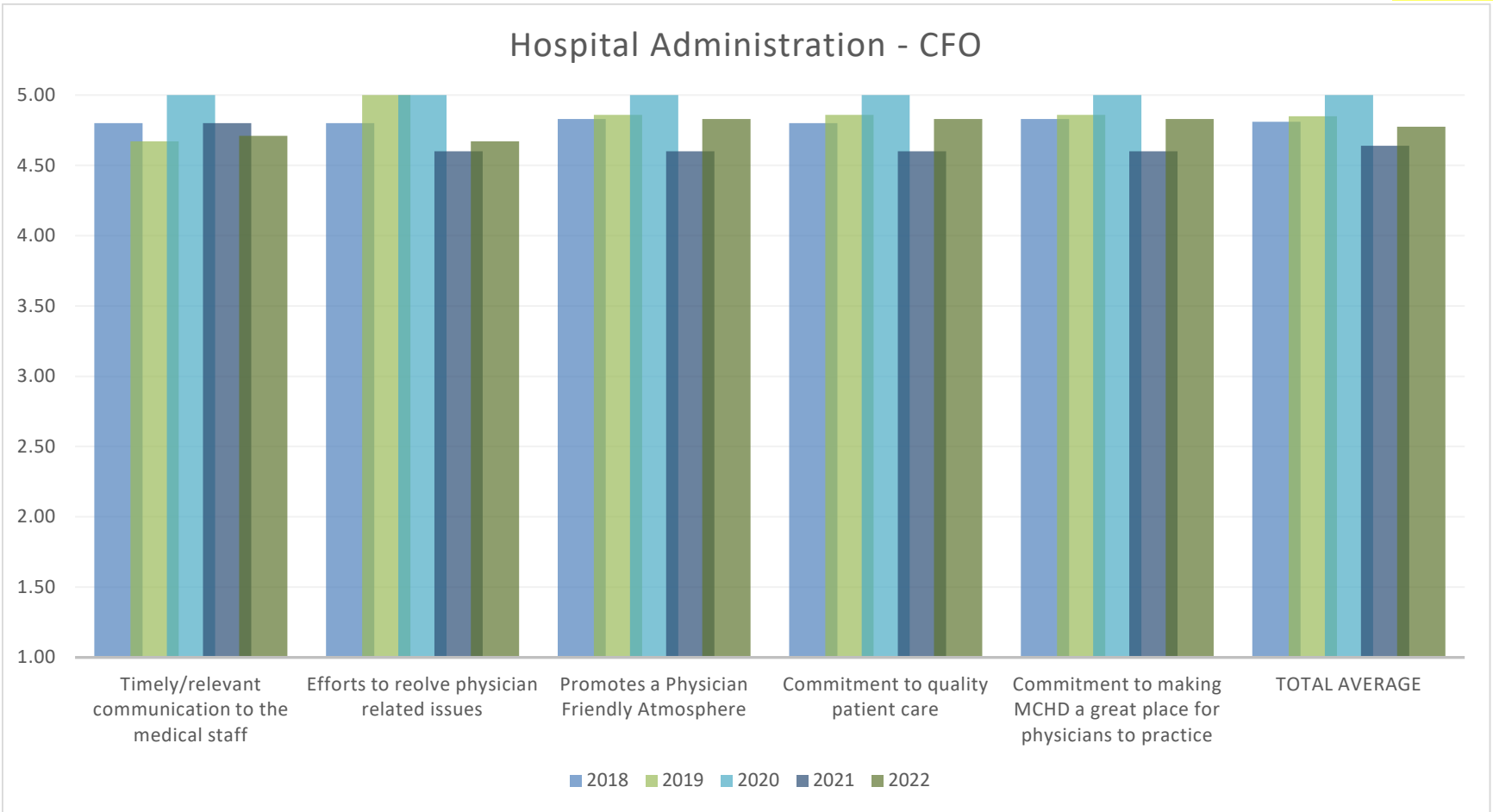
Other Practices						
	2017	2018	2019	2020	2021	2022
Medical Records	5.00	5.00	4.88	4.82	4.75	4.50
Clinic Billing Office	5.00	4.29	4.43	4.78	4.14	4.63



EMR - MPM					
	2018	2019	2020	2021	2022
Clinic Infomaticist	3.86	3.67	4.75	4.57	4.30
Ease of Use	3.17	3.57	3.56	3.00	3.20
Ability to access patient information	3.33	3.71	3.78	2.86	3.50
Staff Support (input, etc.)	3.83	3.83	4.50	3.67	4.11
Overall quality of EMR	3.17	3.57	3.56	2.71	3.10

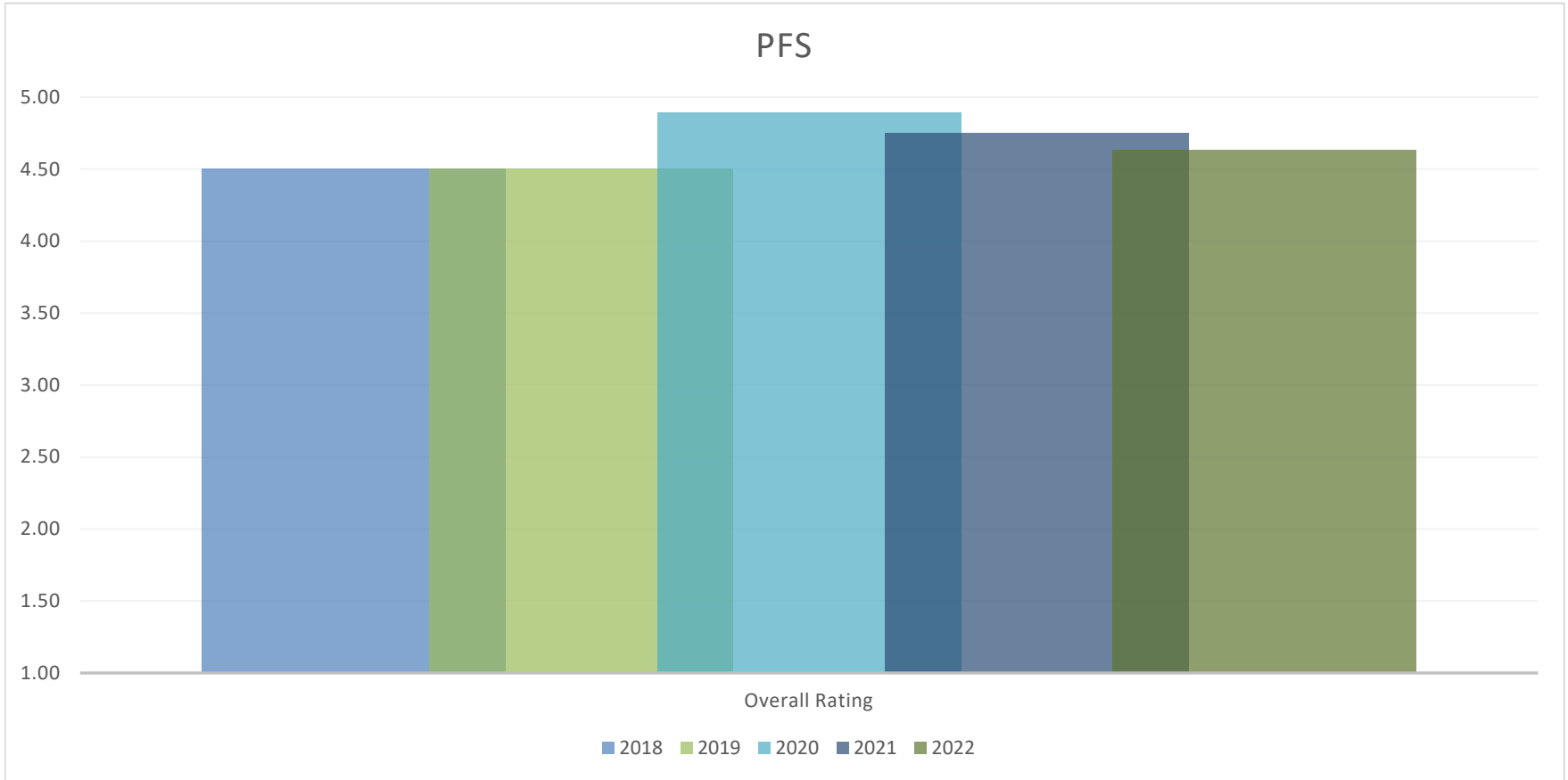


HOSPITAL ADMINISTRATION - CFO						
	2017	2018	2019	2020	2021	2022
Timely/relevant communication to the medical staff	4.36	4.80	4.67	5.00	4.80	4.71
Efforts to reolve physician related issues	4.27	4.80	5.00	5.00	4.60	4.67
Promotes a Physician Friendly Atmosphere	4.27	4.83	4.86	5.00	4.60	4.83
Commitment to quality patient care	4.27	4.80	4.86	5.00	4.60	4.83
Commitment to making MCHD a great place for physicians to practice	4.27	4.83	4.86	5.00	4.60	4.83
TOTAL AVERAGE	4.29	4.81	4.85	5.00	4.64	4.77



Patient Financial Services

	2017	2018	2019	2020	2021	2022
Overall Rating	4.40	4.50	4.50	4.89	4.75	4.63





Physician Satisfaction Survey

Please circle the response that best reflects your status or opinion. If you have no experience with a particular department or area, leave it blank. When completed, please return to Administration in the envelope that is provided. All responses are confidential. Thank you for participating!

Basic Demographics

1	How many patients do you refer to our hospital annually?	0-24	25-74	75-124	125+	N/A
2	What percentage of your practice does this number represent?	0-24%	25-49%	50-74%	75-100%	N/A
3	Which of the following best describes you/your practice?	Private Practice	Employed Clinics	Hospital Based (Contracted)	Affiliate	Other
4	What is your medical specialty?	Internal Medicine	OB/Gyn	General Surgery	Anesthesia	Family Practice
		Ortho	Podiatry	Radiology	Hospitalist	Other
5	Likelihood of your continuing to practice at this hospital?		Less than 2 Years	2-5 Years	5-10 Years	More than 10 Years

Executive Leadership

Hospital Administration (Chief Executive Officer - Jeff)

	Very Poor	Poor	Fair	Good	Very Good	N/A
1	1	2	3	4	5	N/A
2	1	2	3	4	5	N/A
3	1	2	3	4	5	N/A
4	1	2	3	4	5	N/A
5	1	2	3	4	5	N/A
6	1	2	3	4	5	N/A

Comments:

Medical Staff Organizational Structure and Communication

	Very Poor	Poor	Fair	Good	Very Good	N/A
1	1	2	3	4	5	N/A
2	1	2	3	4	5	N/A
3	1	2	3	4	5	N/A
4	1	2	3	4	5	N/A
5	1	2	3	4	5	N/A
6	1	2	3	4	5	N/A
7	1	2	3	4	5	N/A
8	1	2	3	4	5	N/A
9	1	2	3	4	5	N/A

Comments:

Nursing Division							
Nursing Administration (Chief Nursing Officer - Ronda)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Timely and relevant communication wth the medical staff	1	2	3	4	5	N/A
2	Efforts to resolve physician related issues	1	2	3	4	5	N/A
3	Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4	Commitment to quality patient care	1	2	3	4	5	N/A
5	Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:							
Med Surg & ICU		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Director of Nursing	1	2	3	4	5	N/A
2	Quantity of nurses	1	2	3	4	5	N/A
3	Nursing staff stability (low turnover)	1	2	3	4	5	N/A
4	Technical skill/quality of nurses	1	2	3	4	5	N/A
5	Nurses keeping patients informed about procedures, etc.	1	2	3	4	5	N/A
6	Nurses charting ability	1	2	3	4	5	N/A
7	Efficiency in handling physician's orders	1	2	3	4	5	N/A
8	Appropriateness of nurse calls to physician	1	2	3	4	5	N/A
9	Staff interpersonal skills	1	2	3	4	5	N/A
Comments:							
Emergency Room		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Director of Nursing	1	2	3	4	5	N/A
2	Quantity of nurses	1	2	3	4	5	N/A
3	Nursing staff stability (low turnover)	1	2	3	4	5	N/A
4	Technical skill/quality of nurses	1	2	3	4	5	N/A
5	Nurses' ability to keep patients informed about procedures, etc.	1	2	3	4	5	N/A
6	Nurses charting ability	1	2	3	4	5	N/A
7	Appropriateness of nurse calls to physician	1	2	3	4	5	N/A
8	Efficiency in handling physician's orders	1	2	3	4	5	N/A
Comments:							
Labor & Delivery		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Efficiency in handling physician's orders	1	2	3	4	5	N/A
2	Appropriateness of nurse calls to physician	1	2	3	4	5	N/A
3	Director of Nursing	1	2	3	4	5	N/A
4	Technical skill/quality of nurses	1	2	3	4	5	N/A
5	Quantity of nurses	1	2	3	4	5	N/A
6	Nursing staff stability (low turnover)	1	2	3	4	5	N/A
7	Nurses' ability to keep patients informed about procedures, etc.	1	2	3	4	5	N/A
8	Nurses charting ability	1	2	3	4	5	N/A
9	Nursing interpersonal skills	1	2	3	4	5	N/A
Comments:							

Nursing Division (continued)							
Surgery		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Director of Nursing	1	2	3	4	5	N/A
2	Surgical nurse technical skills	1	2	3	4	5	N/A
3	Surgical nurse interpersonal skills	1	2	3	4	5	N/A
4	Anesthesiologists' technical skills	1	2	3	4	5	N/A
5	Anesthesiologists' interpersonal skills	1	2	3	4	5	N/A
6	Availability of supplies and equipment	1	2	3	4	5	N/A
7	Operating room schedule	1	2	3	4	5	N/A
8	Operating room facilities	1	2	3	4	5	N/A
9	Recovery room nurses' technical skills	1	2	3	4	5	N/A
10	Recovery room nurses' interpersonal skills	1	2	3	4	5	N/A
Comments:							
Electronic Medical Records - Hospital Based (Meditech)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Nursing Informaticist (Jennifer)	1	2	3	4	5	N/A
2	Ease of Use	1	2	3	4	5	N/A
3	Ability to access patient information	1	2	3	4	5	N/A
4	Staff Support (input, etc.)	1	2	3	4	5	N/A
5	Overall quality of EMR	1	2	3	4	5	N/A
Comments:							
Additional Nursing Departments		Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Overall, how would you rate the quality of service delivered by:</i>							
1	EMS	1	2	3	4	5	N/A
2	Infection Control	1	2	3	4	5	N/A
Comments:							
Population Health							
Population Health Administration (Yessenia)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Timely and relevant communication wth the medical staff	1	2	3	4	5	N/A
2	Efforts to resolve physician related issues	1	2	3	4	5	N/A
3	Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4	Commitment to quality patient care	1	2	3	4	5	N/A
5	Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:							
Red Team (Discharge Planning & Utilization Review)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Flexibility of Discharge Time	1	2	3	4	5	N/A
2	Preparation of patient to leave hospital	1	2	3	4	5	N/A
3	Speed of discharge process	1	2	3	4	5	N/A
4	Overall effectiveness of Utilization Review	1	2	3	4	5	N/A
5	Overall effectiveness of Discharge Planning	1	2	3	4	5	N/A
6	Overall Quality of Service	1	2	3	4	5	N/A
7	Patient Education (Yolisma)	1	2	3	4	5	N/A
Comments:							

Population Health (Continued)							
Telenursing		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Availability of Telenursing	1	2	3	4	5	N/A
2	Benefit of Telenursing to Patient Care	1	2	3	4	5	N/A
3	Timeliness of Telenursing	1	2	3	4	5	N/A
4	Overall effectiveness of Telenursing	1	2	3	4	5	N/A
5	Overall Quality of Service	1	2	3	4	5	N/A
Comments:							
Additional Telenursing Departments		Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Overall, how would you rate the quality of service delivered by:</i>							
1	Hospital Based Social Services (Erica)	1	2	3	4	5	N/A
2	Clinic Based Social Services (Jordan)	1	2	3	4	5	N/A
Comments:							
Clinical Ancillary Division							
Clinical Ancillary Administration (Chief Operations Officer - Ashleigh W.)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Timely and relevant communication wth the medical staff	1	2	3	4	5	N/A
2	Efforts to resolve physician related issues	1	2	3	4	5	N/A
3	Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4	Commitment to quality patient care	1	2	3	4	5	N/A
5	Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:							
Laboratory		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Availability of technology you need	1	2	3	4	5	N/A
2	Director of Laboratory	1	2	3	4	5	N/A
3	Technical quality of department staff	1	2	3	4	5	N/A
4	Speed of obtaining results	1	2	3	4	5	N/A
Comments:							
Radiology		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Availability of technology you need	1	2	3	4	5	N/A
2	Director of Radiology	1	2	3	4	5	N/A
3	Technical quality of department staff	1	2	3	4	5	N/A
4	Speed of obtaining results	1	2	3	4	5	N/A
Comments:							
Pharmacy		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Accuracy of medications and dosing	1	2	3	4	5	N/A
2	Director of Pharmacy	1	2	3	4	5	N/A
3	Speed of medicine delivery	1	2	3	4	5	N/A
4	Assistance in dosing	1	2	3	4	5	N/A
Comments:							

Clinical Ancillary Division (Continued)						
Additional Clinical Ancillary Departments	Very Poor	Poor	Fair	Good	Very Good	N/A
Overall, how would you rate the quality of service delivered by:						
1 Therapy Services (PT/ST/OT)	1	2	3	4	5	N/A
2 Home Health	1	2	3	4	5	N/A
3 Hospice	1	2	3	4	5	N/A
4 Respiratory Therapy & Sleep Lab	1	2	3	4	5	N/A
5 Medical Staff Services (Credentialling)	1	2	3	4	5	N/A
6 Risk Management / Quality Assurance	1	2	3	4	5	N/A
Comments:						
Nursing Home						
Nursing Home Administration (MNRC Administrator - Galeana Huggenberger)	Very Poor	Poor	Fair	Good	Very Good	N/A
1 Timely and relevant communication wth the medical staff	1	2	3	4	5	N/A
2 Efforts to resolve physician related issues	1	2	3	4	5	N/A
3 Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4 Commitment to quality patient care	1	2	3	4	5	N/A
5 Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:						
Nursing Home	Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Please rate as per your experience.</i>						
1 Efficiency in handling physician's orders	1	2	3	4	5	N/A
2 Appropriateness of nurse calls to physician	1	2	3	4	5	N/A
3 Director of Nursing	1	2	3	4	5	N/A
4 Technical skill/quality of nurses and CNAs	1	2	3	4	5	N/A
5 Quantity of nurses and CNAs	1	2	3	4	5	N/A
6 Nursing and CNAs staff stability (low turnover)	1	2	3	4	5	N/A
7 Nurses' ability to keep residents informed about procedures, etc.	1	2	3	4	5	N/A
8 Charting ability	1	2	3	4	5	N/A
9 Nursing interpersonal skills	1	2	3	4	5	N/A
10 Staff interpersonal skills	1	2	3	4	5	N/A
11 Technical/physical facilities	1	2	3	4	5	N/A
Comments:						

Support Services Division (CEO - Jeff Turner)						
Support Departments	Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Overall, how would you rate the quality of service delivered by:</i>						
1 Dietary	1	2	3	4	5	N/A
2 Dietitian	1	2	3	4	5	N/A
3 Plant Operations (Maintenance)	1	2	3	4	5	N/A
4 Housekeeping	1	2	3	4	5	N/A
Comments:						
Computerized Information Technology	Very Poor	Poor	Fair	Good	Very Good	N/A
1 Availability of technology you need	1	2	3	4	5	N/A
2 IT Leadership	1	2	3	4	5	N/A
3 Technical quality of department staff	1	2	3	4	5	N/A
4 Speed of obtaining results	1	2	3	4	5	N/A
Comments:						
Physician Practices Division						
Physician Practices Administration (Chief Practices Officer - Connie)	Very Poor	Poor	Fair	Good	Very Good	N/A
1 Timely/relevant communication wth the medical staff	1	2	3	4	5	N/A
2 Efforts to resolve physician related issues	1	2	3	4	5	N/A
3 Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4 Commitment to quality patient care	1	2	3	4	5	N/A
5 Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:						
Admissions	Very Poor	Poor	Fair	Good	Very Good	N/A
1 Ease of scheduling hospitalization for your patients	1	2	3	4	5	N/A
2 Ease of scheduling outpatient procedures for your patients	1	2	3	4	5	N/A
3 Quality of admissions process	1	2	3	4	5	N/A
4 Helpfulness of admitting personnel	1	2	3	4	5	N/A
5 Overall Quality of Service	1	2	3	4	5	N/A
Comments:						
Additional Physician Practices Departments	Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Overall, how would you rate the quality of service delivered by:</i>						
1 Medical Records	1	2	3	4	5	N/A
2 Clinic-based Social Services (Adele)	1	2	3	4	5	N/A
3 Clinic Billing Office	1	2	3	4	5	N/A
Comments:						
Electronic Medical Records - Employed Clinics Based (MPM)	Very Poor	Poor	Fair	Good	Very Good	N/A
1 Clinic Infomaticist (Lou)	1	2	3	4	5	N/A
2 Ease of Use	1	2	3	4	5	N/A
3 Ability to access patient information	1	2	3	4	5	N/A
4 Staff Support (input, etc.)	1	2	3	4	5	N/A
5 Overall quality of EMR	1	2	3	4	5	N/A
Comments:						

Finance Division							
Finance Administration (Chief Finance Officer - John Sharp)		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Timely and relevant communication wth the medical staff	1	2	3	4	5	N/A
2	Efforts to resolve physician related issues	1	2	3	4	5	N/A
3	Promotes a physician-friendly atmosphere	1	2	3	4	5	N/A
4	Commitment to quality patient care	1	2	3	4	5	N/A
5	Commitment to making MCHD a great place for physicians to practice	1	2	3	4	5	N/A
Comments:							
Additional Finance Departments		Very Poor	Poor	Fair	Good	Very Good	N/A
<i>Overall, how would you rate the quality of service delivered by:</i>							
1	Business Office	1	2	3	4	5	N/A
Comments:							
Final Evaluations		Very Poor	Poor	Fair	Good	Very Good	N/A
1	Likelihood of your recommending this hospital to your patients	1	2	3	4	5	N/A
2	Likelihood of your recommending this hospital to other physicians	1	2	3	4	5	N/A
3	Overall rating of care delivered at this hospital	1	2	3	4	5	N/A
Comments:							
Open-Ended Questions							
1	Please identify the primary strengths and weaknesses of this facility:						
2	Please identify the most pressing needs of the community served by this facility:						



Physician Engagment Survey

Please circle the response that best reflects your status or opinion. If you have no experience with a particular department or area, leave it blank. When completed, please return to Ashley Smith in Administration. All responses are confidential. Thank you for participating!

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1 I have the opportunity to do what I do best every day.	1	2	3	4	5	N/A
2 I am inspired to go above and beyond what is expected of me.	1	2	3	4	5	N/A
3 I can easily communicate ideas and concerns to MCHD leadership	1	2	3	4	5	N/A
4 I am involved in decisions that affect my role as a physician.	1	2	3	4	5	N/A
5 MCHD leadership is open to change.	1	2	3	4	5	N/A
6 I understand what is expected of me as a physician practicing at MCHD	1	2	3	4	5	N/A
7 MCHD provides opportunities for personal and professional growth.	1	2	3	4	5	N/A
8 My fellow physicians are committed to doing quality work.	1	2	3	4	5	N/A
9 I am treated with respect.	1	2	3	4	5	N/A
10 I am satisfied with the recognition I receive.	1	2	3	4	5	N/A
11 The Electronic Medical Records system is easy to use and efficient.	1	2	3	4	5	N/A
12 I am making a meaningful difference in my work.	1	2	3	4	5	N/A
13 I enjoy my personal time without focusing on work matters.	1	2	3	4	5	N/A
14 I rarely lose sleep over work issues.	1	2	3	4	5	N/A
15 I am able to disconnect from work communications during my free time.	1	2	3	4	5	N/A
16 I can easily communicate ideas and concerns to the Hospital Board.	1	2	3	4	5	N/A
17 Dumas is a great place to live.	1	2	3	4	5	N/A
18 My family and I are comfortable and well liked in our community.	1	2	3	4	5	N/A
19 Dumas/Amarillo provide all the important things my family and I need.	1	2	3	4	5	N/A
Specific to Private Practice (non-employed)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1 I prefer to admit/refer my patients to MCHD.	1	2	3	4	5	N/A
2 MCHD is well prepared to meet the challenges of the next decade.	1	2	3	4	5	N/A
3 I view MCHD as a strategic partner in navigating the changing healthcare landscape.	1	2	3	4	5	N/A
4 MCHD supports the economic growth and success of my individual practice.	1	2	3	4	5	N/A
5 The actions of the Executive Team reflect the goals and priorities of the participating physicians.	1	2	3	4	5	N/A
6 I am willing to put in a great deal of effort to help MCHD succeed.	1	2	3	4	5	N/A
Specific to Employed Physicians	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1 I am able to spend the time I need with my patients.	1	2	3	4	5	N/A
2 I have the right amount of input into my clinical schedule.	1	2	3	4	5	N/A
3 I have adequate input into clinical decisions that affect how I practice medicine.	1	2	3	4	5	N/A
4 The office is appropriately staffed for the volume and complexity of my patients.	1	2	3	4	5	N/A
5 The office staff has sufficient clinical expertise to care for our patients.	1	2	3	4	5	N/A
6 Patient flow is efficient in my office.	1	2	3	4	5	N/A
7 I believe my patients feel highly satisfied with the care they receive.	1	2	3	4	5	N/A
8 My compensation and benefits are comparable to what I would make at other locations.	1	2	3	4	5	N/A
9 MCHD supports my deisred work/ life balance.	1	2	3	4	5	N/A

SERVICE STRATEGY 2 | UNIDINE DIETARY SERVICE ENHANCEMENT

Goal: Deliver contract terms and dietary service capabilities.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Revenue Generation: Implement Point of Sale System	Jeff, Unidine			
2. Implement Special Dining Events: a. Physician Lounge Dining Events b. Women’s Services Celebration Meals c. MNRC “Meals of the Month”	Unidine, Dr. Diehlmann Unidine, Yessenia Unidine, Galy	→	→	→
3. Integrate UniDine Dietician Services with MCHD Services	Unidine, Exec Team	→	→	
4. See also Growth #2: Cafeteria Renovation	Jeff, Unidine	→	→	

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits	50	60	70
Incremental Net Revenue	\$50k	\$100k	\$100k

SUMMARY OF OPPORTUNITIES

EMPLOYEES

“Be a great place for employees to work”

1. Employee Engagement Survey
2. Implement Active Shooter Response Plan
3. Respond to shifts in Market Compensation

EMPLOYEE STRATEGY 1 | EMPLOYEE ENGAGEMENT SURVEY

Goal: Maintain the culture of being a great place to work.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Conduct Survey (October 2023)	Kathie			
2. Review Results and Implement Action Plans as Indicated.		Exec Team	→	→

