



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
JANUARY 6, 2026 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA (p.1-2)

- I. CALL TO ORDER**.....David Dunn, President
- II. ROLL CALL AND VOTE ON ECHD BOARD MEMBER EXCUSED/UNEXCUSED ABSENCES (if needed)**.....David Dunn
- III. INVOCATION**..... Chaplain Doug Herget
- IV. PLEDGE OF ALLEGIANCE**David Dunn
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM**.....
..... Will Kappauf (p.3)
- VI. AWARDS AND RECOGNITION**
- A. Associates of the Month** Russell Tippin
- Nurse - Alicia F. Suarez
 - Clinical – Daniel Carlos Fuentes
 - Non-Clinical – Valerie Campos Martinez
- B. Net Promoter Score Recognition**..... Russell Tippin
- Dr. Fernando Boccalandro
 - Dr. Eduardo Salcedo
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**
- IX. CONSENT AGENDA**David Dunn (p.4-37)
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
- A. Consider Approval of Regular Meeting Minutes, December 2, 2025**
- B. Consider Approval of Federally Qualified Health Center Monthly Report, November 2025**
- X. COMMITTEE REPORTS**
- A. Finance Committee** Bryn Dodd (p.38-65)
1. Financial Report for Month Ended November 30, 2025
 2. Consent Agenda
 - a. Consider Approval of IsoRX Nuclear Medicine Contract Renewal.
 - b. Consider Approval of Interlocal Agreement with McCamey Hospital District Renewal.

- c. Consider Approval of Interlocal Agreement with Pecos County Memorial Hospital District Renewal.
- d. Consider Approval of Firetrol Protection Systems Contract Renewal
- 3. Consider Ratification of Velys Digital Surgery Agreement
- 4. Consider Approval of Shadow IT – Wireless Management Services Agreement
- 5. Consider Approval of ECG Management Consultants Addendum

B. Executive Policy CommitteeDon Hallmark (p.66-67)

XI. TTUHSC AT THE PERMIAN BASIN REPORT

XII. PATIENT SAFETY AND WORKFORCE SAFETY UPDATE Courtney Look-Davis (p.68-93)

- A. Consider Approval of the Infection Prevention Risk Assessment**
- B. Consider Approval of the Infection Prevention FY2026 Plan**
- C. Consider Approval of the Patient Safety Plan**
- D. Consider Approval of Quality Management System Plan**

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

.....Russell Tippin (p.94-105)

- A. Consider Approval of Board Meeting Schedule**
- B. Risk Management - Patient Safety, CMS, and PSSM Report**
- C. Ad hoc Report(s)**

XIV. EXECUTIVE SESSION

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

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements**
- B. Consider Approval of MCH Medical Directorship Agreements**
- C. Consider Approval of Chief of Staff and Vice Chief of Staff Agreements**

XVI. ADJOURNMENTDavid Dunn

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

MISSION

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

VISION

MCHS will be the premier source for health and wellness.

VALUES

I-ntegrity

C-ustomer centered

A-ccountability

R-espect

E-xcellence

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
DECEMBER 2, 2025 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

David Dunn, President
Bryn Dodd, Vice President
Will Kappauf
Sylvia Rodriguez-Sanchez
Don Hallmark
Wallace Dunn
Kathy Rhodes

OTHERS PRESENT:

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

I. CALL TO ORDER

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

II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

David Dunn called roll of the ECHD Board Members. All members were present.

III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

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

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

VI. AWARDS AND RECOGNITION

A. December 2025 Associates of the Month

Russell Tippin, Chief Executive Officer, introduced the December 2025 Associates of the Month as follows:

- Clinical – Maribel Molina
- Non-Clinical – Paula Rutherford
- Nurse – David Graham

B. Net Promoter Score Recognition

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

- Dr. Jorge Alamo
- Beverly Gifford NP
- Occupational Medicine

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

Ally Bowling, Odessa resident, requested to address the Board, so she could commend the staff on her recent stay at MCH.

IX. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, November 4, 2025**
- B. Consider Approval of Joint Conference Committee, November 25, 2025**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, October 2025**
- D. Consider Approval of Compliance Program Charter**
- E. Consider Approval of Compliance Program Resolution**
- F. Consider Approval of MCH Family Health Clinic/ProCare Physician Services Affiliation Agreement Amendment**

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

X. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended October 31, 2025.

2. Consent Agenda
 - a. Consider Approval of Calian – Infoblox Support Renewal.
 - b. Consider Approval of Microsoft Enterprise Agreement Support Renewal.
 - c. Consider Approval of Fortified Health Security – Virtual Information Security Officer (VISIO) & HIPAA Security Risk Assessment (SRA).
 - d. Consider Approval of Inovalon (formerly Vigilanz) Clinical Surveillance Program.
3. Consider Approval of StrataJazz Amendment.

Bryn Dodd moved, and Kathy Rhodes seconded the motion to approve the Finance Committee report as presented. The motion carried.

B. Audit Committee

1. Update of Internal Audit Work Performed
2. Consider Approval of the Internal Audit Plan for FY2026

Bryn Dodd moved, and Will Kappauf seconded the motion to approve the Audit Committee report as presented. The motion carried.

C. Executive Policy Committee

The Executive Policy Committee met on Thursday, November 20, 2025 at Noon to review and approve five (5) MCH policies meeting the committee guidelines. The committee recommends approval of five (5) policies as presented.

Don Hallmark moved, and Sylvia Rodriguez-Sanchez seconded the motion to approve the Executive Policy Committee report as presented. The motion carried.

XI. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Brian Schroeder, Regional Dean, Odessa Campus, Texas Tech University provided an update on Texas Tech University Health Science Center. This report was informational only. No action was taken.

XII. MCHS FOUNDATION CHECK PRESENTATION

Alison Pradon, Vice President of Development, presented a check in the sum of \$269,039.42 to the MCHS Foundation for the Employee Giving Program and a check in the sum of \$1,936,642.42 from the MCHS Foundation to MCH.

This report was informational only. No action was taken.

XIII. PATIENT SAFETY AND WORKFORCE SAFETY UPDATE

Kim Leftwich, Chief Nursing Officer, presented the Gallup Culture of Safety Update. The survey was sent to hospital-based employees with at least 6 months in their current role. This year's response rate was fifty percent (50%). Out of the ten questions, two areas saw a decrease in directionality of the baseline, where all others showed an increase.

This report was informational only. No action was taken.

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

A. Consider Approval of Board Meeting Schedule

Two board meeting schedules were provided for consideration, one with meetings on Tuesday and the other with meetings on Thursday. The Discussion was reserved for Executive Session.

B. Consider Approval of Changes to Financial Accounts

Will Kappauf moved to add Sharon Clark to all Medical Center Hospital financial accounts, including but not limited to:

Frost Account No. XXX640
Frost Account No. XXX659
Frost Account No. XXX667
Frost Account No. XXX675
Frost Account No. XXX705
Frost Account No. XXX713
Frost Account No. XXX184
Frost Account No. XXX192
Frost Account No. XXX548
Frost Account No. XXX628

Momentum Account No. XXX506
Momentum Account No. XXX456
Momentum Account No. XXX530
Momentum Account No. XXX549
Momentum Account No. XXX713
Momentum Account No. XXX461
Momentum Account No. XXX610

Prosperity Account No. XXXXXX50406 (Odessa College)
Prosperity Account No. XXXXXX51406 (TTUHSC-PB)
Prosperity Account No. XXXXXX13406 (UTPB)

Don Hallmark seconded the motion, the motion carried.

C. Consider Approval of Investment Officer Appointment

Steve Steen, Chief Legal Counsel, presented a resolution appointing Sharon Clark, Chief Financial Officer, as an Investment Officer and signatory for all District accounts held at Hilltop Securities:

"Resolved that the President and Vice President of this Non-Incorporated Association, or any one of such officers, he or she and they hereby are fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all shares of stock, options, bonds, debentures, notes, evidences of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this Non-Incorporated Association, to purchase stocks, bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), and to make, execute, and deliver, any and all written instruments necessary or proper to effectuate the authority hereby conferred."

Wallace Dunn moved, and Kathy Rhodes seconded the motion to approve the resolution as presented. The motion carried unanimously.

D. Ad hoc Reports

Russell Tippin, President/CEO reported that the Permian Basin Behavioral Health Center met the fundraising goal of \$5 Million Dollars.

Included in the packet was the December 2025 Regional Services Report, 2025 Economic Outlook Conference report and the November 2025 Provider Recruitment Report.

These reports were informational only. No action was taken.

XV. EXECUTIVE SESSION

David Dunn stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (3) Deliberation regarding Real Property pursuant to Section 551.072 of the Texas Government Code; and (4) Economic Development Negotiations pursuant to Section 551.087 of the Texas Government Code.

ATTENDEES for the entire Executive Session: ECHD Board members, Will Kappauf, Sylvia Rodriguez-Sanchez, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes and Russell Tippin, President/CEO, Steve Steen, Chief Legal Counsel, Matt Collins, Chief Operating Officer, and Kerstin Connolly, Paralegal.

Russell Tippin, President/CEO, presented the ProCare provider agreement to the ECHD Board of Directors during Executive Session.

Don Hallmark, Board Member, led the board in discussion about selling the 42nd Street property and the vacant land on Hwy 191.

Russell Tippin, President/CEO, and Steve Steen, Chief Legal Counsel, led the board in discussion regarding the naming opportunity with UTPB.

Russell Tippin, President/CEO, reported to the board about two EMTALA complaints that were investigated by the State.

Russell Tippin, President/CEO, led the board in discussion about the board meeting schedule for the upcoming year.

Executive Session began at 6:16 p.m.

Executive Session ended at 7:59 p.m.

No action was taken during Executive Session.

XVI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements.

David Dunn presented the following new contract:

- Irene Vera, NP – This is a new one (1) year contract for Urgent Care.

David Dunn presented the following renewal contract:

- Sam Eun Kim, M.D. – This is a three (3) year renewal of a Internal Medicine Contract.

David Dunn presented the following amendment:

- Reyna Barrera, PA – This is an amendment to a Cardiology Contract.

Kathy Rhodes moved, and Sylvia Rodriguez-Sanchez seconded the motion to approve the MCH ProCare Provider Agreements as presented. The motion carried.

B. Consider Approval of UTPB Sponsorship

Kathy Rhodes moved to approved the UTPB Sponsorship for the naming rights in the Athletics Weight Room for the sum of \$1,000,000 over a ten year period. Sylvia Rodriguez-Sanchez seconded the motion. The motion carried.


C. Consider Bids for the Sale of 42nd Street Property

No bids were received for the purchase of the 42nd street property. Don Hallmark moved to restart the process of accepting bids for the property, and Sylvia Rodriguez-Sanchez seconded the motion. The motion did not pass.

XVII. ADJOURNMENT

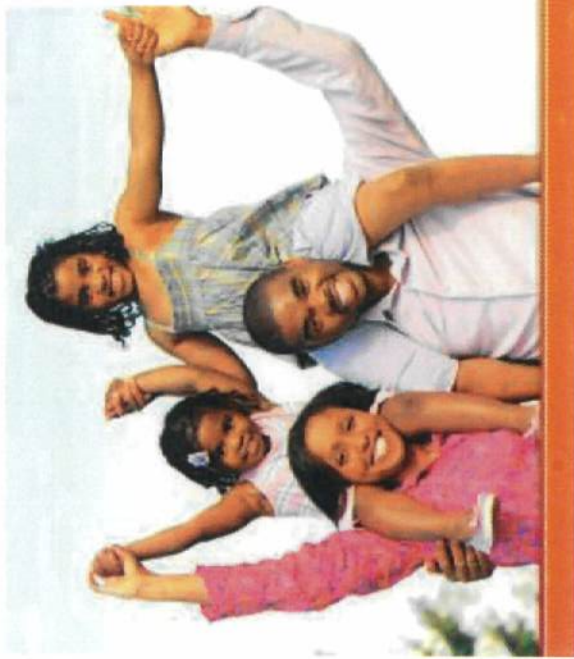
There being no further business to come before the Board, David Dunn adjourned the meeting at 8:01 p.m.

Respectfully submitted,



Will Kappauf, Board Secretary
Ector County Hospital District Board of Directors

Family Health Clinic January 2026 ECHD Board Update

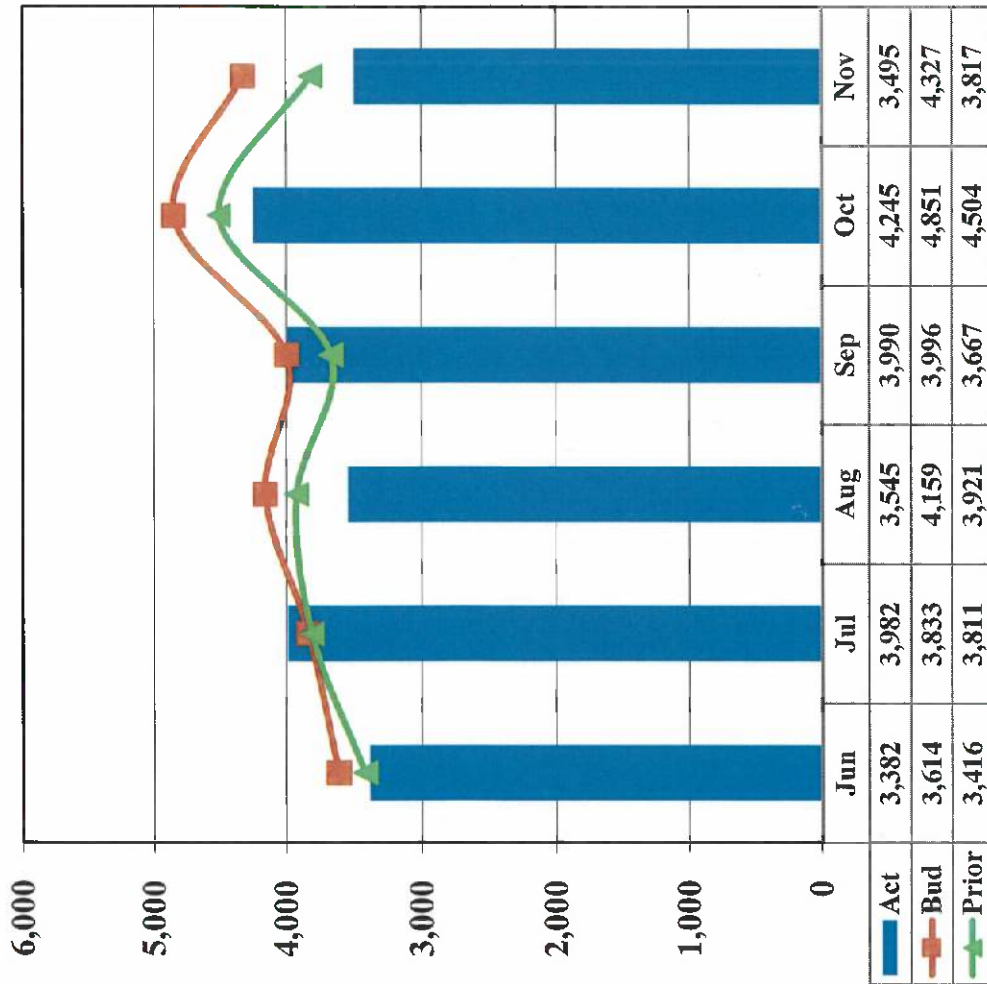


Financial Presentation

For the Month Ended

November 30, 2025

Family Health Clinic Total Visits



Actual Budget Prior Year

Month 3,495 4,327 3,817
Var % -19.2% -8.4%

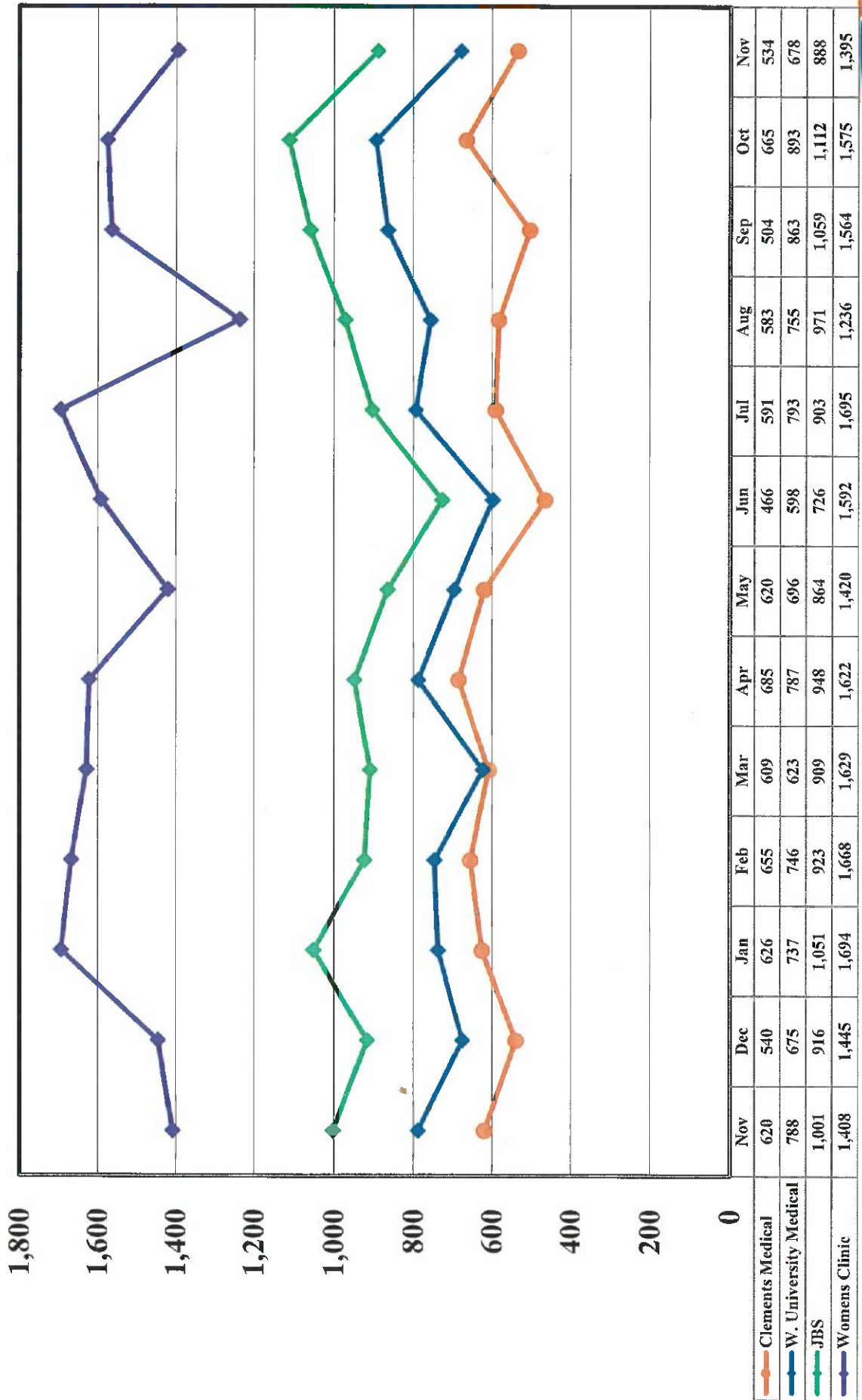
Year-To-Date 7,740 9,178 8,321
Var % -15.7% -7.0%

Rolling 12 Mo. 45,727 48,691 45,731
Var % -6.1% 0.0%



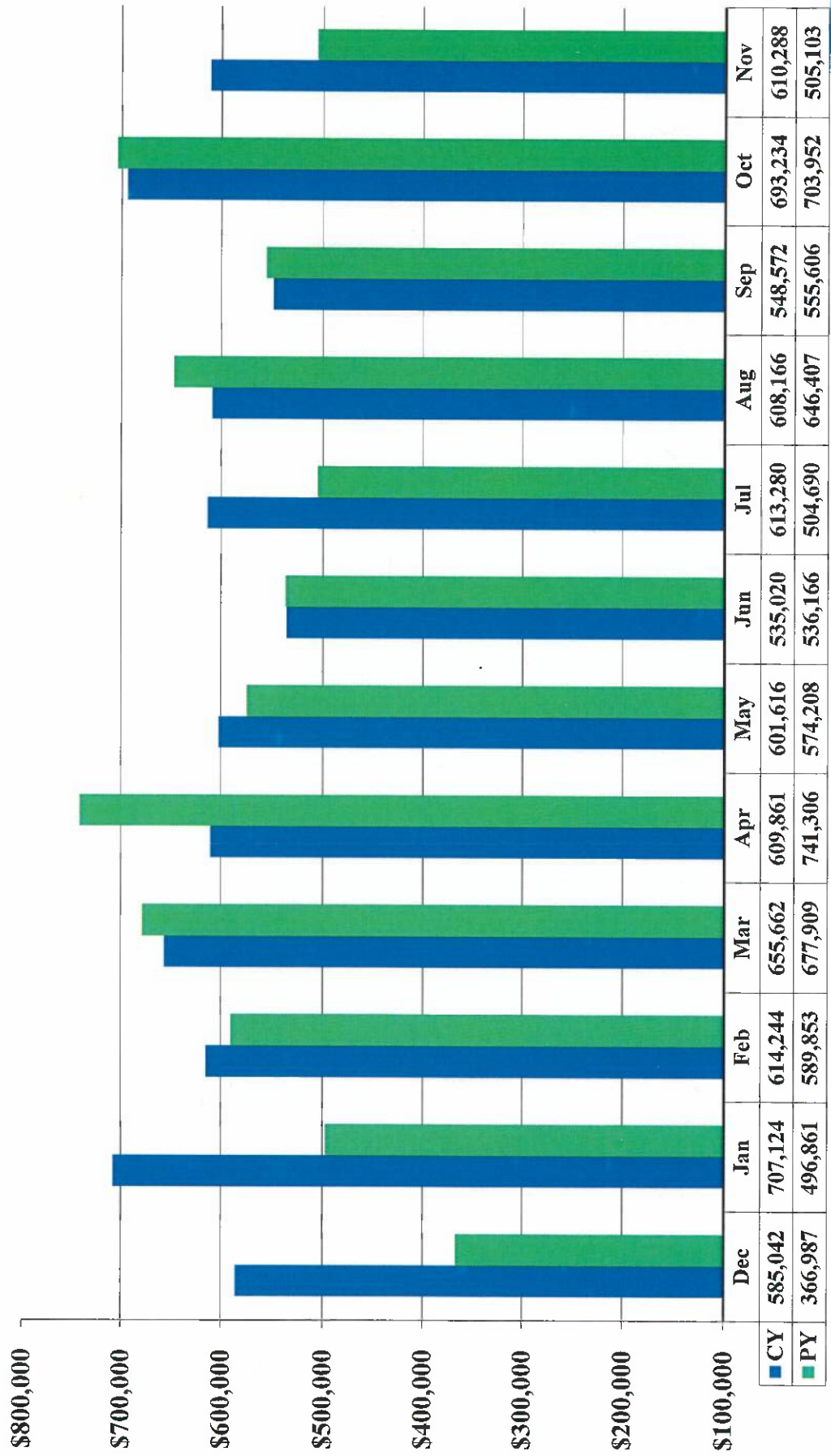
Family Health Center Visits

Thirteen Month Trending

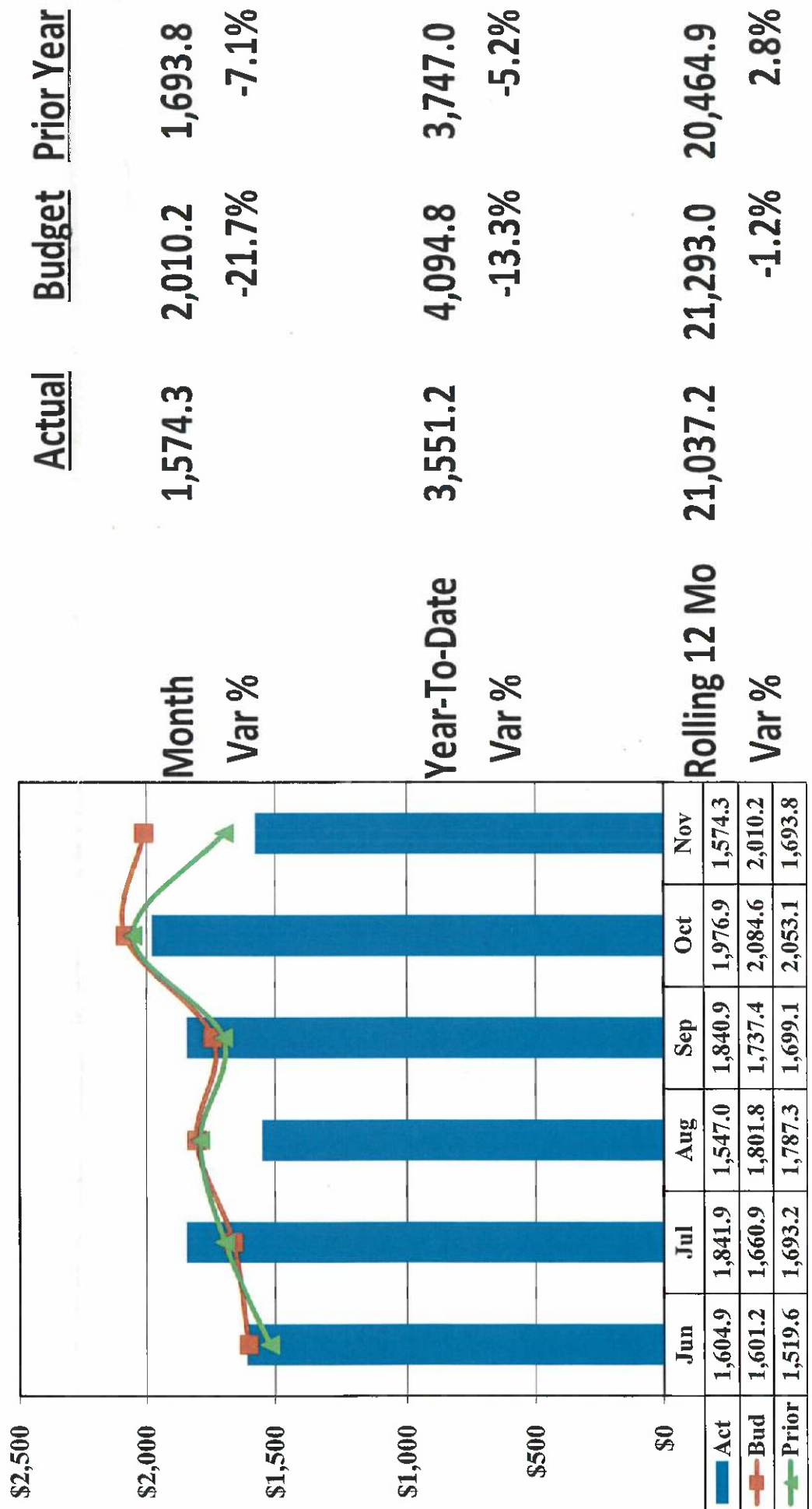


Total AR Cash Receipts

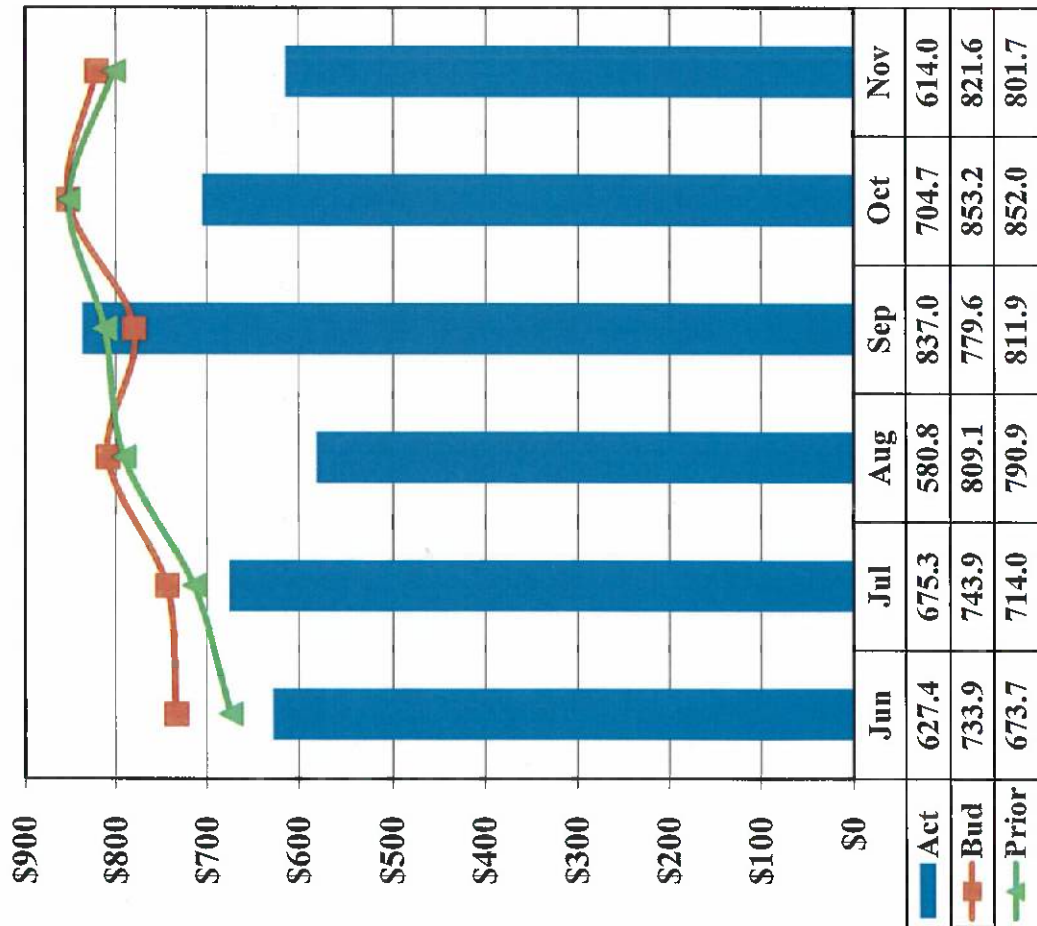
Compared to Prior Twelve Months



Total Patient Revenues

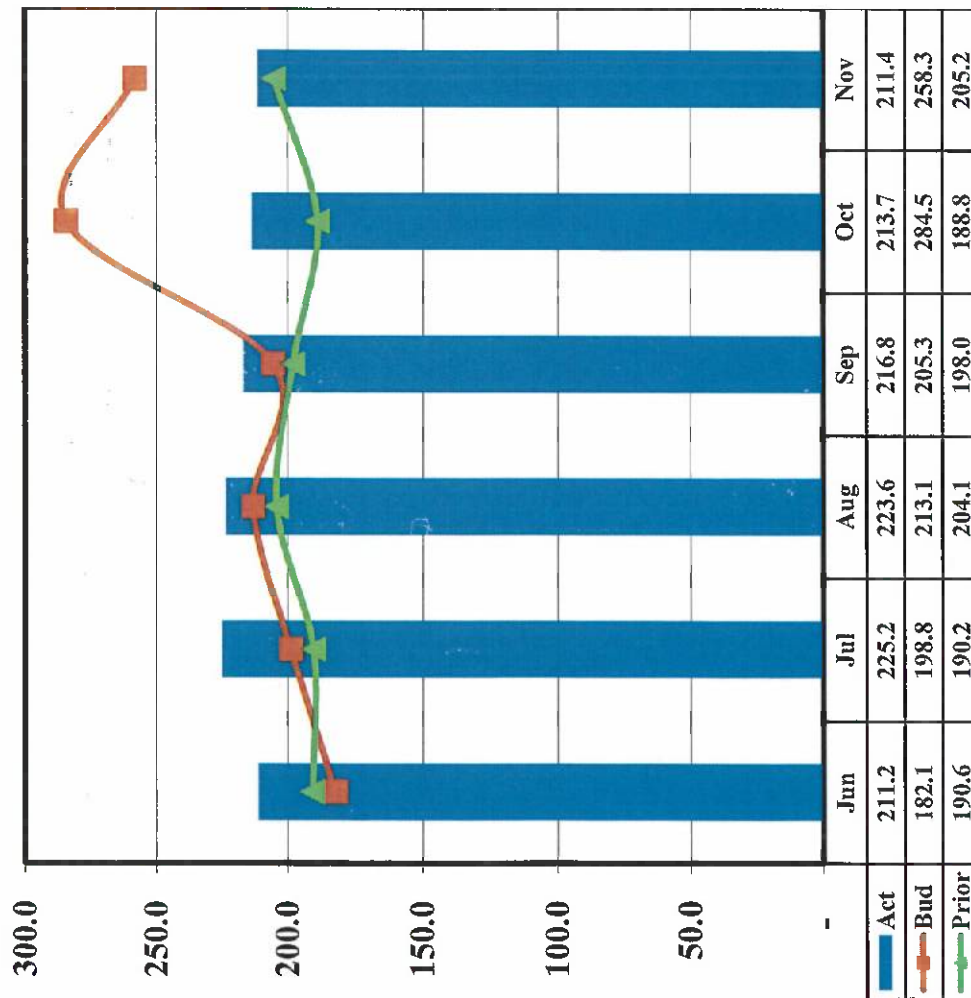


Net Patient Revenues



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	614.0	821.6	801.7
Var %		-25.3%	-23.4%
Year-To-Date	1,318.7	1,674.8	1,653.7
Var %		-21.3%	-20.3%
Rolling 12 Mo	8,362.5	9,401.7	9,423.4
Var %		-11.1%	-11.3%

