



**Board of Directors  
Regular Board Meeting  
Monday February 23, 2026**

**Attendees:**

Morgan Cox, President  
Albert Garza, Vice President  
John Myrick, Secretary  
Terry Franklin, Member  
Clay Parker, Member  
Frances Hernandez, Member  
Brian Jackson, Hospital Attorney  
Dr. Justin Northeim, BEST EMS  
Chris Muscle, BEST EMS

Nancy Cooke, CEO  
Tonya Glisan, CFO  
Linda Pierce, CNO  
Jason Menefee - COO  
Tina Columbus, Director Human Resources  
Rebecca Brandon, Director of Rural Clinic  
Amy Miramontes, Director of Quality  
Mark Salcone, DO - Absent  
Jeff Deslaurier, IT Director/Compliance

- I. **Call to order:** Mr. Cox called the meeting to order at 11:30am.
- II. **Reading and Approval of Minutes – Regular Board Meeting:** Minutes from January 26, 2026, were examined with corrections pending. Motion to approve minutes as corrected, seconded and passed.
- III. **Public Comment** – Presentation by BEST EMS to highlight their organizational strength, research initiatives, and comprehensive approach to healthcare delivery aligned with community partnership ideals. BEST EMS was founded in 2012 and is led by practicing emergency medicine physicians and firefighter paramedics. It has expanded to over 60 agencies around Texas with seven medical directors and encompasses a broad mix of fire service and EMS professionals. The organization supports a variety of training programs, including cadaver labs for advanced medical education, and provides around-the-clock medical support through a single phone number that connects to available medical directors, ensuring immediate assistance. With a focus on pre-hospital care, collaboration extends to partnerships with hospital systems and organizations at multiple levels. BEST EMS has been recognized as a resuscitation lighthouse community, indicating high resuscitation standards, and has seen improved outcomes in cardiac arrest care. The training and performance of BEST EMS are tailored to meet regional needs, with feedback systems that track and improve CPR performance based on detailed metrics. BEST EMS aims to foster a community partnership approach and has innovative practices such as filling an airplane with cardiac arrest survivors for community morale.
- IV. **Executive Session: 12:00 p.m.**
  - a. **Texas Government Code 551.071: Consultation with Attorney**
  - b. **Texas Government Code 551.074: Personnel Matters**
- V. **Return to Open Session: 12:45p.m.**

- VI. Medical Staff Report – Amy Miramontes:** The Medical Staff Committee met on February 18, 2026, with no old business to discuss. Patient satisfaction reported to be doing great, consistent around 91%. Annual quality review was performed for 2025 and goals for 2026 were established. Two policies were introduced to the committee. Approval of new providers was recommended by medical staff to the board. Additional focus is on ensuring patients receive the correct pain medication and follow-up. Pharmacy data added to reports, focusing on medication errors, delays in time-critical medications, and adverse drug reactions. Motion to approve Medical Staff Report approved and seconded. Motion passed.
- VII. Medical Staff Privileges – Amy Miramontes:** Medical Staff privileges were approved for the following providers:
- Delbert Benzenhafer III, MD  
Re-Appointments
  - Monica Fowler-Hudson, CRNA
- Motion to approve Medical Staff Privileges approved and seconded. Motion passed.
- VIII. Quality Assurance / Patient Safety Report - Amy Miramontes:** Quality Assurance and Patient Safety Committee reported zero falls and zero adverse events in January; one grievance reported from the ER that was resolved. H&P compliance is at 98%, operative report and telephone orders completed at 100% with no employee injuries in January. One ER chest pain case and a delay in reading a CT for a stroke patient, showing areas for education and improvement. Goal for “left without being seen” metric was met with a percentage of 2.9%. The committee aimed for ED throughput times less than 120 minutes; January’s result was 126 minutes, showing slight deviation from the goal. Motion to approve Quality Assurance/Patient Safety Report approved and seconded. Motion passed.
- IX. Discussion and Possible Actions on Policies, Policy Log - Amy Miramontes:** The Quality Improvement Plan has been updated with revisions reflecting the change from Quality Committee to Quality and Patient Safety Committee, inclusion of Martin County Hospital District, home health, RHC, and EMS. A new rehab policy for the pool program which is now operational was approved by the Quality Assurance and Patient Safety Committee and Medical Staff Committee. Motion to approve Policy Log approved and seconded. Motion passed.
- X. Strategic Initiatives – Nancy Cooke:**
- a. **Update on Master Plan and future construction initiatives:** Commendations were given to the team for successfully relocating to building 2 with positive feedback despite encountered technical issues like phone connectivity problems. Plans are in place to address the placement of handicapped parking. The facility ADA Review is scheduled for today. There are unresolved construction items, such as column coverings in the waiting room. There is \$164,000 remaining in the allowance accounts. The construction team requested an additional \$46,000 due to supervisory services needed past substantial completion due to project delays, but the validity of the request is contested. The issues appeared to be due to project management errors, and this was addressed with the construction manager. There is ongoing irrigation and landscaping issues due to insufficient water pressure from a new well, requiring potential solutions such as installing a water tank. Express Care will have a soft opening with modified hours starting April 1, to be evaluated after 30 days for possible extension. Continued work on ER and PT expansion awaiting MEP recommendations, with a goal to present a revised master plan and bids in April. Motion to approve Update on Master Plan and future construction initiatives and seconded. Motion passed.
    - a. **Boardroom to IT:** Table discussion
  - b. **Report on Accomplishments from 2022 Strategic Plan:** Review of the 2022 strategic plan reveals considerable accomplishments over the last few years, prompting a need for an updated plan. An

