



Board of Directors
Regular Board Meeting
Monday May 26, 2026

Attendees:

Morgan Cox, President	Nancy Cooke, CEO
Albert Garza, Absent	Tonya Glisan, CFO
John Myrick, Secretary	Linda Pierce, CNO
Terry Franklin, Member	Jason Menefee - COO
Clay Parker, Member	Tina Columbus, Director Human Resources
Frances Hernandez, Member	Rebecca Brandon, Director of Rural Clinic
Brian Jackson, Hospital Attorney	Amy Miramontes, Director of Quality
Jeff Deslaurier, IT Director/Compliance	

- I. **Call to order:** Mr. Cox called the meeting to order at 11:31am.
- II. **Swearing in of Appointed Board Members:** Mr. Brian Jackson requested newly appointed board members, Frances Hernandez and Terry Franklin to stand, raise their right hand, and state their names to take the oath of office. Oath of office completed.
- III. **Board Member Completion of Conflict-of-Interest Statement:** The board discussed the completion of Conflict-of-Interest Statements. Emphasis was placed on the importance of disclosing any ownership interests in businesses affiliated with or conducting business with the hospital district, as well as ensuring that all statements were properly dated and signed. Members were reminded of their responsibility to provide accurate and complete disclosures.
- IV. **Election of Officers:** The Board reviewed the election process and considered the option of retaining the current officers or nominating new officers. The Board chose to re-elect the current officers Morgan Cox (President), John Myrick (Secretary), Albert Garza (Vice-President), Terry Franklin (Member), Clay Parker (Member), and Frances Hernandez (Member) for an additional term. Motion to approve the re-election of officers approved and seconded. Motion passed.
- V. **Reading and Approval of Minutes:** Minutes were reviewed. Minutes from April 27, 2026, were examined, leading to a motion to approve and seconded. Motion passed.
- VI. **Public Comment – None**
- VII. **Medical Staff Report – Amy Miramontes:** The Medical Staff Committee met on May 20th addressing new appointments, revisions to department policies in administration, materials management, and rehab. New medical staff appointment of one Nurse Practitioner and one resignation from Inspire. The laboratory interim director will join medical staff meeting to help alleviate any concerns. Motion to approve medical staff report approved and seconded. Motion passed.

VIII. Medical Staff Privileges – Amy Miramontes: Medical Staff privileges were approved for the following providers:

- Hernandez, Stacy, FNP

One resignation has been approved

- Tarboush, Moayad, MD

Motion to approve Medical Staff Privileges approved and seconded. Motion passed.

IX. Quality Assurance / Patient Safety Report - Amy Miramontes: The Quality Patient Safety Committee met on May 19th and reviewed regular monthly quality reports. The committee reviewed the quarterly report and found no issues or concerns. There was one patient fall in April with no associated injury. The hospital experienced zero adverse events and no sentinel events in the reported period. Patient grievances increased slightly with two complaints in April, totaling a 6.7% grievance rate. A patient advocate is in place to improve documentation and resolution. The ER maintained its goal for patient discharge within 120 minutes for two consecutive months, achieving this in both March and April. Moderate sedation procedures met a 100% documentation rate for March and there were no procedures in April. Motion to approve Quality Assurance/Patient Safety Report approved and seconded. Motion passed.

X. Discussion and Possible Actions on Policies, Policy Log - Amy Miramontes: Six policies were revised in Administration (ADM 001, ADM 006, ADM 012, ADM 021, ADM 026, ADM 028). ADM 029 policy has been moved to Emergency Department and ADM 025 has been combined with ADM 007. There was one revision in materials management (CSO 011) and one revision in Rehab (Rehab 004). Motion to approve Policy Log approved and seconded. Motion passed.

XI. Strategic Initiatives – Nancy Cooke: A meeting with the architects is planned for later this week to review the next version of the master plan. A report is expected next month. The first meeting with Cerris and VGA was held on May 19th, and no issues were identified that would delay construction. Construction is expected to begin on approximately July 1. Weekly meetings continue to help keep the project on track with representatives from Administration, Plant Operations, the Emergency Department, and IT participating.

XII. Department Reports

- a. Compliance – Jeff Deslaurier:** During the first quarter, three compliance hotline reports were referred to HR, with no grievances reported. Pharmacy reported no diversions for the first quarter. HIPAA monitoring had 31 breach attempts and a decrease in phishing incidents. Privacy walkthroughs indicated a need for privacy screens due to the open floor plan. Quality reporting compliance was 100% for the first quarter. ER department has experienced a slight increase in patient volume. HR maintained 100% sanctions compliance and reported a quarterly turnover rate of 1.05%. Health Information Management (HIM) reported that records were delivered within required timeframes, with 3% completed within 30 days. HCCS coding compliance was 97.5% and Release of Information (ROI) compliance was 94.6%. The Business Office reported no Medicare credits or overpayments. Home Health achieved 100% timely filing for billing and submissions, with no write-offs. Patient access reported a total of 134 patient days. The CEO report included a revised contract for Alicia Hernandez, timely filing of a mid-year cost report, and no new policies introduced. Two policies were revised and all others reviewed for accuracy. Motion to approve the Compliance Report and seconded. Motion passed.
- b. CNO – Linda Pierce:** The hospital managed a total of 683 emergency department patients and 134 ambulatory surgery cases in April, marking the highest number of surgeries to date. Inpatient admissions for Med Surg totaled 57 in April. The current emergency room statistics indicate a 6% transfer rate and a 3-4 .5% admission rate, with ongoing efforts to admit qualifying patients from the ER. There was a committee review of nurse staffing ratios, with a current ratio of 3:1 in the ER and 5:1 in Med Surg. Efforts are being made to revise workflows and staffing practices to reduce wait times in the emergency department. The hospital successfully recruited 10 summer interns for

various departments, including physical therapy, speech therapy, nursing, and radiology. Patient likelihood of recommending the hospital is at 77% for emergency services, 87% for home health, and 93% for outpatient services. Motion to approve CNO Report made and seconded. Motion passed.