Salaries, Wages & Contract Labor



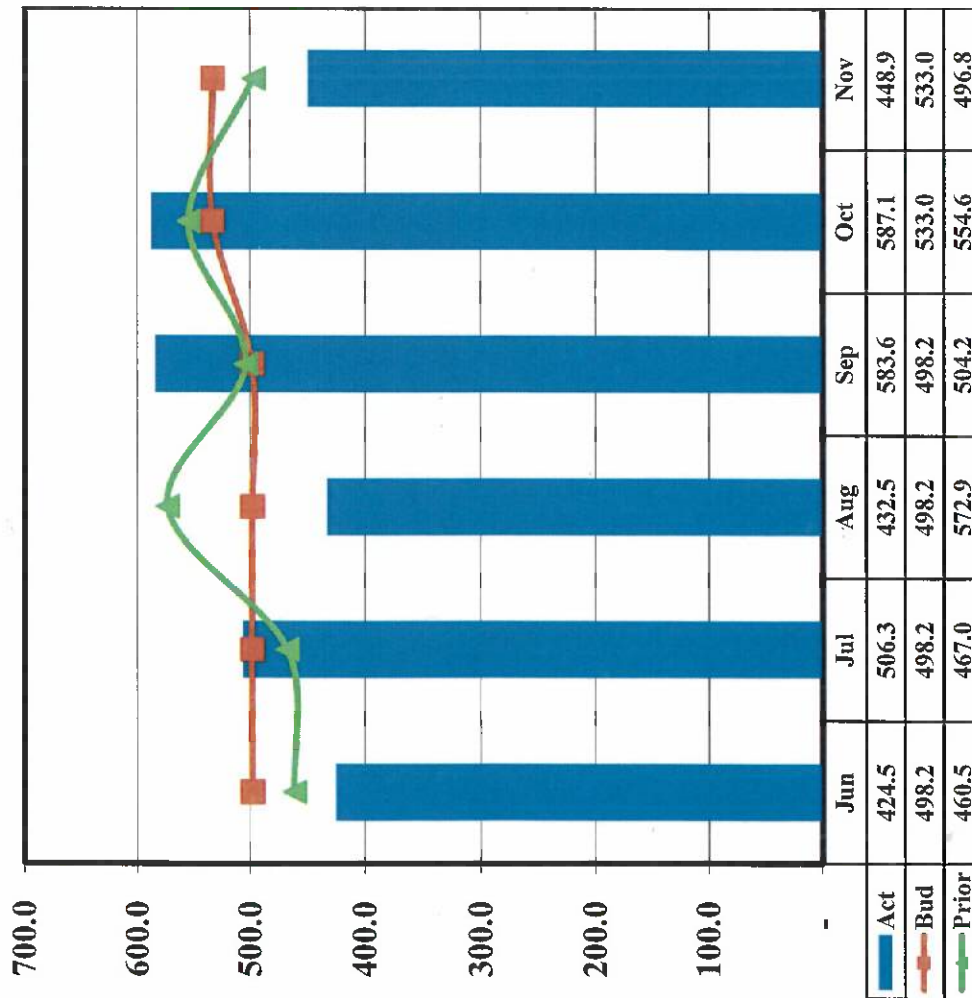
Actual Budget Prior Year

Month 211.4 258.3 205.2
Var % -18.2% 3.0%

Year-To-Date 425.1 542.8 394.0
Var % -21.7% 7.9%

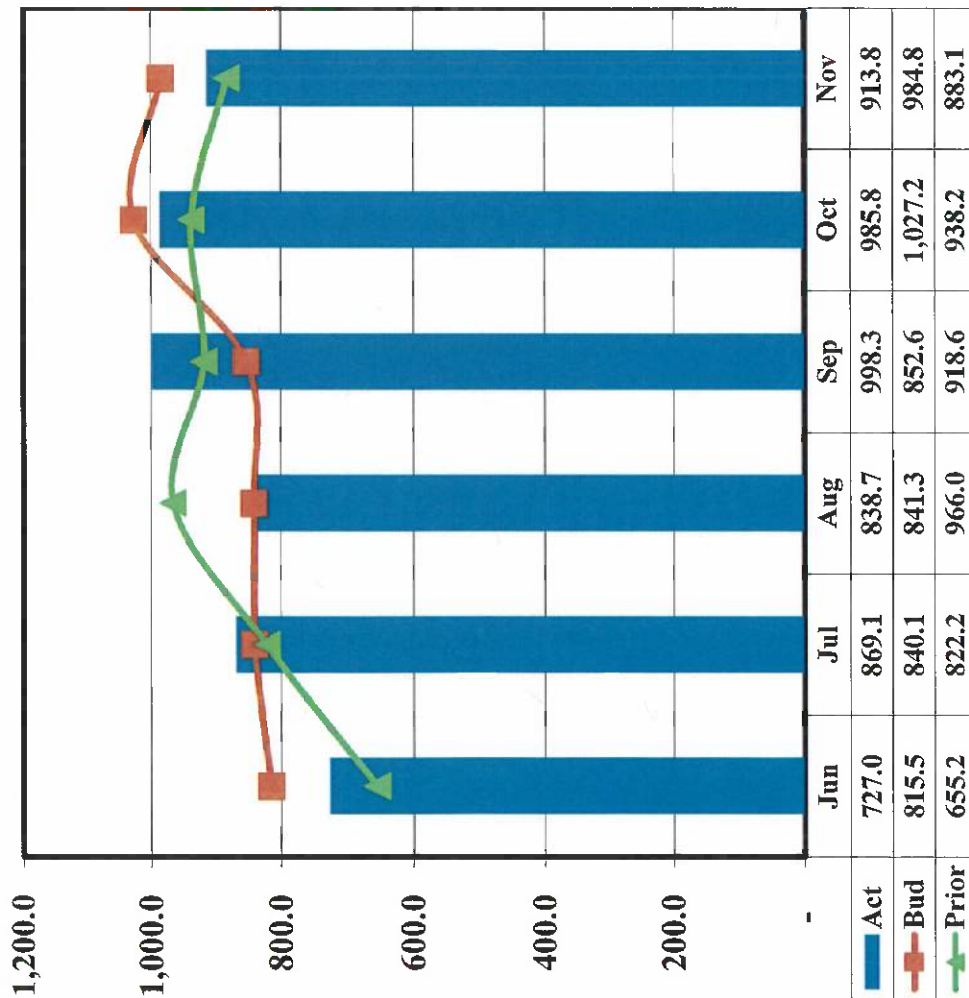
Rolling 12 Mo 2,560.6 2,529.5 2,300.8
Var % 1.2% 11.3%

Physician Services



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	448.9	533.0	496.8
Var %		-15.8%	-9.6%
Year-To-Date	1,036.0	1,066.0	1,051.4
Var %		-2.8%	-1.5%
Rolling 12 Mo	6,046.3	6,048.0	5,799.0
Var %		0.0%	4.3%

Total Operating Cost



Month
Var %

<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
913.8	984.8	883.1
	-7.2%	3.5%

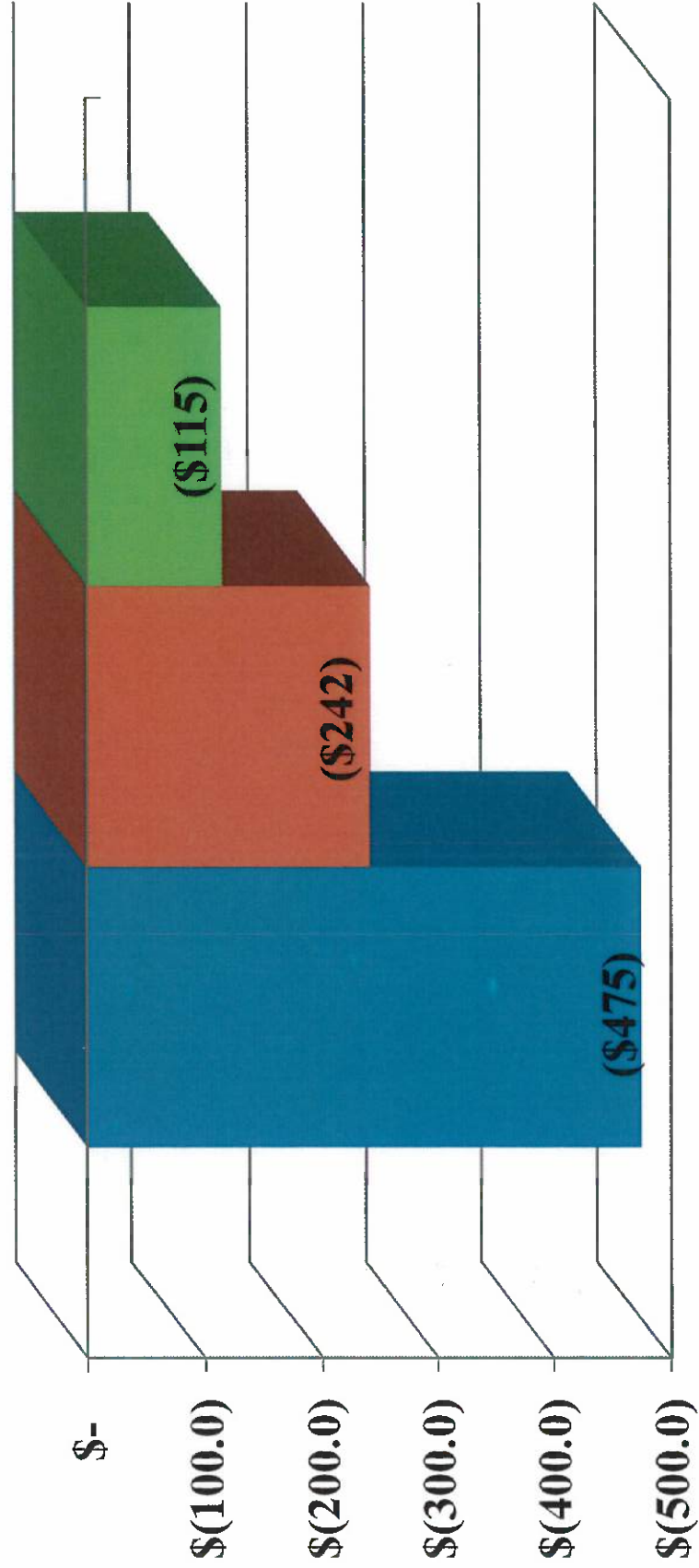
Year-To-Date
Var %

1,899.5	2,012.0	1,821.6
	-5.6%	4.3%

Rolling 12 Mo
Var %

10,624.2	10,415.5	9,868.3
	2.0%	7.7%

Net Gain (Loss) From Operations - YTD



■ FY 2026 ■ FY 2026 Budget ■ FY 2025

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 1,574,331	\$ 2,010,246	-21.7%	\$ 1,693,834	-7.1%	\$ 3,551,190	\$ 4,094,845	-13.3%	\$ 3,746,955	-5.2%
TOTAL PATIENT REVENUE	\$ 1,574,331	\$ 2,010,246	-21.7%	\$ 1,693,834	-7.1%	\$ 3,551,190	\$ 4,094,845	-13.3%	\$ 3,746,955	-5.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 751,336	\$ 974,123	-22.9%	\$ 719,094	4.5%	\$ 1,809,611	\$ 1,988,682	-9.0%	\$ 1,836,182	-1.4%
Self Pay Adjustments	234,566	223,634	4.9%	153,337	53.0%	491,177	449,850	9.2%	226,810	116.6%
Bad Debts	(25,596)	(9,124)	180.5%	19,704	-229.9%	(68,344)	(18,482)	269.8%	30,246	-326.0%
TOTAL REVENUE DEDUCTIONS	\$ 960,306	\$ 1,188,633	-19.2%	\$ 892,135	7.6%	\$ 2,232,445	\$ 2,420,050	-7.8%	\$ 2,093,238	6.7%
	61.00%	59.13%		52.67%		62.86%	59.10%		55.87%	
NET PATIENT REVENUE	\$ 614,025	\$ 821,613	-25.3%	\$ 801,699	-23.4%	\$ 1,318,745	\$ 1,674,795	-21.3%	\$ 1,653,717	-20.3%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 48,228	\$ 47,777	0.9%	\$ 25,473	89.3%	\$ 105,435	\$ 95,554	10.3%	\$ 52,955	99.1%
TOTAL OTHER REVENUE	\$ 48,228	\$ 47,777	0.9%	\$ 25,473	89.3%	\$ 105,435	\$ 95,554	10.3%	\$ 52,955	99.1%
NET OPERATING REVENUE	\$ 662,253	\$ 869,390	-23.8%	\$ 827,172	-19.9%	\$ 1,424,180	\$ 1,770,349	-19.6%	\$ 1,706,671	-16.6%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 211,403	\$ 258,298	-18.2%	\$ 205,224	3.0%	\$ 425,058	\$ 542,814	-21.7%	\$ 394,047	7.9%
Benefits	33,338	43,156	-22.8%	30,941	7.7%	64,083	90,174	-28.9%	62,154	3.1%
Physician Services	448,876	533,005	-15.8%	496,778	-9.6%	1,036,017	1,066,010	-2.8%	1,051,392	-1.5%
Cost of Drugs Sold	169,738	99,104	71.3%	99,480	70.6%	268,525	206,929	29.8%	212,426	26.4%
Supplies	18,866	21,731	-13.2%	18,868	-0.1%	43,629	45,311	-3.7%	39,340	10.9%
Utilities	5,339	4,111	29.9%	6,055	-11.8%	11,109	9,445	17.6%	11,110	0.0%
Repairs and Maintenance	2,584	1,875	37.8%	1,472	75.5%	3,941	3,750	5.1%	2,854	38.1%
Leases and Rentals	1,218	1,058	15.2%	557	118.8%	2,168	2,116	2.4%	1,680	29.0%
Other Expense	1,000	1,135	-11.9%	2,219	-54.9%	2,000	2,270	-11.9%	3,219	-37.9%
TOTAL OPERATING EXPENSES	\$ 892,352	\$ 963,473	-7.4%	\$ 861,595	3.6%	\$ 1,856,529	\$ 1,968,819	-5.7%	\$ 1,778,222	4.4%
Depreciation/Amortization	\$ 21,428	\$ 21,325	0.5%	\$ 21,536	-0.5%	\$ 42,938	\$ 43,196	-0.6%	\$ 43,380	-1.0%
TOTAL OPERATING COSTS	\$ 913,780	\$ 984,798	-7.2%	\$ 883,130	3.5%	\$ 1,899,468	\$ 2,012,015	-5.6%	\$ 1,821,602	4.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (251,527)	\$ (115,408)	117.9%	\$ (55,958)	349.5%	\$ (475,287)	\$ (241,666)	96.7%	\$ (114,930)	313.5%
Operating Margin	-37.98%	-13.27%	186.1%	-6.76%	461.4%	-33.37%	-13.65%	144.5%	-6.73%	395.6%

	CURRENT MONTH					YEAR TO DATE				
	3,495	4,327	-19.2%	3,817	-8.4%	7,740	9,178	-15.7%	8,321	-7.0%
Total Visits										
Average Revenue per Office Visit	450.45	464.58	-3.0%	443.76	1.5%	458.81	446.16	2.8%	450.30	1.9%
Hospital FTE's (Salaries and Wages)	49.2	60.7	-18.9%	48.7	1.0%	49.4	62.5	-20.9%	46.2	6.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 165,676	\$ 187,068	-11.4%	\$ 172,090	-3.7%	\$ 370,064	\$ 378,066	-2.1%	\$ 368,469	0.4%
TOTAL PATIENT REVENUE	\$ 165,676	\$ 187,068	-11.4%	\$ 172,090	-3.7%	\$ 370,064	\$ 378,066	-2.1%	\$ 368,469	0.4%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 59,978	\$ 67,314	-10.9%	\$ 55,894	7.3%	\$ 130,159	\$ 136,042	-4.3%	\$ 119,971	8.5%
Self Pay Adjustments	51,955	60,167	-13.6%	60,360	-13.9%	106,052	121,598	-12.8%	122,724	-13.6%
Bad Debts	(3,489)	(4,273)	-18.3%	(1,864)	87.2%	(2,155)	(8,636)	-75.0%	1,127	-291.2%
TOTAL REVENUE DEDUCTIONS	\$ 108,444	\$ 123,208	-12.0%	\$ 114,390	-5.2%	\$ 234,056	\$ 249,004	-6.0%	\$ 243,823	-4.0%
	65.5%	65.9%		65.5%		63.2%	65.9%		66.2%	
NET PATIENT REVENUE	\$ 57,232	\$ 63,860	-10.4%	\$ 57,700	-0.8%	\$ 136,008	\$ 129,062	5.4%	\$ 124,646	9.1%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 48,228	\$ 47,777	0.0%	\$ 25,473	89.3%	\$ 105,435	\$ 95,554	0.0%	\$ 52,955	99.1%
TOTAL OTHER REVENUE	\$ 48,228	\$ 47,777	0.9%	\$ 25,473	89.3%	\$ 105,435	\$ 95,554	10.3%	\$ 52,955	99.1%
NET OPERATING REVENUE	\$ 105,459	\$ 111,637	-5.5%	\$ 83,173	26.8%	\$ 241,443	\$ 224,616	7.5%	\$ 177,601	35.9%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 61,249	\$ 69,040	-11.3%	\$ 60,401	1.4%	\$ 120,267	\$ 139,531	-13.8%	\$ 116,957	2.8%
Benefits	9,659	11,535	-16.3%	9,106	6.1%	18,132	23,179	-21.8%	18,448	-1.7%
Physician Services	48,293	73,535	-34.3%	73,233	-34.1%	129,916	147,070	-11.7%	164,420	-21.0%
Cost of Drugs Sold	19,039	32,133	-40.7%	40,332	-52.8%	49,998	64,941	-23.0%	77,944	-35.9%
Supplies	3,108	3,389	-8.3%	2,182	42.4%	9,502	6,825	39.2%	5,220	82.0%
Utilities	2,913	1,787	63.0%	2,708	7.6%	5,505	4,020	36.9%	4,799	14.7%
Repairs and Maintenance	1,062	983	8.0%	591	79.7%	1,593	1,966	-19.0%	1,122	42.0%
Leases and Rentals	629	647	-2.8%	559	12.4%	1,101	1,294	-14.9%	1,596	-31.0%
Other Expense	1,000	1,135	-11.9%	2,219	-54.9%	2,000	2,270	-11.9%	3,219	-37.9%
TOTAL OPERATING EXPENSES	\$ 146,952	\$ 194,184	-24.3%	\$ 191,332	-23.2%	\$ 338,015	\$ 391,096	-13.6%	\$ 393,724	-14.1%
Depreciation/Amortization	\$ 3,966	\$ 4,029	-1.6%	\$ 4,048	-2.0%	\$ 8,014	\$ 8,107	-1.1%	\$ 8,097	-1.0%
TOTAL OPERATING COSTS	\$ 150,918	\$ 198,213	-23.9%	\$ 195,380	-22.8%	\$ 346,029	\$ 399,203	-13.3%	\$ 401,821	-13.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (45,458)	\$ (86,576)	47.5%	\$ (112,207)	59.5%	\$ (104,587)	\$ (174,587)	40.1%	\$ (224,220)	53.4%
Operating Margin	-43.11%	-77.55%	-44.4%	-134.91%	-68.0%	-43.32%	-77.73%	-44.3%	-126.25%	-65.7%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	534	654	-18.3%	620	-13.9%	1,199	1,338	-10.4%	1,375	-12.8%
Average Revenue per Office Visit	310.25	286.04	8.5%	277.56	11.8%	308.64	282.56	9.2%	267.98	15.2%
Hospital FTE's (Salaries and Wages)	12.0	13.6	-11.6%	11.1	8.0%	11.8	13.5	-12.7%	10.3	14.3%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 234,836	\$ 317,615	-26.1%	\$ 228,567	2.7%	\$ 546,823	\$ 613,366	-10.8%	\$ 447,360	22.2%
TOTAL PATIENT REVENUE	\$ 234,836	\$ 317,615	-26.1%	\$ 228,567	2.7%	\$ 546,823	\$ 613,366	-10.8%	\$ 447,360	22.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 98,475	\$ 135,870	-27.5%	\$ 89,953	9.5%	\$ 223,610	\$ 262,387	-14.8%	\$ 180,530	23.9%
Self Pay Adjustments	44,270	67,807	-34.7%	52,688	-16.0%	104,112	130,947	-20.5%	92,426	12.6%
Bad Debts	758	(1,161)	-165.3%	3,187	-76.2%	(1,312)	(2,242)	-41.5%	6,187	-121.2%
TOTAL REVENUE DEDUCTIONS	\$ 143,503	\$ 202,516	-29.1%	\$ 145,827	-1.6%	\$ 326,410	\$ 391,092	-16.5%	\$ 279,143	16.9%
	61.11%	63.76%		63.80%		59.69%	63.76%		62.40%	
NET PATIENT REVENUE	\$ 91,333	\$ 115,099	-20.6%	\$ 82,739	10.4%	\$ 220,413	\$ 222,274	-0.8%	\$ 168,217	31.0%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 91,333	\$ 115,099	-20.6%	\$ 82,739	10.4%	\$ 220,413	\$ 222,274	-0.8%	\$ 168,217	31.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 33,931	\$ 45,342	-25.2%	\$ 25,740	31.8%	\$ 65,226	\$ 87,563	-25.5%	\$ 47,906	36.2%
Benefits	5,351	7,576	-29.4%	3,881	37.9%	9,834	14,546	-32.4%	7,556	30.1%
Physician Services	80,811	91,867	-12.0%	59,304	36.3%	175,641	183,734	-4.4%	116,131	51.2%
Cost of Drugs Sold	11,919	10,862	9.7%	9,180	29.8%	18,219	20,976	-13.1%	14,147	28.8%
Supplies	1,050	3,088	-66.0%	686	53.2%	3,491	6,005	-41.9%	1,529	128.3%
Utilities	2,425	2,324	4.4%	3,347	-27.5%	5,604	5,425	3.3%	6,311	-11.2%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Leases and Rentals	197	71	177.1%	(2)	-8655.2%	345	142	142.8%	84	312.6%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 135,684	\$ 161,130	-15.8%	\$ 102,136	32.8%	\$ 278,360	\$ 318,391	-12.6%	\$ 193,663	43.7%
Depreciation/Amortization	\$ 17,387	\$ 17,221	1.0%	\$ 17,412	-0.1%	\$ 34,775	\$ 34,939	-0.5%	\$ 35,134	-1.0%
TOTAL OPERATING COSTS	\$ 153,071	\$ 178,351	-14.2%	\$ 119,548	28.0%	\$ 313,135	\$ 353,330	-11.4%	\$ 228,797	36.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (61,739)	\$ (63,252)	-2.4%	\$ (36,809)	67.7%	\$ (92,722)	\$ (131,056)	-29.3%	\$ (60,580)	53.1%
Operating Margin	-67.60%	-54.95%	23.0%	-44.49%	51.9%	-42.07%	-58.96%	-28.7%	-36.01%	16.8%

	CURRENT MONTH					YEAR TO DATE				
	678	1,063	-36.2%	788	-14.0%	1,571	2,046	-23.2%	1,546	1.6%
Total Visits										
Average Revenue per Office Visit	346.37	298.79	15.9%	290.06	19.4%	348.07	299.79	16.1%	289.37	20.3%
Hospital FTE's (Salaries and Wages)	10.3	12.6	-18.8%	8.9	15.0%	10.0	12.0	-16.5%	8.6	17.2%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 347,743	\$ 459,501	-24.3%	\$ 381,607	-8.9%	\$ 822,253	\$ 925,286	-11.1%	\$ 842,866	-2.4%
TOTAL PATIENT REVENUE	\$ 347,743	\$ 459,501	-24.3%	\$ 381,607	-8.9%	\$ 822,253	\$ 925,286	-11.1%	\$ 842,866	-2.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 153,844	\$ 218,986	-29.7%	\$ 112,181	37.1%	\$ 362,625	\$ 440,967	-17.8%	\$ 404,146	-10.3%
Self Pay Adjustments	19,777	27,425	-27.9%	17,342	14.0%	50,114	55,225	-9.3%	21,906	128.8%
Bad Debts	(1,978)	(1,163)	70.1%	7,684	-125.7%	(9,253)	(2,342)	295.1%	16,426	-156.3%
TOTAL REVENUE DEDUCTIONS	\$ 171,642	\$ 245,248	-30.0%	\$ 137,207	25.1%	\$ 403,486	\$ 493,850	-18.3%	\$ 442,478	-8.8%
	49.36%	53.37%		35.96%		49.07%	53.37%		52.50%	
NET PATIENT REVENUE	\$ 176,100	\$ 214,253	-17.8%	\$ 244,400	-27.9%	\$ 418,767	\$ 431,436	-2.9%	\$ 400,388	4.6%
OTHER REVENUE										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 176,100	\$ 214,253	-17.8%	\$ 244,400	-27.9%	\$ 418,767	\$ 431,436	-2.9%	\$ 400,388	4.6%
OPERATING EXPENSE										
Salaries and Wages	\$ 37,452	\$ 44,866	-16.5%	\$ 29,507	26.9%	\$ 76,864	\$ 90,346	-14.9%	\$ 53,057	44.9%
Benefits	5,906	7,496	-21.2%	4,449	32.7%	11,588	15,009	-22.8%	8,369	38.5%
Physician Services	54,830	63,327	-13.4%	65,187	-15.9%	127,653	126,654	0.8%	135,306	-5.7%
Cost of Drugs Sold	23,212	25,437	-8.7%	18,867	23.0%	49,088	51,222	-4.2%	53,027	-7.4%
Supplies	6,125	8,098	-24.4%	7,438	-17.6%	12,652	16,302	-22.4%	14,179	-10.8%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 127,494	\$ 149,259	-14.6%	\$ 125,448	1.6%	\$ 277,809	\$ 299,603	-7.3%	\$ 263,938	5.3%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 150	\$ 150	-0.2%	\$ 150	0.0%
TOTAL OPERATING COSTS	\$ 127,569	\$ 149,334	-14.6%	\$ 125,523	1.6%	\$ 277,959	\$ 299,753	-7.3%	\$ 264,088	5.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ 48,531	\$ 64,919	-25.2%	\$ 118,877	-59.2%	\$ 140,808	\$ 131,683	6.9%	\$ 136,300	3.3%
Operating Margin	27.56%	30.30%	-9.0%	48.64%	-43.3%	33.62%	30.52%	10.2%	34.04%	-1.2%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	888	1,031	-13.9%	1,001	-11.3%	2,000	2,166	-7.7%		0.0%
Average Revenue per Office Visit	391.60	445.68	-12.1%	381.23	2.7%	411.13	427.19	-3.8%	400.79	2.6%
Hospital FTE's (Salaries and Wages)	9.4	12.3	-23.9%	8.7	7.4%	9.5	12.2	-22.0%	7.7	23.1%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC- OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 826,077	\$ 1,046,062	-21.0%	\$ 911,571	-9.4%	\$ 1,812,051	\$ 2,178,127	-16.8%	\$ 2,088,260	-13.2%
TOTAL PATIENT REVENUE	\$ 826,077	\$ 1,046,062	-21.0%	\$ 911,571	-9.4%	\$ 1,812,051	\$ 2,178,127	-16.8%	\$ 2,088,260	-13.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 439,040	\$ 551,953	-20.5%	\$ 461,066	-4.8%	\$ 1,093,218	\$ 1,149,286	-4.9%	\$ 1,131,534	-3.4%
Self Pay Adjustments	118,564	68,235	73.8%	22,947	416.7%	230,900	142,080	62.5%	(10,246)	-2353.6%
Bad Debts	(20,887)	(2,527)	726.6%	10,698	-295.3%	(55,625)	(5,262)	957.1%	6,507	-954.9%
TOTAL REVENUE DEDUCTIONS	\$ 536,716	\$ 617,661	-13.1%	\$ 494,711	8.5%	\$ 1,268,493	\$ 1,288,104	-1.4%	\$ 1,127,795	12.5%
	64.97%	59.05%		54.27%		70.00%	59.05%		54.01%	
NET PATIENT REVENUE	\$ 289,360	\$ 428,401	-32.5%	\$ 416,860	-30.6%	\$ 543,558	\$ 892,023	-39.1%	\$ 960,465	-43.4%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 289,360	\$ 428,401	-32.5%	\$ 416,860	-30.6%	\$ 543,558	\$ 892,023	-39.1%	\$ 960,465	-43.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 78,771	\$ 99,050	-20.5%	\$ 89,577	-12.1%	\$ 162,701	\$ 225,374	-27.8%	\$ 176,127	-7.6%
Benefits	12,422	16,549	-24.9%	13,505	-8.0%	24,529	37,440	-34.5%	27,781	-11.7%
Physician Services	264,941	304,276	-12.9%	299,053	-11.4%	602,807	608,552	-0.9%	635,535	-5.1%
Cost of Drugs Sold	115,568	30,672	276.8%	31,100	271.6%	151,220	69,790	116.7%	67,308	124.7%
Supplies	8,573	7,156	19.8%	8,562	0.1%	17,984	16,179	11.2%	18,413	-2.3%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	1,522	892	70.6%	881	72.8%	2,348	1,784	31.6%	1,732	35.6%
Leases and Rentals	425	305	39.3%	-	0.0%	755	610	23.8%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 482,222	\$ 458,900	5.1%	\$ 442,679	8.9%	\$ 962,344	\$ 958,729	0.3%	\$ 926,896	3.8%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	100.0%	\$ -	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 482,222	\$ 458,900	5.1%	\$ 442,679	8.9%	\$ 962,344	\$ 958,729	0.3%	\$ 926,896	3.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (192,862)	\$ (30,499)	532.4%	\$ (25,819)	647.0%	\$ (418,787)	\$ (67,706)	518.5%	\$ 33,569	-1347.5%
Operating Margin	-66.65%	-7.12%	836.2%	-6.19%	976.1%	-77.05%	-7.59%	915.1%	3.50%	-2304.4%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	1,395	1,579	-11.7%	1,408	-0.9%	2,970	3,628	-18.1%	3,297	-9.9%
Average Revenue per Office Visit	592.17	662.48	-10.6%	647.42	-8.5%	610.12	600.37	1.6%	633.38	-3.7%
Hospital FTE's (Salaries and Wages)	17.5	22.1	-20.7%	19.9	-12.0%	18.0	24.7	-27.1%	19.6	-8.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
NOVEMBER 2025**

