

POSTED
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BY Michelle Reynolds
KR Deputy

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MICHELLE REYNOLDS
COUNTY CLERK
SOMERVELL CO., TEXAS

2021 DEC 27 PM 3:42

DEPUTY
BY KR

AGENDA

SOMERVELL COUNTY HOSPITAL DISTRICT
REGULAR BOARD MEETING
DECEMBER 30, 2021 AT 7:00PM
HOSPITAL BOARD ROOM
1021 HOLDEN STREET, GLEN ROSE, TEXAS

Mission Statement

Somervell County Hospital District Board is dedicated to providing an environment in which the GRMC Hospital can deliver excellent quality of care and safety to its patients, while maintaining financial viability.

- I. Call to Order
- II. Record of Attendance
- III. Pledge of Allegiance
- IV. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. November 23, 2021
- V. CFO Report
 - a. Report on Monthly and Year-to-Date Financials
- VI. CEO Report
 - a. Roger E Marks Foundation/Public Relations
 - b. Blue Cross Blue Shield billing and contract issues
 - c. QIPP Update
 - d. ER Contract Update
 - e. COVID Update
- VII. Discuss and if necessary take action to approve revisions to Organizational Performance Improvement Plan policy
- VIII. Discuss and if necessary take action to approve revisions to GRMC COVID-19 Vaccine Program Policy
- IX. Discuss and if necessary take action to approve contract for CEO Evaluation
- X. Discuss and if necessary take action on the issuance of a Request for Proposal (RFP) for flooring for current Medical Records area
- XI. Discuss and if necessary take action to approve the purchase of EvoTech equipment
- XII. Discuss and if necessary take action to approve the rental of da Vinci robot and purchase of all equipment necessary for implementation in Surgery department
- XIII. Discuss and if necessary take action to approve TORCH proposal for facilitation services of Long Range Planning Meeting
- XIV. Public Comments

XV. Adjourn

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, ANY REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)



Mina Douglas, Secretary of the Board of Directors

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
REGULAR BOARD MEETING
TUESDAY, NOVEMBER 23, 2021 AT 7:00 P.M.
HOSPITAL BOARD ROOM

MINUTES

- I. **Meeting was called to order at 7:00 pm.**
- II. **All members were present with the exception of Mary Collier.**
- III. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. October 28, 2021
Margaret Drake made a motion to accept the minutes as written. Joe Cathey seconded the motion, and motion carried 6-0.
- IV. **Executive Closed Session – Credentialing of Providers at 7:02 pm**
 - a. The Somervell County Hospital District will convene in Executive Session to receive report by Compliance Officer regarding evaluation of medical and health care services pursuant to Section 161.032 of the Texas Health and Safety Code.
- V. **Reconvene into Open Session at 7:10 pm**
 - a. Consider and approve Medical Staff matters including appointments and if needed, take action on quality of care matters
Motion was made by Dr. Steven Vacek to approve the following Medical Staff appointments, reappointments, temporary/additional privileges, and removals. Motion was seconded by Max Bly and carried 6-0.
Appointments/Reappointments/Changes: Vijayabhasker Reddy, MD; Nabil Aboukhair, MD; Dale Lucas, MD; Stephen Krzeminski, DO; Bruce Carpenter, MD; Michael Davis, MD; Shelly Smith, FNP/RNFA; Cheryl Shadden, CRNA.
Removals: John Bump, DO; Cary Clark, MD; Nanette Evans, MD; Sean McCarthy, MD.
- VI. Quarterly Quality Report – Shelly Hooper
Quality report was presented and discussed.
- VII. CFO Report – Becky Whitsitt
 - a. **October 2021 financials not complete at this time. CFO will send out by email at a later date.**
- VIII. CEO Report – Michael Honea
 - a. **Roger E Marks Foundation and Public Relations – no report this month.**
 - b. Blue Cross Blue Shield billing and contract issues – **should know status of prepayment review in next week or so; they are still underpaying per contract - sent spreadsheet for their review and have 45 days to address; new representative for our account is at least keeping lines of communication open.**
 - c. QIPP Update – **moving along.**
 - d. ER Contract Update – **Concord starting December 1 and keeping some of current physicians. Small cost savings to hospital, but biggest benefit is that they will be in-network to patients with major insurance carriers. Planning PR announcement soon.**
 - e. COVID Update – **numbers significantly lower. Patients easier to transfer.**

- f. **Long Range Planning meeting with Board, Administration, Physicians and Department Directors in January offsite to discuss Community Needs Assessment and plan where we want to be in next 3-5 years.**

