ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
SEPTEMBER 1, 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 .....
.....Don Hallmark (p.3)

VI. AWARDS AND RECOGNITION

A. September 2026 Associates of the Month .....Russell Tippin
- Nurse - Lakesha Caufield
- Clinical – Aaliyah Vega
- Non-Clinical – Charlene Hurst

B. Net Promoter Score Recognition.....Russell Tippin
- Cath Lab
- Dr. Jorge Alamo

C. Access Point Grant – MCH FHC .....Russell Tippin

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

IX. CONSENT AGENDA.....David Dunn (p.4-69)
(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, August 4, 2026
B. Consider Approval of Joint Conference Committee, August 25, 2026
C. Consider Approval of Federally Qualified Health Center Monthly Report, July 2026

X. COMMITTEE REPORTS

A. Finance Committee .....Bryn Hill (p.70-91)

1. Financial Report for Month Ended July 31, 2026
2. Consider Approval of Stryker Supplier Equipment Agreement

B. Executive Policy Committee .....Don Hallmark (p.92-95)

XI. PATIENT SAFETY AND WORKFORCE SAFETY UPDATE.....Courtney Look-Davis

XII. TTUHSC AT THE PERMIAN BASIN REPORT

XIII. S&P GLOBAL RATINGS .....Sharon Clark (p.96-104)

XIV. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS
.....Russell Tippin (p.105-108)

A. PBBHC Update
B. THOT – Medical Center Health System: Rural Hospitals' Trusted Partner
C. Ad hoc Report(s)

XV. EXECUTIVE SESSION

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

XVI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements
B. Consider Approval of Amendment to TraumaCare Agreement

XVII. ADJOURNMENT.....David 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

Medical Center Health System
Your One Source for Health

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
REGULAR BOARD MEETING
AUGUST 4, 2026 – 5:30 p.m.

MINUTES OF THE MEETING

MEMBERS PRESENT: David Dunn, President
Will Kappauf
Sylvia Rodriguez-Sanchez
Don Hallmark
Wallace Dunn
Kathy Rhodes

MEMBER ABSENT: Bryn Hill, Vice President

OTHERS PRESENT: 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
Dr. Nimat Alam, Chief of Staff
Dr. Vijay Borra, Vice 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. Bryn Hill was absent. Wallace Dunn moved to excuse Ms. Hill's absence, and Kathy Rhodes seconded the motion. The motion carried.

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

Sylvia Rodriguez-Sanchez presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. August 2026 Associates of the Month

Russell Tippin, Chief Executive Officer, introduced the August 2026 Associates of the Month as follows:

- Clinical – Ira Madrid
- Non-Clinical – Karina Salas Franco
- Nurse – Jessica Aguilar

B. Net Promoter Score Recognition

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

- ProCare Orthopedics
- ProCare General Surgery

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments were received.

IX. CONSENT AGENDA

A. Consider Approval of Regular Meeting Minutes, July 7, 2026
B. Consider Approval of Joint Conference Committee, July 28, 2026
C. Consider Approval of Federally Qualified Health Center Monthly Report, June 2026

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

X. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended June 30, 2026.
2. Consider Approval of Envigorate Contract
3. Consider Approval of Mercer Contract

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

B. Executive Policy Committee

The Executive Policy Committee was not able to meet in person, but seven (7) polices were reviewed. One policy was tabled and the other six (6) MCH policies meeting the committee guidelines were approved. The committee recommends approval of the six (6) submitted 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. PATIENT SAFETY AND WORKFORCE SAFETY UPDATE

Courtney Look-Davis, Chief Patient Experience Officer, reported the following significant milestones to the board:

1. Primary Stroke Center Designation – This designation from the State, recognizes MCH's commitment to excellence in stroke care.

2. Get With The Guidelines Silver Award – MCH achieved a silver award for reaching 85% or higher on various quality metrics related to stroke care.

3. Transparency Award from Leapfrog – This award highlights MCH's ongoing commitment to sharing accurate, verifiable data and our partnership with Leapfrog.

This report was informational only. No action was taken.

XII. CONSIDER RESOLUTION FOR FROST CAPITAL MARKETS SERVICES

Sharon Clark, Chief Financial Officer, presented the resolution to designate Frost Bank as the depository of ECHD securities and to authorize Russell Tippin, President/CEO and Sharon R. Clark, CFO to enter into a Safekeeping/Custody Agreement with Frost Bank, to the board for approval.

Wallace Dunn moved, and Will Kappauf seconded the motion to approve the resolution as presented. The motion carried.

Frost Capital Markets Services

RESOLUTION (GOVERNMENTAL INSTITUTION)

BE IT RESOLVED THAT Russell Tippin, President/CEO
(Name and title of authorized person)
Sharon R. Clark, CFO
(Name and title of authorized person)
(Name and title of authorized person)

"RESOLVED, that the Frost Bank be and is hereby designated a depository of Ector County Hospital District the "Government Institution") for the safekeeping of securities.

FURTHER RESOLVED, that the listed individuals are hereby authorized in the name and on behalf of this Government Institution to enter into a Safekeeping/Custody Services Agreement with Frost Bank upon such terms and conditions as may be agreed upon, to deposit securities with Frost Bank, to withdraw and otherwise deal with same, all pursuant to the provisions of said agreement."

a hospital district and political subdivision of the State of Texas
(Type of Governmental Institution)

I, David Dunn, ECHD Board President
(Name and title of Authorized Signer)

of Ector County Hospital District
(Name of Governmental Institution)

hereby certify that the foregoing is a true copy of a resolution duly adopted by the

Ector County Hospital District Board of Directors
(Name of Governing Body of the Governmental Institution)

of said District at a meeting duly held the 4th day of August, 2026 at which a quorum was present and voting and that the same has not been repealed or amended and remains in full force and effect and does not conflict with the ECHD Bylaws
(Name of Document under which Governmental Institution is Operating)

Date: August 4, 2026

David Dunn
(Authorized Signer of Governmental Institution)

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

A. PBBHC Update

Russell Tippin, President/CEO, provided an update on the Permian Basin Behavioral Health Center. PBBHC is currently providing 16 beds and with hopes to go to 32 beds in August, waiting for State approval. Sharon Clark, CFO, has been attending the Finance Committee meetings, along with the CFO from Midland Memorial Hospital.

This was informational only. No action was taken.

B. Magnet Update

Niki McQuitty, ACNO, provided an update on the Magnet Designation. All of our documentation has been submitted. There will be a mock survey in November, and we will receive a decision in the Spring of 2027.

This was informational only. No action was taken.

C. Ad hoc Reports

Trevor Tankersley, Director of Public Relations, reported to the Board that MCH received several "Best of the Basin" awards, including best Hospital, Emergency Room, and Health Clinic. Additionally, two of our physicians were recognized as the Best in the Basin – Best Cardiologist, Dr. Boccalandro and Best Physician, Dr. Alamo.

Sharon Clark, CFO, reported to the Board that she had a call with Moody's and approved the press release on our current rating.

Included in the packet was the Provider Recruitment report and the Communications and Marketing report.

These reports were informational only. No action was taken.

XIV. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Brian Schroeder, Regional Dean, Odessa Campus and George Thomas, Assistant Dean of Operations, Odessa Campus, Texas Tech University were present. Discussions were reserved for Executive Session.

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; and (4) Discussion of Personnel Matters pursuant to Section 551.074 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 Steve Steen, Chief Legal Counsel.

Dr. Brian Schroeder, TTUHSC, Russell Tippin, President/CEO and the ECHD Board of Directors discussed the relationship between TTUHSC and MCH and the future of that relationship. Dr. Brian Schroeder and George Thomas were excused from the remainder of the meeting.

Mary Gallegos, Risk Manager, joined Executive Session and presented the Quarterly Risk Update to the ECHD Board of Directors during Executive Session and then she was excused from the remainder of Executive Session.

Adiel Alvarado, President of MCH ProCare, presented the ProCare provider agreements to the ECHD Board of Directors during Executive Session.

Adiel Alvarado, President of MCH ProCare, provided an update on Permian Basin Medical Center to the ECHD Board of Directors during Executive Session.

Matt Collins, Chief Operating Officer, presented the MCH Lease Agreement to the ECH Board of Directors during Executive Session.

Russell Tippin, President/CEO and Don Hallmark, Board Member, updated the ECHD Board on a cardiology provider matter.

Sharon Clark, CFO, provided an update on the budget and tax rate to the ECHD Board of Directors during Executive Session.

Sharon Clark, CFO, provided an update on a managed care contract to the ECHD Board of Directors during Executive Session.

Sharon Clark, CFO, led the ECHD Board of Directors in a discussion about the Investment Policy.

Russell Tippin, President/CEO, Matt Collins, COO, Sharon Clark, CFO, Adiel Alvarado, President MCH ProCare and Kerstin Connolly, Paralegal were excused from the remainder of Executive Session.

Steve Steen, Chief Legal Counsel, led the ECHD Board of Directors in discussions of the CEO Annual Evaluation and the Amendment to the CEO's Employment Agreement.

Executive Session began at 5:55 p.m.
Executive Session ended at 8:10 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 amendments:

- Stacie Cooper, N.P. – This an amendment to a Cardiology Contract.

David Dunn presented the following renewal contract:

- Eduardo Morfa Romero, M.D. – This is a three (3) year renewal of an Infectious Disease Contract.
- Kalyan Chakrala, DO – This a one (1) year renewal of a Gastroenterology Contract.
- Nikolay Azarov, M.D. – This is a five (5) year renewal of a Critical Care Contract.
- Caitlin Estes, WHNP – This is a three (3) year renewal of a OB/GYN Contract.

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

B. Consider Approval of MCH Lease Agreements.

David Dunn presented the following new lease agreement:

- Dr. Zare Shahabadi – Neurology, 8050 Hwy 191, Suite #205. This is a new three (3) year lease agreement.

David Dunn presented the following renewal lease agreements:

- Dr. Brown, Neurology, 8050 Hwy 191, Suite #205. This is a renewal of the current lease agreement for 3 additional months.
- ProCare Urology, 540 W. 5th Street, Suite 420. This is a three (3) year renewal.
- ProCare Family Medicine/Occupational Medicine, 8050 Hwy 191, Suite #104 A&B. This is three (3) year renewal.

Kathy Rhodes moved, and Don Hallmark seconded the motion to approve the MCH Lease Agreements as presented. The motion carried.

C. Consider Approval of Amendment to CEO Employment Agreement.

David Dunn presented the following amended terms:

Annual compensation increase equal to the employee increase plus 2% (at risk), LEM plus $30,000 (at risk), and an increase to the allowable expenses for inflation.

Wallace Dunn moved, and Don Hallmark seconded the motion to approve the Amendment to the CEO Employment Agreement as presented. The motion carried.

XVII. ADJOURNMENT

There being no further business to come before the Board, David Dunn adjourned the meeting at 8:11 p.m.

Respectfully submitted,

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

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT

BOARD OF DIRECTORS

Item to be considered:

Medical Staff and Allied Health Professional Staff Applicants

Statement of Pertinent Facts:

Pursuant to Article 7 of the Medical Staff By laws, the application process for the following Medical Staff and Allied Health Professional applicants is complete. The Joint Conference Committee and the Medical Executive Committee recommend approval of privileges or scope of practice and membership to the Medical Staff Allied Health Professionals Staff for the following applicants, effective upon Board Approval.

Medical Staff:

Applicant	Department	Specialty/Privileges	Group	Comments
Ali Alavi, MD	Surgery	Urology	Curative	9/1/2026-8/31/2027
Adam De Fazio, MD	Surgery	Urology	Curative	9/1/2026-8/31/2027
Julien Fahed, MD	Medicine	Gastroenterology	Curative	9/1/2026-8/31/2027
Chad Hamner, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027
Jose Iglesias, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027

Rodrigo Interiano, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027
Ruth Jones, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027
Erol Knott, DO	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027
Graciella Layman, MD	Medicine	Psychiatry	TTUHSC	9/1/2026-8/31/2027
Daniel Lodwick, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027
Paul Miller, MD	Medicine	Nephrology	Permian Nephrology	9/1/2026-8/31/2027
John Uffman, MD	Surgery	Telemedicine	Cook Children's	9/1/2026-8/31/2027

Allied Health:

Applicant	Department	AHP Category	Specialty/ Privileges	Group	Sponsoring Physician(s)	Comments
Sean Garcia, NP	Surgery	AHP	Nurse Practitioner	ProCare	Dr. Freyder	9/1/2026-8/31/2028
Carolyn Herman, CRNA	Anesthesia	AHP	Nurse Practitioner	ProCare	All Anesthesia Providers	9/1/2026-8/31/2028

*Please grant temporary Privileges

Advice, Opinions, Recommendations and Motions:

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

Nimat Alam, Chief of Staff
Executive Committee Chair
/MM

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT

BOARD OF DIRECTORS

Item to be considered:

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

Statement of Pertinent Facts:

Medical Executive Committee and the Joint Conference Committee recommends.

approval of the following reappointments of the Medical Staff and Allied Health Professional Staff a's submitted. These reappointment recommendations are made pursuant to and in accordance with Article 5 of the Medical Staff Bylaws.

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/ Privileges	Group	Change to Privileges	Dates
Alaaedin Alhomosh, MD	Medicine	Yes	Associate to Active	Neurology	ProCare	Updated Privilege Form	10/01/2026-09/30/2028
Asif Ansari, MD	Medicine	Yes	Active	Nephrology		Updated Privilege Form	10/01/2026-09/30/2028
Karl Boehm, DO	Emergency Department	Yes	Active	Emergency Medicine	BEPO	Updated Privilege Form	10/01/2026-09/30/2028
Bolanle Bolaji, MD	Family Medicine	Yes	Associate	Family Medicine	ProCare	Updated Privilege Form	10/01/2026-09/30/2027

Manuel Castillo, MD	Pediatrics	Yes	Active	Pediatrics		Updated Privilege Form	10/01/2026-09/30/2028

Monica Cervantes, DPM	Surgery	Yes	Associate	Podiatry		Updated Privilege Form	10/01/2026-09/30/2027
Joseph Horner, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	NONE	10/01/2026-09/30/2028
Sindhu Kaitha, MD	Medicine	Yes	Active	Gastroenterology	ProCare	Updated Privilege Form	10/01/2026-09/30/2028
Gilfrhen Lopez, MD	Hospitalist	Yes	Associate to Active	Family Medicine	ProCare	Updated Privilege Form	10/01/2026-09/30/2028
Arthur Montes, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	NONE	10/01/2026-09/30/2028
Lee Moore, MD	OB/GYN	Yes	Active	OB/GYN	TTUHSC	Updated Privilege Form	10/01/2026-09/30/2028
Donald Nicell, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	NONE	10/01/2026-09/30/2028
Tochukwu Noh, MD	Hospitalist	Yes	Associate	Family Medicine	ProCare	Updated Privilege Form	10/01/2026-09/30/2027
Genevieve Okafor, MD	Family Medicine	Yes	Active	Family Medicine	ProCare	Updated Privilege Form	10/01/2026-09/30/2028
Ikemefuna Okwuwa, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	Updated Privilege Form	10/01/2026-09/30/2028
Martin Ortega, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	Updated Privilege Form	10/01/2026-09/30/2028
Tejas Patel, MD	Cardiology	Yes	Active	Cardiology	ProCare	Updated Privilege Form	10/01/2026-09/30/2028

Smriti Prasad, MD	Medicine	Yes	Affiliate	Dermatology		Updated Privilege Form	10/01/2026-09/30/2027

Benjamin Seckler, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	NONE	10/01/2026-09/30/2028
Eddie Taylor, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	NONE	10/01/2026-09/30/2028
Robert Viney, MD	Surgery	Yes	Active	Surgery	TTUHSC	Updated Privilege Form	10/01/2026-09/30/2028
Ramu Vuppala, DDS	Surgery	Yes	Courtesy to Affiliate	Dentistry		Updated Privilege Form	10/01/2026-09/30/2028

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Allied Health

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician (s	Changes to Privileges	Dates
Craig Branum, NP	Emergency Medicine	AHP	Nurse Practitioner	BEPO	Dr. Pinnow	Updated Privilege Form	10/01/2026-09/30/2028
Kimberly Packer, NP	Medicine	AHP	Nurse Practitioner		Dr. Ramakrishna Thokala, and Dr. Joy Okwuwa	Updated Privilege Form	10/01/2026-09/30/2028
Pedro Torres, PA	Emergency Department	AHP	Physician Assistant	BEPO	Dr. Gregory Shipkey	Updated Privilege Form	10/01/2026-09/30/2028

Advice, Opinions, Recommendations and Motions:

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

Nimat Alam, MD Chief of Staff

Executive Committee Chair

/MM

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

Change in Clinical Privileges

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

Additional Privileges:

Staff Member	Department	Privilege
Kiana Ortiz, NP	Cardiology	ADDING: EKG Stress Test

Advice, Opinions, Recommendations and Motions:

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

Nimat Alam, MD Chief of Staff
Executive Committee Chair

Item to be considered:

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

Statement of Pertinent Facts:

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

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Resignation/Lapse
Staton Awtrey, MD	Active	Surgery	04/30/2026	Resignation
Joseph Giardina, MD	Telemedicine	Radiology	08/07/2026	Resignation
Geronimo Mendoza Urias, MD	Associate	Pediatrics	07/20/2026	Resignation
Megan McDonald, MD	Telemedicine	Radiology	07/31/2026	Resignation
Meg Riegle, PA	AHP	Surgery	08/07/2026	Resignation

Advice, Opinions, Recommendations and Motion:

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

Nimat Alam, MD, Chief of Staff
Executive Committee Chair
/MM

Medical Center Hospital
A Member of Medical Center Health System

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of pertinent Facts:
The Medical Executive Committee and the Joint Conference Committee recommend approval of the following changes in staff status category. The respective departments determined that the practitioners have complied with all Bylaws requirements and are eligible for the changes noted below.

Staff Category Change:

Staff Member	Department	Category
Gilfrhen Lopez, MD	Hospitalist	Associate to Active
Ramu Vuppala, DDS	Surgery	Courtesy to Affiliate

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

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ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				

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ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action
None				

Removal of I-FPPE

Staff Member	Department	Removal/Extension
None		

Change in Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motions in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the staff category changes, changes to the credentialing dates, changes of supervising physicians, leave of absence, removal of-FPPE, proctoring requests/removals, and change in privileges.

Nimat Alam, MD Chief of Staff

Executive Committee Chair

/MM

September 1, 2026

ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Item to be considered:

Privilege forms/ Privilege criteria / Department chairman

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference recommends approval of the following:

- Cardiovascular Privilege Form
- Waiver

Advice, Opinions, Recommendations and Motion:

- Cardiovascular Privilege Form
- Waiver

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the Cardiovascular Privilege Form and Waiver.

Nimat Alam, MD, Chief of Staff

Executive Committee Chair

/MM

Medical Center Health System
Your One Source for Health

Cardiovascular Disease

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

☑ **MCH**

Required Qualifications

Education/Training	Successful completion of an ACGME/AOA-accredited residency training program in internal medicine followed by an ACGME/AOA-accredited residency or fellowship training program in cardiology.
Certification	Current certification in Cardiovascular Disease by the American Board of Internal Medicine or in Cardiology by the American Osteopathic Board of Internal Medicine or its equivalent. **OR** Within five years of completion of an approved residency or fellowship in cardiology by the American Board of Cardiology or the American Osteopathic Board of Internal Medicine with Certification of Special Qualifications in Cardiology. 2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) of the Medical Staff Bylaws, and pursuant to any other applicable Medical Staff Bylaws provision, by a board recognized by the American Board of Medical Specialties or the American Bureau of Osteopathic Specialties 6/11/13.
Clinical Experience - Initial Privileges	An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log. **OR** An applicant who is not applying directly out of a residency or fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, numbers of procedures performed, morbidity, mortality, infection rates and other complications. **OR** If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications for Device Related Privileges	Applicant must have completed manufacturer designated training including human subjects experience when device related privileges are requested OR provide documentation of training and current clinical competence if training occurred during fellowship.

Primary Privileges	
Cardiovascular Disease or Cardiology is the subspecialty of Internal Medicine focused on the prevention, evaluation, diagnosis, treatment, and management of conditions, disorders, and diseases affecting the cardiovascular system. Cardiologists manage complex cardiac conditions such as heart attacks and abnormal rhythms of the heart. In addition, they perform complicated diagnostic procedures such as cardiac catheterization.	
Request	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Evaluation and Management
☐	Admit to inpatient or appropriate level of care
☐	Evaluate, diagnose, provide consultation, medically manage and provide treatment to patients presenting with cardiovascular diseases, disorders, and conditions, including complex cardiac conditions. Privileges also include medical management of general medical conditions which are encountered in the course of caring for the cardiovascular patient.
☐	Perform history and physical examination
	Procedures
☐	Cardioversion, electrical and elective
☐	Electrocardiogram (EKG) interpretation, including ambulatory monitoring
☐	Insertion and management, arterial catheterization or cannulation for sampling, monitoring, or transfusion
☐	Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
☐	Nuclear cardiology
☐	Pericardiocentesis, with or without imaging guidance
☐	Pulmonary angiography
☐	Pulmonary embolism, evaluation and management of Pulmonary thrombectomy
☐	Stress echocardiography, exercise or pharmacologic, including supervision and interpretation
☐	Tilt table testing/evaluation
☐	Transthoracic echocardiography
☐	Transesophageal Echocardiogram
☐	Implantable Cardioverter Defibrillator (ICD) Implantation
☐	Permanent Pacemaker Implant
☐	Resynchronization device implantation
☐	Leadless Pacemaker Implant
☐	Pacemaker or ICD lead extraction

☐	Insertion and management of subcutaneous cardiac rhythm monitor (i.e., implantable loop recorder)

Privilege Cluster: Interventional Cardiology

Interventional Cardiology is a subspecialty of Cardiovascular Disease which uses specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart and technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system.