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

MOORE COUNTY HOSPITAL DISTRICT

2022 EMPLOYEE SURVEY EXECUTIVE OVERVIEW

Sarah McLaughlin, MA

Press Ganey Workforce Solutions

June 2022

TODAY'S AGENDA

 **SUMMARY OF KEY FINDINGS**

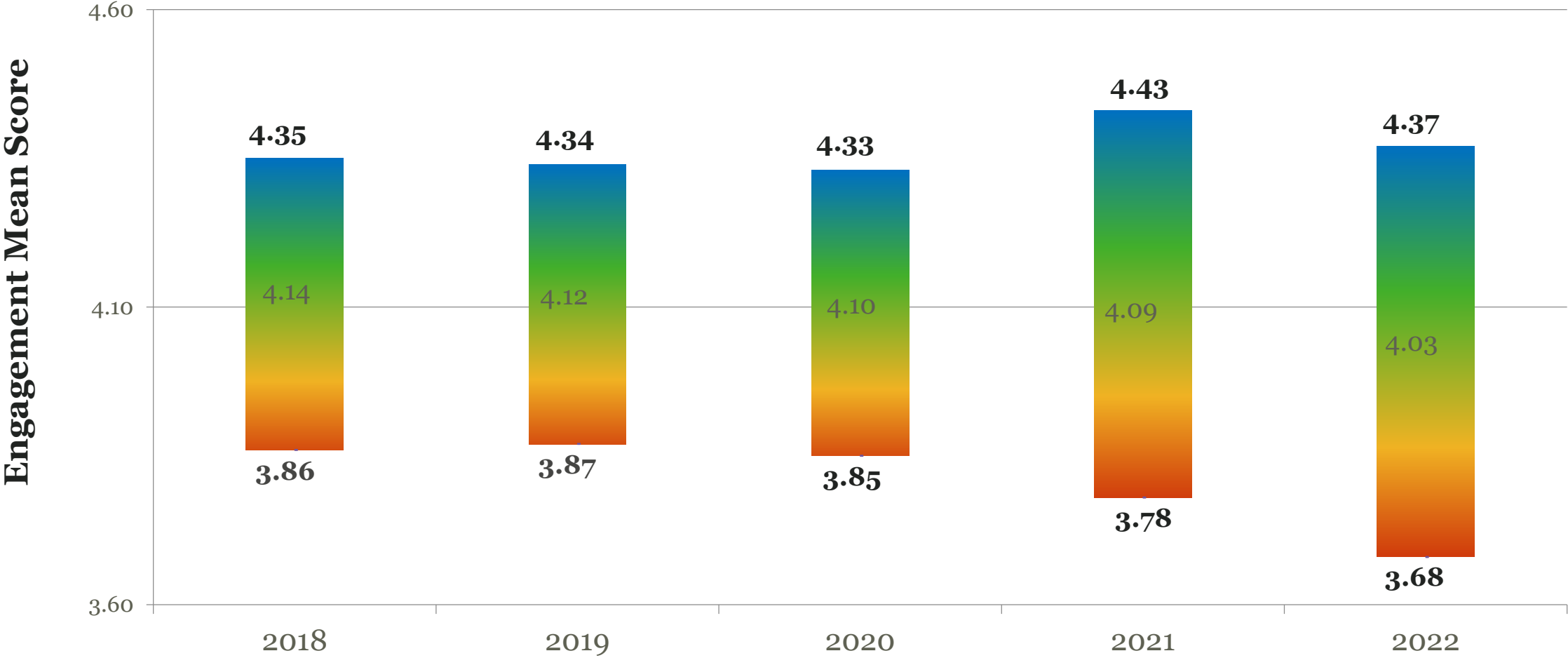
 **KEY DRIVERS & PERFORMANCE**

 **SEGMENTING UNITS FOR TAILORED SUPPORT**

 **FOCUS AREAS: INSIGHTS & TACTICS**

 **NEXT STEPS**

THE PACK IS SEPARATING: EMPLOYEE ENGAGEMENT



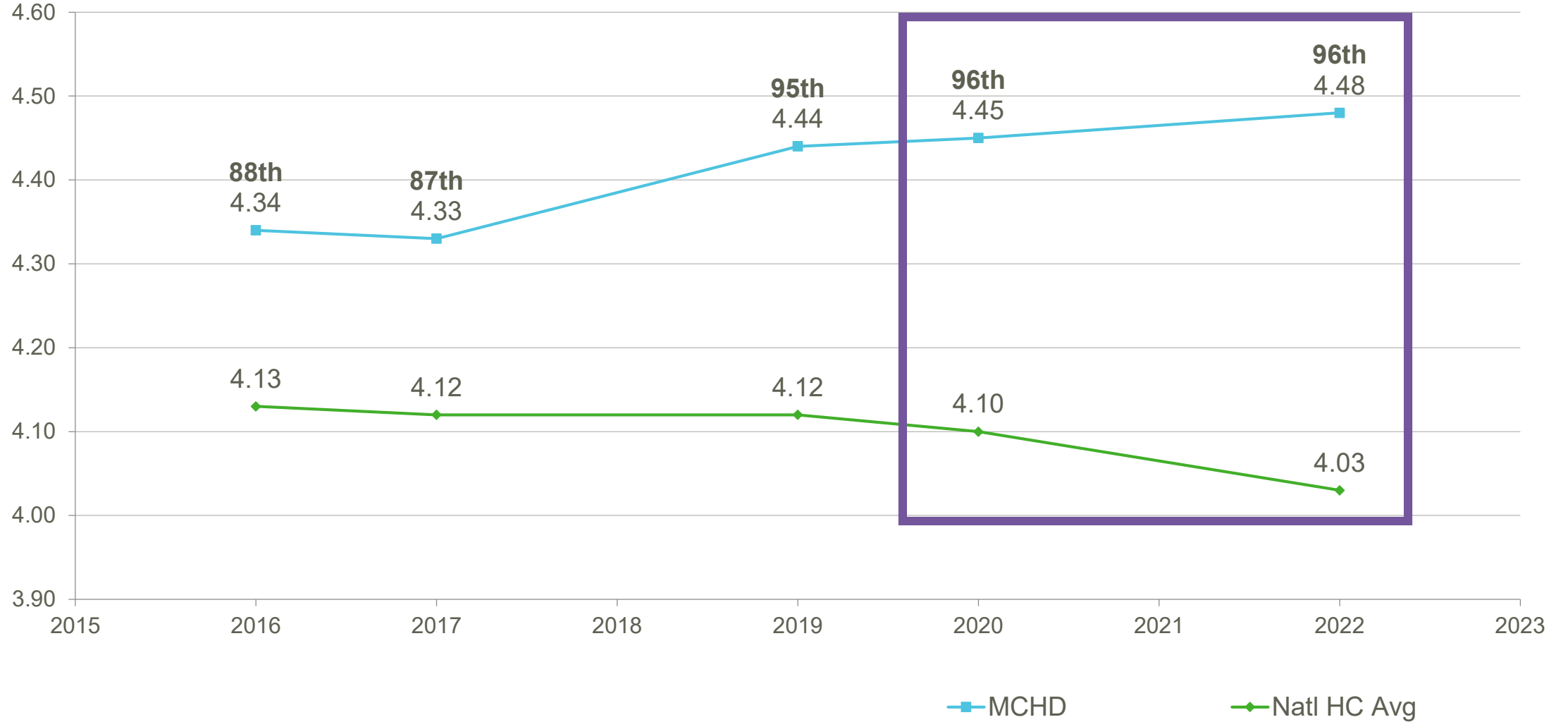
Note – National Healthcare Average based on Press Ganey's six (6) Engagement items . Employee respondents 2021 (1.64M), 2020 (1.87M), 2019 (1.61M), 2018 (1.42M).

© 2022 Press Ganey Associates LLC



ENGAGEMENT TRENDDING

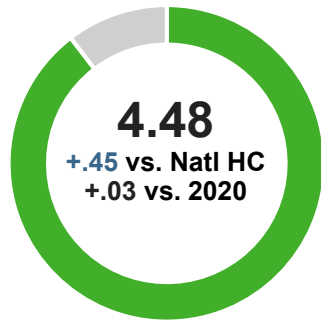
2022 Natl Healthcare Avg
Facilities: 4,071
Respondents: 1,502,916



EMPLOYEE RESULTS OVERVIEW

Survey Admin: Month - Month 2022
n=307, 98% Response Rate (2020: 98%)

ENGAGEMENT



Benchmark	2022	2020
Natl HC	96 th	96 th

KEY DRIVERS

My work is meaningful.

This organization provides high-quality care and service.

This organization cares about quality improvement.

STRENGTHS

- Staffing Perceptions scores +.98 vs Natl HC and +.30 vs 2020 survey
- Physician and Staff Teamwork; +.18 vs 2020
- Pay Perceptions +.84 vs Natl HC Avg.
- No items scored below the Natl Healthcare Average

OPPORTUNITIES

- Continue to focus on safety
- Build connections between staff and senior leadership

Note – In this presentation **BLUE/RED** notes a statistically significant difference.

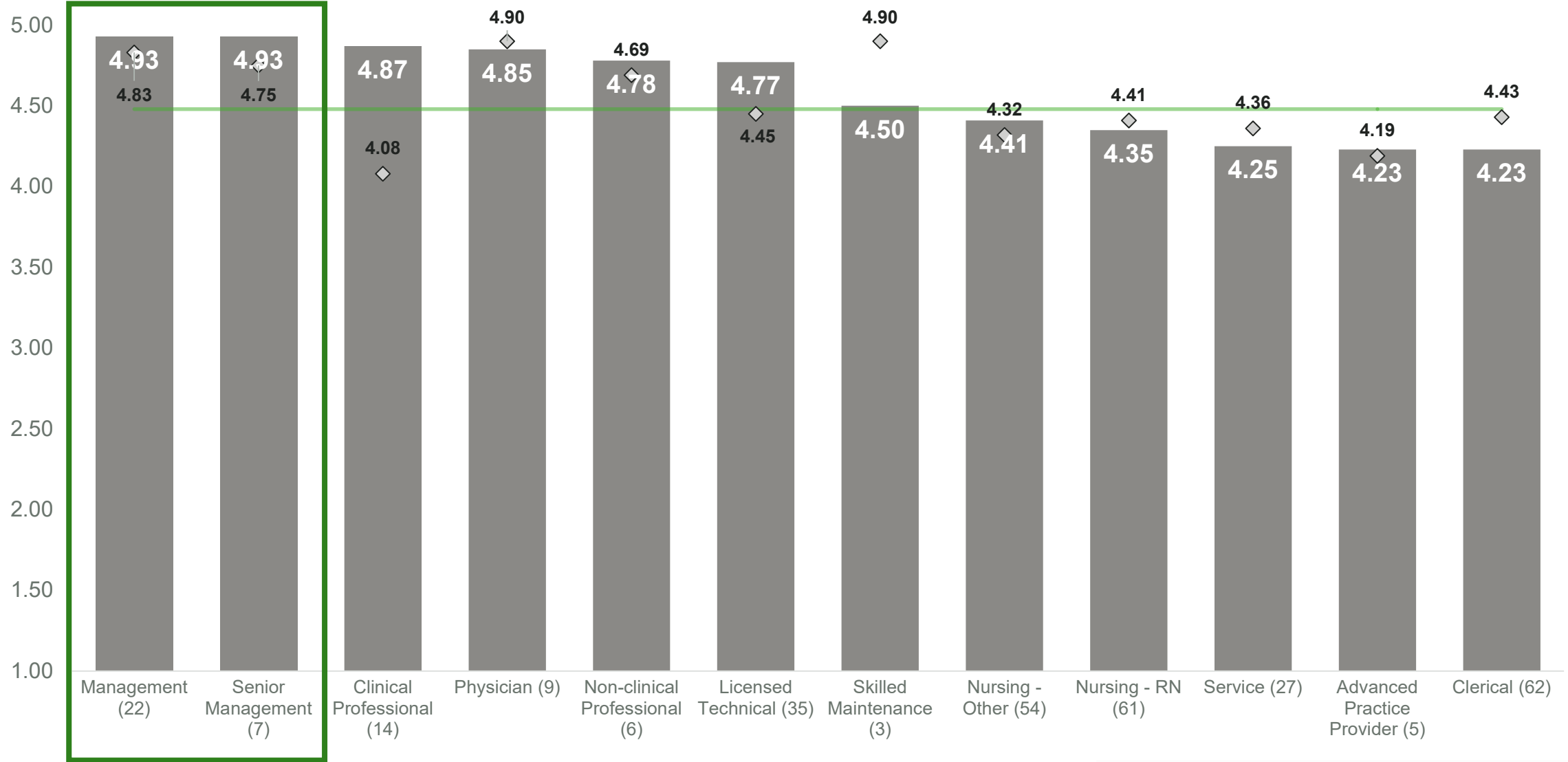
Natl HC Avg +/- .12 History +/- .16

© 2022 Press Ganey Associates LLC

ENGAGEMENT

Engagement Item	% Unfav	% Neut	% Fav	2022 MCHD Score	vs. Natl HC Avg	vs. 2020 MCHD
65. Overall, I am a satisfied employee.	2%	9%	90%	4.46	+.53	-.01
42. I would stay with this organization if offered a similar position elsewhere.	3%	15%	83%	4.35	+.52	+.04
64. I would recommend this organization as a good place to work.	1%	9%	90%	4.49	+.48	.00
55. I would like to be working at this organization three years from now.	1%	9%	89%	4.51	+.46	+.03
41. I am proud to tell people I work for this organization.	1%	8%	92%	4.55	+.35	+.06
50. I would recommend this organization to family and friends who need care.	2%	7%	91%	4.50	+.32	+.05
2022 MCHD Engagement	2%	9%	89%	4.48	+.45	+.03

ENGAGEMENT BY POSITION



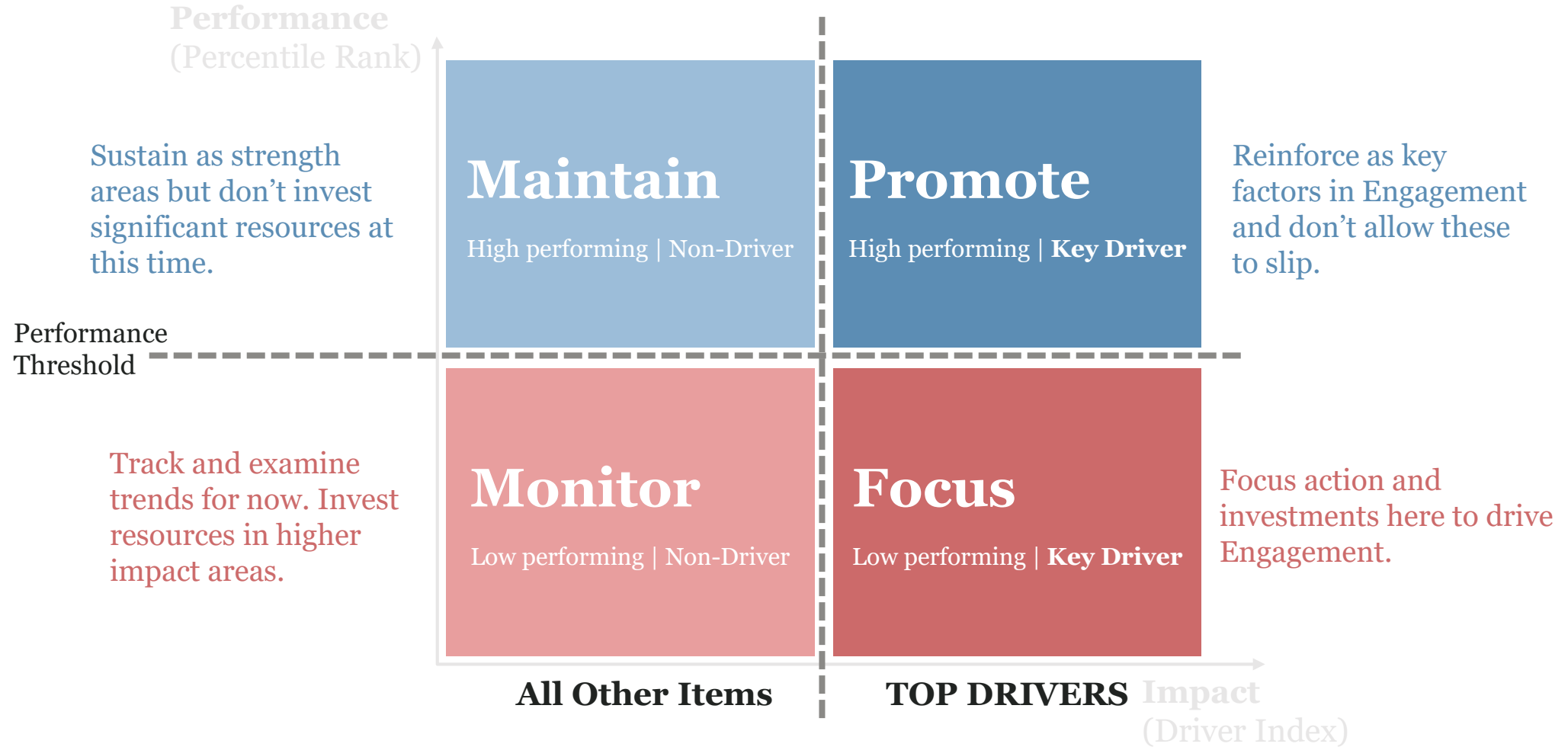
◇ Historical Score

Line indicates your 2022 MCHD Engagement Score of 4.48



SURVEY RESULTS

KEY DRIVER SELECTION



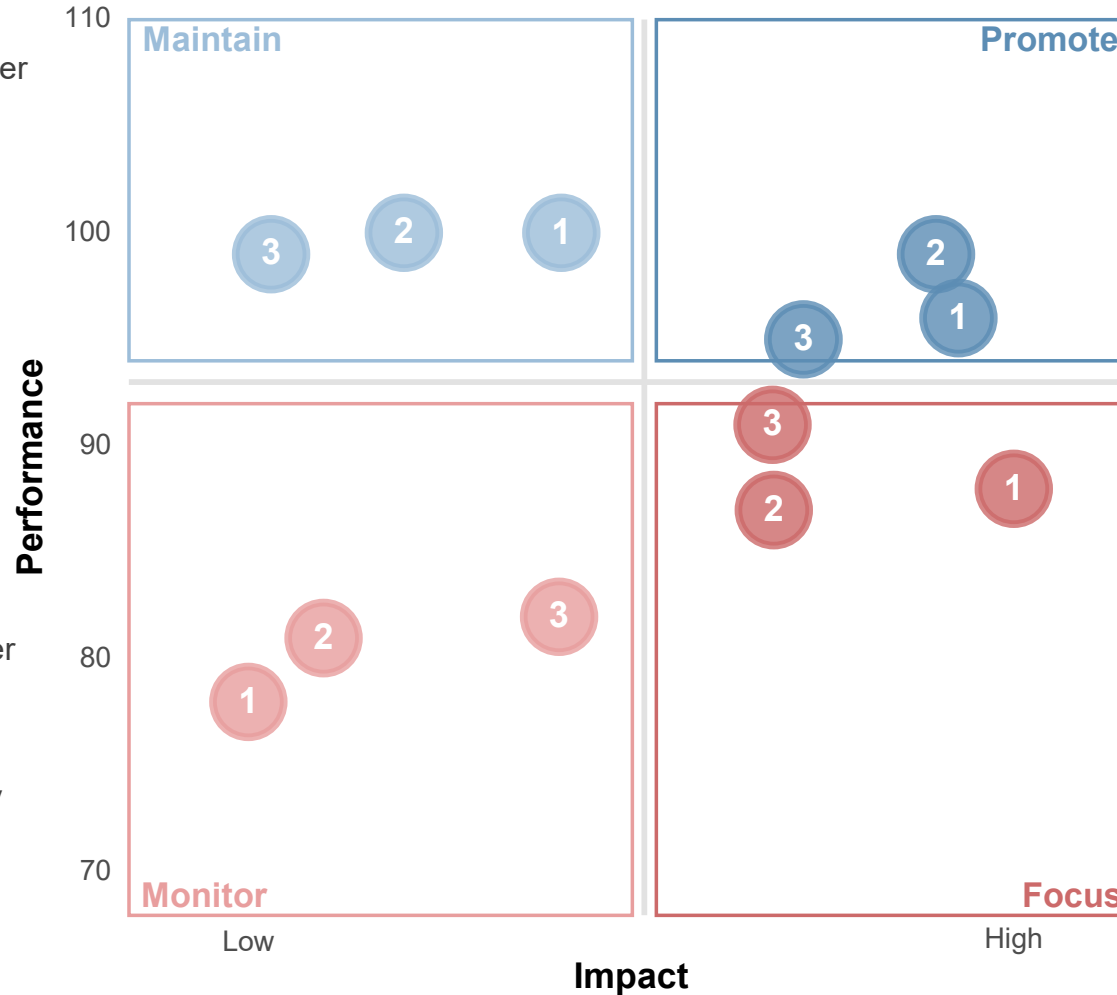
PRIORITIZED INSIGHTS FOR ENGAGEMENT

Maintain: High Performing | Non-Driver

- 1 I am satisfied with my job security.
- 2 This organization provides career development opportunities.
- 3 The amount of job stress I feel is reasonable.

Monitor: Low Performing | Non-Driver

- 1 The person I report to treats me with respect.
- 2 Employees in my work unit make every effort to deliver safe, error-free care.
- 3 Patient safety is a priority in this organization.



Promote: High Performing | Key Driver

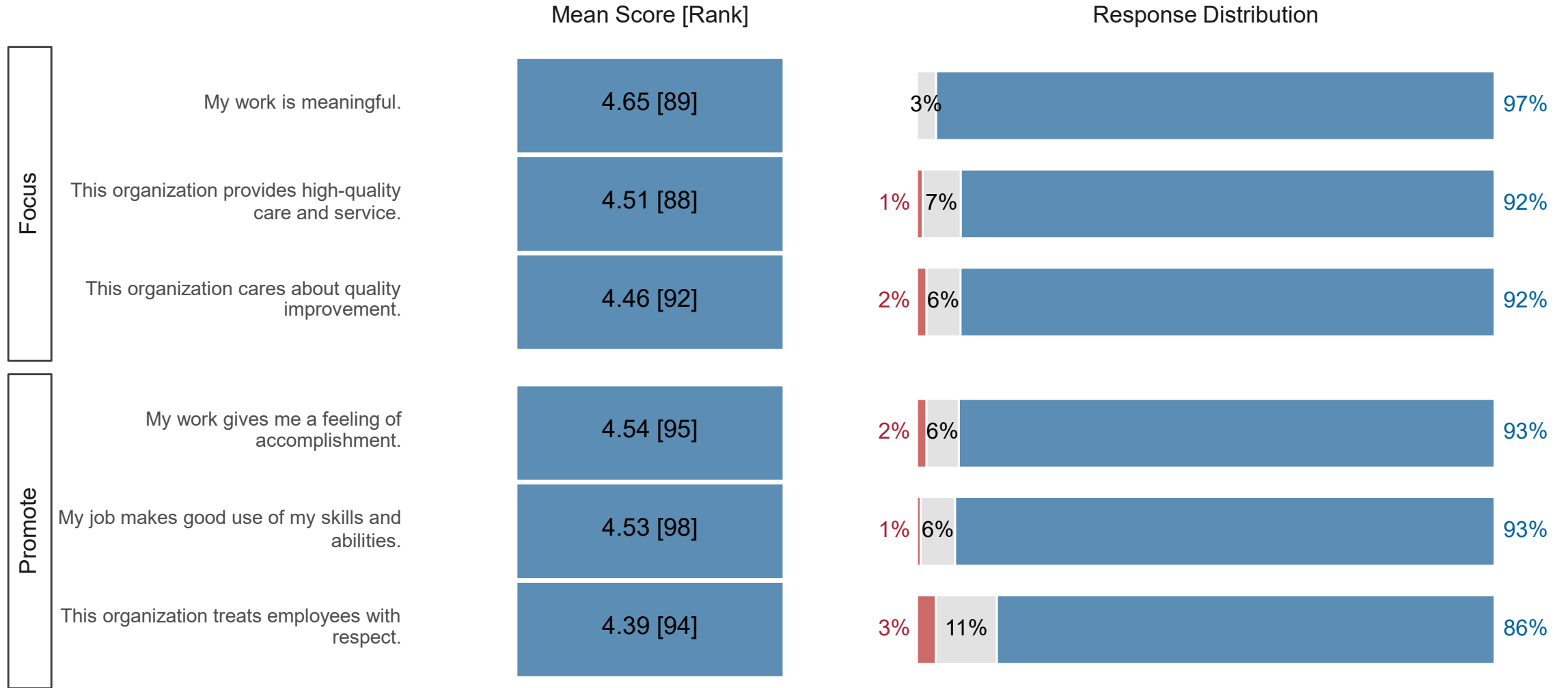
- 1 My work gives me a feeling of accomplishment.
- 2 My job makes good use of my skills and abilities.
- 3 This organization treats employees with respect.

Focus: Low Performing | Key Driver

- 1 My work is meaningful.
- 2 This organization provides high-quality care and service.
- 3 This organization cares about quality improvement.

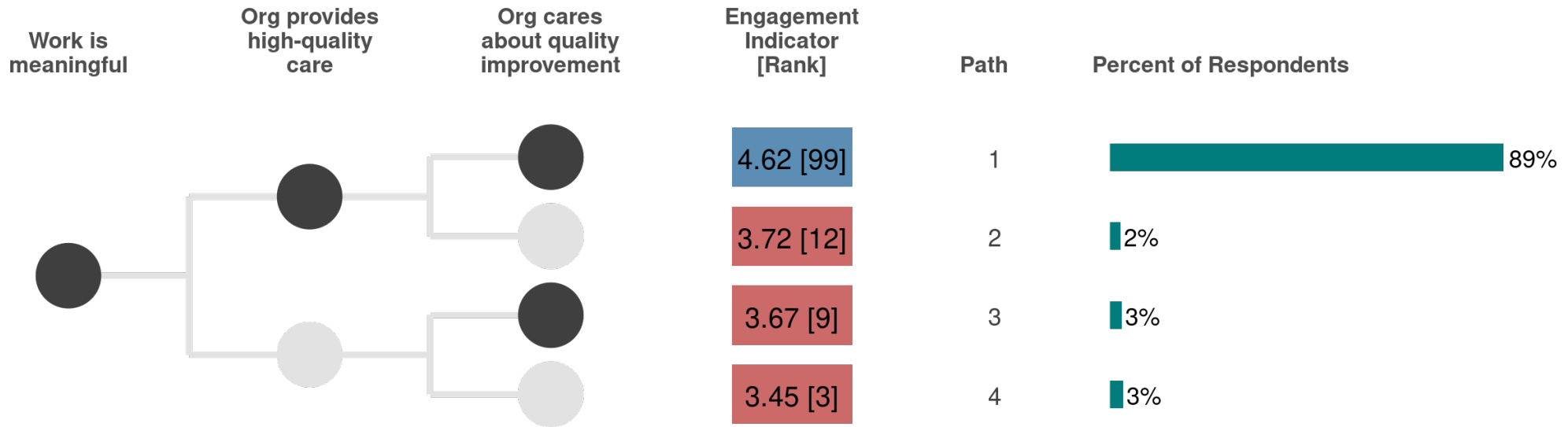
Performance threshold: 93rd Percentile

KEY DRIVER PERFORMANCE



Percentile Rank ■ <26 ■ 26-50 ■ 51-75 ■ >75 ■ Custom Item ■ Unfavorable ■ Neutral ■ Favorable

IMPACT OF DRIVER ITEMS ON ENGAGEMENT



Favorable ●
 Neutral or Unfavorable ●
 LLC

Engagement Indicator Percentile Rank
 ● <26 ● 26-50 ● 51-75
 ● >75 n < 5

HIGHEST PERFORMING ITEMS VS. NATL HC AVG

Item	Domain	% Unfav	% Neut	% Fav	2022 MCHD Score	vs. Natl HC Avg	vs. 2020 MCHD
30. My work unit is adequately staffed.	ORG	11%	11%	78%	4.10	+0.98	+0.30
29. My pay is fair compared to other healthcare employers in this area.	ORG	7%	17%	76%	4.14	+0.84	+0.09
31. The amount of job stress I feel is reasonable.	EMP	6%	13%	82%	4.14	+0.75	+0.10
47. This organization provides career development opportunities.	ORG	2%	12%	86%	4.39	+0.71	+0.09
53. I have sufficient time to provide the best care/service for our clients/patients.	EMP	4%	10%	87%	4.37	+0.68	+0.11

No items scored below the National Healthcare Average.