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 61,303	\$ 58,938	\$ -	\$ 45,845	\$ 166,086	10.5%	\$ 141,061	\$ 139,931	\$ -	\$ 108,987	\$ 389,979	11.0%
Medicaid	19,775	39,582	241,754	240,598	541,709	34.4%	50,089	98,133	560,291	595,183	1,303,696	36.7%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	28,128	73,102	93,232	487,149	681,611	43.3%	56,639	175,046	230,665	1,032,101	1,494,450	42.1%
Self Pay	46,012	42,364	11,904	37,828	138,108	8.8%	102,168	95,801	27,279	53,747	278,995	7.9%
Other	10,458	20,849	853	14,656	46,816	3.0%	20,107	37,913	4,018	22,032	84,070	2.4%
Total	\$ 165,676	\$ 234,836	\$ 347,743	\$ 826,077	\$ 1,574,331	100.0%	\$ 370,064	\$ 546,823	\$ 822,253	\$ 1,812,051	\$ 3,551,190	100.0%

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 26,176	\$ 32,498	\$ -	\$ 15,097	\$ 73,771	12.1%	\$ 46,629	\$ 64,878	\$ -	\$ 30,413	\$ 141,920	10.9%
Medicaid	13,008	23,515	133,192	\$ 77,023	246,738	40.4%	26,169	51,248	281,020	173,205	531,643	40.8%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	6,594	30,461	52,448	\$ 136,799	226,302	37.1%	15,603	70,553	119,205	281,348	486,709	37.3%
Self Pay	7,551	11,468	8,381	\$ 23,336	50,737	8.3%	18,161	25,995	17,837	57,019	119,013	9.1%
Other	1,482	6,476	1,183	\$ 3,600	12,740	2.1%	2,712	11,401	1,392	8,731	24,237	1.9%
Total	\$ 54,811	\$ 104,418	\$ 195,204	\$ 255,855	\$ 610,288	100.0%	\$ 109,274	\$ 224,076	\$ 419,455	\$ 550,715	\$ 1,303,521	100.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
NOVEMBER 2025

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 61,303	37.0%	\$ 58,050	33.7%	\$ 141,061	38.2%	124,433	33.8%
Medicaid	19,775	11.9%	24,954	14.5%	50,089	13.5%	54,128	14.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	28,128	17.0%	29,484	17.1%	56,639	15.3%	55,824	15.2%
Self Pay	46,012	27.8%	59,788	34.8%	102,168	27.6%	131,762	35.7%
Other	10,458	6.3%	(186)	-0.1%	20,107	5.4%	2,321	0.6%
TOTAL	\$ 165,676	100.0%	\$ 172,090	100.0%	\$ 370,064	100.0%	368,468	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	26,176	47.8%	\$ 35,303	63.9%	\$ 46,629	42.7%	52,410	52.7%
Medicaid	13,008	23.7%	1,256	2.3%	26,169	23.9%	9,605	9.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,594	12.0%	8,671	15.7%	15,603	14.3%	17,173	17.3%
Self Pay	7,551	13.8%	9,428	17.1%	18,161	16.6%	19,619	19.7%
Other	1,482	2.7%	531	1.0%	2,712	2.5%	635	0.6%
TOTAL	\$ 54,811	100.0%	\$ 55,189	100.0%	\$ 109,274	100.0%	99,442	100.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
NOVEMBER 2025

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 58,938	25.1%	\$ 52,821	23.1%	\$ 139,931	25.6%	\$ 99,955	22.3%
Medicaid	39,582	16.9%	\$ 33,245	14.5%	98,133	17.9%	64,137	14.3%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	73,102	31.1%	\$ 67,498	29.5%	175,046	32.1%	148,391	33.2%
Self Pay	42,364	18.0%	\$ 61,997	27.1%	95,801	17.5%	116,126	26.0%
Other	20,849	8.9%	\$ 13,006	5.7%	37,913	6.9%	18,751	4.2%
TOTAL	\$ 234,836	100.0%	\$ 228,567	100.0%	\$ 546,823	100.0%	\$ 447,360	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 32,498	31.1%	\$ 15,822	22.6%	\$ 64,878	29.0%	\$ 37,489	25.2%
Medicaid	23,515	22.5%	13,111	18.8%	\$ 51,248	22.9%	27,764	18.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	30,461	29.2%	27,361	39.1%	70,553	31.4%	55,473	37.3%
Self Pay	11,468	11.0%	12,349	17.7%	25,995	11.6%	24,704	16.6%
Other	6,476	6.2%	1,257	1.8%	11,401	5.1%	3,399	2.3%
TOTAL	\$ 104,418	100.0%	\$ 69,900	100.0%	\$ 224,076	100.0%	\$ 148,829	100.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
NOVEMBER 2025

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	241,754	69.6%	\$ 233,911	61.3%	560,291	68.1%	548,938	65.1%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	93,232	26.8%	\$ 125,997	33.0%	230,665	28.1%	250,579	29.7%
Self Pay	11,904	3.4%	\$ 21,005	5.5%	27,279	3.3%	39,082	4.6%
Other	853	0.2%	\$ 694	0.2%	4,018	0.5%	4,266	0.5%
TOTAL	\$ 347,743	100.0%	\$ 381,607	100.0%	\$ 822,253	100.0%	\$ 842,866	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	133,192	68.2%	113,325	76.6%	281,020	67.0%	264,909	67.7%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	52,448	26.9%	22,609	15.3%	119,205	28.4%	103,532	26.5%
Self Pay	8,381	4.3%	10,823	7.3%	17,837	4.3%	20,488	5.2%
Other	1,183	0.6%	1,244	0.8%	1,392	0.3%	2,171	0.6%
TOTAL	\$ 195,204	100.0%	\$ 147,999	100.0%	\$ 419,455	100.0%	\$ 391,100	100.0%

ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC
NOVEMBER 2025

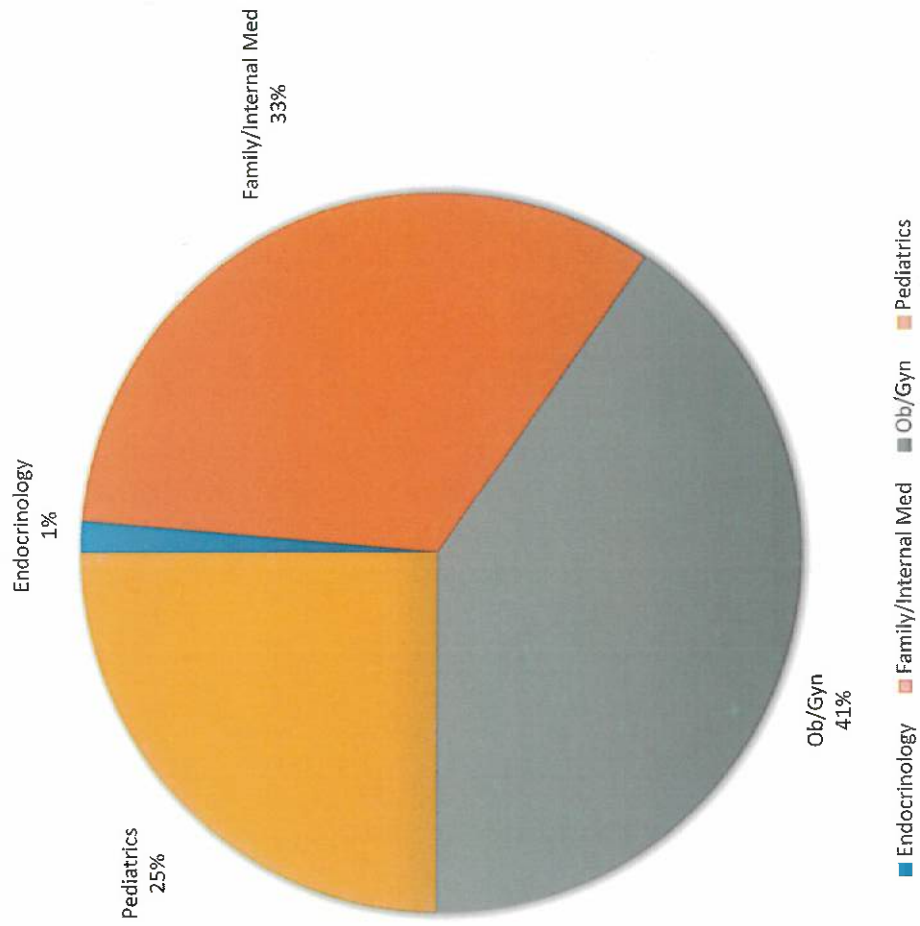
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 45,845	5.5%	\$ 36,092	4.0%	\$ 108,987	6.0%	\$ 92,869	4.4%
Medicaid	240,598	29.1%	\$ 306,424	33.6%	595,183	32.8%	667,166	31.9%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	487,149	59.0%	\$ 535,104	58.7%	1,032,101	57.0%	1,236,384	59.2%
Self Pay	37,828	4.6%	\$ 23,541	2.6%	53,747	3.0%	58,817	2.8%
Other	14,656	1.8%	\$ 10,410	1.1%	22,032	1.2%	33,024	1.6%
TOTAL	\$ 826,077	100.0%	\$ 911,571	100.0%	\$ 1,812,051	100.0%	\$ 2,088,260	100.0%

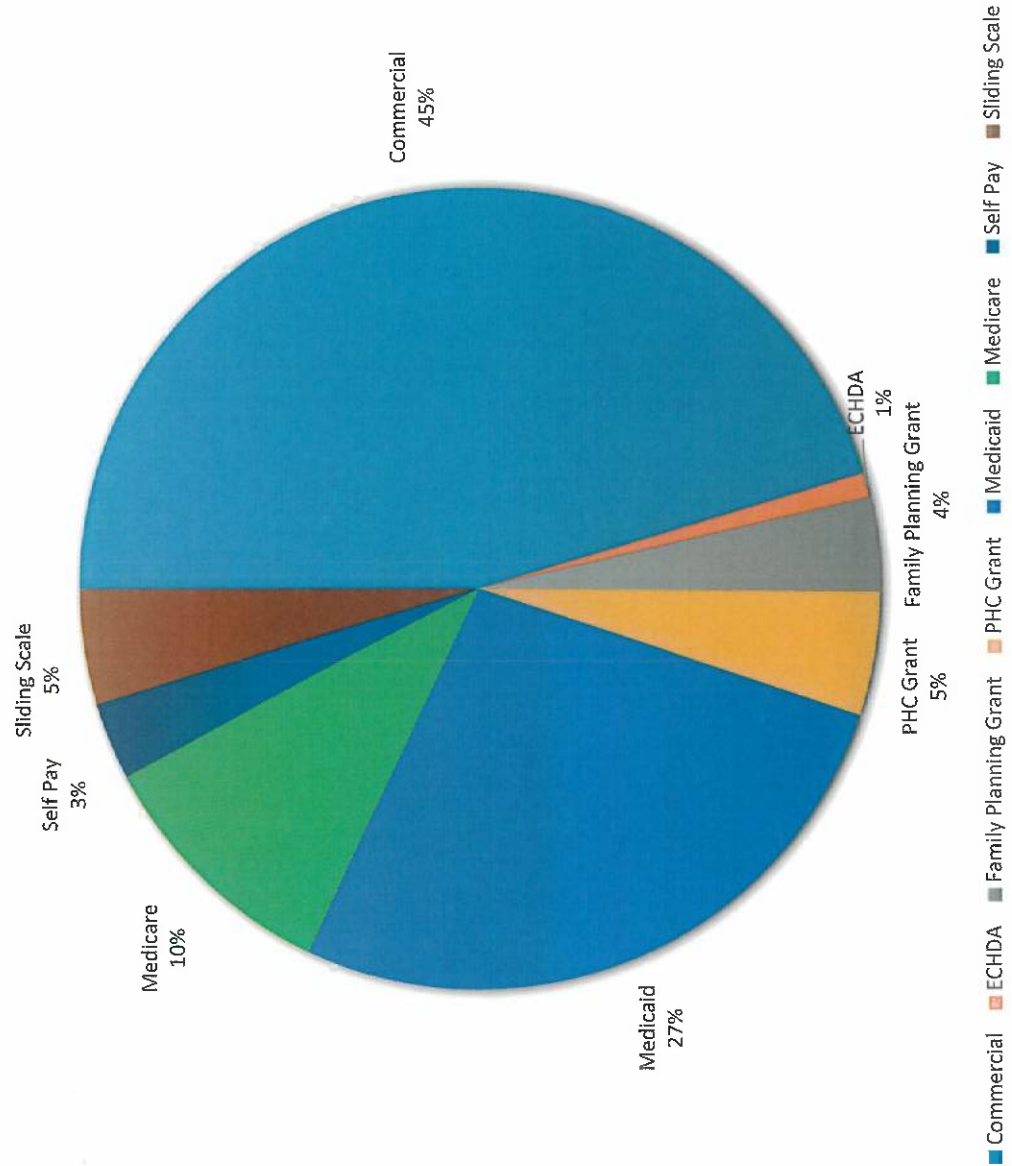
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 15,097	5.9%	\$ 16,169	7.0%	\$ 30,413	5.5%	\$ 33,736	5.9%
Medicaid	77,023	30.1%	74,141	32.0%	173,205	31.5%	177,883	31.2%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	136,799	53.5%	105,302	45.4%	281,348	51.0%	264,364	46.4%
Self Pay	23,336	9.1%	32,233	13.9%	57,019	10.4%	86,290	15.1%
Other	3,600	1.4%	4,169	1.8%	8,731	1.6%	7,410	1.3%
TOTAL	\$ 255,855	100.0%	\$ 232,014	100.0%	\$ 550,715	100.0%	\$ 569,683	100.0%

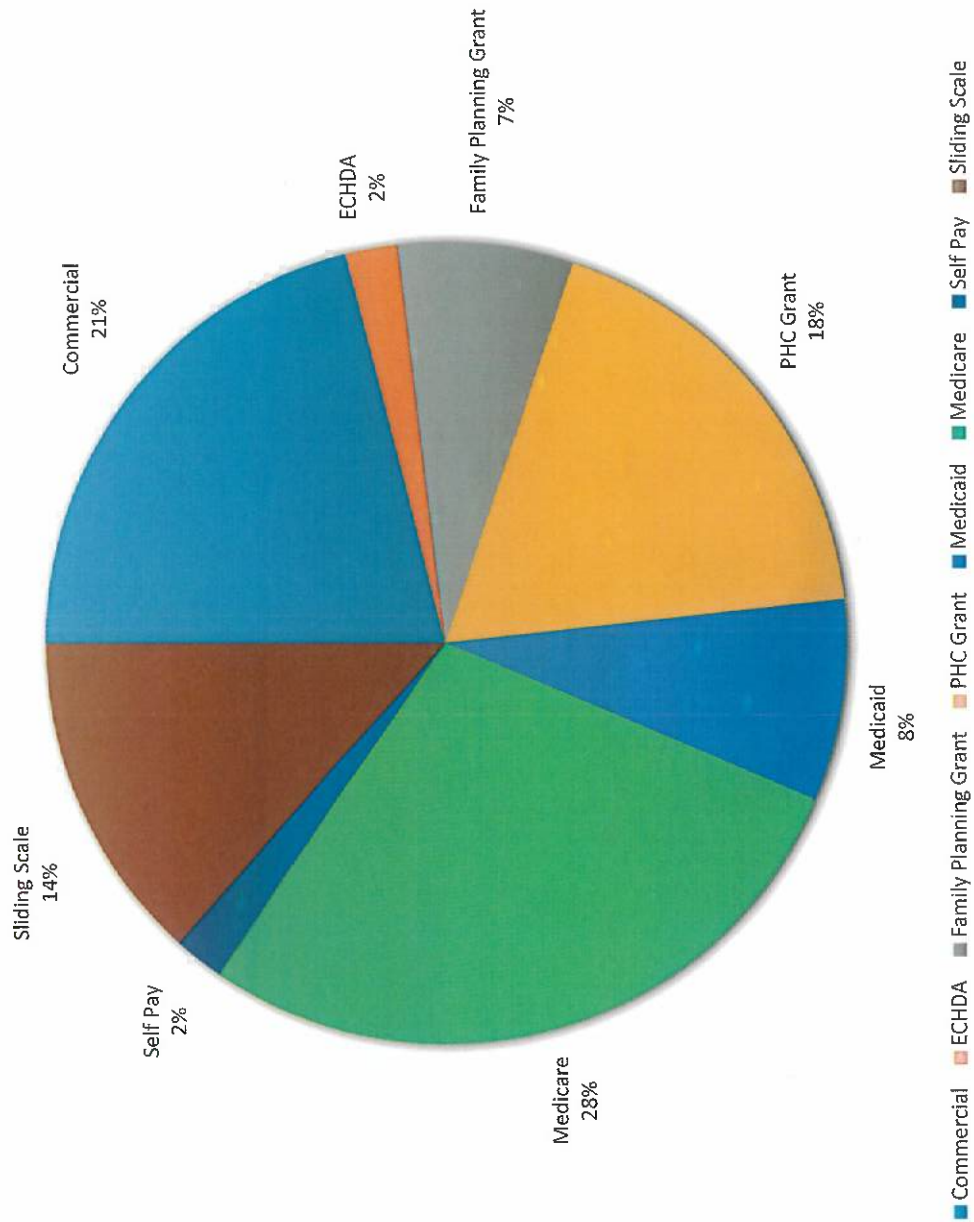
FHC November Visits By Service



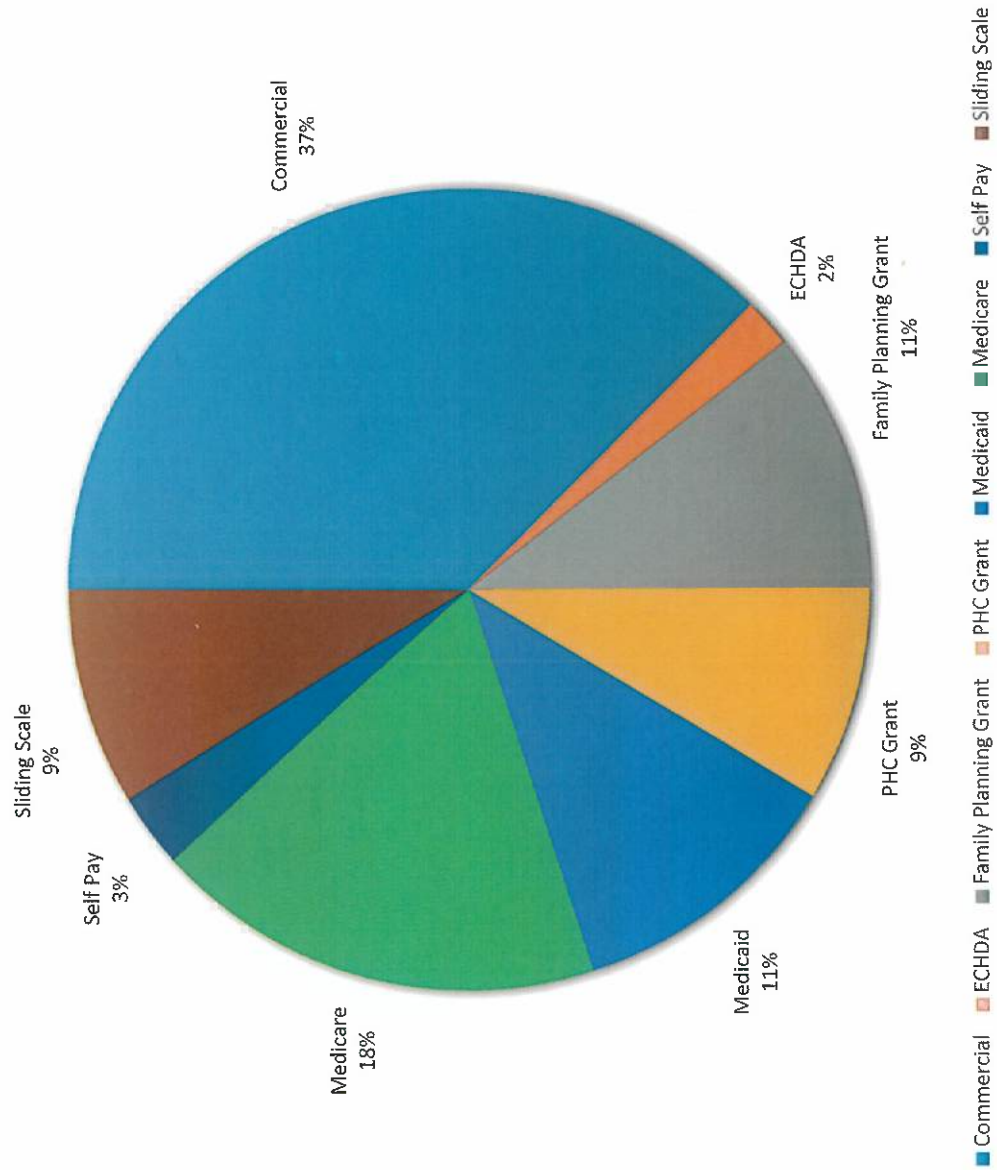
Total FHC November Visits by Financial Class



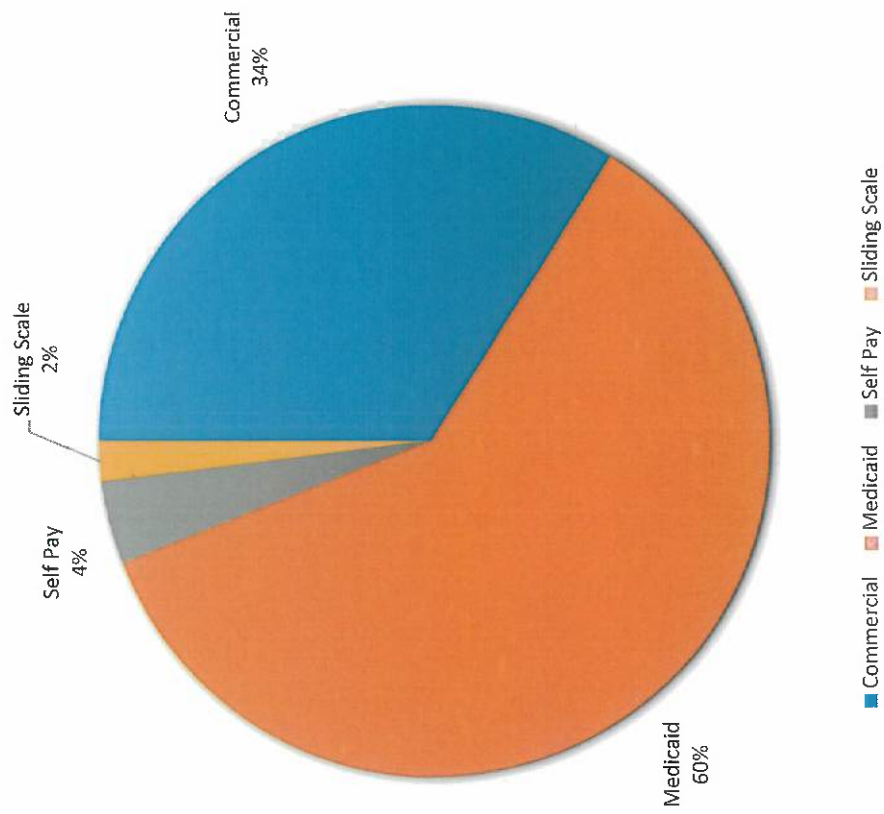
FHC Clements November Visits by Financial Class



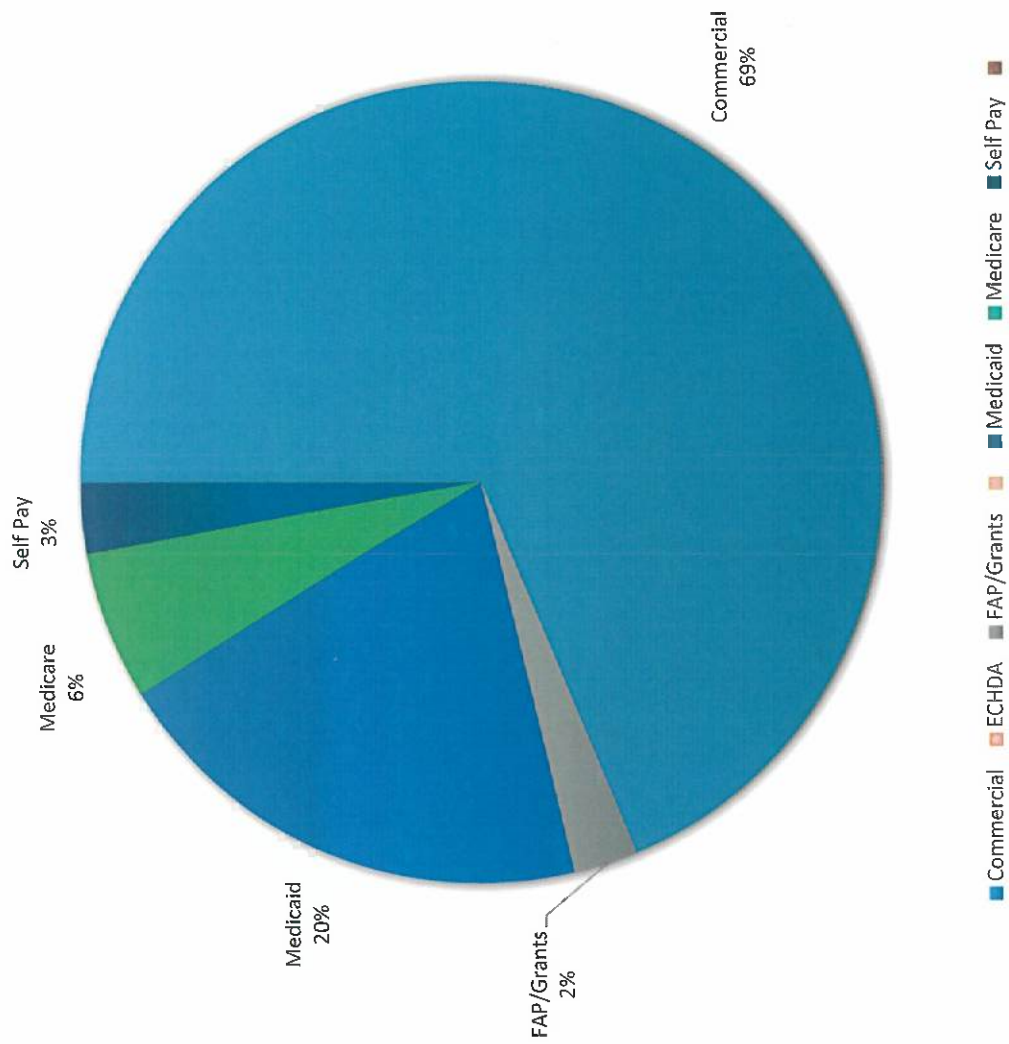
FHC West University November Visits by Financial Class



Healthy Kids Clinic November Visits by Financial Class



Womens Clinic November Visits by Financial Class



Executive Director's Report-January 2026

- **Staffing Update:**
 - **Women's Clinic:** The Women's Clinic is currently searching for a full-time Medical Assistant.
 - **Healthy Kids Clinic:** The Healthy Kids Clinic currently has vacancies for a full-time LVN, and a full-time Medical Assistant.
 - **Family Health Clinic:** West University is currently in search of a part-time Medical Assistant.
- **Provider Update:**
 - **West University:** We are currently searching for a pediatrician and nurse practitioner/physician assistant for our West University location. There is currently no site visits scheduled at this time.
 - **Women's Clinic:** The Women's Clinic is currently searching for an additional OB/Gyn. Completed an onsite visit with Dr. Garcia, 2026 graduate. Dr. Lyons signed his contract and will start February 1, 2026.
- **2025 HRSA Operational Site Visit Update:** The 2025 HRSA Operational Site Visit process is now complete and finalized. Our next OSV will take place in 2028.
- **HRSA Public Agency Status Review:** HRSA's public agency status review was completed December 12, 2025. This review of public entity status is required for ongoing FQHC compliance and usually takes place every four years.