Qualifications

Education/Training	Successful completion of a residency or fellowship training program in interventional cardiology accredited by the ACGME.
Certification	Current certification in Interventional Cardiology by the American Board of Internal Medicine or in Interventional Cardiology by the American Osteopathic Board of Internal Medicine or its equivalent. **OR** Advanced Cardiac Life Support (ACLS) and, within five years of completion of an approved residency or fellowship in interventional cardiology, certification in interventional cardiology by the American Board of Internal Medicine or a certificate of added qualifications in interventional cardiology by the American Osteopathic Board of Internal Medicine. 2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) of the Medical Staff Bylaws, and pursuant to any other applicable Medical Staff Bylaws provision, by a board recognized by the American Board of Medical Specialties or the American Bureau of Osteopathic Specialties 6/11/13.
Clinical Experience - Initial Privileges	Should demonstrate performance of 250 coronary interventions to inpatients or outpatients in the past 12 months. This can be demonstrated in one of the following ways: An applicant who has just completed a residency or fellowship shall provide his/her residency or fellowship log. **OR** An applicant who is not applying directly out of a residency or fellowship shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications. **OR** If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services (100 cases) representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease. **AND** If percutaneous VAD placement privileges are requested the applicant must provide documentation of prior training in the previous 24 months OR meet any stated volume criteria.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Procedures

☐	CardioMems implant
☐	Coronary angioplasty and stent placement
☐	Coronary flow reserve measurement
☐	Coronary fractional flow reserve
☐	Coronary atherectomy (e.g., extraction, rotational, directional), with/without stent placement
☐	Intracoronary lithotripsy
☐	Intravascular administration of peripheral, intra-cranial or pulmonary thrombolysis
☐	Intravascular ultrasound (IVUS) of coronary vessel or graft
☐	Insertion and management of percutaneous left ventricular assist device (VAD)
☐	Insertion and management of percutaneous right ventricular assist device
☐	Laser angioplasty
☐	Percutaneous transluminal coronary thrombectomy
☐	Thrombolysis, coronary; by intracoronary infusion
☐	Catheter-based renal denervation (RDN) **Contact the Medical Staff Office **

Privilege Cluster: Clinical Cardiac Electrophysiology

Clinical Cardiac Electrophysiology encompasses the special knowledge and skills required of cardiologists who care for patients with complex cardiac rhythm disorders, particularly those receiving diagnostic and therapeutic intervention electrophysiologic procedures. Clinical cardiac electrophysiology focuses on diagnosis, consultation and treatment of atrial and ventricular arrhythmias, including the use of cardiac implantable electrical devices (CIEDs), and the application of other interventional ablative techniques and pharmacologic treatments.

Qualifications

Education/Training	Successful completion of an ACGME-accredited fellowship in cardiovascular disease, followed by successful completion of an additional year of accredited residency training in clinical cardiac electrophysiology.
Certification	Current certification in Clinical Cardiac Electrophysiology by the American Board of Internal Medicine or in Clinical Cardiac Electrophysiology by the American Osteopathic Board of Internal Medicine or its equivalent. **OR** Within five years of completion of training in clinical cardiac electrophysiology, certification in clinical cardiac electrophysiology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. 2.A.1 THRESHOLD ELIGIBILITY CRITERIA The applicant is board certified as that term is defined in the Article 2.A.1.(q) of the Medical Staff Bylaws, and pursuant to any other applicable Medical Staff Bylaws provision, by a board recognized by the American Board of Medical Specialties or the American Bureau of Osteopathic Specialties 6/11/13.
Clinical Experience - Initial Privileges	Should demonstrate performance of at least 150 intracardiac procedures in at least 75 inpatients or outpatients in the past 12 months, including * 75 catheter ablation procedures, including post-diagnostic testing, and * 25 initial implantable cardioverter-defibrillator procedures that included programming. An applicant who has just completed a residency shall provide his/her residency log. **OR** An applicant who is not applying directly out of residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months, including numbers of procedures performed, morbidity, mortality, infection rates and other complications. **OR** If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months. If applicant is not able to demonstrate the minimum requirements the application will be reviewed by the department in Executive Session.
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services ("N" cases) representative of the scope and complexity of privileges requested during the previous 24 months. If ablation privileges are requested a the total number of cases must include the performance of a minimum of ("N") ablation cases in the previous year.
Additional Qualifications	Applicant must qualify for and be granted privileges in Primary Privileges in Cardiovascular Disease. **AND** Applicant must have completed manufacturer designated training including human subjects experience when device related privileges are requested OR provide documentation of training and current clinical competence if training occurred during fellowship.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Electrophysiology Procedures
☐	Comprehensive EP (electrophysiologic) studies
☐	Implantation of pacemaker including programming, reprogramming, and interrogation
☐	Implantation of biventricular ICD including programming, reprogramming and interrogation
☐	Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci)
☐	Pacemaker or ICD lead extraction
☐	Therapeutic catheter ablation procedures

Privilege Cluster: Adult Congenital Heart Disease

Adult Congenital Heart Disease (ACHD) encompasses the unique knowledge and skills required to care for adult patients who experienced defects in one or more structures of the heart or blood vessels. This care regularly requires coordination of multiple health-related influences or providers, potentially over a prolonged or indefinite timeframe.

Qualifications

Education/Training	Completion of an ACGME or AOA accredited Fellowship training program in Interventional Cardiology, **AND** Completion of a formal Structural Heart fellowship sponsored by a recognized organization that included documentation of level 2 training in the specific privileges requested.
Certification	Current certification in Interventional Cardiology by the American Board of Internal Medicine or in Interventional Cardiology by the American Osteopathic Board of Internal Medicine or its equivalent.
Clinical Experience - Initial Privileges	Applicant must provide documentation of performance of structural heart cases ("N" cases) representative of the privileges requested during the previous 24 months (waived for applicants who completed fellowship training in the privileges requested during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services ("N" cases) representative of the scope and complexity of privileges requested during the previous 24 months.
Criteria for Transcatheter Mitral Valve Repair (TMVR)	Requires concurrent privileges in transeptal catheterization, ASD and PFO. Must have performed a minimum of 100 varied structural heart cases in the previous 2 years.
Criteria for Application of a Transcatheter Mitral Valve Clip	Completion of 2 day manufacturer designated/sponsored training that included simulation/observation. Training must be followed by (#) supervised cases on human subjects by a qualified preceptor.
Additional Qualifications	Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease. **AND** Applicant must agree to restrict usage of devices to only those devices for which they have completed manufacturer sponsored or approved training.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Structural Heart Disease Procedures
☐	Intracardiac echocardiography
☐	Left Arterial Appendage (Watchman) **contact the Medical Staff Office for criteria**
☐	Left heart catheterization by transseptal or transapical puncture
☐	Percutaneous balloon valvuloplasty

☐	Percutaneous transcatheter closure of paravalvular leak
☐	Percutaneous transcatheter septal reduction therapy (e.g., alcohol septal ablation)
☐	Percutaneous transcatheter closure of atrial septal defect (ASD) and patent foremen ovale (PFO)
☐	Percutaneous transcatheter closure of patent ductus arteriosus (PDA)
☐	Percutaneous transcatheter closure of a congenital ventricular septal defect (VSD)

Privilege Cluster: Transcatheter Heart Valve Implantation

The use of a catheter to perform endovascular or transapical implantation of a heart valve.

Qualifications

Education/Training	The practitioner must complete manufacturer designated training which includes didactic, observational, simulation and supervised implantation of a minimum of (n) cases or until the supervising physician can determine that the practitioner is ready for independent practice.
Clinical Experience - Initial Privileges	At a minimum, the heart team performing the transcatheter aortic valve replacement (cardiovascular surgeon and an interventional cardiologist) meets the organization's team procedure requirements in the previous 12 months or completion of training in the previous 12 months. **AND** Practitioners applying for privileges for procedures that do not require a team approach must provide documentation of ongoing clinical practice in the specific privilege requested or completed training in the previous 12 months.
Clinical Experience - Renewal of Privileges	At a minimum, the heart team performing the transcatheter aortic valve replacement (cardiovascular surgeon and an interventional cardiologist) meets the organization's team procedure requirements in the previous 24 months. **AND** Practitioners applying for privileges for procedures that do not require a team approach must provide documentation of ongoing clinical practice in the specific privilege requested.
Additional Qualifications	Concurrent privileging in left sided transcatheter structural heart procedures including valvuloplasty in the specific procedural area requested. **AND** Transcatheter aortic valve replacement must be performed as a team procedure with a qualified cardiothoracic surgeon who is also privileged in this procedure and must participate in the national TAVR registry.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Transcatheter Heart Valve Procedure(s)
☐	Transcatheter aortic valve implantation/replacement (TAVR/TAVI) with prosthetic valve ** Contact the Medical Staff Office for criteria**

Privilege Cluster: Cardiac CT or CTA

Computed Tomography Interpretation or Computed Tomography Angiography of the Heart

Qualifications

Education/Training	Completion of an ACGME or AOA residency or fellowship program that included Level 2 training in cardiac CT and CTA. Program director must confirm training as well as current competency. **OR** Practitioner is qualified by virtue of recent clinical experience (see initial clinical experience).
Clinical Experience - Initial Privileges	Meet the clinical experience requirements to become board certified by the Society of Cardiovascular Computed Tomography **OR** Meet the training requirements of the American College of Radiology for the Certificate of Advanced Proficiency in Cardiac CT **OR** Meet requirements for certification in Cardiac CT by the Certification Board of Cardiovascular Computed Tomography (CBCCT)
Clinical Experience - Renewal of Privileges	Documentation of clinical practice representative of the scope of clinical privileges requested during the previous 24 months.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	Cardiac CT or CTA

Privilege Cluster: Cardiac MR or MRA

Magnetic Resonance or Magnetic Resonance Angiography of the Heart Magnetic resonance imaging (MRI) is a noninvasive medical test that helps physicians diagnose and treat medical conditions. In magnetic resonance, a magnetic field, radio waves and a computer produce the detailed images. MR does not use ionizing radiation (x-rays). MR angiography may be performed with or without contrast material.

Qualifications

Education/Training	Completion of an ACGME or AOA residency or fellowship program that included Level 2 training in cardiac MR and MRA. Program director must confirm training as well as current competency. **OR** Practitioner is qualified by virtue of recent clinical experience (see initial clinical experience).
Clinical Experience (Initial)	Documentation of clinical practice representative of the scope of clinical privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Documentation of clinical practice representative of the scope of clinical privileges requested during the previous 24 months.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	Cardiac MR or MRA

Privilege Cluster: Carotid Ultrasound Interpretation

Ultrasound examination of the carotid vessels and interpretation of results.

Qualifications

Education/Training	Completion of an ACGME or AOA fellowship program that included training in carotid ultrasound interpretation. **OR** Completion of a formal training program that included supervised experience in the interpretation of 100 carotid ultrasounds.
Clinical Experience - Initial Privileges	Interpretation of carotid ultrasounds in the previous 24 months or completion of training in the past year.
Clinical Experience - Renewal of Privileges	Interpretation of carotid ultrasounds during the previous 24 months.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	Carotid ultrasound including interpretation

Privilege Cluster: Peripheral Endovascular Procedures (excluding heart, aorta, carotid and intracranial vessels)

Minimally invasive peripheral endovascular procedures using catheters to treat conditions such as aneurysm, atherosclerosis, carotid artery disease, deep vein thrombosis (DVT), or peripheral artery disease.

Qualifications

Education/Training	Successful completion of an ACGME-accredited fellowship that included 12 months training in peripheral catheter based interventions **OR** An applicant may qualify by completing a training program that includes extensive experience in diagnostic angiography and percutaneous transluminal angioplasty of peripheral vessels. At a minimum, this experience must include performance of 100 diagnostic peripheral angiograms; 50 peripheral angioplasties/stents; 10 peripheral thrombolytic infusions/thrombectomy and ("N") varied non-invasive vascular studies.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical services ("N" cases) representative of the privileges requested (waived for applicants who completed fellowship training in peripheral vascular intervention during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services ("N" cases) representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Meet IAC (Intersocietal Accreditation Commission) standards for noninvasive vascular testing if privileges to interpret noninvasive vascular studies are requested.

Request	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Procedures
☐	Arterial and venous thrombectomy and thrombolysis, including AV fistulas and grafts
☐	Carotid Angiography
☐	Carotid Angioplasty stenting **Please contact Medical Staff Office for Criteria**
☐	Cerebral Angiography
☐	Diagnostic peripheral angiography
☐	Endovascular repair with graft
☐	Creation of fistula
☐	Insertion and management of intravascular vena cava filter
☐	Interpretation of non-invasive vascular studies
☐	Peripheral Intravascular lithotripsy (IVL), endovascular, open or percutaneous, any vessel(s)
☐	Peripheral angioplasty with or without stent placement Arterial or venous
☐	Peripheral atherectomy, with or without stent placement

Privilege Cluster: Invasive Cardiology

Invasive procedures excluding therapeutic heart catheterization

Qualifications

Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of invasive cardiology services representative of the scope and complexity of privileges requested during the previous 24 months (waived for applicants who completed fellowship training in cardiovascular disease during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of invasive cardiology services representative of the scope and complexity of privileges requested in the previous 24 months.
Additional Qualifications	Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease.

Request	
	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	Procedures
☐	Coronary angiography
☐	Diagnostic right and left heart catheterization
☐	Endomyocardial biopsy
☐	Insertion and placement of balloon flotation catheter (e.g., Swan-Ganz) for hemodynamic monitoring
☐	Insertion and management of intra-aortic balloon assist device
☐	Insertion and management of temporary transvenous pacemaker
☐	Pericardial drainage, including pericardiocentesis and percutaneous catheter drainage, including imaging guidance
☐	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring via right heart catheterization (i.e., CardioMEMs device)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I have no mental or physical condition which would limit my clinical abilities. I wish to exercise at Medical Center Hospital, and I understand that: A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. B. Any restriction on the clinical

privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

MCH

Department Chair/Designee Recommendation - Privileges	
I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:	
Privilege	Condition/Modification/Deletion/Explanation

UTHealth
The University of Texas
Health Science Center at Houston

McGovern
Medical School
Department of Psychiatry
Experimental Therapeutics &
Molecular Pathophysiology Program

Rodrigo Machado-Vieira, MD., PhD, MSc
Professor of Psychiatry, UTHealth

August 4, 2026

Medical Center Hospital
Credentialing Committee
500 W. 4th Street
Odessa, TX 79761

Re: Request for Waiver of Threshold Eligibility Criteria

Dear Members of the Credentialing Committee:

I respectfully submit this request for a waiver of the applicable threshold eligibility criteria pursuant to Section 2.A.3 of the Medical Center Hospital Medical Staff Policy. Specifically, I request consideration of a waiver related to the residency training requirement, as my psychiatry residency training was completed in Brazil rather than through an ACGME-, AOA-, or Canadian-accredited training program. I have been seeing inpatients and outpatients with a full Texas Medical License (Faculty) for over nine years (since 2017) at UTHealth, with no medical liability claims or lawsuits.

I understand that waivers are not granted routinely and that the burden rests with the applicant to demonstrate exceptional circumstances and qualifications that are equivalent to, or exceed, the criterion in question. I respectfully submit that my education, licensure, clinical experience, academic leadership, and contributions to the field of psychiatry satisfy that standard.

I earned my Doctor of Medicine degree from the Pontifical Catholic University of Porto Alegre, Brazil, and subsequently completed residency training in Adult Psychiatry at the Federal University of Health Sciences of Porto Alegre. I also served as Chief Resident and completed additional fellowship training in Biological Psychiatry. Since that time, I have devoted more than three decades to clinical practice, teaching, research, and advancement of psychiatry.

Although my residency training was completed outside the United States, my subsequent professional accomplishments demonstrate qualifications that are equivalent to and substantially exceed the intent of the residency requirement. I maintain an active and unrestricted Texas medical license and currently serve as Professor of Psychiatry and Behavioral Sciences at UTHealth Houston. Prior to joining UTHealth, I held senior clinical and research leadership positions at the National Institute of Mental Health (NIMH), National Institutes of Health, including Director of the Translational Research Clinic in Mood Disorders and Senior Staff Clinician. These appointments required the highest standards of clinical competence, professionalism, and academic achievement within leading United States healthcare and research institutions.

I have recently accepted the opportunity to serve as the incoming Regional Chair of Psychiatry for the Texas Tech University Health Sciences Center School of Medicine Permian Basin, where I will be responsible for developing and expanding psychiatric clinical services, recruiting and mentoring faculty,

supporting graduate medical education, and advancing access to behavioral health care throughout West Texas. This leadership role reflects the confidence that TTUHSC has placed in my clinical expertise, academic accomplishments, and vision for psychiatric care. It also underscores the significant value that I hope to bring to Medical Center Hospital and the communities it serves.

Throughout my career, I have been entrusted with significant clinical, academic, and administrative responsibilities. I currently direct the Experimental Therapeutics and Molecular Pathophysiology Program and the Bipolar Disorder Program at UTHealth Houston and have previously directed clinical trials and translational research programs at both UTHealth and the NIH. I have supervised medical students, psychiatry residents, fellows, and junior faculty members and have mentored hundreds of trainees during my academic career.

My academic contributions have been recognized internationally. I have authored more than 250 peer-reviewed publications, received more than 21,000 citations, and achieved an h-index of 77. I am a Fellow of the American College of Neuropsychopharmacology and have received numerous national and international awards for research and clinical contributions in psychiatry. Additionally, I have served as principal investigator or co-investigator on numerous federally funded and industry-sponsored clinical trials and have participated in multiple NIH review panels, scientific advisory boards, and Data Safety Monitoring Boards.

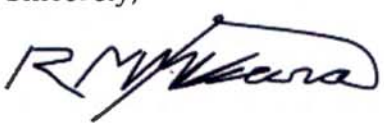
I believe these accomplishments demonstrate not only equivalency to the threshold criterion but a professional record that exceeds its intended purpose. The residency requirement exists to ensure that Medical Staff members possess the training, competency, clinical judgment, and professional qualifications necessary to provide safe, high-quality patient care. My decades of successful clinical practice, active Texas licensure, leadership positions at premier U.S. academic institutions, and nationally recognized contributions to psychiatry provide substantial evidence of those qualifications.

I respectfully request that the Credentialing Committee grant this waiver and permit my application to proceed through the credentialing process.

I am fully committed to establishing a long-term professional relationship with Medical Center Hospital and to supporting its mission of providing exceptional care to the Permian Basin. If granted the opportunity to join the Medical Staff, I look forward to working collaboratively with hospital leadership, physicians, advanced practice providers, and clinical teams to expand access to high-quality psychiatric services, support medical education and physician training, and advance the health and well-being of the patients and communities served by MCH. I am excited about the opportunity to contribute to the continued growth and success of the hospital and to help strengthen behavioral health services across the region.

Thank you for your time, consideration, and review of this request. I would be pleased to provide any additional information that may assist the Committee in its evaluation.

Sincerely,



Rodrigo Machado-Vieira, M.D, Ph.D., M.Sc
Professor of Psychiatry
Director, UTHealth Bipolar Disorder Program
Director, Experimental Therapeutics and Molecular Pathophysiology Program
Center of Excellence on Mood Disorders
Faillace Department of Psychiatry and Behavioral Sciences, McGovern Medical School
The University of Texas Health Science Center at Houston
Email: Rodrigo.MachadoVieira@uth.tmc.edu

THE UNIVERSITY OF TEXAS SYSTEM
Office of General Counsel
210 WEST 7th STREET AUSTIN, TEXAS 78701-2903
TELEPHONE (512) 499-4462

Tarah Longoria
Legal Administrative Associate
Health Law Section
HLC@utsystem.edu

U.T. System Professional Liability History Verification
Confidential and Privileged -- Not To Be Disseminated

Date: July 24, 2026
Re: Request for Claims History - Dr. Rodrigo Machado-Vieira

Printed below is the claims history you requested. The University of Texas System uses a standardized form to process the many requests it receives throughout the year. Our goal is to provide a timely response to the information you requested without a charge at this time.

In general, this report shows data relating to claims and lawsuits since January 1, 1991, except as noted below.

Our records do not indicate that Dr. Machado-vieira has had any medical liability claims or lawsuits filed against him/her arising out of official professional activities while employed by The University of Texas System. Please note that pursuant to Sec. 160.052 and 160.053, Occupations Code, this report will not reflect letters received after June 10, 2003 for which no lawsuit was filed nor money paid.

Residents at The University of Texas Medical Branch at Galveston are not covered by the Plan nor any other entity for incidents occuring from September 1, 1988 through August 31, 1999. Effective September 1, 1999 The University of Texas Medical Branch at Galveston residents were reenrolled and provided with resident coverage under the plan.

Please be advised that, in general, U.T. System residents have coverage under the Plan. However, there are exceptions in which case a resident may be covered by another entity, including but not limited to:

Veterans Administration Hospital-San Antonio
Veterans Administration Hospital-Dallas
Parkland Memorial Hospital-Dallas
Hermann Hospital-Houston

U.T. has made a reasonable effort to provide you with complete and accurate information. However, we do not represent or warrant the completeness or accuracy of this information, nor assume any liability or loss that may occur as a result of reliance on the information contained in this report.

THE UNIVERSITY OF TEXAS SYSTEM
Office of General Counsel
210 WEST 7th STREET AUSTIN, TEXAS 78701-2903
TELEPHONE (512) 499-4462

Tarah Longoria
Legal Administrative Associate
Health Law Section
HLC@utsystem.edu

U.T. System Professional Liability Verification

Confidential and Privileged -- Not To Be Disseminated

Date: **July 24, 2026**

Name of Physician: **Dr. Rodrigo Machado-Vieira**

Type of Coverage: **Occurrence (Tail coverage not necessary)**

Name of Carrier: **The University of Texas System Professional Medical Liability Benefit Plan**

Policy #: **N/A (SELF INSURED)**
Original Effective date: **2/1/2017**
Expiration date: **8/31/2026**
Coverage Amounts:

Faculty $500,000 per claim/$1,500,000 annual aggregate
Resident $500,000 per claim/$1,500,000 annual aggregate
Unless lower limits are set by law

FY	Institution	Department	Div. Code	Risk	Faculty (F or S) / Resident (R)	Begin date	End date	% Time
2025	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2025	8/31/2026	F
2024	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2024	8/31/2025	F
2023	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2023	8/31/2024	F
2022	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2022	8/31/2023	F
2021	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2021	8/31/2022	F
2020	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2020	8/31/2021	F
2019	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2019	8/31/2020	F
2018	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2018	8/31/2019	F
2017	The University of Texas Health Science Center at Houston	Psychiatry		01	S	9/1/2017	8/31/2018	F
2016	The University of Texas Health Science Center at Houston	Psychiatry		01	S	2/1/2017	8/31/2017	F

Verified by - Tarah Longoria

Family Health Clinic
September 2026
ECHD Board Update

FQHC Financial Overview- July 2026

Summary of Financial Position-Combined

For the month of July, the FQHC group combined generated a net loss from operations of (-$167K), which is (-$72K) unfavorable to budget and (-$7K) unfavorable to prior year.