- IX. Discuss and if necessary take action to approve contract with CHC for CEO Evaluation
After discussion, item was tabled. Questions to be revised and brought back next month.
- X. Discuss and if necessary take action on Municipal Advisory Agreement with Hilltop Securities to serve as an advisor to the District on refinance of municipal bond
After some discussion, Dr. Steven Vacek made a motion to authorize CEO Michael Honea and Board President, if needed, to sign on behalf of District to execute agreement with Hilltop Securities to serve as an advisor to the District on refinance of municipal bond. Brett Nabors seconded the motion, and motion carried 6-0.
- XI. Discuss and if necessary take action to approve the purchase of Surgery Fluid Management System equipment
Margaret Drake made a motion to approve the purchase of Surgery Fluid Management System equipment. Dr. Steven Vacek seconded the motion, and motion carried 6-0.
- XII. Discuss and if necessary take action to approve GRMC COVID-19 Vaccine Program Policy
CEO Michael Honea explained new policy as it pertains to recent Federal mandate. After some discussion, Margaret Drake made a motion to approve GRMC's COVID-19 Vaccine Program Policy as written. Joe Cathey seconded the motion, and motion carried 5-1, with Max Bly voting against.
- XIII. Discuss and if necessary take action to amend current Luminant contract
After some discussion, Max Bly made a motion to amend current Luminant contract to exclude fitness for duty. Brett Nabors seconded the motion, and motion carried 6-0.
- XIV. Public Comments
None.
- XV. Adjourn
Motion was made by Dr. Steven Vacek and seconded by Brett Nabors to adjourn meeting at 8:33 pm. Motion carried 6-0.

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Ron Hankins, President

Brett Nabors, Vice President

Margaret Drake

Dr. Steven Vacek

Max Bly

Joe Cathey

Mary Collier

NOVEMBER 2021 FINANCIAL ANALYSIS

REVENUE

INPATIENT/OUTPATIENT:

The hospital inpatient revenue had an unfavorable variance of \$298,367 in November; a YTD unfavorable variance of \$525,154. There were 18 admissions in November with a budget of 24 per month. As of December 29th, the census for the current month is at 27 admissions so we can expect to see inpatient revenue within budget for the next report.

Hospital Outpatient Revenue had an unfavorable variance of \$98,579 and an unfavorable variance of \$294,250 year to date. Surgeries and scopes were at 83 procedures in November and 61 in October. The monthly average last year was 69 procedures. Other procedures were 35 for November and 50 in October. The majority of these Other procedures were for COVID infusions which have now been halted. Emergency Room visits were 444 in November and 487 in October. The monthly average last year was 416 visits.

SENIOR CARE:

Sr. Care was just below budget by \$800 for the month of November. The number of visits in November was 253 and 250 in October.

NET REVENUE

In November we had an unfavorable variance of \$156,021. The discounts and allowances are calculating at 76%.

EXPENSES

SALARY, WAGE AND EMPLOYEE BENEFIT EXPENSE:

In November we had an unfavorable variance of \$11,304 in salary, wage, and benefit expense. We are still experiencing higher than usual overtime expense due to staff shortages.

SUPPLIES EXPENSE:

Supply Expense in November was \$122,011 with a favorable variance of \$36,900. Year to date, we have a favorable variance of \$33,511.

PROFESSIONAL SERVICES:

Professional Services had a favorable variance of \$59,701.

TOTAL OPERATING EXPENSES:

In November we had a favorable variance of \$107,933 in total operating expenses.

1115/UC REVENUE

There was \$629,417 revenue in October for Uncompensated Care DY10. The second final payment for DY10 was set for December but as of this date we have not heard more on that.

OTHER INCOME

In November we received \$594,433 in stimulus money from Health & Human Services as part of the Phase 4 Distribution. We also processed our Provider Relief Funding Report and are now working on the Rider 143 reports that are due.

NET INCOME/LOSS

In November we had a total net income of \$677,627 and YTD Net Income of \$1,324,534. The Business Office collected patient A/R of \$1,199,196 in November and \$1,299,143 in October.

The balance in the reserves was \$2,831,795 and Days of Cash on Hand was 81 days on 11/30/21.

Please let me know if you have any questions regarding the information above.

B. Whitsitt

Becky Whitsitt

CFO

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GLEN ROSE MEDICAL CENTER - HOSPITAL PAGE 1
 BALANCE SHEET
 AS OF: 11/30/21