GREATEST IMPROVEMENTS

Item	Domain	% Unfav	% Neut	% Fav	2022 MCHD Score	vs. Natl HC Avg	vs. 2020 MCHD
30. My work unit is adequately staffed.	ORG	11%	11%	78%	4.10	+0.98	+0.30
24. Physicians and staff work well together.	ORG	1%	11%	89%	4.44	+0.43	+0.18
52. I get the tools and resources I need to provide the best care/service for our clients/patients.	ORG	2%	8%	90%	4.46	+0.58	+0.17
53. I have sufficient time to provide the best care/service for our clients/patients.	EMP	4%	10%	87%	4.37	+0.68	+0.11
59. I feel like I belong in this organization.	EMP	1%	7%	92%	4.53	+0.49	+0.11
8. The person I report to cares about my job satisfaction.	MGR	4%	6%	90%	4.52	+0.35	+0.11

GREATEST DECLINES

Item	Domain	% Unfav	% Neut	% Fav	2022 MCHD Score	vs. Natl HC Avg	vs. 2020 MCHD
38. Employees in my work unit make every effort to deliver safe, error-free care.	EMP	1%	7%	92%	4.52	+ .18	-.04
15. This organization conducts business in an ethical manner.	ORG	2%	9%	89%	4.44	+ .35	-.03
62. I have confidence in senior management's leadership.	ORG	4%	13%	83%	4.35	+ .60	-.03
34. Patient safety is a priority in this organization.	ORG	1%	6%	93%	4.56	+ .24	-.02
32. The environment at this organization makes employees in my work unit want to go above and beyond what's expected of them.	EMP	6%	16%	78%	4.17	+ .64	-.02



SEGMENTING UNITS FOR TAILORED SUPPORT

MCHD TEAM INDEX DISTRIBUTION



Team Index 1

(Power Items score ≥ 4.15)

- Fewest obstacles
- Less need for formal improvement planning



Team Index 2

(Power Items score ≥ 3.80 and < 4.15)

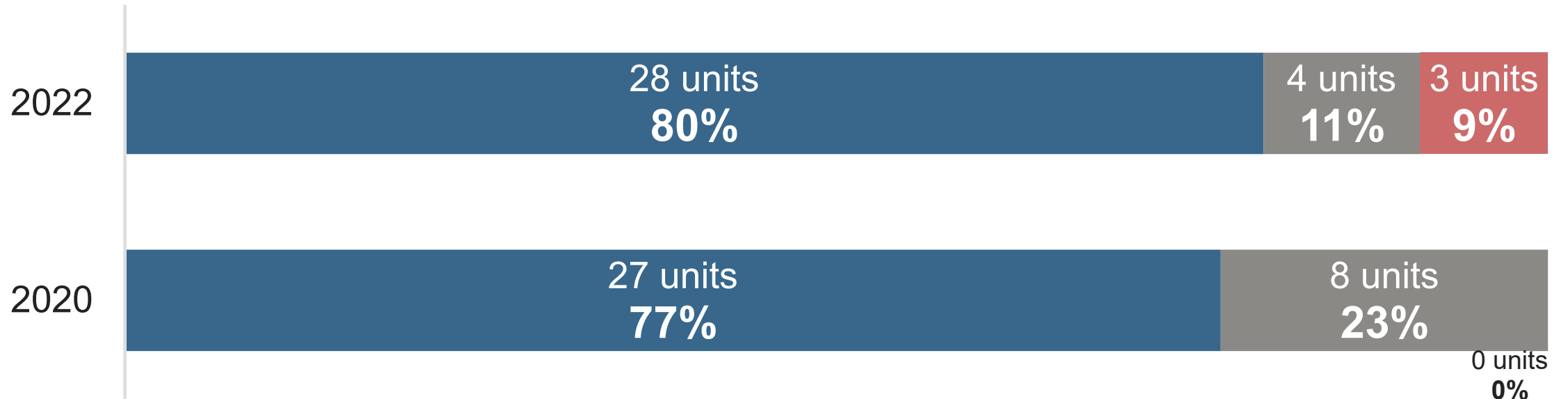
- Some obstacles
- Would benefit from group improvement planning



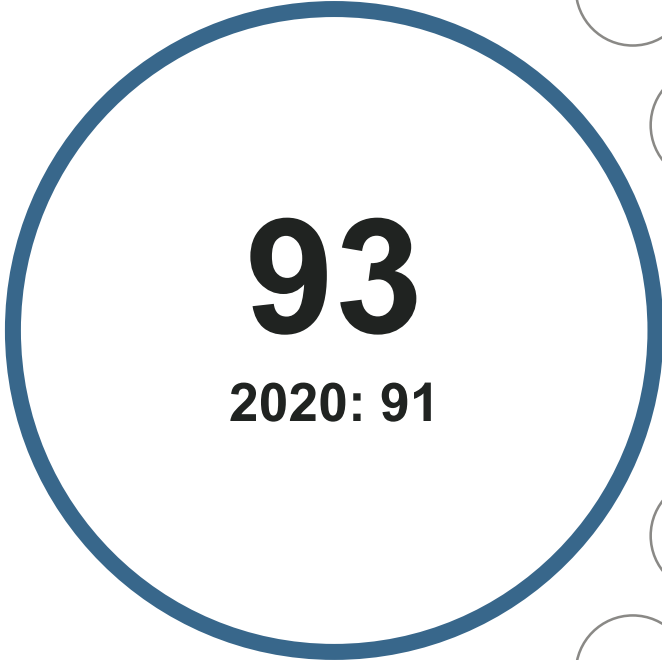
Team Index 3

(Power Items score < 3.80)

- Greatest obstacles
- Would benefit most from improvement planning support



MCHD LEADER INDEX SCORE



- The person I report to treats me with respect.
- I respect the abilities of the person to whom I report.
- The person I report to encourages teamwork.
- The person I report to cares about my job satisfaction.
- The person I report to is a good communicator.
- I am involved in decisions that affect my work.



MCHD LEADER INDEX DISTRIBUTION



High (>89) & Moderately High (80-89)

Group is ready to have improvement discussions with manager



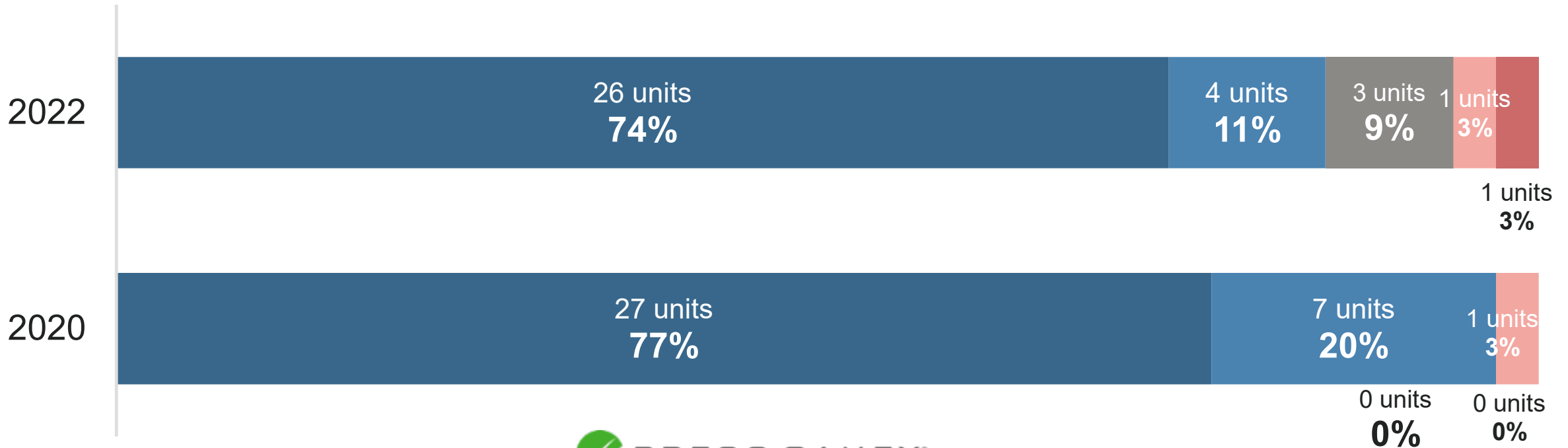
Moderate (70-79)

Group may be ready for improvement discussions, manager may benefit from guidance



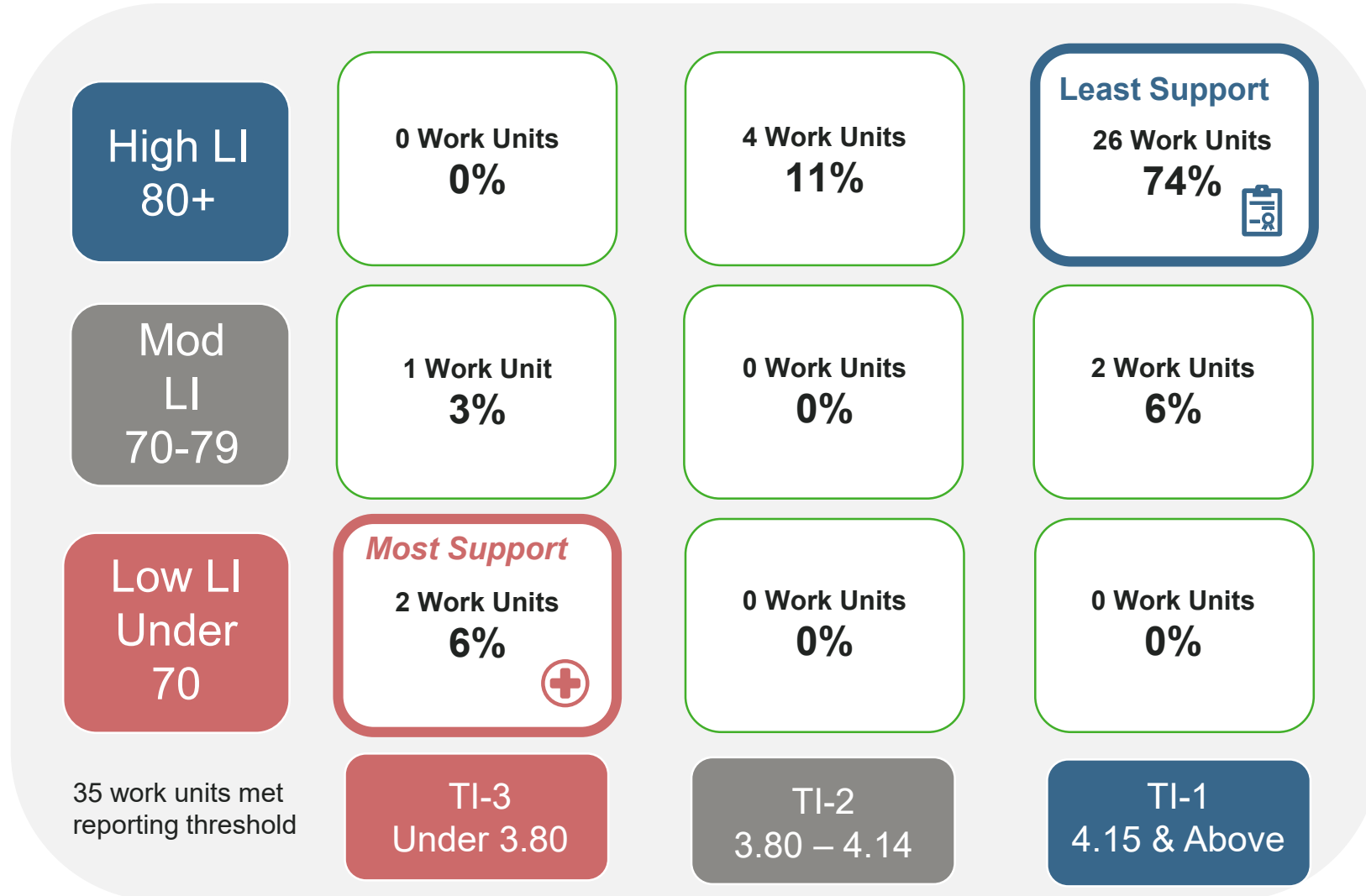
Low (<60) & Moderately Low (60-69)

Build relationships between manager and team prior to improvement discussions



TEAM INDEX/LEADER INDEX MATRIX: SEGMENTING UNITS FOR TAILORED SUPPORT

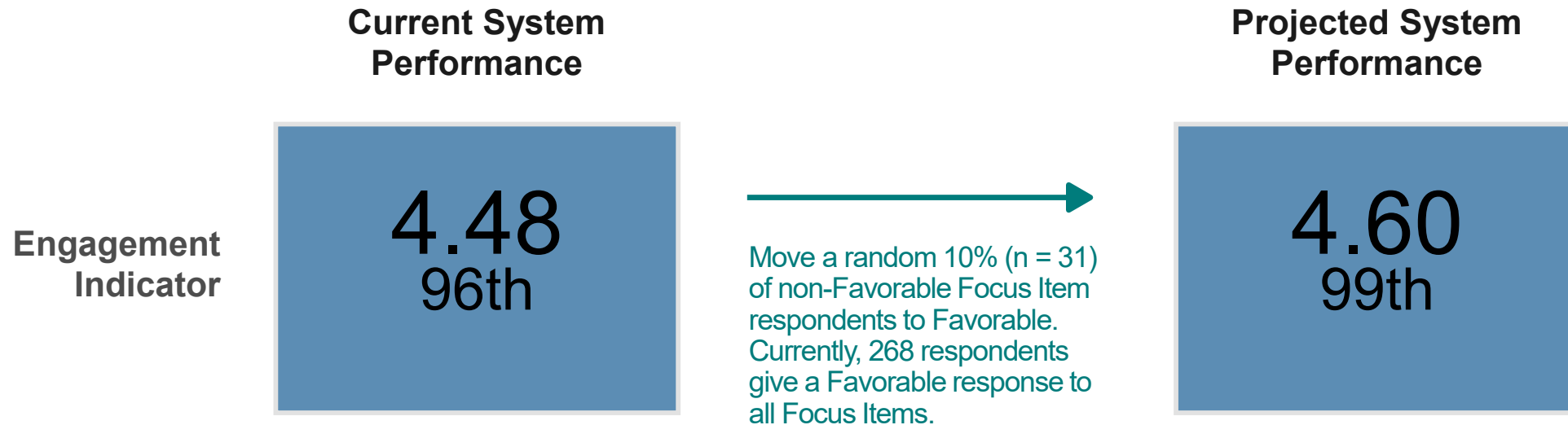
Leader Index
Measure of manager effectiveness and relationship with team



Team Index
Measure of the health of the team and level of support needed

KEY DRIVER ROI

How does improving on the Focus Driver items affect the Engagement Indicator?



ADDITIONAL HIGHLY EFFECTIVE ENGAGEMENT BEST PRACTICES

These best practices are used by 80% or more of PG Award Winners, and are reported as being 95% or more effective

Conduct surveys at least once a year

Department-level mentor relationships

Employ a systematic approach to leadership development

HR leaders coordinate with leaders of quality, safety, and experience

Include peer interviewing of potential new employees

Involve process/change management experts in improvement work

Leaders and managers routinely conduct coaching conversations

Transparent sharing of engagement data, goals, and actions with everyone

FOCUS AREA: KEY DRIVERS

Key Insights

- Lower Scoring Demographics on Focus Key Drivers
 - Emergency Department
 - Registered Nurses
 - Clerical Positions

Recommendations/Tactics

- Focus on safety concerns in these lower scoring demographics
- Involve employees in decisions that impact their work
- Evaluate rounding, is it being done consistently and effectively?
- Are there other factors that could be impacting these areas lower scores on the Key Drivers?

Related Comments

- *Improved EHR that integrates across all MCHD departments - including clinics, inpatient, PT/OT/ST, billing, etc - and has the ability to run analytics natively without having to manually use third party programs. This would save time, costs, improve care, and morale.*
- *Take the time to listen to the issues. Communication is listening as well as speaking. Appreciate your staff. Teamwork is important.*
- *Send out a monthly calendar of events which could show upcoming events, what department is celebrating their national week, and most importantly employees birthdays so we can help celebrate this small victories*
- *Educate nurse managers on how the EMS system works with respect to how calls are handled. 911 calls come before transfers as that is our primary function. Require that nurse managers ride several calls with EMS so that they may gain a better understanding of what we do and how we do our jobs.*

FOCUS AREA: ROUNDING WITH SENIOR LEADERS

Key Insights

- Lower Scoring Demographics
 - Ambulatory Surgery
 - Those with 6-10 years of service
 - Registered Nurses
 - Advanced Practice Providers

Recommendations/Tactics

- Evaluate current rounding practices
 - Are senior leaders rounding regularly?
 - Is safety a theme of rounding?
 - Is feedback being connected back to employees?
- Use the Rounding Resources on the next slide to support conversations and connections

Related Comments

- *Appreciation goes a long way. Admin needs to listen and take initiative as well as stopping favoritism.*
- *Be transparent. Be upfront with employees. Be considerate. Don't just try to make the hospital look good on paper, we are the backbone and hearing our concerns and at the very least acknowledging us would go a long way.*
- *Communication is very important. Don't tell me what you think I want to hear, do something about the issue. Appreciate your staff. Changes need to be discussed with all departments that are affected by the change. Get input. You say we are valued but you do not show it. Don't tell me I am doing a great job and then give me low scores on my evaluation.*
- *The leadership team we have now is doing an excellent job with new ideas, important changes for the daily living for the residents and staff as well and to make an enjoyable work environment. Thank you all for the dedication and hard work.*

LEADERSHIP ROUNDING

Active Listening

- Engage with individual employees to understand needs and allow opportunities for a success story or positive safety event to be brought to life that needs formal/informal recognition
 - Be visible and build individual meaningful relationships that leaves a lasting impact on employees
- Be intentional to loop back with that individual to share updates on topics from the previous conversation or share dialogue to showcase how meaningful their interaction was

Clear Communication coupled with Positive Intent

- Rounding is a two-way conversation: allow back and forth dialogue and constructive feedback
 - Allow clear communication to help drive intentional dialogue to discuss areas of opportunity and how to bridge those gaps to prevent errors from reoccurring
 - Build a culture that empowers employees to actively and freely speak up to raise awareness or concerns without fear of reprimand; instill trust that the focus will be on problem solving
- Be consistent, on-going, and open
 - Communication should openly flow so that ideas and suggestions can create new initiatives that positively impact engagement and the patient experience.

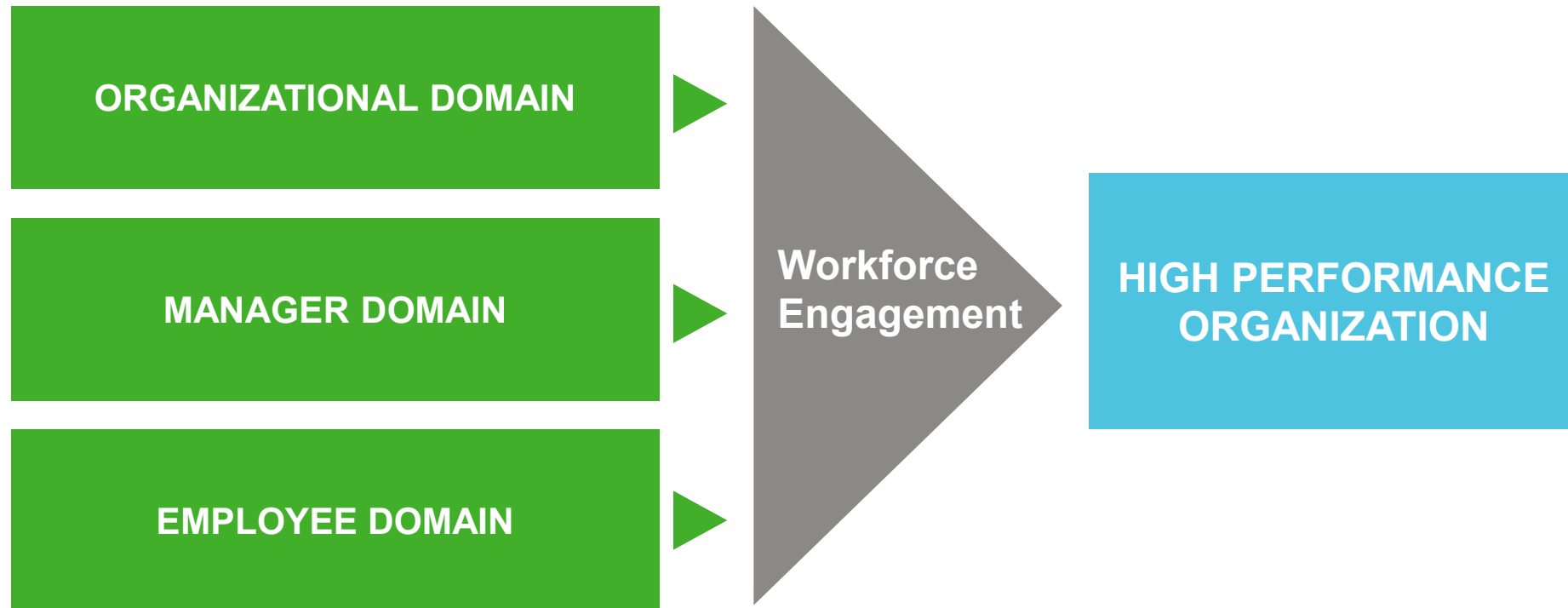
Be Visible and Easily Approachable

- Senior leaders have a great opportunity to showcase that they are just as human as the employees
- In discussions, be fully present to create intentional relationships with employees
- Foster a culture that allows senior leaders to exemplify that their actions truly support the organization's missions and values

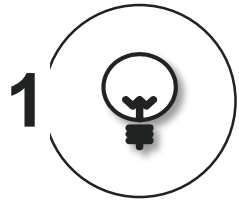
APPENDIX

PRESS GANEY'S WORKFORCE ENGAGEMENT MODEL

Research-based model foundational to measurement, reporting and action-planning within the Press Ganey Workforce Solution.



FIVE STEPS TO DRIVING AN ENGAGEMENT STRATEGY



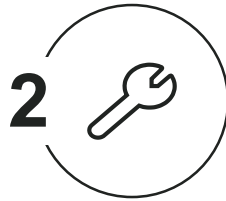
1

Understand Your Current State

Understand organizational appetite for, and previous success with engagement efforts.

Assess **people leadership's readiness** to support and champion improvement work.

Identify gaps between current state and desired state.

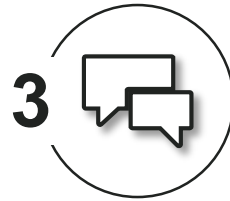


2

Put Appropriate Tools and Methodologies in Place

Develop a measurement regimen that supports your long-term goals

Best practice suggests using a comprehensive, **continuous approach** that pairs **deep-dive diagnostics** with targeted follow-up pulses (**Anchor Survey and On-Demand Pulses**).

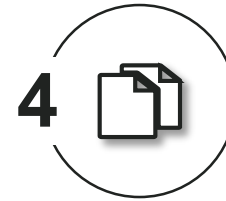


3

Establish a Consistent Data Strategy and Communication Plan

Develop a communication strategy well in advance of measurement, and **allocate appropriate resources**.

Help employees **understand why measurement** is being done, and **how it connects to broader improvement efforts**, including safety, quality, and experience.

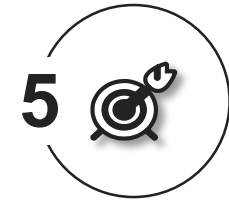


4

Leverage Data to Inform and Align Talent Strategies

Integrate people strategy with other key performance areas to support overall business strategy.

- Match work-unit metrics with other life-cycle data to understand local trends
- Adjust onboarding, retention programs to capitalize on data trends



5

Track Integrated Metrics and Quantify ROI

Use **multiple and targeted approaches to quantify** progress and measure success of engagement strategies

Develop a **micro-scorecard** that includes clear criteria by which success can be measured

ZERO HARM FOR PATIENTS. ZERO HARM FOR CAREGIVERS.

SAFETY 2025

Prevent physical and emotional harm to patients and workforce through sharing learning and data analysis



Uncover insights that accelerate progress.



Leverage data, expertise, and solutions to reduce inequity in healthcare systems

EQUITY PARTNERSHIP

WORKFORCE WELL-BEING COLLABORATIVE

Respond to the toll on your workforce and develop strategies for well-being and resilience



PRIMARY RESPONSIBILITY DEFINITIONS

Senior Management (vice president and above)

Management (director, manager, nurse leader, coordinator, supervisor, etc.; NOT senior management or above)

Physician

Advanced Practice Provider (Nurse Practitioner, Physician Assistant)

Nursing - RN (Registered Nurse)

Nursing - Other (LPN, Nursing Assistant)

Clinical Professional (speech/physical/occupational therapist, etc.)

Non-clinical Professional (IS analyst, accountant, communication/education specialist, etc.)

Licensed Technical (medical lab/radiation therapy technician, etc.)

Skilled Maintenance (carpenter, electrician, general maintenance, etc.)

Clerical (secretary, accounts clerk, computer/switchboard operator, etc.)

Service (food/nutrition services, environmental services, laboratory aide, etc.)

Security

Teaching Faculty

Non MD Advanced Degree (Psychologist, Optometrist, Audiologist, Dentist, etc.)