Year-to-date (YTD), the organization reported a net loss from operations of ($1.9M), which is (-$550K) unfavorable to budget and (-$964K) unfavorable compared to prior year.

***Net Operating Revenue Drivers*:**

• Total Net Operating Revenue was unfavorable to budget by (-$93K) due to lower volumes during the month of July.

***Key Expense Variances*:**

• Total operating expenses were favorable to budget by (+2.0%); Locum OB expenses totaled $130K in July.

Site-Level Financial Performance- July 2026

Clinic Site	Net Gain (Loss)	Variance vs. Budget	Primary Drivers
FHC Clements	($70K)	+6.5% (+$4K)	Strong volumes; net revenue.
FHC West University	($55K)	-1.5% (-$1K)	Lower than budgeted volumes and net revenue. Provider out during the month.
Healthy Kids Clinic-JBS	$85K	+62.6% (+$33K)	Enhanced Medicaid reimbursement; volumes under 19% due to providers being out.
Women's Clinic	($126K)	-654% (-$110K)	Lower volumes (-21%) and net revenue (-18%) due to provider vacancies; total operating expenses under budget (-4%). Locum expenses for July totaled $130K.
Total	**($167K)**	-77.2% (-$72K)	Combined site total

mch
Family Health Clinic
A Member of Medical Center Health System

Financial Presentation

For the Month Ended

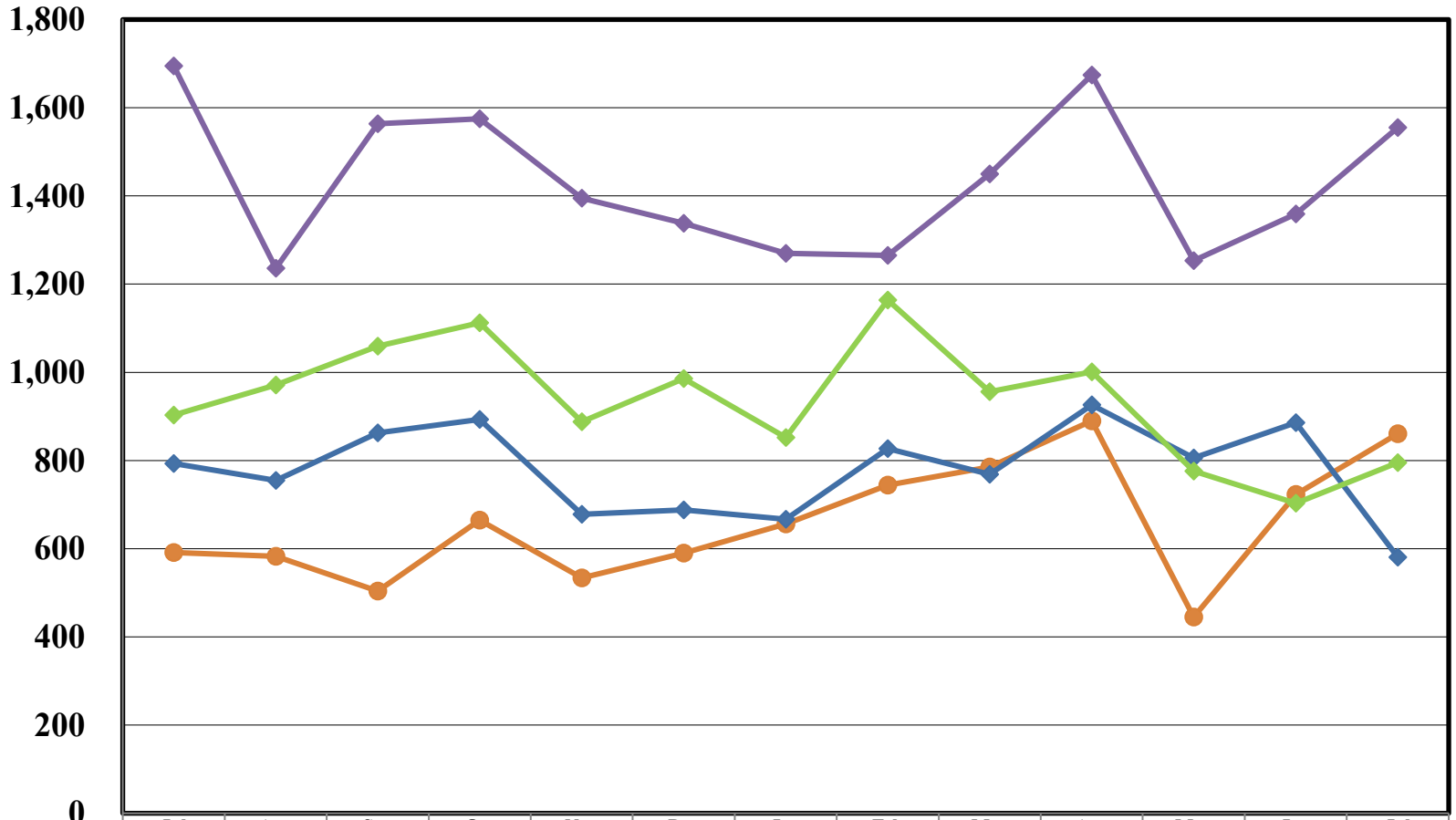
July 31, 2026

Family Health Clinic Visits

	Current Month				Year-to-Date			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %
South Clinic	861	491	370	75.4%	6,893	6,355	538	8.5%
West Clinic	581	1,238	(657)	-53.1%	7,721	10,956	(3,235)	-29.5%
JBS Pediatrics	795	983	(188)	-19.1%	9,233	9,764	(531)	-5.4%
Womens Clinic	1,555	1,990	(435)	-21.9%	14,134	18,340	(4,206)	-22.9%
Total - All Clinics	3,792	4,702	(910)	-19.4%	37,981	45,415	(7,434)	-16.4%

Family Health Center Visits

Thirteen Month Trending



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Clements Medical	591	583	504	665	534	590	656	744	785	890	445	723	861
W. University Medical	793	755	863	893	678	688	667	827	769	926	806	886	581
JBS	903	971	1,059	1,112	888	986	852	1,164	956	1,001	776	703	795
Womens Clinic	1,695	1,236	1,564	1,575	1,395	1,338	1,270	1,265	1,450	1,674	1,253	1,359	1,555

FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
JULY 2026

	Actual	Budget	Variance	
Total Patient Revenue	$1,803,916	$2,142,170	($338,254)	-15.8%
Less: Deductions	1,019,555	1,268,929	(249,374)	-19.7%
Net Patient Revenue	784,361	873,241	(88,880)	-10.2%
Other Revenue	42,692	47,777	(5,085)	-10.6%
Total Operating Revenue	827,053	921,018	(93,965)	-10.2%
Salaries & Benefits	257,423	328,756	(71,333)	-21.7%
Physician Services	603,752	533,005	70,747	13.3%
Cost of Drugs Sold	87,676	99,796	(12,120)	-12.1%
Supplies	14,378	22,961	(8,583)	-37.4%
Repairs and Maintenance	1,232	1,875	(643)	-34.3%
Other Expense	8,875	7,291	1,584	21.7%
Depreciation	21,211	21,871	(660)	-3.0%
Total Operating Expenses	994,547	1,015,555	(21,008)	-2.1%
Gain (Loss) from Operations	($167,494)	($94,537)	($72,957)	77.2%

FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
JULY 2026

	YTD Actual	YTD Budget	Variance	
Total Patient Revenue	$17,418,558	$19,884,498	($2,465,940)	-12.4%
Less: Deductions	10,523,726	11,790,262	(1,266,536)	-10.7%
Net Patient Revenue	6,894,832	8,094,236	(1,199,404)	-14.8%
Other Revenue	517,515	477,770	39,745	8.3%
Total Operating Revenue	7,412,347	8,572,006	(1,159,659)	-13.5%
Salaries & Benefits	2,557,667	3,120,813	(563,146)	-18.0%
Physician Services	5,414,458	5,330,050	84,408	1.6%
Cost of Drugs Sold	881,508	996,503	(114,995)	-11.5%
Supplies	206,767	218,097	(11,330)	-5.2%
Repairs and Maintenance	16,860	18,750	(1,890)	-10.1%
Other Expense	69,153	68,941	212	0.3%
Depreciation	213,069	215,435	(2,366)	-1.1%
Total Operating Expenses	9,359,482	9,968,589	(609,107)	-6.1%
Gain (Loss) from Operations	($1,947,135)	($1,396,583)	($550,552)	39.4%

FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JULY 2026

	Actual	Budget	Variance	
Total Patient Revenue	$296,043	$139,384	$156,659	112.4%
Less: Deductions	186,846	91,802	95,044	103.5%
Net Patient Revenue	109,198	47,582	61,616	129.5%
Other Revenue	42,692	47,777	(5,085)	-10.6%
Total Operating Revenue	151,889	95,359	56,531	59.3%
Salaries & Benefits	86,927	61,585	25,342	41.1%
Physician Services	97,361	73,535	23,826	32.4%
Cost of Drugs Sold	26,138	23,942	2,196	9.2%
Supplies	2,965	2,828	137	4.8%
Repairs and Maintenance	531	983	(452)	-46.0%
Other Expense	4,952	4,093	859	21.0%
Depreciation	3,749	4,078	(329)	-8.1%
Total Operating Expenses	222,623	171,044	51,579	30.2%
Gain (Loss) from Operations	($70,734)	($75,685)	$4,951	-6.5%

FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JULY 2026

	YTD Actual	YTD Budget	Variance	
Total Patient Revenue	$2,169,188	$1,794,962	$374,226	20.8%
Less: Deductions	1,445,258	1,182,211	263,047	22.3%
Net Patient Revenue	723,930	612,751	111,179	18.1%
Other Revenue	517,515	477,770	39,745	8.3%
Total Operating Revenue	1,241,445	1,090,521	150,924	13.8%
Salaries & Benefits	828,850	776,682	52,168	6.7%
Physician Services	809,158	735,350	73,808	10.0%
Cost of Drugs Sold	275,887	308,322	(32,435)	-10.5%
Supplies	36,366	33,004	3,362	10.2%
Repairs and Maintenance	5,841	9,830	(3,989)	-40.6%
Other Expense	39,962	38,534	1,428	3.7%
Depreciation	38,448	40,487	(2,039)	-5.0%
Total Operating Expenses	2,034,514	1,942,209	92,303	4.8%
Gain (Loss) from Operations	($793,069)	($851,688)	$58,619	-6.9%

FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JULY 2026

	Actual	Budget	Variance	
Total Patient Revenue	$176,365	$389,706	($213,341)	-54.7%
Less: Deductions	113,279	248,483	(135,204)	-54.4%
Net Patient Revenue	63,087	141,223	(78,136)	-55.3%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	63,087	141,223	(78,136)	-55.3%
Salaries & Benefits	29,432	66,435	(37,003)	-55.7%
Physician Services	66,747	91,867	(25,120)	-27.3%
Cost of Drugs Sold	281	13,327	(13,046)	-97.9%
Supplies	1,046	3,650	(2,604)	-71.3%
Repairs and Maintenance	0	0	0	0.0%
Other Expense	3,623	2,858	765	26.8%
Depreciation	17,387	17,718	(331)	-1.9%
Total Operating Expenses	118,518	195,855	(77,339)	-39.5%
Gain (Loss) from Operations	($55,431)	($54,632)	($799)	1.5%

FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JULY 2026

	YTD Actual	YTD Budget	Variance	
Total Patient Revenue	$2,538,081	$3,356,079	($817,998)	-24.4%
Less: Deductions	1,589,419	2,139,891	(550,472)	-25.7%
Net Patient Revenue	948,662	1,216,188	(267,526)	-22.0%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	948,662	1,216,188	(267,526)	-22.0%
Salaries & Benefits	293,476	561,647	(268,171)	-47.7%
Physician Services	808,658	918,670	(110,012)	-12.0%
Cost of Drugs Sold	75,860	114,771	(38,911)	-33.9%
Supplies	29,460	32,283	(2,823)	-8.7%
Repairs and Maintenance	2,823	0	2,823	0.0%
Other Expense	29,210	27,007	2,203	8.2%
Depreciation	173,872	174,198	(326)	-0.2%
Total Operating Expenses	1,413,359	1,828,576	(415,217)	-22.7%
Gain (Loss) from Operations	($464,697)	($612,388)	$147,691	-24.1%

FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JULY 2026

	Actual	Budget	Variance	
Total Patient Revenue	$335,226	$419,835	($84,609)	-20.2%
Less: Deductions	123,655	224,077	(100,422)	-44.8%
Net Patient Revenue	211,571	195,758	15,813	8.1%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	211,571	195,758	15,813	8.1%
Salaries & Benefits	39,866	49,073	(9,207)	-18.8%
Physician Services	62,081	63,327	(1,246)	-2.0%
Cost of Drugs Sold	20,614	23,242	(2,628)	-11.3%
Supplies	3,444	7,424	(3,980)	-53.6%
Repairs and Maintenance	0	0	0	0.0%
Other Expense	0	35	(35)	-100.0%
Depreciation	75	75	0	0.0%
Total Operating Expenses	126,081	143,176	(17,096)	-11.9%
Gain (Loss) from Operations	$85,490	$52,582	$32,908	62.6%

FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JULY 2026

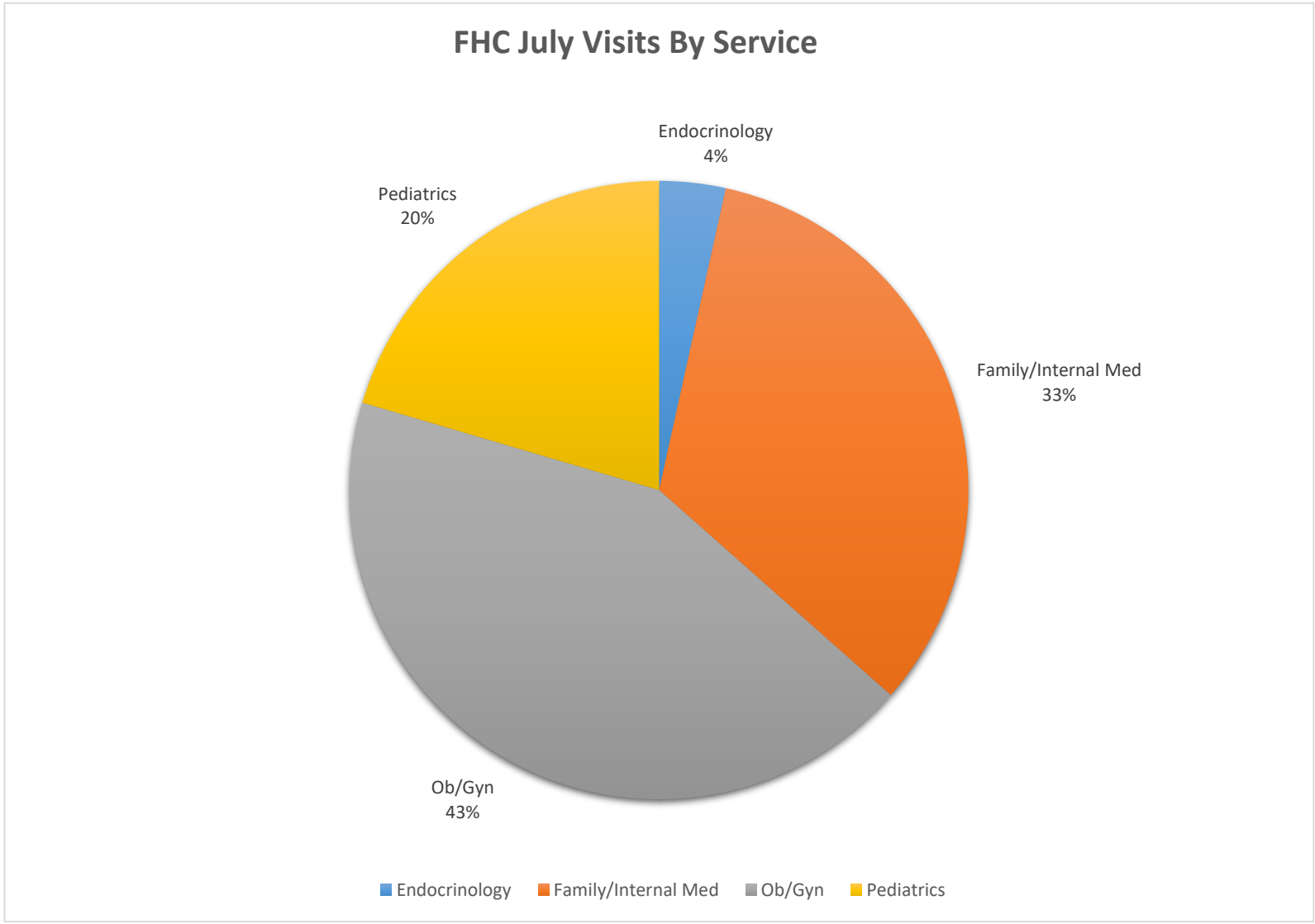
	YTD Actual	YTD Budget	Variance	
Total Patient Revenue	$3,901,813	$4,078,566	($176,753)	-4.3%
Less: Deductions	1,901,841	2,176,840	(274,999)	-12.6%
Net Patient Revenue	1,999,972	1,901,726	98,246	5.2%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	1,999,972	1,901,726	98,246	5.2%
Salaries & Benefits	434,108	466,566	(32,458)	-7.0%
Physician Services	636,293	633,270	3,023	0.5%
Cost of Drugs Sold	200,094	225,784	(25,690)	-11.4%
Supplies	60,265	72,209	(11,944)	-16.5%
Repairs and Maintenance	0	0	0	0.0%
Other Expense	(35)	350	(385)	-110.0%
Depreciation	749	750	(1)	-0.1%
Total Operating Expenses	1,331,474	1,398,929	(67,455)	-4.8%
Gain (Loss) from Operations	$668,498	$502,797	$165,701	33.0%

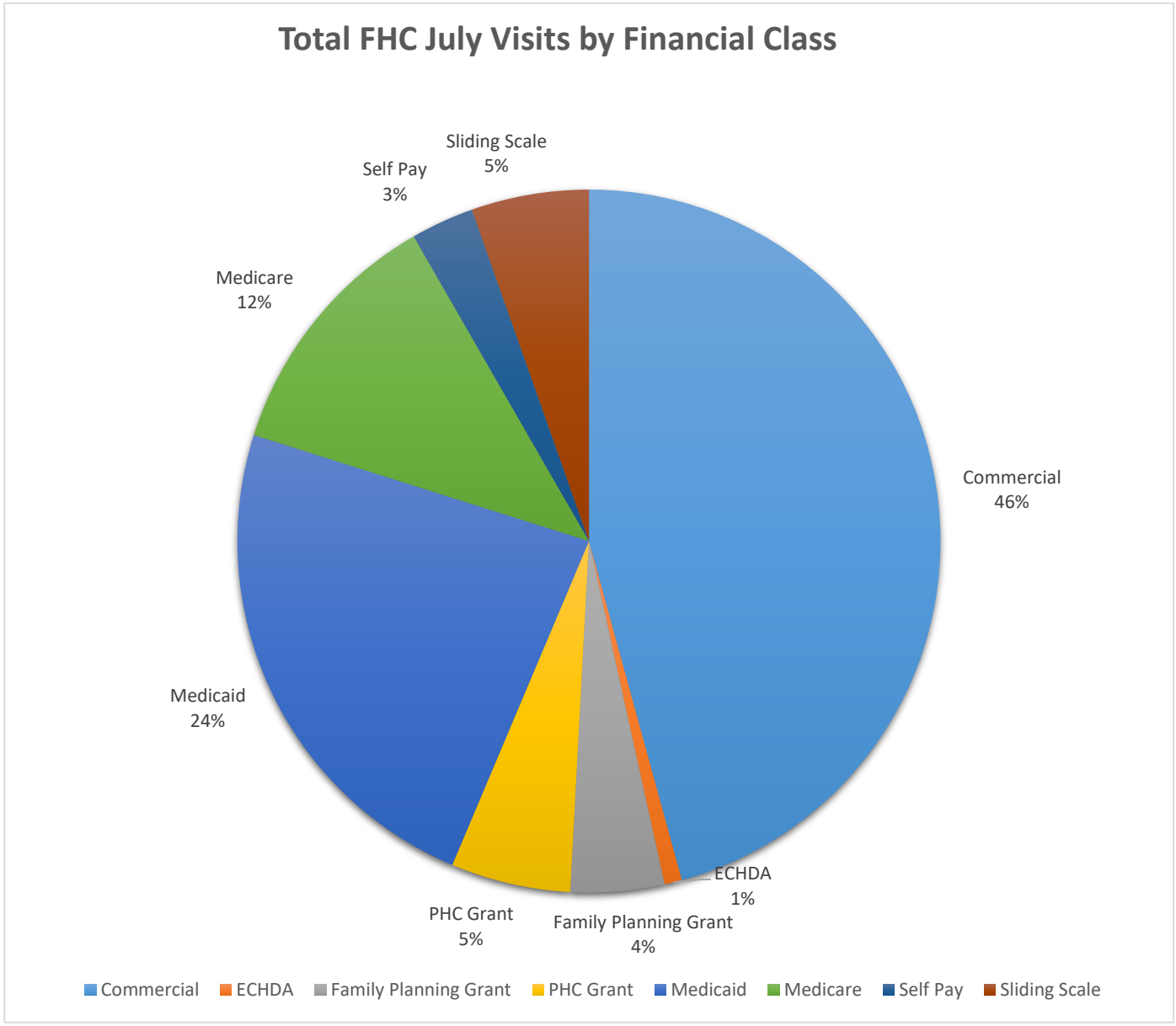
FAMILY HEALTH CLINIC - WOMENS CLINIC - OPERATIONS SUMMARY
JULY 2026

	Actual	Budget	Variance	
Total Patient Revenue	$996,282	$1,193,245	($196,963)	-16.5%
Less: Deductions	595,776	704,567	(108,791)	-15.4%
Net Patient Revenue	400,506	488,678	(88,172)	-18.0%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	400,506	488,678	(88,172)	-18.0%
Salaries & Benefits	101,198	151,663	(50,465)	-33.3%
Physician Services	377,563	304,276	73,287	24.1%
Cost of Drugs Sold	40,642	39,285	1,357	3.5%
Supplies	6,922	9,059	(2,137)	-23.6%
Repairs and Maintenance	701	892	(191)	-21.4%
Other Expense	299	305	(6)	-2.0%
Depreciation	0	0	0	0.0%
Total Operating Expenses	527,326	505,480	21,845	4.3%
Gain (Loss) from Operations	($126,820)	($16,802)	($110,018)	654.8%

FAMILY HEALTH CLINIC - WOMENS CLINIC - OPERATIONS SUMMARY
JULY 2026

	YTD Actual	YTD Budget	Variance	
Total Patient Revenue	$8,809,476	$10,654,891	($1,845,415)	-17.3%
Less: Deductions	5,587,207	6,291,320	(704,113)	-11.2%
Net Patient Revenue	3,222,268	4,363,571	(1,141,303)	-26.2%
Other Revenue	0	0	0	0.0%
Total Operating Revenue	3,222,268	4,363,571	(1,141,303)	-26.2%
Salaries & Benefits	1,001,232	1,315,918	(314,686)	-23.9%
Physician Services	3,160,349	3,042,760	117,589	3.9%
Cost of Drugs Sold	329,666	347,626	(17,960)	-5.2%
Supplies	80,676	80,601	75	0.1%
Repairs and Maintenance	8,196	8,920	(724)	-8.1%
Other Expense	16	3,050	(3,034)	-99.5%
Depreciation	0	0	0	0.0%
Total Operating Expenses	4,580,135	4,798,875	(218,740)	-4.6%
Gain (Loss) from Operations	($1,357,867)	($435,304)	($922,563)	211.9%


FHC July Visits By Service
Endocrinology
4%
Family/Internal Med
33%
Ob/Gyn
43%
Pediatrics
20%
Endocrinology
Family/Internal Med
Ob/Gyn
Pediatrics


Total FHC July Visits by Financial Class
Sliding Scale 5%
Self Pay 3%
Medicare 12%
Commercial 46%
Medicaid 24%
ECHDA 1%
PHC Grant 5%
Family Planning Grant 4%
Commercial
ECHDA
Family Planning Grant
PHC Grant
Medicaid
Medicare
Self Pay
Sliding Scale

Executive Director's Report-Operational Overview by Clinic-July 2026

MCH Family Health Clinic-Clements

Net Gain/(Loss) From Operations: ($70K) vs ($75K) (+6.5%)

Productivity: Total Visits: 861 Actual vs 491 Budget (+75.4%)
Provider Updates: No provider updates.

