



Board of Directors
Regular Board Meeting
Monday, May 27, 2025

Attendees:

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	Amy Miramontes, Director of Quality
Brian Jackson, Hospital Attorney	Kip Wood, EMS Director
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. **Swearing in of Appointed Board Members** Newly reappointed board members stood to state their names, John Myrick, Morgan Cox, and Clay Parker before taking the oath of office. They affirmed their commitment with 'I do,' marking the completion of the official swearing-in ceremony with congratulations.
- III. **Board Member completion of Conflict of Interest Statement** - Discussion revolved around the requirements of conflict of interest forms, obligating board members to reveal significant business or property interests and gifts from vendors. Members were instructed to sign where comfortable and inform governance of any changes for amendment.
- IV. **Election of Officer** - An open discussion encouraged participants to run for officer positions or re-elect those presently in roles. The election for President commenced, followed by Vice President, leading to a proposal to retain current officers which passed unanimously.
- V. **Approval of Minutes: April 28, 2025 – Regular Board Meeting:** Minutes were reviewed. Minutes from April 28th were examined, leading to a motion to approve them, seconded, and passed with Ms. Hernandez abstaining from the vote, duly noted.
- VI. **Public Comment:** None present.
- VII. **Medical Staff Report – Board Report – Amy Miramontes:** Ms. Miramontes presented the monthly report from the Medical Staff meeting for review. Following a resurvey, all state findings were addressed and resolved. Various projects were discussed, and improved compliance noted. Concerns about Vesta, the radiology group, are being monitored and may lead to exploring other opportunities with medical staff. Improvement is seen in H&P compliance and order types of record keeping, as presented in the medical staff report dashboard.

Motion was made and seconded to approve the Medical Staff Report as presented. Motion carried unanimously.

VIII. Medical Staff Privileges, Resignations and Terminations – Amy Miramontes: Ms. Miramontes presented the following providers for approval:

Appointments:

William Liesman, MD – Surgery – Active
Ryan Rowland, MD – Surgery – Active
Ryan Rayne, PA - Surgery – Active
Pamela Doughty, PA - Surgery – Active
Abbie E. Estes, PA – Surgery – Active
Syed Jafery, MD – Teleradiology
Farzaneh Kazimi, MD – Teleradiology
Steven Ashlock, MD - Teleradiology

Re-Appointments:

Josiah Wrensford, MD – Emergency Medicine
Calvin Cargill, MD – Family Medicine – Active

Expired:

None

Also presented were the Delineation of Privileges for Allied Health Professionals – Orthopedic.

Motion was made and seconded to approve the Medical Staff Privileges Report as presented. Motion carried unanimously.

IX. Strategic Initiatives – Nancy Cooke:

- a. Update on Plans to Construct New Clinic and Other Space as needed for Hospital District growth -**
Ms. Cooke gave an update on the projects.

Medical Office Building

1. Continuing to pour concrete to complete drives and parking lots on south side.
2. Painting and tile work has begun on first floor.
3. Windows and doors installed in Express Care.
4. Drywall 50% complete on second floor.

EMS Barn

1. Completing painting and tiling. Installing panels and other finishing touches.
2. Starting on camera and card reader installation.
3. Delay on Jib kit and boom. Factory was hit by a tornado which has resulted in a 12 to 14 week delay. We will complete everything else, prep for installation at a later date.

Hospital

1. Virtual feasibility conference with DSHS is scheduled for June 10 on the ER and PT Additions for the Hospital.

b. New Easement to Oncor for construction of MOB – New easement to Oncor to supply power to new MOB was presented and reviewed. It was noted that all work will be underground.

Motion was made and seconded to approve the Oncor Easement as presented. Motion carried unanimously.

c. Discussion of development of EMS Station in County – After discussion and questions from Board and staff members, direction was given to staff to begin development of a new station on the new property with 4 bays and room for 6 crew members.

d. Updates on other initiatives – None to report.

- X. Quality Assurance and Patient Safety Dashboard – Amy Miramontes:** Ms. Miramontes presented the dashboard for review. She reviewed new measures that will be reported and the goals of each. She noted that there were no employee injuries. The corrective action plan for the State will be monitored for 4-6 months of 100% compliance after re-survey. The hospital is continuing to work on pain management assessments with 65% compliance for documenting improvement post-medication.

