MCHD
MARTIN COUNTY
HOSPITAL

Board of Directors

Regular Board Meeting

Thursday August 28, 2025

Attendees:

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

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 July 28th were examined, leading to a motion to approve them, seconded and passed.

III. **Public Comment -** None

IV. **Medical Staff Report – Dr. Salcone:** The medical staff is enthusiastic about the new building, which is anticipated to be an asset for the community. There has been an increase in operating room activity with service lines in urology, pain management, and orthopedics successfully expanding. There are ongoing concerns regarding radiology services, particularly about the quality of the reads and overnight reviews. A sample contract from another radiology group has been received and will be reviewed. This aims to address quality of care issues. Motion to approve Medical Staff report, approved and seconded. Motion passed.

V. **Medical Staff Privileges – Amy Miramontes:** Three initial appointments and four reappointments were reviewed and recommended for approval by the medical staff. New: Abigail Darnell DO, Arjun Sharma MD, Abieyuwa Eweka MD. RE-Appointments: Kristine Scott CRNA, Elisa Brantley MD, Lark Olivas FNP-C, PMHNP-BC, Antonyos Mahfoud MD. Motion to approve Medical Staff Privileges, approved and seconded. Motion passed

VI. **Strategic Initiatives – Nancy Cooke:**

a. **Update on Plans to Construct New Clinic and Other Space as needed for Hospital District growth:** The construction progress of the new building is ongoing seven days a week and significant progress is being made. This includes installation of millwork, countertops, and various glass features. Installation in the PT area includes glass doors and entryway features as well as advancements in the lab and radiology areas. Express care area is seeing substantial completion with flooring and accent colors installed. The development of the first and second floor is progressing with painting nearing

completion. Purchase orders for the delivery of furniture are issued and the schedule is set. Daily reviews of construction updates are conducted using Procore to track progress through photographs. Motion to approve Strategic Initiatives approved and seconded. Motion passed.

b. **Updates on other initiatives:** EMS Barn substantially complete. Expect to receive Certificate of Occupancy soon.

VII. **Quality Assurance / Patient Safety Report – Amy Miramontes:** The Quality and Patient Safety Committee reviewed monthly and quarterly reports with a focus on improving response time and compliance for critical value reporting to providers, aiming to improve from the current 60% compliance rate. Motion to approve Quality Assurance/Patient Safety Report approved and seconded. Motion passed.

VIII. **Discussion and Possible Actions on Policies, Policy Log - Amy Miramontes:** Several policies were reviewed, revised, and approved by the committee and the medical staff. Home Health policies, Medical Staff protocols including ER protocols, and other specific policies underwent annual review, with minimal revisions made, mainly involving wording changes. Newly reviewed policies include a revised Pest and Rodent Control policy, and revisions regarding staff assessment and N95 mask testing. A new Decorations policy was introduced, a Change Management policy was created for a new committee, and an IT Access Control policy was introduced. Motion to approve Policy Log approved and seconded. Motion passed.

IX. **Department Reports**

a. **Compliance Quarterly Report** – Jeff Deslaurier: There were no hotline calls reported during the second quarter, and no compliance issues with grants or pharmacy were noted. There was an increase in malware and ransomware attempts corresponding with the installation of new menu display monitors. This was addressed by removing these devices from the network and adding external media players with no further external attempts reported. No privacy issues reported, and 47 users had invalid login attempts, this did not indicate significant hacking activity. Organ donation notification met time requirements. HIM Coding compliance is at 97% with improvements noted using Cerner AI agent. Progress in the Business Office's efforts to streamline refund processes was made, indicating ongoing work to address the backlog. Frequent cyber-attacks are noted across hospitals, but effective processes are in place to manage threats. Motion to approved Compliance Report approved and seconded.

b. **CNO Quarterly Report** – Linda Pierce: Emergency department admissions have increased by 13% though the percentage of admissions remains slightly lower at an average of 4% compared to 5-6% the previous year. Transfer rate from the emergency department remains at 6-7% aligning with acuity levels. Two positions remain open with bonuses added to encourage applicants. Recent training included "Stop the Bleed", an in house crofab inservice participation in pediatric readiness training aimed at increasing pediatric care awareness at rural and facilities. A pediatric mannequin has been provided for educational inservices with EMS and nurses, and the mandatory OB clinical rotations starting in September. An app purchase last year, Handtevy, aids in accurate medication dosage calculations, specifically for stressful pediatric cases. Emergency severity index course completed by nurses to ensure consistent patient triaging. Texas Tech Telpsyche program has launched. PULSARA notification system between EMS and emergency department is effective. The summer internship program wrapped up with one intern deciding to pursue a nursing career. Current nurse staffing ratios remain unchanged at 5:1 days, 6:1 nights, and 3:1 in the emergency department. Conversations are ongoing about separating nurses in the ED and Medical Surgery due to consistent ED volumes and upcoming construction. The emergency prescription assistance program allotted $15,000 annually has been underspent, with $184 spent in 2025. Patient recommendation likelihood scores exceed 90% in all departments except the emergency department. Motion to approve CNO Quarterly Report approved and seconded.

