

HUNT MEMORIAL HOSPITAL DISTRICT  
**BOARD OF DIRECTORS**

July 27, 2021

The Hunt Memorial Hospital District Board of Directors conducted a meeting on Tuesday, July 27, 2021 at 5:30 p.m. at Hunt Regional Medical Center, sixth floor Homer Horton, Jr. Boardroom, 4215 Joe Ramsey Blvd., E., Greenville, Texas.

Dr. Pierce, Chairman, called the meeting to order.

**ROLL CALL:**

Mrs. Sarah Alderman  
Dr. James Barr  
Mrs. Deborah Clack  
Mr. John C. Nelson, Jr.  
Mrs. Janet Peek  
Dr. Scott Pierce  
Mr. William Rutherford (Absent)  
Mr. Michael Taylor  
Mrs. Julia Wensel

comprising a quorum of the Board; also,

Mr. Richard Carter, President/CEO  
Mr. Lee Boles, Vice President/CFO  
Mr. Reese Hurley, MSN-Adm., RN, Vice President/CNO  
Mr. John Heatherly, Vice President Operations/Support Services  
Ms. Emily Sundeen, DNP, FNP-BC, Vice President Quality & Clinical Integration  
James Sandin, MD, Vice President Medical Staff Affairs  
Mr. Stuart B. O'Neil, Legal Counsel  
Mrs. Roz Lane, Hunt Regional Healthcare Foundation Board Chairman  
Mr. David Vigna, GDT, Director of Engineering  
Mr. Tim Roberts, Robins & Morton  
Mr. Jorge Rodriguez, Jacobs  
Mr. Jeffrey Constantino, Facilities Management Director  
Mr. Pete Harrell, Assistant Facilities Management Director  
Ms. Lisa Hill, Foundation Development Marketing Communications Director  
Ms. Stacey Lane, Human Resources Director  
Ms. Katie McKenna, Assistant Director Hunt Regional Healthcare Foundation  
Ms. Teresa McNeil, IT Director  
Mr. Christopher Sampson, IT Security Analyst  
Ms. Mary Pattberg, Decision Support Director  
Mr. Andrew Lawrence, Senior Financial Analyst  
Ms. Jamie Morgan, Accountant

**HRMC Medical  
Staff Report**

There was no medical staff report.

**Approval of Minutes** Mrs. Peek moved, seconded by Mrs. Wensel, to approve the June 22, 2021 minutes as presented. The motion carried unanimously.

**Citizens To Be Heard** There were no citizens to be heard on non-agenda items.

**Public Testimony** There were no members of the public present to address the Board of Directors regarding any item on the agenda before or during the Board's consideration of said items.

**Unfinished Business** There was no unfinished business.

**New Business Consent Agenda** Mr. Taylor requested the agenda item, "Hunt County Appraisal District Request to Allocate Audit Surplus for Building Fund" be removed from the Consent Agenda. Mr. Taylor moved, seconded by Mr. Nelson, to approve the following consent agenda items as recommended. The motion carried unanimously.

To approve the recommendations for appointments, requests to change staff category, requests to change staff status, reappointments, and resignations for the Hunt Regional Medical Center Medical Staff and the Allied Health Professional Staff upon recommendation of the Board Credentials Review Committee.

To approve the amendment to the Hunt Regional Medical Staff Rules and Regulations, Section II. Medical Records, A.6.1.1. Discharge Summaries upon recommendation of the Medical Executive Committee: 6.1.1. Exception: Discharge summaries are not required for normal vaginal deliveries and normal newborn records. A preprinted discharge form of discharge progress note is considered sufficient discharge reporting for mother and child.

To conduct the Hunt Memorial Hospital District Board of Directors Budget Workshop at 3:30 p.m., Tuesday, August 24, 2021 in the sixth floor boardroom upon recommendation of the Finance/Budget Committee.