Motion was made and seconded to approve the Quality Assurance and Patient Safety Dashboard and report as presented. Motion carried unanimously.

XI. Department Reports

a. EMS Report

Current EMS statistics are remarkably similar to last year's data, with expectations of future increases due to changes in infrastructure and upcoming events. EMS is tracking responses and calls across different quadrants, reflecting numbers of patients and incidents. When responding to incidents with multiple patients, only one call is recorded, not the number of patients involved, which helps to avoid inflating call statistics.

Motion was made and seconded to approve the EMS Report as presented. Motion carried unanimously.

b. Quarterly CNO Report

Admissions for March were 42, April were 41, with expected May volume higher than last year. Staffing vacancies noted: one night shift charge position and one day nurse tech position. Transition care program started in February had 11 referrals, March had 8, and April had 16, notably successful in orthopedic and cardiac cases. Inpatient ratings were 100% except for April, which dropped to 80%; other departments generally in the 90th percentile.

Motion was made and seconded to approve the CNO Report as presented. Motion carried unanimously.

c. Quarterly Compliance Report

4 Hot Line calls were received in the first quarter and all were referred to Human Resources Director. A total of 39 drug diversions by one individual were reported. This individual is no longer with WRMC. No HIPAA Security or Privacy issues noted. HIM coding compliance at 97%.

Motion was made and seconded to approve the Compliance Report as presented. Motion carried unanimously.

- XII. Discussion and Possible Action on Policies - Amy Miramontes:** Ms. Miramontes presented the Policy Log for approval. This included policies from Surgery, Anesthesia, Rehab, and Patient Care.

Motion was made and seconded to approve the Policy Log as presented. Motion carried unanimously.

XIII. Equipment: None

XIV. Contracts Replacement Roof for Home Health Building – Tabled

XV. CFO Report – Tonya Glisan:

Financial Report - Ms. Glisan presented the Financial Statements for the months ending April 30, 2025 for review. Net Patient Revenue was \$1,157,263, Restricted Cash \$4,665,103, Capital Projects YTD \$28,396,122, Days Cash on Hand is 760 compared to April 2024 at 869 and April 2023 at 738. Net Patient Revenue was impacted by reclassification of accounts during the PARO review.

February Cash Disbursement – Ms. Glisan stated the cash disbursements totaled \$4,088,539.18, and credit card charges \$54,681.66.

Motion was made and seconded to approve the CFO Report as presented. Motion carried unanimously.

XVI. Approve Revised Organizational Chart

Ms. Cooke presented the revised Organizational Chart.

Motion was made to approve the Organizational Chart as presented. Motion carried unanimously.

XVII. Administrative Report – Nancy Cooke:

1. Dr. Darnell will be starting in mid-July.
2. Martha Dodson, DO, MPH will be visiting on May 29. She is currently located in El Paso. Is interested in relocating to this area to be close to family. She has extensive experience in family medicine, urgent care and a fellowship in sports medicine.
3. Met Friday, May 23 with Dr. Anand C. Reddy in Odessa. He is a nephrologist. Discussing ways he can support our facility.
4. Hospital week went well. I think employees enjoyed the food and fellowship. Tina Columbus and the Rewards and Recognition Team did an excellent job.
5. Preparations for the total joint program are progressing. All providers will be credentialed at the May 27 meeting. Almost all equipment has been ordered. Policies have been approved. Education for both patients and employees is in place.
6. Offer for Executive Assistant has been made and accepted by Jennifer Valdez. She is currently working at the VA Hospital in Big Spring. Start date is June 23.
7. Offer for COO has been made and accepted. Start date to be determined.
8. Texas A&M conducted community meeting on May 19. We will be hosting medical school students for 1 to 2 weeks to acquaint them with rural medicine.
9. I will be out of the office from noon June 4-June 6 for a THA Retirement Plan Board Meeting.
10. Phone Audit is complete. It showed that we have programming opportunities to improve service for the Clinic. This will be mapped and implemented prior to relocation to new MOB.

XVIII. Adjourn to Executive Session: 1:17 p.m.

XIX. Return to Open Session: 1:50 p.m.

XX. Adjourn Meeting: Motion and seconded to adjourn the meeting at 1:51 p.m. Motion carried unanimously.


Morgan Cox, Board President


Date

John Myrick
John Myrick, Board Secretary

5/30/25
Date