updated strategic plan is to be developed and expected to be completed around April to June. Motion to approve Report on Accomplishments from 2022 Strategic Plan and seconded. Motion passed.

c. **Updates to other initiatives:** None

**XI. Department Reports**

- a. **HR (Annual) – Tina Columbus:** The organization experienced growth in employee numbers over recent years, with a total increase of 14 employees between 2023-2024 and 32 employees between 2024-2025, amounting to a 13.41% overall growth. Most department growth was driven by expansions of hospital and clinic facilities, including services such as ortho surgical services, and included key areas such as registration, nursing, phlebotomy, and environmental services. In 2025 employee turnover included 44 employees, which is lower than the national average turnover rate for hospitals at 18.44%. The organization maintained a turnover rate at 12.50%. The majority of employee turnover was attributed to personal reasons, including school schedules, caregiver responsibilities, and health matters. Competitiveness turnover is minimal, and the organization continues to monitor compensation, competitiveness and scheduling flexibility. Recruitment and employee branding efforts include posting job openings on various platforms such as LinkedIn, Facebook, and Indeed, as well as utilizing outside recruitment firms. In 2025, the HR department attended multiple regional job fairs and strengthened student pipeline pathways with clinical rotations and shadowing programs. Retention strategies include employee recognition programs, compensation adjustments, a competitive tuition reimbursement plan, bonus payments, and PTO policy updates. Leadership training involved managers in the areas of FMLA and short-term disability policies, PTO policy updates, discipline documentation, and communication training. Motion to approve the HR (Annual) Report and seconded. Motion passed.
- b. **Compliance – Jeff Deslaurier:** There were no compliance hotline reports, grievances, or diversions reported in the fourth quarter. Slight increase in HIPPA security brief attempts, totaling 36 for the quarter; phishing attempts have decreased. 30 HIPPA walkthroughs conducted with no issues reported. Quality and timely reporting achieved 100% compliance for the fourth quarter. Emergency department experienced slightly increased stay durations, peaking at 162 minutes in December. HR compliance remains at 100% for each month and turnover was 1.3% for the quarter. Health Information Management showed 32% of delinquent records over 30 days for the fourth quarter. HCCS coding compliance remains at 98%, ROI compliance is also at 98%. Business Office managed Medicare credits and Medicaid overpayments efficiently, home health timely filing billing achieved 98% compliance, Oasis admissions were 100%, and zero write-offs occurred. Motion to approve the Compliance Report and seconded. Motion passed.
- c. **Clinic – Becky Brandon:** Review of year-over-year clinic data shows steady performance. The clinic activated its emergency operations plan during a recent snowstorm, indicating successful protocol usage. Dr. Choate has requested to increase his clinic presence by adding two more days per month to his schedule. Review of current staffing needs include hiring an additional position to support Dr. Choate and Dr. Brantley, indicating a growth in clinic operations. Community outreach projects include spring athletic physicals, immunizations, and educational events like World Kidney Day, showcasing proactive engagement in health education and patient management. Chronic care management enrolls about 40 patients per month, highlighting growth and effective management. Express Care is planning a soft opening in April with extended hours in May, reflecting expansion and increased accessibility for patients. Quality dashboard review indicates a focus on improving care measures and reducing no-show rates to enhance clinic efficiency. Strategies to reduce no-shows include implementing text reminders and offering more convenient appointment times, alongside flexible scheduling for patients arriving late. Positive feedback was received regarding clinical operations, particularly noting improvements in patient care and workflow, reflecting successful adjustments and patient satisfaction. Motion to approve Clinic Report and seconded. Motion passed.
- d. **Quarterly Management Plan Review – Nancy Cooke:** The quarterly management plan review was conducted, showing progress in patient satisfaction, quality, safety, and finance. Financial growth was notably higher than the goal, with a rise of 12.3% compared to the 3% target. Challenges remain

in reducing emergency department's legacy wait times below 128 minutes, despite handling an average of 30 patients per day. Implementation of Inspire is scheduled to begin on February 26. Notice received regarding eligibility for a financial stabilization grant estimated at \$574,000.00 intended for orthopedic equipment investments. Preparation underway for financial quotes on orthopedic equipment, with a possibility to upgrade the surgical robot if funds remain. A student from Texas A&M is expected to visit on March 22<sup>nd</sup> with an agenda focusing on community involvement coinciding with Chamber of Commerce banquet date. Motion was made to approve Quarterly Management Plan Review and seconded. Motion passed.