	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	1,137,398.90	1,025,007.99
FINANCIAL RESERVE ACCT	2,831,794.58	2,731,451.26
	-----	-----
TOTAL CASH AND INVESTMENTS	3,969,193.48	3,756,459.25
ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	75,393,285.63	75,650,366.21
LESS DISCOUNTS AND ALLOWANCES	(72,441,824.20)	(72,642,844.04)
	-----	-----
NET PATIENT ACCOUNTS RECEIVABLE	2,951,461.43	3,007,522.17
OTHER CURRENT ASSETS		
OTHER RECEIVABLES	4,216,670.67	4,267,971.54
INVENTORY	640,936.86	642,022.26
PREPAIDS	538,321.16	608,335.85
	-----	-----
TOTAL OTHER CURRENT ASSETS	5,395,928.69	5,518,329.65
INTERCOMPANY RECEIVABLE	219,807.61	100,441.41
	-----	-----
TOTAL CURRENT ASSETS	12,536,391.21	12,382,752.48
PROPERTY PLANT AND EQUIPMENT		
REAL PROPERTY	19,728,754.69	19,675,196.19
FIXED EQUIPMENT	2,773,326.83	2,773,326.83
MAJOR MOVABLE EQUIPMENT	7,885,248.16	7,885,248.16
LEASEHOLD IMPROVEMENTS	292,253.52	292,253.52
LESS ACCUMULATED DEPRECIATION	(17,389,428.64)	(17,287,536.39)
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TOTAL PROPERTY PLANT AND EQUIPMENT	13,290,154.56	13,338,488.31
	-----	-----
TOTAL ASSETS	25,826,545.77	25,721,240.79
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LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	2,828,442.27	3,126,319.95
ACCRUED AND OTHER LIABILITIES	4,207,337.68	4,475,380.38
	-----	-----
TOTAL CURRENT LIABILITIES	7,035,779.95	7,601,700.33
LONG TERM DEBT	12,337,043.76	12,343,445.29
	-----	-----
TOTAL LIABILITIES	19,372,823.71	19,945,145.62
	-----	-----
FUND BALANCE		
NET INCOME (LOSS)	1,324,534.35	646,907.46
PRIOR YEAR FUND BALANCE	5,129,187.71	5,129,187.71
	-----	-----
TOTAL FUND BALANCE	6,453,722.06	5,776,095.17
	-----	-----
TOTAL LIABILITIES AND FUND BALANCE	25,826,545.77	25,721,240.79
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GLEN ROSE MEDICAL CENTER - HOSPITAL
OPERATING/INCOME STATEMENT
FOR THE 2 MONTHS ENDING 11/30/21

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M O N T H			Y E A R T O D A T E			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
REVENUES						
273,439.00	571,806.25	(298,367.25)	HOSPITAL INPATIENT	618,458.52	1,143,612.50	(525,153.98)
4,669,417.36	4,767,996.16	(98,578.80)	HOSPITAL OUTPATIENT	9,241,742.29	9,535,992.32	(294,250.03)
69,803.00	70,603.37	(800.37)	SENIOR ADULT PROGRAM	138,335.50	141,206.74	(2,871.24)
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5,012,659.36	5,410,405.78	(397,746.42)	TOTAL REVENUE	9,998,536.31	10,820,811.56	(822,275.25)
DISCOUNTS AND ALLOWANCES						
1,518,308.14	1,583,556.87	65,248.73	MEDICARE/MEDICAID	2,907,514.96	3,167,113.74	259,598.78
376,032.13	442,789.54	66,757.41	BAD DEBTS	874,535.39	885,579.08	11,043.69
2,024,811.66	2,051,660.65	26,848.99	MANAGED CARE/OTHER	3,868,661.17	4,103,321.30	234,660.13
(48,968.87)	33,901.35	82,870.22	CHARITY CARE	(85,392.47)	67,802.70	153,195.17
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3,870,183.06	4,111,908.41	241,725.35	TOTAL D & A	7,565,319.05	8,223,816.82	658,497.77
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1,142,476.30	1,298,497.37	(156,021.07)	NET REVENUE	2,433,217.26	2,596,994.74	(163,777.48)
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EXPENSES						
615,250.63	597,251.64	(17,998.99)	SALARIES AND WAGES	1,265,496.67	1,194,503.28	(70,993.39)
181,132.55	187,827.21	6,694.66	EMPLOYEE BENEFITS	378,014.25	375,654.42	(2,359.83)
122,010.63	158,910.31	36,899.68	SUPPLIES	284,309.46	317,820.62	33,511.16
208,313.48	268,014.44	59,700.96	PROFESSIONAL SERVICES	474,251.43	536,028.88	61,777.45
41,996.01	44,019.52	2,023.51	RENT/LEASE PAYMENTS	80,825.35	88,039.04	7,213.69
12,992.42	12,914.00	(78.42)	INSURANCE	26,423.38	25,828.00	(595.38)
37,742.49	26,791.92	(10,950.57)	UTILITIES	65,743.85	53,583.84	(12,160.01)
33,182.74	40,271.75	7,089.01	REPAIRS AND MAINTENANCE	137,429.35	80,543.50	(56,885.85)
101,892.25	101,892.25	.00	DEPRECIATION/AMORTIZATION	203,784.50	203,784.50	.00
82,911.49	105,461.47	22,549.98	OTHER OPERATING EXPENSES	201,813.20	210,922.94	9,109.74
12,508.70	16,566.58	4,057.88	INDIGENT CARE PROGRAM	20,569.18	33,133.16	12,563.98
25,922.43	23,868.14	(2,054.29)	SENIOR ADULT PROGRAM	51,523.70	47,736.28	(3,787.42)
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1,475,855.82	1,583,789.23	107,933.41	TOTAL OPERATING EXPENSES	3,190,184.32	3,167,578.46	(22,605.86)
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(333,379.52)	(285,291.86)	(48,087.66)	NET OPERATING INCOME	(756,967.06)	(570,583.72)	(186,383.34)
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OTHER INCOME AND EXPENSE						
332,126.73	333,761.51	(1,634.78)	DISTRICT TAX REVENUE	665,988.82	667,523.02	(1,534.20)
39,609.15	19,937.90	19,671.25	LUMINANT REVENUE	99,304.77	39,875.80	59,428.97
.00	50,000.00	(50,000.00)	1115/UC REVENUE	629,416.90	100,000.00	529,416.90
12,976.08	13,338.68	(362.60)	MOB-RENTAL INCOME	26,864.70	26,677.36	187.34
626,294.45	38,290.58	588,003.87	OTHER INCOME	659,926.22	76,581.16	583,345.06
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1,011,006.41	455,328.67	555,677.74	TOTAL OTHER INCOME AND EXP	2,081,501.41	910,657.34	1,170,844.07
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677,626.89	170,036.81	507,590.08	NET INCOME/LOSS	1,324,534.35	340,073.62	984,460.73
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GLEN ROSE HEALTHCARE INC 501A
 BALANCE SHEET
 AS OF: 11/30/21