To approve \$69,240 to purchase a nurse call system for Hunt Regional Emergency Medical Center-Quinlan upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$8,700 to purchase an infant warmer for Hunt Regional Emergency Medical Center-Commerce upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$42,000 to purchase a Sonosite Bedside Sono machine for the Hunt Regional Medical Center Emergency Department upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$37,460.52 to purchase four BioCon 750 Bladder Scanners for Hunt Regional Medical Center Acute Rehab Department, the CVU-fourth floor and ICU and the Hunt Regional Emergency Medical Center-Commerce upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$118,967.59 to replace the RTU 7 and RTU 8 Cooling Coils at Hunt Regional Medical Center upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$91,024.00 to waterproof the exterior façade of the Hunt Regional Medical Office Building upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$11,287.80 to purchase Lockdown Lights for Hunt Regional Emergency Medical Centers – Commerce and Quinlan upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve a physician recruitment contract Mark G. Goss, MD, General Surgery, upon recommendation of the Finance/Budget Committee.

To approve a physician recruitment contract for Babak Abbassi, MD, MBA, MS, General Surgery, upon recommendation of the Finance/Budget Committee.

To approve the Robins & Morton Change Order Log; potential change orders, 002, 003, 004, 005, 005R, 006,007, 009 and 010 upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve a one year AMR Ground Transportation contract extension beginning August 1, 2021 at an annual subsidy of \$428,050 upon recommendation of the Finance/Budget Committee.

**Hunt County  
Appraisal  
District  
Request**

Mr. Carter reported the Hunt County Appraisal District audit for 2020 has a surplus of \$124,685 with \$12,784.09 being allocated to the Hospital District. The Chief Appraiser is requesting approval for the Appraisal District to retain the surplus and apply it to the Appraisal District's restricted building fund to be used in the near future for either the expansion of the existing Appraisal District building or the purchase/construction of a new facility. Mr. Taylor reported he requested the item be removed from the consent agenda as he is Chairman of the Hunt County Appraisal District Board and will not be voting. Mrs. Clack moved, seconded by Mrs. Alderman, to allow the Appraisal District to retain the Hospital District's audit surplus allocation of \$12,784.09 as requested. The motion carried with Mr. Taylor abstaining.

**ACTION ITEMS  
HRH Foundation  
MOU**

Ms. Hill presented a Memorandum of Understanding (MOU) between the Hospital District and the Hunt Regional Healthcare Charitable Health Foundation that has been in effect since 2004. The MOU is annually reviewed and renewed every five years. Ms. Hill reported the addition of "general liability insurance" listed under number 2 is the only proposed change. Mr. Taylor moved, seconded by Mrs. Peek, to adopt the Memorandum of Understanding as presented. Mrs. Peek thanked the Foundation for its invaluable assistance to the hospital, its vision and leadership. The motion carried unanimously.

Ms. Hill introduced Mrs. Lane and announced her granddaughter, Tara Davis, is an Olympian competing in the long jump event early next week. Mrs. Lane reported the current assets of the Hunt Regional Healthcare Foundation are \$3,661,772 with the Hospital District support from 2003 to 2021 totaling \$3,676,553. The Foundation has funded \$2,597,105 of projects for Hunt Regional and Mrs. Lane outlined the projects completed. She reported the Bras for the Cause has raised a total of \$1,143,966 since 2009 and funded projects totaling \$869,931. She reported the Mobile Mammography coach is eight years old and is in need of replacement. She reported the mobile mammography service has allowed the mammography program to grow by 30% and the Foundation Board is recommending a new coach to include a 3D mammography unit and a bone density scanner, which is expected to generate approximately \$150,000 annually. Mrs. Lane reported the Foundation has a surplus of \$200,000 through Bras for the Cause and following review of projected revenue and volumes expected for a new coach, the Board voiced their full support of the Foundation moving forward with the purchase of a new Mammography Coach. Dr. Pierce, on behalf of the Board, thanked her for her presentation and wished her granddaughter well in her competition.