PRESS GANEY'S TEAM INDEX: POWER ITEMS

Power Item	Domain
My work unit works well together.	EMP
I like the work I do.	EMP
My job makes good use of my skills and abilities.	EMP
The person I report to treats me with respect.	MGR
I am satisfied with the recognition I receive for doing a good job.	MGR
I am involved in decisions that affect my work.	MGR
I respect the abilities of the person to whom I report.	MGR
The person I report to is a good communicator.	MGR
Different work units work well together in this organization.	ORG
This organization conducts business in an ethical manner.	ORG
This organization provides high-quality care and service.	ORG
This organization supports me in balancing my work life and personal life.	ORG
My pay is fair compared to other healthcare employers in this area.	ORG
This organization treats employees with respect.	ORG
This organization provides career development opportunities.	ORG

EMPLOYEE STRATEGY 2 | ACTIVE SHOOTER RESPONSE PLAN

Goal: To protect the lives of our employees, patients, and guests in the event of the unthinkable.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Complete Active Shooter Written Plan	Exec Team			
2. Educate employees on contents of plan and actions.	Exec Team			
3. Prepare and Harden Facility Safe Zones	Jeff, Shawn			
4. Conduct Guardian Training. Complete Psychological Testing/Interviews. Identify Guardians.	Jeff			
5. Implement AlertMedia Communication System	Ashleigh			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9500-EM-1030 Page 1 of 1
Responsible Dept: Emergency Preparedness	
Title: Code Silver-Armed Threat Policy	Effective Date: 3/12/2015

Policy Statement: MCHD has established procedures to govern the response of MCHD personnel in the event of an active shooter or any other armed intruder on the premises.

Rules:

1. Upon learning of a threat:
RUN away from the attacker
HIDE from the attacker
FIGHT the attacker, if RUN or HIDE are not options
2. As soon as possible and from a safe area, call 911 and notify Dispatch of the threat and location of the threat.
3. If able to RUN from the attacker, do not take time to gather personal items—get to a safe location.
4. When possible, call a “**CODE SILVER**” over the intercom and notify the Administrator On Call.
5. Prepare for arrival of Police and other agencies to help mitigate the threat. The Police response will be to enter the premises with at least 2 armed officers to find, engage, and neutralize the threat. Full cooperation will be needed to completely obey the instructions and commands of the officers. Any scene will have lots of confusion, with some decisions or reactions having to be made in a split-second.
DO NOT QUESTION OR HESITATE TO ACT UPON THE OFFICER’S COMMANDS. DO NOT GIVE THE OFFICER ANY REASON TO SUSPECT THAT YOU MAY BE A THREAT TO THEM OR ANYONE ELSE.
6. This policy is not designed to cover every situation that might present in dealing with an “active shooter” armed with a firearm, or any other type of weapon (knife, sword, bat, etc.) that has the potential to kill or injure MCHD personnel or patients. Any employee(s) threatened in any particular situation will have to use their best judgment to protect themselves, their patients, and any other people that are in the immediate area of the threat.

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9500-EM-1031 Page 1 of 3
Responsible Dept: Administration	
Title: Emergency Response Event	Effective Date: 3/20/2023

POLICY STATEMENT

To establish guidelines for securing the hospital in the event of an emergency in which increased safety is required and/or necessitated.

RULES

The ability to maintain a safe environment at any MCHD facility is of primary importance in an emergency. Situations calling for increased safety and/or high level controlled access within the facility include, but are not limited to, infant abductions, kidnappings, bio/chemical incidents requiring partial or total quarantine, criminal activity or civil disturbance within the hospital or the immediate surrounding perimeter, or the arrival of victim(s) of violent crime(s) for treatment when the perpetrator(s) of such violence are not in police custody.

The authority to determine a safety category and communicate such circumstances falls under the CEO, or, if he or she is unable to be reached immediately, the Administrator-on-call. This person will become the Incident Commander and has holds the responsibility to communicate and coordinate with law enforcement and other 1st responders.

1. Safety Categories

A. Hold

- a. Explanation - Stay Within the facility and carry on as necessary.
- b. Examples – Community disturbance affecting an area more than 3 blocks away from the facility, biochemical incidence affecting outside area, infant abduction.
- c. Action – Stay within the facility and carry on responsibilities as necessary. All exterior doors remain locked. Follow department specific procedures as necessary (i.e. for infant abductions).

B. Secure

- a. Explanation – Continue to provide patient care in a secure and/or locked area.
- b. Examples – Imminent threat located directly outside of the facility or within 3 blocks of the area.
- c. Action – Follow your department specific procedure for lockdown. Continue to provide patient care in a secured and/or locked area. All exterior doors remain locked. No one will enter or exit the building during lockdown except as required by regulation (i.e via ED entrance).

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9500-EM-1031 Page 2 of 3
Responsible Dept: Administration	
Title: Emergency Response Event	Effective Date: 3/20/2023

C. Lockdown

- a. Explanation – Run, Hide, Fight. Secure yourself.
- b. Examples – Severe and dangerous disturbance on MCHD property, such as active shooter
- c. Action
 - i. **RUN** – Exit building if possible, to a secure and safe area. Then call 911
 - ii. **Hide** – If unable to run, go to an MCHD designated locked safe zone. Turn off lights, turn down cell phones, remain quiet, and find a weapon for defense. Call 911.
 - iii. **Fight** – If encountered with the threat directly, FIGHT by any means necessary and try to get to safety. If able to escape, call 911.

D. Evacuate

- a. Explanation – Exit the building.
- b. Examples – bomb threat, Fire in your area, environmental threat within the facility
- c. Action – exit to a secure and safe area. Follow evacuation plan for your specific department. When you are safe, call 911.

E. Shelter

- a. Explanation – Shelter in place within the facility in a secure area
- b. Examples – severe weather event with imminent danger such as a tornado near the facility
- c. Action – Follow dept specific procedure for sheltering in place

2. **Communication**

- A. MCHD administration will communicate events to employees in one or more of the following methods.
 - a. Page gate notification/ AlertMedia Phone Text notification
 - b. Email
 - c. Overhead Page
- B. Communication will include Safety Category, Situation, and Action to be taken.
- C. The “All Clear” will be given via the original method of communication that went out to employees.

3. **Guardian Program**

- A. MCHD reserves the right to have approved concealed carriers on-site.
- B. See Guardian Policy

MOORE COUNTY HOSPITAL DISTRICT	Policy #: Page 3 of 3
Responsible Dept:	
Title:	Effective Date:

Attachment:

MCHD Secure Zones Map

MOORE COUNTY HOSPITAL DISTRICT	Policy #: Page 1 of 3
Responsible Dept:	Effective Date:

POLICY STATEMENT

To establish guidelines for securing the hospital in the event of an emergency in which increased safety is required and/or necessitated.

RULES

The ability to maintain a safe environment at any MCHD facility is of primary importance in an emergency. Situations calling for increased safety and/or high level controlled access within the facility include, but are not limited to, infant abductions, kidnappings, bio/chemical incidents requiring partial or total quarantine, criminal activity or civil disturbance within the hospital or the immediate surrounding perimeter, or the arrival of victim(s) of violent crime(s) for treatment when the perpetrator(s) of such violence are not in police custody.

The authority to determine a safety category and communicate such circumstances falls under the CEO, or, if he or she is unable to be reached immediately, the Administrator-on-call. This person will become the Incident Commander and has holds the responsibility to communicate and coordinate with law enforcement and other 1st responders.

1. Safety Categories

A. Hold

- a. Explanation - Stay Within the facility and carry on as necessary.
- b. Examples – Community disturbance affecting an area more than 3 blocks away from the facility, biochemical incidence affecting outside area, infant abduction.
- c. Action – Stay within the facility and carry on responsibilities as necessary. All exterior doors remain locked. Follow department specific procedures as necessary (i.e. for infant abductions).

B. Lockdown

- a. Explanation – Continue to provide patient care in a secure and/or locked area.
- b. Examples – Imminent threat located directly outside of the facility or within 3 blocks of the area.
- c. Action – Follow your department specific procedure for lockdown. Continue to provide patient care in a secured and/or locked area. All exterior doors remain locked. No one will enter or exit the building during lockdown except as required by regulation (i.e via ED entrance).

MOORE COUNTY HOSPITAL DISTRICT	Policy #: Page 2 of 3
Responsible Dept:	
Title:	Effective Date:

C. Secure

- a. Explanation – Run, Hide, Fight. Secure yourself.
- b. Examples – Severe and dangerous disturbance on MCHD property, such as active shooter
- c. Action
 - i. **RUN** – Exit building if possible, to a secure and safe area. Then call 911
 - ii. **Hide** – If unable to run, go to an MCHD designated locked safe zone. Turn off lights, turn down cell phones, remain quiet, and find a weapon for defense. Call 911.
 - iii. **Fight** – If encountered with the threat directly, FIGHT by any means necessary and try to get to safety. If able to escape, call 911.

D. Evacuate

- a. Explanation – Exit the building.
- b. Examples – bomb threat, Fire in your area, environmental threat within the facility
- c. Action – exit to a secure and safe area. Follow evacuation plan for your specific department. When you are safe, call 911.

E. Shelter

- a. Explanation – Shelter in place within the facility in a secure area
- b. Examples – severe weather event with imminent danger such as a tornado near the facility
- c. Action – Follow dept specific procedure for sheltering in place

2. **Communication**

- A. MCHD administration will communicate events to employees in one or more of the following methods.
 - a. Page gate notification
 - b. Email
 - c. Overhead Page
- B. Communication will include Safety Category, Situation, and Action to be taken.
- C. The “All Clear” will be given via the original method of communication that went out to employees.

3. **Guardian Program**

- A. MCHD reserves the right to have approved concealed carriers on-site.
- B. See Guardian Policy

MOORE COUNTY HOSPITAL DISTRICT	Policy #: Page 3 of 3
Responsible Dept:	
Title:	Effective Date:

Attachment:

MCHD Secure Zones Map

EMPLOYEES STRATEGY 3 | RESPOND TO SHIFTS IN MARKET COMPENSATION

Goal: Retain and Recruit Quality Staff; Ensure MCHD remains competitive.

ACTION STEP	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Evaluate Market. Adjust wages, as indicated.	Kathie/Jeff/John			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

QUALITY

“Endure that MCHD’s clinical outcomes meet or exceed national Benchmarks for each service line”

1. Build and Go-live with Meditech Expanse
2. Quality Data
 - a. Begin Submitting American Heart Association Quality Measures (for rural hospitals)
 - b. ACO
 - c. JBS
3. Consider Engaging Third-party Accreditation Vendor
4. Board Quality Initiatives:
 - a. Improve Handwashing
 - b. Decrease EKG Times
 - c. Maintain “Top 20” Chartis/NRHA Quality Award status. Achieve “Overall Top 20” Chartis/NRHA Award.

QUALITY STRATEGY 1 | BUILD AND GO-LIVE WITH MEDITECH EXPANSE

Goal: Replace MCHD’s Aging EHR with a District-wide solution

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Take Delivery of Expance product (May 3, 2023) and initiate building (via MaaS). Adhere to schedule and go-live February 2024.	Executive Team/Directors	→	Go-live Feb 2024	

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$150k	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

QUALITY STRATEGY 2 | QUALITY DATA

Goal: Benchmark Quality Data to assure MCHD's performance.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
<ol style="list-style-type: none"> 1. Begin Submitting American Heart Association Quality Measures (for rural hospitals) 2. ACO Key Performance Metrics 3. JBS Quality Incentive Criteria 4. Maintain "Top 20" Chartis/NRHA Quality Award status. Achieve "Overall Top 20" Chartis/NRHA Award. 	Yessenia Jeff, Yessenia Jeff, PHO, Yessenia			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$



**American
Heart
Association**

National Center
7272 Greenville Avenue
Dallas, Texas 75231

June 20, 2023

Moore County District Hospital
224 E 2nd St
Dumas, TX, 79029

Attention: Jeff Turner
Chief Executive Officer

Re: Get With The Guidelines® ("GWTG") Rural Participation Incentive

Dear Jeff:

The American Heart Association, Inc. ("AHA") hereby awards a GWTG Participation Incentive to Moore County District Hospital ("Program Participant"), subject to the following terms and conditions:

1. The Program Participant represents that it will enroll in the GWTG module – GWTG-Stroke, GWTG-Coronary Artery Disease ("CAD"), and GWTG-Heart Failure ("HF") ("Program").
2. The term for the GWTG Participation Incentive is from June 20, 2023 through June 30, 2025. Within 30 days of submission to the AHA of this signed Rural Participation Incentive agreement ("Agreement"), the AHA agrees to provide the items set out in Attachment A ("Incentive") for the Program Participant's participation in the Program, in accordance with terms and conditions in this Agreement and the activities outlined in Attachment A. AHA is providing the Incentive to the Program Participant to encourage its participation in the Program by assisting in the implementation of the Program activities, to improve site performance and quality of care, and to support AHA's mission to be a relentless force for a world of longer, healthier lives. The parties agree that the Incentive will not indicate or result in a special or preferential status for the Program Participant regarding its potential participation in any other AHA offered or sponsored programs.
3. The Program Participant represents that it is legally incorporated in or has its principal operations in the state where it is located, is in good standing with the State of Texas at the time of this Agreement and agrees it will maintain this status throughout the term of this Agreement. Program Participant confirms further it is not a Type III supporting organization within the meaning of IRC Section 4943(f)(5)(A).
4. The Program Participant will inform the AHA immediately of (i) any change in or challenge to its corporate status including but not limited to adverse change in its standing with the State

of Texas, or if it becomes a Type III supporting organization, (ii) any change in its organizational leadership or key personnel or (iii) any material change or adverse development relative to its financial condition, operations, activities or affairs.

5. The Program Participant accepts responsibility for complying with this Agreement's terms and conditions. The Incentive may not be transferred to any other entity or person not listed in Attachment A.
6. The Program Participant agrees to promptly respond to interim inquiries and requests for information from the AHA for progress made towards achieving the activities of the Program.
7. It is understood that by signing this Agreement, Program Participant agrees that it will conduct all activities in compliance with all applicable United States, state and local laws, as well as in compliance with the laws of any location or jurisdiction in which Program Participant is operating, including applicable anti-terrorist financing and asset-control laws, statutes and executive orders, and privacy and confidentiality of patient health information including, without limitation, the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. parts 160 and 164 ("the "HIPAA Privacy Regulations").
8. Program Participant agrees to ensure that all potential recipients and participants of Program Participant's programs and services have access to programs and receive equitable services without regard to race, sex, education, ethnicity, socio-economic status, religion, ability/disability, sexual orientation, gender self-identification, age, country of origin, first language, marital status, citizenship or immigration status.
9. Program Participant hereby agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the AHA, its officers, employees and agents from and against all claims, liabilities, losses and expenses (including reasonable attorney's fees), directly or indirectly, wholly or partially arising from or in connection with any act or omission of Program Participant, its directors, employees or agents in obtaining or accepting the Incentive from the AHA.

IN WITNESS WHEREOF, the parties have executed this Agreement, as of the date set forth below their respective signatures.

American Heart Association, Inc.

Moore County District Hospital

Signature: _____

Signature:  _____

Print Name: Kathleen O'Neill

Print Name: Jeff Turner

Title: National Director

Title: Chief Executive Officer

Date: _____

Date: 6/22/2023

ATTACHMENT A

Program Participant will receive the Incentive upon the receipt of this signed Agreement. The Incentives will be provided to the Program Participant to encourage its participation in the Program, and to improve site performance and quality of care.

Program Participant agrees the Incentive will be used to support its participation in the following Program activities during the term of this Agreement:

1. Provide staffing necessary for data collection and quality improvement.
2. Enroll in GWTG Stroke, CAD or HF registries by executing the Unified Participation Agreement (“UPA”) or amendment to existing UPA. Link to the UPA; https://americanheart.co1.qualtrics.com/jfe/form/SV_aXi7vZukeAMkFHT
3. Ensure complete and accurate data entry of all Program data elements for eligible patients within 60 days of signing the UPA and remain in compliance with quarterly data deadlines as required by the Rural Quality Improvement team.
4. Consent to participate in the AHA national rural aggregate benchmarking groups.
5. Designate at least one hospital team member to attend any program virtual meetings, webinars, and the Rural Community Online Network.
6. If unable to attend, connect with the AHA program manager to obtain meeting information and share information, resources, and educational materials.

Incentive and AHA Responsibilities

1. Individualized Quality Improvement consultative support for hospital teams.
2. Complimentary GWTG Stroke, CAD, and HF Programs.
3. Complimentary AHA Professional Membership for one hospital team member.
4. Facilitation of rural learning collaboratives and model practice sharing.
5. Delivery of virtual Stroke, CAD, and HF continuing education courses.
6. Coordination of the Rural Community Online Network.
7. Delivery of rural Program recognition awards, opportunities, and marketing toolkits.
8. Analysis and reporting of rural GWTG aggregate data.
9. Rural writing group facilitation to support research publications.

FOR IMMEDIATE RELEASE

Moore County Hospital District named one of 20 Top Critical Access Hospitals Nationwide in Quality

Dumas, TX 06/05/2023

Moore County Hospital District (MCHD) in Dumas, TX was recently named one of the top 20 critical access hospitals (CAHs) for quality in the country. The top 20 CAHs, including MCHD, scored best among CAHs as determined by the Chartis Center for Rural Health for Quality. The rankings were recently announced by the National Rural Health Association (NRHA). An awards ceremony will be held during NRHA's Critical Access Hospital Conference in September in Kansas City, Mo.

The top 20 CAHs have achieved success in overall performance based on a composite rating from eight indices of strength: inpatient market share, outpatient market share, quality, outcomes, patient perspective, cost, charge, and finance. This group was selected from the Chartis Center for Rural Health's 2023 top 100 CAH list, which was released earlier this year.

The top 20 CAH best practice recipients have achieved success in one of two key areas of performance:

- Quality index: A rating of hospital performance based on the percentile rank across rural-relevant process of care measures.
- Patient perspective index: A rating of hospital performance based on the percentile rank across all 10 HCAHPS domains.

"MCHD is proud to be named a 2023 Top 20 Critical Access Hospital for Best Practice in Quality." Stated Jeff Turner, MCHD CEO. "Delivering high quality healthcare is never accidental. Quality is intentional and results from skilled and empowered people focusing on outcomes. At MCHD, quality is a team effort that includes our Board, medical staff, administration, clinical and non-clinical employees. There are currently 1,358 critical access hospitals in the United States. Being among the nation's Top 20 critical access hospitals for quality is a tremendous achievement that means our community can count on MCHD to deliver the services they need now and in the future. "

About Moore County Hospital District (MCHD)

Moore County Hospital District (MCHD) is an award-winning critical access Hospital located in the High Plains of Texas in the town of Dumas. MCHD serves a rural population base that covers six counties and consistently performs alongside top hospitals in the nation, both rural and urban, in clinical measures, patient satisfaction, and employee satisfaction.

MCHD offers its community a wide range of services including hospital inpatient and level IV emergency and EMS services; outpatient services including home health, hospice, various therapy services, surgical services, and self-referral mammography; owns and operates a 47-bed nursing home; and currently operates a total of seven physician clinics providing services from family medicine to specialized surgical care.

About National Rural Health Association (NRHA)

The National Rural Health Association (NRHA) is a nonprofit organization working to improve the health and well-being of rural Americans and provide leadership on rural health issues through advocacy, communications, education, and research. NRHA's membership is made up of diverse individuals and organizations from across the country, all of whom share the common bond of an interest in rural health.

About Chartis

Chartis is a comprehensive health care advisory firm dedicated to helping clients build a healthier world. Work is facilitated across the health care continuum with more than 600 clients annually, including providers, payers, health services organizations, technology and retail companies, and investors. Through times of change, challenge, and opportunity,

Chartis advises the industry on how to navigate disruption, pursue growth, achieve financial sustainability, unleash technology, improve care models and operations, enhance clinical quality and safety, and advance health equity. Teams convened bring deep industry expertise and industry leading innovation, enabling clients to achieve transformational results and create positive societal impact. For more information, visit www.chartis.com.



Contact: **[Hospital Contact]**

Moore County Hospital District named Top Critical Access Hospital

Moore County Hospital District (MCHD) in Dumas, TX was recently named one of the top 20 critical access hospitals (CAHs) for quality in the country.

The top 20 CAHs, including MCHD, scored best among CAHs as determined by the Chartis Center for Rural Health for Quality. The rankings were recently announced by the National Rural Health Association (NRHA). An awards ceremony will be held during NRHA's Critical Access Hospital Conference in September in Kansas City, Mo.

The top 20 CAHs have achieved success in overall performance based on a composite rating from eight indices of strength: inpatient market share, outpatient market share, quality, outcomes, patient perspective, cost, charge, and finance. This group was selected from the Chartis Center for Rural Health's 2022 top 100 CAH list, which was released earlier this year.

The top 20 CAH best practice recipients have achieved success in one of two key areas of performance:

Quality index: A rating of hospital performance based on the percentile rank across rural-relevant process of care measures.

Patient perspective index: A rating of hospital performance based on the percentile rank across all 10 HCAHPS domains.

"MCHD is proud to be named a 2023 Top 20 Critical Access Hospital for Best Practice in Quality." Stated Jeff Turner, MCHD CEO. "Delivering high quality healthcare is never accidental. Quality is intentional and results from skilled and empowered people focusing on outcomes. At MCHD, quality is a team effort that includes our Board, medical staff, administration, clinical and non-clinical employees. There are currently 1,358 critical access hospitals in the United States. Being among the nation's Top 20 critical access hospitals for quality is a tremendous achievement that means our community can count on MCHD to deliver the services they need now and in the future. "

About Moore County Hospital District

About NRHA

NRHA is a nonprofit organization working to improve the health and well-being of rural Americans and provide leadership on rural health issues through advocacy, communications, education, and research. NRHA's membership is made up of diverse individuals and organizations from across the country, all of whom share the common bond of an interest in rural health.

About Chartis

Chartis is a comprehensive health care advisory firm dedicated to helping clients build a healthier world. Work is facilitated across the health care continuum with more than 600 clients annually, including providers, payers, health services organizations, technology and retail companies, and investors. Through times of change, challenge, and opportunity, Chartis advises the industry on how to navigate disruption, pursue growth, achieve financial sustainability, unleash technology, improve care models and operations, enhance clinical quality and safety, and advance health equity. Teams convened bring deep industry expertise and industry leading innovation, enabling clients to achieve transformational results and create positive societal impact. For more information, visit www.chartis.com.

Top 20 Hospitals Frequently Asked Questions for Recipients

Top 20 Rural & Community Hospitals

Top 20 Critical Access Hospitals

1. **How are recipients selected as Top 20 hospitals?** NRHA receives statistics from the Chartis Center for Rural Health. The criteria is based on eight pillars of excellence. In the Overall category, NRHA's Top 20 list is a subset of the Chartis Center's Top 100 list. For the categories of Quality and Patient Satisfaction, NRHA isolates these two categories, and awards the highest-ranking 20 hospitals specifically in those categories. A complete criteria sheet is available for download [here](#). For more specific data, contact the Chartis Center for Rural Health.

2. **Are logos available for Top 20 recipients?** The Top 20 logo is offered only to those organizations who are also members of NRHA. This is a benefit of membership. NRHA member recipients enjoy unlimited access to the logo to use at their discretion.

Organizational memberships are categorized by single facilities, not by umbrella agencies encompassing many hospitals. Each hospital maintains a separate membership. Individual memberships are also available.

Organizations who wish to become members of NRHA may review the membership options on the NRHA website [here](#), or contact the membership manager of NRHA, Sharon Hutinett at shutinett@ruralhealth.us.

3. **When can the news be shared that our hospital has been selected?** There is no embargo on sharing the news, once you have been contacted by NRHA that your facility has been identified as a recipient. Shortly after all 60 hospitals have been contacted by phone, you will receive a press release template for local release. Then, a few weeks later, NRHA will issue a national press release, which will be forwarded to you.