c. **EMS Quarterly Report** – Kip Wood: The department has no new employees or employee departures. Operation numbers are stable with an increase in trauma cases noted, particularly in certain areas due to ongoing projects. Long-term plans include development of EMT and AEMT training programs aimed at growing staff internally. The previous EMT course was conducted 5 years ago and current employees from that course remain as employees. The department has four trucks, and maintenance is a standard ongoing requirement. Issues are generally related to standard maintenance, brakes, suspension, and oil changes. The department is participating in a statewide project of carrying blood on vehicles, facing challenges related to supply and storage, this program is scheduled for two years with current funding. Consideration is being given to using TXA medication for trauma patients to slow the clotting process while being transported to hospitals. Motion to approve EMS Quarterly Report approved and seconded.

X. **Donate EMS Ambulance to Howard College – Nancy Cooke:** Proposal to donate a unit to Howard College, which has been decommissioned and is currently not in use. Howard College is interested in using the unit for their EMT program training. Motion to approve the donation of the unit to Howard College was approved and seconded.

XI. **Equipment - Nancy Cooke:** Motion made and approved to approve purchase of IT infrastructure.

XII. **Contracts - Nancy Cooke:** A contract is currently in process for a urologist, Dr. Choate, M.D. receiving favorable recommendations from existing physician Dr. Brantly. Dr. Choate is interested in joining the hospital 4 to 10 days a month. Motion to approve the contract with Dr. Choate was approved and seconded.

XIII. **2025 Tax Rate - Nancy Cooke:**

a. **Review and Discuss Information Pertaining to Setting Ad Valorem Tax Rate for District for 2025:** The tax base increased significantly this year from $24,446,000,000 last year to $27,403,000,000 resulting in an increase of $3 billion. Despite the increased revenue, the effective tax rate is decreasing from last year's .131902 to .128630.
b. **Take Record on Proposed Tax Rate:** A motion was made to set the tax rate at .12863 which is below the voter approval level. Motion was made and approved with all Board Members Voting yes.
c. **Set Date for Public Hearing on Proposed Tax Rate: A** special board meeting was discussed to comply with the central tax authority's processes, agreed on September 18th at noon. Motion to schedule the special meeting was approved and seconded.

XIV. **CFO Report – Nancy Cooke:** Ms. Cooke presented financial figures for July, noting gross revenue at $4.4 million and net patient revenue at $2 million which shows an increase compared to the previous month. Expenses have increased due to the orthopedic program, attributed to equipment investment and supply costs. Cash disbursements for the month included a significant purchase of dietary equipment totaling $3000. Monthly check disbursements totaled over $3 million. The current year-to-date bottom line for 3 months is $11,690,000. Interest income from Texpool investments has accumulated to $844,000 providing additional financial resources. Days cash on hand is 722 days, a decrease from last year's 771 days, due to facility payments. The EMS facility and MOB are almost entirely paid for, maintaining the financial schedule. An RFP for extended Business Office services was issued, with several responses being reviewed for selection. Cerner has implemented a new project scoping and implementation timeline requiring 60 to 90 days to scope and 80 days to implement. The potential extension of Trubridge contract is being considered due to Cerner integration requirements. Motion to approve CFO report was approved and seconded. Motion passed.

XV. **Administrative Report - Nancy Cooke:** The hospital anticipates hosting its first group of med school students from North Texas for rotations at the end of September. Additionally, there are discussions ongoing to establish agreements with Texas Tech and Hardin Simmons for PA student rotations

specifically in orthopedic surgery. Options are being explored to upgrade washing equipment used for instruments. There is a need to address access issues for EMS to the new Martin County Arena and Event Center for emergency services. Dr. Smriti Prasad, a dermatologist is looking to lease office space for half a day a month, arrangements are being made to accommodate this. A Product Standardization committee has been established by Kristie Hernandez to address issues related to abundance of supplies and expiration problems. A follow-up emergency preparedness drill is scheduled for November after an initial exercise focused on pre-hospital care issues. Erik Rodriguez is assuming the role of Emergency Preparedness Coordinator. The Chamber is hosting an event and there is an opportunity for interested participants to join, with tickets to be purchased for those attending. Strategic planning is underway with scheduled meetings, including a day for reviewing a master plan and an upcoming meeting to update the hospitals strategic plan. Motion to approve administrative report was approved and seconded. Motion passed.

XVI. Executive Session:

a. **Texas Government Code 551.071: Consultation with Attorney**
b. **Texas Government Code 551.074: Personnel Matters**

XVII. Return to Open Session: 1:28p.m.

XVIII. Adjourn Meeting: 1:31 p.m.

Morgan Cox, Board President — Date: 9-29-25

John Myrick, Board Secretary — Date: 9/29/2025