**2021-2022  
Strategic  
Goals**

The agenda item, "2021-2022 Strategic Goals may be considered following the Executive Session.

**Over 65  
Hospital  
District  
Property  
Tax Freeze**

Mr. Carter reported 8,161 Hunt County properties currently qualify for the over 65 property tax freeze with \$2,521,454 in the current tax levy and \$84,093 in tax loss if freeze had been in the 2021 tax freeze. There is a \$48.76 savings on a \$200,000 property valuation, noting the tax is frozen not the valuation. The tax loss will compound each year with the annual tax rate increase capped at 8% of the Maintenance and Operation (M&O). Following comments by Mr. Taylor, Dr. Barr and Mrs. Clack, Dr. Barr moved to approve the Hospital District property tax freeze for the over 65 population. The motion failed due to a lack of a second. Dr. Pierce reported the item would be postponed until after the tax levy is completed.

**Financial  
Statements**

Mr. Boles presented the June 2021 financial statements and statistical data. Following the review, Mr. Taylor moved, seconded by Mrs. Peek, to accept the statements subject to audit. The motion carried unanimously.

## **DISCUSSION ITEMS**

### **Strategic Initiatives**

There was no action taken.

### **Chairman's Report**

Dr. Pierce reported he, Mr. Carter, Mrs. Wensel, and Mr. Nelson attended the annual Texas Healthcare Trustee and received good information. He will implement some items they learned next month to make the Board meetings more efficient and helpful to the members and he thanked the hospital for allowing them to attend.

### **Expansion Project Update**

Mr. Roberts reported work continues underground and the weather has delayed pouring concrete. Weather permitting, concrete is scheduled to be poured at 2:00 am on Monday, August 2 and again on Wednesday, August 4, 2021. Once the slab is completed, they will begin working on the steel. He extended an invitation to anyone who wished to tour the site to come by their trailer and they will assist them with the proper gear and provide a tour.

### **President/CEO Report**

Mr. Carter reported the following:

Congratulated Maria Maqueda from the Surgery Center for being selected as the Hunt Regional Medical Center PCA of the Year.

### **EMC Update**

Mr. Boles reported a nine month update on the Commerce and Quinlan Emergency Medical Centers and noted per request of Dr. Pierce, the value of patients in the Emergency Department when transferred to the Greenville hospital for admission, as an inpatient or observation patient is included at the end of the Income Statement for each facility. He outlined the admissions, estimated inpatient receipts generated from EMC visit, estimated expense based on cost report and the estimated inpatient referral margin.

### **Physician Recruitment**

Mr. Carter reported two physician recruitment contracts for General Surgery were approved earlier this evening. A GI candidate is scheduled to interview in two weeks and recruitment is ongoing for Family Practice and for Vascular Surgery.

### **Patient Services Environment**

Mr. Carter reported Quality ER would hold their public Open House on Saturday, July 31 with their official opening date tentatively set for Monday, August 2, 2021.

**CORE  
Upgrade**

Mr. Boles provided an overview of the issues identified last November when the Core went down causing an unexpected and lengthy downtime throughout the organization. During the outage, it was identified several components of the Core were not going to be supported after June of 2021. Thus, in January of this year, a process to replace the Core was identified and the Board approved the expenditure of \$130,000 in February to replace the Core. The current Core is Cisco and many of the components throughout the organization are Juniper. After review, the Cisco engineers suggested the hospital move forward with a Juniper Core. There was a delay in receiving all the components prior to the end of June so the replacement was scheduled for July 17. The Core replacement began at 7:30 a.m. as planned and as issues were identified, it was evident all the steps could not be completed and issues resolved, thus the decision was made to revert back to the old Core so the system connectivity could be restored and the project ended at 4:40 a.m. on July 18. Mr. Vigna reported customer service and customer experience are very important to him and he and his company are committed to make this right for the hospital. He admitted GDT was not aware of all the components involved, as they should have been and the issues they ran into involved the components within the closets that were providing instability to the network. The decision was made at that point to go back to the original Core, as they did not have enough time to go through and identify all the connectivity issues within the closets. He apologized for their failure and noted it was reported to him that one of the GDT staff decided to not work on the project at the last minute due to COVID in the hospital. He requested his company be given an opportunity to return, noting he will personally be on the project to see that is completed as originally planned with no additional expense to the hospital. Following discussion on staff morale, Ms. McNeil and Mr. Sampson reported they plan to begin the project within the next six weeks and hope to phase in the replacement of the Core by doing one floor a day until the project is complete which should have minimal impact to the staff.