QAPI

- Reporting of ALL Below via MBQIP, eCQM, Medisolv, or other measures (with exception of IC and Pharm reports)

ED

- Transferred Patients - Measured on the *record sent* by nursing to the receiving facility and level of communication. ED Transition Communication (EDTC or Hand-Off)
 - If the record included that you looked at the home med list *and* verified for accuracy
 - If the record states that you discussed allergies *and* verified accuracy of record
 - If you sent a MAR
 - If you sent the ED provider's note
 - If you sent a record showing you completed a Mental/Orientation Assessment
 - If you included a reason for transfer and/or plan of care
 - If you sent what Tests and/or Procedures were performed
 - If you sent the results of the tests/procedures performed
- All patients - Low number of patients that left without being seen

ED & MedSurg Teams Combined

- Average time from Admit Decision in ED to Time at receiving department (Medsurg)

MedSurg – Inpatient HCAHPS

- Communication with Nurses
- Responsiveness of Hospital Staff
- Communication about Medicines
- Quietness of Hospital environment

RED Team – Inpatient HCAHPS

- Discharge planning and Information
- Transition of care for dc'd patients

Employee Health

- Percent of Healthcare Personnel vaccinated for Influenza

Physician/Ancillary/Nursing Collaboration

- HCAHPS Communication with Doctors
- Median Time to ECG
- Safe use of opioids-concurrent prescribing
- Lytics received within 30 min
- Average time to transfer out for acute coronary intervention
- Low Average time from ED Arrival to ED departure for dc'd patients
- Antibiotic Stewardship

Top Quartile Performers



Quality

Hospital	City	State
Choctaw General Hospital	Butler	AL
Lakeland Community Hospital	Haleyville	AL
Lawrence Medical Center	Moulton	AL
Coosa Valley Medical Center	Sylacauga	AL
Tanner Medical Center Alabama	Wedowee	AL
Mercy Hospital Berryville	Berryville	AR
Mercy Hospital Booneville	Booneville	AR
Izard County Medical Center	Calico Rock	AR
Ouachita County Medical Center	Camden	AR
DeWitt Hospital & Nursing Home	De Witt	AR
Ozarks Community Hospital of Gravette	Gravette	AR
Baptist Health - Hot Spring County	Malvern	AR
CHI St Vincent Morrilton	Morrilton	AR
Mercy Hospital Paris	Paris	AR
Mercy Hospital Waldron	Waldron	AR
Cobre Valley Regional Medical Center	Globe	AZ
Page Hospital	Page	AZ
Seneca Healthcare District Hospital	Chester	CA
Mammoth Hospital	Mammoth Lakes	CA
Mercy Medical Center	Mount Shasta	CA
Adventist Health St Helena	Saint Helena	CA
Tahoe Forest Hospital	Truckee	CA
Adventist Health Howard Memorial	Willits	CA
Kit Carson County Memorial Hospital	Burlington	CO
St Anthony Summit Medical Center	Frisco	CO
Prowers Medical Center	Lamar	CO
Grand River Medical Center	Rifle	CO
UCHealth Yampa Valley Medical Center	Steamboat Springs	CO
UCHealth Pikes Peak Regional Hospital	Woodland Park	CO
Sharon Hospital	Sharon	CT
HCA Florida Lake City Hospital	Lake City	FL
Ascension Sacred Heart Hospital on the Gulf	Port Saint Joe	FL
AdventHealth Wauchula	Wauchula	FL
LifeBrite Community Hospital of Early	Blakely	GA
Polk Medical Center	Cedartown	GA
WellStar Sylvan Grove Hospital	Jackson	GA
South Georgia Medical Center Lanier Campus	Lakeland	GA
Jenkins County Medical Center	Millen	GA
Brooks County Hospital	Quitman	GA
Optim Medical Center - Tattall	Reidsville	GA

Hospital	City	State
Wills Memorial Hospital	Washington	GA
Samuel Mahelona Memorial Hospital	Kapaa	HI
Molokai General Hospital	Kaunakakai	HI
Kau Hospital	Pahala	HI
Kauai Veterans Memorial Hospital	Waimea	HI
Monroe County Hospital	Albia	IA
Kossuth Regional Health Center	Algona	IA
Cass County Memorial Hospital	Atlantic	IA
Audubon County Memorial Hospital	Audubon	IA
Davis County Hospital	Bloomfield	IA
Hancock County Memorial Hospital	Britt	IA
Floyd County Medical Center	Charles City	IA
Clarinda Regional Health Center	Clarinda	IA
CHI Health Mercy Corning	Corning	IA
Regional Health Services of Howard County	Cresco	IA
Greater Regional Medical Center	Creston	IA
Genesis Medical Center - Dewitt	De Witt	IA
Crawford County Memorial Hospital	Denison	IA
MercyOne Dyersville Medical Center	Dyersville	IA
MercyOne Elkader Medical Center	Elkader	IA
UnityPoint Health Grinnell - Grinnell Regional Medical Center	Grinnell	IA
Grundy County Memorial Hospital	Grundy Center	IA
Guttenberg Municipal Hospital	Guttenberg	IA
George C Grape Community Hospital	Hamburg	IA
Franklin General Hospital	Hampton	IA
Horn Memorial Hospital	Ida Grove	IA
Buchanan County Health Center	Independence	IA
Hansen Family Hospital	Iowa Falls	IA
Manning Regional Healthcare Center	Manning	IA
Jackson County Regional Health Center	Maquoketa	IA
CHI Health Missouri Valley	Missouri Valley	IA
MercyOne New Hampton Medical Center	New Hampton	IA
MercyOne Oelwein Medical Center	Oelwein	IA
Burgess Health Center	Onawa	IA
Mitchell County Regional Health Center	Osage	IA
Clarke County Hospital	Osceola	IA
Dallas County Hospital	Perry	IA
MercyOne Primghar Medical Center	Primghar	IA
Spencer Hospital	Spencer	IA
Power County Memorial Hospital	American Falls	ID
St Mary's Hospital and Clinics	Cottonwood	ID
Teton Valley Hospital	Driggs	ID
Syringa General Hospital	Grangeville	ID

Hospital	City	State
Weiser Memorial Hospital	Weiser	ID
Genesis Medical Center	Aledo	IL
Carle Eureka Hospital	Eureka	IL
Clay County Hospital	Flora	IL
Hammond Henry Hospital	Geneseo	IL
Mason District Hospital	Havana	IL
Hamilton Memorial Hospital District	McLeansboro	IL
Kirby Medical Center	Monticello	IL
Morrison Community Hospital	Morrison	IL
Wabash General Hospital	Mount Carmel	IL
Washington County Hospital	Nashville	IL
Crawford Memorial Hospital	Robinson	IL
HSHS Good Shepherd Hospital	Shelbyville	IL
Sparta Community Hospital	Sparta	IL
Cameron Memorial Community Hospital	Angola	IN
Margaret Mary Health	Batesville	IN
Ascension St Vincent Warrick	Boonville	IN
Parkview Whitley Hospital	Columbia City	IN
IU Health Frankfort Hospital	Frankfort	IN
Decatur County Memorial Hospital	Greensburg	IN
Parkview Noble Hospital	Kendallville	IN
Parkview LaGrange Hospital	Lagrange	IN
Witham Health Services	Lebanon	IN
IU Health White Memorial Hospital	Monticello	IN
Franciscan Health Rensselaer	Rensselaer	IN
Scott Memorial Hospital	Scottsburg	IN
IU Health Tipton Hospital	Tipton	IN
Parkview Wabash Hospital	Wabash	IN
Ascension St Vincent Williamsport	Williamsport	IN
South Central Kansas Regional Medical Center	Arkansas City	KS
Coffey County Hospital	Burlington	KS
Comanche County Hospital	Coldwater	KS
Mercy Hospital Columbus	Columbus	KS
Fredonia Regional Hospital	Fredonia	KS
The University of Kansas Health System - Great Bend Campus	Great Bend	KS
Kiowa County Memorial Hospital	Greensburg	KS
Hanover Hospital	Hanover	KS
HaysMed	Hays	KS
Amberwell Hiawatha	Hiawatha	KS
Hillsboro Community Hospital	Hillsboro	KS
Holton Community Hospital	Holton	KS
Hodgeman County Health Center	Jetmore	KS
Kingman Healthcare Center	Kingman	KS
Edwards County Medical Center	Kinsley	KS

Hospital	City	State
Kiowa District Hospital	Kiowa	KS
The University of Kansas Health System - Pawnee Valley Campus	Larned	KS
Lindsborg Community Hospital	Lindsborg	KS
Community Memorial Healthcare	Marysville	KS
McPherson Center for Health	McPherson	KS
Artesian Valley Health System	Meade	KS
Medicine Lodge Memorial Hospital	Medicine Lodge	KS
Ottawa County Health Center	Minneapolis	KS
Mercy Hospital	Moundridge	KS
Wilson Medical Center	Neodesha	KS
Logan County Hospital	Oakley	KS
Pratt Regional Medical Center	Pratt	KS
Gove County Medical Center	Quinter	KS
Russell Regional Hospital	Russell	KS
Satanta District Hospital	Satanta	KS
Stafford County Hospital	Stafford	KS
Greeley County Health Services	Tribune	KS
Carroll County Memorial Hospital	Carrollton	KY
TJ Health Columbia	Columbia	KY
Ephraim McDowell James B Haggin Hospital	Harrodsburg	KY
Mary Breckinridge ARH Hospital	Hyden	KY
McDowell ARH Hospital	Mc Dowell	KY
Caldwell Medical Center	Princeton	KY
Livingston Hospital and Healthcare	Salem	KY
Bluegrass Community Hospital	Versailles	KY
St Elizabeth Grant	Williamstown	KY
Lady of the Sea General Hospital	Cut Off	LA
Union General Hospital	Farmerville	LA
St Helena Parish Hospital	Greensburg	LA
Lallie Kemp Regional Medical Center	Independence	LA
Avoyelles Hospital	Marksville	LA
Assumption Community Hospital	Napoleonville	LA
Pointe Coupee General Hospital	New Roads	LA
Ochsner St Anne Hospital	Raceland	LA
West Feliciana Parish Hospital	Saint Francisville	LA
Atlantic General Hospital	Berlin	MD
Charles A Dean Memorial Hospital	Greenville	ME
McLaren Caro Region	Caro	MI
Sparrow Carson Hospital	Carson City	MI
Hills & Dales General Hospital	Cass City	MI
Munson Healthcare Charlevoix Hospital	Charlevoix	MI
Deckerville Community Hospital	Deckerville	MI
Ascension Borgess-Lee Hospital	Dowagiac	MI
Aspirus Iron River Hospital	Iron River	MI

Hospital	City	State
Aspirus Ironwood Hospital	Ironwood	MI
Munising Memorial Hospital	Munising	MI
Aspirus Ontonagon Hospital	Ontonagon	MI
Mercy Health Lakeshore Campus	Shelby	MI
Bronson South Haven Hospital	South Haven	MI
Ascension Standish Hospital	Standish	MI
Sturgis Hospital	Sturgis	MI
Ascension St Joseph Hospital	Tawas City	MI
Essentia Health - Ada	Ada	MN
Essentia Health - Northern Pines	Aurora	MN
Sanford Bagley Medical Center	Bagley	MN
Swift County Benson Hospital	Benson	MN
Bigfork Valley Hospital	Bigfork	MN
Mayo Clinic Health System - Cannon Falls	Cannon Falls	MN
Cook Hospital	Cook	MN
Riverview Hospital	Crookston	MN
Essentia Health - Deer River	Deer River	MN
Mayo Clinic Health System - Fairmont	Fairmont	MN
Essentia Health - Fosston	Fosston	MN
Essentia Health - Holy Trinity Hospital	Graceville	MN
Mayo Clinic Health System - Lake City	Lake City	MN
Ridgeview Le Sueur Medical Center	Le Sueur	MN
Sanford Luverne Medical Center	Luverne	MN
Madison Healthcare Services	Madison	MN
CentraCare - Monticello	Monticello	MN
Essentia Health - Moose Lake	Moose Lake	MN
Olivia Hospital & Clinic	Olivia	MN
Mille Lacs Health System	Onamia	MN
CentraCare - Paynesville	Paynesville	MN
LifeCare Medical Center	Roseau	MN
Mayo Clinic Health System - St James	Saint James	MN
Essentia Health - Sandstone	Sandstone	MN
Murray County Medical Center	Slayton	MN
Lakewood Health System	Staples	MN
Sanford Thief River Falls Medical Center	Thief River Falls	MN
Sanford Tracy Medical Center	Tracy	MN
Gundersen St Elizabeth's Hospital	Wabasha	MN
Mayo Clinic Health System - Waseca	Waseca	MN
Sanford Westbrook Medical Center	Westbrook	MN
Sanford Wheaton Medical Center	Wheaton	MN
Bates County Memorial Hospital	Butler	MO
Carroll County Memorial Hospital	Carrollton	MO
Mercy Hospital Carthage	Carthage	MO
Mercy Hospital Cassville	Cassville	MO

Hospital	City	State
Excelsior Springs Hospital	Excelsior Springs	MO
Madison Medical Center	Fredericktown	MO
Hermann Area District Hospital	Hermann	MO
Cox Barton County Hospital	Lamar	MO
Fitzgibbon Hospital	Marshall	MO
Sullivan County Memorial Hospital	Milan	MO
Nevada Regional Medical Center	Nevada	MO
Ray County Memorial Hospital	Richmond	MO
Ste Genevieve County Memorial Hospital	Sainte Genevieve	MO
Putnam County Memorial Hospital	Unionville	MO
Baptist Memorial Hospital - Booneville	Booneville	MS
Baptist Memorial Hospital - Calhoun	Calhoun City	MS
Baptist Memorial Hospital - Leake	Carthage	MS
North Mississippi Medical Center - Eupora	Eupora	MS
North Mississippi Medical Center - Iuka	Iuka	MS
Baptist Memorial Hospital - Attala	Kosciusko	MS
Scott Regional Hospital	Morton	MS
Neshoba County General Hospital	Philadelphia	MS
North Mississippi Medical Center - Pontotoc	Pontotoc	MS
H C Watkins Memorial Hospital	Quitman	MS
Laird Hospital	Union	MS
North Mississippi Medical Center - West Point	West Point	MS
Fallon Medical Complex	Baker	MT
Liberty Medical Center	Chester	MT
Benefis Teton Medical Center	Choteau	MT
McCone County Health Center	Circle	MT
Stillwater Billings Clinic	Columbus	MT
Logan Health Conrad	Conrad	MT
Dahl Memorial Healthcare	Ekalaka	MT
Rosebud Community Hospital	Forsyth	MT
Providence St Joseph Medical Center	Polson	MT
Beartooth Billings Clinic	Red Lodge	MT
Roundup Memorial Healthcare	Roundup	MT
Logan Health - Whitefish	Whitefish	MT
Angel Medical Center	Franklin	NC
Highlands-Cashiers Hospital	Highlands	NC
Blue Ridge Regional Hospital	Spruce Pine	NC
Ashley Medical Center	Ashley	ND
St Andrews Health Center	Bottineau	ND
Towner County Medical Center	Cando	ND
CHI St Alexius Health Carrington Medical Center	Carrington	ND
Pembina County Memorial Hospital	Cavalier	ND
St Luke's Medical Center	Crosby	ND
Jacobson Memorial Hospital & Care Center	Elgin	ND

Hospital	City	State
CHI St Alexius Health Garrison Hospital	Garrison	ND
Unity Medical Center	Grafton	ND
West River Health Services	Hettinger	ND
Jamestown Regional Medical Center	Jamestown	ND
Langdon Prairie Health	Langdon	ND
Linton Hospital - CAH	Linton	ND
CHI Lisbon Health	Lisbon	ND
Northwood Deaconess Health Center	Northwood	ND
Heart of America Medical Center	Rugby	ND
Mountrail County Medical Center	Stanley	ND
Tioga Medical Center	Tioga	ND
CHI St Alexius Health Turtle Lake Hospital	Turtle Lake	ND
South Central Health	Wishek	ND
Boone County Health Center	Albion	NE
Nemaha County Hospital	Auburn	NE
Chadron Community Hospital and Health Services	Chadron	NE
Columbus Community Hospital	Columbus	NE
Avera Creighton Hospital	Creighton	NE
Crete Area Medical Center	Crete	NE
Butler County Health Care Center	David City	NE
Jefferson Community Health & Life	Fairbury	NE
Franklin County Memorial Hospital	Franklin	NE
Gothenburg Memorial Hospital	Gothenburg	NE
Thayer County Health Services	Hebron	NE
Henderson Health Care Services	Henderson	NE
Lexington Regional Health Center	Lexington	NE
CHI Health St Mary's	Nebraska City	NE
Avera St Anthony's Hospital	O'Neill	NE
Annie Jeffrey Memorial County Health Center	Osceola	NE
Pender Community Hospital	Pender	NE
CHI Health Plainview	Plainview	NE
Howard County Medical Center	Saint Paul	NE
CHI Health Schuyler	Schuyler	NE
Brodstone Memorial Hospital	Superior	NE
Syracuse Area Health	Syracuse	NE
Johnson County Hospital	Tecumseh	NE
Saunders Medical Center	Wahoo	NE
Providence Medical Center	Wayne	NE
Upper Connecticut Valley Hospital	Colebrook	NH
Speare Memorial Hospital	Plymouth	NH
Cottage Hospital	Woodsville	NH
Dr Dan C Trigg Memorial Hospital	Amistad	NM
Artesia General Hospital	Artesia	NM
Grover C Dils Medical Center	Caliente	NV

Hospital	City	State
Mt Grant General Hospital	Hawthorne	NV
Pershing General Hospital	Lovelock	NV
Ira Davenport Memorial Hospital	Bath	NY
O'Connor Hospital	Delhi	NY
Elizabethtown Community Hospital	Elizabethtown	NY
Gouverneur Hospital	Gouverneur	NY
Soldiers & Sailors Memorial Hospital	Penn Yan	NY
Adirondack Medical Center - Saranac Lake	Saranac Lake	NY
UHS Delaware Valley Hospital	Walton	NY
Westfield Memorial Hospital	Westfield	NY
Bluffton Hospital	Bluffton	OH
CHWC Bryan Hospital	Bryan	OH
Harrison Community Hospital	Cadiz	OH
ProMedica Defiance Regional Hospital	Defiance	OH
Adena Greenfield Medical Center	Greenfield	OH
Community Memorial Hospital	Hicksville	OH
Selby General Hospital Campus	Marietta	OH
Mercy Health - Allen Hospital	Oberlin	OH
Aultman Orrville Hospital	Orrville	OH
Paulding County Hospital	Paulding	OH
Magruder Memorial Hospital	Port Clinton	OH
Adena Pike Medical Center	Waverly	OH
Beaver County Memorial Hospital	Beaver	OK
Stillwater Medical - Blackwell	Blackwell	OK
Cimarron Memorial Hospital	Boise City	OK
Carnegie Tri - County Municipal Hospital	Carnegie	OK
Grady Memorial Hospital	Chickasha	OK
Cleveland Area Hospital	Cleveland	OK
Cordell Memorial Hospital	Cordell	OK
Hillcrest Hospital Cushing	Cushing	OK
Fairview Regional Medical Center	Fairview	OK
Mercy Hospital Logan County	Guthrie	OK
Mercy Hospital Healdton	Healdton	OK
Holdenville General Hospital	Holdenville	OK
Harmon Memorial Hospital	Hollis	OK
Mercy Hospital Kingfisher	Kingfisher	OK
AllianceHealth Madill	Madill	OK
Mercy Health/Love County Hospital	Marietta	OK
INTEGRIS Miami Hospital	Miami	OK
Okemah Community Hospital	Okemah	OK
Pawhuska Hospital	Pawhuska	OK
Stillwater Medical - Perry	Perry	OK
Hillcrest Hospital Pryor	Pryor	OK
AllianceHealth Seminole	Seminole	OK

Hospital	City	State
Stroud Regional Medical Center	Stroud	OK
Mercy Hospital Tishomingo	Tishomingo	OK
Saint Francis Hospital Vinita	Vinita	OK
Wagoner Community Hospital	Wagoner	OK
Mercy Hospital Watonga	Watonga	OK
Jefferson County Hospital	Waurika	OK
AllianceHealth Woodward	Woodward	OK
Pioneer Memorial Hospital	Heppner	OR
Corry Memorial Hospital	Corry	PA
AHN Grove City	Grove City	PA
Geisinger Jersey Shore Hospital	Jersey Shore	PA
UPMC Kane	Kane	PA
Fulton County Medical Center	McConnellsburg	PA
Conemaugh Meyersdale Medical Center	Meyersdale	PA
Bucktail Medical Center	Renovo	PA
Penn Highlands Elk	Saint Mary's	PA
UPMC Northwest	Seneca	PA
Edgefield County Hospital	Edgefield	SC
Douglas County Memorial Hospital	Armour	SD
Bowdle Hospital - Critical Access Hospital	Bowdle	SD
Brookings Health System	Brookings	SD
Sanford Chamberlain Medical Center	Chamberlain	SD
Monument Health Custer Hospital	Custer	SD
Monument Health Lead-Deadwood Hospital	Deadwood	SD
Avera Dells Area Hospital	Dell Rapids	SD
Eureka Community Health Services Avera	Eureka	SD
Madison Regional Health	Madison	SD
Avera Queen of Peace Hospital	Mitchell	SD
Mobridge Regional Hospital	Mobridge	SD
Avera St Benedict Health Center	Parkston	SD
Avera St Mary's Hospital	Pierre	SD
Platte Health Center Avera	Platte	SD
Community Memorial Hospital Avera	Redfield	SD
Coteau des Prairies Hospital and Clinic	Sisseton	SD
Sanford Vermillion Medical Center	Vermillion	SD
Pioneer Memorial Hospital and Health Services	Viborg	SD
Avera Weskota Memorial Hospital	Wessington Springs	SD
Winner Regional Hospital	Winner	SD
Avera Sacred Heart Hospital	Yankton	SD
TriStar Ashland City Medical Center	Ashland City	TN
Riverview Regional Medical Center	Carthage	TN
Trousdale Medical Center	Hartsville	TN
Baptist Memorial Hospital - Carroll County	Huntingdon	TN
Marshall Medical Center	Lewisburg	TN

Hospital	City	State
Johnson County Community Hospital	Mountain City	TN
Hawkins County Memorial Hospital	Rogersville	TN
Ascension Saint Thomas Highlands	Sparta	TN
Anson General Hospital	Anson	TX
Stonewall Memorial Hospital	Aspermont	TX
TMC Bonham Hospital	Bonham	TX
CHI St Joseph Health Burleson Hospital	Caldwell	TX
Hemphill County Hospital	Canadian	TX
Goodall Witcher Healthcare Foundation	Clifton	TX
Moore County Hospital District	Dumas	TX
Ennis Regional Medical Center	Ennis	TX
Hereford Regional Medical Center	Hereford	TX
Medina Regional Hospital	Hondo	TX
CHI St Joseph Health Madison Hospital	Madisonville	TX
Parkview Regional Hospital	Mexia	TX
CHI St Joseph Health Grimes Hospital	Navasota	TX
Ochiltree General Hospital	Perryton	TX
Seymour Hospital	Seymour	TX
Hansford County Hospital District	Spearman	TX
Rolling Plains Memorial Hospital	Sweetwater	TX
Wilbarger General Hospital	Vernon	TX
Beaver Valley Hospital	Beaver	UT
Cedar City Hospital	Cedar City	UT
Delta Community Hospital	Delta	UT
Fillmore Community Hospital	Fillmore	UT
Garfield Memorial Hospital	Panguitch	UT
Castleview Hospital	Price	UT
Dickenson Community Hospital	Clintwood	VA
Smyth County Community Hospital	Marion	VA
LewisGale Hospital Pulaski	Pulaski	VA
Grace Cottage Hospital	Townshend	VT
Lake Chelan Health	Chelan	WA
PeaceHealth Peace Island Medical Center	Friday Harbor	WA
Newport Hospital and Health Services	Newport	WA
Amery Hospital & Clinic	Amery	WI
Mayo Clinic Health System - Northland	Barron	WI
Mayo Clinic Health System - Chippewa Valley	Bloomer	WI
Ascension Calumet Hospital	Chilton	WI
Cumberland Memorial Hospital	Cumberland	WI
Memorial Hospital of Lafayette County	Darlington	WI
Upland Hills Health	Dodgeville	WI
AdventHealth Durand	Durand	WI
Aspirus Eagle River Hospital	Eagle River	WI
Fort Memorial Hospital	Fort Atkinson	WI

Hospital	City	State
Gundersen Moundview Hospital	Friendship	WI
Gundersen St Joseph's Hospital	Hillsboro	WI
Aspirus Merrill Hospital	Merrill	WI
Mayo Clinic Health System - Oakridge	Osseo	WI
Southwest Health Center	Platteville	WI
ThedaCare Medical Center - Shawano	Shawano	WI
Mayo Clinic Health System - Franciscan Healthcare	Sparta	WI
Aspirus Stanley Hospital	Stanley	WI
Aspirus Tomahawk Hospital	Tomahawk	WI
Aurora Medical Center - Manitowoc County	Two Rivers	WI
Gundersen Tri-County Hospital	Whitehall	WI
Pocahontas Memorial Hospital	Buckeye	WV
Minnie Hamilton Health Care Center	Grantsville	WV
Broaddus Hospital	Philippi	WV
Hampshire Memorial Hospital	Romney	WV
Stonewall Jackson Memorial Hospital	Weston	WV
South Big Horn County Hospital	Basin	WY
Evanston Regional Hospital	Evanston	WY
St Johns Health	Jackson	WY
North Big Horn Hospital	Lovell	WY
Torrington Community Hospital	Torrington	WY
Platte County Memorial Hospital	Wheatland	WY



INDEX

2023 Methodology



CHARTIS

Table of Contents

The Chartis Rural Hospital Performance INDEX® Overview.....2

Methodology Summary.....2

Hospitals in the Study Group.....4

Appendix A: Detailed Methodology.....5

 Table 2. Inpatient Market Share Pillar Methodology.....5

 Table 3. Outpatient Market Share Pillar Methodology.....5

 Table 4. Quality Pillar Methodology.....6

 Table 5. Outcomes Pillar Methodology7

 Table 6. Patient Perspective Pillar Methodology.....8

 Table 7. Cost Pillar Methodology.....9

 Table 8. Charge Pillar Methodology.....9

 Table 9. Financial Efficiency Pillar Methodology 10

The Chartis Rural Hospital Performance INDEX™ Overview

The Chartis Rural Hospital Performance INDEX is the industry’s most comprehensive and objective assessment of rural hospital performance. By assessing performance across eight Pillars of performance, INDEX brings a rural-relevant perspective to healthcare leaders making strategic and operational decisions. For more than a decade, the INDEX has helped more than 750 rural and Critical Access Hospitals integrate sophisticated analytics for benchmarking performance and has been used by more than 25 state agencies, state hospital associations, and federal grant programs. The INDEX is the foundation for many of rural healthcare’s most prominent awards (e.g. Top 100 Critical Access Hospitals and Top 100 Rural & Community Hospitals) and is used by organizations such as the National Rural Health Association (NRHA) in support of its advocacy and legislative initiatives.

Methodology Summary

The INDEX is a holistic performance assessment of all Critical Access Hospitals (CAHs) and Rural & Community Hospitals nationally (see *Hospitals in the Study Group* for details). Each hospital’s INDEX score is a percentile rank of aggregate performance across eight Pillars spanning Market, Value, and Finance. Each Pillar score reflects a percentile rank of aggregate performance across each underlying Indicator. In total, 38 Indicators serve as the basis for these Pillars (**Figure 1**).¹

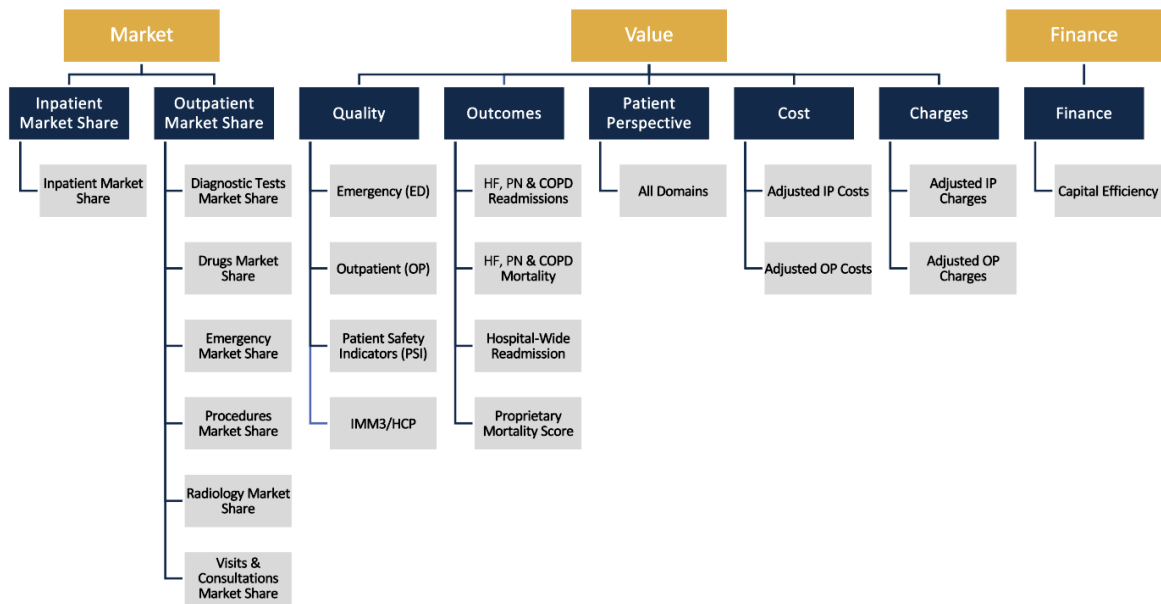


Figure 1. The INDEX is comprised of eight Pillars of performance spanning Market, Value and Finance. Thirty-eight Indicators serve as the basis of these Pillars.