	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	198,166.01	31,356.41
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TOTAL CASH AND INVESTMENTS	198,166.01	31,356.41
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ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	650,776.72	630,058.61
LESS DISCOUNTS AND ALLOWANCES	(452,354.51)	(443,205.62)
	-----	-----
NET PATIENT ACCOUNTS RECEIVABLE	198,422.21	186,852.99
	-----	-----
OTHER CURRENT ASSETS		
INVENTORY	52,311.66	52,311.66
PREPAID EXPENSES	19,385.44	16,244.16
	-----	-----
TOTAL OTHER CURRENT ASSETS	71,697.10	68,555.82
TOTAL CURRENT ASSETS	468,285.32	286,765.22
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PROPERTY PLANT AND EQUIPMENT		
FIXED EQUIPMENT	16,281.02	16,281.02
MAJOR MOVABLE EQUIPMENT	112,617.68	112,617.68
LESS ACCUMULATED DEPRECIATION	(96,319.86)	(95,411.53)
TOTAL PROPERTY PLANT AND EQUIPMENT	32,578.84	33,487.17
	-----	-----
TOTAL ASSETS	500,864.16	320,252.39
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LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	94,032.09	86,191.11
ACCRUED AND OTHER LIABILITIES	93,418.21	68,560.04
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TOTAL CURRENT LIABILITIES	187,450.30	154,751.15
INTERCOMPANY LIABILITY	219,807.61	100,441.41
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TOTAL LIABILITIES	407,257.91	255,192.56
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FUND BALANCE		
NET INCOME (LOSS)	(86,441.17)	(114,987.59)
PRIOR YEAR FUND BALANCE	180,047.42	180,047.42
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TOTAL FUND BALANCE	93,606.25	65,059.83
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TOTAL LIABILITIES AND FUND BALANCE	500,864.16	320,252.39
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SOMERVELL COUNTY HOSPITAL DISTRICT
 BALANCE SHEET - CONSOLIDATED
 AS OF: 11/30/21

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	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	1,335,564.91	1,056,364.40
FINANCIAL RESERVE ACCT	2,831,794.58	2,731,451.26
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TOTAL CASH AND INVESTMENTS	4,167,359.49	3,787,815.66
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ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	76,044,062.35	76,280,424.82
LESS DISCOUNTS AND ALLOWANCES	(72,894,178.71)	(73,086,049.66)
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NET PATIENT ACCOUNTS RECEIVABLE	3,149,883.64	3,194,375.16
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OTHER CURRENT ASSETS		
OTHER RECEIVABLES	4,216,670.67	4,267,971.54
INVENTORY	693,248.52	694,333.92
PREPAIDS	557,706.60	624,580.01
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TOTAL OTHER CURRENT ASSETS	5,467,625.79	5,586,885.47
INTERCOMPANY RECEIVABLE	219,807.61	100,441.41
TOTAL CURRENT ASSETS	13,004,676.53	12,669,517.70
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PROPERTY PLANT AND EQUIPMENT		
REAL PROPERTY	19,728,754.69	19,675,196.19
FIXED EQUIPMENT	2,789,607.85	2,789,607.85
MAJOR MOVABLE EQUIPMENT	7,997,865.84	7,997,865.84
LEASEHOLD IMPROVEMENTS	292,253.52	292,253.52
LESS ACCUMULATED DEPRECIATION	(17,485,748.50)	(17,382,947.92)
TOTAL PROPERTY PLANT AND EQUIPMENT	13,322,733.40	13,371,975.48
	-----	-----
TOTAL ASSETS	26,327,409.93	26,041,493.18
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LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	2,922,474.36	3,212,511.06
ACCRUED AND OTHER LIABILITIES	4,300,755.89	4,543,940.42
	-----	-----
TOTAL CURRENT LIABILITIES	7,223,230.25	7,756,451.48
INTERCOMPANY LIABILITY	219,807.61	100,441.41
	-----	-----
LONG TERM DEBT	12,337,043.76	12,343,445.29
TOTAL LIABILITIES	19,780,081.62	20,200,338.18
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FUND BALANCE		
NET INCOME (LOSS)	1,238,093.18	531,919.87
PRIOR YEAR FUND BALANCE	5,309,235.13	5,309,235.13
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TOTAL FUND BALANCE	6,547,328.31	5,841,155.00
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TOTAL LIABILITIES AND FUND BALANCE	26,327,409.93	26,041,493.18
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SOMERVELL COUNTY HOSPITAL DISTRICT
 OPERATING/INCOME STMT - CONSOLIDATED 12/29/21 02:17 PM
 FOR THE 2 MONTHS ENDING 11/30/21