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
NOVEMBER 2025**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR. %	AMOUNT	VAR. %		AMOUNT	VAR. %	AMOUNT	VAR. %
<u>Hospital InPatient Admissions</u>										
Acute / Adult	1,095	1,083	1.1%	1,082	1.2%	2,250	2,217	1.5%	2,202	2.2%
Neonatal ICU (NICU)	29	20	45.0%	17	70.6%	59	41	43.9%	39	51.3%
Total Admissions	1,124	1,103	1.9%	1,099	2.3%	2,309	2,258	2.3%	2,241	3.0%
<u>Patient Days</u>										
Adult & Pediatric	4,545	4,104	10.7%	4,189	8.5%	9,316	8,401	10.9%	8,427	10.5%
ICU	465	418	11.2%	454	2.4%	924	856	7.9%	881	4.9%
CCU	444	417	6.5%	423	5.0%	860	854	0.7%	849	1.3%
NICU	476	363	31.1%	454	4.8%	1,032	750	37.6%	952	8.4%
Total Patient Days	5,930	5,302	11.8%	5,520	7.4%	12,132	10,861	11.7%	11,109	9.2%
Observation (Obs) Days	776	714	8.7%	740	4.9%	1,600	1,462	9.4%	1,494	7.1%
Nursery Days	297	263	12.9%	271	9.6%	581	539	7.8%	547	6.2%
Total Occupied Beds / Bassinets	7,003	6,279	11.5%	6,531	7.2%	14,313	12,862	11.3%	13,150	8.8%
<u>Average Length of Stay (ALOS)</u>										
Acute / Adult & Pediatric	4.98	4.56	9.2%	4.68	6.4%	4.93	4.56	8.2%	4.61	7.0%
NICU	16.41	18.15	-9.6%	26.71	-38.5%	17.49	18.29	-4.4%	24.41	-28.3%
Total ALOS	5.28	4.81	9.8%	5.02	5.0%	5.25	4.81	9.2%	4.96	6.0%
Acute / Adult & Pediatric w/o OB	6.02			5.67	6.2%	5.93			5.64	5.3%
Average Daily Census	197.7	176.7	11.8%	184.0	7.4%	198.9	178.0	11.7%	182.1	9.2%
Hospital Case Mix Index (CMI)	1.7493	1.7598	-0.6%	1.7220	1.6%	1.7209	1.7598	-2.2%	1.7992	-4.4%
CMI Adjusted LOS	3.02	2.73	10.4%	2.92	3.4%	3.05	2.73	11.7%	2.76	10.8%
<u>Medicare</u>										
Admissions	444	433	2.5%	438	1.4%	897	886	1.2%	867	3.5%
Patient Days	2,625	2,406	9.1%	2,385	10.1%	5,307	4,928	7.7%	4,857	9.3%
Average Length of Stay	5.91	5.56	6.4%	5.45	8.6%	5.92	5.56	6.4%	5.60	5.6%
Case Mix Index	2.0529	2.0302	1.1%	1.9534	5.1%	1.9638	2.0302	-3.3%	2.0700	-5.1%
<u>Medicaid</u>										
Admissions	117	111	5.4%	94	24.5%	259	227	14.1%	190	36.3%
Patient Days	720	449	60.4%	511	40.9%	1,515	919	64.9%	1,054	43.7%
Average Length of Stay	6.15	4.05	52.1%	5.44	13.2%	5.85	4.05	44.5%	5.55	5.4%
Case Mix Index	1.3054	1.2386	5.4%	1.2750	2.4%	1.2398	1.2386	0.1%	1.2880	-3.7%
<u>Commercial</u>										
Admissions	373	357	4.5%	391	-4.6%	771	730	5.6%	790	-2.4%
Patient Days	1,764	1,516	16.4%	1,814	-2.8%	3,762	3,101	21.3%	3,484	8.0%
Average Length of Stay	4.73	4.25	11.4%	4.64	1.9%	4.88	4.25	14.9%	4.41	10.6%
Case Mix Index	1.5355	1.6709	-8.1%	1.6333	-6.0%	1.6119	1.6709	-3.5%	1.6550	-2.6%
<u>Self Pay</u>										
Admissions	169	174	-2.9%	142	19.0%	324	358	-9.5%	324	0.0%
Patient Days	681	759	-10.3%	603	12.9%	1,223	1,561	-21.7%	1,350	-9.4%
Average Length of Stay	4.03	4.36	-7.6%	4.25	-5.1%	3.77	4.36	-13.4%	4.17	-9.4%
Case Mix Index	1.6533	1.7383	-4.9%	1.5753	5.0%	1.6405	1.7383	-5.6%	1.7662	-7.1%
<u>All Other</u>										
Admissions	21	28	-25.0%	34	-38.2%	58	57	1.8%	70	-17.1%
Patient Days	140	172	-18.6%	207	-32.4%	325	352	-7.7%	364	-10.7%
Average Length of Stay	6.67	6.14	8.5%	6.09	9.5%	5.60	6.18	-9.3%	5.20	7.8%
Case Mix Index	2.4138	2.0600	17.2%	1.7643	36.8%	2.0682	2.0600	0.4%	1.9081	8.4%
<u>Radiology</u>										
InPatient	4,829	4,341	11.2%	4,580	5.4%	9,694	8,894	9.0%	9,000	7.7%
OutPatient	7,977	8,150	-2.1%	8,212	-2.9%	16,948	16,684	1.6%	17,817	-4.9%
<u>Cath Lab</u>										
InPatient	475	606	-21.6%	485	-2.1%	1,097	1,241	-11.6%	1,094	0.3%
OutPatient	355	352	0.9%	305	16.4%	719	721	-0.3%	791	-9.1%
<u>Laboratory</u>										
InPatient	82,647	76,124	8.6%	78,387	5.4%	169,793	155,937	8.9%	156,615	8.4%
OutPatient	65,059	69,166	-5.9%	66,840	-2.7%	138,835	141,599	-2.0%	144,145	-3.7%
<u>Other</u>										
Deliveries	190	172	10.5%	177	7.3%	367	352	4.3%	358	2.5%
<u>Surgical Cases</u>										
InPatient	226	224	0.9%	220	2.7%	483	458	5.5%	484	-0.2%
OutPatient	504	509	-1.0%	527	-4.4%	1,098	1,041	5.5%	1,191	-7.8%
Total Surgical Cases	730	733	-0.4%	747	-2.3%	1,581	1,499	5.5%	1,675	-5.6%
<u>GI Procedures (Endo)</u>										
InPatient	104	117	-11.1%	136	-23.5%	220	240	-8.3%	269	-18.2%
OutPatient	147	157	-6.4%	197	-25.4%	308	322	-4.3%	411	-25.1%
Total GI Procedures	251	274	-8.4%	333	-24.6%	528	562	-6.0%	680	-22.4%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
NOVEMBER 2025**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR. %	AMOUNT	VAR. %		AMOUNT	VAR. %	AMOUNT	VAR. %
<u>Emergency Room</u>										
I/P Emergency Room Visits	752	683	10.1%	729	3.2%	1,575	1,399	12.6%	1,440	9.4%
O/P Emergency Room Visits	4,056	4,194	-3.3%	4,165	-2.6%	8,489	8,586	-1.1%	8,952	-5.2%
Total Emergency Room Visits	4,808	4,877	-1.4%	4,894	-1.8%	10,064	9,985	0.8%	10,392	-3.2%
<u>Outpatient</u>										
O/P Occasions of Service	19,580	18,859	3.8%	18,548	5.6%	40,094	38,609	3.8%	40,032	0.2%
<u>Hospital Operations</u>										
Manhours Paid	293,414	280,110	4.7%	293,576	-0.1%	599,569	568,315	5.5%	592,789	1.1%
FTE's	1,711.6	1,634.0	4.7%	1,712.5	-0.1%	1,720.1	1,630.4	5.5%	1,700.6	1.1%
Adjusted Patient Days	10,938	10,041	8.9%	10,428	4.9%	22,707	20,602	10.2%	21,809	4.1%
Hours / Adjusted Patient Day	26.82	27.90	-3.8%	28.15	-4.7%	26.40	27.59	-4.3%	27.19	-2.9%
Occupancy - Actual Beds	53.7%	50.6%	6.1%	50.0%	7.4%	54.0%	51.0%	5.9%	49.5%	9.2%
FTE's / Adjusted Occupied Bed	4.7	4.9	-3.8%	4.9	-4.7%	4.6	4.8	-4.3%	4.8	-2.9%
<u>Family Health Clinic - Clements</u>										
Total Medical Visits	534	654	-18.3%	620	-13.9%	1,199	1,338	-10.4%	1,375	-12.8%
Manhours Paid	2,063	2,334	-11.6%	1,910	8.0%	4,121	4,718	-12.7%	3,605	14.3%
FTE's	12.0	13.6	-11.6%	11.1	8.0%	11.8	13.5	-12.7%	10.3	14.3%
<u>Family Health Clinic - West University</u>										
Total Medical Visits	678	1,063	-36.2%	788	-14.0%	1,571	2,046	-23.2%	1,546	1.6%
Manhours Paid	1,758	2,166	-18.8%	1,529	15.0%	3,494	4,182	-16.5%	2,982	17.2%
FTE's	10.3	12.6	-18.8%	8.9	15.0%	10.0	12.0	-16.5%	8.6	17.2%
<u>Family Health Clinic - JBS</u>										
Total Medical Visits	888	1,031	-13.9%	1,001	-11.3%	2,000	2,166	-7.7%	2,103	-4.9%
Manhours Paid	1,605	2,109	-23.9%	1,494	7.4%	3,314	4,247	-22.0%	2,691	23.1%
FTE's	9.4	12.3	-23.9%	8.7	7.4%	9.5	12.2	-22.0%	7.7	23.1%
<u>Family Health Clinic - Womens</u>										
Total Medical Visits	1,395	1,579	-11.7%	1,408	-0.9%	2,970	3,628	-18.1%	3,297	-9.9%
Manhours Paid	3,008	3,791	-20.7%	3,418	-12.0%	6,285	8,626	-27.1%	6,829	-8.0%
FTE's	17.5	22.1	-20.7%	19.9	-12.0%	18.0	24.7	-27.1%	19.6	-8.0%
<u>Total ECHD Operations</u>										
Total Admissions	1,124	1,103	1.9%	1,099	2.3%	2,309	2,258	2.3%	2,241	3.0%
Total Patient Days	5,930	5,302	11.8%	5,520	7.4%	12,132	10,861	11.7%	11,109	9.2%
Total Patient and Obs Days	5,930	5,302	11.8%	5,520	7.4%	12,132	10,861	11.7%	11,109	9.2%
Total FTE's	1,760.8	1,694.6	3.9%	1,761.2	0.0%	1,769.5	1,692.9	4.5%	1,746.8	1.3%
FTE's / Adjusted Occupied Bed	4.8	5.1	-4.6%	5.1	-4.7%	4.8	5.0	-5.2%	4.9	-2.7%
Total Adjusted Patient Days	10,938	10,041	8.9%	10,428	4.9%	22,707	20,602	10.2%	21,809	4.1%
Hours / Adjusted Patient Day	27.60	28.93	-4.6%	28.95	-4.7%	27.16	28.64	-5.2%	27.92	-2.7%
Outpatient Factor	1.8446	1.8939	-2.6%	1.8890	-2.4%	1.8717	1.8969	-1.3%	1.9632	-4.7%
Blended O/P Factor	2.0283	2.1035	-3.6%	2.0905	-3.0%	2.0601	2.1068	-2.2%	2.1667	-4.9%
Total Adjusted Admissions	2,073	2,089	-0.7%	2,076	-0.1%	4,322	4,283	0.9%	4,399	-1.8%
Hours / Adjusted Admission	145.59	139.07	4.7%	145.43	0.1%	142.72	137.77	3.6%	138.40	3.1%
FTE's - Hospital Contract	46.3	36.6	26.6%	45.2	2.4%	46.0	36.7	25.3%	46.2	-0.5%
FTE's - Mgmt Services	49.2	55.1	-10.7%	58.8	-16.4%	52.3	55.1	-5.2%	56.8	-8.0%
Total FTE's (including Contract)	1,856.2	1,786.3	3.9%	1,865.2	-0.5%	1,867.7	1,784.7	4.7%	1,849.9	1.0%
<u>Total FTE'S per Adjusted Occupied Bed (including Contract)</u>										
	5.09	5.34	-4.6%	5.37	-5.1%	5.02	5.28	-5.0%	5.17	-3.0%
ProCare FTEs	212.6	241.7	-12.0%	207.6	2.4%	215.5	241.6	-10.8%	207.9	3.7%
TraumaCare FTEs	8.4	8.6	-1.9%	8.4	0.5%	8.4	8.4	-0.6%	8.4	0.1%
Total System FTEs	2,077.3	2,036.6	2.0%	2,081.2	-0.2%	2,091.6	2,034.7	2.8%	2,066.1	1.2%
<u>Urgent Care Visits</u>										
JBS Clinic	1,347	1,328	1.4%	1,352	-0.4%	2,629	2,719	-3.3%	2,811	-6.5%
West University	750	858	-12.6%	848	-11.6%	1,495	1,757	-14.9%	1,786	-16.3%
Total Urgent Care Visits	2,097	2,186	-4.1%	2,200	-4.7%	4,124	4,476	-7.9%	4,597	-10.3%
<u>Retail Clinic Visits</u>										
Retail Clinic	172	123	39.8%	123	39.8%	331	188	76.1%	188	76.1%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
NOVEMBER 2025**

	PRIOR FISCAL YEAR END				CURRENT
	CURRENT	HOSPITAL	PRO CARE	TRAUMA CARE	YEAR
ASSETS	YEAR	UNAUDITED	UNAUDITED	UNAUDITED	CHANGE
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 15,673,897	\$ 16,898,248	\$ 4,700	\$ -	\$ (1,229,051)
Investments	58,440,430	57,956,175	-	-	484,255
Patient Accounts Receivable - Gross	236,545,283	214,978,630	19,968,494	1,685,000	(86,840)
Less: 3rd Party Allowances	(153,788,740)	(139,548,613)	(11,202,864)	(1,298,612)	(1,738,652)
Bad Debt Allowance	(45,407,852)	(39,762,357)	(5,310,080)	(300,000)	(35,415)
Net Patient Accounts Receivable	37,348,691	35,667,660	3,455,550	86,388	(1,860,907)
Taxes Receivable	12,048,833	11,616,563	-	-	432,270
Accounts Receivable - Other	13,732,735	8,609,285	100,560	-	5,022,890
Inventories	10,546,379	10,073,960	496,748	-	(24,329)
Prepaid Expenses	6,440,018	5,545,302	128,278	18,231	748,207
Total Current Assets	154,230,983	146,367,192	4,185,837	104,619	3,573,334
CAPITAL ASSETS:					
Property and Equipment	538,783,931	535,446,720	403,173	-	2,934,038
Construction in Progress	32,568,307	20,318,667	-	-	12,249,640
	571,352,238	555,765,387	403,173	-	15,183,678
Less: Accumulated Depreciation and Amortization	(399,622,374)	(395,954,800)	(352,925)	-	(3,314,649)
Total Capital Assets	171,729,864	159,810,587	50,248	-	11,869,029
LEASE ASSETS					
Leased Assets	53,343	2,337,842	-	-	(2,284,500)
Less Accumulated Amortization Lease Assets	(13,789)	(2,223,870)	-	-	2,210,080
Total Lease Assets	39,553	113,973	-	-	(74,419)
SUBSCRIPTION ASSETS					
Subscription Assets	14,110,274	15,952,212	-	-	(1,841,938)
Less Accumulated Amortization Subscription Assets	(4,638,154)	(4,917,465)	-	-	279,311
Total Subscription Assets	9,472,120	11,034,747	-	-	(1,562,627)
LT Lease Receivable	5,299,832	5,611,487	-	-	(311,654)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,527,822	6,527,822	-	-	-
Restricted TPC, LLC	1,826,505	1,826,505	-	-	-
Restricted ENFRA EasS and Hospital Projects	93,294,307	-	-	-	93,294,307
Investment in PBBHC	44,756,193	44,756,193	-	-	-
Restricted MCH West Texas Services	2,487,517	2,444,722	-	-	42,795
Pension, Deferred Outflows of Resources	10,254,779	10,254,779	-	-	-
Assets whose use is Limited	365,817	-	356,764	6,743	2,309
TOTAL ASSETS	\$ 500,290,187	\$ 388,752,902	\$ 4,592,850	\$ 111,362	\$ 106,833,073
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 1,970,000	\$ 1,970,000	\$ -	\$ -	\$ -
Self-Insurance Liability - Current Portion	2,941,169	2,941,169	-	-	-
Current Portion of Lease Liabilities	3,863	278,336	-	-	(274,473)
Current Portion of Subscription Liabilities	2,411,767	2,592,529	-	-	(180,763)
Accounts Payable	23,105,696	27,610,232	(2,116,984)	(875,767)	(1,511,785)
A/R Credit Balances	2,470,403	2,429,902	-	-	40,502
Accrued Interest	414,987	251,049	-	-	163,938
Accrued Salaries and Wages	15,715,039	6,581,641	6,849,020	238,922	2,045,456
Accrued Compensated Absences	5,523,118	5,729,425	-	-	(206,307)
Due to Third Party Payors	8,753,848	7,251,974	-	-	1,501,874
Deferred Revenue	104,451,784	174,540	(106,356)	-	104,383,600
Total Current Liabilities	167,761,674	57,810,796	4,625,680	(636,845)	105,325,197
ACCRUED POST RETIREMENT BENEFITS					
LESSOR DEFERRED INFLOWS OF RESOURCES	18,938,106	19,152,541	-	-	(214,435)
SELF-INSURANCE LIABILITIES - Less Current Portion	6,792,011	7,114,414	-	-	(322,403)
LEASE LIABILITIES	1,799,851	1,799,851	-	-	-
SUBSCRIPTION LIABILITIES	38,029	39,011	-	-	(982)
LONG-TERM DEBT - Less Current Maturities	5,737,886	6,413,018	-	-	(675,131)
	25,729,854	25,818,179	-	-	(88,325)
Total Liabilities	226,797,412	118,147,811	4,625,680	(636,845)	104,660,766
FUND BALANCE	273,492,775	270,605,092	(32,831)	748,207	273,525,606
TOTAL LIABILITIES AND FUND BALANCE	\$ 500,290,187	\$ 388,752,902	\$ 4,592,850	\$ 111,362	\$ 106,833,073

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 58,442,429	\$ 55,644,797	5.0%	\$ 55,197,319	5.9%	\$ 120,601,744	\$ 113,484,573	6.3%	\$ 112,553,335	7.2%
Outpatient Revenue	60,095,997	61,402,108	-2.1%	60,192,284	-0.2%	127,849,291	125,609,219	1.8%	131,317,988	-2.6%
TOTAL PATIENT REVENUE	\$ 118,538,426	\$ 117,046,905	1.3%	\$ 115,389,603	2.7%	\$ 248,451,035	\$ 239,093,792	3.9%	\$ 243,871,323	1.9%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 74,030,567	\$ 74,034,177	0.0%	\$ 72,120,813	2.6%	\$ 155,022,733	\$ 151,078,353	2.6%	\$ 155,312,634	-0.2%
Policy Adjustments	911,531	1,175,294	-22.4%	1,040,987	-12.4%	1,746,253	2,357,160	-25.9%	2,194,569	-20.4%
Uninsured Discount	8,828,254	8,855,706	-0.3%	8,245,397	7.1%	15,430,812	18,079,072	-14.6%	17,095,097	-9.7%
Indigent	1,414,638	1,142,716	23.8%	1,235,630	14.5%	2,975,021	2,325,678	27.9%	2,908,666	2.3%
Provision for Bad Debts	8,650,744	6,149,758	40.7%	5,743,339	50.6%	18,822,658	12,572,545	49.7%	12,702,118	48.2%
TOTAL REVENUE DEDUCTIONS	\$ 93,835,733	\$ 91,357,651	2.7%	\$ 88,386,166	6.2%	\$ 193,997,477	\$ 186,412,808	4.1%	\$ 190,213,084	2.0%
	79.16%	78.05%		76.60%		78.08%	77.97%		78.00%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,492,474	\$ 1,457,917	2.4%	\$ 1,810,333	-17.6%	\$ 2,939,336	\$ 2,915,834	0.8%	\$ 3,620,666	-18.8%
DSRIP/CHIRP	1,839,839	1,252,500	2.4%	(551,281)	-332.6%	2,534,636	2,505,000	1.2%	(1,145,319)	-321.3%
TOTAL OTHER PATIENT REVENUE	\$ 2,774,610	\$ 2,710,417	2.4%	\$ 1,259,052	120.4%	\$ 5,473,972	\$ 5,420,834	1.0%	\$ 2,475,347	121.1%
NET PATIENT REVENUE	\$ 27,477,303	\$ 28,399,671	-3.2%	\$ 28,262,489	-2.8%	\$ 59,927,530	\$ 58,101,818	3.1%	\$ 56,133,587	6.8%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 8,004,308	\$ 7,834,164	2.2%	\$ 6,549,477	22.2%	\$ 15,401,294	\$ 15,279,560	0.8%	\$ 13,279,358	16.0%
Other Revenue	1,839,839	2,023,817	-9.1%	1,376,034	33.7%	3,438,040	3,781,285	-9.1%	3,106,362	10.7%
TOTAL OTHER REVENUE	\$ 9,844,147	\$ 9,857,981	-0.1%	\$ 7,925,510	24.2%	\$ 18,839,334	\$ 19,060,845	-1.2%	\$ 16,385,720	15.0%
NET OPERATING REVENUE	\$ 37,321,450	\$ 38,257,652	-2.4%	\$ 36,187,999	3.1%	\$ 78,766,864	\$ 77,162,663	2.1%	\$ 72,519,307	8.6%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 15,664,741	\$ 16,089,924	-2.6%	\$ 15,088,369	3.8%	\$ 33,047,473	\$ 32,629,379	1.3%	\$ 31,820,851	3.9%
Benefits	2,061,966	2,263,187	-8.9%	1,904,595	8.3%	4,191,183	4,580,615	-8.5%	4,199,438	-0.2%
Temporary Labor	1,373,448	1,253,631	9.6%	1,287,697	6.7%	2,770,686	2,523,092	9.8%	2,775,118	-0.2%
Physician Fees	1,349,252	1,310,049	3.0%	1,367,527	-1.3%	2,710,768	2,620,045	3.5%	2,668,875	1.6%
Texas Tech Support	1,044,547	1,042,618	0.2%	1,017,511	2.7%	2,086,831	2,085,236	0.1%	2,010,225	3.8%
Purchased Services	5,533,988	5,116,034	8.2%	4,742,363	16.7%	10,446,806	10,003,715	4.4%	9,320,588	12.1%
Supplies	6,292,665	6,789,583	-7.3%	6,384,459	-1.4%	13,335,602	13,783,008	-3.2%	14,473,009	-7.9%
Utilities	359,873	310,406	15.9%	358,710	0.3%	666,154	593,170	12.3%	690,570	-3.5%
Repairs and Maintenance	776,445	881,826	-12.0%	990,834	-21.6%	1,848,160	1,833,276	0.8%	1,752,811	5.4%
Leases and Rent	178,954	203,735	-12.2%	97,179	84.1%	367,983	407,470	-9.7%	261,093	40.9%
Insurance	204,892	205,576	-0.3%	238,328	-14.0%	397,008	411,152	-3.4%	465,109	-14.6%
Interest Expense	83,265	79,146	5.2%	90,763	-8.3%	170,338	158,819	7.3%	179,819	-5.3%
ECHDA	108,454	113,629	-4.6%	90,952	19.2%	261,412	227,258	15.0%	177,173	47.5%
Other Expense	182,186	233,262	-21.9%	183,103	-0.5%	427,967	460,512	-7.1%	422,702	1.2%
TOTAL OPERATING EXPENSES	\$ 35,214,677	\$ 35,892,607	-1.9%	\$ 33,842,391	4.1%	\$ 72,728,372	\$ 72,316,748	0.6%	\$ 71,217,382	2.1%
Depreciation/Amortization	\$ 2,228,266	\$ 2,192,164	1.6%	\$ 2,035,328	9.5%	\$ 4,462,659	\$ 4,406,551	1.3%	\$ 4,084,844	9.2%
(Gain) Loss on Sale of Assets	(14,382)	-	0.0%	(300)	4694.0%	(38,496)	-	0.0%	(300)	12732.0%
TOTAL OPERATING COSTS	\$ 37,428,561	\$ 38,084,771	-1.7%	\$ 35,877,419	4.3%	\$ 77,152,535	\$ 76,723,299	0.6%	\$ 75,301,925	2.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ (107,111)	\$ 172,881	162.0%	\$ 310,581	134.5%	\$ 1,614,329	\$ 439,364	267.4%	\$ (2,782,618)	-158.0%
Operating Margin	-0.29%	0.45%	-163.5%	0.86%	-133.4%	2.05%	0.57%	259.9%	-3.84%	-153.4%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 410,944	\$ 486,876	-15.6%	\$ 143,677	186.0%	\$ 683,659	\$ 671,483	1.8%	\$ 210,302	225.1%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	-	-	-
Opioid Abatement Fund	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	8,135	-100.0%	-	0.0%	-	16,270	-100.0%	64,243	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
<u>CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY</u>										
	\$ 303,832	\$ 667,892	54.5%	\$ 454,257	33.1%	\$ 2,297,988	\$ 1,127,117	-103.9%	\$ (2,508,074)	191.6%
Unrealized Gain/(Loss) on Investments	\$ 87,544	\$ 100,093	0.0%	\$ 113,055	-22.6%	\$ 194,075	\$ 200,186	0.0%	\$ 127,512	52.2%
Investment in Subsidiaries	335,280	85,799	290.8%	10,240	3174.2%	353,466	171,598	106.0%	12,615	2702.0%
CHANGE IN NET POSITION	\$ 726,657	\$ 853,784	14.9%	\$ 577,553	-25.8%	\$ 2,845,529	\$ 1,498,901	-89.8%	\$ (2,367,947)	220.2%
ADJUSTED OPERATING EBIDA	\$ 1,470,766	\$ 1,682,489	-12.6%	\$ 1,789,071	-17.8%	\$ 4,747,043	\$ 3,480,174	36.4%	\$ 162,139	2827.8%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 58,442,429	\$ 55,644,797	5.0%	\$ 55,197,319	5.9%	\$ 120,601,744	\$ 113,484,573	6.3%	\$ 112,553,335	7.2%
Outpatient Revenue	49,359,075	49,738,468	-0.8%	49,072,846	0.6%	105,123,089	101,780,927	3.3%	108,406,370	-3.0%
TOTAL PATIENT REVENUE	\$ 107,801,504	\$ 105,383,265	2.3%	\$ 104,270,165	3.4%	\$ 225,724,833	\$ 215,265,500	4.9%	\$ 220,959,705	2.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 68,327,799	\$ 67,853,615	0.7%	\$ 66,146,278	3.3%	\$ 143,342,105	\$ 138,550,073	3.5%	\$ 143,361,822	0.0%
Policy Adjustments	168,843	154,431	9.3%	38,354	340.2%	258,374	314,716	-17.9%	66,817	286.7%
Uninsured Discount	8,590,468	8,600,794	-0.1%	8,060,466	6.6%	14,917,041	17,563,427	-15.1%	16,719,670	-10.8%
Indigent Care	1,405,552	1,132,949	24.1%	1,223,578	14.9%	2,957,548	2,305,443	28.3%	2,886,235	2.5%
Provision for Bad Debts	7,525,109	5,103,761	47.4%	4,784,960	57.3%	16,158,068	10,438,255	54.8%	10,519,620	53.6%
TOTAL REVENUE DEDUCTIONS	\$ 86,017,770	\$ 82,845,550	3.8%	\$ 80,253,637	7.2%	\$ 177,633,136	\$ 169,171,914	5.0%	\$ 173,554,163	2.4%
	79.79%	78.61%		76.97%		78.69%	78.59%		78.55%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,492,474	\$ 1,457,917	2.4%	\$ 1,810,333	-17.6%	\$ 2,939,336	\$ 2,915,834	0.8%	\$ 3,620,666	-18.8%
DSRIP/CHIRP	1,282,136	1,252,500	2.4%	(551,281)	-332.6%	2,534,636	2,505,000	1.2%	(1,145,319)	-321.3%
TOTAL OTHER PATIENT REVENUE	\$ 2,774,610	\$ 2,710,417	2.4%	\$ 1,259,052	120.4%	\$ 5,473,972	\$ 5,420,834	1.0%	\$ 2,475,347	121.1%
NET PATIENT REVENUE	\$ 24,558,344	\$ 25,248,132	-2.7%	\$ 25,275,580	-2.8%	\$ 53,565,669	\$ 51,514,420	4.0%	\$ 49,880,889	7.4%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 8,004,308	\$ 7,834,164	2.2%	\$ 6,549,477	22.2%	\$ 15,401,294	\$ 15,279,560	0.8%	\$ 13,279,358	16.0%
Other Revenue	1,650,075	1,748,864	-5.6%	1,206,478	36.8%	2,936,068	3,237,392	-9.3%	2,573,061	14.1%
TOTAL OTHER REVENUE	\$ 9,654,383	\$ 9,583,028	0.7%	\$ 7,755,955	24.5%	\$ 18,337,362	\$ 18,516,952	-1.0%	\$ 15,852,419	15.7%
NET OPERATING REVENUE	\$ 34,212,727	\$ 34,831,160	-1.8%	\$ 33,031,535	3.6%	\$ 71,903,031	\$ 70,031,372	2.7%	\$ 65,733,309	9.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 11,190,724	\$ 11,192,868	0.0%	\$ 10,504,497	6.5%	\$ 23,587,980	\$ 22,739,855	3.7%	\$ 22,364,592	5.5%
Benefits	1,764,735	1,870,109	-5.6%	1,583,677	11.4%	3,556,180	3,777,629	-5.9%	3,527,642	0.8%
Temporary Labor	644,822	476,928	35.2%	704,542	-8.5%	1,310,596	972,686	34.7%	1,472,897	-11.0%
Physician Fees	1,414,368	1,357,028	4.2%	1,450,361	-2.5%	2,820,114	2,714,003	3.9%	2,834,745	-0.5%
Texas Tech Support	1,044,547	1,042,618	0.2%	1,017,511	2.7%	2,086,831	2,085,236	0.1%	2,010,225	3.8%
Purchased Services	5,772,355	5,513,931	4.7%	4,973,375	16.1%	11,051,545	10,798,157	2.3%	9,859,893	12.1%
Supplies	6,221,267	6,720,281	-7.4%	6,318,474	-1.5%	13,217,317	13,636,571	-3.1%	14,320,766	-7.7%
Utilities	359,318	310,637	15.7%	357,808	0.4%	664,884	592,396	12.2%	688,710	-3.5%
Repairs and Maintenance	776,445	881,350	-11.9%	990,834	-21.6%	1,844,553	1,832,324	0.7%	1,752,811	5.2%
Leases and Rentals	16,217	41,354	-60.8%	(46,356)	-135.0%	40,900	82,708	-50.5%	(33,345)	-222.7%
Insurance	138,751	136,272	1.8%	169,420	-18.1%	264,726	272,544	-2.9%	334,423	-20.8%
Interest Expense	83,265	79,146	5.2%	90,763	-8.3%	170,338	158,819	7.3%	179,819	-5.3%
ECHDA	108,454	113,629	-4.6%	90,952	19.2%	261,412	227,258	15.0%	177,173	47.5%
Other Expense	121,189	170,784	-29.0%	131,280	-7.7%	282,857	332,418	-14.9%	287,906	-1.8%
TOTAL OPERATING EXPENSES	\$ 29,656,457	\$ 29,906,836	-0.8%	\$ 28,337,141	4.7%	\$ 61,160,233	\$ 60,222,605	1.6%	\$ 59,778,257	2.3%
Depreciation/Amortization	\$ 2,216,855	\$ 2,179,579	1.7%	\$ 2,023,398	9.6%	\$ 4,439,824	\$ 4,381,381	1.3%	\$ 4,060,983	9.3%
(Gain)/Loss on Disposal of Assets	(14,382)	-	0.0%	(300)	4694.0%	(38,496)	-	0.0%	(300)	12732.0%
TOTAL OPERATING COSTS	\$ 31,858,929	\$ 32,086,415	-0.7%	\$ 30,360,238	4.9%	\$ 65,561,561	\$ 64,603,986	1.5%	\$ 63,838,940	2.7%
NET GAIN (LOSS) FROM OPERATIONS	\$ 2,353,798	\$ 2,744,745	-14.2%	\$ 2,671,296	11.9%	\$ 6,341,470	\$ 5,427,386	16.8%	\$ 1,894,368	-234.8%
Operating Margin	6.88%	7.88%	-12.7%	8.09%	-14.9%	8.82%	7.75%	13.8%	2.88%	206.0%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 410,944	\$ 486,876	-15.6%	\$ 143,677	186.0%	\$ 683,659	\$ 671,483	1.8%	\$ 210,302	225.1%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
Opioid Abatement Fund	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	8,135	-100.0%	-	0.0%	-	16,270	-100.0%	64,243	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 2,764,742	\$ 3,239,757	-14.7%	\$ 2,814,973	-1.8%	\$ 7,025,129	\$ 6,115,139	14.9%	\$ 2,168,913	223.9%
Procure Capital Contribution	(2,478,775)	(2,589,953)	-4.3%	(2,396,581)	3.4%	(4,770,965)	(5,020,553)	-5.0%	(4,757,052)	0.3%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 285,967	\$ 649,804	56.0%	\$ 418,393	31.7%	\$ 2,254,164	\$ 1,094,586	-105.9%	\$ (2,588,139)	187.1%
Unrealized Gain/(Loss) on Investments	\$ 87,544	\$ 100,093	-12.5%	\$ 113,055	-22.6%	\$ 194,075	\$ 200,186	-3.1%	\$ 127,512	52.2%
Investment in Subsidiaries	335,280	85,799	290.8%	10,240	3174.2%	353,466	171,598	106.0%	12,615	2702.0%
CHANGE IN NET POSITION	\$ 708,791	\$ 835,696	15.2%	\$ 541,688	-30.8%	\$ 2,801,706	\$ 1,466,370	-91.1%	\$ (2,448,012)	214.4%
ADJUSTED OPERATING EBIDA	\$ 3,920,264	\$ 4,241,768	-7.6%	\$ 4,137,857	-5.3%	\$ 9,451,350	\$ 8,443,026	11.9%	\$ 4,815,264	96.3%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 10,547,968	\$ 11,472,845	-8.1%	\$ 11,036,638	-4.4%	\$ 22,332,477	\$ 23,455,804	-4.8%	\$ 22,606,701	-1.2%
TOTAL PATIENT REVENUE	\$ 10,547,968	\$ 11,472,845	-8.1%	\$ 11,036,638	-4.4%	\$ 22,332,477	\$ 23,455,804	-4.8%	\$ 22,606,701	-1.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 5,605,058	\$ 6,093,097	-8.0%	\$ 5,929,604	-5.5%	\$ 11,462,026	\$ 12,357,522	-7.2%	\$ 11,790,216	-2.8%
Policy Adjustments	708,271	986,392	-28.2%	1,002,186	-29.3%	1,429,050	1,975,147	-27.6%	2,093,536	-31.7%
Uninsured Discount	237,786	254,912	-6.7%	184,931	28.6%	513,771	515,645	-0.4%	375,427	36.8%
Indigent	9,086	9,767	-7.0%	12,051	-24.6%	17,473	20,235	-13.7%	22,431	-22.1%
Provision for Bad Debts	1,097,310	1,014,460	8.2%	955,107	14.9%	2,613,630	2,072,720	26.1%	2,148,888	21.6%
TOTAL REVENUE DEDUCTIONS	\$ 7,657,511	\$ 8,358,628	-8.4%	\$ 8,083,879	-5.3%	\$ 16,035,950	\$ 16,941,269	-5.3%	\$ 16,430,499	-2.4%
	72.60%	72.86%		73.25%		71.81%	72.23%		72.68%	
NET PATIENT REVENUE	\$ 2,890,457	\$ 3,114,217	-7.2%	\$ 2,952,759	-2.1%	\$ 6,296,527	\$ 6,514,535	-3.3%	\$ 6,176,202	1.9%
OTHER REVENUE										
Other Income	\$ 189,935	\$ 273,852	-30.6%	\$ 169,303	12.2%	\$ 500,184	\$ 541,691	-7.7%	\$ 529,506	-5.5%
TOTAL OTHER REVENUE	\$ 189,935	\$ 273,852	-30.6%	\$ 169,303	12.2%	\$ 500,184	\$ 541,691	-7.7%	\$ 529,506	-5.5%
NET OPERATING REVENUE	\$ 3,080,392	\$ 3,388,069	-9.1%	\$ 3,122,062	-1.3%	\$ 6,796,711	\$ 7,056,226	-3.7%	\$ 6,705,708	1.4%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,222,618	\$ 4,645,879	-9.1%	\$ 4,344,391	-2.8%	\$ 8,959,304	\$ 9,387,337	-4.6%	\$ 8,979,649	-0.2%
Benefits	288,476	378,333	-23.8%	313,989	-8.1%	613,644	771,448	-20.5%	655,586	-6.4%
Temporary Labor	728,625	776,703	-6.2%	583,155	24.9%	1,460,090	1,550,406	-5.8%	1,302,221	12.1%
Physician Fees	194,133	212,269	-8.5%	176,414	10.0%	409,150	424,538	-3.6%	352,626	16.0%
Purchased Services	(238,671)	(400,387)	-40.4%	(231,680)	3.0%	(605,581)	(799,422)	-24.2%	(542,192)	11.7%
Supplies	71,399	68,947	3.6%	65,985	8.2%	117,607	145,742	-19.3%	152,035	-22.6%
Utilities	555	(131)	-523.5%	901	-38.4%	1,271	774	64.2%	1,860	-31.7%
Repairs and Maintenance	-	476	-100.0%	-	0.0%	3,607	952	278.9%	-	0.0%
Leases and Rentals	162,084	161,579	0.3%	142,881	13.4%	325,776	323,158	0.8%	291,791	11.6%
Insurance	57,677	59,854	-3.6%	59,187	-2.6%	115,354	119,708	-3.6%	111,243	3.7%
Other Expense	60,861	61,913	-1.7%	51,490	18.2%	144,619	126,964	13.9%	134,081	7.9%
TOTAL OPERATING EXPENSES	\$ 5,547,755	\$ 5,965,435	-7.0%	\$ 5,506,712	0.7%	\$ 11,544,841	\$ 12,051,605	-4.2%	\$ 11,438,899	0.9%
Depreciation/Amortization	\$ 11,412	\$ 12,585	-9.3%	\$ 11,930	-4.3%	\$ 22,835	\$ 25,170	-9.3%	\$ 23,861	-4.3%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 5,559,167	\$ 5,978,020	-7.0%	\$ 5,518,643	0.7%	\$ 11,567,676	\$ 12,076,775	-4.2%	\$ 11,462,760	0.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,478,775)	\$ (2,589,951)	-4.3%	\$ (2,396,581)	3.4%	\$ (4,770,965)	\$ (5,020,549)	-5.0%	\$ (4,757,052)	0.3%
Operating Margin	-80.47%	-76.44%	5.3%	-76.76%	4.8%	-70.20%	-71.15%	-1.3%	-70.94%	-1.1%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,478,775	\$ 2,589,951	-4.3%	\$ 2,396,581	3.4%	\$ 4,770,965	\$ 5,020,549	-5.0%	\$ 4,757,052	0.3%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
ADJUSTED OPERATING EBIDA	\$ (2,467,364)	\$ (2,577,366)	4.3%	\$ (2,384,650)	-3.5%	\$ (4,748,130)	\$ (4,995,379)	4.9%	\$ (4,733,191)	-0.3%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	6,796	6,898	-1.5%	7,055	-3.67%	15,511	14,994	3.4%	15,650	-0.89%
Total Hospital Visits	6,517	6,464	0.8%	6,249	4.29%	13,388	13,488	-0.7%	13,064	2.48%
Total Procedures	12,163	12,810	-5.1%	12,933	-5.95%	26,469	27,532	-3.9%	27,609	-4.13%
Total Surgeries	776	839	-7.5%	788	-1.52%	1,547	1,649	-6.2%	1,569	-1.40%
Total Provider FTE's	88.3	89.4	-1.3%	88.4	-0.19%	87.3	89.4	-2.3%	87.5	-0.19%
Total Staff FTE's	116.0	142.8	-18.8%	110.8	4.71%	120.0	142.7	-16.0%	112.3	6.83%
Total Administrative FTE's	8.4	9.5	-11.6%	8.4	-0.57%	8.3	9.5	-13.1%	8.1	1.91%
Total FTE's	212.6	241.7	-12.0%	207.6	2.41%	215.5	241.6	-10.8%	207.9	3.69%

**ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 188,954	\$ 190,795	-1.0%	\$ 82,800	128.2%	\$ 393,725	\$ 372,488	5.7%	\$ 304,917	29.1%
TOTAL PATIENT REVENUE	\$ 188,954	\$ 190,795	-1.0%	\$ 82,800	128.2%	\$ 393,725	\$ 372,488	5.7%	\$ 304,917	29.1%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 97,710	\$ 87,465	11.7%	\$ 44,931	117.5%	\$ 218,602	\$ 170,758	28.0%	\$ 160,595	36.1%
Policy Adjustments	34,417	34,471	-0.2%	447	7597.5%	58,829	67,297	-12.6%	34,216	71.9%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	28,326	31,537	-10.2%	3,272	765.7%	50,960	61,570	-17.2%	33,610	51.6%
TOTAL REVENUE DEDUCTIONS	\$ 160,452	\$ 153,473	4.5%	\$ 48,650	229.8%	\$ 328,391	\$ 299,625	9.6%	\$ 228,422	43.8%
	84.92%	80.44%		58.76%		83.41%	80.44%		74.91%	
NET PATIENT REVENUE	\$ 28,502	\$ 37,322	-23.6%	\$ 34,150	-16.5%	\$ 65,334	\$ 72,863	-10.3%	\$ 76,495	-14.6%
						16.6%				
<u>OTHER REVENUE</u>										
Other Income	\$ (171)	\$ 1,101	-115.5%	\$ 253	-167.5%	\$ 1,788	\$ 2,202	-18.8%	\$ 3,795	-52.9%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 28,331	\$ 38,423	-26.3%	\$ 34,403	-17.6%	\$ 67,122	\$ 75,065	-10.6%	\$ 80,291	-16.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 251,399	\$ 251,177	0.1%	\$ 239,481	5.0%	\$ 500,190	\$ 502,187	-0.4%	\$ 476,610	4.9%
Benefits	8,756	14,745	-40.6%	6,929	26.4%	21,359	31,538	-32.3%	16,210	31.8%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(518,496)	(518,496)	0.0%	(518,496)	0.0%
Purchased Services	304	2,490	-87.8%	667	-54.4%	842	4,980	-83.1%	2,888	-70.8%
Supplies	-	355	-100.0%	-	0.0%	677	695	-2.6%	208	225.6%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	653	802	-18.5%	653	0.0%	1,307	1,604	-18.5%	2,647	-50.6%
Insurance	8,464	9,450	-10.4%	9,722	-12.9%	16,928	18,900	-10.4%	19,443	-12.9%
Other Expense	136	565	-75.9%	333	-59.0%	491	1,130	-56.5%	715	-31.3%
TOTAL OPERATING EXPENSES	\$ 10,465	\$ 20,336	-48.5%	\$ (1,462)	-815.7%	\$ 23,299	\$ 42,538	-45.2%	\$ 225	10261.9%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 10,465	\$ 20,336	-48.5%	\$ (1,462)	-815.7%	\$ 23,299	\$ 42,538	-45.2%	\$ 225	10261.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ 17,866	\$ 18,087	-1.2%	\$ 35,865	-50.2%	\$ 43,824	\$ 32,527	34.7%	\$ 80,066	-45.3%
Operating Margin	63.06%	47.07%	34.0%	104.25%	-39.5%	65.29%	43.33%	50.7%	99.72%	-34.5%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 17,866	\$ 18,087	-1.2%	\$ 35,865	-50.2%	\$ 43,824	\$ 32,527	34.7%	\$ 80,066	-45.3%
ADJUSTED OPERATING EBIDA	\$ 17,866	\$ 18,087	-1.2%	\$ 35,865	-50.2%	\$ 43,824	\$ 32,527	34.7%	\$ 80,066	-45.3%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	665	545	22.02%	251	164.94%	1,370	1,064	28.76%	898	52.56%
Total Provider FTE's	7.4	7.6	-2.78%	7.4	-0.19%	7.3	7.4	-1.39%	7.4	-0.37%
Total Staff FTE's	1.1	1.0	4.22%	1.0	5.78%	1.0	1.0	5.72%	1.0	3.12%
Total FTE's	8.4	8.6	-1.95%	8.4	0.52%	8.4	8.4	-0.56%	8.4	0.05%

**ECTOR COUNTY HOSPITAL DISTRICT
DIABETES SCREENING CLINIC - OPERATIONS SUMMARY
NOVEMBER 2025**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 12,106	\$ 6,971	73.7%	\$ 4,505	168.7%	\$ 21,581	\$ 14,245	51.5%	\$ 12,205	76.8%
TOTAL PATIENT REVENUE	\$ 12,106	\$ 6,971	73.7%	\$ 4,505	168.7%	\$ 21,581	\$ 14,245	51.5%	\$ 12,205	76.8%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	13,006	5,036	158.3%	5,526	135.4%	16,113	10,072	60.0%	13,086	23.1%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$ 13,006	\$ 5,036	158.3%	\$ 5,526	135.4%	\$ 16,113	\$ 10,072	60.0%	\$ 13,086	23.1%
	107.4%	72.2%		122.7%		74.7%	70.7%		107.2%	
NET PATIENT REVENUE	\$ (900)	\$ 1,935	-146.5%	\$ (1,021)	-11.8%	\$ 5,468	\$ 4,173	31.0%	\$ (881)	-721.0%
OTHER REVENUE										
Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ (900)	\$ 1,935	-146.5%	\$ (1,021)	-11.8%	\$ 5,468	\$ 4,173	31.0%	\$ (881)	-721.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 707	\$ 1,937	-63.5%	\$ 495	42.9%	\$ 1,740	\$ 3,958	-56.0%	\$ 1,346	29.3%
Benefits	111	324	-65.7%	75	48.0%	262	658	-60.2%	212	23.6%
Purchased Services	10,333	4,231	144.2%	2,000	416.7%	21,167	8,462	150.1%	4,000	429.2%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	355	197	80.1%	339	4.7%	617	402	53.5%	399	54.6%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	208	-100.0%	-	0.0%	-	416	-100.0%	40	-100.0%
Leases and Rentals	26	-	0.0%	-	0.0%	50	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 11,532	\$ 6,897	67.2%	\$ 2,909	296.5%	\$ 23,836	\$ 13,896	71.5%	\$ 5,997	297.5%
Depreciation/Amortization	\$ 905	\$ 904	0.1%	\$ 905	0.0%	\$ 1,810	\$ 1,811	-0.1%	\$ 1,810	0.0%
TOTAL OPERATING COSTS	\$ 12,437	\$ 7,801	59.4%	\$ 3,814	226.1%	\$ 25,646	\$ 15,707	63.3%	\$ 7,807	228.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ (13,337)	\$ (5,866)	-127.4%	\$ (4,835)	-175.9%	\$ (20,178)	\$ (11,534)	-74.9%	\$ (8,688)	-132.3%
Operating Margin	1482.05%	-303.15%	-588.9%	473.59%	212.9%	-369.01%	-276.40%	33.5%	986.66%	-137.4%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	42	23	82.6%	17	147.1%	78	47	66.0%	42	85.7%
Hospital FTE's (Salaries and Wages)	0.1	0.5	-68.6%	0.1	24.1%	0.2	0.5	-63.6%	0.2	10.1%

**ECTOR COUNTY HOSPITAL DISTRICT
NOVEMBER 2025**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 41,561,516	38.5%	\$ 40,205,584	38.6%	\$ 85,948,266	38.1%	86,118,649	38.9%
Medicaid	10,295,592	9.6%	10,687,675	10.2%	21,954,394	9.7%	23,328,120	10.6%
Commercial	39,968,959	37.1%	40,345,328	38.7%	84,224,457	37.3%	82,583,448	37.4%
Self Pay	13,595,586	12.6%	9,077,337	8.7%	26,134,002	11.6%	20,945,954	9.5%
Other	2,379,852	2.2%	3,954,241	3.8%	7,463,713	3.3%	7,983,535	3.6%
TOTAL	\$ 107,801,504	100.0%	\$ 104,270,165	100.0%	\$ 225,724,833	100.0%	220,959,705	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 7,732,230	33.6%	\$ 8,294,423	40.0%	\$ 17,162,957	34.9%	18,235,885	39.7%
Medicaid	2,982,868	13.0%	1,625,581	7.8%	5,795,250	11.8%	3,457,947	7.5%
Commercial	10,664,773	46.2%	9,061,245	43.8%	21,878,757	44.5%	19,601,086	42.8%
Self Pay	1,123,898	4.9%	1,205,539	5.8%	2,398,289	4.9%	2,657,507	5.8%
Other	529,393	2.3%	549,466	2.6%	1,898,571	3.9%	1,929,689	4.2%
TOTAL	\$ 23,033,162	100.0%	\$ 20,736,254	100.0%	\$ 49,133,824	100.0%	45,882,114	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
NOVEMBER 2025**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ 2,801,706	-	43,824	\$ 2,845,530
Noncash Expenses:				
Depreciation and Amortization	935,906	1,118	-	937,024
Unrealized Gain/Loss on Investments	194,075	-	-	194,075
Accretion (Bonds) & COVID Funding	(88,325)	-	-	(88,325)
Changes in Assets and Liabilities				
PATIENT RECEIVABLES, GROSS	\$ (343,267)			
LESS: 3RD PARTY ALLOWANCES	\$ 1,788,658			
BAD DEBT ALLOWANCE	\$ 523,740			
Patient Receivables, Net	1,969,132	(108,039)	(185)	1,860,907
Taxes Receivable/Deferred Revenue	(3,928,260)	(3,481)	-	(3,931,740)
Inventories, Prepaids and Other	(5,761,641)	14,981	(108)	(5,746,768)
LT Lease Rec	311,654			311,654
Deferred Inflow of Resources	-			-
Accounts Payable	(1,131,493)	257,008	(71,816)	(946,301)
Accrued Expenses	2,134,128	(161,587)	28,286	2,000,827
Due to Third Party Payors	1,501,874	-	-	1,501,874
Deferred Inflows of Resources-GASB 87 Lessor	(322,403)			(322,403)
Accrued Post Retirement Benefit Costs	(1,000,216)	-	-	(1,000,216)
Net Cash Provided by Operating Activities	\$ (2,383,861)	(0)	-	\$ (2,383,861)
Cash Flows from Investing Activities:				
Investments	\$ (678,330)	-	-	\$ (678,330)
Acquisition of Property and Equipment	(11,536,240)	-	-	(11,536,240)
Net Cash used by Investing Activities	\$ (12,214,569)	-	-	\$ (12,214,569)
Cash Flows from Financing Activities:				
Current Portion Debt	\$ (50)	-	-	\$ (50)
Principal Paid on Subscription Liabilities	(196,679)			(196,679)
Principal Paid on Lease Liabilities	(274,473)			(274,473)
Deferred Revenue - ENFRA Restricted Funds	107,883,070			107,883,070
LT Liab Subscriptions	(704,405)			(704,405)
LT Liab Leases	(982)			(982)
Net Repayment of Long-term Debt/Bond Issuance	-	-	-	-
Net Cash used by Financing Activities	106,706,481	-	-	106,706,481
Net Increase (Decrease) in Cash	92,108,050	(0)	-	92,108,050
Beginning Cash & Cash Equivalents @ 9/30/2025	27,702,192	4,700	-	27,706,892
Ending Cash & Cash Equivalents @ 11/30/2025	\$ 119,810,243	\$ 4,700	\$ -	\$ 119,814,943

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2026**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (2,403,294)	\$ 5,982,807		\$ 3,579,514
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (2,403,294)	\$ 5,982,807		\$ 3,579,514
UC				
1st Qtr	\$ -	\$ -		-
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ -	\$ -		\$ -
APHRIQA				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
APHRIQA TOTAL	\$ -	\$ -		\$ -
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ -	\$ -		\$ -
ATLAS				
1st Qtr	\$ (1,009,177)	\$ -		\$ (1,009,177)
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
ATLAS TOTAL	\$ (1,009,177)	\$ -		\$ (1,009,177)
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
GME TOTAL	\$ -	\$ -		\$ -
CHIRP				
1st Qtr	\$ (4,825,504)	\$ 2,644,171		\$ (2,181,333)
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
CHIRP TOTAL	\$ (4,825,504)	\$ 2,644,171		\$ (2,181,333)
HARP				
1st Qtr	\$ -	-		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
HARP TOTAL	\$ -	\$ -		\$ -
TIPPS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (8,237,974)	\$ 8,626,978		\$ 389,004
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (8,237,974)	\$ 8,626,978	\$ -	\$ 389,004

INCOME STATEMENT ACTIVITY:

FY 2026 Accrued / (Deferred) Adjustments:

	BLENDED
DSH	\$ 940,168
UC	1,315,000
APHRIQA	1,933,334
ATLAS	25,834
GME	280,000
CHIRP	571,666
HARP	378,334
TIPPS	-
Medicaid Supplemental Payments	5,444,336
DSRIP Accrual	29,636
Total Adjustments	\$ 5,473,972

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
NOVEMBER 2025

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR
Operating Room	10.5	3.8	178.6%	10.3	2.6%	11.0	3.8	189.5%	10.4	5.6%
Cardiopulmonary	7.4	7.6	-1.8%	10.5	-29.3%	7.7	7.6	1.5%	11.7	-34.1%
Labor and Delivery	2.7	0.9	185.8%	4.8	-44.0%	2.6	1.0	175.6%	4.4	-40.6%
Laboratory - Chemistry	1.8	4.7	-62.7%	1.1	65.4%	1.7	4.8	-64.3%	1.5	13.2%
Intensive Care Unit (ICU) 2	2.0	-	0.0%	0.6	216.4%	1.5	-	0.0%	0.5	219.3%
PM&R - Physical	2.1	-	0.0%	-	0.0%	1.5	-	0.0%	-	0.0%
Imaging - Nuclear Medicine	0.9	0.9	-1.1%	0.9	4.1%	1.3	1.0	37.2%	0.6	106.3%
Intensive Care Unit (CCU) 4	1.6	2.8	-42.8%	1.4	13.6%	1.2	2.9	-58.1%	0.8	42.6%
Imaging - Diagnostics	1.5	1.9	-22.9%	4.4	-66.6%	1.1	1.9	-40.3%	4.5	-74.8%
Laboratory - Histology	1.0	0.9	3.2%	0.1	1002.4%	1.1	1.0	14.5%	0.4	183.8%
9 Central	1.0	-	0.0%	-	0.0%	1.0	-	0.0%	0.1	856.8%
Utilization Review	0.6	1.0	-36.4%	1.0	-35.9%	0.7	1.0	-26.6%	0.9	-19.1%
6 Central	0.4	-	0.0%	0.3	26.3%	0.7	-	0.0%	0.4	73.3%
PM&R - Occupational	0.9	0.9	-6.8%	-	0.0%	0.6	1.0	-34.1%	-	0.0%
CHW - Sports Medicine	0.5	1.9	-74.5%	0.5	-7.0%	0.6	1.9	-69.3%	0.3	82.2%
6 West	0.7	-	0.0%	-	0.0%	0.3	-	0.0%	0.0	870.5%
7 Central	0.1	-	0.0%	1.4	-89.7%	0.3	-	0.0%	1.5	-83.4%
5 Central	0.1	-	0.0%	0.1	6.2%	0.1	-	0.0%	0.1	109.5%
3 West Observation	0.1	-	0.0%	0.2	-49.0%	0.1	-	0.0%	0.2	-75.1%
Emergency Department	0.1	-	0.0%	0.4	-79.5%	0.0	-	0.0%	0.2	-85.0%
Nursing Flex Pool	-	2.6	-100.0%	-	0.0%	-	2.6	-100.0%	-	0.0%
PM&R - Speech	-	0.5	-100.0%	-	0.0%	-	0.5	-100.0%	-	0.0%
4 East	-	0.9	-100.0%	0.9	-100.0%	-	1.0	-100.0%	1.1	-100.0%
4 Central	-	-	0.0%	0.2	-100.0%	-	-	0.0%	0.1	-100.0%
Imaging - Ultrasound	-	-	0.0%	0.8	-100.0%	-	-	0.0%	0.9	-100.0%
Pharmacy - Retail	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Nursing Orientation	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Recovery Room	-	-	0.0%	-	0.0%	-	-	0.0%	0.4	-100.0%
Neonatal Intensive Care	-	-	0.0%	0.1	-100.0%	-	-	0.0%	0.1	-100.0%
5 West	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Laboratory - Hematology	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Cardiopulmonary - NICU	-	0.9	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
Care Management	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Imaging - CT Scan	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Imaging - CVI	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
SUBTOTAL	41.4	36.6	13.1%	40.0	3.3%	41.2	36.7	12.3%	41.4	-0.5%
TRANSITION LABOR										
Laboratory - Chemistry	4.9	-	0.0%	5.2	-4.8%	4.8	-	0.0%	4.8	-0.9%
SUBTOTAL	4.9	-	0.0%	5.2	-4.8%	4.8	-	0.0%	4.8	-0.9%
GRAND TOTAL	46.3	36.6	26.6%	45.2	2.4%	46.0	36.7	25.3%	46.2	-0.5%



Financial Presentation

For the Month Ended November 30, 2025

Results From Operations

November 30, 2025

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	
Inpatient Revenue	\$58,442,429	\$55,644,797	\$2,797,632	5.0%
Outpatient Revenue	60,095,997	61,402,108	(1,306,111)	-2.1%
Total Patient Revenue	118,538,426	117,046,905	1,491,521	1.3%
Less: Deductions	93,835,733	91,357,651	2,478,082	2.7%
Net Patient Revenue	24,702,693	25,689,254	(986,561)	-3.8%
Supplemental Funding	2,774,610	2,710,417	64,193	2.4%
Tax Revenue	8,004,308	7,834,164	170,144	2.2%
Other Revenue	1,839,839	2,023,817	(183,978)	-9.1%
Total Operating Revenue	37,321,450	38,257,652	(936,202)	-2.4%
Salaries, Benefits & Contract Labor	19,100,155	19,606,742	(506,587)	-2.6%
Physician Fees incl TTU	2,393,800	2,352,667	41,133	1.7%
Purchased Services	5,533,988	5,116,034	417,954	8.2%
Supplies	6,292,665	6,789,583	(496,918)	-7.3%
Repairs and Maintenance	776,445	881,826	(105,381)	-12.0%
Other Expense	925,905	952,979	(27,074)	-2.8%
ECHD Assistance	108,454	113,629	(5,175)	-4.6%
Interest Expense	83,265	79,146	4,119	5.2%
Depreciation	2,213,884	2,192,164	21,720	1.0%
Total Operating Expenses	37,428,561	38,084,770	(656,209)	-1.7%
Gain (Loss) from Operations	(107,111)	172,881	(279,992)	-162.0%
Non-operating Income	833,768	680,903	152,865	22.5%
Excess Income over Expenses	\$726,657	\$853,784	(\$127,127)	-14.9%

Results From Operations - YTD

November 30, 2025

	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>	
Inpatient Revenue	\$120,601,744	\$113,484,573	\$7,117,171	6.3%
Outpatient Revenue	127,849,291	125,609,219	2,240,072	1.8%
Total Patient Revenue	248,451,035	239,093,792	9,357,243	3.9%
Less: Deductions	193,997,477	186,412,808	7,584,669	4.1%
Net Patient Revenue	54,453,558	52,680,984	1,772,574	3.4%
Supplemental Funding	5,473,972	5,420,834	53,138	1.0%
Tax Revenue	15,401,294	15,279,560	121,734	0.8%
Other Revenue	3,438,040	3,781,285	(343,245)	-9.1%
Total Operating Revenue	78,766,864	77,162,663	1,604,201	2.1%
Salaries, Benefits & Contract Labor	40,009,343	39,733,086	276,257	0.7%
Physician Fees incl TTU	4,797,599	4,705,281	92,318	2.0%
Purchased Services	10,446,806	10,003,715	443,091	4.4%
Supplies	13,335,602	13,783,008	(447,406)	-3.2%
Repairs and Maintenance	1,848,160	1,833,276	14,884	0.8%
Other Expense	1,859,112	1,872,304	(13,192)	-0.7%
ECHD Assistance	261,412	227,258	34,154	15.0%
Interest Expense	170,338	158,819	11,519	7.3%
Depreciation	4,424,163	4,406,551	17,612	0.4%
Total Operating Expenses	77,152,535	76,723,298	429,237	0.6%
Gain (Loss) from Operations	1,614,329	439,364	1,174,965	267.4%
Non-operating Income	1,231,200	1,059,537	171,663	16.2%
Excess Income over Expenses	\$2,845,529	\$1,498,901	\$1,346,628	89.8%

Results From Operations

November 30, 2025

<u>Gain(Loss) From Operations</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Current Month	(\$107,111)	\$172,881	(\$279,992)
Year-To-Date	\$1,614,329	\$439,364	\$1,174,965

Major Monthly Variances

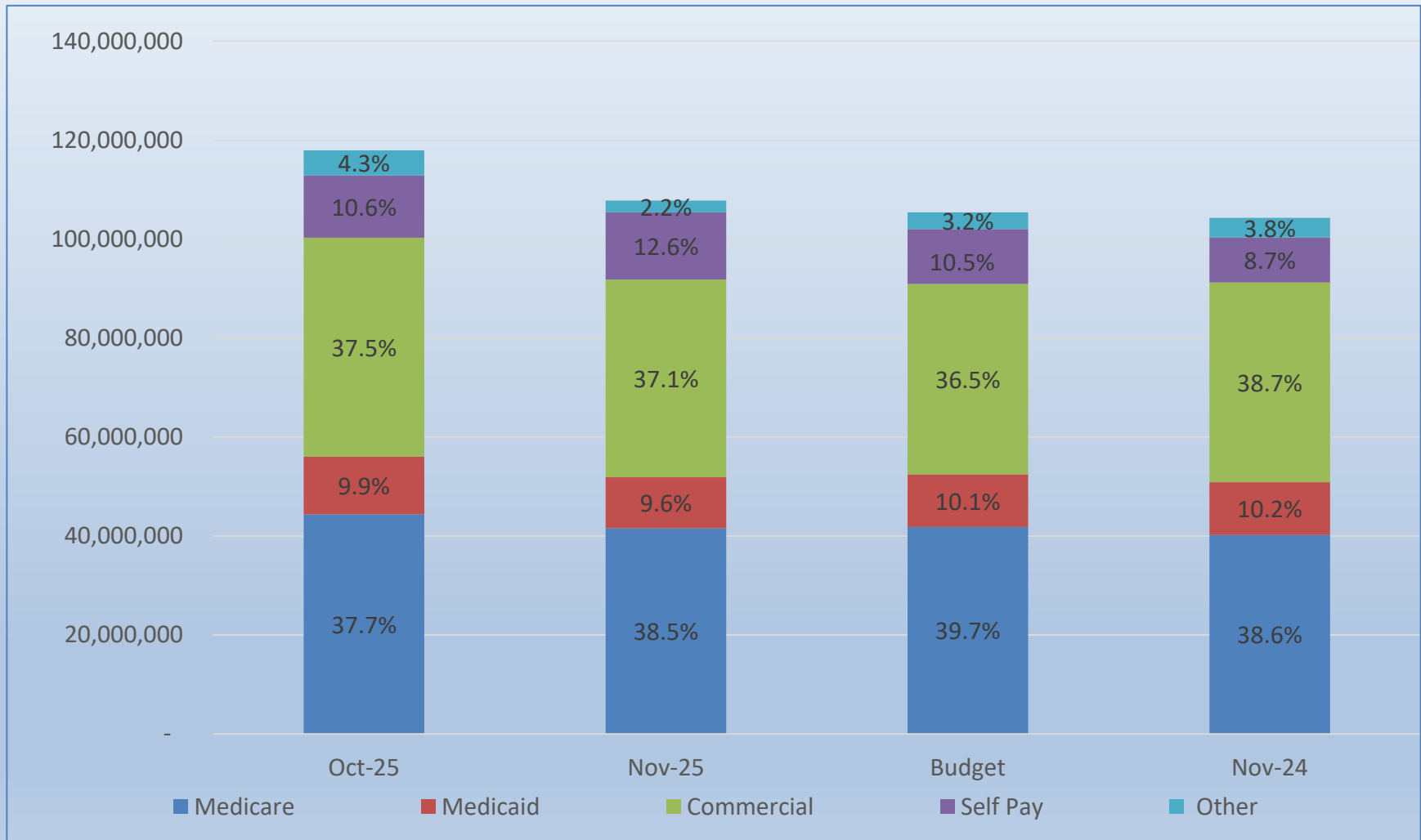
- Net revenue is unfavorable by \$987k for the month due to an increase in self pay (\$639k) and lower clinic volume with provider vacancies (\$224k).
- Other revenue is unfavorable \$184k due to decreased retail pharmacy volume (\$98k) and lower provider coverage fees (\$57k).
- Labor expenses are favorable \$507k due to open provider positions (\$471k) coupled with departments achieving productivity targets overall.
- Purchased Services are unfavorable \$418k due to timing of housekeeping and consulting fees and higher expenses around energy as a service.
- Supplies are favorable by \$496k due to decreased pharmacy volume (\$262k) and timing of purchases in surgery (187k).