¹ Additional Indicators are included in detailed INDEX analytic reports for further benchmarking, although these measures are not included in the INDEX rankings.

All data leveraged in the INDEX are the most recent publicly available from CMS. All information in this release (February 2022) represents the most recently available data as of January 20, 2023 (Table 1).

Table 1. Data Summary

Pillar	Source	Data Set Name	Time Period
Inpatient Market Share	CMS	Service Area File 2021	January 2021-December 2021
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Outpatient Market Share	CMS	MedPAR 2021 Final Rule	October 2018-September 2021
	CMS	Hospital Compare - IMM3	October 2021-March 2022
	CMS	Hospital Compare - OP 18b	January 2021-December 2021
	CMS	Hospital Compare - OP 22	January 2020-December 2020
Quality	CMS	MedPAR 2021 Final Rule	October 2018-September 2021
	CMS	Hospital Compare - (Overall & COPD) Mortality / Readmissions	July 2018-June 2021
	CMS	Hospital Compare - PN Mortality / Readmissions	July 2017-December 2019
Outcomes	CMS	Hospital Compare - HCAHPS	January 2021-December 2021
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Patient Perspectives	CMS	MedPAR 2021 Final Rule	October 2020-September 2021
	CMS	Healthcare Cost Report Information Systems (HCRIS) Q4 2022	Most recent Cost Report provided as of 1/20/2023
Cost	CMS	MedPAR 2021 Final Rule	October 2020-September 2021
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Charge	CMS	Healthcare Cost Report Information Systems (HCRIS) Q4 2022	Most recent Cost Report provided as of 1/20/2023
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Financial Stability	CMS	Healthcare Cost Report Information Systems (HCRIS) Q4 2022	Most recent Cost Report provided as of 1/20/2023

All available data are included in the INDEX. Statistical sampling and data projection methodologies are employed only when necessary. Missing data are imputed using the medians method. Indicators unable to be ranked after imputation due to missing or excluded data are removed from Pillar and composite INDEX rankings.

Each Pillar score reflects a percentile rank of the hospital's aggregate performance across underlying metrics relative to all hospitals in the analysis. In some instances, weighting and/or standardization across Indicators within each Pillar are performed. See Appendix A: Detailed Methodology for additional information specific to each Pillar.

The composite INDEX score reflects each hospital's aggregate performance across all Pillars relative to the study group. For each hospital, a composite score is computed as the percentile rank of the sum of all eight Pillar scores. All Pillars are equally-weighted. Providers missing three or more Pillars are excluded from the overall INDEX ranking and no INDEX score is denoted.

Hospitals in the Study Group

The INDEX strives to include all active Critical Access Hospitals (CAHs) and Rural & Community Hospitals. CCRH defines Rural & Community Hospitals as all active U.S. short-term acute care, non-specialty and non-federal hospitals located in zip codes designated as “rural” by the Federal Office of Rural Health Policy (FORHP) with no more than 200 beds. A total of 780 Rural PPS and 1,303 CAHs were included in the final study.

The most recently available CMS Provider of Services (POS) file is used to determine the initial population of eligible hospitals. This file contains individual records for each Medicare-approved provider and is updated quarterly. This dataset is cross-checked against other sources including the AHA Hospital Directory and the American Hospital Directory to confirm hospital identity, status, and appropriateness for inclusion. Exclusions are based on the following criteria:

- Specialty Hospital Designation:
 - Providers designated as specialty hospitals in the CMS Hospital Provider of Services file are excluded. These include psychiatric, rehab, long-term care, surgical specialty and other specialty facilities.
 - Hospitals designated as cancer centers and children’s or pediatric hospitals are excluded.
 - Governmental facilities including Veterans Administration, Indian Health Service hospitals and related federal facilities are excluded.
 - Hospitals with 80 percent of their MS-DRG inpatient case mix concentrated in three or fewer Major Diagnostic Categories (MDCs) are excluded.
- Geography:
 - Hospitals in outlying U.S. Territories (i.e. Samoa, Virgin Islands, Puerto Rico, etc.) are excluded.
- Data Availability:
 - Hospitals with missing or implausible critical financial indicators, including revenue and balance sheet data, in their Medicare Hospital Cost Report Information System (HCRIS) filings are excluded.
 - Hospitals that do not participate in Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs are excluded from the affected Pillar and overall INDEX rankings. Hospitals whose data are suppressed by CMS due to low volumes are included in the study; missing data are imputed for these facilities.
 - Hospitals missing more than 60 percent of the Indicators in each Pillar are excluded from that Pillar analysis.
 - Hospitals missing three or more Pillar scores due to lack of supporting data are excluded from the composite INDEX analysis.

Appendix A: Detailed Methodology

Table 2. Inpatient Market Share Pillar Methodology

Component	Inpatient Market Share
Data Source	CMS Service Area File
Indicator	Medicare Inpatient Market Share
Methodology	<p>Each hospital's inpatient service area is defined as the fewest number of zip codes comprising 65 percent of the hospital's total inpatient Medicare case count over the most recent three years of available data. Zip codes with fewer than an average of one (1) case per year are removed. Zip codes with a center point more than 35 miles from the hospital are removed. The home zip code is included. Total cases are suppressed for provider/zip combinations with cases of less than 11.</p> <p>Inpatient market share is computed as the total inpatient Medicare hospital cases from the defined service area divided by the total inpatient Medicare market cases from the defined service area for the most recent year of available data.</p>
Scoring	Inpatient market share values are percentile ranked across all hospitals in the analysis. To reward facilities with strong market positions, higher market shares receive higher percentile rankings.

Table 3. Outpatient Market Share Pillar Methodology

Component	Outpatient Market Share
Data Source	Outpatient Standard Analytical File (OPSAF)
Indicators	<p>Medicare Outpatient Market Share – Diagnostic Tests</p> <p>Medicare Outpatient Market Share – Drugs</p> <p>Medicare Outpatient Market Share – Emergency</p> <p>Medicare Outpatient Market Share – Procedures</p> <p>Medicare Outpatient Market Share – Radiology</p> <p>Medicare Outpatient Market Share – Visits and Consultations</p>
Methodology	<p>For each service line, each hospital's outpatient service area is defined as the fewest number of Federal Information Processing Standard (FIPS) codes comprising 65 percent of the hospital's outpatient Medicare procedures over the most recent three years. FIPS codes with fewer than an average of one (1) procedure per year are removed. FIPS codes with a center point more than 35 miles from the hospital are removed. The home FIPS code is included.</p> <p>For each service line, market share is computed as the total outpatient hospital Medicare payments from the defined service area divided by the total outpatient market Medicare payments from the defined service area for the most recent year of available data.</p> <p>Principal Components Factor Analysis is employed to determine the appropriate weighting for each service line.</p>
Scoring	Percentile rankings are calculated based on the market share scores for each service line. Service lines are weighted according to Factor Analysis. To reward facilities with strong outpatient market positions, greater market shares receive higher percentile rankings.
Notes	Outpatient procedures are categorized under the highest-ranking category by case based on CPT and revenue codes. Procedures that do not fall into those categories are excluded. Dialysis, Urgent Care, and Anesthesia procedures were excluded due to low volumes across the study group.

Table 4. Quality Pillar Methodology

Component	Quality
Data Source	Hospital Compare – Process of Care
Indicators	OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients OP-22 Percent of Patients Leaving without Being Seen PSI 6 Iatrogenic Pneumothorax Rate PSI 9 Perioperative Hemorrhage or Hematoma Rate PSI 11 Postoperative Respiratory Failure Rate PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis PSI 13 Postoperative Sepsis Rate HCP/IMM-3 Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
Methodology	<p>Process of Care data are compiled as reported on Hospital Compare. No further data manipulation is performed. Patient Safety Indicator (PSI) risk adjusted rates are produced by AHRQ WinQI software based on the most recent three years of available MedPAR data (excluding the first 2 quarters of discharges from 2020).</p> <p>Data suppressed by CMS due to insufficient volume are imputed to estimate missing values. Hospitals not reporting these measures citing the footnote of, “Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs” are excluded from the Pillar analysis. Hospitals missing data for six or more Indicators are excluded from the Pillar analysis. Pillar score is denoted as a blank.</p> <p>Principal Components Factor Analysis is employed to determine the appropriate weighting for each Indicator.</p>
Scoring	Lower values receive higher scores. Across all Indicators, the weighted average (as determined by Factor Analysis) is percentile ranked against all analyzed providers to derive the Pillar score.
Notes	The analyzed Indicators represent the most widely-accepted, rural-relevant measures with data for at least 60 percent of hospitals in the study. New metrics and measures that are not representative of rural hospital performance are purposefully omitted. The incorporation of additional measures in the future will be considered based on industry acceptance and data availability.

Table 5. Outcomes Pillar Methodology

Component	Outcomes
Data Sources	Hospital Compare – Mortality and Readmission Medicare Provider and Analysis Review (MedPAR)
Indicators	30-Day Pneumonia (PN) Readmission Rate 30-Day Heart Failure (HF) Readmission Rate 30-Day Chronic Obstructive Pulmonary Disease (COPD) Readmission Rate 30-day Mortality Rates for PN 30-day Mortality Rates for HF 30-day Mortality Rates for COPD 30-Day Hospital-Wide Readmission Rate Proprietary Risk-Adjusted In-Hospital All-Condition Mortality Score
Methodology	<p>Readmission rates are compiled as reported on Hospital Compare. No further data manipulation is performed.</p> <p>To compute the Proprietary Risk-Adjusted In-Hospital All-Condition Mortality Score, data are first stratified by DRG cluster. In clusters with lower mortality rates, contingency tables are used to stratify according to age, history of covid-19 infection, and number of comorbidities. National per-stratum mortality rates are used to calculate expected mortality rates for each hospital. In clusters with higher mortality rates, logistic regression models are fit, adjusting for age, gender, history of covid-19 infection, cluster-specific comorbidities, and admission source. Expected rates from the contingency table and logistic models are risk-adjusted for each hospital based upon patient mix. For each hospital, the number of standard deviations between the observed and expected mortality rates is computed. Note inpatients age 65 or older are excluded if the patient stayed less than two days (unless died), left against medical advice, was transferred, or was assigned DRGs 981-999. Discharges from the first two quarters of 2020 were excluded. Inpatients with a primary diagnosis of covid-19 or a secondary diagnosis of covid-19 present on admission were excluded.</p> <p>Missing data that are suppressed by CMS due to insufficient volume imputed to estimate missing values. Hospitals not reporting these measures citing the footnote of, “Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs” are excluded from the Pillar analysis. Hospitals missing data for six or more Indicators are excluded from the Pillar analysis. Pillar score is denoted as a blank.</p> <p>Principal Components Factor Analysis is employed to determine the appropriate weighting for each Indicator.</p>
Scoring	To reward facilities with strong outcomes, lower readmission and mortality rates receive higher scores. Higher Mortality Scores receive higher scores. Across all evaluated Indicators, the weighted average (as determined by factor analysis) is percentile ranked against all analyzed providers to derive the Pillar score.
Notes	The analyzed Indicators represent the most widely-accepted, rural-relevant measures with data for at least 60 percent of hospitals in the study. New metrics and measures that are not representative of rural hospital performance are purposefully omitted. The incorporation of additional measures in the future will be considered based on industry acceptance and data availability.

Table 6. Patient Perspective Pillar Methodology

Component	Patient Perspective
Data Source	Hospital Compare – HCAHPS
Indicators	<p>Patients Reporting they would "Definitely Recommend" the Hospital</p> <p>Patients Rating the Hospital a 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)</p> <p>Patients Reporting their Room and Bathroom were "Always" Clean</p> <p>Patients Reporting Nurses "Always" Communicated Well</p> <p>Patients Reporting Doctors "Always" Communicated Well</p> <p>Patients Reporting they "Always" Received Help as Soon as they Wanted</p> <p>Patients Reporting Staff "Always" Explained Medications Before Administering</p> <p>Patients Reporting "Yes" they were Given Information About what to Do during their Recovery at Home</p> <p>Patients Reporting the Area Around their Room was "Always" Quiet at Night</p> <p>Did patients understand their care when they left the hospital?</p>
Methodology	<p>HCAHPS scores are compiled as reported on Hospital Compare. No further data manipulation is performed.</p> <p>Data that are suppressed by CMS due to insufficient volume are imputed to estimate missing values. Hospitals not reporting these measures citing the footnote of, "Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs" are excluded from the Pillar analysis. Hospitals missing data for seven or more Indicators are excluded from the Pillar analysis. Pillar score is denoted as a blank.</p> <p>Principal Components Factor Analysis is employed to determine the appropriate weighting for each Indicator.</p>
Scoring	<p>Across all evaluated Indicators, the weighted average (as determined by factor analysis) is percentile ranked against all analyzed providers to derive the Pillar score. To reward facilities with strong patient satisfaction, hospitals with higher scores receive higher percentile ranks.</p>

Table 7. Cost Pillar Methodology

Component	Cost
Data Sources	Medicare Provider and Analysis Review (MedPAR) Outpatient Standard Analytical File (OPSAF) Healthcare Cost Report Information Systems (HCRIS)
Indicators	Medicare Adjusted Average Costs – Inpatient Medicare Adjusted Average Costs – Outpatient
Methodology	An overall average cost-to-charge ratio is computed for each hospital based on total charges and costs as reported in the Medicare Hospital Cost Report Information System. See Charge Pillar Methodology (Table 8) for detail regarding charge calculations. To calculate inpatient average costs, each hospital’s cost-to-charge ratio is applied to MedPAR inpatient charge data at the claim/patient level and adjusted based on the CMS-assigned case weight for that claim’s MS-DRG. Each hospital’s costs are aggregated for all inpatients to derive an overall average adjusted inpatient cost. To calculate outpatient average costs, a hospital’s cost-to-charge ratio is applied to Medicare Outpatient Standard Analytical File charge data at the claim/HCPCS level and adjusted based on the CMS-assigned case weight for that claim’s Ambulatory Payment Classification (APC) code. Each hospital’s costs are aggregated for all outpatient procedures to derive an overall average adjusted outpatient cost.
Scoring	For each hospital, scores for both Indicators are aggregated and percentile ranked against all analyzed providers to derive the Pillar score. Both Indicators are equally-weighted. To reward facilities with strong cost efficiency, lower average costs receive higher percentile rankings.

Table 8. Charge Pillar Methodology

Component	Charge
Data Sources	Medicare Provider and Analysis Review (MedPAR) Outpatient Standard Analytical File (OPSAF)
Indicators	Medicare Adjusted Average Charges – Inpatient Medicare Adjusted Average Charges – Outpatient
Methodology	For each hospital in the analysis, inpatient charges are case-mix adjusted based on the CMS-assigned case weight for each claim’s MS-DRG. Ungroupable cases not assigned a DRG are excluded from the analysis. Each hospital’s case-mix adjusted inpatient charges are aggregated to derive an average adjusted inpatient charge per case. Average inpatient charges are wage-rate adjusted according to CMS-defined provider wage indices. For each hospital in the analysis, outpatient charges are case-mix adjusted based on the CMS-assigned case weight for each claim’s Ambulatory Payment Classification (APC) code. Procedures not assigned an APC code are excluded from the analysis. Each hospital’s case-mix adjusted outpatient charges are aggregated to derive an average adjusted charge per unit. Average outpatient charges are wage-rate adjusted according to CMS-defined provider wage indices.
Scoring	For each hospital, scores for both Indicators are aggregated and percentile ranked against all analyzed providers to derive the Pillar score. Both Indicators are equally-weighted. To reward facilities with competitive charges, lower average charges receive higher percentile rankings.

Table 9. Financial Efficiency Pillar Methodology

Component	Financial Efficiency
Data Source	Healthcare Cost Report Information Systems (HCRIS)
Indicator	Net Income/Total Revenue
Methodology	The above ratio is calculated for each hospital based on the most recently available HCRIS data.
Scoring	For each hospital, Net Income/Total Revenue is percentile ranked against all analyzed providers to derive the Pillar score. To reward facilities with greater financial stability, higher ratios receive higher percentile rankings.
Notes	The Financial Stability Index is adapted from academic research identifying the financial ratios most highly correlated to long-term fiscal viability (Lynn, M. & Wetheim, P. Key Financial Ratios Can Foretell Hospital Closures. HFMA Journal, 47(11), 66-70. 1993). Additional metrics were not evaluated in the INDEX due to poor data integrity. The incorporation of additional measures in the future will be considered based on industry acceptance and data availability.



INDEX Data Review

MOORE COUNTY HOSPITAL DISTRICT

June 2023

Chartis Rural Hospital Performance INDEX

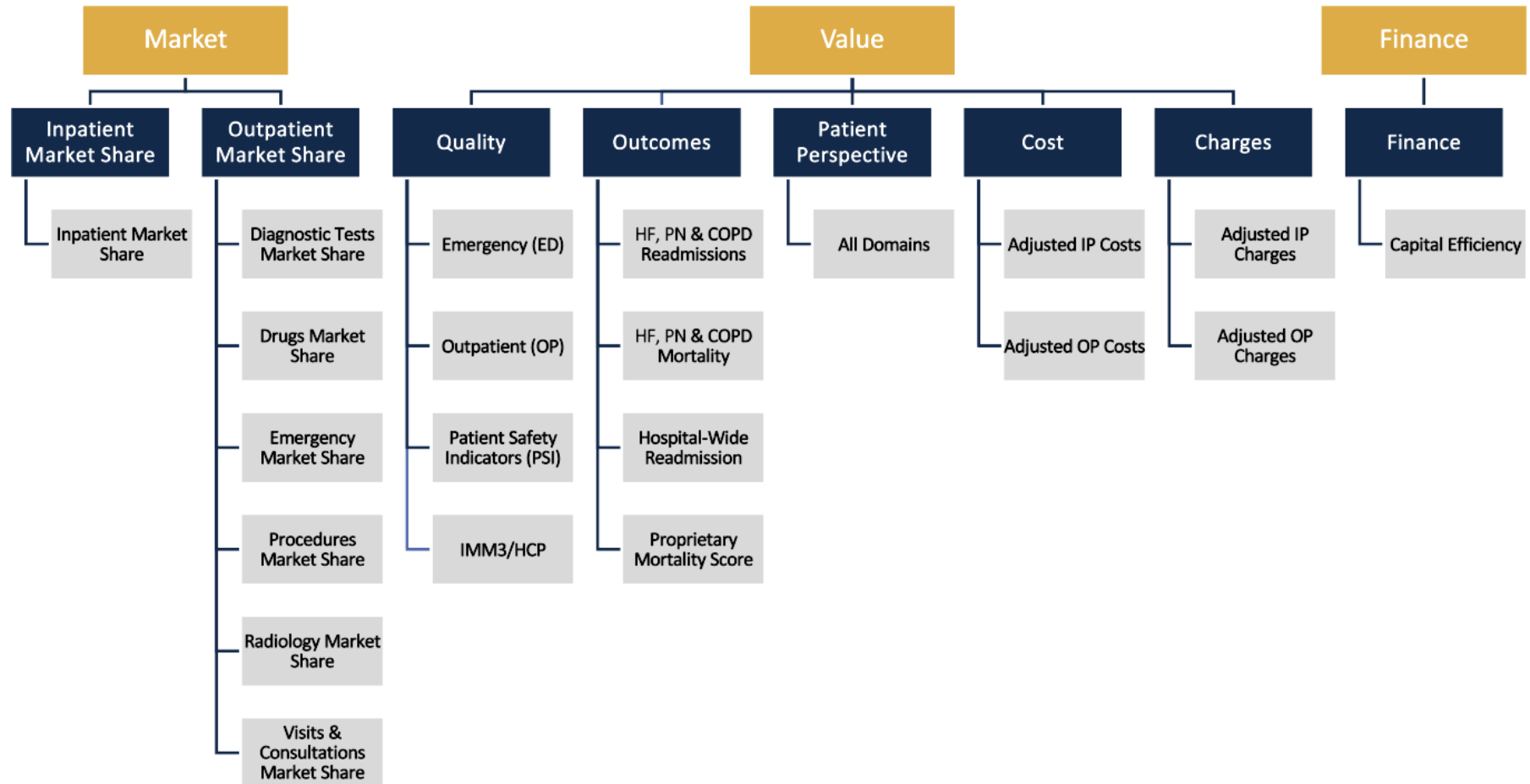
Comprehensive and Objective Assessment of Performance

- Based entirely on public data
- 1,300 CAHs and ~800 RPPS
- Percentile ranks performance
- 38 rural-relevant metrics
- Transparent and actionable
- Updated 3x per year



Chartis Rural Hospital Performance INDEX

Methodology Components



Chartis Rural Hospital Performance INDEX

Summary Report



CHARTIS

CHARTIS RURAL HOSPITAL PERFORMANCE INDEX™ SUMMARY REPORT

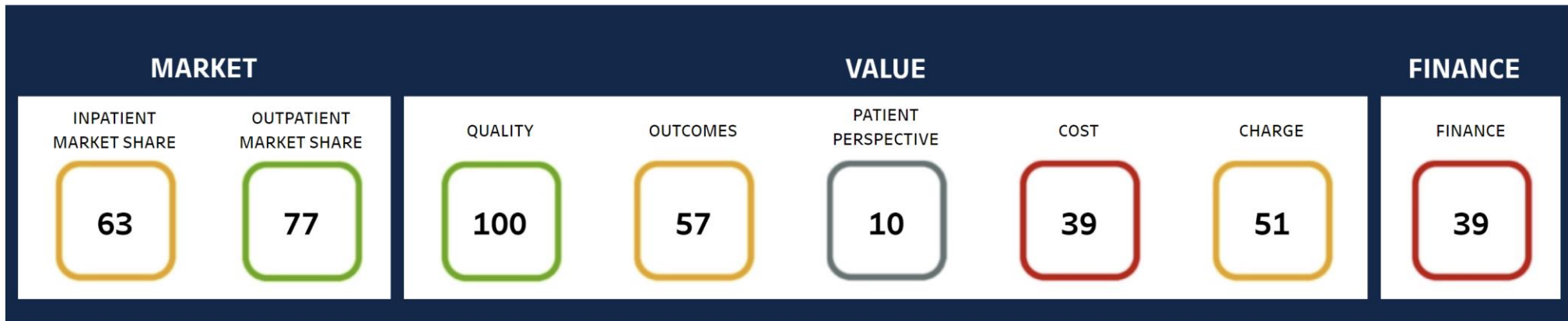
PERFORMANCE SUMMARY

Provider Name: MEMORIAL HSP
Medical Provider: 451386
Location: DUMAS, TX 79029
Release Date: Winter 2023

INDEX RANK



QUARTILE RATING SCALE



Chartis Rural Hospital Performance INDEX

Performance Benchmarks

QUARTILE RATING SCALE



	Overall INDEX Score	IP Market Share	OP Market Share	Quality	Outcomes	Patient Sat.	Cost	Charges	Capital Efficiency
Moore County Hospital District	65.5	63	77	100	57	10	39	51	39
TX CAH Median	51.3	28	48	56	55	70	42	63	64
All U.S. CAH Median	58.0	42	49	63	49	66	35	60	56
Top 100 CAH Median	96.5	68	73	76	69	80	50	77	83

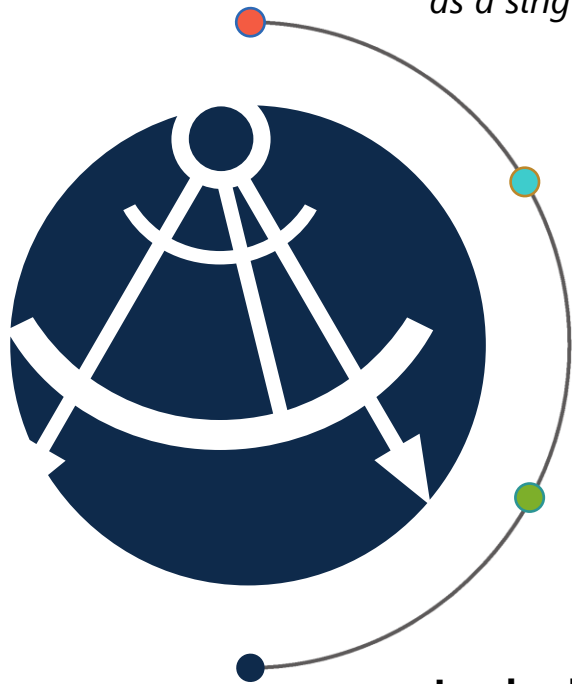
Rural Hospital Performance INDEX Data

Data Source Table

Pillar	Source	Data Set Name	Time Period
Inpatient Market Share	CMS	Service Area File 2021	January 2021-December 2021
Outpatient Market Share	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Quality	CMS	MedPAR 2021 Final Rule	October 2018-September 2021
	CMS	Hospital Compare - IMM3	October 2021-March 2022
	CMS	Hospital Compare - OP 18b	January 2021-December 2021
	CMS	Hospital Compare - OP 22	January 2020-December 2020
Outcomes	CMS	MedPAR 2021 Final Rule	October 2018-September 2021
	CMS	Hospital Compare - (Overall, HF, & COPD) Mortality / Readmissions	July 2018-June 2021
	CMS	Hospital Compare - PN Mortality / Readmissions	July 2017-December 2019
Patient Perspectives	CMS	Hospital Compare - HCAHPS	January 2021-December 2021
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Cost	CMS	MedPAR 2021 Final Rule	October 2020-September 2021
	CMS	Healthcare Cost Report Information Systems (HCRIS) Q4 2022	Most recent Cost Report provided as of 1/20/2023
Charge	CMS	MedPAR 2021 Final Rule	October 2020-September 2021
	CMS	Standard Analytical File - OP 2021	January 2021-December 2021
Financial Stability	CMS	Healthcare Cost Report Information Systems (HCRIS) Q4 2022	Most recent Cost Report provided as of 1/20/2023

Working with The Chartis Center for Rural Health

How our expertise, analytics and insights can support your strategic goals



INDEX Comparative Analytics – Access to the raw INDEX data across 38 metrics for your facility as well as those of your custom 10-hospital peer group. This program can be configured as a single year engagement or a 3-year engagement.

INDEX Strategic Advisory Program – A customized 12-month engagement designed for rural providers seeking to drive improvement utilizing benchmarks from Top 100 hospitals. We work directly with hospital leadership and frontline decision makers to identify areas of opportunity using INDEX, develop action plans, and monitor progress.

Strategic & Operational Assessment – Detailed analysis focusing on specific areas such as patient outmigration, cost and charge, population health, finance, and market share. Presented in a visual and engaging format, this assessment helps to inform and empower the decision-making process. Project time from start to assessment delivery is typically 3 to 4 weeks.

Leadership and Board Education – Our leadership team and Board education sessions are designed to help improve understanding of hospital performance and bring greater clarity around the challenges rural hospitals face within the context of vulnerability, health inequity and staffing shortages. This engagement can be done in-person or virtually.

