

MOORE COUNTY HOSPITAL DISTRICT BUSINESS PLAN SWOT ANALYSIS | FY2026

Strengths, Weaknesses, Opportunities, and Threats

	Moore County Hospital District	BSA	Northwest Texas
Strengths (I)	<ol style="list-style-type: none"> 1. Employee and Physician Engagement creates a unified, loyal, stable, optimistic, and forward-thinking culture capable of overcoming tremendous challenges. Tremendous talent and breadth of care for a rural hospital. 2. Community partnerships have created tremendous educational and career opportunities for those desiring healthcare careers. 3. New facility and Moore County's geographic location and economic diversity propel future development and prosperity. 4. High quality, personalized care. Low infection rates. 5. Strategic ability to manage populations (ACO, PHO) positions MCHD for long-term viability. 6. Employment opportunities contribute to local economy & retain talent in the community 7. Updated EHR 8. Flexibility and speed in decision-making due to smaller size 9. Stable clinical staff in acute care, low RN turnover, steady pipeline of nursing through RNEC 	<ol style="list-style-type: none"> 1. Positive community perception 2. Diverse product lines 3. Nice facilities 4. BSA Insurance Network 5. Access to Specialists 6. New Level 3 Trauma Designation. 7. Reliance on Rural Facilities for referrals 	<ol style="list-style-type: none"> 1. Designated Trauma Center 2. Diverse product lines 3. Texas Panhandle Clinical Partners ACO 4. Access to Specialists 5. Reliance on Rural Facilities for referrals
Weaknesses (I)	<ol style="list-style-type: none"> 1. Lack of public transportation for patient transport 2. Challenges in staffing in certain disciplines & departments outside of nursing (finance, therapy, lab, surgical tech) 3. Lack of engagement with Concord Hospitalist Group 4. No depth in Concord pool of APP and/or Physicians to schedule at MCHD 5. Lack of MD to serve the volume of pediatric needs 6. Lack of mental health providers 7. Limited specialty coverage after hours/PTO 8. Unable to meet surgical demands 24/7 or include all procedures (i.e. general surgery when Agle out, elective total hips or traumas after hours) 	<ol style="list-style-type: none"> 1. Understaffed. 2. Infection Rates 3. Potential for Impersonal Service 4. Poor communication and lack of relationship with area hospitals and providers. 	<ol style="list-style-type: none"> 1. Understaffed. Poor employee relationships. 2. Potential for Impersonal Service 3. Currently without a permanent CEO. Former leadership left regional relationships in a mess. 4. Ruptured relationships have caused physicians to flee to other hospitals (including MCHD).
Opportunities (E)	<ol style="list-style-type: none"> 1. Modelled after the RNEC, expanding partnership with Amarillo College for Lab Techs could be modeled on the same concept. 2. Partnerships with DISD for CTE opportunities 3. Improve Community Image and Patients Perceptions of Care 4. Improve access to quality of care 5. Need for mental health services & available funding to develop products. 6. Provide counseling services / support group for mental health issues 7. Telehealth opportunities to reach technology-driven market share and outlying market share 8. Expansion of services to include pediatrics & counseling 	<ol style="list-style-type: none"> 1. Development of Freestanding ERs/Urgent Care Centers. 	<ol style="list-style-type: none"> 1. Development of Freestanding ERs/Urgent Care Centers. Direct employment of rural physicians.
Threats (E)	<ol style="list-style-type: none"> 1. Outmigration from Moore County to Amarillo - Only have 46% of inpatient market share according to Chartis (CMS data) 2. Increasing concentration of revenue streams from governmental programs 3. Limited labor pool 4. Lack of digital care resources (telehealth) 	<ol style="list-style-type: none"> 1. Rural hospitals affiliating with NWTHS. 2. High turnover in administration. 	<ol style="list-style-type: none"> 1. Strategy to employ rural physicians has fractured relationships with several rural hospitals and reduced the trust others once had in Northwest. 2. BSA achieving Level 3 Trauma Designation will move volume from Northwest. 3. High turnover in administration.