----- M O N T H -----			----- Y E A R T O D A T E -----		
ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE
REVENUES					
273,439.00	571,806.25	(298,367.25)	618,458.52	1,143,612.50	(525,153.98)
4,739,220.36	4,838,599.53	(99,379.17)	9,380,077.79	9,677,199.06	(297,121.27)
593,056.16	548,781.43	44,274.73	1,127,366.88	1,097,562.86	29,804.02
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5,605,715.52	5,959,187.21	(353,471.69)	11,125,903.19	11,918,374.42	(792,471.23)
DISCOUNTS AND ALLOWANCES					
1,704,044.60	1,772,468.05	68,423.45	3,253,668.18	3,544,936.10	291,267.92
353,769.13	419,657.80	65,888.67	823,600.71	839,315.60	15,714.89
2,121,429.88	2,143,380.18	21,950.30	4,043,089.40	4,286,760.36	243,670.96
(48,968.87)	33,901.35	82,870.22	(85,392.47)	67,802.70	153,195.17
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4,130,274.74	4,369,407.38	239,132.64	8,034,965.82	8,738,814.76	703,848.94
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1,475,440.78	1,589,779.83	(114,339.05)	3,090,937.37	3,179,559.66	(88,622.29)
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EXPENSES					
823,784.05	851,628.02	27,843.97	1,694,010.78	1,703,256.04	9,245.26
276,315.58	273,631.73	(2,683.85)	570,684.98	547,263.46	(23,421.52)
135,903.52	181,527.86	45,624.34	354,934.12	363,055.72	8,121.60
266,580.15	312,370.93	45,790.78	583,251.99	624,741.86	41,489.87
54,227.43	56,228.27	2,000.84	105,630.01	112,456.54	6,826.53
18,177.30	17,836.09	(341.21)	36,793.13	35,672.18	(1,120.95)
41,590.79	29,965.43	(11,625.36)	72,595.63	59,930.86	(12,664.77)
33,182.74	40,288.43	7,105.69	137,429.35	80,576.86	(56,852.49)
102,800.58	102,800.58	.00	205,601.16	205,601.16	.00
92,607.16	114,989.82	22,382.66	217,352.10	229,979.64	12,627.54
12,508.70	16,566.58	4,057.88	20,569.18	33,133.16	12,563.98
25,922.43	23,863.97	(2,058.46)	51,523.70	47,727.94	(3,795.76)
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1,883,600.43	2,021,697.71	138,097.28	4,050,376.13	4,043,395.42	(6,980.71)
(408,159.65)	(431,917.88)	23,758.23	(959,438.76)	(863,835.76)	(95,603.00)
1,114,332.96	467,499.51	646,833.45	2,197,531.94	934,999.02	1,262,532.92
-----	-----	-----	-----	-----	-----
706,173.31	35,581.63	670,591.68	1,238,093.18	71,163.26	1,166,929.92
=====	=====	=====	=====	=====	=====

GLEN ROSE MEDICAL CENTER COLLECTIONS TREND

FY 2022									
HOSPITAL	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YEAR END TOTALS	YEARLY AVG	YEARLY
Net Revenue	1,290,741	1,142,476					2,433,217	1,216,609	
Collections	1,299,143	1,199,196					2,498,339	1,249,169	
%	101%	105%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	102.68%	102.68%	

FY 2021									
HOSPITAL	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YEAR END TOTALS	YEARLY AVG	YEARLY
Net Revenue	1,298,312	1,280,356	1,398,226	1,303,896	1,001,025	1,290,795	10,996,472	916,373	
Collections	1,034,870	1,048,206	1,102,099	1,177,592	1,033,066	1,403,303	13,767,979	1,147,332	
%	80%	82%	79%	90%	103%	109%	125.20%	125.20%	

GLEN ROSE MEDICAL CENTER
 COST CENTER SCHEDULE 12/28/21 02:37 PM
 FOR THE 2 MONTHS ENDING 11/30/21
 DEPARTMENT 230 - CLEBURNE IMAGING CLINIC