Connect with Our Team



Michael Topchik
National Leader

mtopchik@chartis.com



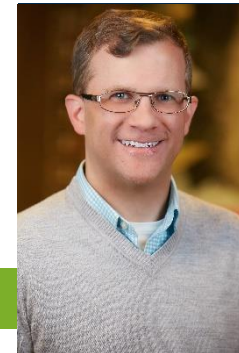
Troy Brown
Network Consultant

tbrown@chartis.com



Melanie Pinette
Senior Analyst

mpinette@chartis.com



Billy Balfour
Communications

wbalfour@chartis.com



Ana Wiese
Data Analyst

awiese@chartis.com

National Rural Health Association

Top 20 CAH Award Winners and Best Practice Hospitals 2023

The National Rural Health Association names the Top 20 Critical Access Hospitals from a larger set of Top 100 CAHs, which is evaluated and produced by The Chartis Center for Rural Health. Both the Top 20 and Top 100 performing Critical Access Hospitals are identified through the Chartis Rural Hospital Performance INDEX™, the most comprehensive and objective assessment of U.S. rural and Critical Access Hospital performance based upon market, value-based and financial measures.

NRHA's Top 20 Winners are the highest ranked of the Top 100 CAHs, named by The Chartis Center for Rural Health.

The Chartis Rural Hospital Performance INDEX utilizes publicly available data sets to quantify overall hospital performance in eight pillars: 1 - Inpatient Market Share, 2 - Outpatient Market Share, 3 - Quality, 4 - Outcomes, 5 - Patient Perspective, 6 - Cost, 7 - Charge, and 8 - Finance.

Additionally, NRHA recognizes the 20 highest ranking CAHs in the Quality and Patient Perspective (Patient Satisfaction) Pillars, naming them a "Best Practice" hospital recipient in the designated category.

- **"Quality INDEX" -- Hospital Compare Process of Care Measures** – All hospitals in the INDEX study are evaluated across rural-relevant Process of Care measures. Each hospital's performance across these indicators is aggregated and ranked against rural peers nationally. The Top 20 CAHs are recognized for the outstanding quality they deliver to their patients.
- **"Patient Perspective INDEX" -- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Measures** – All hospitals in the study are evaluated across all 10 HCAHPS domains. Each hospital's performance across these 10 metrics is aggregated and ranked against rural peers nationally. The Top 20 CAHs are recognized for the outstanding patient satisfaction they provide.

About NRHA

The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 20,000 members. The association's mission is to provide leadership on rural health issues. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.

About Chartis

Chartis is a comprehensive health care advisory firm dedicated to helping clients build a healthier world. We work across the health care continuum with more than 600 clients annually, including providers, payers, health services organizations, technology and retail companies, and investors. Through times of change, challenge, and opportunity, we advise the industry on how to navigate disruption, pursue growth, achieve financial sustainability, unleash technology, improve care models and operations, enhance clinical quality and safety, and advance health equity. The teams we convene bring deep industry expertise and industry leading innovation, enabling clients to achieve transformational results and create positive societal impact. For more information, visit www.chartis.com.

About the Chartis Rural Hospital Performance INDEX

The Chartis Rural Hospital Performance INDEX utilizes publicly available data to provide a comprehensive comparison of all rural and Critical Access Hospitals across a continuum of market, value-based and financial performance indicators. By assessing performance across 36 individual indicators and eight pillars of performance, the INDEX brings a rural-relevant perspective to health care leaders making strategic and operational decisions. The INDEX is the foundation for many of rural health care's most prominent awards and is used by organizations such as the National Rural Health Association in support of its advocacy and legislative initiatives. Learn more about the The Chartis Center for Rural Health <https://www.chartis.com/rural-health>.

Review of Data Sources

The INDEX leverages the most recent publicly available data from CMS as of January 2023. All available data are included in the INDEX and statistical sampling and data imputation methodologies are employed when necessary.

QUALITY STRATEGY 3 | THIRD-PARTY ACCREDITATION VENDOR

Goal: Assure compliance with CMS Conditions of Participation through a consultative vendor relationship

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
<ol style="list-style-type: none"> 1. Evaluate third-party vendors other than Joint Commission (considering CIHQ) 2. Contract? 3. Undergo accreditation survey? 	Ashleigh, Jeff	→		

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

You are currently viewing the information for **Hospitals**.
» [Reset Your Selection](#).

The CIHQ Difference!

Additional Information

- » [View](#) Frequently Asked Questions
- » [View](#) Pricing Information
- » View Other Benefits from Accreditation Resource Services - **THE CIHQ DIFFERENCE!**
- » [Begin](#) the Application Process **TODAY!**
- » [Return](#) to Welcome

About CIHQ

The Center for Improvement in Healthcare Quality (CIHQ) is a member-based organization comprised of acute care and critical access hospitals across the United States. Established in 1999, our purpose is to:

- **ADVOCATE** on behalf of our members in shaping the accreditation and regulatory environment by working with CMS in the development of standards and regulations
- **EDUCATE** members on standards, regulations, and the survey process. Also, to encourage the professional growth of individuals in the field of healthcare accreditation through national certification.
- **ADVISE** members on changes to standards and regulations and the impact on their organization.
- **ASSIST** members in developing "best practice" compliance strategies, and assess survey readiness.
- **IMPROVE** the ability of our members to successfully meet the challenges of today's regulatory environment.



Benefits Provided to CIHQ Accredited Organizations from Accreditation Resource Services

Standards & Regulatory Interpretation

Members are allowed unlimited access to our in-house panel of consultant experts by phone or email (preferred) to receive answers to questions / interpretation to CIHQ standards and the CMS Conditions of Participation. All inquiries are responded to within 48 – 72 hours with a clear and concise answer

Notification of Changes to Standards and Regulations

CIHQ notifies member organizations of any new or modified standard / regulation. Each alert summarizes the standard / regulation, the likely impact to members, and recommends compliance strategies.

Electronic Resource Library

Member organizations are allowed unlimited access to our electronic resource library. The library holds over 400 template policies, documents, and other tools addressing CIHQ standards and CMS requirements, as well as survey preparation tools.

The documents are formatted in Microsoft Office platforms so that they can easily be downloaded and customized. The library is updated regularly with new or revised templates as regulations are developed or changed.

Comprehensive Reference Library

Member organizations are allowed unlimited access to our comprehensive reference library. The library contains current CIHQ standards and regulations from CMS, as well as State agencies in electronic searchable formats. The library also contains literally hundreds of links to various regulatory agencies and professional societies. It is truly a one-stop shop!

Monthly Audio Conferences

Member organizations are allowed complimentary access to our highly regarded monthly audio conferences. There is no limit to the number of participants that can listen in (e.g. speaker phone). The conferences are 1–1.5 hours in length and address key CIHQ and CMS compliance issues. Speakers are usually CIHQ faculty but outside speakers are used occasionally depending on topic expertise.

All conferences include a copy of the presentation and any associated material. The audio conference is saved as an MP-3 file, and presentations are archived in the member's only section of our web site and can be accessed by members as often as they wish.

Annual Education Program

Member organizations are entitled to send individuals at a discounted rate to CIHQ' annual Accreditation & Quality Summit.

Participants can take advantage of professional development workshops, best practice information sharing, networking, and receive the latest information in quality and patient safety

from experts in the field.

Continuing Education Center

Employees of member organizations are allowed unlimited access to our repository of on-line continuing education courses. Credit is offered through the CA Board of Registered Nursing which is recognized by almost all State Boards and professional entities. Employees can obtain the continuing education hours they need to maintain their licensure and other certifications free of charge.

Staff Training Library

We've scoured the regulations and have developed a repository of PowerPoint modules and post-tests that you can use to train your staff on a wide variety of mandated subjects. The modules can be uploaded into your on-line training system if you have one, or can be simply downloaded and used in a manual system. Provision

Provision of Services

Member services are provided through Accreditation Resource Services LLC - a separately licensed division of CIHQ.

Cost

Member services are provided to CIHQ accredited hospitals at no additional charge.

Contact Information

For further information, please contact:
Traci Curtis, Executive Director of Survey Operations
Center for Improvement in Healthcare Quality
P. O. Box 3620
McKinney, TX 75070
866-324-5080, Option 2
tcurtis@CIHQ.org

2023 Accreditation & Regulatory Summit

Today's Challenges / Tomorrow's Opportunities

September 26-28, 2023



Marriott Convention Center • Allen, TX

[Conference Information](#)

[Conference Registration](#)

[Hotel Info & Reservations](#)

[Partners & Sponsors](#)

2023 HACP Preparatory Course & National Examination

September 25-26, 2023

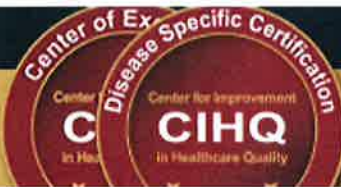
[Programs & Registration](#)

[Hotel Information & Reservations](#)

Marriott Convention Center • Allen, TX



CIHQ COE & DSC



Demonstrate to your patients, payers, and your community that the care you render is truly a "cut above"!

Learn more about [CIHQ-COE](#) • Learn more about [CIHQ-DSC](#)

Accreditation & Regulatory Journal
by CIHQ

[View](#) • [Subscribe](#)



Center for Improvement in Healthcare Quality
P.O. Box 3620 McKinney, TX 75070
Toll Free: 866-324-5080, Option 2



Other Services & Resources

- Professional Certification Program (HACP)
- Accreditation Resource Services (ARS)
- Our Blog

Quick Links

- CIHQ Corporate
- Contact Us

Accreditation Programs & More

- Hospitals
- Critical Access Hospitals
- Acute Psychiatric Hospitals - Coming in 2023
- Free-Standing Emergency Center
- Congregate Living Health Facility
- Center of Excellence Designation
- Disease Specific Certification

Accreditation & Regulatory Journal

- View the Journal
- Subscribe to the Journal

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

You are currently viewing the information for **Hospitals**.

[» Reset Your Selection.](#)

Acute Care Hospital Accreditation Pricing Information

Effective January 2022

Additional Information

» [View](#) Frequently Asked Questions

» [View](#) Pricing Information

» [View](#) Other Benefits from Accreditation Resource Services - **THE CIHQ DIFFERENCE!**

» [Begin](#) the Application Process **TODAY!**

» [Return](#) to Welcome

Price Gurantee

CIHQ will match or better the overall survey fees of any other accrediting provider

Number of Licensed Acute Care Beds	Annual Fee
< 50 Beds	\$5,750
51 to 100 Beds	\$8,250
101 to 150 Beds	\$10,250
151 to 200 Beds	\$13,250
201 to 250 Beds	\$15,750
251 to 300 Beds	\$18,750
301 to 350 Beds	\$19,750
351 to 400 Beds	\$22,750
> 401 Beds	Call for Pricing
Disease Specific Certification	\$2,500 per Certification
Center of Excellence Designation	\$2,500 per Designation

Notes

1. If there are a very large number of off-site or ambulatory services, additional survey days may be required. If so, the annual fee will be adjusted accordingly. Hospitals will be notified of the exact fee before the application is considered final.
2. There is no additional fee for follow-up surveys due to condition-level deficiencies. However, organizations will be charged for surveyor travel expenses.
3. There is no additional fee for complaint surveys (two per year). However, organizations will be charged for surveyor travel expenses. For the third or more complaint survey in a given year,

there will be an additional fee of \$2,500 per surveyor per day.

4. The fee for a for cause survey is \$2,500 per surveyor per day plus travel expenses.
5. The fee for an extension survey is \$2,500 per surveyor per day plus travel expenses.

2023 Accreditation & Regulatory Summit

Today's Challenges / Tomorrow's Opportunities

September 26-28, 2023



Marriott Convention Center • Allen, TX

[Conference Information](#)

[Conference Registration](#)

[Hotel Info & Reservations](#)

[Partners & Sponsors](#)

2023 HACP Preparatory Course & National Examination

September 25-26, 2023

[Programs & Registration](#)

[Hotel Information & Reservations](#)

Marriott Convention Center • Allen, TX



CIHQ COE & DSC

Demonstrate to your patients, payers, and your community that the care you render is truly a "cut above"!

Learn more about [CIHQ-COE](#) • Learn more about [CIHQ-DSC](#)

Accreditation & Regulatory Journal
by CIHQ

[View](#) • [Subscribe](#)

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

You are currently viewing the information for **Hospitals**.
» [Reset Your Selection.](#)

Frequently Asked Questions

Additional Information

- » [View Frequently Asked Questions](#)
- » [View Pricing Information](#)
- » [View Other Benefits from Accreditation Resource Services - THE CIHQ DIFFERENCE!](#)
- » [Begin the Application Process TODAY!](#)
- » [Return to Welcome](#)

Who is the Center for Improvement in Healthcare Quality (CIHQ)?

What accreditation program(s) have been approved by CMS?

What is a "deeming authority"?

Does this mean that CIHQ can accredit a hospital for Medicare participation like the other accreditation providers do?

Can our hospital be accredited by CIHQ without having to participate in Medicare?

What are CIHQ' standards based on?

Does CIHQ have any standards in addition to the COP's?

What is the scope of CIHQ' accreditation program?

My hospital has home health and long-term care services. Our current accreditation provider requires us to have these programs surveyed because the hospital is surveyed. Will CIHQ require this?

Will CIHQ survey contract services?

Will CIHQ recognize other accreditation providers that are also recognized as deeming authorities by CMS?

How frequently will CIHQ conduct accreditation surveys?

How long are the surveys?

Who conducts the surveys?

We have disease specific certifications by our current accreditation provider. Does CIHQ offer disease specific certification?

Our current accreditation provider requires us to conduct an internal self-assessment or undergo a

survey to their standards every year. Is this required by CIHQ?

Our current accreditation provider required us to become ISO certified. Is this required by CIHQ?

Our current accreditation provider requires us to submit core measure data to them. Does CIHQ require this?

Our current accreditation provider often requires us to submit evidence of a root cause analysis for sentinel events. Does CIHQ require this?

What resources will CIHQ make available to help hospitals with accreditation?

Can CIHQ provide consultants to help us prepare for your survey?

How does a hospital apply to become accredited?

How much will CIHQ charge for being accredited?

We sustained a "condition-level" deficiency from our current accreditation provider during a recent survey. This required a follow-up survey, and we incurred an additional survey fee. Does CIHQ do this?

We had a patient file a complaint with our current accreditation provider. This resulted in a complaint survey, and we incurred an additional survey fee. Does CIHQ do this?

We would like to have someone from CIHQ contact us to discuss becoming accredited. How do we do this?

Updated March 2023

2023 Accreditation & Regulatory Summit

Today's Challenges / Tomorrow's Opportunities

September 26-28, 2023



Marrlott Convention Center • Allen, TX

[Conference Information](#)
[Conference Registration](#)
[Hotel Info & Reservations](#)
[Partners & Sponsors](#)

2023 HACP Preparatory Course & National Examination

September 25-26, 2023

[Programs & Registration](#)

[Hotel Information & Reservations](#)

Marrlott Convention Center • Allen, TX



The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

You are currently viewing the information for Hospitals.
» [Reset Your Selection.](#)

CIHQ Accredited Hospital Listing

Total Accredited Hospitals: 157

« [Previous](#) | [Next](#) » or [Search:](#)

[Accel Rehabilitation Hospital of Plano](#)

2301 Marsh Lane Suite 200 Plano, TX 75093-8497

[Adventist Health Vallejo](#)

525 Oregon Street Vallejo, CA 94590-3210

[Albuquerque - AMG Specialty Hospital](#)

5400 Gibson Blvd. SE, 3rd floor, Box #2 Albuquerque, NM 87108 - 4729

[Albuquerque ER & Hospital](#)

9310 Coors Blvd NW Albuquerque, NM 87114-4006

[Alexandria Emergency Hospital](#)

5900 Coliseum Blvd Alexandria, LA 71303-3714

[Altus Baytown Hospital](#)

1626 West Baker Road Baytown, TX 77521-2271

[Altus Houston Hospital](#)

6011 W. Sam Houston Pkwy S. Houston, TX 77072-1646

[Altus Lumberton Hospital](#)

220 Blanco St. Lumberton, TX 77657-1302

[Arkansas Continued Care Hospital of Jonesboro](#)

3024 Red Wolf Blvd. Suite 1 Jonesboro, AR 72401-7415

[Arkansas Surgical Hospital](#)

5201 Northshore Drive North Little Rock, AR 72118-5312

[Aspire Hospital](#)

2006 South West Loop 336 Suite 500 Conroe, TX 77304-3315

[Atrium Medical Center](#)

11929 West Airport Blvd Suite 110 Stafford, TX 77477-2451

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

CIHQ Accredited Hospital Search

Total Accredited Hospitals Found: 44 • Criteria: TX

« Previous | Next » or Search: TX

» [Return](#) to the Listing of CIHQ Accredited Hospitals

[Accel Rehabilitation Hospital of Plano](#)

2301 Marsh Lane Suite 200 Plano, TX 75093-8497

[Altus Baytown Hospital](#)

1626 West Baker Road Baytown, TX 77521-2271

[Altus Houston Hospital](#)

6011 W. Sam Houston Pkwy S. Houston, TX 77072-1646

[Altus Lumberton Hospital](#)

220 Blanco St. Lumberton, TX 77657-1302

[Aspire Hospital](#)

2006 South West Loop 336 Suite 500 Conroe, TX 77304-3315

[Atrium Medical Center](#)

11929 West Airport Blvd Suite 110 Stafford, TX 77477-2451

[Baptist Hospitals of Southeast Texas](#)

3080 College Street Beaumont, TX 77701-4606

[CapRock Hospital](#)

3134 Briarcrest Drive Bryan, TX 77802-3014

[ContinueCARE Hospital at Hendrick Medical Center](#)

1900 Pine Street 7th Floor, Jones Building Abilene, TX 79601-2432

[ContinueCARE Hospital at Medical Center Odessa](#)

500 West 4th Street 4th Floor Odessa, TX 79761-5001

[Cornerstone Specialty Hospitals Austin/Round Rock](#)

4207 Burnet Road Austin, TX 78756-3316

[Cornerstone Specialty Hospitals Clear Lake](#)

709 Medical Center Blvd. Webster, TX 77598-4005

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)

[Hospital Login](#)

[Home](#)

Welcome: [Hospitals](#)

[Apply for Accreditation](#)

[Report a Complaint](#)

[Our Journal](#)

CIHQ Accredited Hospital Search

Total Accredited Hospitals Found: 44 • Criteria: TX

« [Previous](#) | [Next](#) » or Search: TX

» [Return](#) to the Listing of CIHQ Accredited Hospitals

[Cornerstone Specialty Hospitals Conroe](#)

1500 Grand Lake Drive Conroe, TX 77304-2831

[Cornerstone Specialty Hospitals Houston Medical Center](#)

1300 Binz Street 3rd Floor Houston, TX 77004-7016

[East Houston Medical Center](#)

15149 Wallisville Road Houston, TX 77049-4621

[El Paso LTAC Hospital](#)

1221 N. Cotton 3rd floor El Paso, TX 79902-3015

[Emergency Hospital Systems](#)

1017 S. Travis Avenue Cleveland, TX 77327-5152

[Freestone Medical Center](#)

125 Newman Street Fairfield, TX 75840-1419

[Frio Regional Hospital](#)

200 S IH 35 Pearsall, TX 78061-6601

[Huntsville Memorial Hospital](#)

110 Memorial Hospital Dr. Huntsville, TX 77340-4940

[Jackson County Hospital District](#)

1013 South Well Street Edna, TX 77957-4098

[Kell West Regional Hospital](#)

5420 Kell Blvd Wichita Falls, TX 76310-1610

[Longview Rehabilitation Hospital](#)

701 East Loop 281 Longview, TX 75605-5006

[Methodist Rehabilitation Hospital](#)

3020 W Wheatland Road Dallas, TX 75237-3537

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

CIHQ Accredited Hospital Search

Total Accredited Hospitals Found: 44 • Criteria: TX

« [Previous](#) | [Next](#) » or Search: TX

» [Return](#) to the Listing of CIHQ Accredited Hospitals

[North Texas Medical Center](#)

1900 Hospital Blvd Gainesville, TX 76240-2002

[PAM Health Rehabilitation Hospital of El Paso](#)

1600 East Cliff Drive El Paso, TX 79902-5130

[PAM Health Rehabilitation Hospital of Houston Heights](#)

1917 Ashland St. 4th Floor Houston, TX 77008-3907

[Reunion Rehabilitation Hospital Arlington](#)

4351 Centreway Place Arlington, TX 76018

[Reunion Rehabilitation Hospital Plano](#)

3600 Mapleshade Lane Plano, TX 75075

[SE Texas ER & Hospital](#)

19211 McKay Drive Humble, TX 77338-5502

[Shannon Medical Center](#)

120 East Harris Avenue San Angelo, TX 76903-5904

[Solara Specialty Hospitals Harlingen-Brownsville](#)

333 Lorenaly Drive Brownsville, TX 78520-4333

[Solara Specialty Hospitals McAllen](#)

301 West Expressway 83-8th Floor McAllen, TX 78503-3045

[Spring Hospital](#)

20635 Kuykendahl Road Spring, TX 77379-3533

[St. Michael's Elite Hospital](#)

16000 Southwest Freeway Sugar Land, TX 77479-2673

[Temple Rehabilitation Hospital](#)

23621 SE H K Dodgen Loop Temple, TX 76504-8664

The Center for Improvement in Healthcare Quality

Hospitals

[Help Center](#)[Hospital Login](#)[Home](#)[Welcome: Hospitals](#)[Apply for Accreditation](#)[Report a Complaint](#)[Our Journal](#)

CIHQ Accredited Hospital Search

Total Accredited Hospitals Found: 44 • Criteria: TX

« [Previous](#) | [Next](#) » or Search: TX

» [Return](#) to the Listing of CIHQ Accredited Hospitals

[Texas Institute for Survey at Presbyterian Hospital Dallas](#)

7115 Greenville Avenue Suite 100 Dallas, TX 75231-5101

[Texas Rehabilitation Hospital of Fort Worth](#)

425 Alabama Ave Fort Worth, TX 76104-1022

[Texas Rehabilitation Hospital of Keller](#)

791 S. Main Street Keller, TX 76248-4905

[The Woodlands Specialty Hospital](#)

25440 I-45 North Suite 100 The Woodlands, TX 77386-1343

[Townsen Memorial Hospital](#)

1475 FM 1960 Bypass Road East Humble, TX 77338-3909

[Tyler ContinueCARE Hospital](#)

800 E. Dawson 4th Floor Tyler, TX 75701-2036

[Val Verde Regional Medical Center](#)

801 Bedell Avenue Del Rio, TX 78840-4185

[Van Zandt Regional Hospital](#)

707 N Waldrip Street Grand Saline, TX 75140-1555

QUALITY STRATEGY 4 | BOARD QUALITY INITIATIVES

Goal: Improve performance on specific projects

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Handwashing	Exec Team			
2. EKG Response Times	Yessenia			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

FINANCE

“Manage resources to ensure the long-term viability of MCHD”

1. Pricing Strategy
 - a. MCHD
 - b. MNRC
 - c. Home Health
2. Improve Internal Processes:
 - a. Denials
 - b. Purchasing Processes
3. Employee Health Plan
 - a. BSA Agreement
 - b. Implement Health Plan PBM Formulary Changes
4. Governmental Programs:
 - a. QIPP, CHIRP, RAPPS

FINANCE STRATEGY 1 | PRICING STRATEGY

Goal: Maintain a healthy revenue stream with a competitive pricing strategy.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. MCHD – working with American Healthcare Consulting for Comprehensive charge master review, Comprehensive pricing review, identification of missing C Codes, J Codes and commonly provided missing charges.	John	Implement agreed upon suggested changes.		
2. MNRC - Implement a five year plan of increase for new residence to compete with local nursing home. .	Galy/John			
3. Home Health – Included in the American Healthcare Consulting agreement.	Ashleigh/John			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$100k	\$150k	\$150k

FINANCE STRATEGY 2 | IMPROVE INTERNAL PROCESSES

Goal: Increase cash flow and/or reduce expenses by improving internal processes and workflows.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Denials improvement by implementing reporting function and process improvement by partnering with RevSprings. Led by CFO	Monitor improvements through reporting capabilities			
2. Review Internal Supply Purchasing Procedures and address concerns. Continue to monitor new supply items through the committee that meet the goals and expectations of MCHD leadership.	CFO to hire season materials management director and establish expectations	Monitor expectations and establish goals to implement supply reductions	Monitor goals for achievement	Monitor goals for achievement
3. Insurance payment contingency analysis to identify underpayment from insurance companies and recover payments.	John			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$200k	\$200k	\$200k

FINANCE STRATEGY 3 | Employee Health Plan

Goal: Reduce the cost of MCHD’s self-insured health plan.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Initiate Preferred Provider Agreement with BSA for services not available at MCHD.	John/Kathie/HealthSure			
2. Implement formulary changes through the health plan’s Pharmacy Benefit Manager.				