GROWTH

- Analysis of MCHD transfer data indicates patients are being transferred due to a lack of inpatient dialysis capability and others due to need for general nephrology care.
- Kidney disease is an increasing phenomenon among the Moore County patient population.
- Dr. Corbin's resignation creates a leadership vacuum in MCHD's largest employed clinic.
- Local Primary Care Providers are seeing increasing volumes of patients with complex mental health diagnoses.
- MCHD is missing revenue in non-RHC licensed primary care practices.
- Given volumes, clinic structures inhibit personnel and throughput efficiencies.
- Following the end of major construction, smaller renovation projects remain unfinished.

SERVICE

- Engaging physicians in operational decisions is always a strategic imperative.
- Having engaged Custom Learning Systems, MCHD must now implement a comprehensive strategy to address Patient Perceptions of Care.

EMPLOYEES

- MCHD needs to find new paths to engage with community partners to develop future workforce entrants.
- DISD's loss of their CNA educator can effect Moore County's RNEC program.

QUALITY

- A hospitalist program comprised of purely non-MCHD employed providers is not likely to align with MCHD long-term goals. MCHD should move toward hiring our own providers and using an external group to fill remaining open shifts.
- Quality reporting is a core component of modern medicine. MCHD must use quality data reporting processes to produce real outcome improvement.
- Improving Sepsis response, Patient Perceptions of Care, and Maintaining a Top 100 Ranking are identified as focus areas by the Board Quality Committee.

FINANCE

- Continued downward pressure on revenues demands that MCHD find replacement resources through grants and gifts.
- Governmental programs are the replacement revenue source for fee-for-service.

COMMUNITY

- MCHF will lead funding efforts for needed capital equipment and workforce development.
- As a community hospital, MCHD Leaders need to volunteer and serve in the community.

MEDICAL STAFF

- Current and aspiring medical staff leaders need leadership training. Once elected, leadership requires a significant donation of personal time.
- Now that a CMO has been selected, MCHD must now integrate that role into existing administrative and medical staff decision making processes.

SUMMARY OF OPPORTUNITIES

GROWTH

“Constantly seek new and innovative ways to grow MCHD”

1. Open Inpatient Dialysis Program
2. Physician Recruiting:
 - a. Open Moore County Nephrology (Dr. Shashank Singh)
 - b. Start Dr. Chance Pack (to replace Dr. Corbin)
 - c. Start Dr. Khushbu Patel (Employed Hospitalist)
 - d. Recruit Pediatrics (Subject to Go Forward on New MOB)(2025 Forward Thinking #2)
3. Develop Mental Health Community Case Management Program (2025 Forward Thinking #4)
 - a. Employ Clinical Psychologist (Dr. Sandra Yankah)
 - b. Begin Counselling Services
4. Facility Projects:
 - a. Go/No Go on New Consolidated Primary Care RHC Office Building (2025 Forward Thinking #1)
 - b. Complete Chapel, Courtyard, Cafeteria, Corridor, Patient rooms to office conversions
5. Equipment Upgrades

GROWTH STRATEGY 1 | OPEN/EXPAND NEW PRACTICES/PROGRAMS

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

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Begin Inpatient Dialysis Program	Yessenia			
2. Physician Recruiting: a. Open Moore County Nephrology (Dr. Shashank Singh) b. Start Dr. Chance Pack (to replace Dr. Corbin) c. Start Dr. Khushbu Patel (Employed Hospitalist) d. Recruit Pediatrics (Subject to Go Forward on New MOB) (2025 Forward Thinking #2)	Jeff/Connie/Shawn Connie Jeff/John Jeff			
3. Grow Mental Health Services: a. Employ Clinical Psychologist (Dr. Sandra Yankah) b. Employ/Contract Counselors, Begin Counselling Services	Jeff/Yessenia Jeff/Yessenia	→ →	→ →	

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)			
Incremental Admissions	12		
Incremental Surgeries			
Incremental Clinic Visits	100		
Incremental OP Visits			
Incremental Net Revenue			

GROWTH STRATEGY 2 | EXPAND AND IMPROVE MCHD FACILITIES

Goal: Develop facilities and environments that support the provision of care.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Go/No Go Decision on Consolidated Primary Care Medical Office Building (2025 Forward Thinking #1) a. If Go: i. Secure Financing ii. Finalize Plans iii. Begin Construction	Jeff/John	→	→	→
2. Complete: a. Chapel b. Courtyard c. Corridor d. Patient rooms to office conversions e. Cafeteria (If successful in ending Hospital project and retaining USDA funds) i. Unidine Service Enhancement – Fresh Market, Dining Options	Jeff/Shawn Jeff/Committee Jeff/Shawn Jeff/Shawn Jeff/Shawn/Terrance	→ →		

