



**Board of Directors**  
**Regular Board Meeting**  
**Monday, June 30, 2025**

**Attendees:**

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| Morgan Cox, President                            | Nancy Cooke, CEO                           |
| Albert Garza, Vice President                     | Tonya Glisan, CFO                          |
| John Myrick, Secretary                           | Linda Pierce, CNO                          |
| Terry Franklin, Member                           | Tina Columbus, Director Human Resources    |
| Clay Parker, Member                              | Rebecca Brandon, Director of Rural Clinic  |
| Frances Hernandez, Member - absent               | Amy Miramontes, Director of Quality        |
| Brian Jackson, Hospital Attorney                 | Mark Salcone, DO - Chief of Staff - absent |
| Jeff Deslaurier, IT Director, Compliance Officer |  |

- I. **Call to order:** Mr. Cox called the meeting to order at 11:30am.
- II. **Reading and Approval of Minutes – Regular Board Meeting:** Minutes were reviewed. Minutes from May 26<sup>th</sup> were examined, leading to a motion to approve them, seconded and passed.
- III. **Public Comment -**
- IV. **Medical Staff Report – Amy Miramontes:** A new radiology director has been hired, and efforts to improve turnaround time in radiology are ongoing. The election of officers was tabled. The medical staff reviewed and approved new appointments, including Dr. Darnell joining the staff. All service lines are performing well in H caps. Staff are reviewing all consents, with legal approvals pending. Outpatient infusion will begin in July. Collaboration will take place between CNO and Mrs. Olivas on psych patients presenting to ED. Quality and patient safety projects were reviewed with no recommendations made. Great improvements in compliance for telephone orders and non-verbal orders were noted.  
Motion to approve Medical Staff report, approved and seconded.
- V. **Medical Staff Privileges – Amy Miramontes:** Three new tele-radiologist from the Vesta group were approved by medical staff. Four individuals, including Dr. Kimball, Dr. Patel, Dr. Friez and Megan Chandler were reappointed without quality concerns.  
Motion to approve Medical Staff Privileges, approved and seconded.
- VI. **Strategic Initiatives – Nancy Cooke:**
  - a. Update on Plans to Construct New Clinic and Other Space as needed for Hospital District growth: In the process of changing the nomenclature for the new building currently known as the MOB, going to call it Building 2 for simplicity in regulatory and licensing provisions. Strategic conversations are ongoing with representatives from Darbin and Discovery Health to address billing and setup issues, showing significant progress. Construction update: 1<sup>st</sup> floor of building 2, sheetrock and paint are 90% complete; paint on the second floor is 50% complete, along with the ceiling and grid irrigation sleeve installation. Installation of windows and natural lighting spaces are progressing, aiming to seal the building soon.

Missing wall panels and electrical work are delaying substantial completion of the EMS barn, but the facility can be used before completion, requiring staff caution. The target date for substantial completion and potential facility use is July 11<sup>th</sup> with a punch walk scheduled for July 12<sup>th</sup>. Revised drawings for ER and PT comply with state requirements, including a new office and staff restroom.

- b. **Furnishing and Medical Equipment for Building II:** Furnishings and medical equipment purchases are on the agenda with a focus on remaining within the original budget estimate of \$38 to \$40 million. Lauren Schneider from Henry Schein presented slides of the furniture and artwork for building 2. Samples of the material were passed around for review. Discussion about medical equipment needs for different departments such as PT and OT. Emphasis placed on acquiring quality equipment to minimize future replacement needs and ensure durability. Discussion on the design and environment for the facility, emphasizing patient and employee satisfaction with the new space. The budget estimate for the facility was initially provided by MW builders and evolved from an estimated \$28 million to an actual cost of \$34 million due to various adjustments, bringing the total project estimate to \$38.5 million. Formal motion was proposed, approved and seconded for the purchase of building furniture and equipment.
- c. **Updates on other initiatives:** None

**VII. Quality Assurance / Patient Safety Report– Amy Miramontes:** The Quality and Patient Safety Committee accurately identified and resolved contamination issues with surgical instruments before operation commenced, demonstrating effective quality control measures. Quarterly quality reports reviewed and approved included several new and revised surgery policies necessary for the upcoming OR program starting next month. New service policy “complimentary care” designed to prevent postop nausea and pain using an innovative approach with small stickers was reviewed and deemed impressive. Various policies underwent review and necessary updates made. Medical records auditing continues based on survey finding with corrective action plans in place targeting 100% compliance. 100% compliance was achieved in provider orders and plan of care documentation. Staff reported 27 incidents in May: indicates increased awareness. No sentinel events or grievances filed during May. EKG monitoring reported excellent compliance with all tests conducted within 10 minutes emphasizing prompt response on all STEMIs. ED Patient departure rates without being seen are being closely monitored and trending down. The goal remains below 2%, currently at about 4%. Efficient processes in radiology ensure consent is obtained prior to IV contrast and pregnancy screenings are effectively performed prior to testing. Motion was made and seconded to approve the Quality and Patient Safety Report as presented. Motion carried unanimously.