**XII. Equipment - Nancy Cooke:**

- a. **3 Defibrillators** – The defibrillators in the nursing department have reached the end of their serviceable life and need replacement. A proposal was presented to replace three defibrillators with a cost of \$55,903.74. Motion to approve the purchase of 3 defibrillators and seconded. Motion passed.
- b. **Sale of surplus exam beds and other Clinic equipment** – Discussion regarding surplus medical equipment, including second-hand exam beds, led to the suggestion of selling them to a surplus equipment dealer. It was noted that Howard College is interested in a few of the beds as a donation to their nursing program. Motion to approve the sale of surplus exam beds, the donation of beds to Howard College and other Clinic equipment and seconded. Motion passes.

**XIII. Contracts – Nancy Cooke:**

- a. **Employee Benefit Renewal Bids:** The current employee health plan has been discontinued by Blue Cross, and they are moving the organization to a new plan with a projected 11.7% price increase. However, it is anticipated that this percentage can be negotiated down, like in previous years. Dental and vision plans are facing a 4% price increase, which is deemed reasonable. There is a request for permission to renew the health plan up to the 11.7% increase to avoid delays that would affect the enrollment timeline. The organization considers self-insurance yearly but does not plan to move forward with it currently due to the increase in costs driven by new medications. Motion to approve the Employee Benefit Renewal Bids and seconded. Motion passed.
- b. **Additional Insurance Coverage for flood and earthquake:** Additional work is needed on insurance revisions, and it has been agreed to table these discussions.
- c. **Establish 340B Checking account at Community National Bank:** Proposal to establish a checking account at Community National Bank for 340B program operations, intended to simplify financial operations with the partners in the community. Motion to approve to establish a 340B checking account at Community National Bank and seconded. Motion passed.
- d. **Oracle:** Request to continue Oracle cloud-based services for one year at the cost of \$30,240.00. This service is utilized for documentation assistance by providers. Motion to approve Oracle renewal and seconded. Motion passed.
- e. **Angel Protection – Add Building 2:** Discussion to extend Angel Protection to an additional building, with a quoted amount of \$26,250.00 for coverage from March 1<sup>st</sup> to December 31<sup>st</sup>. Regular reports are provided detailing detection statistics and second reviews for threats like potential firearms. The security system can trigger alerts directly to law enforcement (911) in the event of a confirmed threat, bypassing internal security staff notification. Motion to approve Angel Protection – Add Building 2 made and seconded. Motion passed.

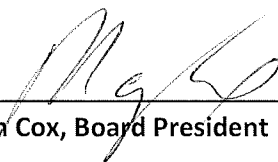
- XIV. CFO Report – Tonya Glisan:** The CFO report outlined a solid financial position with strategic infrastructure planning, improved accounts receivables, and stable financial ratings, although some cash reserves will decline as payments complete.

- Cash on Hand: 665 days
- Total Cash & Investments: \$82.9 million
- Tax Revenue: \$15.1 million collected to date
- Operating Loss: (\$246 thousand)
- Net Income: \$2 million year to date
- AR Days: 67  
December
- Cash on Hand: 620 days
- Total Cash & Investments: \$73.4 million
- Tax Revenue: \$5.1 million collected to date
- Operating Loss: (\$500 thousand)
- Net Income: \$2.3 million
- AR Days: 71

Motion to approve CFO report was approved and seconded. Motion passed.

**XV. Administrative Report – Nancy Cooke:** The Chamber of Commerce Banquet is scheduled for March 23<sup>rd</sup> at 5:30 P.M. members are encouraged to attend. Henry Schein representatives filmed a promotional video on site on February 5<sup>th</sup> to be used for their website and training sessions. Texas Healthcare Trustees Governance Conference is planned for June 4<sup>th</sup>-6<sup>th</sup> in San Antonio, and attendees who haven't participated recently are encouraged to consider attending. Durbin and Company and Discovery Health have merged with Blue and Company, there will be no change in personnel or service. The new ambulance is licensed and operational. Assistance was provided to Midland Memorial Hospital sterile processing; 16 cases of instruments were completed and a thank you email was received from their CEO for the support. There has been a proposal from Gideons to place Bibles in patient rooms and waiting areas.

**XVI. Adjourn Meeting:** 2:19 P.M.

  
 Morgan Cox, Board President

3-30-26  
 Date

  
 John Myrick, Board Secretary

3/30/2026  
 Date