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)			
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue			

GROWTH STRATEGY 3 | EQUIPMENT UPGRADES

Goal: Provide quality equipment to support quality care.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Fulfil needs on the capital list as funds become available	Exec Team	→	→	→

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)			
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue			

SUMMARY OF OPPORTUNITIES

SERVICE

“Provide exceptional customer service to all we serve”

1. Physician Engagement Survey
2. Custom Learning Systems 5-star Initiative
 - a. Clinics
 - b. ER Academy
 - c. Hospital
 - d. Nursing Home

Goal: Integrate physician perspectives into District decisions.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Conduct Physician Engagement Survey. 2. See also Medical Staff Strategies.	Ashley, Jeff Dr. Tan, Jeff	→	→	→

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SERVICE STRATEGY 2 | CUSTOM LEARNING SYSTEMS 5-STAR INITIATIVE

Goal: To deliver 5-star service to all MCHD customers across all service lines.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Year 2 of CLS 5-Star Service Tools across all MCHD service lines: <ul style="list-style-type: none"> a. Special Emphasis: MCHD-owned Clinics b. Special Emphasis: Emergency Department c. Hospital, including Swing Bed Services d. Nursing Home 	Bethany, Ops Team	→	→	→
2. Service Excellence Council <ul style="list-style-type: none"> a. Implement Service Excellence Advisors Training 	Bethany	→	→	→
3. Implement OASIS Teams <ul style="list-style-type: none"> a. Key Words at Key Times b. Resignation Recovery c. ER Academy 	John/Jamie Jeff/Amy Yessenia/Kelly/Dr. Knight	→	→	→

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)			
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue			

SUMMARY OF OPPORTUNITIES

EMPLOYEES

“Be a great place for employees to work”

1. Workforce Development and Volunteer Opportunities
 - a. Culinary
 - b. Clinical
 - c. DISD & SISD CTE Programs
2. Employ a CNA Instructor (Partnership with DISD)

Goal: Build tomorrow’s workforce by working with community partners.

ACTION STEP	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Target DISD, SISD, and Amarillo College Programs for Development Opportunities: a. Explore potential of a Culinary Mentorship Program with DISD b. DISD & SISD Healthcare Professions CTE	Jeff, Terrance Jeff, Amy, Ashleigh			
2. Employ CNA Instructor (Partnership with DISD)	Yessenia			

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Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

QUALITY

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

1. Build an MCHD Hospitalist Group
 - a. Employ Dr. Khushbu Patel
 - b. Look for additional hiring opportunities to include PAs/NPs
2. Quality Data Collection/Submission:
 - a. American Heart Association Quality Data
 - b. ACO
 - c. JBS
 - d. Clinics
 - e. Hospital eCQR and abstractions on various measures
 - f. Flex-MBQIP
 - g. CMS Abstracted and Electronic Core Measures
 - h. Internal PI Dashboard
3. Board Quality Initiatives
 - a. Sepsis
 - b. CLS ER and Clinic Data
 - i. Patient Perception
 - ii. Clinical Data
 - c. NRHA/ CHARTIS Top 100

QUALITY STRATEGY 1 | BUILD A MCHD HOSPITALIST GROUP

Goal: To more closely align MCHD’s Hospitalist program with the goals of District.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Build an MCHD Hospitalist Group a. Employ Dr. Khushbu Patel? b. Look for additional hiring opportunities to include PAs/NPs	Jeff, MEC	→	→	→

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

QUALITY STRATEGY 2 | QUALITY DATA

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

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Quality Data Collection/Submission: <ul style="list-style-type: none"> a. American Heart Association Quality Measures (for rural hospitals) b. ACO Key Performance Metrics c. JBS Quality Incentive Criteria d. Clinic Metrics e. Hospital eCQR and abstractions 2. Maintain "Top 100" Chartis/NRHA Quality Award status.	Yessenia Jeff, Yessenia Jeff, PHO, Yessenia Jeff, Connie, MEC Yessenia Exec Team	→	→	→