XIII. Equipment - Nancy Cooke:

- a. **Mako Robot Lease:** Discussion on upgrading from the refurbished Mako 3.1 to the new Mako 4.0 due to continued growth of the ortho program and the obsolescence of the older model's software. The lease costs will increase from \$12,400 to \$17,700. This increase will provide service coverage. Motion to approve the Mako 4.0 Robot Lease and seconded. Motion passed.
- b. **Plant Operations Maintenance Equipment:** A proposal for a capital purchase including a skid steer, a trencher attachment, a utility vehicle and an aerial work platform totaling \$121,000. Motion to approve purchase of plant operations equipment and seconded. Motion passed.
- c. **Additional Stryker Knee Sets for Mako:** Discussion on the purchase of the hospital's own knee replacement instrument sets to reduce costs and lessen dependence on external sterilization services. The estimated total cost of the purchase is \$440,000, with the potential for a \$250,000 stabilization grant to offset a portion of the expense. Motion to approve the purchase of additional Stryker knee sets for Mako and seconded. Motion passed.

XIV. Contracts:

- a. **Keith Gist, CRNA – Nancy Cooke:** Requesting approval of increasing CRNA coverage to three FTEs to ensure better operational efficiency. Motion to approve increasing CRNA coverage (Keith Gist, CRNA) and seconded. Motion passed.
- b. **MOU with City of Stanton - Nancy Cooke:** Discussion on providing discounted drug screening costs as part of an agreement with the city to alleviate the burden of frequent screening for potential inmates. An intergovernmental agreement was mentioned to help the city with costs, with specific details yet to be finalized for sliding scale of charges. Motion to approve MOU with City of Stanton and seconded. Motion passed.
- c. **Revenue Cycle Review by Forvis Mazars – Tonya Glisan:** Discussion focused on improving the revenue cycle and a proposal to hire a consulting group made up of former Cerner staff to review and optimize the current system setup. The proposed engagement would last three months at an estimated cost of \$50,000-\$60,000. Concerns were raised about Oracle's limited support and continued reduction of legacy Cerner staff, which may impact system performance and efficiency. The goal is to eliminate workarounds that have developed over time and ensure the system is being used as intended. The consulting group would also provide recommendations for additional improvements and help determine whether ongoing support is needed. Motion to approve the revenue cycle review by Forvis Mazars and seconded. Motion passed.

XV. Prepayment to Permian Basin Behavioral Center - Nancy Cooke: Discussion over funding commitments to the Permian Basin Behavioral Health Center and a strategy for gradual payment over years. An amount of \$100,000 per year for several years is discussed as a potential commitment. Motion to table discussion until next agenda. Motion passed.

XVI. All Access Video Project – Nancy Cooke: Discussion over the All Access Video project that is a documentary series hosted by Andy Garcia, which features short segments for television filler and has presented an opportunity for participation that could enhance national exposure. The hospital has been selected as the only hospital in Texas at this time. Participation would require financial commitments of \$29,259 and an additional \$3,400. Motion to approve All Access Video Project and seconded. Motion passed.

XVII. Updated Organizational Chart – Nancy Cooke: Updated organization chart approved to move Nicholas Aguayo to report directly to Tonya Glisan. Motion to approve Updated organization chart and seconded. Motion passed.

- XVIII. CFO Report – Tonya Glisan:** The auditors are scheduled to start fieldwork in the second week of June.
- Cash on Hand: 867 days
 - Total Cash & Investments: \$99.7 million
 - Tax Revenue: \$33.1 million collected to date
 - Operating Loss: (\$709 thousand)
 - Net Income: \$1.8 million year to date
 - AR Days: 52

Motion to approve CFO report and cash disbursements for April 2026 and seconded. Motion passed.

- XIX. Administrative Report – Nancy Cooke:** There was a community needs assessment in 2020 which highlighted the need for a new behavioral health hospital in the Permian Basin. Recent discussions with Chartis representatives highlighted ongoing challenges such as limited access to specialists and difficulties in patient transfers for critical access hospitals. Concerns were raised regarding regional hospital partnerships and the redirection of local tax money. Senior Celebration of the Permian Basin took place at the Stanton Community Center, the hospital had representatives from PT, Ortho and diabetes education attend and Express Care services have been performing well, with patient numbers ranging from 24 to 25 daily, primarily walk-ins. Plans to extend Express Care hours are considered considering positive performance and community feedback.

XX. Executive Session:

- Texas Government Code 551.071: Consultation with Attorney**
- Texas Government Code 551.074: Personnel Matters**
- Texas Government Code 551.072: Real Estate Discussions**
- Texas Government Code 551.085: Organization Services and Product Lines**

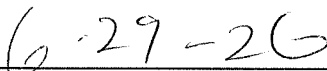
- XXI. Return to Open Session and address any other outstanding issues that have been properly posted for consideration:** 1:18 p.m. Motion to approve the payment to Cerris and seconded. Motion passed.

- XXII. Discussion and possible vote to discontinue home health services and terminate the district owned Martin County Home Health Program – Nancy Cooke:** After discussion and review of financial information, staffing challenges and community census numbers, motion made to close Martin County Home Health by August 1, 2026. Motion passed.

- XXIII. Adjourn Meeting:** 2:32 p.m.



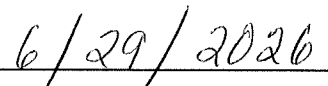
Morgan Cox, Board President



Date



John Myrick, Board Secretary



Date