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
.00	357,732.16	(357,732.16)	CLBRN IMAGING-OUTPATIENT REV	.00	715,464.32	(715,464.32)
.00	357,732.16	(357,732.16)	TOTAL OPERATING REVENUE	.00	715,464.32	(715,464.32)
.00	357,732.16	(357,732.16)	NET REVENUE	.00	715,464.32	(715,464.32)
			EXPENSES			
92.59	12,031.73	11,939.14	CLBRN IMAGING-STAFF-SALARY	(369.41)	24,063.46	24,432.87
.00	1,336.86	1,336.86	CLBRN IMAGING-STAFF-PTO	(136.10)	2,673.72	2,809.82
610.74	61.14	(549.60)	CLBRN IMAGING-STAFF-HEALTH E	1,221.23	122.28	(1,098.95)
38.65	1,022.70	984.05	CLBRN IMAGING-STAFF-PR TAX	(33.88)	2,045.40	2,079.28
4.58	85.65	81.07	CLBRN IMAGING-STAFF-ER SHARE	8.80	171.30	162.50
.00	70.83	70.83	CLBRN IMAGING-NONCHARGEABLES	.00	141.66	141.66
.00	14.58	14.58	CLBRN IMAGING-DRUGS	22.15	29.16	7.01
.00	271.67	271.67	CLBRN IMAGING-CONTRAST MEDIA	.00	543.34	543.34
.00	435.42	435.42	CLBRN IMAGING-GENERAL SUPPLI	.00	870.84	870.84
.00	4.17	4.17	CLBRN IMAGING-TRAVEL EXPENSE	.00	8.34	8.34
7,621.81	14,887.50	7,265.69	CLBRN IMAGING-LEASE EXPENSE	7,621.81	29,775.00	22,153.19
.00	41.67	41.67	CLBRN IMAGING-MINOR EQUIPMEN	.00	83.34	83.34
235.00	25,419.00	25,184.00	CLBRN IMAGING-PURCHASED SERV	24,351.92	50,838.00	26,486.08
279.73	122.92	(156.81)	CLBRN IMAGING-BANK & CC FEES	794.35	245.84	(548.51)
.00	8.33	8.33	CLBRN IMAGING-POSTAGE/FREIGH	.00	16.66	16.66
8,883.10	55,814.17	46,931.07	TOTAL OPERATING EXPENSES	33,480.87	111,628.34	78,147.47
			OTHER REVENUE AND EXPENSE			
(8,883.10)	301,917.99	(310,801.09)	TOTAL REVENUE OVER EXPENSE	(33,480.87)	603,835.98	(637,316.85)

GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT

	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022	2021/2022	PYTD 2020 - 2021
ACUTE ADMISSIONS:														
MEDICARE	5	10											15	106
MEDICARE ADV/HMO	4	3											7	96
MEDICAID	0	0											0	6
MEDICAID STAR	0	0											0	7
COMM. INS.	5	2											7	56
OTHER	4	3											7	22
TOTAL	18	18	0	0	0	0	0	0	0	0	0	0	36	293
ACUTE PATIENT DAYS:														
MEDICARE	10	25											35	309
MEDICARE ADV/HMO	10	5											15	324
MEDICAID	0	0											0	12
MEDICAID STAR	0	0											0	19
COMM. INS.	11	2											13	179
OTHER	10	9											19	69
TOTAL	41	41	0	0	0	0	0	0	0	0	0	0	82	912
OCCUPANCY %	8%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	16%
ACUTE DISCHARGES:														
MEDICARE	5	10											15	106
MEDICARE ADV/HMO	4	2											6	95
MEDICAID	0	0											0	6
MEDICAID STAR	0	0											0	7
COMM.INS.	5	1											6	56
OTHER	4	3											7	22
TOTAL	18	16	0	0	0	0	0	0	0	0	0	0	34	292
CASE MIX INDEX:														
MEDICARE	1.054	0.834											0.944	1.168
MEDICARE ADV/HMO	1.158	1.525											1.342	1.316
MEDICAID	-	-											#DIV/0!	1.073
ALL PAYOR	1.189	0.894											1.042	1.266
A.I.O.S.														
MEDICARE	2.00	2.50	-	-	-	-	-	-	-	-	-	-	2.25	3.13
MEDICARE ADV/HMO	2.50	2.50	-	-	-	-	-	-	-	-	-	-	2.50	3.00
MEDICAID	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.14
COMM.INS.	2.20	2.00	-	-	-	-	-	-	-	-	-	-	2.10	2.72
OTHER	2.50	3.00	-	-	-	-	-	-	-	-	-	-	2.75	2.50

	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022	2021/2022	PYTD 2020 - 2021
TOTAL	2.28	2.56	-	-	-	-	-	-	-	-	-	-	2.42	3.01
SWINGBED:														
ADMISSIONS	0	0											0	0
(MCR Admissions)	0	0											0	0
PATIENT DAYS	0	0											0	0
DISCHARGES	0	0											0	0