Key Statistics

November 30, 2025

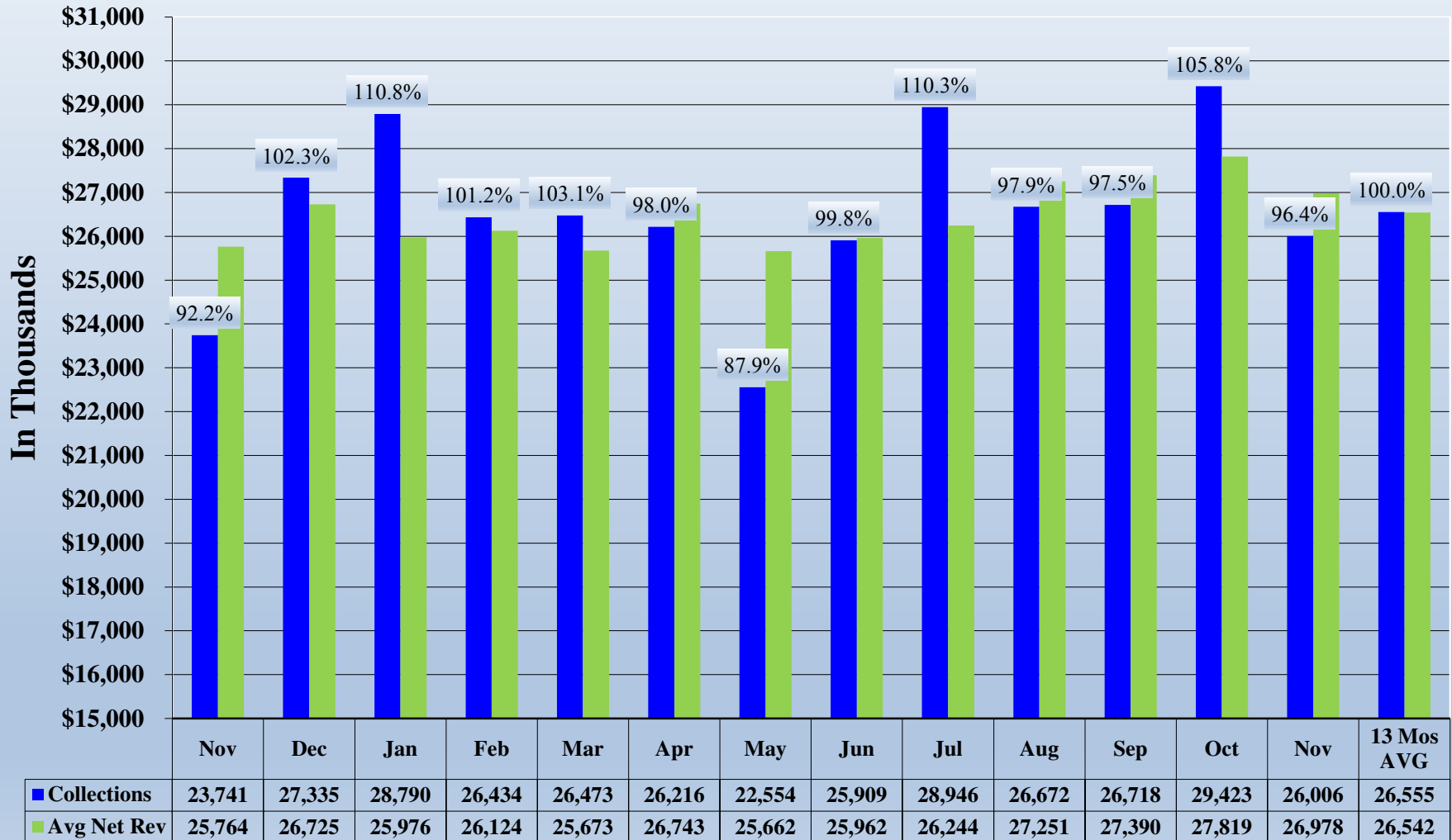
	CURRENT MONTH				YEAR-TO-DATE			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Var %</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Var %</u>
Inpatient Days	5,930	5,302	628	11.8%	12,132	10,861	1,271	11.7%
Length of Stay	5.28	4.81	0.47	9.8%	5.25	4.81	0.44	9.2%
GMLOS	5.28	3.89	1.39	35.7%	5.25	3.88	1.37	35.3%
Surgeries	730	733	(3)	-0.4%	1,581	1,499	82	5.5%
Emergency Visits	4,808	4,877	(69)	-1.4%	10,064	9,985	79	0.8%
Urgent Care Visits	2,097	2,186	(89)	-4.1%	4,124	4,476	(352)	-7.9%
FHC Visits	3,495	4,327	(832)	-19.2%	7,740	9,178	(1,438)	-15.7%
Primary & Specialty Clinic	6,796	6,898	(102)	-1.5%	15,511	14,994	517	3.4%

Hospital Payor Mix



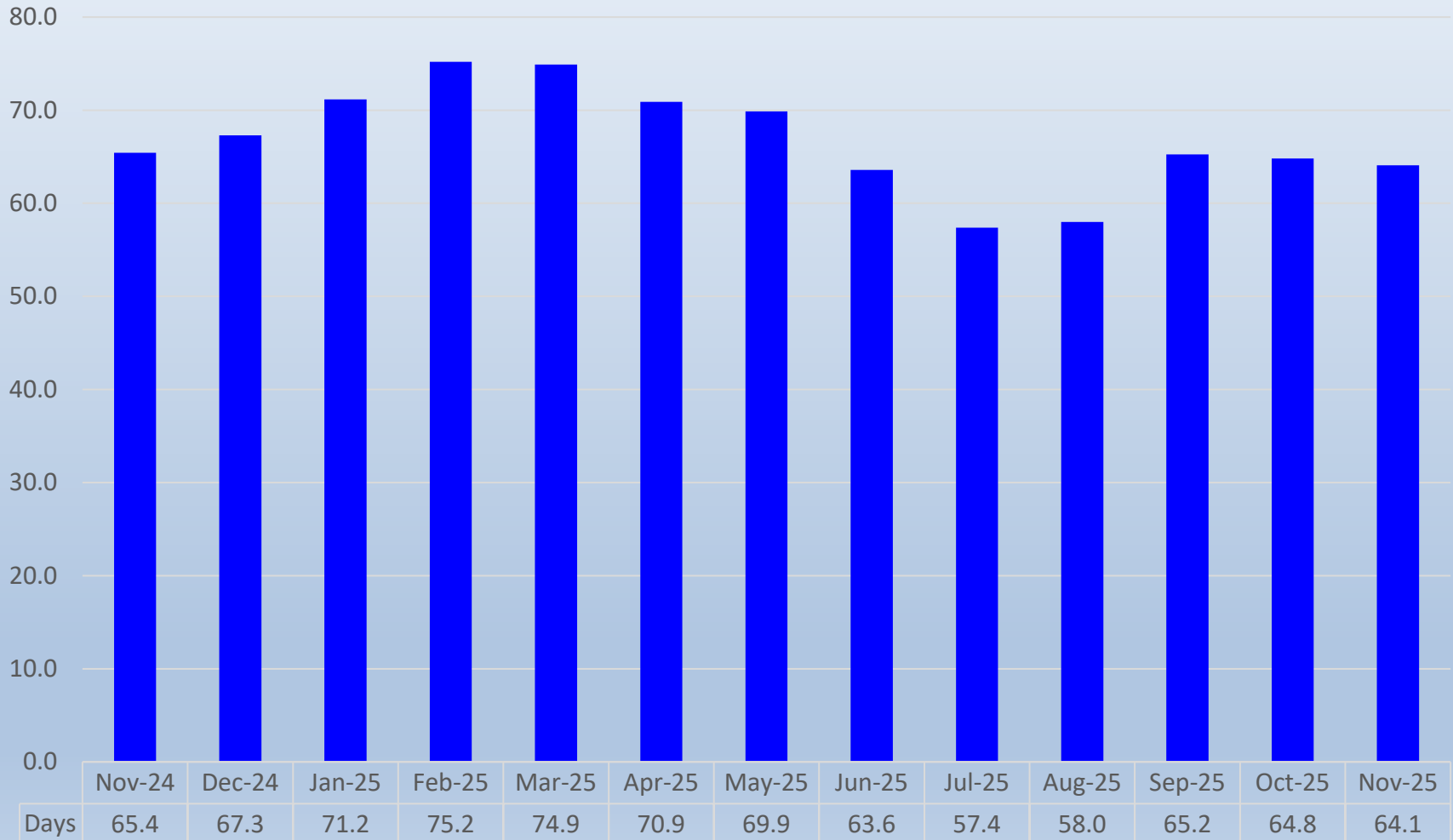
Total AR Cash Receipts

13 Month Trending



Days Cash on Hand

Thirteen Month Trending



TO: ECHD Board of Directors
Through: Matt Collins, COO
From: Jerry Hild, Divisional Director of Radiology
SUBJECT: IsoRx Nuclear Medicine Contract Renewal
DATE: December 3, 2025

Background

Request for contract renewal. IsoRx supplies all nuclear medicine medication for our inpatient and outpatient nuclear medicine department and our outpatient cardiovascular imaging department at OHI clinic. This contract is detrimental to the operations of our nuclear medicine department.

Cost:

Department 7300: \$600,000.00

Staffing:

N/A

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

January 2026 - January 2027

Funding:

Operational budget - Annual funds are forecasted based on volume, and this is included in the operational budget annually.



MEMORANDUM

TO: ECHD Board of Directors
Russell Tippin, President and CEO

FROM: Tara Ward, Divisional Director of Laboratory Services
Through Matt Collins, COO

SUBJECT: Interlocal Agreement for Laboratory Services with McCamey Hospital District

DATE: December 29, 2025

The Laboratory at MCH wishes to renew the existing contract with McCamey Hospital District that began in February 2021. The laboratory has provided laboratory testing services to McCamey Hospital District for general lab services in the disciplines of Chemistry, Hematology, Urinalysis, Microbiology, and Transfusion Services. Testing is billed to McCamey Hospital District as a Client Bill, guaranteeing payment from McCamey rather than commercial payers. Both the Laboratory and McCamey Hospital District have been pleased with the agreement and wish to renew the agreement for the next two years.



MEMORANDUM

TO: ECHD Board of Directors
Russell Tippin, President and CEO

FROM: Tara Ward, Divisional Director of Laboratory Services
Through Matt Collins, COO

SUBJECT: Interlocal Agreement for Laboratory Services with Pecos County Memorial Hospital District

DATE: December 29, 2025

The Laboratory at MCH wishes to enter into a new agreement with Pecos County Memorial Hospital District. Although the laboratory has acted as a reference lab for Pecos County Memorial Hospital in the past, a formal agreement for testing and pricing could not be found in either party's possession; this interlocal agreement is presented for the approval of the ECHD Board of Directors. Testing would mostly be comprised of samples for microbiological culture and testing of body fluids not performed by Pecos County Memorial Hospital. Testing will be billed to Pecos County Memorial Hospital as a Client Bill, rather than going through commercial payers for each patient. This will guarantee payment for testing performed, albeit at a discounted client rate.

MEMORANDUM

TO: ECHD Board of Directors

FROM: Carlos Aguilar, Director of Engineering
Through Matt Collins, Chief Operating Officer

SUBJECT: Firetrol Protection Systems Contract Renewal – Fire Sprinkler System

DATE: January 2, 2026

Cost:

Fire Sprinkler Inspection (03/01/2026 – 02/28/2029) (per year \$37,075.00)	\$111,225.00
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Contract Total	\$111,225.00
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Background:

This contract renewal will ensure we continue to maintain the highest standards of safety and compliance within our facilities. Regular fire sprinkler inspections are crucial for maintaining a safe environment for our employees and visitors as well as complying with fire safety regulations.

Staffing:

No additional FTE's required

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

N/A

Funding:

Budgeted operational expense



Memorandum

Date: December 22, 2025

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Kim Leftwich, DNP, RN Vice-President / CNO
Matt Collins, COO

From: Michelle Sullivan MSN, RN, ACNO Surgical Services
Jade Barroquillo BSN, RN, Director of Surgical Operations

Re: Placement agreement for 2nd Johnson and Johnson Velys Robot for Total Knee and Hip Replacement Procedures

Total Cost: Annual Net Purchase Requirement of products

1 st year	\$2,694,988
2 nd -4 th year	\$2,827,488
5 th year	\$2,959,988

Our past year (11/2024 to 11/2025) Net Purchase was (\$ 2,562,488)

OBJECTIVE

Increase the growth of our orthopedic service line around total knee and hip replacement procedures by entering into an equipment placement agreement for a second Johnson and Johnson Velys total joint robot. This will allow us to either have 2 different surgeons performing these cases at the same time or swing rooms for the same surgeon. Our goal is to increase our total joint cases by 8 a month.

HISTORY

Our past year (11/2024 to 11/2025) Net Purchase of Johnson and Johnson products was (\$ 2,562,488). To meet the net Purchase amount for the first year, we would need to increase our total joint cases by 4 a month to meet or exceed the yearly contractual agreement. Our goal is to increase our total joint procedures by 8 a month.

We bought the first Velys total joint robot in January 2024 for 450K since then Optum Advisory Services provided MCH with an assessment of growth opportunities in the ortho service line in November which included increasing total joint procedures.

PURCHASE CONSIDERATIONS

This is not a capital purchase. We would acquire the robot through a placement agreement. The equipment is placed in our facility by MCH agreeing to a yearly Net Purchase amount of their products as listed above.

There is a 30 day out clause if we are not meeting volume and buying requirements.

INSTALLATION & TRAINING

Johnson and Johnson will support equipment and software. Johnson and Johnson will in-service staff initially and when current processes change.

WARRANTY AND SERVICE CONTRACT

Manufacturer warranty will be for two years and in year three, we will need to pay 60k for the yearly service agreement.

DISPOSITION OF EXISTING EQUIPMENT

N/A

LIFE EXPECTANCY OF EQUIPMENT

5 years

MD BUYLINE INFORMATION

Meets MD Buyline and Vizient pricing recommendations.

COMMITTEE APPROVAL

ECHD Board

MEMORANDUM

TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Shadow IT - Wireless Management Services

DATE: January 1, 2026

Cost:

Wireless Management Services	\$72,300.00
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Budget Reference:

Wireless Management Services (Annual)	\$72,300.00
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Background:

Effective wireless management is essential for Medical Center Hospital's (MCH) daily operations and patient care. The proposed Managed Services Agreement (MSA) provides comprehensive oversight of the hospital's wireless infrastructure, specifically the Aruba controllers and gateways, to ensure continuous, reliable, and secure network access for staff, patients, and connected medical devices.

The MSA also includes support in the event Wi-Fi issues arise in the production environment, ensuring rapid resolution and minimized downtime. Proactive monitoring and scheduled preventative maintenance are included to identify and remediate potential issues before they impact clinical or operational workflows. In addition, remote support and defined response times further reduce the risk of prolonged outages.

The agreement also provides assistance with Aruba ClearPass to support secure access control and compliance with healthcare data security requirements. Regular performance reporting and access to experienced wireless engineers help ensure the wireless environment remains stable, efficient, and scalable, aligning with MCH's operational demands and long-term IT strategy.

Funding:

Wireless Management Services from vendor, Shadow IT, with annual fee of \$72,300.00 will come from operational budgeted funds for this project.

MEMORANDUM

TO: ECHD Board of Directors

FROM: Sharon Clark, Chief Financial Officer

SUBJECT: ECG Management Consultants,
Addendum for 2025-2026 BCBS Negotiations

DATE: December 31, 2025

Cost:

Reimbursement Assessment & Negotiation Strategy (One time)	\$58,000 - \$83,000
Contract Model to Support Facility Negotiations (One time)	\$18,000 - \$24,000
Negotiation Support (Charged monthly)	\$84,000 - \$180,000
Estimated Total for 12-month Engagement:	\$160,000 - \$287,000

Background:

Our organization's managed care portfolio represents a significant portion of annual revenue and is critical to our financial stability. Over the past several years, payer contract structures have become increasingly complex, including escalating prior authorization requirements and shifts toward bundled and episodic payment models. ECG will evaluate market rate data, industry benchmarks, and comparative analytics to increase MCHS' leverage during negotiations. Given these dynamics, specialized expertise is required to ensure we secure competitive reimbursement rates, mitigate underpayment risk, and strategically position our organization in payer networks.

Our organization previously engaged ECG Management Consultants for payer contract negotiations which generated a significant positive financial impact, demonstrating their effectiveness, negotiation strategy, and ability to materially strengthen our reimbursement position.

Funding:

Operational Budget

Mission:

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

Vision:

MCHS will be the premier source for health and wellness.

ICARE Values:

Integrity | Customer Centered | Accountability | Respect | Excellence

Executive Policy Committee

Team Leader:	Crystal Sanchez	Date:	12/18/2025	Start Time:	1200
Location:	Admin Conference Room A			End Time:	1300

Agenda Item (Topic)	Time Allotted	Presenter	Notes
Meeting Called to Order			1205 (By Don Hallmark)
Review of meeting minutes from previous meeting	1 min	All	<ul style="list-style-type: none"> <i>Motion to approve by Gingie Sredanovich, seconded by Sylvia Rodriguez-Sanchez</i> <i>All members in favor</i>
Old Business			
– N/A			
New Business			
<ul style="list-style-type: none"> Revised Policies (Urgent Care): <ul style="list-style-type: none"> UC-053 Urgent Care Animal Bites UC-057 Urgent Care Orders UC-1000 Urgent Care Treatment of Minors 	10 min	Crystal Sanchez	<ul style="list-style-type: none"> <i>Motion to approve by Gingie Sredanovich, seconded by Sylvia Rodriguez-Sanchez</i> <i>All members in favor</i>
<ul style="list-style-type: none"> Revised Policy (Med Staff): <ul style="list-style-type: none"> MCH Credentials Policy 	10 min	Crystal Sanchez	<ul style="list-style-type: none"> <i>Motion to approve by Staci Ashley, seconded by Sylvia Rodriguez-Sanchez</i> <i>All members in favor</i>
Overdue Policy List	10 min	Crystal Sanchez	<ul style="list-style-type: none"> <i>List given to committee members to follow-up with their teams</i>

Open Forum	15 min		<ul style="list-style-type: none"> • <i>Crystal asked to change the following policies numbers from PI to Med Staff, since that is the responsible department:</i> <ul style="list-style-type: none"> ○ <i>PI-1019 Procedure for Data Collection for Physician Reappointment Profile</i> ○ <i>PI-1021 SIMS Surgical Indication Monitoring System</i> • <i>Motion to approve by Gingie Sredanovich, seconded by Sylvia Rodriguez-Sanchez</i> • <i>All members in favor</i>
Meeting Adjourned			<p>1222 (By Don Hallmark)</p>

Medical Center Health System

Infection Control Risk Assessment FY26

BACKGROUND

As part of its commitment to quality care and service, *Medical Center Health System*, conducts an annual and ongoing infection control risk assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment provides the foundation for Infection Control and Prevention focusses for the upcoming year for infection surveillance, prevention and control activities. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. Potential for specific infections from treatment and care practices, instruments and medical device cleaning, disinfection and handling, environment of care, and other risk identified by the organization.
3. Analysis of surveillance activities and the results of the organization's infection prevention and control data.

SCOPE OF ASSESSMENT

This risk assessment is organization-wide in scope. It covers inpatient, ambulatory and outpatient care settings and includes all patients, visitors and staff.

PROCESS

The risk analysis is conducted and reviewed at least annually and whenever there is a significant change in any of the above factors. The assessment is facilitated by Infection Prevention RN and presented to the Infection Prevention Committee for review and approval as well as Patient Safety Committee and the hospital board of directors.

Once risks are identified, the organization prioritizes those risks that are of epidemiological significance and develops action plans. Certain risks are automatically prioritized based on their nature, scope, and impact on the care, treatment, and services provided.

Specific strategies are developed and implemented to address the prioritized risks. These strategies may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, or combinations thereof. Strategies may differ in approach, form, scope, application, and/or duration depending on the specific risk issue, the care setting(s), and environment involved,

ASSESSMENT FINDINGS / MITIGATION STRATEGIES/ RISK ALLOCATION

The table below outlines the prioritized risks identified as the result of the assessment; provides a brief description of those risks, assigns a risk level (L = Low Risk, M = Moderate Risk, H = High Risk) based on the care setting, outlines – in summary form – actions that have been or will be taken by the organization to address the risks, and how the organization will evaluate the effectiveness of actions taken.

Assess Each Care Setting using the risk tool below.

Inpatient services such as medical surgical, critical care, maternal / child, surgery, and other care units

Ambulatory care services such as outpatient surgery, procedural and diagnostic services, Emergency Department, UC Clinics

Outpatient services such as primary and specialty care clinics, wellness centers, infusion centers, and other services

* For each setting, the risk assessment also takes into account - as applicable - support services such as facilities, environmental services, materials management, sterile supply and processing, dietary, pharmacy, clinical laboratory, and all other departments and services of the organization.

Risk Allocation = The Level of Assessed Risk based on likelihood and consequence, of impact on the organization (Multiply the numbers across assigned to each likelihood and consequence for each location to get the total risk number/level for that location. For each risk use the *highest risk level scored at any location*)

		CONSEQUENCE				
L I K E L I H O O D Of occurrence within the next 12 months		Insignificant 1 No injury or identifiable damage No disruption to service of the organization Financial implications are negligible	Minor 2 Mild injury (resolved in less than 1 month) The impact would threaten the efficiency of some aspect of the organization Some financial implications	Moderate 3 Some injury (resolved in a few months) Disruption to organization could be managed Moderate financial implications	Major 4 Serious injury with possible prolonged disabilities Serious disruption to the organization High financial impact	Catastrophic 5 Death or significant permanent disability Organization unable to function Very high financial implications
	Rare 1 <1% likelihood	Very Low 1	Very Low 2	Low 3	Low 4	Low 5
	Unlikely 2 1-20% likelihood	Very Low 2	Low 4	Low 6	Moderate 8	Moderate 10
	Likely 3 21-49% likelihood	Low 3	Low 6	Moderate 9	Moderate 12	High 15
	Highly Likely 4 50-95% likelihood	Low 4	Moderate 8	Moderate 12	High 16	High 20
	Certain 5 >95% likelihood	Low 5	Moderate 10	High 15	High 20	High 25

HOSPITAL ACQUIRED INFECTION DUE TO INVASIVE DEVICES OR PROCEDURES																			
Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place		How Effectiveness of Strategies is Evaluated																
<p>Potential for Central Line Infections (CLABSI)</p> <p>HIGH</p>	<p>Device Utilization surveillance and review of medical necessity during IP rounds. Staff education on CLABSI prevention. Surveillance of compliance with maintenance and insertion bundle. CAUTI/CLABSI Committee team ongoing review of CLABSI rates and working to implement EBP to help reduce/prevent CLABSI. NHSN reporting when applicable. Monitor CL sites during IP rounds. Complete deep dives on all CLABSIs to identify and improve deficiencies or opportunities identified.</p> <p>Assessed Risk</p> <table> <tr> <th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr> <tr> <td>Inpatient</td><td>5</td><td>5</td><td>25 (High)</td></tr> <tr> <td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr> <tr> <td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr> </table>		Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	5	25 (High)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	<p>Monitor NHSN CLABSI SIR and internal rates. Monitor adherence to CL bundle during IP rounds.</p>
Care Setting	Consequence	Likelihood	Total Score																
Inpatient	5	5	25 (High)																
Ambulatory	5	1	5 (Low)																
Outpatient	5	1	5 (Low)																
<p>Potential for Catheter Associated UTI's (CAUTI)</p> <p>HIGH</p>	<p>Device Utilization surveillance and review of medical necessity daily. Staff education of maintenance and insertion bundle. CAUTI/CLABSI Committee team ongoing review of CAUTI rates and working to implement EBP to help reduce/prevent CAUTI. NHSN reporting when applicable. Nurse driven catheter removal protocol in place. Alternatives to indwelling foley catheters available such as male condom catheter, MaleWick and PureWick. Ongoing education completed as needed on prevention strategies and alternatives to indwelling devices. Education on peri-care to support staff. Bard assessment annually and education as needed. Complete deep dives on all CAUTIs with key staff to identify and improve deficiencies or opportunities identified.</p> <p>Assessed Risk</p> <table> <tr> <th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr> <tr> <td>Inpatient</td><td>5</td><td>4</td><td>20 (High)</td></tr> <tr> <td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr> <tr> <td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr> </table>		Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	4	20 (High)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	<p>Monitor NHSN CAUTI SIR and internal rates. Bard annual assessment. IP Foley rounds.</p>
Care Setting	Consequence	Likelihood	Total Score																
Inpatient	5	4	20 (High)																
Ambulatory	5	1	5 (Low)																
Outpatient	5	1	5 (Low)																
<p>Potential for Ventilator Associate Event (VAE)</p> <ul style="list-style-type: none"> VAC IVAC PVAC <p>HIGH</p>	<p>VAP Bundle Surveillance. Increased acuity of vented patients. Vent settings and bundle reviewed during Patient Safety Rounds and IP rounds. Encourage early ambulation and weaning trials. Monitoring oral care compliance of vented patients. Daily VAE surveillance per NHSN guidelines. VAE ongoing review by key stakeholders. NHSN reporting when applicable. Complete deep dives on all IVAC+ events with key staff to identify and improve deficiencies or opportunities identified.</p> <p>Assessed Risk</p> <table> <tr> <th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr> <tr> <td>Inpatient</td><td>5</td><td>4</td><td>20 (High)</td></tr> <tr> <td>Ambulatory</td><td>5</td><td>2</td><td>5 (Low)</td></tr> <tr> <td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr> </table>		Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	4	20 (High)	Ambulatory	5	2	5 (Low)	Outpatient	5	1	5 (Low)	<p>Monitor NHSN VAE SIR and internal rates. Monitor VAE bundle compliance during IP rounds.</p>
Care Setting	Consequence	Likelihood	Total Score																
Inpatient	5	4	20 (High)																
Ambulatory	5	2	5 (Low)																
Outpatient	5	1	5 (Low)																
<p>Potential for post-op Surgical Site Infections (SSI)</p> <p>HIGH</p>	<p>Ongoing SSI Surveillance for NHSN. Monthly letters sent to surgeons for post discharge SSI surveillance of surgical complications and SSI. Report SSI SIR and rates to key stakeholders. SSI Committee to review current SSIs and implement EBP to prevent/decrease SSIs. NHSN reporting where applicable. Implemented COLO bundle. Ongoing education to staff and patients on SSI prevention. Surgeon education on PATOS documentation completed. Pre-op and post-op nasal decolonization implemented. Complete deep dives on SSIs to identify and improve deficiencies or opportunities identified.</p> <p>Assessed Risk</p> <table> <tr> <th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr> <tr> <td>Inpatient</td><td>5</td><td>4</td><td>20 (High)</td></tr> <tr> <td>Ambulatory</td><td>5</td><td>3</td><td>15 (High)</td></tr> <tr> <td>Outpatient</td><td>5</td><td>3</td><td>15 (High)</td></tr> </table>		Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	4	20 (High)	Ambulatory	5	3	15 (High)	Outpatient	5	3	15 (High)	<p>Monitor NHSN SSI SIR and internal rates. IP OR rounding and post op checks.</p>
Care Setting	Consequence	Likelihood	Total Score																
Inpatient	5	4	20 (High)																
Ambulatory	5	3	15 (High)																
Outpatient	5	3	15 (High)																
POTENTIAL FOR TRANSMISSION OF INFECTIONS																			
<p>Potential for transmission of infectious pathogens on healthcare personnel hands due to non-compliance with CDC and/or WHO guidelines and recommendations for hand hygiene</p> <p>MODERATE</p>	<p>Hand Hygiene (HH) education is provided to all staff during general orientation. Additional hand hygiene champions/ observers added. "Just in time" coaching provided by HH observers. Unit specific HH education as needed. Alcohol-based hand rub, soap, water, and sinks are readily accessible in appropriate locations including, but not limited to, patient care areas and food and medication preparation areas. Ongoing evaluation of HH products, location, and availability. Additional hallway sinks, hand sanitizer dispensers and lotion dispensers have been added for HH product availability. Changed to Symmetry HH products in 2023 main campus. Clinics in 2024. HH education to patients and visitors completed during admission/visit. Added signage for HH reminders throughout facility. Ongoing monitoring and modification as needed by HH and IP committee. HH compliance YTD for FY25 98.33%</p> <p>Assessed Risk:</p> <table> <tr> <th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr> <tr> <td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr> <tr> <td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr> <tr> <td>Outpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr> </table>		Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	2	10 (Moderate)	<p>Direct observation and recording and trending of hand hygiene compliance. Sharing HH compliance data with key stakeholders</p>
Care Setting	Consequence	Likelihood	Total Score																
Inpatient	5	2	10 (Moderate)																
Ambulatory	5	2	10 (Moderate)																
Outpatient	5	2	10 (Moderate)																

Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place	How Effectiveness of Strategies is Evaluated																
Potential for unprotected exposure to pathogens throughout the organization due to non-compliance with policies addressing category or disease specific isolation, standard and enhanced precautions. MODERATE	<p>Education of related policies and procedures for all staff. Annual PPE donning/doffing education. Isolation alerts added to new call bell system. Isolation orders placed by EMR when infectious pathogen identified or testing for infectious diseases ordered. Daily review of isolation orders and need for continued isolation by IP. Isolation compliance rounding by IP with "Just in time" coaching and unit specific education as needed.</p> <p>Assessed Risk:</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	2	10 (Moderate)	Monitoring of annual review of PPE with record of completion reports in Symplr Learning. Compliance with PPE and isolation monitored during EOC and IP rounds
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	2	10 (Moderate)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	5	2	10 (Moderate)															
Potential for transmission of infection from medical equipment, and medical devices due to inappropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, or inadequate use of appropriate personal protective equipment for equipment cleaning. LOW	<p>Appropriate wet/contact times for Low level Disinfection completed on hire and annually. Education during General Nursing Orientation, with focus on 3 levels of disinfection, appropriate wet/contact times, appropriate PPE to wear during disinfection, instrument disinfecting processes, precleaning and reprocessing. Staff educated on manufacture's recommendation for disinfecting all shared equipment as well as separation of clean and dirty. Low level Disinfection wipes for use throughout MCHS for noncritical "shared equipment". Trimedx cleans and bags IV pumps, SCDs, and feeding pumps. Monthly ATP testing completed on pumps disinfected by Tirmedx. Trimedx pass on ATP testing > 96% over last year. High level disinfection completed for semi critical items. All sterile processing completed in SPD. Internal and external chemical indicators in use. Limited access to Sterile Processing Department. Re-organized racks at autoclave with color coding for distinction of quarantined items. Two-person validation in place. All disposable equipment is disposed appropriately after use. All items disinfected per manufacture's recommendations. Cabinets available for clean scope storage. IP rounding to spot check equipment cleaning and appropriate disposal of supplies. Infectious waste and sharps are disposed in clearly marked, leak-proof receptacles.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	1	5 (Low)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	Monitor completion of Symplr Learning education as well as monitoring compliance with processes during EOC and IP rounds.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	1	5 (Low)															
Ambulatory	5	1	5 (Low)															
Outpatient	5	1	5 (Low)															
Potential for infection due to prolonged wait times in common areas and potential exposure to infectious individuals. LOW	<p>Hand sanitizers and PPE available in waiting areas. Signs in waiting areas with reminders to cover cough/sneezes, perform hand hygiene and notify staff of potential exposures to infectious diseases. Education given to staff through Symplr Learning, and General Orientation on standard and enhanced isolation precautions. Masking as recommended per CDC guidelines. Mask offered to patients with respiratory symptoms. Infectious Disease screening completed on admission. Direct patient bedding process in ED to minimize wait times. Online check in and wait in vehicle option available at UC.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	1	5 (Low)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	Monitor completion of Symplr Learning. Evaluation during walk through, observation drills and compliance monitoring during EOC and IP rounds.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	1	5 (Low)															
Ambulatory	5	1	5 (Low)															
Outpatient	5	1	5 (Low)															
ACQUISITION AND TRANSMISSION OF MDROs																		
Potential for acquisition and transmission of MDROs that carry the potential for increased transmission among patients and staff such as: • MRSA • VRE • CDI • ESBL • CRE • VRSA • C auris LOW	<p>Follow policy for standard and isolation precautions (MCH-1200), and policy on preventing the introduction and/or transmission of MDROs (MCH- 1201). Staff educated on appropriate HH and PPE use on hire and annually in Symplr Learning. Daily surveillance by IP of patient isolation orders with recommendations for continuing or discontinuing isolation. Protocol in CPOE for ordering isolation when MRSA, VRE, ESBL, or CRE are identified by lab. Protocol in CPOE for ordering isolation when CDI testing is ordered. CDI surveillance and reporting where applicable. Trend and report CDI and MRSA Bact. rates to stakeholders and complete re-education as needed. Nursing and Provider C diff EBBP Guidelines Education and test interpretation completed. MRSA Bacteremia surveillance and reporting where applicable. Collaborate with antibiotic stewardship program to identify and control epidemiologically important MDROs and monitor antibiotic use. Collaborate with pharmacy and microbiology to ensure prompt notification of IP when a resistance pattern based on microbiology results is detected. Collaboration with EVS on proper cleaning of isolation rooms. MRSA nasal decolonization process in place. MDRO Committee to complete deep dives on all MRSA bacteremia and CDI events with key staff to identify and improve deficiencies or opportunities identified.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	1	5 (Low)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	Monitor for increased incidence of MRSA, VRE, CDI, ESBL, and CRE. Monitor completion of PPE education in Symplr Learning. Monitoring adherence to isolation precaution, and compliance with PPE and hand hygiene during walk throughs of EOC and IP rounds. Monitor equipment cleaning. Monitor MRSA bacteremia and CDI rates. Antibiotic stewardship and microbiology reports.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	1	5 (Low)															
Ambulatory	5	1	5 (Low)															
Outpatient	5	1	5 (Low)															

Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place	How Effectiveness of Strategies is Evaluated																
<p>Community Incident of MDRO creating potential for increased transmission among staff and patients</p> <p>LOW</p>	<p>Collaborate with Ector County Health Department for notification on community transmission of MDROs. Follow policy for standard and isolation precautions (MCH-1200), and policy on preventing the introduction and/or transmission of MDROs (MCH- 1201). Staff educated on HH and appropriate use of PPE completed on hire and annually in Net Learning. Partner with Microbiology and Pharmacy to identify MDROs. Vigilanz monitoring and alerts for MDROs. We have seen an increase in community onset MRSA Bacteremia and CDI over the last year.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Ambulatory</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	1	5 (Low)	Ambulatory	5	1	5 (Low)	Outpatient	5	1	5 (Low)	<p>Monitor incidence of MDROs, adherence to isolation precaution, PPE and hand hygiene compliance during EOC and IP rounds. Monitor Local Health Department reports of community transmission, review Antibiotic stewardship, and microbiology reports.</p>
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	1	5 (Low)															
Ambulatory	5	1	5 (Low)															
Outpatient	5	1	5 (Low)															
ANTIBOTIC STEWARDSHIP																		
<p>Potential for lack of compliance with Antibiotic monitoring through Antibiotic Stewardship Program</p> <p>LOW</p>	<p>Antimicrobial Stewardship Program has become more fine-tuned within the healthcare organization and development of the organizations antibiogram. Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patters in healthcare system. NHSN reporting as needed.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr><tr><td>Ambulatory</td><td>3</td><td>2</td><td>6 (Low)</td></tr><tr><td>Outpatient</td><td>3</td><td>5</td><td>15 (High)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	1	5 (Low)	Ambulatory	3	2	6 (Low)	Outpatient	3	5	15 (High)	<p>NHSN antibiotic utilization reports to be reviewed and reported out in Antimicrobial Stewardship committee and trends identified to be reported up in IP committee.</p>
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	1	5 (Low)															
Ambulatory	3	2	6 (Low)															
Outpatient	3	5	15 (High)															
<p>Potential for MDROs due to over utilization of antibiotics</p> <p>HIGH</p>	<p>Antimicrobial Stewardship Program has become more fine-tuned within the healthcare organization and development of the organizations antibiogram. Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patters in healthcare system. NHSN reporting as needed. Antibiotic stewardship taking on new projects in FY25 to deescalate antibiotics sooner for inpatient locations.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>4</td><td>20 (High)</td></tr><tr><td>Ambulatory</td><td>5</td><td>4</td><td>20 (High)</td></tr><tr><td>Outpatient</td><td>5</td><td>4</td><td>20 (High)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	4	20 (High)	Ambulatory	5	4	20 (High)	Outpatient	5	4	20 (High)	<p>NHSN antibiotic utilization reports to be reviewed and reported out in Antimicrobial Stewardship committee and trends identified to be reported up in IP committee.</p>
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	4	20 (High)															
Ambulatory	5	4	20 (High)															
Outpatient	5	4	20 (High)															
EMPLOYEE HEALTH																		
<p>Potential for lack of staff compliance with Influenza vaccination program goal of > 86%</p> <p>MODERATE</p>	<p>Annual offering of influenza vaccination for all employees. Flu vaccination clinics during day and evening shifts, and weekends. Employee must wear mask if they have not been vaccinated for flu during peak of season and as needed. NHSN reporting as needed. Flu policy in place.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>3</td><td>15 (High)</td></tr><tr><td>Ambulatory</td><td>3</td><td>3</td><td>9 (Moderate)</td></tr><tr><td>Outpatient</td><td>3</td><td>3</td><td>9 (Moderate)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	3	15 (High)	Ambulatory	3	3	9 (Moderate)	Outpatient	3	3	9 (Moderate)	<p>Monitor employees for appropriate immunization identification during flu season. Flu vaccine compliance rate report by Health and Wellness to directors and IP committee.</p>
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	3	15 (High)															
Ambulatory	3	3	9 (Moderate)															
Outpatient	3	3	9 (Moderate)															
<p>Potential for lack of Compliance with Annual TB screening and Health requirements per policy MCH-3029.</p> <p>LOW</p>	<p>Policy MCH- 3029 Health and wellness program specifies yearly requirements for employees, pre-employment requirements, and requirements for students. Employees will receive an annual TB screening. An annual Respiratory Fit Test is required for those who have direct patient contact/care. Extra N95 fit test offered. Employees will need to be evaluation yearly at their annual evaluation date prior to being released by HW to continue to work.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>2</td><td>2</td><td>4 (Low)</td></tr><tr><td>Ambulatory</td><td>2</td><td>2</td><td>4 (Low)</td></tr><tr><td>Outpatient</td><td>2</td><td>2</td><td>4 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	2	2	4 (Low)	Ambulatory	2	2	4 (Low)	Outpatient	2	2	4 (Low)	<p>Compliance with TB screen and Fit Test rates reported and reviewed via IP committee.</p>
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	2	2	4 (Low)															
Ambulatory	2	2	4 (Low)															
Outpatient	2	2	4 (Low)															

Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place	How Effectiveness of Strategies is Evaluated
Potential for exposure to bloodborne pathogens 		

Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place	How Effectiveness of Strategies is Evaluated																
ENGINEERING																		
Potential for failure to identify and mitigate infection risk associated with construction and renovation through the infection control risk assessment (ICRA) HIGH	Policy IC- 1054 addresses the infection control risk assessment (ICRA) process. Weekly meeting with Construction team. Collaboration with engineering on ICRAs. ICRA's completed and signed prior to start of Construction. IP completes routine rounding on construction areas. Monitoring of pressure relations. Large scale constructions planned for next few years. Implemented new rounding tool (Sentact Rounding). Assessed Risk <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>3</td><td>15 (High)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>3</td><td>2</td><td>6 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	3	15 (High)	Ambulatory	5	2	10 (Moderate)	Outpatient	3	2	6 (Low)	IP rounds on construction sites to ensure ICRA is being followed. Report out at IP and EOC Committees. Reports in Sentact Reporting tool.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	3	15 (High)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	3	2	6 (Low)															
Potential for increased risk of infection due to lack of ventilation, temperature and humidity monitoring/control HIGH	Engineering uses the Centers for Medicare and Medicaid (CMS) ventilation requirements per ASHRAE standard 170 for ventilation standards. Temperature and humidity are monitored using Insight. Insight provides alerts when temperature is out of range, and these are reviewed and corrected by engineering. Monthly reports are sent to IP for review. Assessed Risk <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>3</td><td>15 (High)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>3</td><td>2</td><td>6 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	3	15 (High)	Ambulatory	5	2	10 (Moderate)	Outpatient	3	2	6 (Low)	Monthly reports are sent to IP for review
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	3	15 (High)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	3	2	6 (Low)															
Potential for failure to identify and mitigate risk from water borne pathogens MODERATE	Policy MCH-1204 addresses minimizing risk of legionella associated with building water system. Monthly and as needed monitoring of water system completed, and a copy sent to IP. Legionella risk assessment completed to be updated annually and/or when there are changes to the water supply system. Assessed Risk <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	1	5 (Low)	Monitor/evaluate monthly water quality reports
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	2	10 (Moderate)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	5	1	5 (Low)															
LAB/MICRO																		
Potential for failure to meet Blood Culture Contamination Rate Goal is less than 2% LOW	Surveillance and reporting via micro department with report out to clinical leaders. Education offered by lab and unit specific nurse educator. Blood Culture Committee to evaluate current process and implement EBP to decrease blood culture contamination. Kurin diversion device in use and we have maintained blood culture contamination rates below 2% for prior years. Continue ongoing surveillance and mandatory reporting for MRSA bacteremia and CLABSIs as needed. Assessed Risk <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>3</td><td>2</td><td>6 (Low)</td></tr><tr><td>Ambulatory</td><td>3</td><td>2</td><td>6 (Low)</td></tr><tr><td>Outpatient</td><td>2</td><td>1</td><td>2 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	3	2	6 (Low)	Ambulatory	3	2	6 (Low)	Outpatient	2	1	2 (Low)	Review of products for blood culture collection and technique. Blood culture contamination rates reviewed regularly at IP and Blood Culture Committees.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	3	2	6 (Low)															
Ambulatory	3	2	6 (Low)															
Outpatient	2	1	2 (Low)															
HEMODIALYSIS																		
Potential for lack of Hemodialysis Monitoring MODERATE	Hemodialysis is contracted to Fresenius. Fresenius provides staff and completes machine maintenance and water quality testing. IP completes periodic reviews of water quality testing, hand hygiene compliance, safe injection practices, use of appropriate PPE, compliance with regular and biohazard waste, cleaning and disinfection of environmental surfaces and external surfaces of HD machines during IP and EOC rounds. Assessed Risk <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>5</td><td>1</td><td>5 (Low)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	1	5 (Low)	Monitored during IP and EOC rounds and water quality reports.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	2	10 (Moderate)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	5	1	5 (Low)															

Risk Description	Summary of Risk Mitigation Strategies AND Risk Assessment with mitigations in place	How Effectiveness of Strategies is Evaluated																
EMERGENCY MANAGEMENT																		
Potential for exposure form Community-wide outbreaks of communicable diseases (such as Measles, SARS, influenza, or RSV) that carry the potential of adversely impacting operations and service capabilities MODERATE	<p>Developed policies and procedures to manage COVID-19 and other highly infectious diseases. Employee daily self-monitoring for s/s of infectious illness. Screen patients for infectious diseases on admission. Collaboration with local and state health departments for management of community outbreaks. Employee Health will complete tracking of exposures and clear employees when criteria is met to returns to work following CDC and/or local health department guidance.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	2	10 (Moderate)	Ongoing monitoring and collaboration with local and state health departments. Evaluation and walk-through observations during EOC and IP rounds. Evaluation during drills.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	2	10 (Moderate)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	5	2	10 (Moderate)															
Potential for a bioterrorism event that would require specific responses from the organization to successfully meet the threat MODERATE	<p>Developed policies and procedures for highly infectious diseases. Collaborate with County and State on response. Continued surveillance and screening of patients. Schedule drills with PPE Donning and Doffing Training. Donning and Doffing education annually.</p> <p>Assessed Risk</p> <table><tr><th>Care Setting</th><th>Consequence</th><th>Likelihood</th><th>Total Score</th></tr><tr><td>Inpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Ambulatory</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr><tr><td>Outpatient</td><td>5</td><td>2</td><td>10 (Moderate)</td></tr></table>	Care Setting	Consequence	Likelihood	Total Score	Inpatient	5	2	10 (Moderate)	Ambulatory	5	2	10 (Moderate)	Outpatient	5	2	10 (Moderate)	Monitor/evaluate drills and PPE Donning and Doffing. Monitor compliance with policies.
Care Setting	Consequence	Likelihood	Total Score															
Inpatient	5	2	10 (Moderate)															
Ambulatory	5	2	10 (Moderate)															
Outpatient	5	2	10 (Moderate)															

		Date
Completed by Infection Prevention Officer in collaboration with IP Committee Members	Brenda Dalrymple RN, BSN, CIC	August 18, 2025
Approved by Infection Prevention Medical Director	Dr. Eduardo Jose Morfa Romero	Tentative August 20, 2025
Approved by IP Committee	IP Committee	Tentative August 20, 2025
Approved by Patient Safety Committee	PS Committee	Tentative September 9, 2025
Approved by Board of Directors	MCH Board of Directors	Tentative October 2025

MEDICAL CENTER HEALTH SYSTEM ANNUAL EVALUATION OF THE PATIENT SAFETY PROGRAM AND PLAN FY2026

PURPOSE

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

PROGRAM GOALS

The goal of the infection prevention program is to identify high priority areas within Medical Center Health System and the community served and to evaluate, develop, and implement specific strategies to prioritize and mitigate these risks.

Strategies to mitigate risk may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, modifications to disinfection or cleaning of medical equipment, devices, and supplies or a combination of any of the these.

PROGRAM SCOPE

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

INFECTION PREVENTION AND CONTROL GUIDELINES

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

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

INFECTION CONTROL RISK ASSESSMENT

The organization conducts a periodic assessment of the risk(s) for patient safety events. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
 - a. Medical Center Health System (MCHS) is a 402-bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principal industry is oil and gas related service. The population of Ector County is approximately 171,368 (United States Census Bureau 2025). Medical Center Health System (MCHS) serves seventeen (17) counties, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico, therefor patients could possibly be from out of

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

- b. Emerging/ Reemerging problems in the Healthcare Community: MCHS keeps abreast of infection control related issues occurring in the healthcare community, emerging or reemerging problems by maintaining close collaboration with the public health departments.
 - i. Ector County Health Department is a county funded Health Department within the Department of State Health Services (DSHS) Region 9/10 with the main office being in El Paso TX and a satellite office located 20 mile east of Odessa in Midland TX.
 - ii. MCHS IP department also participates in regional healthcare and epidemiology meetings provided by DSHS.

2. The care, treatment, and services provided:

- 20 bed Medical-Surgical ICU2
- 20 bed Cardiac Critical Care ICU4
- 30 bed Level 3 NICU
- 19 bed pediatric unit
- 24 bed Observation unit
- Inpatient medical, medical/surgical, oncology, orthopedic, stroke, and telemetry services
- Internal and Family Medicine Services
- Stroke Services
- In and out-patient Endoscopy
- Surgical Services on the main campus and at Wheatley Stewart Medical Pavilion
- Inpatient hemodialysis and peritoneal dialysis
- In and out-patient Cardiac Rehabilitation
- Infusion Services
- Laboratory Services
- In and out-patient Physical/Occupational/Speech therapy
- Family Health Clinics
- MCH Urgent Care sites
- Extensive Radiology services
- Laboratory services
- 24-hour inpatient Pharmacy
- Emergency Room
- The Center for Health and Wellness OB/GYN (In and out-patient services)
- Women and Infant Services
- Cardiology
- Cardiovascular Care
- Gastroenterology
- Endocrinology
- Urology
- Speech/occupational/ and physical therapy
- Pain Management
- Telehealth Services

3. Analysis of surveillance activities and the results of MCH's infection prevention and control data is collected and evaluated by but not limited to:

- a. The CERNER Electronic Health Record, which was implemented on April 01, 2017, and provides the data base for all patient information. This allows Infection Prevention and other departments to retrieve reports and provide clinical data to assist with management and reporting of infectious diseases.

- b. The Cerner system provides customized reports for management of significant hospital trends. These reports require collaboration with the Cerner support team, IT, and Infection Prevention to ensure customization and verification of reports for surveillance and reporting.
- c. NHSN Data uploads and reports are also utilized for tracking and trending HAIs.
- d. Infection Prevention evaluation and observations during infection prevention and EOC rounds.
- e. Sentact Rounding tool and reports will be utilized starting in FY25.

The infection control risk assessment is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The most recent risk assessment required the following changes in the infection control program. Any unresolved goals for fiscal year ending September 30, 2025, may be continued as priorities for Infection Prevention or other departments with periodic evaluation of performance to determine any continued unresolved issues. The following priorities are listed by level of assessed risk from the annual risk assessment and not in order of priority in each section.

FY26 **High Risk priority** areas identified by the Annual Infection Control Risk Assessment include:

1. Potential for Central Line Associated Blood Stream Infections: Due to ongoing CLABSIs in FY25 and the potential consequence and nature of these infections, prevention of CLABSIs will remain a high priority for infection prevention in FY26. Continue ongoing surveillance and implementation of EBBP to reduce/prevent CLABSIs.
2. Potential for Catheter Associated Urinary Tract Infections: We have seen a decrease in CAUTIs, however due to the potential consequence and the nature of these infections, prevention of CAUTIs will remain a high priority for infection prevention in FY26. Continue ongoing surveillance and implementation of EBBP to reduce/prevent CAUTIs.
3. Potential for Ventilator Associate Event (VAE): We have noticed an increased acuity of vented patients and a slight increase in VAE over the past year therefore VAE prevention will remain a high priority for infection prevention in FY26. Continue ongoing surveillance and implementation of EBBP to reduce/prevent VAEs.
4. Potential for Surgical Site Infections: We have seen a decrease in SSIs however due to the nature of these infections, SSIs prevention will remain a high priority for infection prevention in FY26. Continue ongoing surveillance and implementation of EBBP to reduce/prevent SSIs.
5. Potential for MDORs due to over utilization of antibiotics: Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patterns in healthcare system. NHSN reporting as needed. Antibiotic stewardship taking on new projects in FY26 to deescalate antibiotics sooner for inpatient locations. MDRO prevention will remain a high priority for infection prevention in FY256. Continue ongoing surveillance and implementation of EBBP to reduce/prevent MDROs.
6. Potential for failure to identify and mitigate infection risk associated with construction and renovation through the Infection Control Risk Assessment (ICRA): Construction and Renovation plans are an ongoing part of operations, increasing the need for ICRA collaboration, surveillance and monitoring during the construction/renovation activity. Continue weekly meetings with engineering and construction team. Follow MCH policy 1054. ICRAs addressed and approved prior to start of construction. Ongoing surveillance of construction projects as needed. Due to ongoing construction projects planned for FY25, ICRAs will remain a high priority for infection prevention in FY26.
7. Potential for increased risk of infection due to lack of ventilation, temperature and humidity monitoring/control: Engineering uses the Centers for Medicare and Medicaid (CMS) ventilation requirements per ASHRAE standard 170 for ventilation standards. Temperature and humidity are monitored using Insight. Insight

provides alerts when temperature or humidity go out of range, and these are promptly reviewed and corrected by engineering. Due potential consequence associated with this risk; this will remain a high priority for infection prevention in FY25. Continue ongoing surveillance and implementation actions to reduce/prevent risk associated with ventilation, temperature, and humidity.

FY26 **Moderate Risk priority** areas identified by the Annual Risk Assessment include:

1. Potential for transmission of infectious pathogens on healthcare personnel hands due to non-compliance with CDC and/or WHO guidelines and recommendations for hand hygiene: Due to the high consequences of transmission of pathogens on staff's hands, HH will remain a priority for infection prevention in FY26. Continue ongoing surveillance and implementation of EBBP to improve compliance with hand hygiene practices.
2. Potential for lack of staff compliance with influenza vaccination program goal of > 86% immunization rate: Several free influenza vaccine clinics offered by health and wellness to MCHS employees, medical staff, volunteers, and contract staff. We will re-evaluate current immunization policy and revise as necessary before each flu season. Strongly encouraging staff to stay up to date with vaccines. Implemented additional mitigation measures for those not up to date with vaccines. Monitor employees for appropriate immunization identification during flu season. Flu vaccine compliance rate report out by Health and Wellness to IP committee. NHSN reporting as needed.
3. Potential for exposure to bloodborne pathogens: Policy MCH-2043 exposure control plan provides guidelines to prevent or minimize occupation exposure of employees to bloodborne pathogens and other potentially infectious material. Engineering controls are instituted whenever and wherever practical to eliminate or minimize employee exposure to blood or other potentially infectious materials. Blood spills are promptly cleaned up with EPA-registered disinfectants. Infectious waste and sharps are disposed in clearly marked, leak-proof receptacles. Education on bloodborne pathogens completed on hire and annually. Hep B vaccine offered free to all staff with potential exposure. Due to the risk associated with these exposures, prevention of exposure to bloodborne pathogens will remain a priority for infection prevention in FY26.
4. Potential for lack of sterilizer monitoring of contamination of sterile items: Sterilizers tested per manufacturer's recommendations. Logs maintained by SPD and reviewed periodically by IP. All sterile processing completed in SPD. Internal, external, and chemical indicators in use. Re-organized racks at autoclave with color coding for distinction of quarantined items. Two-person validation in place. Temp and Humidity Monitoring of areas with sterile reprocessed instruments. Use of engineered cabinets to control Temp and Humidity for sterile instrument outside of central storage. Limited access to Sterile Processing Department and sterile storage. IP rounding in SPD. SPD report out at IP committee meeting.
5. Potential for transmission of infections due to failure to meet environmental cleanliness standards: Cleanliness is essential for every healthcare setting. All treatment areas, equipment and surfaces are to be kept free of blood, mold, and accumulation of dirt or dust and other potentially infectious materials. EVS participates in EOC rounding and addresses EVS issues. IP collaborates with EVS on room cleaning. Implemented new rounding tool (Sentact Rounding). Cleanliness of the environment will continue to be a priority for IP in FY26.
6. Potential for failure to Identify and mitigate risk from water borne pathogens: Policy MCH-1204 addresses minimizing risk of legionella associated with building water system. Monthly and as needed monitoring of water system completed, and a copy sent to IP. Legionella risk assessment to be completed annually in collaboration with Engineering, safety officer and IP.
7. Potential for lack of Hemodialysis monitoring: Hemodialysis is contracted to Fresenius. Fresenius provides staff and completes machine maintenance and water quality testing. IP completes periodic reviews of water quality

testing, hand hygiene compliance, safe injection practices, use of appropriate PPE, compliance with regular and biohazard waste, cleaning and disinfection of environmental surfaces and external surfaces of HD machines during IP and EOC rounds.

8. Potential for exposure form Community-wide outbreaks of communicable diseases (such as Measles, SARS and influenza) that carry the potential of adversely impacting operations and service capabilities: Developed policies and procedures to manage COVID-19, Flu, RSV and other highly infectious diseases. Collaboration with local and state health departments for management of community outbreaks. Due to the consequence associated with this risk, this will remain a priority for infection prevention in FY26.
9. Potential for a bioterrorism event that would require specific responses from the organization to successfully meet the threat: Developed policies and procedures for highly infectious diseases. Collaborate with County and State on response. Continued surveillance and screening of patients. Schedule drills with PPE Donning and Doffing Training. Donning and Doffing education annually.
10. Potential for unprotected exposure to pathogens throughout the organization due to non-compliance with policies addressing category of disease specific isolation and other precautions: Policy in place. Daily surveillance of isolation patients and review of orders. Protocols in EMR for ordering isolation. IP monitoring of compliance. Due to the high consequences of transmission of pathogens, this will remain a priority for infection prevention in FY26.

FY26 **Low Risk priority** remain on infection prevention watchlist for FY25 with continued surveillance and adjustments as indicated. **Low Risk priority** areas identified by the Annual Risk Assessment include:

1. Potential for transmission of infection from medical equipment, and medical devices due to inappropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, or inadequate use of appropriate personal protective equipment for equipment cleaning: Disposable equipment is used whenever possible and disposed of after each use. All shared equipment is disinfected between patients. Education on disinfection and appropriate wet/contact times, precleaning instruments and appropriate PPE to use for each is completed on hire and annually as well as staff educated on separation of clean and dirty. All sterilization of equipment is completed in SPD following manufacturer's recommendations, AAMI and AORN guidelines. High level disinfection completed for semi critical items. CDC guidelines for reprocessing Endo scopes are followed and Endo scopes are stored vertically in a way to prevent recontamination and promote drying. Temp and humidity are monitored in sterile equipment storage areas. Added temp and humidity monitored cabinets for sterile supplies have been added. IUUS was eliminated by adding more one-of-a-kind sets, and quantity of one-of-a-kind instruments. Limited access to Sterile Processing Department. There are separate areas for clean and soiled equipment throughout facility. Trimedx cleans and bags IV pumps, SCDs, and feeding pumps. Monthly ATP testing completed on pumps disinfected by Tirmedx which yielded a >96% pass rate for FY25. Due to risk for cross contamination associated with equipment, this will remain a priority for infection prevention in FY26.
2. Potential for infection due to prolonged wait times in common areas and potential exposure to infectious individuals: Direct patient bedding process in ED to minimize wait times. Online check in available at UC. Hand sanitizer and PPE available in waiting areas and sign with reminders to cover cough/sneezes and how to dispose of tissues and sanitize hands. Education to staff on standard and enhanced precautions. Due to the consequence associated with this risk, this will remain a priority for infection prevention in FY25.
3. Potential for acquisition and transmission of MDROs that carry the potential for increased transmission among patients and staff such as: MRSA, VRE, CDI, ESBL, CRE, VRSA, C auris and Community Incident of MDRO creating potential for increased transmission among staff and patients: We did see a decrease in

LabID CDI and MRSA bacteremia in FY25 however because of continued occurrence and due to the consequence associated with this risk, this will remain a priority for infection prevention in FY26.