**Quality  
Performance  
Report**

Ms. Sundeen presented the Safe and Reliable Healthcare Survey summary reporting CMS and The Joint Commission require a quality and safety survey every 18 months. The Hospital District completed the TMF SCORE (Safety, Culture, Operational, Reliability and Engagement) survey March - April 2021 with a 65% response rate involving 659 employees in 44 departments. The SCORE survey measures important dimensions of organizational culture including safety and teamwork culture; local leadership and learning systems; resilience/burnout and work-life balance; and employee engagement.

The cultural and engagement strengths and opportunities were reviewed and leadership is reviewing and implementing suggested action plans provided by the SCORE survey, discussing survey results in departmental meetings and provide resiliency resources with a 24/7 online confidential counseling tool - BetterHelp and make available the more traditional EAP for ongoing counseling needs.

A COVID surge update for July 27, 2021 was presented and Ms. Sundeen reported there are currently 33 COVID positive inpatients and 12 COVID positive employees. The hospital is holding patients in the Emergency Department waiting for beds and we are having to seek tertiary transfers outside of the Metroplex. The seven-day COVID averages are rising and Mr. Hurley reported the surge activity and planning noting we are actively recruiting travel agency staff to prepare for surge capacity and a request for State support for staff is being requested through the Regional Advisory Council (RAC). In closing a joint statement from the American Hospital Association and the American Nursing Association on July 26, 2021, support the COVID-19 vaccine mandate for all workers in health and long-term care was reviewed and discussed. At this time, Hunt Regional Healthcare is not mandating the COVID-19 vaccine.

**Compliance  
Report**

Mr. Heatherly presented the Compliance Report for the second quarter April through June 2021. During this period, 439 employees completed compliance training; 856 sanction checks completed prior to start dates and were negative. Under investigations/hotline reports: there were two hotline/investigation reports received, one in May involved an outside physician's office and details were forwarded to the appropriate physician's office, and one in June was investigated and addressed appropriately. During the quarter, there were two exit interview questions with concerns in May and two in June and all were investigated and addressed appropriately and there were four physician compensation agreements approved by the Executive Compliance Committee in May. Following the presentation, the report was accepted.

**Executive  
Session**

An Executive Session was held under Texas Government Code §551.071, §551.074 and §551.085. Following the Executive Session, the following action was taken.

**Strategic  
Plan Goals**

Mr. Taylor moved, seconded by Mr. Nelson, to approve the strategic plan goals as recommended by the Strategic Plan Implementation Committee. The motion carried unanimously.




**Audio/Visual  
Equipment**

Mr. Taylor requested the Board authorize Administration to upgrade the audio/visual presentation in the boardroom. Dr. Pierce discussed this item was discussed during the conference that many hospitals are lacking the appropriate equipment for their board meetings and he would like to address further at the next board meeting. Mr. Heatherly reported Mr. Boles and Mr. Robinson have been reviewing equipment options over the past month and Mr. Carter noted this equipment may be included in the capital expenditure budget for next fiscal year.

**Adjournment**

There being no further business, the meeting adjourned at 7:31 pm.

  
James Barr, PhD  
Secretary

slt