**VIII. Department Reports: None**

**IX. Discussion and Possible Action on Policies – Policy Log: Amy Miramontes** Policies previously discussed in the Quality of Patient Safety Committee have been reviewed by medical staff and recommended for board approval. The PTO policy revision allows new hires to use paid time off for recognized holidays within their first 90 days. Policy requiring formal sign-off from multiple department equipment purchases was effective and will be applied to contract reviews, enforcing department manager to complete a standardized form before seeking approval. Department managers must have contracts reviewed by the CFO and legal counsel, as part of enforcing an existing but previously unenforced policy. Motion was made and seconded to approve the Policy Log, motion carried unanimously.

**X. Equipment: Nancy Cooke** Ms. Cooke discussed the necessity of Geri-Recliners for patient safety, expressing concerns with current equipment and emphasizing the need for safe options. Seven chairs are proposed for purchase, including three regular and four bariatric chairs at a total cost of \$41,687. Motion was made and seconded to approve purchase of Geri-Recliners, motion carried unanimously.

**XI. Contracts: Nancy Cooke**

**a. Replacement of roof on Home Health Building:**

Two bids received for reroofing the home health building, following a prior decision to undertake this Consultant Greg Carroll recommended the approval of the lower bid of \$65,000 from CS Advantage. Motion was made and seconded to approve the bid.

**b. Affiliation Agreement for Student Rotation with University of North Texas Health Science Center**

The University of North Texas has developed an accelerated program for students to complete Med School in three years. They have approached the institution about doing student rotation in West Texas to offer students exposure to rural medicine.

Motion was made and seconded to approve the partnership for student rotations.

**c. Jason Kimball, DO – Radiology Medical Director**

The need for a medical director for imaging to join the Radiation Safety Committee and review policies was discussed, highlighting the importance of compliance with safety standards.

Motion was made and seconded to approve the contract with the condition of it being pending legal approval.

**d. ActionCue Clinical Intelligence:** This is a software to track occurrences, this will replace RLDatix.

Motion was made and seconded to approve.

**XII. CFO Report: Tonya Glisan** Paramount Recovery, used in the past to recover bad debt, has ceased operation, Requesting to use Data Search per the suggestion of the new business director Robert. Fees will be 23.5% of collection.

Motion was made and seconded to approve contract with Data Search.

Fraudulent checks: Between May 27<sup>th</sup>, June 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> had 34 checks that cleared the operating account totaling \$129,428.84. 32 of 34 checks were processed by the credit union in New York. Duplicate check numbers were used, checks that required 2 signatures only had one signature on them, names did not match. A new operating account has been established but will have to leave the old account open due to outstanding checks still being processed, along with ACH payments, insurance payments, sales tax and credit cards. They will now have to call to ensure that the checks are our checks and are able to be cashed. Concern that checks are stolen in the mail. Currently reconciling daily with internal processes. We are in the first month of the new fiscal year. Total cash is \$84,819,000.00 of that \$4,678.00 being restricted. Leaving Med building at 30 million. May Patient revenue is \$4.9 million. Bad debt moved over \$1 million that we can count as uncompensated care. Total operating expenses \$3.7 million, non-operating expenses \$2.7 million and property taxes \$2,667,000.00 Net income is \$1.8 million. Check register is \$4,413,022.98 Cash on hand days is 742. AR days dropped from 94 to 85.

Storm came through and caused hail damage, CHUBB came out to assess properties, pending finalized report. Auto insurance was also notified to look at ambulances, pending an adjuster to come and look. Check issued for ambulance early, to qualify for a grant for \$100,000.00

Motion was made and seconded to approve the Financial Statements and cash disbursement. Motion carried unanimously.

**XIII. Administrative Report: Nancy Cooke:**

1. Mr. Garza is still looking for a building for the Martin County appraisal district.

2. Mrs. Cooke presented the Top 20 Congressional Recognition, noted we were one survey short to receive the award for the current year.

3. Project Permian (gas plant) is still in discussion with Commissioners Court on the 312 guidelines.

4. Several clinic providers have been using AI for clinic documentation and have positive reviews. Physicians have stated it is "life changing". This makes for good patient care in the record.

5. Assort Health will be here shadowing for the scheduling AI piece. Ms. Pierce has been working on getting IV fusions set up, this is to begin in July.

6. Dr. Davis, (ER Physician) retired last Thursday. Dr. Kyle was here for a side visit last week, graduated from Texas Tech, space is an issue at this time.

7. Dr. Darnell is to be on board July 14<sup>th</sup>. Mrs. Cooke received an email from John Henderson regarding the Big Beautiful Bill and the effect it may possibly have on rural hospitals, will get that email shared with all staff.

8. Ortho department is coming along with a possible start date of August 1. Amber Cervantes has done wonderfully in getting policies in place and Kristi Hernandez with the ordering.

XIV. **Adjourn to Executive Session:** Nothing presented

A. **Texas Government Code 551.071: Consultation with Attorney**


B. **Texas Government Code 551.074: Personnel Matters**

XV. **Return to Open Session:** 1:36pm

XVI. **Adjourn Meeting:** Motion and seconded to adjourn meeting at 1:36 p.m.

  
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Morgan Cox, Board President

7-28-25  
Date

  
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John Myrick, Board Secretary

7/28/2025  
Date