4. Potential for community Incident of MDRO creating potential for increased transmission among staff and patients: We have seen a decrease in community acquired MDROs as well as a decrease in hospital acquired CDI and MRSA bacteremia over the last year therefore, we are lowering the risk level for MDRO potential for transmission. IP will continue to monitor and report when necessary, in FY26.
5. Potential for lack of compliance with Antibiotic monitoring through Antibiotic Stewardship Program: Antimicrobial Stewardship Program has become more fine-tuned within the healthcare organization. Antimicrobial Stewardship meets monthly and collaborate with Infectious Disease MD, microbiology, and the Infection Prevention Committee. Continued monitoring of antibiotic usage and MDRO resistance patterns in healthcare system. NHSN reporting as needed.
6. Potential for lack of Compliance with Annual TB screening and Health requirements per policy MCH-3029: Policy MCH- 3029 Health and wellness program specifies yearly requirements for employees, pre-employment requirements, and requirements for students. Employees will receive an annual TB screening. An annual Respiratory Fit Test is required for those who have direct patient contact/care. Employees will need to be evaluation yearly at their annual evaluation date prior to being released by HW to continue to work.
7. Potential for exposure to foodborne pathogens: Hand washing is required prior to handling food. Food is prepared in a clean area and is cooked and kept at appropriate temperature. Dishwashers reach thermal disinfection temperatures. No employee food and drinks in patient care areas per OSHA standard. Designated OASIS areas on each unit for drinks. Hand hygiene products and stations available in breakrooms.
8. Potential for exposure to pathogens on linens due to lack of linen processing center oversight: Linens are washed and processed by Texas Healthcare Linen plant in Abilene, Texas. MCH is part ownership and has direct oversight of Texas Healthcare Linen. Texas Healthcare Linen provides quality reports to MCH. IP completes routine visits to check on processes as well as routine linen checks.
9. Potential for failure to meet blood culture contamination goal of <2%: Kurin diversion device in use and we have maintained blood culture contamination rates below 2% for prior 24 months. Will continue to monitor and adjust risk accordingly.

SUCCESS OF INFECTION CONTROL INTERVENTIONS

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

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

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

The organization undertook several initiatives to prevent and control infection during the evaluation period of FY25. A summary of the effectiveness of significant interventions is noted below as well as interventions in place listed in the risk assessment.

1. Maintained CAUTI in FY2025 (lower is better): CAUTI rate has increased slightly from a rate of 0.44/1000catheter days in FY24, to 0.5 as of July 2025. The total number of occurrences has remained the same. CAUTI committee continues to collaborate with stakeholders to implementing EBBP to decrease CAUTIs. Daily focused review of indwelling urinary catheter device utilization and appropriate indication for use. Nurse driven protocol for foley catheter removal implemented. Education completed annually and as needed on CAUTI prevention strategies, and use of external devices as foley alternatives. Continue ongoing surveillance for CAUTIs based on NHSN criteria. Monitor NHSN SIR, internal rates as well as CMS national comparison reports and adjust practices as indicated per evidence-based practice.
2. Decrease in CLABSI rates in FY2025 (lower is better): CLABSI rate decreased by over 20% from 1.19/1000CLdays in FY24 to 0.93 as of July 2025. The IP department will continue to collaborate with key leadership to reduce this rate. Daily focus review of central line utilization and appropriate use. IP will collaborate with providers for appropriate use and appropriateness of culture collection. Continue ongoing surveillance and reviews of central line insertion and maintenance bundles. Provide additional culture collection education for staff biannually and as needed. CLABSI committee is working on implementing EBBP to decrease CLABSIs. Continue ongoing surveillance for CLABSIs based on NHSN criteria. Monitor NHSN SIR and internal rates as well as CMS national comparison reports and adjust practices as indicated per evidence-based practice. Continue Nasal decolonization for patients with CL.
3. Slight Increase in COLO SSI rate in FY 2025 from 2.47 to 3.01 infection rate through June of 2025 (lower is better) however the total number of SSIs has remained the same: SSI Committee has reconvened to address and implement EBBP guidelines for prevention of Post-op Surgical Site Infections. Pre-op nasal decolonization of Staph aureus approved implemented Aug 2022 for COLO, CABG, HPRO, and KPROs. COLO bundle implemented fall of 2023. SSI Committee is working on COLO SSI prevention bundle to standardize care. Continue ongoing surveillance for SSIs based on NHSN criteria. Monitor NHSN SIR and internal rates and adjust practices as indicated per evidence-based practice.
4. Increase in IVAC Plus rates in FY25 (lower is better): Increased in IVAC+ rate from 2.41 in FY24 to 3.86 per 1000 vent days in FY25. Continue with VAP bundle, vent setting review, and oral care compliance during patient safety rounds and IP rounds. VAE surveillance per NHSN guidelines and reporting as applicable. Monitor NHSN SIR, internal rates as well as CMS national comparison reports and adjust practices as indicated using evidence-based practice.
5. Increase in Hand Hygiene Compliance in FY24 (higher is better): Overall hand hygiene compliance has increased from 98.17% in FY24 to 98.43% as of July 2025. The total number of hand hygiene observations per month tripled in FY2023 compared to FY22 and has maintained over 200 observations per unit for 3 consecutive years. HH champions/observers has also doubled. Additional hand hygiene observers have completed training classes and are submitting hand hygiene observations. Hand hygiene education for all staff via new employee orientation, yearly and ongoing on the spot training. Hallway sinks have been added for availability. EVS rounding to ensure hand hygiene products are available and soap dispensers and hand sanitizers are functioning properly. Hand hygiene policy revised to include latest Leap Frog standards. Hand Hygiene Committee implementing EBBP to improve HH compliance. Hand hygiene compliance reported regularly to stakeholders (at least monthly).
1. Decreased CAUTI rate from 0.44 in FY24 to 0.41 in FY25 (lower is better): goal met. Will continue to work on decreasing in FY26.

2. Decrease in CLABSI by 12% from an internal rate of 1.19 in 2024 to 1.05 in FY25 (lower is better): goal not met, but we did have some improvement. Will continue to work on decreasing in FY26.
3. Decrease in Lab ID MDRO of CDI and MRSA Bacteremia (lower is better): We did see a decrease in both CDI and MRSA Bacteremia in FY25. CDI rate decreased by over 50% from 2.63 in 2024 to 1.28 in FY2025 through July. MRSA Bacteremia also decreased by over 50% from 0.97 in FY 24 to 0.49 in FY25 through July. MDRO Committee to complete deep dives and identify any opportunities for improvement and implement EBBP guidelines to decrease the incidence of MDROs. We will continue to follow policy for standard and isolation precautions (MCH- 1200), and policy on preventing the introduction and/or transmission of MDROs (MCH- 1201). Staff educated on appropriate HH and PPE use completed on hire and annually in Net Learning. Daily surveillance by IP of patient isolation orders with recommendations for continuing or discontinuing isolation precautions. Protocol in CPOE for ordering isolation when MRSA, VRE, ESBL, or CRE are identified by lab. Protocol in CPOE for ordering isolation when CDI testing is ordered. CDI surveillance and reporting where applicable. Trend and report CDI rates to stakeholders and complete re-education as needed. Continue ongoing surveillance of hand hygiene and isolation precaution compliance. Collaborate with antibiotic stewardship program to identify and control epidemiologically important MDROs and monitor antibiotic use. Collaborate with pharmacy and microbiology to ensure prompt notification of IP when a resistance pattern based on microbiology results is detected. Collaboration with EVS on proper cleaning of isolation rooms. Monitor for increased incidence of MRSA, VRE, CDI, ESBL, and CRE. CMS CDI and MRSA validation concluded that MCHS Infection Prevention staff is well prepared and knowledgeable of NHSN definitions and how to use them.
4. Maintained COLO SSIs at 5 SSIs for FY25 and no abdominal hysterectomy SSI. COLO SSI rate did go up slightly due to less total number of procedures in FY25. Will continue to implement best practices to decrease SSI rate until we meet no patient harm.

MCH's Infection Prevention and Control Department goals for FY26 is to further align with multi-disciplinary team involving participation from individuals across the healthcare organization such as senior leadership, employee health and wellness, frontline staff, pharmacy, engineering, environmental services and physicians in order to review and implement evidence based best practice guidelines to reduce the risk of infection from factors identified in the annual risk assessment as stated above, to decrease device utilization through collaboration with nursing staff and providers, and to improve hand hygiene performance and compliance with additional observations and hand hygiene awareness leading to behavior modifications. IP Department will continue to submit local, state and federal public health reporting in a timely manner.

DETERMINATION OF EFFECTIVENESS

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

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

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

		Date
Completed by Infection Prevention Officer in collaboration with IP Committee Members	Brenda Dalrymple RN, BSN, CIC	August 18, 2025

Approved by Infection Prevention Medical Director	Dr. Eduardo Jose Morfa Romero	August 20, 2025
Approved by IP Committee	IP Committee	August 20, 2025
Approved by Patient Safety Committee	PS Committee	September 9, 2025
Approved by MCH Board of Directors	MCH Board of Directors	Tentative January 2026



Patient Safety Committee – 2026 Annual Assessment and Plan

I. Introduction

a. Purpose

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

b. Mission

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

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

c. Goal

The Patient Safety Plan outlines the annual patient safety plan and committees' objectives for the **2026** calendar year. The goal of the Patient Safety Program is to identify high priority areas within Medical Center Health System and the community served and to evaluate, develop, and implement specific strategies to prioritize and mitigate these risks. Strategies to mitigate risk may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, modifications to medical equipment, devices, and supplies or a combination of any of these.

d. Objectives

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

II. The organization conducts a periodic assessment of the risk(s) for patient safety events. This risk assessment incorporates an analysis of the following:

A. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.

1. Medical Center Health System (MCHS) is a 402-bed acute care hospital in the city of Odessa, TX in Ector County, located on Interstate 20 in remote West Texas. The principal industry is oil and gas related service. The population of Ector County is approximately 171,368 (United States

Census Bureau 2025). Medical Center Health System (MCHS) serves seventeen (17) counties in addition to its home county, is a tertiary referral center, and is the first major healthcare facility encountered when traveling north from Mexico, therefore patients could possibly be from out of the country. MCHS services multiple jails and prisons in Ector and surrounding counties. Patients are received via private transport, ground medical transport, and medical flight services.

B. The care, treatment, and services provided:

- 20 bed Medical-Surgical ICU2
- 20 bed Cardiac Critical Care ICU4
- 30 bed Level 3 NICU
- 19 bed pediatric unit
- 24 bed Observation unit
- Inpatient medical, medical/surgical, oncology, orthopedic, stroke, and telemetry services
- Internal and Family Medicine Services
- Stroke Services
- In and out-patient Endoscopy
- Surgical Services on the main campus and at Wheatley Stewart Medical Pavilion
- Inpatient hemodialysis and peritoneal dialysis
- In and out-patient Cardiac Rehabilitation
- Infusion Services
- Laboratory Services
- In and out-patient Physical/Occupational/Speech therapy
- Family Health Clinics
- MCH Urgent Care sites
- Extensive Radiology services
- Laboratory services
- 24-hour inpatient Pharmacy
- Emergency Room
- The Center for Health and Wellness OB/GYN (In and out-patient services)
- Women and Infant Services
- Cardiology
- Cardiovascular Care
- Gastroenterology
- Endocrinology
- Urology
- Speech/occupational/ and physical therapy
- Pain Management
- Telehealth Services

C. The patient safety risk assessment is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The most recent risk assessment required the following changes in the patient safety program. Any unresolved goals for fiscal year ending September 30, 2026, may be continued as priorities for Patient Safety Committee or other departments with periodic evaluation of performance to determine any continued unresolved issues. The following priorities are listed by level of assessed risk from the annual risk assessment

and not in order of priority in each section. To support the overall mission, strategic vision, and goals for MCH, the following objectives will be prioritized:

1. Decrease patient harm surrounding safety events to achieve zero harm as measured through Performance Health and Vizient:
 - a. Patient falls with patient harm
 - b. Medication errors
 - c. AHQR related PSIs (Patient Safety Indicators)
 - d. Hospital Acquired Infections
 - e. Mortality for below or well below mortality risk as determined by Vizient CDB reports
 - f. Patient safety events with harm level “F” and greater as identified in Performance Health
2. Improve critical information flow index mean to significant improvement (> 0.1) on the annual patient safety survey results as measured by Gallup.
3. Utilize social determinants of health (SDOH) data to identify trends around patient safety events and implement action plans to improved outcomes for the specific population served (i.e. population over 65 years of age).
4. Utilize age friendly measures to identify trends around patient safety events and implement action plans to improved outcomes for the specific population served.

III. Structure and Leadership

- A. MCH executive team is responsible for developing the priorities through strategic planning, ensures patient safety plan aligns with priority objectives, provide leadership, and allocates resources to support the Patient Safety Committee plan.
- B. The Chief Experience and Quality Officer oversees the Patient Safety Program. This oversight ensures quality and safety activity alignment within the organization and allows for collaboration while minimizing redundancy. The Patient Safety Committee reports to MCH’s Quality Management System for management oversight.
- C. The Patient Safety Committee is responsible for executing the plan by ensuring they are carried out by the committees, work groups, departments, and services. The Committee will include report out from the following areas and will at minimum fulfill the reporting requirements as listed in Figure 1 attached:
 - Infection Prevention
 - Pharmacy
 - Risk Management
 - Employee Health
 - Patient Experience
 - Quality
 - Radiology
 - Patient safety
 - Grievances
 - Other areas as needed

- D. Departmental Directors from the areas listed above will be responsible for reporting out accurate information about ongoing safety events that pertain to their area, and to assist in planning and driving action plans to achieve the Patient Safety Committee objectives.

		Date
Completed by Infection Prevention Officer in collaboration with Patient Safety Committee Members	Brenda Dalrymple RN, BSN, CIC	Dec. 01, 2025
Approved by Patient Safety Committee	Patient Safety Committee	Dec. 09, 2025
Approved by Board of Directors	Board of Directors	<i>(pending for January 2026)</i>



Quality Management System

Annual Plan FY2026

1. Purpose

The purpose of this plan is to establish a structured process for conducting Quality Management Reviews (QMR) within the hospital to ensure the effective implementation of the Quality Management System (QMS) in accordance with ISO 9001 standards. This process aims to evaluate the QMS performance, identify opportunities for improvement, and ensure alignment with Medical Center Health System's strategic objectives.

2. Scope

This plan applies to all departments and personnel involved in the implementation and maintenance of the Quality Management System.

3. Quality Management Review Team

The QMR will be led by identified members of the E-Team who are responsible for overseeing the organization's pillars: Quality, Experience, People, Growth, and Finance.

3.1 QMR Team Composition and Responsibilities

Quality/ Accreditation and DNV Program Manager: Oversees the quality management review process and prepares reports for managed review.

Department Heads or Designees: Participates in the review process, providing relevant data and insights from their areas.

Executive Management Role: Approves the outcomes of the review and ensures necessary resources are allocated for improvement initiatives.

Executives Participating in QMR Include:

- Chief Executive Officer
- Chief Quality and Experience Officer
- Chief Operating Officer
- Chief Nursing Officer
- Chief Compliance Officer
- Chief Medical Officer

- Chief Human Resources Officer
- Chief Legal
- Chief Financial Officer
- Risk Manager
- Vice Presidents (VPs)
- And/ Or Other Designees or Alternates as Requested by the QMR team.

3.2 Quality Management Oversight Committee (QMOC)

The following roles must be embedded in the committees reporting up to the QMR team:

- Senior Leadership
- Quality
- Pharmacy
- Nursing
- Medical Staff
- Physical Environment/ Life Safety
- Ancillary
- Support
- Clinical
- Outpatient Services (as needed)

4. Review Process

The QMR process shall be conducted at planned intervals, at least annually, and include the following steps:

4.1 Input to the Review

The QMR will consider various inputs during the review, including but not limited to:

- Results of internal and third-party audits
- Contracts, policies, and staffing management updates
- Performance metrics and quality indicators
- Feedback from patients and stakeholders
- Status of corrective and preventive actions
- Changes in external and internal issues relevant to the QMS
- Items requiring attention, whether positive or negative, including departments failing to report out
- Action plans for items below their intended goal line

4.2 Conducting the Review

- The QMR meeting will be facilitated by the Accreditation and DNV Program Manager and Chief Quality and Experience Officer, ensuring all relevant stakeholders are present.
- Committee- specific lanes such as Environment of Care (EOC), Quality Assurance and Performance Improvement (QAPI), Patient Safety Committee (PSC), and Quality Medical Staff Committee (QMC) will be facilitated by their designated executive oversight.
- Meeting minutes will be documented, highlighting key discussions, decisions made, and assigned actions.

4.3 Output from the Review

The outputs from the management review shall include:

- Decisions related to continual improvement of the QMS
- Allocation of resources for quality improvement initiatives
- Identification of training needs and personnel development
- Updates to the QMS documentation as necessary

5. Documentation

All records of management reviews, including meeting minutes and action plans, shall be maintained by the Accreditation and DNV Program Manager.

5.1 Corrective Action Plan

See Corrective Action Plan Template Below

- Any metric that is red for 3 consecutive report outs will result in a corrective action plan (CAP).
- The organizational approved CAP is to be utilized.
- Executive over the lane and/ or metric owner will be responsible for the oversight.
- After identified, the CAP is to be presented at the next QMS meeting.
- The CAP will be reported out again at the regularly scheduled meeting, in the lane where the metric resides.
- The CAP will continue until the non- conformity is corrected.

6. Review and Revision of QMS Plan

The plan shall be reviewed annually and revised as necessary to ensure its effectiveness and compliance with ISO 9001 standards.



Once approved through the QMS, the plan will go before the Ector County Hospital District Board members for final review/ approval every January or as needed.



MCH Corrective Action Plan

1. Cause that led to the non- conformity:

2. Dates and actions taken since discovery of the non- conformity:

3. Organization Corrective Action Plan (CAP):

4. Dates for Implementation of the Corrective Action Plan:

5. Person(s) Responsible for the implementation of the Corrective Action Plan:

6. Staff Training/ Education Plan:

7. Date(s) of Projected Completion / Compliance with standard requirements:

8. Method for Follow- Up:

9. Method for Monitoring:

10. Frequency of Monitoring:

11. Measure of Effectiveness:

12. Evidence of Sustained Compliance:

2026

ECHD Finance Committee and Board of Directors Meetings

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
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22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
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19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



Date: 12/30/2025

To: Ector County Hospital District Board of Directors

From: Mary Gallegos, Director of Risk Management

Re: Patient Safety, CMS, and PSSM Report

Dear Members of the Board,

Presented below is the Fiscal Year 2025 (Q1–Q4) summary of patient safety events, patient complaints/grievances, and associated quality and risk mitigation actions, covering the period of October 1, 2024 through September 30, 2025. This report reflects the organization’s continued commitment to transparency, regulatory compliance, and continuous performance improvement in the delivery of safe, high-quality care.

FY 2025 Patient Safety & Risk Overview

Across the fiscal year, the organization recorded a total of 1,795 Patient and Risk–Safety events and 149 Patient Complaints and/or Grievances, reflecting a strong culture of reporting and proactive risk identification.

Quarterly distribution is as follows:

Quarter 1: 388 Patient and Risk–Safety events; 39 Complaints/Grievances
Quarter 2: 437 Patient and Risk–Safety events; 39 Complaints/Grievances
Quarter 3: 478 Patient and Risk–Safety events; 35 Complaints/Grievances
Quarter 4: 492 Patient and Risk–Safety events; 36 Complaints/Grievances

A total of 15 Patient Safety Events were escalated for formal Quality Improvement review, enabling system-level learning, targeted interventions, and enterprise-wide dissemination of best practices.

Significant actions implemented during the fiscal year include the following:

- **Standardized Handoff Communication:**
A hospital-wide standardized handoff tool has been implemented for both clinical and non-clinical staff to improve the reliability of patient information transfer across shifts, departments, and roles. This initiative strengthens continuity of care, reduces communication failures, and mitigates the risk of delayed or conflicting clinical actions.
- **Rapid Response and Escalation Optimization:**
Communication workflows involving Medical Staff, including ENT and Surgical Services, were assessed and enhanced. Charge nurses are now responsible for ensuring timely notification of the operating ENT or surgeon when a rapid response or code is initiated for patients under their care, reinforcing accountability and accelerating clinical decision-making.

- **Crash Cart Governance Enhancement:**
The Crash Cart policy was revised to integrate oversight across Materials Management, Transport, and Pharmacy. This update strengthens governance, improves inventory control and medication safety, ensures regulatory compliance, and supports consistent emergency readiness across all care settings.
- **Labor & Delivery Hemorrhage Protocol Update:**
Nursing staff are now authorized to directly initiate blood product activation during obstetric emergencies, reducing response time and improving maternal safety outcomes.
- **Fall Prevention Standardization:**
A Fall Intervention Acknowledgement Form and comprehensive staff education were implemented to standardize fall-prevention practices, reinforce accountability, and ensure consistent application of interventions across departments.
- **Inmate Admission Safety Review:**
Inmate admission protocols were comprehensively reviewed to ensure alignment with institutional standards, including attire requirements, security rounding, use of plastic ware, and confirmation that law enforcement personnel are fully oriented to hospital policies.
- **Alcohol-Based Surgical Product Safety:**
Surgical practices involving alcohol-based products were evaluated with emphasis on application technique, drying time, and static-risk mitigation. This initiative supports surgeon flexibility while proactively reducing surgical fire risk.
- **Retained Sponge Review Enhancement:**
Trauma-specific documentation was strengthened through implementation of a new intraoperative count dropdown option. Targeted education and multidisciplinary communication ensured consistent adoption and improved documentation accuracy.
- **Radiology Patient Identification and Imaging Controls:**
Following identification of a critical imaging attachment error, standardized controls were implemented to ensure all study information changes occur at the modality level with required oversight and escalation. These actions strengthen data integrity and reduce diagnostic risk.
- **Neonatal Injury Risk Mitigation in Preterm Cesarean Delivery:**
Multidisciplinary review led to standardized surgical techniques, evaluation of safety-engineered blades, mandatory use of sterile polyethylene wraps for infants <28 weeks' gestation, and ongoing simulation-based training with annual competency validation.
- **Bedside Procedure and Specimen Handling Workflow:**
A standardized workflow was implemented for bedside procedures, requiring exclusive use of order-generated labels for all pathology specimens. This change enhances traceability, accountability, and specimen integrity.
- **Fall Events with Patient Refusal and Documentation Gaps:**
Two fall-related injury events prompted focused review and staff education to reinforce timely documentation, visibility of mobility guidance, and consistent reassessment of fall-risk interventions, with IT follow-up planned to improve interdisciplinary communication.

From a risk management standpoint, the fiscal year 2024/2025 reviews confirm that MCHS remains well aligned with best-practice safety standards. The organization continues to demonstrate strong controls through staff education, policy adherence, and protocol compliance, effectively supporting a safe environment and minimizing preventable risk. Reviews also reflect proactive risk identification, continuous monitoring, and ongoing improvement, underscoring a mature safety culture, effective governance, and sustained commitment to quality, patient outcomes, and regulatory compliance moving forward.

CEO Meeting

Provider Recruitment

December 2025

Mid- Level Opportunities

Specialty	Engagements	Site Visits	Accepted / Declined
Urgent Care Clinic(s) (1)	3	2	1 Pending
Cardiology (2)	0	0	0
Trauma (1)	1	1	1 Pending
Hospitalist (1)	0	0	0
Orthopedics (1)	0	0	0

Physician Opportunities:

Specialty	Engagement	Site Visit	Accepted / Declined
Anesthesia (3)	2	2	1 Declined 1 Unmatched
Cardiology (2)	3	2	2 Pending Visits
Family Med. (1)	0	0	0
Gastro (2)	0	0	0
Ortho (1)	1	0	1 Pending / Miller
Neurology (1) /Kadir	0	0	0
OBGYN (2)	1	1	1 Pending
Pediatrics (1)	0	0	0
Urology (1)	0	0	0
Vascular (2)	2	2	1 Pending 1 Declined

- **Orthopedics** – Reached out to Miller, pending; Connected Freyder with PA school for rotation of PA students.
- **Cardiology** – 1 TTUHSC graduate candidate emailed will visit in January; 1 pending visit as well.
- **Urology** - Following my discussion with Heshmat, although there is a potential candidate identified for 2027, a search for a current urologist will be necessary and have updated the firm.
- **Urgent Care (PA/NP) (1) left** for recruitment. **New Developments** Castle was disqualified due to a incomplete application. As a result, we pivoted in Mid-November to include another candidate in the selection process.

2 engagements / 1 visit and 1 pending visit.

- **Pediatrics: Following** my meeting with Russell, he requested that we secure documentation outlining **TTUHSC** support in the clinic recruitment for their residency program. Pending, waiting to hear back from George. Emailed out : 12/18/2025. Secured a new firm to help with recruitment and also new compensation package.
- **Neurology** - Pending Discussion with Leadership on direction for ProCare .
- **Onboarding Review and Retention**
 - Meeting held with ProCare 12/19/2025 - two areas to discuss with CEO a). Direction of LEM / Under Experience – Pending discussion with Maria Loya on AIDET Education new Providers b) Experience of providers when onboarding / possible creation of checklist for Directors of ProCare and Med. Staff.

Regional Newsletter - Working Outside to Inside

Monitoring and protecting the perimeter

External Vulnerability Scanning: External-facing systems—such as firewalls, routers, and gateways—are the first points of contact for attackers. Hardening these components first reduces exposure to cybersecurity threats.

Recommendation for external scanning:

Once a week full scan – deep dive for all vulnerabilities

Once a day quick scan – heads up in case a zero-day vulnerability popped up on an external device

Scan entire range of allotted IPs instead of list of IPs – exp. 192.168.2.0/24 – heads up in case a new device is deployed without going through proper procedure

There are several scanning companies that can be used to scan the external range of IPs for vulnerabilities.

Qualys

Tenable.io

There is also a free service from CISA that will scan internet facing IPs. I am assuming they are still doing this as it is on their website as of today. (not sure about budget cuts)

<https://www.cisa.gov/cyber-hygiene-services>

Here is a summary of the offering:

CISA (Cybersecurity and Infrastructure Security Agency) offers a **free, no-cost external vulnerability scanning service**, part of their Cyber Hygiene program, that continuously checks internet-facing assets for known weaknesses, misconfigurations, and exploited vulnerabilities, providing weekly reports with prioritized remediation advice to help critical infrastructure and government entities bolster their defenses against attackers. It's a proactive tool for identifying an organization's attack surface and improving overall cyber hygiene.

How it Works:

1. **Request Service:** Organizations (Federal, State, Local, Tribal, Territorial, and Critical Infrastructure) contact CISA to enroll.
2. **Asset Identification:** You provide CISA with your public IP ranges.

3. **Automated Scanning:** CISA uses automated tools to scan these IPs from an external perspective, mimicking an attacker.
4. **Reporting:** You receive weekly reports detailing vulnerabilities, ranked by severity, with actionable steps to fix them.
5. **Immediate Alerts:** Urgent, critical threats trigger special alerts for rapid response.

Fixing Protocols/Ciphers/Hashes/Key Exchanges – many of the vulnerabilities are related to protocols, ciphers, hashes, and key exchanges such as BEAST, POODLE, LOGJAM.

Fixing these means turning on the secure and current versions and explicitly turning off all obsolete, insecure, weak, and broken versions.

Here are example Registry edits for Windows Servers to secure protocols, ciphers, hashes, and key exchanges:

Protocols:

```
[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC  
HANNEL\Protocols]
```

```
[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC  
HANNEL\Protocols\Multi-Protocol Unified Hello]
```

```
[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC  
HANNEL\Protocols\Multi-Protocol Unified Hello\Server]
```

```
"Enabled"=dword:00000000
```

```
[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC  
HANNEL\Protocols\PCT 1.0]
```

```
[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC  
HANNEL\Protocols\PCT 1.0\Server]
```

```
"Enabled"=dword:00000000
```

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\SSL 2.0]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\SSL 2.0\Server]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\SSL 3.0]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\SSL 3.0\Server]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.0]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.0\Server]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.1]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.1\Server]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.2]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.2\Server]

"Enabled"=dword:ffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.3]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Protocols\TLS 1.3\Server]

"Enabled"=dword:ffffffff

Ciphers:

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\AES 128/128]

"Enabled"=dword:ffffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\AES 256/256]

"Enabled"=dword:ffffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\DES 56/56]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\NULL]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC2 128/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC2 40/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC2 56/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC4 128/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC4 40/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC4 56/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\RC4 64/128]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Ciphers\Triple DES 168/168]

"Enabled"=dword:00000000

Hashes:

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes\MD5]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes\SHA]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes\SHA256]

"Enabled"=dword:ffffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes\SHA384]

"Enabled"=dword:ffffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\Hashes\SHA512]

"Enabled"=dword:ffffffff

Key Exchanges:

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\KeyExchangeAlgorithms]

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\KeyExchangeAlgorithms\Diffie-Hellman]

"Enabled"=dword:00000000

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\KeyExchangeAlgorithms\ECDH]

"Enabled"=dword:ffffffff

[HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Control\SecurityProviders\SC
HANNEL\KeyExchangeAlgorithms\PKCS]

"Enabled"=dword:00000000

In some cases, there are hard to troubleshoot Cipher Suites that Registry editing will not fix. A tool that dives deeper into these for Windows Servers is the **IIS Crypto tool**. This tool will show all Cipher Suite combinations so the ones identified as vulnerable in scans can be disabled.

In some cases, these are embedded into proprietary web services such as WS_FTP Server. Support for some solutions would be engaged to fix. Also Linux is much more difficult to put into compliance so Support for those servers would most likely be involved as well unless you have Linux gurus on site.