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

FINANCE STRATEGY 4 | GOVERNMENTAL PAYMENT PROGRAMS

Goal: See Quality #2

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Key Programs: <ul style="list-style-type: none"> a. QIPP b. CHIRP c. RAPPS d. Rural Health Clinic Vaccine Confidence Grant e. 340(b) 	Galy Connie Connie Ashleigh			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

COMMUNITY

“Be recognized as a community leader”

1. Moore County Health Foundation
 - a. 2023 Harvest (3D Mammography)
 - b. Workforce Development
 - i. RNEC/Nursing Scholarship Luncheon
 - ii. Pursue Lab Tech REC with Amarillo College and Community Partners
 - iii. DISD Health Careers Day
2. Social Media and Reputation Management Strategy
3. 2024 Marketing Plan

COMMUNITY STRATEGY 1 | GROW THE MCHF

Goal: Provide long-term sustainability for MCHD

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. The Harvest	Kathie/Bethany			
2. Workforce Development a. Nursing Scholarship Luncheon b. Pursue Lab Tech Regional Educational Consortium (LTREC) with Amarillo College and Community Partners c. DISD Health Career Day	Kathie/Bethany			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

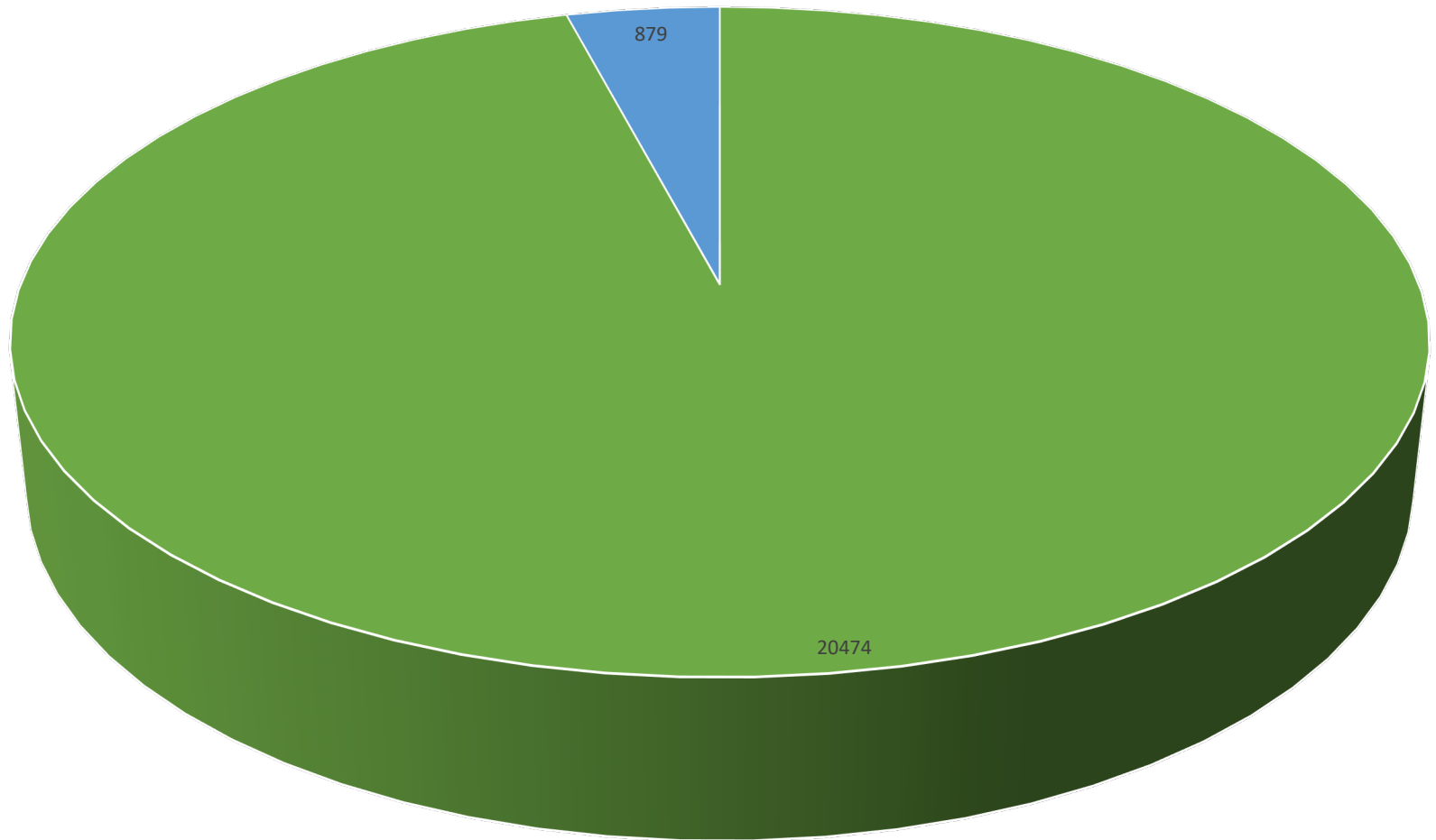
COMMUNITY STRATEGY 2 | SOCIAL MEDIA AND REPUTATION MANAGEMENT

Goal: Improve MCHD’s on-line presence and the quality of information being put out in the community

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Social Media a. Develop and execute a social media plan across all District pages focusing mainly on District wins and value provided to the community. Community education, availability of services and products, and other topics secondary. b.	Ashley			
2. Reputation Management Secure the services of a reputation management company to boost response rate of reviews on digital media platforms through automated means	Ashley			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

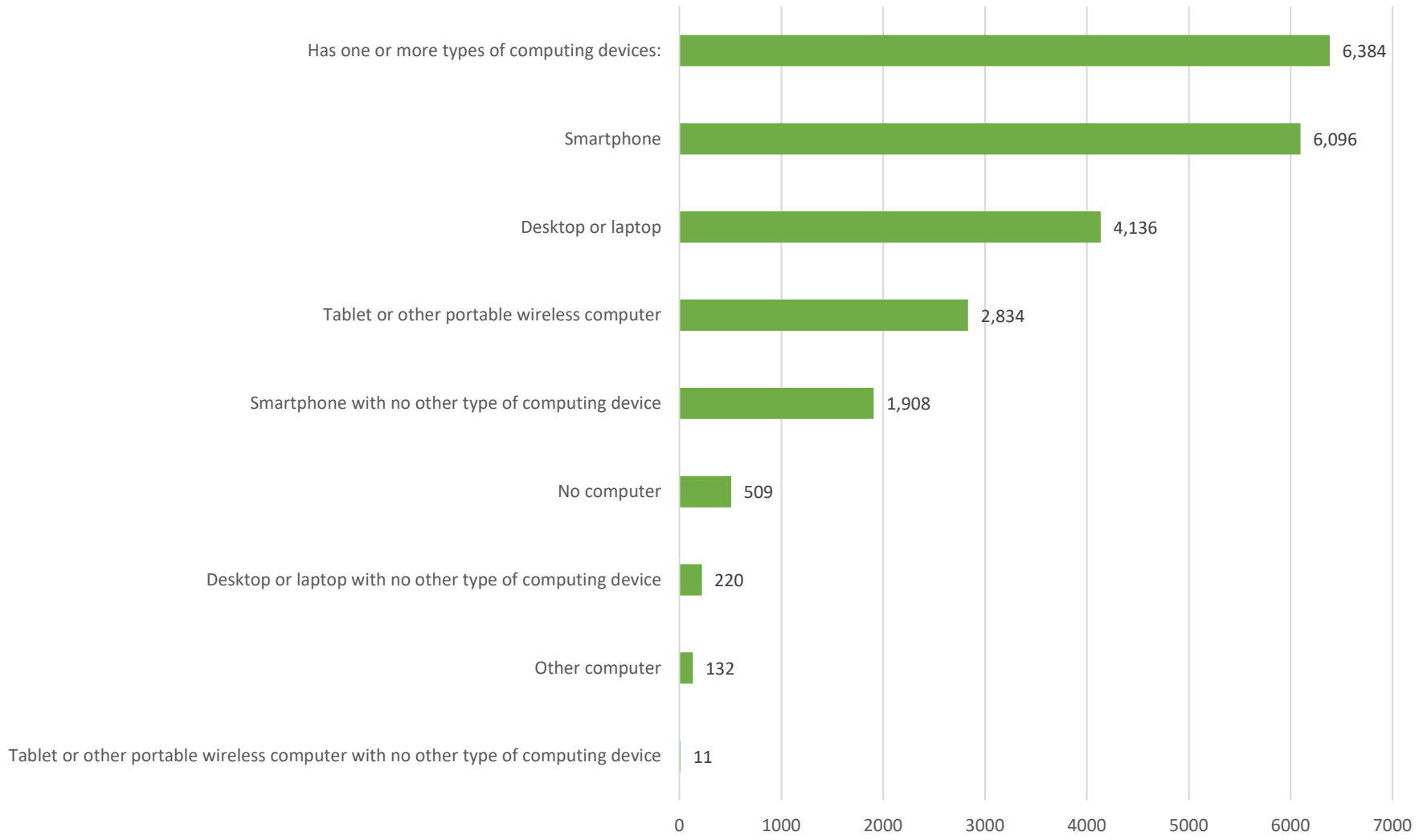
AREA COMPUTER OWNERSHIP



■ Households with Computer ■ Households with no computer

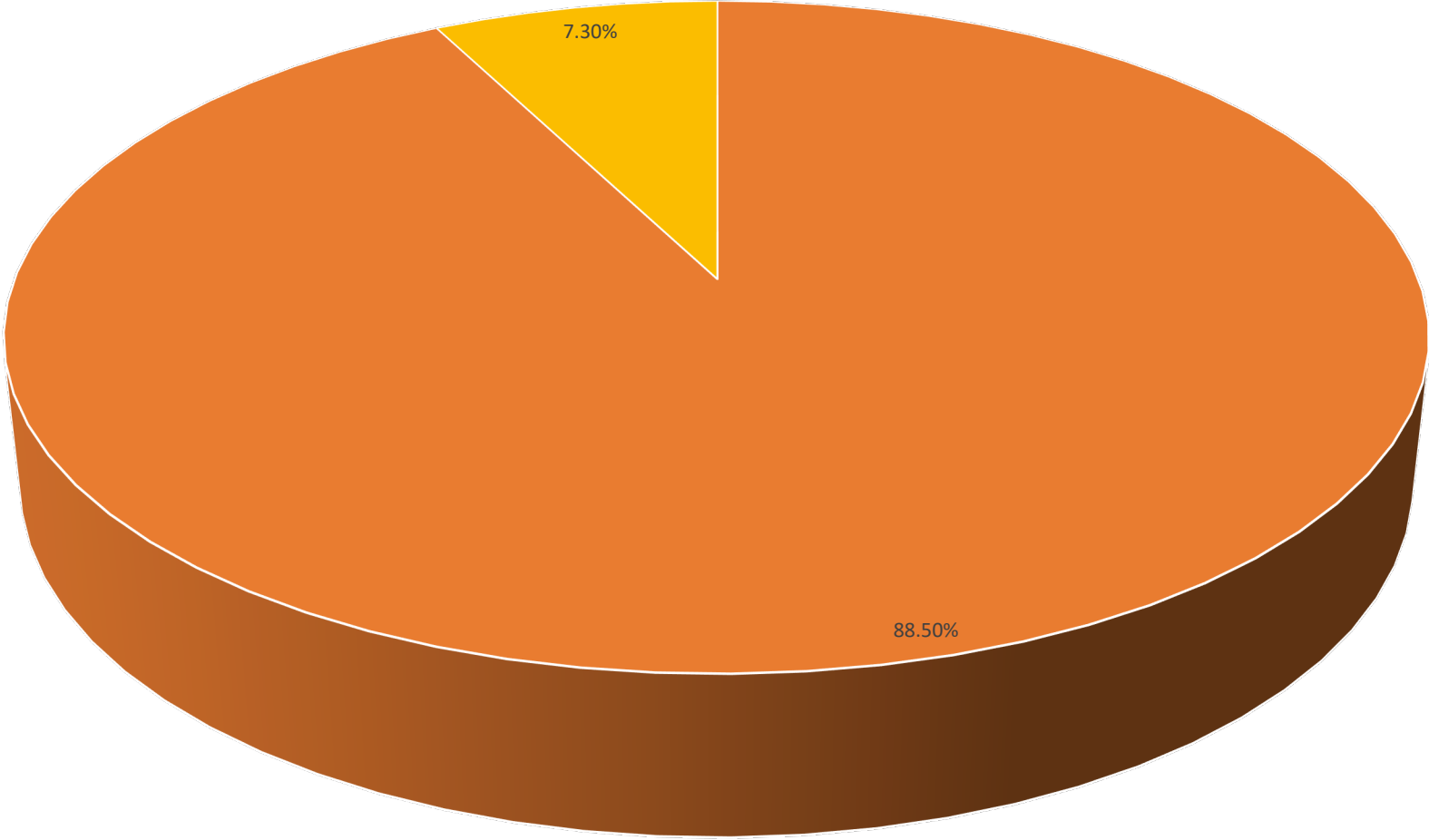
Data acquired from 2022 census data – Primary Service Area

AREA TYPE OF COMPUTERS



Data acquired from 2022 census data – Primary Service Area

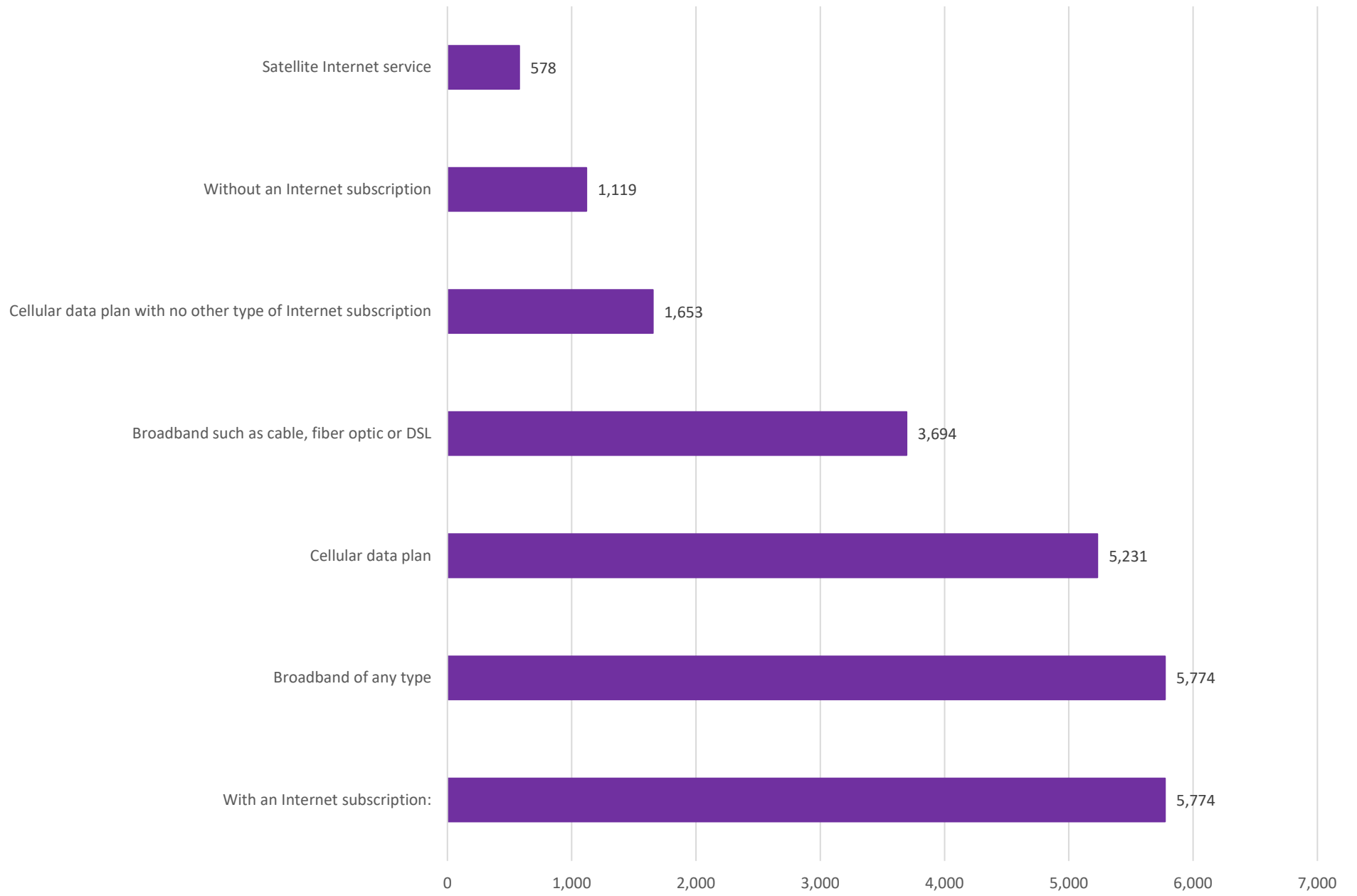
AREA INTERNET SUBSCRIPTIONS



■ Percent Broadband Internet Subscription ■ Percent without an Internet Subscription

Data acquired from 2022 census data – Primary Service Area

AREA TYPES OF INTERNET SUBSCRIPTIONS



Data acquired from 2022 census data – Primary Service Area

ADVERTISING AGREEMENT ONLINE SOLUTIONS



11408 Otter Creek South Road
Mabelvale, AR 72103

NEW ACCOUNT RENEWAL ADD-ON

Sold Via Webinar Referring Rep: _____

ONLINE SERVICES

Set-up Fee \$ 825.00 Online Listings Management \$ 0.00 Reputation Management (Social Climb) \$ 1,605.00
 Website \$ 0.00 Search Engine Marketing \$ 0.00 Search Engine Optimization \$ 0.00
 Displays Ads (Google Display Network) \$ 0.00 Display Ads (Facebook) \$ 0.00 Display Ads (Condition/HCP Targeted) \$ 0.00

ADVERTISER INFORMATION

Advertiser Name Moore County Hospital District Phone (806) 935-7171
Advertiser Owned/Managed By: Hospital Health System Not Applicable Name _____
Advertiser Category/Physician Specialty _____
Advertiser Address 224 E 2nd St
City Dumas State TX Zip 79029

TERMS & CONDITIONS

Upon failure or neglect of Advertiser to pay as stipulated, then at the option of PatientPoint® Network Solutions, LLC the entire unpaid balance of this agreement shall become due and payable immediately. The Advertiser agrees to the Additional Terms & Conditions (<http://patientpoint.com/advertising-terms-and-conditions.aspx>) as applicable.

THIS IS A NON-EXCLUSIVE AGREEMENT. This Agreement is non-cancelable by Advertiser and contains Advertiser's full and complete understanding of these terms. Advertiser acknowledges upon signing of this agreement that he has not relied upon any promises, statement or representation other than as contained herein and hereby acknowledges receipt of a copy of this agreement. PatientPoint reserves the right to reject any advertisement, or part of advertisement, that it feels is objectionable in nature or content, or would be objectionable or offensive to its other Advertisers.

BILLING CONTACT

Bill To Moore County Hospital District Phone (806) 935-7171
Address 224 E 2nd St
City Dumas State TX Zip 79029
Email asmith@mchd.net

PURCHASED	DISCOUNT	CONTRACT TERM
\$ 19,260.00 Online Services TOTAL	0 % Discount	12 Months (Listings/ SC/ Website)
\$ 825.00 One-Time Set-Up Fee (billed upon invoice)	\$ 0.00 SAVINGS	_____ Months (Search Engine/ Display)
\$ 20,085.00 TOTAL Agreement	\$ 19,260.00 DISCOUNTED TOTAL for payment in full upon receipt of invoice.	Credit Card - To pay by credit card, go to www.patientpoint.com/onlypayments or call Danielle Montalbo at 615-598-9940

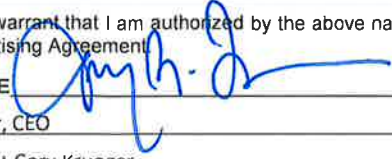
BALANCE \$ 19,260.00 balance to be paid in 12 payment(s) of \$ 1,605.00 each.

SPECIAL INSTRUCTIONS

Set up fee invoiced now (1-3 business days)
Monthly invoicing of \$1,605 to begin 8/1/23.
See proposal for solution details.

ADVERTISING AGREEMENT AUTHORIZATION

I hereby represent and warrant that I am authorized by the above named Advertiser to purchase this advertisement and be bound by the Terms and Conditions of this Advertising Agreement.

X SIGNATURE HERE  Date 6/16/23
Print Name Jeff Turner, CEO
PatientPoint Sales Agent Cory Krueger Phone 615-598-9945

COMMUNITY STRATEGY 3 | FY2024 Marketing Plan

Goal: Increase community awareness & support of the District, Its Clinics and Services

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Develop cross media strategies focusing on customer-facing Strategic Plan initiatives <ul style="list-style-type: none"> a. Priyanka Patel’s Practice/Arrival b. Rejuvenew Med Spa c. New Surgical Procedures d. Equipment Upgrades e. MNRC f. Mental Health Grant g. Unidine wins (meal of the month, women’s services meal, etc. h. Employee Engagement Survey results (if applicable) i. Quality Data j. MCHF Events (Harvest, Luncheon, Clays, Scholarships, Etc.) k. RNEC Program l. Lab Tech Program 	Ashley			
2. Respond to changing District initiatives as needed	Ashley			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

MEDICAL STAFF

“Area Medical Staff is an integral part of the MCHD family”

1. MEC Leadership Development
 - a. Conference
 - b. Develop Budget: Travel, Stipend, Additional PTO
2. Develop External Relationships
 - a. Specialists
 - b. Texas Tech Residency

MEDICAL STAFF STRATEGY 1 | LEADERSHIP DEVELOPMENT

Goal: Promote medical staff leadership skills through education. Reward leaders' efforts through benefits/compensation.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Education: Schedule MEC leaders to attend an annual conference 2. Budget: Establish a budget for MEC leadership <ul style="list-style-type: none"> a. Travel b. Benefits: Compensation, PTO? 	Dr. Diehlmann/Jeff			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

* Anticipate budgeted expense of around \$30,000 to include travel and stipends.

Jeff Turner

From: Dr. Stephanie Diehlmann
Sent: Sunday, June 18, 2023 9:20 PM
To: Jeff Turner
Subject: med staff leadership budget and other ideas

Jeff,

I communicated with Drs. Tan and Agle today. We are all very much appreciate that you are making developing the medical staff leadership a priority. I think it will only help to make MCHD a better place!!!

Here is what we came up with for 2023-2024 based on the proposed \$30,000 budget.

- \$12,000 conference—officers attend every other year (the first year of new chief), department chiefs or other upcoming leaders could attend the other
- \$6,000 COS stipend
- \$4,000 vice-chief
- \$4,000 secretary
- \$2,000 chief of medicine
- \$2,000 chief of surgery (Dr. Agle would get both secretary and chief of surgery stipends)
- 1 administrative day per month for COS—could be day of board meeting, or when you are having operations meetings if you think it would be helpful for COS to participate; could also meet with doctors, admin/department leaders, work on policies/procedures, bylaws updates, other tasks
- ½ day per quarter leadership training/meeting for officers and department chiefs (we discussed this previously, I just haven't had time to plan)

Considerations for 2024-2025 or whenever possible...

- \$15,000 conference + additional trainings/annual leadership retreat
- \$10,000 COS stipend
- \$5,000 vice-chief
- \$5,000 secretary
- \$2,500 chief of medicine
- \$2,500 chief of surgery
- 1 admin day per month COS
- ½ admin day per month other officers and department chiefs
- 2 hours monthly for leadership meetings
- 1 full day yearly for leadership retreat (off site)

Too much to ask? I can dream, anyways! I understand that taking us out of our clinical duties (i.e. admin time, meetings, training) impacts the hospital financially. But it may also be a doable and much less expensive alternative to hiring and CMO—training up physician leaders and giving them the time to be leaders.

Other ideas about the future of medical staff...

- Change the officer position from rotational (i.e. starting as secretary, moving to vice, then chief) to something where the the officers can serve more than one term. Would allow for longer term leadership development, involvement in hospital. Of course, this could be problematic if a COS is elected and continues in that position and he/she does not work well with admin.
- As the hospital services/medical staff grows, expand the department/chief structure—i.e. add OB/peds (or maternal/child health) and outpatient medicine to what we already have in place with surgery and inpatient medicine; or develop vice-chief positions.

Stephanie Diehlmann, M.D., M.P.H.
Moore County OB/Gyn



CHARTIS

CLINICAL QUALITY
SOLUTIONS

FORMERLY KNOWN AS THE GREELEY COMPANY

EDUCATION

Physician Leadership Institute

FORMAT

Customized

In-Person La Jolla

In-Person Marco Island

Onsite or Online

Customized events are delivered onsite or virtually and designed to address specific organizational goals. CME accredited.

> LEARN MORE

October 12-15, 2023 / La Jolla, CA / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts for this CME accredited track.

> REGISTER

November 29-December 4, 2023 / Marco Island, FL / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most

critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts for this CME accredited track.

[> REGISTER](#) | [↗](#)

Tools Physician Leaders Need to Succeed and Deliver Value

Leadership development and building teams that effectively lead is complex, yet essential, as healthcare moves to fulfill the imperatives to improve quality and reduce costs. The most effective teams include the primary stakeholders of value-based care: executives, business leaders, and physicians. This course provides the tools physicians must have to deliver the value hospitals and health systems need.

LEARN MORE ABOUT THE PRESENTERS

Mark Wenneker, MD, MPH



Laura Rife, MD, MBA

Senior Physician Consultant





CHARTIS

**CLINICAL QUALITY
SOLUTIONS**

FORMERLY KNOWN AS THE GREELEY COMPANY

EDUCATION

Medical Executive Committee Institute

FORMAT

Customized

In-Person La Jolla

In-Person Marco Island

Onsite or Online

Customized events are delivered onsite or virtually and designed to address specific organizational goals. CME accredited.

> LEARN MORE

October 12-15, 2023 / La Jolla, CA / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts for this CME accredited track.

> REGISTER

November 29-December 4, 2023 / Marco Island, FL / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts for this CME accredited track.

[➤ REGISTER](#) | [➤](#)

Effectively Execute Leadership Duties

This session focuses on critical factors Medical Executive Committee (MEC) members need to understand for effectively executing their leadership duties, including key performance drivers, and how to address and improve quality and reduce costs. Because new leadership challenges abound, many hospitals make it standard practice to enroll current and future leaders in this program annually.

LEARN MORE ABOUT THE PRESENTER

**Raúl Zambrano, MS, MD, FAAFP,
FACHE, MRO**

Senior Physician Consultant and Clinical Education Leader





CHARTIS

CLINICAL QUALITY
SOLUTIONS

FORMERLY KNOWN AS THE GREELEY COMPANY

EDUCATION

Quality, Safety and High Reliability: Leading the Transformation

FORMAT Customized

In-Person La Jolla

In-Person Marco Island

Onsite or Online

Customized events are delivered onsite or virtually and designed to address specific organizational goals.

> LEARN MORE

October 12-15, 2023 / La Jolla, CA / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts.

> REGISTER

November 29-December 4, 2023 / Marco Island, FL / \$1995

Join us for the Physician and Hospital Leadership Education event and experience exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. Walk away with the education and skills needed to achieve the goals that are most critical to your organization's success.

Cost: \$1,995 for a three-day seminar track. Excludes pre- and post-conferences. Ask about group and early bird discounts.

[➤ REGISTER](#) | [➔](#)

Provide Consistently Excellent, Equitable Care

Building true reliability across an organization that is sustainable over time requires a deliberate, coordinated, organization-wide approach. What is required is not a "program," but a comprehensive operating model. This course will provide high reliability tactics, as well as the operating model's component structures, processes, and supporting functions required to embed reliability in your organization.

LEARN MORE ABOUT THE PRESENTERS

Andrew Resnick, MD

Director and Chief Medical and Quality Officer



Christian Dankers, MD

Principal and Associate Chief Medical and Quality
Officer



MEDICAL STAFF STRATEGY 2 | MARKET RELATIONSHIPS

Goal: Enhance access to care for community by developing relationships with Amarillo providers

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Build relationships with Amarillo specialty groups 2. Explore the potential of a relationship with Texas Tech Residents	Dr. Diehlmann			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

MEDICAL STAFF STRATEGY 3 | ACCESS TO SERVICES

Goal: Provide physician access to services to keep patients at MCHD

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. PIC Lines 2. Tele-Infectious Disease	Dr. Diehlmann			

Estimated Impact	2024	2025	2026
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

Forward Thinking

5-10 Year Vision

1. MCHD will construct a multispecialty rural health clinic facility: family practice, internal medicine, pediatrics, OB/Gyn.
2. MCHD will recruit and open a pediatrics practice.
3. MCHD will become a telemedicine provider.
4. MCHD will seek opportunities to address mental health needs.
5. MCHD will pursue and develop an oncology program.
6. MCHD will expand local elder care options by either building or finding an investor for assisted living.