Workforce and Staffing Update: Currently no vacancies.
FTEs: 13.8 Actual vs 9.8 Budget (-40.6%), YTD: 12.8 Actual vs 12.9 Budget (+0.4%)

Key Focus Areas: Marketing, NP volume growth.

Other: MCH Diabetes Clinic every Wednesday from 4pm-8pm.

Operational Overview by Clinic-July 2026

MCH Family Health Clinic-West University

Net Gain/(Loss) From Operations: ($55K) vs ($54K) (-1.5%)

Productivity: Total Visits: 581 Actual vs 1,238 Budget (-53.1%); Provider being out contributed to the negative volume variance.

Provider Updates: Currently searching for a pediatrician and nurse practitioner for West University. No site visits scheduled at this time. Dr Raza was onsite on July 31, 2026; an offer has been made and is pending.

Workforce and Staffing Update: Currently searching for a full-time Medical Assistant, Front Desk and Eligibility Coordinator.
FTEs: 7.7 Actual vs 15 Budget (-48.9%), YTD: 8.8 Actual vs 13.2 Budget (-33.1%)
Key Focus Areas: New patient marketing, provider recruitment.

Operational Overview by Clinic-July 2026

MCH Healthy Kids Clinic-JBS

Net Gain/(Loss) From Operations: $85K vs $52K (+62.6%)

Productivity: Total Visits: 795 Actual vs 983 Budget (-19.1%)

Provider Updates: We are currently awaiting the start date for Dr. Fakeha Masood pending her H1B Visa status.

Workforce and Staffing Update: The Healthy Kids Clinic currently has a vacancy for a full-time LVN and Front Desk.
FTEs: 9.2 Actual vs 10.9 Budget (-15.8%), YTD: 9.5 Actual vs 10.8 Budget (-11.4%)

Key Focus Areas: Scheduling optimization

Operational Overview by Clinic-July 2026

MCH Women's Clinic

Net Gain/(Loss) From Operations: ($126K) vs ($16K) (-654%)

Productivity: Total Visits: 1,555 Actual vs 1,990 Budget (-21.9%); Budgeted provider vacancy is contributing to the negative variance.

Provider Updates: Currently searching for two Ob/Gyns. Upcoming site visits with Dr. Brennon and Dr. Branham. Dr. Canzater's site visit went well; an offer has been made and is pending.

Workforce and Staffing Update: The Women's Clinic is currently searching for a full-time Medical Assistant and Front Desk position. *FTEs: 19.4 Actual vs 27.4 Budget (-29.3%), YTD: 18.9 Actual vs 24.7 Budget (-23.7%)*

Key Focus Areas: Provider recruitment, OB Call Coverage.

2026 HRSA Community Health Quality Recognition (CHQR) Badge Award

HRSA New Access Point Award

HHS ANNOUNCES HISTORIC INVESTMENT TO EXPAND HEALTH CENTER PROGRAM, BRINGING PRIMARY CARE TO NEARLY 1 MILLION MORE AMERICANS

ATWATER, CA — August 13, 2026 — The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), today announced $102 million in New Access Points awards to significantly expand the reach of the Health Center Program. The awards represent the first major expansion of the Health Center Program since the first Trump Administration in 2019, supporting 158 new and existing health centers to establish 415 new sites and expand access to comprehensive primary care for nearly 1 million people nationwide.

"Strong primary care prevents disease and gives Americans greater control over their health," **said HHS Secretary Robert F. Kennedy, Jr.** "This $102 million investment will bring high-quality care to nearly one million more Americans, expand prevention and nutrition services, and help communities tackle chronic disease at its roots. We are giving more Americans the tools to live healthier lives and Make America Healthy Again."

HRSA is also advancing President Trump's America First agenda by exploring new ways to help health centers purchase American-made medical supplies and equipment. HRSA is working to make a platform available to help health centers find and verify American-made products and make it easier to buy American whenever possible.

Today's announcement, made at Castle Family Health Center, expands access to comprehensive primary care regardless of where Americans live or their ability to pay. By increasing the footprint of health centers nationwide, the Trump Administration is taking decisive action to strengthen preventive care, expand nutrition services, improve access to mental health and substance use disorder treatment, and address the root causes of chronic disease.

"Expanding HRSA's Health Center Program has long been a priority, and the Trump Administration is delivering on that commitment," **said HRSA Administrator Tom Engels.** "Health centers are the backbone of our nation's primary healthcare system and essential partners in our work. Today's investment will expand access to affordable, high-quality primary care in communities across the country, helping more Americans prevent chronic disease, improve their health, and access quality care closer to home."

Community Events

1. Boys & Girls Club Literacy Event- July 22, 2026
2. OPD Back to School Block Party- August 8, 2026
3. Back to School Car Seat Safety Bash- August 15, 2026

Other Business

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JULY 2026

	CURRENT MONTH					YEAR-TO-DATE				
		BUDGET		PRIOR YEAR			BUDGET		PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult	1,242	1,137	9.2%	1,233	0.7%	11,813	11,694	1.0%	11,597	1.9%
Neonatal ICU (NICU)	23	21	9.5%	34	-32.4%	268	219	22.4%	224	19.6%
Total Admissions	1,265	1,158	9.2%	1,267	-0.2%	12,081	11,913	1.4%	11,821	2.2%
Patient Days										
Adult & Pediatric	4,982	4,316	15.4%	5,024	-0.8%	48,148	44,310	8.7%	45,629	5.5%
ICU	418	439	-4.8%	437	-4.3%	4,539	4,516	0.5%	4,401	3.1%
CCU	423	438	-3.4%	455	-7.0%	4,413	4,507	-2.1%	4,394	0.4%
NICU	239	388	-38.4%	403	-40.7%	3,981	3,989	-0.2%	3,834	3.8%
Total Patient Days	6,062	5,581	8.6%	6,319	-4.1%	61,081	57,322	6.6%	58,258	4.8%
Observation (Obs) Days	838	750	11.7%	710	18.0%	8,185	7,712	6.1%	7,334	11.6%
Nursery Days	357	276	29.3%	314	13.7%	2,809	2,842	-1.2%	2,764	1.6%
Total Occupied Beds / Bassinets	7,257	6,607	9.8%	7,343	-1.2%	72,075	67,876	6.2%	68,356	5.4%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	4.69	4.57	2.7%	4.80	-2.3%	4.83	4.56	6.0%	4.69	3.0%
NICU	10.39	18.48	-43.8%	11.85	-12.3%	14.85	18.21	-18.4%	17.12	-13.2%
Total ALOS	4.79	4.82	-0.6%	4.99	-3.9%	5.06	4.81	5.1%	4.93	2.6%
Acute / Adult & Pediatric w/o OB	5.84			5.69	2.7%	5.83			5.57	4.7%
Average Daily Census	207.1	179.6	15.3%	203.8	1.6%	205.5	188.5	9.0%	191.8	7.1%
Hospital Case Mix Index (CMI)	1.6880	1.7598	-4.1%	1.6022	5.4%	1.7581	1.7598	-0.1%	1.7482	0.6%
CMI Adjusted LOS	2.84	2.74	3.7%	3.11	-8.8%	2.88	2.73	5.2%	2.82	2.0%
Medicare										
Admissions	455	454	0.2%	469	-3.0%	4,724	4,672	1.1%	4,614	2.4%
Patient Days	2,761	2,523	9.4%	2,741	0.7%	27,606	26,006	6.2%	25,678	7.5%
Average Length of Stay	6.07	5.56	9.2%	5.84	3.8%	5.84	5.57	5.0%	5.57	5.0%
Case Mix Index	1.8903	2.0302	-6.9%	1.8107	4.4%	1.9233	2.0302	-5.3%	1.9956	-3.6%
Medicaid										
Admissions	122	116	5.2%	149	-18.1%	1,184	1,195	-0.9%	1,203	-1.6%
Patient Days	831	470	76.8%	487	70.6%	8,190	4,839	69.2%	4,808	70.3%
Average Length of Stay	6.81	4.05	68.1%	3.27	108.4%	6.92	4.05	70.8%	4.00	73.1%
Case Mix Index	1.2537	1.2386	1.2%	1.1200	11.9%	1.4062	1.2386	13.5%	1.2138	15.9%
Commercial										
Admissions	425	375	13.3%	426	-0.2%	3,890	3,854	0.9%	3,844	1.2%
Patient Days	1,662	1,594	4.3%	1,988	-16.4%	17,922	16,380	9.4%	17,448	2.7%
Average Length of Stay	3.91	4.25	-8.0%	4.67	-16.2%	4.61	4.25	8.4%	4.54	1.5%
Case Mix Index	1.6290	1.6709	-2.5%	1.5173	7.4%	1.7149	1.6709	2.6%	1.6360	4.8%
Self Pay										
Admissions	221	184	20.1%	183	20.8%	1,955	1,892	3.3%	1,837	6.4%
Patient Days	632	802	-21.2%	857	-26.3%	5,659	8,249	-31.4%	8,552	-33.8%
Average Length of Stay	2.86	4.36	-34.4%	4.68	-38.9%	2.89	4.36	-33.6%	4.66	-37.8%
Case Mix Index	1.6200	1.7383	-6.8%	1.5384	5.3%	1.6767	1.7383	-3.5%	1.7065	-1.7%
All Other										
Admissions	42	29	44.8%	40	5.0%	328	300	9.3%	323	1.5%
Patient Days	176	178	-1.1%	246	-28.5%	1,704	1,842	-7.5%	1,824	-6.6%
Average Length of Stay	4.19	6.14	-31.7%	6.15	-31.9%	5.20	6.14	-15.4%	5.65	-8.0%
Case Mix Index	1.7774	2.0600	-13.7%	2.1792	-18.4%	2.0131	2.0600	-2.3%	2.1531	-6.5%
Radiology										
InPatient	4,801	4,560	5.3%	4,996	-3.9%	49,702	46,938	5.9%	47,600	4.4%
OutPatient	8,962	8,556	4.7%	8,704	3.0%	86,328	87,970	-1.9%	84,450	2.2%
Cath Lab										
InPatient	710	637	11.5%	705	0.7%	6,541	6,547	-0.1%	6,618	-1.2%
OutPatient	397	370	7.3%	492	-19.3%	3,372	3,803	-11.3%	3,850	-12.4%
Laboratory										
InPatient	89,143	79,928	11.5%	85,629	4.1%	875,150	822,909	6.3%	832,977	5.1%
OutPatient	74,288	72,614	2.3%	68,076	9.1%	725,973	746,611	-2.8%	712,364	1.9%
Other										
Deliveries	220	181	21.5%	205	7.3%	1,844	1,857	-0.7%	1,801	2.4%
Surgical Cases										
InPatient	257	235	9.4%	243	5.8%	2,320	2,413	-3.9%	2,405	-3.5%
OutPatient	489	534	-8.4%	605	-19.2%	5,132	5,490	-6.5%	5,280	-2.8%
Total Surgical Cases	746	769	-3.0%	848	-12.0%	7,452	7,903	-5.7%	7,685	-3.0%
GI Procedures (Endo)										
InPatient	171	123	39.0%	99	72.7%	1,051	1,266	-17.0%	1,202	-12.6%
OutPatient	141	165	-14.5%	163	-13.5%	1,398	1,698	-17.7%	1,674	-16.5%
Total GI Procedures	312	288	8.3%	262	19.1%	2,449	2,964	-17.4%	2,876	-14.8%

ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JULY 2026

	CURRENT MONTH					YEAR-TO-DATE				
		BUDGET		PRIOR YEAR			BUDGET		PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Emergency Room										
I/P Emergency Room Visits	899	717	25.4%	951	-5.5%	8,455	7,376	14.6%	7,938	6.5%
O/P Emergency Room Visits	4,089	4,403	-7.1%	4,302	-5.0%	41,927	45,271	-7.4%	43,968	-4.6%
Total Emergency Room Visits	4,988	5,120	-2.6%	5,253	-5.0%	50,382	52,647	-4.3%	51,906	-2.9%
Outpatient										
O/P Occasions of Service	21,389	19,799	8.0%	19,137	11.8%	210,738	203,576	3.5%	194,478	8.4%
Hospital Operations										
Manhours Paid	307,246	289,590	6.1%	307,702	-0.1%	2,981,725	2,936,741	1.5%	2,969,125	0.4%
FTE's	1,734.5	1,634.8	6.1%	1,737.0	-0.1%	1,716.5	1,690.6	1.5%	1,709.2	0.4%
Adjusted Patient Days	11,672	10,600	10.1%	11,666	0.1%	113,639	108,806	4.4%	108,951	4.3%
Hours / Adjusted Patient Day	26.32	27.32	-3.7%	26.38	-0.2%	26.24	26.99	-2.8%	27.23	-3.6%
Occupancy - Actual Beds	56.3%	51.5%	9.4%	55.4%	1.6%	55.8%	54.0%	3.4%	52.1%	7.1%
FTE's / Adjusted Occupied Bed	4.4	4.8	-9.2%	4.6	-5.8%	4.5	4.7	-5.0%	4.8	-5.8%
Family Health Clinic - Clements										
Total Medical Visits	861	491	75.4%	591	45.7%	6,893	6,355	8.5%	6,167	11.8%
Manhours Paid	2,446	1,740	40.6%	2,043	19.7%	22,319	22,400	-0.4%	18,739	19.1%
FTE's	13.8	9.8	40.6%	11.5	19.7%	12.8	12.9	-0.4%	10.8	19.1%
Family Health Clinic - West University										
Total Medical Visits	581	1,238	-53.1%	793	-26.7%	7,721	10,956	-29.5%	7,201	7.2%
Manhours Paid	1,357	2,657	-48.9%	1,505	-9.8%	15,314	22,882	-33.1%	15,440	-0.8%
FTE's	7.7	15.0	-48.9%	8.5	-9.8%	8.8	13.2	-33.1%	8.9	-0.8%
Family Health Clinic - JBS										
Total Medical Visits	795	983	-19.1%	903	-12.0%	9,233	9,764	-5.4%	9,343	-1.2%
Manhours Paid	1,622	1,928	-15.8%	1,845	-12.0%	16,580	18,722	-11.4%	15,728	5.4%
FTE's	9.2	10.9	-15.8%	10.4	-12.0%	9.5	10.8	-11.4%	9.1	5.4%
Family Health Clinic - Womens										
Total Medical Visits	1,555	1,990	-21.9%	1,695	-8.3%	14,134	18,340	-22.9%	16,062	-12.0%
Manhours Paid	3,431	4,855	-29.3%	3,423	0.3%	32,794	42,966	-23.7%	33,681	-2.6%
FTE's	19.4	27.4	-29.3%	19.3	0.3%	18.9	24.7	-23.7%	19.4	-2.6%
Total ECHD Operations										
Total Admissions	1,265	1,158	9.2%	1,267	-0.2%	12,081	11,913	1.4%	11,821	2.2%
Total Patient Days	6,062	5,581	8.6%	6,319	-4.1%	61,081	57,322	6.6%	58,258	4.8%
Total Patient and Obs Days	6,062	5,581	8.6%	6,319	-4.1%	61,081	57,322	6.6%	58,258	4.8%
Total FTE's	1,784.5	1,697.9	5.1%	1,786.8	-0.1%	1,766.5	1,752.1	0.8%	1,757.3	0.5%
FTE's / Adjusted Occupied Bed	4.5	5.0	-10.1%	4.7	-5.7%	4.6	4.9	-5.7%	4.9	-5.7%
Total Adjusted Patient Days	11,672	10,600	10.1%	11,666	0.1%	113,639	108,806	4.4%	108,951	4.3%
Hours / Adjusted Patient Day	27.08	28.37	-4.6%	27.13	-0.2%	27.00	27.97	-3.5%	28.02	-3.6%
Outpatient Factor	1.9255	1.8993	1.4%	1.8462	4.3%	1.8605	1.8981	-2.0%	1.8702	-0.5%
Blended O/P Factor	2.1296	2.1011	1.4%	2.0299	4.9%	2.0505	2.0899	-1.9%	2.0616	-0.5%
Total Adjusted Admissions	2,436	2,199	10.7%	2,339	4.1%	22,476	22,613	-0.6%	22,107	1.7%
Hours / Adjusted Admisssion	129.78	136.75	-5.1%	135.31	-4.1%	136.53	134.60	1.4%	138.09	-1.1%
FTE's - Hospital Contract	55.7	36.9	50.9%	41.5	34.3%	49.9	38.5	29.7%	45.8	9.0%
FTE's - Mgmt Services	54.2	55.1	-1.7%	56.3	-3.8%	51.1	55.1	-7.4%	56.4	-9.5%
Total FTE's (including Contract)	1,894.4	1,790.0	5.8%	1,884.6	0.5%	1,867.5	1,845.7	1.2%	1,859.5	0.4%
Total FTE'S per Adjusted Occupied Bed (including Contract)	4.75	5.25	-9.5%	5.01	-5.1%	4.88	5.16	-5.4%	5.18	-5.8%
ProCare FTEs	206.0	241.6	-14.7%	210.0	-1.9%	210.5	240.5	-12.5%	207.7	1.4%
TraumaCare FTEs	9.3	8.4	11.1%	8.3	12.2%	8.4	8.5	-0.8%	8.3	2.3%
Total System FTEs	2,109.7	2,039.9	3.4%	2,103.0	0.3%	2,086.4	2,094.7	-0.4%	2,075.4	0.5%
Urgent Care Visits										
JBS Clinic	1,099	1,395	-21.2%	899	22.2%	13,360	14,338	-6.8%	13,379	-0.1%
West University	643	901	-28.6%	573	12.2%	8,305	9,265	-10.4%	8,696	-4.5%
Total Urgent Care Visits	1,742	2,296	-24.1%	1,472	18.3%	21,665	23,603	-8.2%	22,075	-1.9%
Retail Clinic Visits										
Retail Clinic	129	162	-20.4%	108	19.4%	1,814	1,636	10.9%	1,582	14.7%

ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JULY 2026

	CURRENT YEAR	PRIOR FISCAL YEAR END HOSPITAL AUDITED	PRO CARE AUDITED	TRAUMA CARE AUDITED	CURRENT YEAR CHANGE
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	$ 10,878,098	$ 16,898,248	$ 4,700	$ -	$ (6,024,849)
Investments	59,335,768	57,956,175	-	-	1,379,593
Patient Accounts Receivable - Gross	220,636,262	214,978,630	19,968,494	1,685,000	(15,995,862)
Less: 3rd Party Allowances	(137,656,635)	(139,548,613)	(11,202,864)	(1,298,612)	14,393,453
Bad Debt Allowance	(44,576,267)	(39,762,357)	(5,310,080)	(300,000)	796,171
Net Patient Accounts Receivable	38,403,360	35,667,660	3,455,550	86,388	(806,239)
Taxes Receivable	11,459,422	11,616,563	-	-	(157,140)
Accounts Receivable - Other	11,400,174	8,609,285	100,560	-	2,690,329
Inventories	10,452,493	10,073,960	496,748	-	(118,214)
Prepaid Expenses	6,036,079	5,545,302	128,278	18,231	344,267
Total Current Assets	147,965,394	146,367,192	4,185,837	104,619	(2,692,254)
CAPITAL ASSETS:					
Property and Equipment	542,825,361	535,446,720	403,173	-	6,975,468
Construction in Progress	59,183,474	20,318,667	-	-	38,864,807
	602,008,835	555,765,387	403,173	-	45,840,275
Less: Accumulated Depreciation and Amortization	(410,761,330)	(395,954,800)	(352,925)	-	(14,453,605)
Total Capital Assets	191,247,504	159,810,587	50,248	-	31,386,669
LEASE ASSETS					
Leased Assets	16,156	2,337,842	-	-	(2,321,687)
Less Accrumulated Amortization Lease Assets	(15,811)	(2,223,870)	-		2,208,059
Total Lease Assets	345	113,973	-	-	(113,628)
SUBSCRIPTION ASSETS					
Subscription Assets	18,965,357	15,473,212	-	-	3,492,145
Less Accrumulated Amortization Subscription Assets	(6,722,759)	(4,805,698)	-	-	(1,917,061)
Total Subscription Assets	12,242,598	10,667,514	-	-	1,575,084
LT Lease Recieivable	4,200,182	5,611,487	-	-	(1,411,304)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,415,547	6,527,822	-	-	(112,275)
Restricted TPC, LLC	2,067,803	1,826,505	-	-	241,298
Restricted ENFRA EasS and Hospital Projects	82,827,818	-	-	-	82,827,818
Investment in PBBHC	52,991,228	52,991,228	-	-	-
Restricted MCH West Texas Services	2,527,587	2,444,722	-	-	82,865
Pension, Deferred Outflows of Resources	10,254,779	10,254,779	-	-	-
Assets whose use is Limited	12,264	-	356,764	6,743	(351,243)
TOTAL ASSETS	$ 512,757,946	$ 396,620,704	$ 4,592,850	$ 111,362	$ 111,433,031
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	$ 1,970,000	$ 1,970,000	$ -	$ -	$ -
Self-Insurance Liability - Current Portion	3,028,792	3,028,792	-	-	-
Current Portion of Lease Liabilities	2,797	278,336	-	-	(275,540)
Current Portion of Subscription Liabilities	3,709,705	2,608,445	-	-	1,101,260
Accounts Payable	21,602,715	27,085,249	(2,116,984)	(875,767)	(2,489,784)
A/R Credit Balances	3,789,425	2,429,902	-	-	1,359,524
Accrued Interest	580,258	251,049	-	-	329,209
Accrued Salaries and Wages	13,601,970	6,581,641	6,849,020	238,922	(67,613)
Accrued Compensated Absences	5,880,787	5,729,425	-	-	151,362
Due to Third Party Payors	5,389,089	7,251,974	-	-	(1,862,884)
Deferred Revenue	110,846,962	174,540	(106,356)	-	110,778,778
Total Current Liabilities	170,402,501	57,389,353	4,625,680	(636,845)	108,387,468
ACCRUED POST RETIREMENT BENEFITS	14,979,065	19,938,321	-	-	(4,959,257)
LESSOR DEFFERED INFLOWS OF RESOUCES	5,510,546	7,114,414			(1,603,868)
SELF-INSURANCE LIABILITIES - Less Current Portion	1,780,370	1,780,370	-	-	-
LEASE LIABILITIES	-	39,011			(39,011)
SUBSCRIPTION LIABILITIES	5,871,195	6,442,292			(571,096)
LONG-TERM DEBT - Less Current Maturities	25,376,553	25,818,179	-	-	(441,626)
					-
Total Liabilities	223,920,230	118,521,941	4,625,680	(636,845)	101,409,454
FUND BALANCE	288,837,716	278,098,763	(32,831)	748,207	288,870,547
TOTAL LIABILITIES AND FUND BALANCE	$ 512,757,946	$ 396,620,704	$ 4,592,850	$ 111,362	$ 111,433,031

ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
JULY 2026

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	$ 59,356,217	$ 58,017,894	2.3%	$ 63,578,532	-6.6%	$ 611,783,513	$ 594,388,632	2.9%	$ 593,110,320	3.1%
Outpatient Revenue	67,049,289	63,882,308	5.0%	65,479,497	2.4%	642,684,008	647,827,704	-0.8%	629,643,526	2.1%
TOTAL PATIENT REVENUE	$ 126,405,506	$ 121,900,202	3.7%	$ 129,058,029	-2.1%	$ 1,254,467,521	$ 1,242,216,336	1.0%	$ 1,222,753,846	2.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 80,669,468	$ 76,914,877	4.9%	$ 82,647,651	-2.4%	$ 791,419,906	$ 785,088,150	0.8%	$ 776,439,093	1.9%
Policy Adjustments	1,014,543	1,162,183	-12.7%	1,848,363	-45.1%	10,439,005	11,343,026	-8.0%	11,708,678	-10.8%
Uninsured Discount	13,024,173	9,238,197	41.0%	7,698,970	69.2%	105,067,216	94,615,870	11.0%	93,252,773	12.7%
Indigent	965,202	1,189,502	-18.9%	1,212,622	-20.4%	13,754,830	12,059,023	14.1%	11,650,200	18.1%
Provision for Bad Debts	5,737,974	6,437,398	-10.9%	7,187,951	-20.2%	66,892,529	65,169,008	2.6%	66,159,440	1.1%
TOTAL REVENUE DEDUCTIONS	$ 101,411,360	$ 94,942,157	6.8%	$ 100,595,557	0.8%	$ 987,573,486	$ 968,275,077	2.0%	$ 959,210,185	3.0%
	80.23%	77.89%		77.95%		78.72%	77.95%		78.45%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 1,621,128	$ 1,457,917	11.2%	$ 1,810,333	-10.5%	$ 17,642,783	$ 14,579,170	21.0%	$ 20,405,671	-13.5%
DSRIP/CHIRP	4,088,197	1,252,500	226.4%	(506,120)	-907.8%	15,065,333	12,525,000	20.3%	(1,940,225)	-876.5%
TOTAL OTHER PATIENT REVENUE	$ 5,709,325	$ 2,710,417	110.6%	$ 1,304,213	337.8%	$ 32,708,117	$ 27,104,170	20.7%	$ 18,465,445	77.1%
NET PATIENT REVENUE	$ 30,703,471	$ 29,668,462	3.5%	$ 29,766,686	3.1%	$ 299,602,152	$ 301,045,429	-0.5%	$ 282,009,106	6.2%
OTHER REVENUE										
Tax Revenue	$ 6,966,234	$ 7,599,432	-8.3%	$ 7,094,613	-1.8%	$ 77,364,953	$ 76,789,531	0.7%	$ 70,088,351	10.4%
Other Revenue	1,880,116	2,064,389	-8.9%	1,517,683	23.9%	19,677,207	20,072,732	-2.0%	15,768,879	24.8%
TOTAL OTHER REVENUE	$ 8,846,350	$ 9,663,821	-8.5%	$ 8,612,296	2.7%	$ 97,042,160	$ 96,862,263	0.2%	$ 85,857,231	13.0%
NET OPERATING REVENUE	$ 39,549,821	$ 39,332,283	0.6%	$ 38,378,981	3.1%	$ 396,644,312	$ 397,907,692	-0.3%	$ 367,866,336	7.8%
OPERATING EXPENSES										
Salaries and Wages	$ 16,914,585	$ 16,702,710	1.3%	$ 16,694,968	1.3%	$ 165,607,856	$ 167,317,426	-1.0%	$ 160,531,189	3.2%
Benefits	1,974,910	2,323,753	-15.0%	1,584,827	24.6%	22,404,554	23,436,470	-4.4%	16,029,729	39.8%
Temporary Labor	1,353,423	1,215,227	11.4%	1,448,628	-6.6%	14,847,965	12,623,604	17.6%	13,889,746	6.9%
Physician Fees	1,422,246	1,309,653	8.6%	1,371,075	3.7%	13,586,589	13,098,232	3.7%	13,156,445	3.3%
Texas Tech Support	1,116,754	1,042,618	7.1%	992,003	12.6%	10,569,704	10,426,180	1.4%	10,075,569	4.9%
Purchased Services	5,572,894	5,123,768	8.8%	4,853,383	14.8%	54,676,137	51,223,743	6.7%	48,306,754	13.2%
Supplies	7,128,805	7,012,895	1.7%	6,647,452	7.2%	69,908,227	71,042,433	-1.6%	67,635,131	3.4%
Utilities	356,486	331,569	7.5%	375,402	-5.0%	3,467,826	3,331,928	4.1%	3,365,814	3.0%
Repairs and Maintenance	893,519	881,826	1.3%	971,203	-8.0%	8,779,171	8,887,884	-1.2%	8,597,004	2.1%
Leases and Rent	185,741	203,735	-8.8%	82,330	125.6%	1,845,886	2,037,463	-9.4%	1,228,608	50.2%
Insurance	173,351	174,339	-0.6%	183,802	-5.7%	2,002,537	2,024,523	-1.1%	2,153,587	-7.0%
Interest Expense	90,404	79,140	14.2%	95,295	-5.1%	894,099	791,960	12.9%	882,254	1.3%
ECHDA	232,237	113,629	104.4%	149,111	55.7%	1,671,260	1,136,290	47.1%	1,171,780	42.6%
Other Expense	222,244	230,267	-3.5%	231,916	-4.2%	2,021,126	2,307,472	-12.4%	2,139,198	-5.5%
TOTAL OPERATING EXPENSES	$ 37,637,600	$ 36,745,130	2.4%	$ 35,681,394	5.5%	$ 372,282,936	$ 369,685,608	0.7%	$ 349,162,806	6.6%
Depreciation/Amortization	$ 2,339,740	$ 2,177,540	7.4%	$ 2,251,837	3.9%	$ 22,677,052	$ 21,715,739	4.4%	$ 21,275,157	6.6%
(Gain) Loss on Sale of Assets	-	-	0.0%	-	0.0%	44,265	-	0.0%	(300)	-14855.1%
TOTAL OPERATING COSTS	$ 39,977,340	$ 38,922,670	2.7%	$ 37,933,231	5.4%	$ 395,004,253	$ 391,401,347	0.9%	$ 370,437,664	6.6%
NET GAIN (LOSS) FROM OPERATIONS	**$ (427,519)**	**$ 409,613**	**204.4%**	**$ 445,750**	**195.9%**	**$ 1,640,059**	**$ 6,506,345**	**-74.8%**	**$ (2,571,327)**	**-163.8%**
Operating Margin	-1.08%	1.04%	-203.8%	1.16%	-193.1%	0.41%	1.64%	-74.7%	-0.70%	-159.2%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 622,574	$ 415,108	50.0%	$ 131,264	374.3%	$ 4,025,478	$ 4,143,635	-2.9%	$ 1,765,036	128.1%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,877,301	1,700,000	10.4%	1,630,271	15.2%
Opiod Abatement Fund	-	-	0.0%	-	0.0%	163,902	-	0.0%	210,135	-22.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	8,135	-100.0%	-	0.0%	297,218	81,350	265.4%	73,213	306.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	134,060	-	0.0%	78,390	71.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ 195,055	$ 832,856	76.6%	$ 577,014	66.2%	$ 8,138,018	$ 12,431,330	34.5%	$ 1,185,717	-586.3%
Unrealized Gain/(Loss) on Investments	$ (51,743)	$ 100,093	0.0%	$ 50,913	-201.6%	$ 180,060	$ 1,000,930	0.0%	$ 951,748	-81.1%
Investment in Subsidiaries	(9,329)	85,799	-110.9%	9,115	-202.3%	1,705,499	857,990	98.8%	781,307	118.3%
CHANGE IN NET POSITION	**$ 133,983**	**$ 1,018,748**	**86.8%**	**$ 637,043**	**79.0%**	**$ 10,023,577**	**$ 14,290,250**	**29.9%**	**$ 2,918,772**	**-243.4%**
ADJUSTED OPERATING EBIDA	$ 1,180,031	$ 1,940,815	-39.2%	$ 1,959,951	-39.8%	$ 17,520,488	$ 21,688,784	-19.2%	$ 6,804,612	157.5%

ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
JULY 2026

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	$ 59,356,217	$ 58,017,894	2.3%	$ 63,578,532	-6.6%	$ 611,783,513	$ 594,388,632	2.9%	$ 593,110,320	3.1%
Outpatient Revenue	54,934,222	52,173,996	5.3%	53,800,955	2.1%	526,418,540	533,847,574	-1.4%	516,095,682	2.0%
TOTAL PATIENT REVENUE	$ 114,290,439	$ 110,191,890	3.7%	$ 117,379,487	-2.6%	$ 1,138,202,053	$ 1,128,236,206	0.9%	$ 1,109,206,001	2.6%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 74,135,737	$ 70,766,587	4.8%	$ 76,685,379	-3.3%	$ 730,316,906	$ 725,307,679	0.7%	$ 716,571,920	1.9%
Policy Adjustments	99,374	160,818	-38.2%	584,192	-83.0%	1,484,630	1,647,171	-9.9%	1,645,667	-9.8%
Uninsured Discount	12,737,446	8,984,530	41.8%	7,435,243	71.3%	101,914,957	92,152,012	10.6%	90,767,297	12.3%
Indigent Care	955,757	1,179,800	-19.0%	1,196,578	-20.1%	13,592,949	11,960,065	13.7%	11,547,243	17.7%
Provision for Bad Debts	4,624,693	5,374,096	-13.9%	6,158,199	-24.9%	55,678,347	54,877,816	1.5%	55,617,597	0.1%
TOTAL REVENUE DEDUCTIONS	$ 92,553,007	$ 86,465,831	7.0%	$ 92,059,592	0.5%	$ 902,987,789	$ 885,944,743	1.9%	$ 876,149,725	3.1%
	80.98%	78.47%		78.43%		79.33%	78.52%		78.99%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	$ 1,621,128	$ 1,457,917	11.2%	$ 1,810,333	-10.5%	$ 17,642,783	$ 14,579,170	21.0%	$ 20,405,671	-13.5%
DSRIP/CHIRP	4,088,197	1,252,500	226.4%	(506,120)	-907.8%	15,065,333	12,525,000	20.3%	(1,940,225)	-876.5%
TOTAL OTHER PATIENT REVENUE	$ 5,709,325	$ 2,710,417	110.6%	$ 1,304,213	337.8%	$ 32,708,117	$ 27,104,170	20.7%	$ 18,465,445	77.1%
NET PATIENT REVENUE	$ 27,446,757	$ 26,436,476	3.8%	$ 26,624,109	3.1%	$ 267,922,381	$ 269,395,633	-0.5%	$ 251,521,722	6.5%
OTHER REVENUE										
Tax Revenue	$ 6,966,234	$ 7,599,432	-8.3%	$ 7,094,613	-1.8%	$ 77,364,953	$ 76,789,531	0.7%	$ 70,088,351	10.4%
Other Revenue	1,569,569	1,787,786	-12.2%	1,167,226	34.5%	17,290,130	17,361,340	-0.4%	13,182,390	31.2%
TOTAL OTHER REVENUE	$ 8,535,803	$ 9,387,218	-9.1%	$ 8,261,839	3.3%	$ 94,655,083	$ 94,150,871	0.5%	$ 83,270,741	13.7%
NET OPERATING REVENUE	$ 35,982,559	$ 35,823,694	0.4%	$ 34,885,948	3.1%	$ 362,577,464	$ 363,546,504	-0.3%	$ 334,792,463	8.3%
OPERATING EXPENSE										
Salaries and Wages	$ 12,145,282	$ 11,807,399	2.9%	$ 11,965,007	1.5%	$ 118,496,784	$ 118,549,041	0.0%	$ 113,844,887	4.1%
Benefits	1,511,458	1,905,165	-20.7%	1,240,999	21.8%	17,340,153	18,631,637	-6.9%	11,560,202	50.0%
Temporary Labor	579,249	497,809	16.4%	576,861	0.4%	6,799,769	5,084,999	33.7%	6,473,826	5.0%
Physician Fees	1,408,797	1,357,465	3.8%	1,366,991	3.1%	14,062,527	13,572,187	3.6%	13,575,952	3.6%
Texas Tech Support	1,116,754	1,042,618	7.1%	992,003	12.6%	10,569,704	10,426,180	1.4%	10,075,569	4.9%
Purchased Services	5,859,717	5,438,556	7.7%	5,137,390	14.1%	57,820,444	54,785,414	5.5%	51,039,042	13.3%
Supplies	7,057,112	6,937,848	1.7%	6,559,267	7.6%	69,283,765	70,296,855	-1.4%	66,916,554	3.5%
Utilities	355,385	330,103	7.7%	374,719	-5.2%	3,460,949	3,324,816	4.1%	3,358,153	3.1%
Repairs and Maintenance	893,519	881,350	1.4%	971,203	-8.0%	8,765,772	8,883,124	-1.3%	8,595,567	2.0%
Leases and Rentals	22,728	41,354	-45.0%	(79,913)	-128.4%	215,739	413,542	-47.8%	(272,247)	-179.2%
Insurance	130,089	136,272	-4.5%	147,238	-11.6%	1,380,989	1,362,720	1.3%	1,527,319	-9.6%
Interest Expense	90,404	79,140	14.2%	95,295	-5.1%	894,099	791,960	12.9%	882,254	1.3%
ECHDA	232,237	113,629	104.4%	149,111	55.7%	1,671,260	1,136,290	47.1%	1,171,780	42.6%
Other Expense	142,916	161,584	-11.6%	142,586	0.2%	1,268,024	1,626,755	-22.1%	1,478,104	-14.2%
TOTAL OPERATING EXPENSES	$ 31,545,649	$ 30,730,293	2.7%	$ 29,638,758	6.4%	$ 312,029,979	$ 308,885,520	1.0%	$ 290,226,962	7.5%
Depreciation/Amortization	$ 2,327,892	$ 2,164,955	7.5%	$ 2,239,950	3.9%	$ 22,559,020	$ 21,589,889	4.5%	$ 21,156,225	6.6%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	-	0.0%	44,265	-	0.0%	(300)	-14855.1%
TOTAL OPERATING COSTS	$ 33,873,541	$ 32,895,248	3.0%	$ 31,878,709	6.3%	$ 334,633,265	$ 330,475,409	1.3%	$ 311,382,887	7.5%
NET GAIN (LOSS) FROM OPERATIONS	**$ 2,109,018**	**$ 2,928,446**	**-28.0%**	**$ 3,007,239**	**29.9%**	**$ 27,944,199**	**$ 33,071,095**	**-15.5%**	**$ 23,409,576**	**-19.4%**
Operating Margin	5.86%	8.17%	-28.3%	8.62%	-32.0%	7.71%	9.10%	-15.3%	6.99%	10.2%
NONOPERATING REVENUE/EXPENSE										
Interest Income	$ 622,574	$ 415,108	50.0%	$ 131,264	374.3%	$ 4,025,478	$ 4,143,635	-2.9%	$ 1,765,036	128.1%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,877,301	1,700,000	10.4%	1,630,271	15.2%
Opiod Abatement Fund	-	-	0.0%	-	0.0%	163,902	-		210,135	-22.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	8,135	-100.0%	-	0.0%	297,218	81,350	265.4%	73,213	306.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	134,060	-		78,390	71.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	$ 2,731,592	$ 3,351,690	-18.5%	$ 3,138,503	-13.0%	$ 34,442,157	$ 38,996,080	-11.7%	$ 27,166,621	26.8%
Procare Capital Contribution	(2,551,689)	(2,541,764)	0.4%	(2,598,166)	-1.8%	(26,496,382)	(26,690,305)	-0.7%	(26,239,329)	1.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	$ 179,904	$ 809,926	77.8%	$ 540,338	66.7%	$ 7,945,775	$ 12,305,775	35.4%	$ 927,292	-756.9%
Unrealized Gain/(Loss) on Investments	$ (51,743)	$ 100,093	-151.7%	$ 50,913	-201.6%	$ 180,060	$ 1,000,930	-82.0%	$ 951,748	-81.1%
Investment in Subsidiaries	(9,329)	85,799	-110.9%	9,115	-202.3%	1,705,499	857,990	98.8%	781,307	118.3%
CHANGE IN NET POSITION	**$ 118,832**	**$ 995,818**	**88.1%**	**$ 600,366**	**80.2%**	**$ 9,831,334**	**$ 14,164,695**	**30.6%**	**$ 2,660,347**	**-269.6%**
ADJUSTED OPERATING EBIDA	$ 3,704,721	$ 4,447,063	-16.7%	$ 4,509,554	-17.8%	$ 43,706,595	$ 48,127,684	-9.2%	$ 32,666,583	33.8%

ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
JULY 2026

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	$ 11,882,949	$ 11,497,562	3.4%	$ 11,450,673	3.8%	$ 114,116,909	$ 111,990,611	1.9%	$ 111,556,873	2.3%
TOTAL PATIENT REVENUE	$ 11,882,949	$ 11,497,562	3.4%	$ 11,450,673	3.8%	$ 114,116,909	$ 111,990,611	1.9%	$ 111,556,873	2.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 6,419,315	$ 6,051,677	6.1%	$ 5,853,821	9.7%	$ 60,018,982	$ 58,868,424	2.0%	$ 58,933,978	1.8%
Policy Adjustments	881,157	963,289	-8.5%	1,226,423	-28.2%	8,576,208	9,336,410	-8.1%	9,706,723	-11.6%
Uninsured Discount	286,727	253,667	13.0%	263,727	8.7%	3,152,259	2,463,858	27.9%	2,485,476	26.8%
Indigent	9,445	9,702	-2.7%	16,044	-41.1%	161,881	98,958	63.6%	102,957	57.2%
Provision for Bad Debts	1,082,362	1,028,466	5.2%	996,049	8.7%	10,909,275	9,962,336	9.5%	10,216,710	6.8%
TOTAL REVENUE DEDUCTIONS	$ 8,679,006	$ 8,306,801	4.5%	$ 8,356,064	3.9%	$ 82,818,605	$ 80,729,986	2.6%	$ 81,445,843	1.7%
	73.04%	72.25%		72.97%		72.57%	72.09%		73.01%	
NET PATIENT REVENUE	$ 3,203,943	$ 3,190,761	0.4%	$ 3,094,608	3.5%	$ 31,298,304	$ 31,260,625	0.1%	$ 30,111,030	3.9%
OTHER REVENUE										
Other Income	$ 309,555	$ 275,502	12.4%	$ 348,159	-11.1%	$ 2,376,636	$ 2,700,382	-12.0%	$ 2,574,283	-7.7%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	$ 3,513,499	$ 3,466,263	1.4%	$ 3,442,768	2.1%	$ 33,674,940	$ 33,961,007	-0.8%	$ 32,685,313	3.0%
						-				
OPERATING EXPENSE										
Salaries and Wages	$ 4,503,362	$ 4,643,651	-3.0%	$ 4,479,911	0.5%	$ 44,625,291	$ 46,254,595	-3.5%	$ 44,269,632	0.8%
Benefits	446,103	405,298	10.1%	334,061	33.5%	4,868,547	4,588,253	6.1%	4,299,198	13.2%
Temporary Labor	774,174	717,418	7.9%	871,767	-11.2%	8,048,196	7,538,605	6.8%	7,415,920	8.5%
Physician Fees	272,696	211,436	29.0%	263,331	3.6%	2,116,542	2,118,525	-0.1%	2,172,973	-2.6%
Purchased Services	(289,395)	(317,278)	-8.8%	(287,768)	0.6%	(3,161,063)	(3,586,571)	-11.9%	(2,758,458)	14.6%
Supplies	71,293	74,659	-4.5%	88,184	-19.2%	622,386	741,892	-16.1%	715,301	-13.0%
Utilities	1,101	1,466	-24.9%	683	61.0%	6,877	7,112	-3.3%	7,661	-10.2%
Repairs and Maintenance	-	476	-100.0%	-	0.0%	13,399	4,760	181.5%	1,437	832.7%
Leases and Rentals	162,360	161,579	0.5%	161,589	0.5%	1,623,612	1,615,901	0.5%	1,492,980	8.7%
Insurance	33,922	28,617	18.5%	28,100	20.7%	541,172	567,303	-4.6%	532,752	1.6%
Other Expense	77,723	68,118	14.1%	89,188	-12.9%	748,332	675,067	10.9%	656,314	14.0%
TOTAL OPERATING EXPENSES	$ 6,053,340	$ 5,995,440	1.0%	$ 6,029,047	0.4%	$ 60,053,290	$ 60,525,442	-0.8%	$ 58,805,709	2.1%
Depreciation/Amortization	$ 11,848	$ 12,585	-5.9%	$ 11,887	-0.3%	$ 118,032	$ 125,850	-6.2%	$ 118,932	-0.8%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	$ 6,065,187	$ 6,008,025	1.0%	$ 6,040,933	0.4%	$ 60,171,322	$ 60,651,292	-0.8%	$ 58,924,641	2.1%
NET GAIN (LOSS) FROM OPERATIONS	**$ (2,551,689)**	**$ (2,541,762)**	**0.4%**	**$ (2,598,166)**	**-1.8%**	**$ (26,496,382)**	**$ (26,690,285)**	**-0.7%**	**$ (26,239,329)**	**1.0%**
Operating Margin	-72.63%	-73.33%	-1.0%	-75.47%	-3.8%	-78.68%	-78.59%	0.1%	-80.28%	-2.0%
COVID-19 Stimulus	$ -	$ -	0.0%	$ -	0.0%	$ -	$ -	0.0%	$ -	0.0%
MCH Contribution	$ 2,551,689	$ 2,541,762	0.4%	$ 2,598,166	-1.8%	$ 26,496,382	$ 26,690,285	-0.7%	$ 26,239,329	1.0%
CAPITAL CONTRIBUTION	**$ -**	**$ -**	**0.0%**	**$ -**	**0.0%**	**$ -**	**$ -**	**0.0%**	**$ -**	**0.0%**
ADJUSTED OPERATING EBIDA	$ (2,539,841)	$ (2,529,177)	-0.4%	$ (2,586,279)	1.8%	$ (26,378,351)	$ (26,564,435)	0.7%	$ (26,120,397)	-1.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	7,353	7,912	-7.1%	7,957	-7.59%	76,935	76,407	0.7%	78,432	-1.91%
Total Hospital Visits	7,328	6,786	8.0%	7,125	2.85%	70,960	67,591	5.0%	67,366	5.34%
Total Procedures	12,873	13,200	-2.5%	12,798	0.59%	129,131	127,471	1.3%	126,942	1.72%
Total Surgeries	925	837	10.5%	969	-4.54%	7,437	8,070	-7.8%	7,929	-6.21%
Total Provider FTE's	87.2	89.4	-2.5%	83.4	4.51%	86.4	88.2	-2.0%	84.6	2.18%
Total Staff FTE's	111.6	142.7	-21.8%	115.5	-3.37%	116.1	142.7	-18.7%	113.6	2.19%
Total Administrative FTE's	7.3	9.5	-23.7%	11.2	-34.98%	8.0	9.5	-16.0%	9.5	-16.05%
Total FTE's	206.0	241.6	-14.7%	210.0	-1.92%	210.5	240.5	-12.5%	207.7	1.35%

ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
JULY 2026

	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	$ 232,118	$ 210,750	10.1%	$ 227,869	1.9%	$ 2,148,559	$ 1,989,519	8.0%	$ 1,990,971	7.9%
TOTAL PATIENT REVENUE	$ 232,118	$ 210,750	10.1%	$ 227,869	1.9%	$ 2,148,559	$ 1,989,519	8.0%	$ 1,990,971	7.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	$ 114,416	$ 96,613	18.4%	$ 108,450	5.5%	$ 1,084,018	$ 912,047	18.9%	$ 933,196	16.2%
Policy Adjustments	34,013	38,076	-10.7%	37,747	-9.9%	378,167	359,445	5.2%	356,288	6.1%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	30,919	34,836	-11.2%	33,703	-8.3%	304,906	328,856	-7.3%	325,133	-6.2%
TOTAL REVENUE DEDUCTIONS	$ 179,347	$ 169,525	5.8%	$ 179,900	-0.3%	$ 1,767,092	$ 1,600,348	10.4%	$ 1,614,617	9.4%
	77.27%	80.44%		78.95%		82.25%	80.44%		81.10%	
NET PATIENT REVENUE	$ 52,771	$ 41,225	28.0%	$ 47,969	10.0%	$ 381,467	$ 389,171	-2.0%	$ 376,354	1.4%
						17.8%				
OTHER REVENUE										
Other Income	$ 992	$ 1,101	-9.9%	$ 2,297	-56.8%	$ 10,442	$ 11,010	-5.2%	$ 12,207	-14.5%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	$ 53,763	$ 42,326	27.0%	$ 50,266	7.0%	$ 391,909	$ 400,181	-2.1%	$ 388,561	0.9%
						-				
OPERATING EXPENSE										
Salaries and Wages	$ 265,941	$ 251,660	5.7%	$ 250,050	6.4%	$ 2,485,781	$ 2,513,790	-1.1%	$ 2,416,670	2.9%
Benefits	17,350	13,290	30.5%	9,766	77.7%	195,853	216,580	-9.6%	170,329	15.0%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(2,592,480)	(2,592,480)	0.0%	(2,592,480)	0.0%
Purchased Services	2,572	2,490	3.3%	3,762	-31.6%	16,756	24,900	-32.7%	26,169	-36.0%
Supplies	399	388	2.9%	-	0.0%	2,076	3,686	-43.7%	3,276	-36.6%
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%	6,535	8,020	-18.5%	7,875	-17.0%
Insurance	9,340	9,450	-1.2%	8,464	10.3%	80,377	94,500	-14.9%	93,516	-14.1%
Other Expense	1,605	565	184.1%	143	1024.7%	4,769	5,650	-15.6%	4,781	-0.2%
TOTAL OPERATING EXPENSES	$ 38,612	$ 19,397	99.1%	$ 13,589	184.1%	$ 199,666	$ 274,646	-27.3%	$ 130,135	53.4%
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	$ 38,612	$ 19,397	99.1%	$ 13,589	184.1%	$ 199,666	$ 274,646	-27.3%	$ 130,135	53.4%
NET GAIN (LOSS) FROM OPERATIONS	**$ 15,152**	**$ 22,929**	**-33.9%**	**$ 36,676**	**-58.7%**	**$ 192,243**	**$ 125,535**	**53.1%**	**$ 258,425**	**-25.6%**
Operating Margin	28.18%	54.17%	-48.0%	72.96%	-61.4%	49.05%	31.37%	56.4%	66.51%	-26.2%
COVID-19 Stimulus	$ -	$ -	0.0%	$ -	0.0%	$ -	$ -	0.0%	$ -	0.0%
MCH Contribution	$ -	$ -	0.0%	$ -	0.0%	$ -	$ -	0.0%	$ -	0.0%
CAPITAL CONTRIBUTION	**$ 15,152**	**$ 22,929**	**-33.9%**	**$ 36,676**	**-58.7%**	**$ 192,243**	**$ 125,535**	**53.1%**	**$ 258,425**	**-25.6%**
ADJUSTED OPERATING EBIDA	$ 15,152	$ 22,929	-33.9%	$ 36,676	-58.7%	$ 192,243	$ 125,535	53.1%	$ 258,425	-25.6%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	770	602	27.91%	713	7.99%	6,753	5,683	18.83%	5,749	17.46%
Total Provider FTE's	8.3	7.3	13.89%	7.3	13.89%	7.4	7.5	-0.56%	7.2	2.52%
Total Staff FTE's	1.0	1.1	-7.67%	1.0	-0.13%	1.0	1.0	-2.21%	1.0	0.52%
Total FTE's	9.3	8.4	11.11%	8.3	12.20%	8.4	8.5	-0.76%	8.3	2.27%

ECTOR COUNTY HOSPITAL DISTRICT
JULY 2026

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	$ 45,381,337	39.7%	$ 45,974,885	39.2%	$ 448,678,345	39.4%	435,973,846	39.3%
Medicaid	11,276,299	9.9%	11,391,573	9.7%	118,366,791	10.4%	115,492,497	10.4%
Commercial	39,317,940	34.4%	44,243,842	37.7%	403,833,656	35.5%	401,778,815	36.2%
Self Pay	14,286,279	12.5%	11,490,084	9.8%	129,285,244	11.4%	118,053,735	10.6%
Other	4,028,584	3.5%	4,279,104	3.6%	38,038,018	3.3%	37,907,108	3.4%
TOTAL	**$ 114,290,439**	**100.0%**	**$ 117,379,487**	**100.0%**	**$ 1,138,202,053**	**100.0%**	**1,109,206,001**	**100.0%**

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	$ 11,223,071	42.3%	$ 9,680,517	37.8%	$ 94,195,089	38.3%	91,665,321	39.2%
Medicaid	2,868,042	10.8%	2,366,173	9.2%	29,114,059	11.8%	24,003,538	10.3%
Commercial	10,492,886	39.6%	10,897,302	42.5%	99,088,945	40.2%	94,271,411	40.3%
Self Pay	1,066,400	4.0%	1,462,038	5.7%	13,126,024	5.3%	13,376,541	5.7%
Other	863,071	3.3%	1,220,661	4.8%	10,181,231	4.1%	10,778,209	4.6%
TOTAL	**$ 26,513,470**	**100.0%**	**$ 25,626,691**	**100.0%**	**$ 245,705,349**	**99.7%**	**234,095,020**	**100.0%**

ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
JULY 2026

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	$ 9,831,334	-	192,243	$ 10,023,577
Noncash Expenses:				
Depreciation and Amortization	14,157,066	5,541	-	14,162,607
Unrealized Gain/Loss on Investments	106,473	-	-	106,473
Accretion (Bonds)	(441,626)	-	-	(441,626)
Changes in Assets and Liabilities				
Patient Receivables, Net	1,070,300	(247,965)	(16,096)	806,239
Taxes Receivable/Deferred Revenue	2,768,664	(16,326)	-	2,752,338
Inventories, Prepaids and Other	(2,214,407)	(1,304)	(14,767)	(2,230,478)
LT Lease Rec	1,411,304			1,411,304
Deferred Inflow of Resources	-			-
Accounts Payable	(188,564)	(755,818)	(185,877)	(1,130,260)
Accrued Expenses	(2,278,678)	1,015,873	24,497	(1,238,309)
Due to Third Party Payors	(1,862,884)	-	-	(1,862,884)
Deffered Inflows of Resources-GASB 87 Lessor	(1,603,868)			(1,603,868)
Accrued Post Retirement Benefit Costs	(4,959,257)	-	-	(4,959,257)
Net Cash Provided by Operating Activities	$ 15,795,858	(0)	-	$ 15,795,858
Cash Flows from Investing Activities:				
Investments	$ (1,559,653)	-	-	$ (1,559,653)
Acquisition of Property and Equipment	(20,262,279)	-	-	(20,262,279)
Net Cash used by Investing Activities	$ (21,821,932)	-	-	$ (21,821,932)
Cash Flows from Financing Activities:				
Current Portion Debt	$ (2,500)	-	-	$ (2,500)
Principal Paid on Subscription Liabitlities	1,101,260			1,101,260
Principal Paid on Lease Liabitlities	(275,540)			(275,540)
LT Liab Subscriptions	(571,096)			(571,096)
LT Liab Leases	(39,011)			(39,011)
Net Repayment of Long-term Debt/Bond Issuance	-	-	-	-
Net Cash used by Financing Activities	213,113	-	-	213,113
Net Increase (Decrease) in Cash	(5,812,961)	(0)	-	(5,812,961)
Beginning Cash & Cash Equivalents @ 9/30/2025	27,702,192	4,700	-	27,706,892
Ending Cash & Cash Equivalents @ 7/31/2026	$ 21,889,231	$ 4,700	$ -	$ 21,893,931

Financial Presentation

For the Month Ended

July 31, 2026

Results From Operations
July 31, 2026

	Actual	Budget	Variance	
Inpatient Revenue	$59,356,217	$58,017,894	$1,338,323	2.3%
Outpatient Revenue	67,049,289	63,882,308	3,166,981	5.0%
Total Patient Revenue	126,405,506	121,900,202	4,505,304	3.7%
Less: Deductions	101,411,360	94,942,157	6,469,203	6.8%
Net Patient Revenue	24,994,146	26,958,045	(1,963,899)	-7.3%
Supplemental Funding	5,709,325	2,710,417	2,998,908	110.6%
Tax Revenue	6,966,234	7,599,432	(633,198)	-8.3%
Other Revenue	1,880,116	2,064,389	(184,273)	-8.9%
Total Operating Revenue	39,549,821	39,332,283	217,538	0.6%
Salaries, Benefits & Contract Labor	20,242,919	20,241,690	1,229	0.0%
Physician Fees incl TTU	2,539,000	2,352,271	186,729	7.9%
Purchased Services	5,572,894	5,123,768	449,126	8.8%
Supplies	7,128,805	7,012,895	115,910	1.7%
Repairs and Maintenance	893,519	881,826	11,693	1.3%
Other Expense	937,822	939,910	(2,088)	-0.2%
ECHD Assistance	232,237	113,629	118,608	104.4%
Interest Expense	90,404	79,140	11,264	14.2%
Depreciation	2,339,740	2,177,540	162,200	7.4%
Total Operating Expenses	39,977,340	38,922,670	1,054,671	2.7%
Gain (Loss) from Operations	(427,519)	409,613	(837,132)	-204.4%
Non-operating Income	561,502	609,135	(47,633)	-7.8%
Excess Income over Expenses	$133,983	$1,018,748	($884,765)	-86.8%

Results From Operations - YTD July 31, 2026

	YTD Actual	YTD Budget	Variance	
Inpatient Revenue	$611,783,513	$594,388,632	$17,394,881	2.9%
Outpatient Revenue	642,684,008	647,827,704	(5,143,696)	-0.8%
Total Patient Revenue	1,254,467,521	1,242,216,336	12,251,185	1.0%
Less: Deductions	987,573,486	968,275,077	19,298,409	2.0%
Net Patient Revenue	266,894,035	273,941,259	(7,047,224)	-2.6%
Supplemental Funding	32,708,117	27,104,170	5,603,947	20.7%
Tax Revenue	77,364,953	76,789,531	575,422	0.7%
Other Revenue	19,677,207	20,072,732	(395,525)	-2.0%
Total Operating Revenue	396,644,312	397,907,692	(1,263,380)	-0.3%
Salaries, Benefits & Contract Labor	202,860,374	203,377,500	(517,126)	-0.3%
Physician Fees incl TTU	24,156,293	23,524,412	631,881	2.7%
Purchased Services	54,676,137	51,223,743	3,452,394	6.7%
Supplies	69,908,227	71,042,433	(1,134,206)	-1.6%
Repairs and Maintenance	8,779,171	8,887,884	(108,713)	-1.2%
Other Expense	9,337,375	9,701,386	(364,011)	-3.8%
ECHD Assistance	1,671,260	1,136,290	534,970	47.1%
Interest Expense	894,099	791,960	102,139	12.9%
Depreciation	22,721,317	21,715,739	1,005,578	4.6%
Total Operating Expenses	395,004,253	391,401,347	3,602,906	0.9%
Gain from Operations	1,640,059	6,506,345	(4,866,286)	-74.8%
Non-operating Income	8,383,518	7,783,905	599,613	7.7%
Excess Income over Expenses	$10,023,577	$14,290,250	($4,266,673)	-29.9%

Results From Operations
July 31, 2026

Loss From Operations	Actual	Budget	Variance
Current Month	**($427,519)**	**$409,613**	**($837,132)**

Major Variances

- Net revenue was less than budget by $2.0M due to a payor mix shift to self pay from commercial, overbudgeted Medicaid CHIRP payments, and an adjustment to a Medicare receivable. This was offset by favorable volumes
- Medicaid Supplemental revenue was favorable $3.0M due to recognition of a FY25 APHRIQA payment
- Tax revenue was less than budget $633K due to decreased sales taxes activity for the month of May, which is received 2 months in arrears
- Other Revenue is less than budget by $184K due to lower volume in the Retail Pharmacy

Results From Operations
July 31, 2026

Loss From Operations	Actual	Budget	Variance
Current Month	**($427,519)**	**$409,613**	**($837,132)**

Major Variances - Continued

- Within labor costs which were on budget, Salaries were over budget $350K with higher volumes but were offset with a lower employee health and pharmacy cost of $349K
- Physician fees are over budget by $187K due to provider coverage fees in anesthesia and urology
- Purchased services were over budget by $449K due to increased collection fees, unbudgeted verification software, and provider coverage fees
- Supplies were over budget $116K due to increased food costs and endoscopy supplies
- ECHD Assistance over budget by $119K due to increase in qualified, unfunded behavioral health patients
- Depreciation was unfavorable $162K due to underbudgeting of this expense

Results From Operations
July 31, 2026 YTD

Gain From Operations	Actual	Budget	Variance
Year-To-Date	**$1,640,059**	**$6,506,345**	**($4,866,286)**

Major Variances

- Net patient revenue is under budget by $7.0M due to a payor mix shift to self pay, over budgeted CHIRP payments, and an adjustment to prior year cost report receivable. This was offset by favorable volume
- Medicaid Supplemental Payments are $5.6M higher than budget due to receipt of a $918K FY25 ATLIS payment, a $749K FY24 DSH redistribution payment, and a $2.9M FY25 APHRIQA payment. Current year estimates for ATLIS, DSH, HARP, and APHRIQA have also been increased by $1.1M
- Tax revenue is $575K favorable due to increased sales tax receipts

Results From Operations July 31, 2026 YTD

Gain From Operations	Actual	Budget	Variance
Year-To-Date	**$1,640,059**	**$6,506,345**	**($4,866,286)**

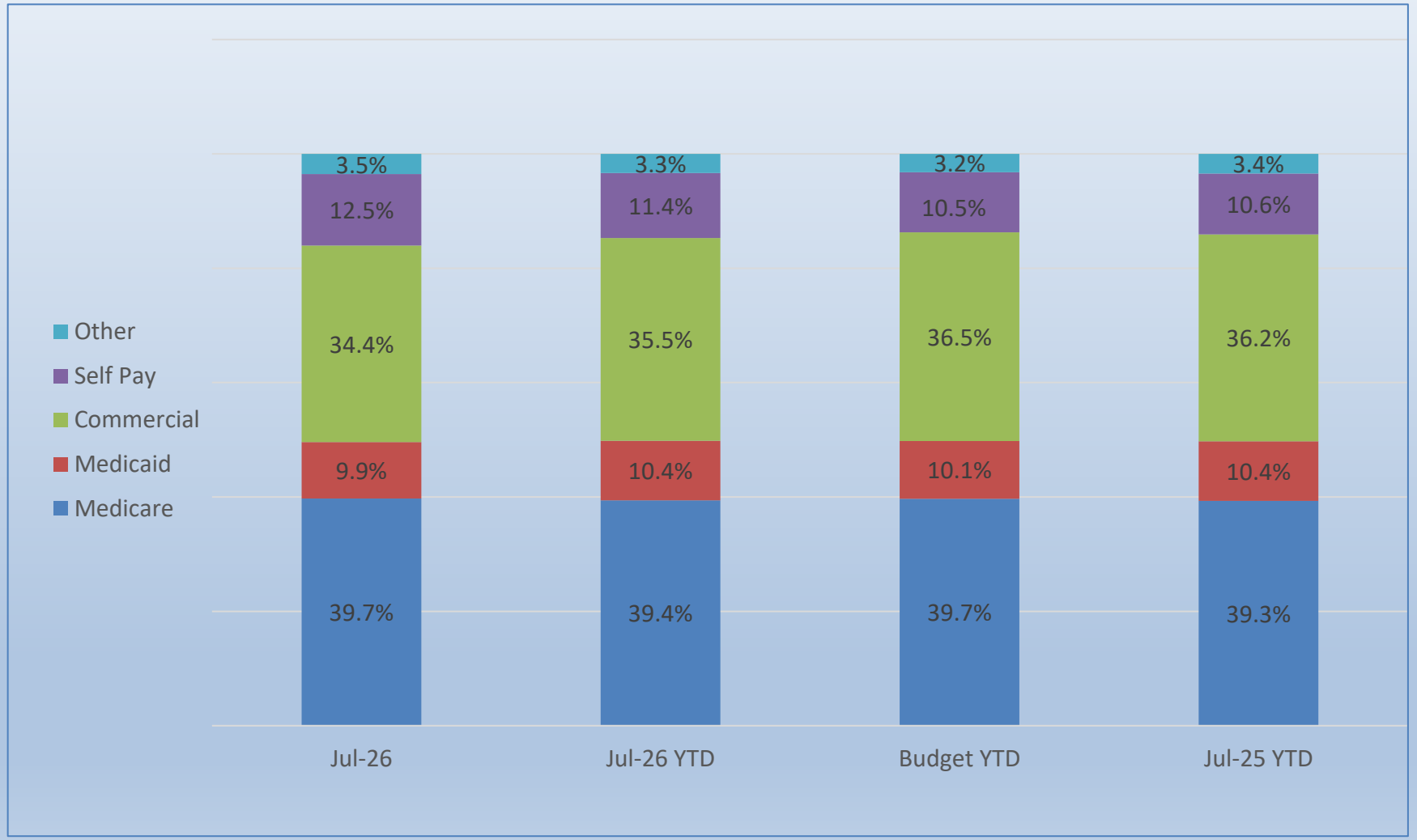
Major Variances - Continued

- Salaries, Benefits, and Contract Labor are $517K under budget due to decreased employee health and pharmacy claims
- Purchased Services are $3.5M over budget due to increased collection fees, unbudgeted verification software, pathology send outs, ENFRA interest rates, and contracted providers in the Family Health Clinics and West Urgent Care
- Supplies expense is under budget by $1.1M due to decreased cath lab procedures and lower pharmaceutical costs
- ECHD Assistance is unfavorable by $534K due to increase in qualified, unfunded patients utilizing behavioral health and oncology services
- Depreciation was unfavorable by $1M due to underbudgeting of this expense
- Non-operating Income is over budget $600K due to timing of ownership distributions in the Texas Purchasing Coalition and Encompass Health Rehabilitation Hospital