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2021/2022	PYTD 2020 - 2021
	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022		
HOSPICE:														
ADMISSIONS	0	0												0
PATIENT DAYS	0	0												0
DISCHARGES	0	0												0
OBSERVATION														
ADMISSIONS	13	1											14	84
ADMIT TO IP	0	0											0	4
DISCHARGES	13	2											15	80
PATIENT DAYS	16	2											18	107
TOTAL PT DAYS (IP,OBS,SWB,HOSP)	57	43	0	0	0	0	0	0	0	0	0	0	100	1019
SURGERIES:														
IP SURGERIES	3	0											3	21
SWB SURGERIES	0	0											0	0
OBS SURGERIES	1	0											1	5
OP SURGERIES	11	19											30	243
TOTAL SURGERIES	15	19	0	0	0	0	0	0	0	0	0	0	34	269
SCOPES:														
IP SCOPES	0	0											0	7
SWB SCOPES	0	0											0	0
OBS SCOPES	0	0											0	3
OP SCOPES	46	64											110	548
TOTAL SCOPES	46	64											110	558
PROCEDURES OTHER	50	35											85	350
TOTAL PATIENTS	111	118											229	1178
TOTAL SRGS/SCOPES	61	83	0	0	0	0	0	0	0	0	0	0	144	578
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	487	444											931	4996
ER TRANSFERS	25	23											48	320
ER OBSERVATION-ADM	15	4											19	102
ER IP-ADMITS	8	14											22	233
TOTAL ER	535	485											1020	5651
SR CARE VISITS (Billed Visits)	250	253											503	3037
PT/OT/ST													0	4931
Cryotherapy													0	0
E/R ROOM LEVELS CASE MIX	3.630	3.662											3.646	3.682
Average Daily Census	1.32	1.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.22	2.50

GLEN ROSE MEDICAL CENTER POLICY	Ref: 1395	Page 4 of 5
Subject: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	Dept: Performance Improvement	
Modified: 02/17 Originated: 11/04		
Reviewed: 03/13, 01/15, 02/17, 03/19 Modified: 03/13, 01/15, 02/17, 03/19, 09/21	Scope: Organization Wide	

- Staffing effectiveness
- Patient flow throughout the facility
- Medication management (including pain management)
- Accurate, timely, and legible completion of medical records
- Autopsy data
- Sentinel event data
- Mortality review
- Utilization management
- The seven components of environment of care

The Governing Board receives a summary of performance improvement activities at least annually, in sufficient detail and analysis to allow the Board to effectively meet its responsibility for quality oversight.

REPORTING:

Departmental performance improvement indicators and Centers for Medicare & Medicaid Services (CMS) quality measures are reported via the Department Directors (DD)/Quality meeting, then to the Medical Staff and Governing Board. Physician performance and peer review are reported via the Medical Executive Committee (MEC) or Medical Staff meeting or the Surgery Department meeting, whichever is most appropriate, then to the Governing Board. Failure Mode & Effects Analysis (FMEA), safety surveys and emergency drill summaries are reported via the Safety Committee, then to MEC, DD, and the Governing Board as appropriate. Aggregate data is usually the most appropriate and concise manner for information to be reported to both the Medical Staff and Board.

CONFIDENTIALITY OF PERFORMANCE IMPROVEMENT INFORMATION:

All information related to performance improvement activities is confidential. Texas statutes protect the confidentiality of any type of quality review activity undertaken to assist in improving the quality of healthcare.

Confidential information may include, but is not limited to:

- Medical Staff committee minutes
- Performance Improvement data
- Electronic data gathering and reporting
- Incident reporting
- Clinical profiles

Author:

Date:

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GLEN ROSE MEDICAL CENTER POLICY	Ref: 1395	Page 1 of 5
Subject: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	Dept: Performance Improvement	
Modified: 02/17 Originated: 11/04		
Reviewed: 03/13, 01/15, 02/17, 03/19 Modified: 03/13, 01/15, 02/17, 03/19, 09/21	Scope: Organization Wide	

PURPOSE:

The Performance Improvement Program is organized to support the mission and vision of Glen Rose Medical Center. The goal will be achieved through an ongoing process by all individuals to continuously make improvements, eliminate errors, and strive to:

- Make an environment which promotes optimal performance
- Involve individuals from all disciplines
- Provide a setting where open communication and collaboration can be exchanged
- Create an atmosphere that promotes and encourages innovation, creativity and the use of evidence based on guidelines
- Generate a facility that values both patient and staff satisfaction by delivering the highest quality healthcare in a community based setting.

SCOPE:

The scope of the Performance Improvement Program is organization wide. All departments and staff are expected to be actively involved in the program. Contracted services providing direct patient care or services affecting our patients are also included in on-going monitoring of activities, and as appropriate, will be included in improvement activities. Examples of involvement are participation in PI Focus groups, collecting assessment data and participating in data analysis. The Medical Staff is actively involved in the performance improvement process through physician-chosen improvement measures, the peer review process and physician profiles for credentialing. Relevant findings from performance improvement activities are considered a part of reappraisal/reappointment of the Medical Staff, and a mechanism to appraise the competence of individuals contracted by the facility. PI findings will be used to meet and exceed regulatory requirements, establish internal benchmarks and encourage accountability for quality at every level of the organization.