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Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

QUALITY STRATEGY 3 | BOARD QUALITY INITIATIVES

Goal: Improve performance on specific projects

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Sepsis	Yessenia/Dr. Knight	→		
2. CLS ER and Clinic Data a. Patient Perceptions of Care (See Service #2) b. Clinical Data for MCHD Clinics	Bethany, Exec Team	→	→	→

Estimated Impact	2026	2027	2028
Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

FINANCE

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

1. Governmental Programs (CHIRP, RAPPs, QIPP, etc.)
2. Continue Grant Writing Capacity

Goal: To build community support and financial strength based on demonstrated excellent performance.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Continue Emphasis on Grant Writing	Kathie,	→	→	→
2. Key Governmental Programs: a. QIPP b. ATLIS c. Rural Health Clinic Vaccine Confidence Grant d. 340(b)	Audra John/Connie Connie Ashleigh	→	→	→

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Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

COMMUNITY

"Be recognized as a community leader"

1. Grow MCHF
 - a. 2024 Harvest (Surgical Equipment)
 - b. Scholarship Luncheon
 - c. Sporting Clays
2. Leader Community Service Projects
3. Marketing Plan

Goal: Provide long-term sustainability for MCHD

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Major Fundraisers a. The Harvest b. Scholarship Luncheon c. Sporting Clays	Kathie			Kathie Kathie

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Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

Goal: To promote community service and MCHD’s community reputation.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Encourage MCHD Leader participation in community activities. a. Promote community service opportunities	Bethany	→	→	→

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Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

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

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Continue monitoring MCHD's social ratings and governmental surveys to raise or maintain scores. Bring actionable items to committee for review/follow-up in conjunction with CLS initiative. Provide education as needed.	Ashley			
2. Continue initiative on social media integration to maintain public engagement while improving public perception of District and its services.	Ashley			
3. Develop cross media strategies focusing on customer-facing Strategic Plan initiatives including a hard push into secondary markets a. Inpatient Dialysis b. Physician Recruitment c. Mental Health Program d. New MOB e. Equipment upgrades f. CLS Initiative g. Employee Engagement Survey h. Workforce Development Program i. MCHF Events j. Community Service k. Awards	Ashley			
4. Spearhead conversion of all District websites to accommodate the inclusion of more community facing segments (blog/ vlog/ podcast/ newsletters/ educational videos, etc.)	Ashley			
5. Respond to changing District marketing initiatives as needed	Ashley			

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Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

MEDICAL STAFF

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

1. Medical Staff Development
 - a. MEC Leadership Conference
 - b. Conduct Physician Engagement Survey (August 2025)
2. Deploy Chief Medical Officer Role
3. Implement Electronic Credentialing Software System

Goal: Promote medical staff relationships and leadership skills. Seek to grow Physician Engagement.

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Medical Staff Development: a. Leadership Development: Schedule MEC leaders to attend an annual Medical Staff Leadership conference b. Conduct Physician Engagement Survey (August 2025)	Dr. Apolinario/MEC Ashley	Dr. Tan/Jeff →	→	→

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Capital Requests (\$ in 000s)	\$	\$	\$
Incremental Admissions			
Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

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

Goal: Bring CMO Role into the decision-making structure of MCHD Administration and Medical Staff

ACTION STEPS	ESTIMATED COMPLETION			
	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
1. Deploy Role of Chief Medical Officer:	Jeff/Dr. Apolinario/MEC/Medical Staff	→		

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Incremental Surgeries			
Incremental Clinic Visits			
Incremental OP Visits			
Incremental Net Revenue	\$	\$	\$

SUMMARY OF OPPORTUNITIES

FORWARD THINKING

"5-10 Year Vision"

1. MCHD will construct a multispecialty rural health clinic facility: family practice, internal medicine, pediatrics, OB/Gyn. (2025 Growth #2)
2. MCHD will recruit and open a pediatrics practice (2025 Growth #2).
3. MCHD will become a telemedicine provider.
4. MCHD will seek opportunities to address mental health needs. (2025 Growth #1)
5. MCHD will pursue and develop an oncology program.
6. MCHD will expand local elder care options by either building or finding an investor for assisted living.
7. MCHD will seek opportunities to become a rural residency site.