Key Statistics
July 31, 2026

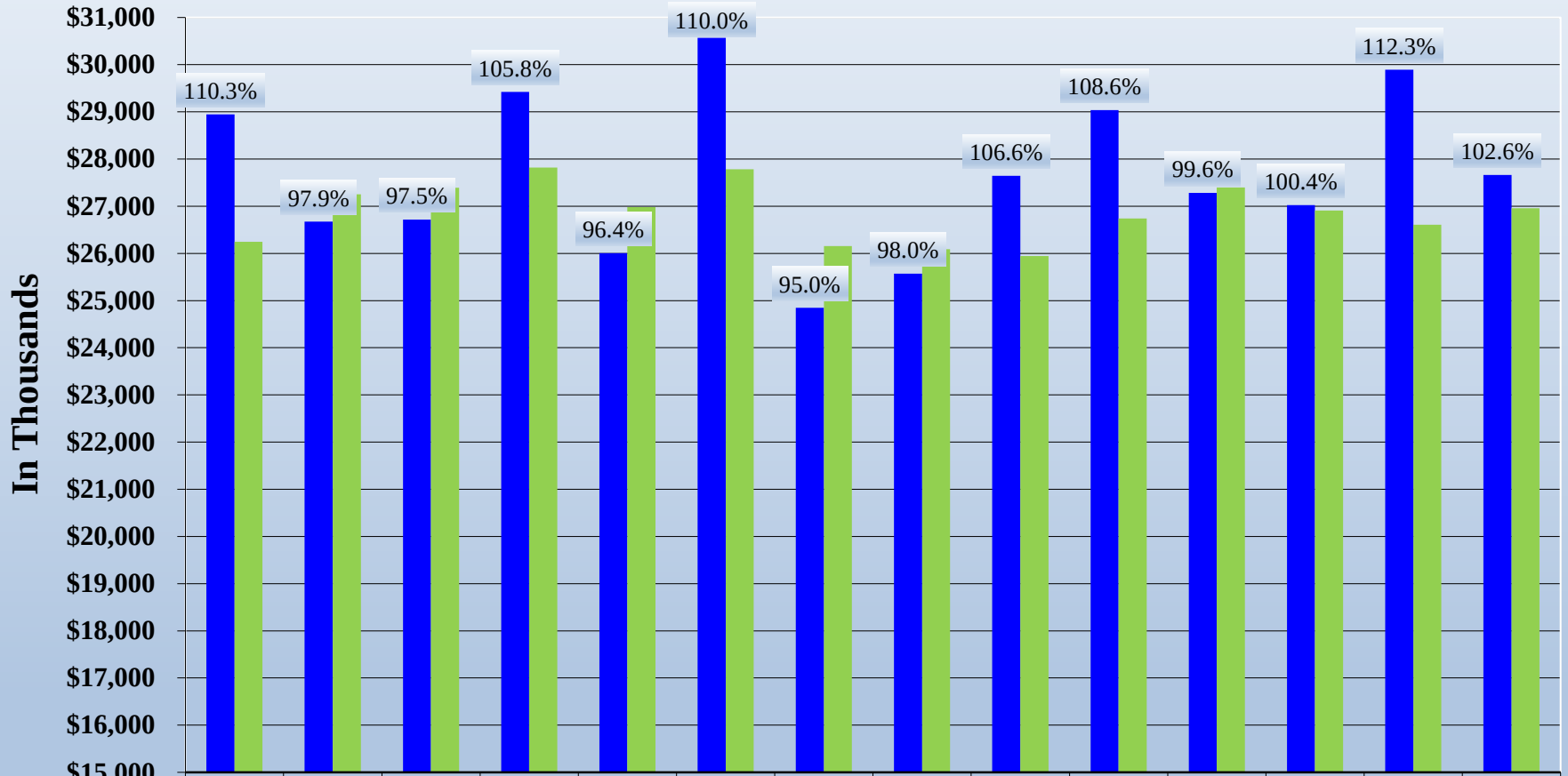
	CURRENT MONTH				YEAR-TO-DATE			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %
Inpatient Days	6,062	5,581	481	8.6%	61,081	57,322	3,759	6.6%
Admits	1,265	1,158	107	9.2%	12,081	11,913	168	1.4%
CMI	1.6880	1.7598	(0.0718)	-4.1%	1.7581	1.7598	(0.0017)	-0.1%
Length of Stay	4.79	4.82	(0.03)	-0.6%	5.06	4.81	0.25	5.1%
GMLOS	4.79	3.92	0.87	22.2%	5.06	3.98	1.08	27.1%
Surgeries	746	769	(23)	-3.0%	7,452	7,903	(451)	-5.7%
Emergency Visits	4,988	5,120	(132)	-2.6%	50,382	52,647	(2,265)	-4.3%
Urgent Care Visits	1,742	2,296	(554)	-24.1%	21,665	23,603	(1938)	-8.2%
FHC Visits	3,792	4,702	(910)	-19.4%	37,981	45,415	(7,434)	-16.4%
Primary & Specialty Clinic	7,353	7,912	(559)	-7.1%	76,935	76,407	528	0.7%

Hospital Payor Mix



Total AR Cash Receipts

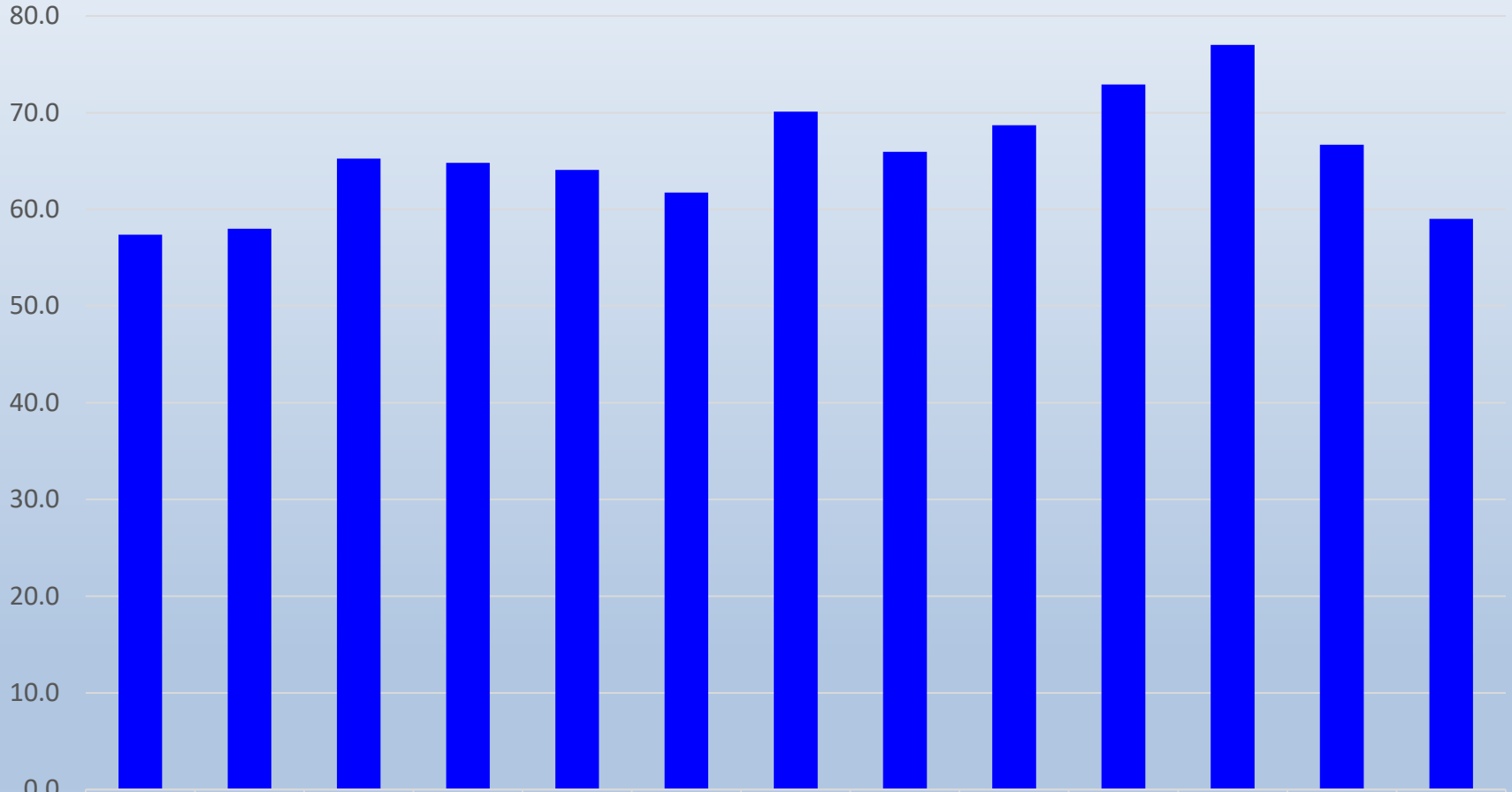
13 Month Trending



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	13 Mos AVG
Collections	28,946	26,672	26,718	29,423	26,006	30,569	24,844	25,568	27,645	29,036	27,280	27,021	29,890	27,663
Avg Net Rev	26,244	27,251	27,390	27,819	26,978	27,782	26,154	26,090	25,944	26,742	27,394	26,907	26,605	26,956

Days Cash on Hand

Thirteen Month Trending



	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Days	57.4	58.0	65.2	64.8	64.1	61.7	70.1	65.9	68.7	72.9	77.0	66.7	59.0

Medical Center Hospital
A Member of Medical Center Health System

Memorandum

Date: September 1, 2026

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Kim Leftwich, Vice-President / CNO

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

Re: Stryker Supplier Equipment Agreement (SEA)

Recommendation: Approve the Stryker Supplier Equipment Agreement to place $1,052,937 in needed capital equipment, less a $25,200 trade-in credit, in exchange for a five-year disposable supply premium commitment.

Equipment	Estimated Cost
Urology Scopes	$199,522
TPX power drill/saw small bone	$590,498
L&D Neptunes	$55,522
OR Neptunes	$97,522
Basal Vertebral Nerve Ablation Generator	$75,500
Bone Mills	$34,373
Total capital equipment value before trade-in	**$1,052,937**
Trade-in credit	**($25,200)**
Net capital equipment value	**$1,027,737**

OBJECTIVE

The objective is to place needed capital equipment through a five-year Stryker Supplier Equipment Agreement, with disposable supply premium credits applied toward the cost of the equipment. MCH currently purchases these disposable items for daily use; the SEA is intended to lock in current disposable pricing while securing the capital equipment needed for surgical, urology, labor and delivery, orthopedic and spine-related services.

History

MCH previously entered into a Supplier Equipment Agreement in 2022 and the agreement expired on March 24, 2026, at which point the three capital equipment items became MCH-

owned assets. The agreement locked disposable pricing during the term; however, since expiration, disposable supply prices have increased. A new SEA will lock current pricing for the next five years and provide the needed capital equipment.

PURCHASE CONSIDERATIONS

Under the new SEA, MCH will receive $1,052,937 in capital equipment without an upfront cash outlay. In exchange, MCH will make semiannual premium payments of $120,737, or $241,474 annually, over a five-year term. During the five-year term, MCH will receive locked in pricing on disposable supplies, while earning premium credits on qualifying purchases which are then applied toward the semiannual premium. The total five-year premium commitment totals $1,207,370 before any potential true-up of premium credits. Following the first-year warranty period, the equipment will be added to the Stryker Master Service Agreement at an estimated annual cost of $97,000.

As an alternative, MCH could purchase the equipment outright for approximately $1,027,737 after the $25,200 trade-in credit, while continuing to purchase the disposable supplies required for daily operations. The SEA eliminates the upfront capital expenditure while providing five-year pricing protection on disposable supplies and allowing MCH to earn premiums credits which reduces the annual premium payments.

This will be a capitalized lease. Both the capital dollars and the operational supplies expense are budgeted.

FTE IMPACT

No additional FTEs are required.

INSTALLATION & TRAINING

Installation and training will be performed by the vendor.

WARRANTY AND SERVICE CONTRACT

All equipment will include a one-year warranty. After the warranty period, the equipment will be placed on the Stryker Master Service Agreement at an estimated annual cost of $97,000.

LIFE EXPECTANCY OF EQUIPMENT

7-10 years

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:**	08/27/2026	**Start Time:**	1200
Location:	Admin Conference Room A			**End Time:**	1300

Agenda Item (Topic)	Time Allotted	Presenter	Notes
Meeting Called to Order			
Review of meeting minutes from previous meeting			***Previous meeting was via email; packet was sent to committee members for review and approval.***
Old Business			
• Revised Policy: HW-0037 Annual Influenza Vaccine			• ***Policy was updated on the following:*** o ***Verbiage has been changed to meet the current processes for annual influenza vaccine.*** o ***The updated declination process has been added.*** • ***This policy was tabled during the July meeting, to be revisited this month with Legal.***
New Business			
• New Policy: o Investment Policy			• ***New policy created:*** o ***This policy is required by the Public Funds Investment ("PIA") act, which MCH is required to follow as a public entity. It has been updated to reflect key requirements of the PIA and references back to that legislation, while defining board and management responsibilities. It is used for a guide to invest ECHDs excess operating cash.***

• New Policy: o TCOLE Continuing Education and Licensure Compliance			• ***New policy created:*** o ***This is required by TCOLE to be in a policy.***
• New Policy: o Data Classification Policy			• ***New policy created by IT Security:*** o ***This policy is required as part of the risk assessment for IT Security.***
• Revised Policy: o MCH-2058 Consent to Photograph/ Interview/ Videotape			• ***Policy was updated on the following:*** o ***The policy was updated to include verbiage around AI devices i.e. Meta glasses.***
• Revised Policy: o MCH-4050 Fire Alarm Activation-Fire Response Plan			• ***Policy was updated on the following:*** o ***Section added for the HBO Suite to meet NFPA requirements.***
• Revised Policy: o MCH-2001 Procedure for Deceased Patient			• ***Policy was updated on the following:*** o ***Verbiage was added to the beginning of the policy regarding professional conduct expectations with a deceased patient.***
• Revised Policy: o ED-6850-162 Sorting Triage			• ***Policy was updated on the following:*** o ***Verbiage was added to the Policy addressing how many visitors are allowed with a patient in the triage area.***

• Revised Policies: o MCH-1110 Antineoplastic Policy o MCH-1536 Controlled Substance Diversion Detection and Prevention o MCH-2152 Fixed-Dosing Rasburicase			• ***Policies were updated on the following:*** o ***MCH-1110 updated with the new process for placing chemotherapy orders in Cerner.*** o ***MHC-1536 and MCH-2152 updated to meet current regulatory changes.***
• Revised Policies: o MCH-D014 Food Medication Interaction Education o MCH-D019 Clinical Nutrition Coverage o MCH-D023 Medical Nutrition Therapy Protocol for Order Writing by the Registered, Licensed Dietitian o MCH-D025 Malnutrition Screening, Identification and Diagnosis (Protein/Energy Malnutrition)			• ***Policies were updated on the following:*** o ***Minor edits were made to each policy to align with current practices.***
• Revised Policies: o UC-054 Urgent Care Chaperone for Exam o UC-057 Urgent Care Orders: Written/Electronics, Verbal, and Standing Orders o UC-058 Urgent Care Telephone Advice o UC-066 Rapid Response o UC-067 Emergency Transfer			• ***Policies were updated on the following:*** o ***Under "Training" section verbiage was updated to only state this will be done at onboarding with all new staff.***
• Revised Form: o Self-Harm Contract			• ***During a current Risk Assessment it was identified that our current Self-Harm Contract had not been updated since 2007. Opportunities were identified to update the language to better reflect the needs for our patients and staff.*** • ***The changes were approved by Legal and the CNO with collaboration of Risk, Compliance, CXO and Nursing Leadership.***

• Policy review compliance rate to be reported up to QMS: o Crystal will report compliance to QMS beginning March 2026. • Goal set at 95%.			• ***Compliance for August = 95.8%*** • ***Staff is actively communicating to get policies reviewed and approved.*** • ***Committee members were provided with a report listing the overdue policies.***
Documents to be Retired			
• N/A			
Open Forum			
• N/A			
Meeting Adjourned			

Research Update:

Ector County Hospital District, TX Series 2020 Limited-Tax GO Refunding Bond Rating Affirmed At 'BBB-'

August 27, 2026

Overview

- S&P Global Ratings affirmed its 'BBB-' long-term rating on Ector County Hospital District (ECHD), Texas' series 2020 limited-tax general obligation (GO) refunding bonds, issued on behalf of Medical Center Hospital.
- The outlook is stable.

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Rationale

Security

Revenue from an ad valorem tax of as much as two cents per $100 of assessed value (AV) within the district secures the bonds. The two cents is part of the maximum allowed tax levy of 15 cents for debt service and operating expenses combined. The bonds have no financial covenants.

Credit highlights

The 'BBB-' rating reflects our view of ECHD's dominant market share in its primary service area (PSA) of Ector County, albeit with a weak payer mix given its position as the region's safety net provider. As such, the district receives material tax revenue to offset uncompensated care costs, with tax revenue mostly based on sales taxes that fluctuate with changes in the economy and are supplemented by ad valorem taxes. Sales tax revenue can fluctuate widely given the region's exposure to the oil and gas sector, but have shown a recent trend of annual growth. The district is restricted to an 8% maximum annual growth rate in combined tax revenue, which resulted in tax rate rollbacks in tax years 2022 and 2023. However, ad valorem tax rate increases occurred in tax years 2024 and 2025.

ECHD generated an adjusted operating profit (includes taxes and interest expense) in fiscal 2025 as it benefitted from previously renegotiated payer contracts, volume growth, a continued focus on cost controls, and increased tax revenue to offset a decline in supplemental funding. The district is budgeting for operating profitability for fiscal 2026, with operating profit through the

first nine months reflecting improvement over the prior year, though off budget. Nevertheless, maximum annual debt service (MADS) coverage is healthy.

The direct debt load is very low with no new debt plans, a critical factor supporting the rating and outlook. However, in fiscal 2026, the district entered into an energy as a service (EaaS) agreement whereby it is committed over a 25-year period to make payments to a third party for certain energy services. The third party issued bonds, and in exchange for the district's commitment, advanced $108 million in funds to the district to support the construction and upgrade of its energy plant, as well as support additional capital projects. Should the EaaS contract terminate early, ECHD would be liable for a settlement payment to the third party that includes an amount sufficient to pay the outstanding principal and interest on the bonds. We believe this contract adds risk to the credit profile and have factored this into our analysis.

Capital spending declined slightly in fiscal 2025 as ECHD continued to flex its capital spending to preserve liquidity. However, total spending increased in fiscal 2026 with the use of the advance payment from the EaaS contract, and spending is expected to remain higher in fiscal years 2027-2028 with substantial completion of the energy services upgrades not until November 2028. We believe the support of capital projects from the advance payment will enable the district to grow reserves. Nevertheless, low days' cash on hand (DCOH) remains a credit challenge and is expected to remain low over the outlook period.

The rating incorporates both positive and negative adjustments to the anchor. The positive adjustment is based on ongoing tax support, which made up 18% of total operating revenue in fiscal 2025. We recognize that sales tax revenue accounts for a majority of Medical Center Hospital's overall tax receipts that, despite our view as more volatile than property taxes, has shown a recent trend of growth. Most peer hospital districts across the state benefit solely from property taxes levied. We have applied a negative holistic adjustment reflecting our view that DCOH, which has trended downward, remains light and inconsistent with a higher rating, along with increased risk to the credit profile from sizable off-balance-sheet debt.

The rating reflects our view of ECHD's:

- Leading market share in its PSA with a broad array of service lines;
- Multiyear trend of operating profit supported by increasing tax revenues and generating strong MADS coverage;
- Very low direct debt as well as a conservative debt structure of all fixed-rate debt, and a low debt burden; and
- Revenue diversity across net patient revenue, local sales and property taxes, and supplemental funding.

Partly offsetting the above strengths, in our view, are ECHD's:

- Low DCOH that has depressed historical capital spending and resulting in a high average age of plant;
- Local economy that is dominated by the energy sector;
- New and sizable off-balance-sheet liability through an EaaS contract; and
- Aggressive rate assumptions for its defined benefit pension plan that we believe are benefiting the plan's funded status and the district's overall leverage.

Outlook

The stable outlook reflects our expectation that ECHD will maintain its dominant market position and enhance its service lines for stable-to-improving operating performance across the outlook period as it increases net patient revenue, stabilizes tax revenue, and slows expense growth with cost control initiatives. Although we anticipate that DCOH will remain flat, we believe direct debt metrics will remain strong through the outlook period with no new debt plans.

Downside scenario

We could consider a negative outlook or lower rating if operations decline, if DCOH falls to less than 60, or if new debt, either direct or off-balance-sheet, is issued. A marked change in the economic profile, such as a loss in market share or a sustained downturn in the economy that negatively affects tax revenue, could affect the rating or outlook.

Upside scenario

We do not anticipate a positive outlook or higher rating given the low DCOH. In addition, the off-balance-sheet EaaS liability places increased pressure on the need for good operational performance to meet contract commitments.

Credit Opinion

Enterprise Profile: Adequate

The oil and gas sector dominates economic fundamentals

The economy of Ector County, whose borders are conterminous with those of the district, continues to diversify but remains concentrated in the oil and gas sector, subjecting it to fluctuations in oil prices. The county is one of the largest oil and gas producers in Texas. To support its safety net mission, the district receives both ad valorem property taxes and sales taxes. The district's tax structure is unique when compared with that of other large urban hospital districts in Texas, which typically do not receive sales tax. We understand the tax structure is based on the region's volatile population, which can rise and fall with oil prices and the need for temporary labor.

State law allows for the assessment of 75 cents per $100 of AV for hospital districts. ECHD, however, is limited to levy and collect a maximum of 15 cents per $100, as approved by voters. In 2020, ECHD increased its tax levy to 15 cents, with two cents designated to support principal and interest payments on the series 2020 GO bonds. In tax years 2022 and 2023, due to strong sales tax collection, the district was required to reduce its ad valorem tax rate due to state rate rollback legislation that allows the district's total tax collection to increase by no more than 8% annually without voter approval. In 2024 and 2025, the district was again allowed to increase its ad valorem tax rate.

The most recent net assessed taxable value is $22.9 billion for the county's fiscal year 2025/2026, up from $21.1 billion the prior year, and the tax rate increased to 13.334 cents from 10.037 cents. The district also levies a 0.75% tax on sales throughout the county, with the tax accounting for about 74% of all tax revenue received in fiscal 2025. Although we view this revenue diversity positively, the reliance on sales tax revenue inherently makes profitability a function of local economic activity. The district has no authority to adjust the sales tax rate.

Stable market position, characterized by dominant market share

The district's boundaries are coterminous with those of Ector County, which has a population of 175,800. Approximately 70% of all inpatient admissions originate from the county. The PSA expands into portions of neighboring counties, servicing a population of 194,100. The district garners a dominant and stable 79% inpatient market share, which we believe reflects the lack of meaningful local competition but also the depth of services provided at Medical Center Hospital. A medical staff of 405 active physicians, with an increasing number of employed physicians that has grown to 70 and consisting of a strong hospitalist program, accounts for 88% of admissions. The district's academic affiliation with Texas Tech University Health Sciences Center (most significantly through a large primary care residency program) supports its clinical activities.

The district's main local competition is the smaller Odessa Regional Medical Center, which was sold to Quorum Health in 2024. The district also competes with Midland Memorial Hospital in neighboring Midland County, with which it has a strong cooperative working relationship, with the two hospitals operating the newly opened joint venture Permian Basin Behavioral Health Center. Out-migration predominantly goes to providers in Lubbock or Dallas-Fort Worth.

New energy as a service contract

Effective November 2025 (fiscal 2026), the district closed on an EaaS contract whereby Odessa Sustainable Energy Partners LLC (OSEP), through the issuance of bonds, advanced $108 million to the district for the right to be the exclusive provider of energy services to the district. The contract is for 25 years with a five-year renewal option. Under the contract, the district has committed to invest funds in the construction, installation, repair or maintenance of certain energy equipment. Also, the district agrees to pay monthly energy service charges to OSEP that include charges for maintenance and capacity.

Debt service on OSEP's bonds is secured by the energy payments OSEP receives from the district. The agreement between the district and OSEP includes a settlement payment by the district of outstanding principal and interest of the bonds in the event of a termination of the EaaS agreement. Either party may terminate, with termination clauses including changes in law, a change in control of OSEP, or non-renewal of the contract.

Ector County Hospital District d/b/a Medical Center Health System, Texas--enterprise statistics

	Nine months ended June 30	--Fiscal year ended Sept. 30--		
	2026	2025	2024	2023
PSA population	N.A.	194,135	192,623	190,716
PSA market share (%)	N.A.	79.1	86.2	86.2
Inpatient admissions	10,816	14,353	14,415	13,073
Equivalent inpatient admissions	20,047	29,538	30,443	28,250
Emergency visits	45,394	62,198	63,486	60,907
Inpatient surgeries	2,063	2,891	2,909	2,905
Outpatient surgeries	4,643	6,329	6,361	6,597
Medicare case mix index	1.9274	1.9887	1.9657	2.0340
FTE employees	2,084	2,078	2,015	1,919
Active physicians	405	405	405	412
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	39.1	40.1	40.1	38.9

Ector County Hospital District d/b/a Medical Center Health System, Texas--enterprise statistics

	Nine months ended June 30	--Fiscal year ended Sept. 30--		
	2026	2025	2024	2023
Medicaid (%)	10.6	9.3	10.1	11.5
Commercial/Blues (%)	45.1	45.6	45.0	43.7

Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions. PSA--Primary service area. FTE--Full-time equivalent. N.A.--Not available.

Financial Profile: Adequate

Interim 2026 reflects third consecutive year of operating profit

ECHD achieved operating profitability (when including tax revenue and interest expense) for fiscal 2025, exceeding its 0.6% budgeted operating margin. An increase in the Medicare case mix index, observation days, and higher contract rates, supplemented by an increase in tax revenues, helped mitigate the pressures on operating revenue from declines in volume metrics including admissions, surgeries, and emergency room and outpatient visits. The decline in operating profit in fiscal 2025 also reflects the inflated revenue in fiscal 2024 due to a nonrecurring supplemental funding payment.

ECHD's net tax revenue increased 7.4% in fiscal 2025, reflecting growth in both property and sales tax revenues. Despite a decline in the total property tax rate, higher AVs drove the increase in property taxes. The tax rate was lowered for the current year, but management projects higher property tax collections on yet higher AVs. We are mindful of tax rate increases as the district is subject to tax rate rollback if the combination of property and sales taxes increases by more than 8% annually. Interim fiscal 2026 performance is again generating a positive operating margin, with operating income exceeding prior year by $5.1 million, but short of budget. The improvement is driven by tax revenues favorable to the prior year by $7.4 million. Nevertheless, ECHD's performance is positive and resulting in healthy MADS coverage.

Fiscal 2027 improvement initiatives are centered on operational improvement through technology upgrades to support pricing, contracting, and service line decisions while continuing to focus on cost management strategies, length of stay reductions, and volume increase. Longer term, ECHD's plans include the construction of an ambulatory surgery center.

Given the district's safety net mission and tax-supported operations, we expect it will not perform comparably to private peers. We do, however, expect a stable and sustainable operating baseline that allows for adequate debt service coverage and investment in clinical operations.

Direct debt remains low; EaaS contract materially increases off-balance-sheet debt

ECHD's direct debt load remains very low for the rating, with under 10% long-term debt to capitalization. This supports very solid MADS coverage of greater than 10x and a low debt burden of less than 1%. The direct debt structure is conservative as the GO bonds are fixed rate, leases are minimal, and contingent liabilities are nil. ECHD has no new money debt plans.

Notwithstanding the above, off-balance-sheet debt is material following the November 2025 closure on the EaaS contract. We estimate a material increase in adjusted debt to capitalization to 32%, with a notable decline in adjusted MADS coverage to 4.23x. Nevertheless, adjusted debt burden remains comfortable at 1.3%.

We note further pressure on overall leverage given the district's aggressive discount rate and rate of return on asset assumptions on its multiple-employer defined benefit pension plan, which was 99% funded in 2025 (pension audit as of Dec. 31, 2024) and which, through applying a 7.6% discount rate and 7.5% rate of return on assets, equates to a $4 million liability. The higher rates contribute to a lower net liability carried on the balance sheet; however, a 1% decline in the discount rate would increase the liability to $101 million. Notwithstanding the funded status, we expect the cash demands of the plan to remain manageable with the dual contribution structure from both employer and active employees. In addition, ECHD's other postemployment benefits liability has steadily declined over the past few years to $9.1 million.

DCOH remains low; restricted assets boosted by cash advance from EaaS contract

By fiscal year-end 2025, DCOH declined to a low 69 with a drop in reserves and an increase in operating expenses. DCOH was further pressured in fiscal 2026, declining to 65 with increased capital spending and a reduction in accounts payable. With the $108 million advancement of cash from the EaaS contract, we expect stabilization-to-growth in reserves as this advance helps fund capital needs.

The EaaS contract requires capital investment for critical energy infrastructure updates, and management plans to use proceeds from the advance to support this capital spending. ECHD is considering additional capital projects, including elective infrastructure to address its aging plant and an ambulatory surgery center, also to be supported by the cash advance. As of June 30, 2026, remaining funds from the advanced receipt were $85.7 million, reflecting 70 DCOH.

The historical reserves to long-term debt metric has been strong at over 300% on the very low direct debt load. However, when considering both the cash and debt effects from the EaaS contract, on a pro forma basis the metric declines materially but remains over 100%.

ECHD's capital budget is flexible, and management has a history of postponing strategic projects to preserve cash. Given that property taxes are mostly collected December through February, we note that the district's Sept. 30 year-end cash position is typically near the low point for the year.

Ector County Hospital District d/b/a Medical Center Health System, Texas--financial statistics

	Nine months ended June 30	--Fiscal year ended Sept. 30--			Medians for 'BBB-' rated stand-alone hospitals
	2026	2025	2024	2023	2025
Financial performance					
Net patient revenue ($000s)	268,899	356,058	358,541	323,333	510,177
Total operating revenue ($000s)	357,229	452,527	448,151	413,481	577,602
Total operating expenses ($000s)	354,983	448,510	432,603	417,996	596,009
Operating income ($000s)	2,246	4,017	15,548	(4,515)	(539)
Operating margin (%)	0.63	0.89	3.47	(1.09)	(0.10)
Net nonoperating income ($000s)	5,741	3,290	3,034	2,860	6,469
Excess income ($000s)	7,987	7,307	18,582	(1,655)	3,371
Excess margin (%)	2.20	1.60	4.12	(0.40)	1.20
Operating EBIDA margin (%)	6.55	6.81	9.09	4.90	4.40
EBIDA margin (%)	8.02	7.49	9.70	5.55	6.00
Net available for debt service ($000s)	29,128	34,124	43,767	23,117	26,760
Maximum annual debt service ($000s)	3,196	3,196	3,196	3,196	18,090

Ector County Hospital District d/b/a Medical Center Health System, Texas--financial statistics

	Nine months ended June 30	--Fiscal year ended Sept. 30--			Medians for 'BBB-' rated stand-alone hospitals
	2026	2025	2024	2023	2025
Maximum annual debt service coverage (x)	12.15	10.68	13.69	7.23	2.30
Operating lease-adjusted coverage (x)	7.59	6.59	N.A.	5.36	2.00
Liquidity and financial flexibility					
Unrestricted reserves ($000s)	79,388	80,255	97,020	79,065	156,347
Unrestricted days' cash on hand	64.9	69.3	86.7	73.2	103.7
Unrestricted reserves/total long-term debt (%)	312.3	310.4	338.3	254.7	124.4
Unrestricted reserves/contingent liabilities (%)	N/A	N/A	N/A	N/A	865.1
Average age of plant (years)	15.1	15.5	15.8	15.1	13.7
Capital expenditures/depreciation and amortization (%)	86.3	85.5	114.6	69.8	94.3
Debt and liabilities					
Total long-term debt ($000s)	25,421	25,857	28,677	31,037	156,496
Long-term debt/capitalization (%)	8.1	8.5	9.9	12.1	35.4
Contingent liabilities ($000s)	0	0	0	0	40,600
Contingent liabilities/total long-term debt (%)	0.0	0.0	0.0	0.0	12.2
Debt burden (%)	0.66	0.70	0.71	0.77	2.30
Defined-benefit plan funded status (%)	N.A.	99.39	96.53	92.78	99.40
EaaS adjusted ratios					
Total adjusted long-term debt ($000s)	135,421	N/A	N/A	N/A	N/A
Unrestricted reserves/total adjusted long-term debt (%)	58.6	N/A	N/A	N/A	N/A
Adjusted long-term debt/capitalization (%)	31.9	N/A	N/A	N/A	N/A
Miscellaneous					
Medicare advance payments ($000s)*	0	0	0	0	MNR
Short-term borrowings ($000s)*	0	0	0	0	MNR
COVID-19 stimulus recognized ($000s)	134	416	0	0	MNR
Total net special funding ($000s)	26,999	30,326	44,401	32,006	MNR
Tax Revenue	70,399	83,050	77,344	78,171	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N/A--Not applicable. N.A.--Not available. MNR--Median not reported.

Credit Snapshot

- Group rating methodology: Does not apply in situations where there is an unsecured general obligation pledge
- Organization description: Ector County Hospital District owns and operates the 368-staffed-bed Medical Center Hospital as well as various other clinics and care sites throughout the area.

Ratings List	
Ratings Affirmed	
Healthcare	
Ector Cnty Hosp Dist, TX Stand-Alone Hospital Revenues	BBB-/Stable

The ratings appearing below the new issues represent an aggregation of debt issues (ASID) associated with related maturities. The maturities similarly reflect our opinion about the creditworthiness of the U.S. Public Finance obligor's legal pledge for payment of the financial obligation. Nevertheless, these maturities may have different credit ratings than the rating presented next to the ASID depending on whether or not additional legal pledge(s) support the specific maturity's payment obligation, such as credit enhancement, as a result of defeasance, or other factors.

Certain terms used in this report, particularly certain adjectives used to express our view on rating relevant factors, have specific meanings ascribed to them in our criteria, and should therefore be read in conjunction with such criteria. Please see Ratings Criteria at https://disclosure.spglobal.com/ratings/en/regulatory/ratings-criteria for further information. A description of each of S&P Global Ratings' rating categories is contained in "S&P Global Ratings Definitions" at https://disclosure.spglobal.com/ratings/en/regulatory/article/-/view/sourceId/504352. Complete ratings information is available to RatingsDirect subscribers at www.capitaliq.com. All ratings referenced herein can be found on S&P Global Ratings' public website at www.spglobal.com/ratings.

TEACHING HOSPITALS of TEXAS

COMMUNITY CARE. STATEWIDE IMPACT.

Medical Center Health System: Rural Hospitals' Trusted Partner

The 14 public and teaching hospitals and health systems that comprise the membership of the Teaching Hospitals of Texas account for just 4 percent of all Texas hospitals. But their reach and impact are statewide through direct patient care, healthcare workforce training and education, trauma preparedness and response, and research and clinical trials. Often, but not always, located in a major urban center, they are a vital partner for the rural hospitals around them and instrumental to a strong healthcare system statewide.

This series profiles the many ways that Texas' teaching and public hospitals support rural health infrastructure and access to care in the state's many rural communities.

Medical Center Health System is the public hospital district for Ector County in the Permian Basin. Since 1949, it has served residents of Ector County and 17 surrounding rural counties. Its service area is bigger than the state of Kentucky, and if it were a state, it would be the 9th largest in the country.

Growing from a small county hospital to a more than 400-bed regional medical center, the health system serves more than 100,000 patients a year. A Level II designated trauma center, the hospital is the highest level trauma center available between El Paso and Abilene.

Medical Center Health System holds Level III neonatal intensive care and maternal care certifications and has been recognized for excellence by the American College of Cardiology as a designated ACC HeartCARE Center, a distinction held by just eight hospitals in Texas and 82 in the U.S.

Medical Center Health System is also a founding partner, with Midland Health in Midland County, of the Permian Basin Behavioral Health Center, a 200-bed behavioral health hospital, which opened in May 2026.

"Rural hospitals save lives. I've seen this close-up as the CEO of a rural hospital earlier in my career and in my own personal life. We work with our rural hospital partners to make sure they have what they need to stabilize and safely transfer critically ill or injured patients to increase patients' survival odds when they get to us."

Russell Tippin
President & CEO

Trauma Care Resource

Rural hospitals across the large Permian Basin rely on Medical Center Health System for higher level trauma care and when they do not have an available bed, staff, or needed equipment for a particular patient. In 2025, MCHS received 4,300 patient transfer requests from other hospitals and was able to accept about two-thirds.

While serving as a transfer resource for patients needing a type of care not available in their home hospital, Medical Center Health System also invests in bolstering the capacity and capabilities of rural hospitals in its region so they can care for more of their local patients at the local hospital.

A Partner for Rural Hospitals, not Just a Transfer Destination

Having strong relationships with the rural hospitals in its region is a major priority for MCHS leadership and extends beyond serving as a higher-level-of-care facility.

"Medical Center Health System is committed to doing its part to help rural communities survive, and that means supporting the healthcare infrastructure. The overall vitality of any rural community is only as strong as the local healthcare."

MCHS offers its rural neighbors remote monitoring of patients by its ICU physicians. The intention is to support the local hospitals in keeping more of their patients close to home by avoiding transfer, where medically appropriate. Through video technology, MCHS' critical care physicians can see patients, monitor vital signs, and assess their condition to make more judicious transfer decisions.

"The remote ICU monitoring is a win-win. It preserves our capacity to care for seriously ill and injured patients; ensures more patients can stay in their local hospital, close to their support networks, for care; and contributes to the ongoing professional development and knowledge advancement of rural hospitals' clinicians."

Medical Center Health System also hosts trainings at its facility and at local hospitals for a variety of clinical and operations professionals, including IT, human resources, nurses, and EMS personnel. It shares its expertise with teams at neighboring rural hospitals so they can offer the same level of care and service as larger hospitals. MCHS also hosts workshops for hospitals' boards of directors to help bolster governance. In addition, two hospitals in neighboring Andrews County and Winkler County rely on MCHS for management support. Specialists from MCHS also conduct regular outpatient clinics in neighboring rural communities so that patients in Kermit, Fort Stockton, or Andrews, for example, don't have to travel to Odessa for cardiology, nephrology, neurology, or other specialty evaluation and treatment. In addition to strengthening local access to specialty care, the clinics deepen the trust between MCHS and their rural neighbors because the MCHS clinicians establish relationships with the local physicians and their nurses. That connection gives the local teams trust, confidence, and comfort in calling the MCHS team when they have a patient with a more acute need and promotes continuity of patient care.

"The training and support we offer may look different depending on the professional type, but the goal is the same: help our neighbors operate efficiency and effectively so they can care for their communities," said Tippin.

Permian Basin Behavioral Health Center

To address the region's pressing and increasing behavioral health care needs, Medical Center Health System and Midland Health in neighboring Midland County partnered to build and co-manage the Permian Basin Behavioral Health Center (PBBHC), a 225,000-square foot, state-of-the-art, 200-bed behavioral health hospital made possible with support from the Texas Legislature. PBBHC opened in May 2026. The PBBHC will be the third biggest hospital in the region when all beds are fully staffed and available.

PBBHC offers behavioral health care for children ages six and up through adult and geriatric behavioral health care. The hospital's services encompass both inpatient and outpatient behavioral health care, spanning the full continuum of mental health diagnostic and treatment capabilities.

The goal is for the hospital to serve as the behavioral health hub for the entire region, accepting transfers of patients in need of complex or acute psychiatric care from rural hospitals in surrounding communities. PBBHC staff are developing transfer protocols to ensure a streamlined process from a rural facility to PBBHC.

"Timely access to behavioral health care is the number one challenge for the Permian Basin," said Tippin. "The PBBHC will provide much-needed access to timely behavioral healthcare for residents across West Texas."

Getting New Nurses to the Bedside More Quickly

As part of its commitment to ensuring rural hospitals have the resources they need, MCHS partnered with Odessa College to develop the Medical Center Health System Hospital Simulation Training Center for student nurses. The simulation center is set up just like an actual hospital so student nurses can experience direct patient care as close to reality as possible. Students train in trauma, radiology, primary care, rehabilitation, ICU, surgery, and labor and delivery.

"The Simulation Hospital shrinks the time from when a nurse graduates to when he or she can provide patient care at the bedside," said Tippin. "It eliminates the learning curve when a new nurse goes to work in a hospital because he or she has experienced the look and feel of actual hospital care. This is particularly important for our rural hospital neighbors so their new nurses can get right to work providing patient care."

THOT Members Supporting Strong Rural Healthcare

From accepting transfers of critically ill patients and supporting ongoing clinical training and education to sharing resources and coordinating and collaborating to solve shared challenges, Teaching Hospitals of Texas members like Medical Center Health System are instrumental to rural healthcare accessibility and rural hospital resilience.

SCAN TO LEARN MORE

About THOT

Teaching Hospitals of Texas is the state's principal voice and advocate for hospitals and health systems that teach, train, and mentor the next generation of physicians, nurses, and other healthcare professionals. THOT members anchor the state's trauma and disaster response infrastructure, provide world-class tertiary and community-based care, and support policies and funding to ensure healthcare access for all Texans.

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CEO REPORT
PROVIDER RECRUITMENT
August 19, 2026

Mid- Level Opportunities

Specialty	Engagements	Site Visits	Accepted / Declined
Hospitalist (2) Day (1) Night left	4	1	2 Accepted (Night) Augustine -Accepted Preye -Accepted Pending 1 FTE --------- Yvonne – Accepted Steffy – Declined Dudley – Pending Gibson – Pending Visit
Family Med. (1)	0	0	No current activity
Cardiology (.5) Change to 1 FTE 08/2026	2	1	Acosta- Pending Darling – Pending (.5FTE)
Pediatrics (1) NEW	5	0	Hawkins – Pending
Urgent Care 2 08.2026	4	0	Moore- Pending Shiva – Pending Packer – Pending Ellis- Pending

Physician Opportunities:

Specialty	Engagement	Site Visit	Accepted / Declined
Anesthesia (4)	0	0	No current activity
Cardiology (2)	1	0	Kaur- Pending
Family Med. (1)	2	2	1Declined – Guidbanda 1 Declined – Panda
Gastro (2)	2	0	Are- Pending Thannoun- Pending
Ortho (1)	0	0	Awaiting internal team feedback
Neurology (1)	1	1	Zare –Pending
OBGYN (2)	3	1	Canzater - Pending Branham- Pending Bennion – Pending
Pediatrics (1)	1	1	Raza – Pending
Urology (1)	1	1	Heshmat - Pending Mehta- Pending
Urgent Care (1)	1	1	No current activity
Vascular (2)	1	0	Kaur – Pending
Radiology (1)	1	1	Declined - Dr. Gbadamosi Chikamud Anyanwu- Pending
Nuerosurgery	1	0	Taylor – Declined Cortez- Pending

CEO REPORT
PROVIDER RECRUITMENT
August 19, 2026

Key Updates and Current Work

PracticeMatch: Continuing to evaluate PracticeMatch as a recruitment sourcing tool. Next step is to determine expected return on investment and whether it supports hard-to-fill specialties.

HR Platform Integration: Reached out to HR regarding the UKG platform and its ability to push job postings to LinkedIn and Indeed. Further discussion is needed to understand functionality, cost, ownership, and timeline.

Medical Staff and Leadership Alignment: Held conversations with Dr. Benton and Medical Staff regarding recruitment priorities and candidate flow. Continued alignment will be important as we prioritize high-need specialties.

Growth Pillar Recruitment Report: Working on a report to support the Growth Pillar and connect recruitment activity to service line growth, access, and volume opportunities.

Offer Decline Dashboard: Developing a dashboard to track declined offers and reasons for candidate withdrawal or non-acceptance. This will help identify trends related to compensation, schedule, location, timing, specialty expectations, and competing offers.

Cardiovascular Meeting Preparation: Preparing a recruitment update for the Cardiovascular meeting on Friday, including Cardiology, Vascular, and related provider needs.

Other Items

- Russell Rangers Case Reviews: Continuing participation and support.
- Grief Committee / UTPB Connection: Continuing work on committee engagement and potential connection opportunities with UTPB.