- Limits of scope: like all plans, this plan is an extension of intent that outlines a philosophy and a process for self-improvement. As such, this plan is intended to be flexible and to accommodate timely and appropriate adjustments to address seen and unforeseen circumstance, while adhering to the fundamental mission, vision and values of this organization.

OVERVIEW:

Performance improvement is a continuous process. It involves measuring the function of processes and services, and when indicated, identifying changes that could enhance performance. These changes are incorporated into new or existing work processes, products, or services and performance is monitored to ensure that the improvements are sustained.

Author: 

Date:

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GLEN ROSE MEDICAL CENTER POLICY	Ref: 1395	Page 2 of 5
Subject: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	Dept: Performance Improvement	
Modified: 02/17 Originated: 11/04		
Reviewed: 03/13, 01/15, 02/17, 03/19 <u>Modified: 03/13, 01/15, 02/17, 03/19, 09/21</u>	Scope: Organization Wide	

Performance improvement focuses on outcomes of care, treatment, and services. GRMC leaders establish a planned, systematic, and organization-wide approach. The leaders set priorities for treatment across the facility work collaboratively to plan and implement improvement activities. An important aspect of improving organizational performance is effectively reducing factors that contribute to unanticipated adverse events and/or outcomes. Unanticipated adverse events may be caused by poorly designed systems, system failures, or errors. Reducing unanticipated adverse events and/or unanticipated outcomes requires an environment in which patients, their families, and hospital staff and leaders can identify and manage actual and potential risks to safety. Such an environment encourages the following:

- Recognizing and acknowledging risks and unanticipated adverse events.
- Initiating actions to reduce these risks and unanticipated adverse events.
- Reporting internally on risk reduction initiatives and their effectiveness.
- Focusing on processes and systems.
- Minimizing individual blame or retribution for involvement in an unanticipated event.
- Investigating factors that contribute to unanticipated adverse events and sharing that acquired knowledge both internally and with other hospitals.
- *The leaders are responsible for establishing and supporting such an environment through personal example and supporting effective responses to actual occurrences.*

PERFORMANCE IMPROVEMENT MODEL:

A rapid-cycle performance improvement model is used to transform information into activities that will ultimately improve patient outcomes.

Questions that frame each performance improvement project are:

- What are we trying to accomplish?
- What change can we make that will result in improvement?
- How will we measure the improvement?

The Plan-Do-Study (*formerly Check*)-Act (PDSA) improvement model is the approach to most projects.

Plan: Develop a plan, set objects, make predictions regarding expected outcomes, identify actions, define responsibilities and timeframes and define the methods and frequency of measurement. Plan a small test of change to test approach.

Do: Teams implement small tests of change; make modifications to policies, procedures, or systems.

Study: Evaluate the data, compare results to anticipated results, and summarize findings.

Act: Teams act based on the results of the study. Change the approach as indicated by the data and begin another cycle. Implement change in a broader setting.

Author:

Date:

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GLEN ROSE MEDICAL CENTER POLICY	Ref: 1395	Page 3 of 5
Subject: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	Dept: Performance Improvement	
Modified: 02/17 Originated: 11/04		
Reviewed: 03/13, 04/15, 02/17, 03/19 Modified: 03/13, 01/15, 02/17, 03/19, 09/21	Scope: Organization Wide	

Other, more rigorous models may be appropriate to a project based on the complexity of the endeavor and the skill of the project leader.

PROGRAM OBJECTIVES:

- The evaluation and improvement of work processes related to managing facility resources including personnel, supplies, services, and equipment availability.
- The evaluation and improvement of systems and work processes involved in the provision of patient care and the improvement of patient safety.
- The evaluation and improvement of customer satisfaction.
- Measuring and improving clinical practice based on established evidence-based criteria and benchmarks appropriate to rural hospitals.
- Improve coordination and communication for all patient services and settings.
- Integrate the Performance Improvement process to be an integral component of every day problem solving and work process improvement.
- Practices consistent with statutory and regulatory requirements.

RESPONSIBILITIES:

The following are considered to be the minimal responsibilities for performance improvement and additional objectives are added as data and organizational needs indicate:

Data collection and analysis is collected for:

- Infection Control
- Restraint use
- Procedures that place patients at risks of disability or death
- All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
- Adverse events related to moderate, deep sedation or anesthesia
- The use of blood and blood components
- All confirmed transfusion reactions
- Results of resuscitation
- Significant medication errors
- The patients' perception of the safety and quality of care, treatment and services
- The staff's perception of patient safety, their willingness to report incidents and their suggestions for improving patient safety.
- The effectiveness of all reduction activities
- The effectiveness of the Rapid Response Team
- Organ procurement data

Author:

Date:

GLEN ROSE MEDICAL CENTER POLICY	Ref: 1395	Page 5 of 5
Subject: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	Dept: Performance Improvement	
Modified: 02/17 Originated: 11/04		
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Some information may be disseminated on a “need to know” basis, as required by agencies such as CMS, Texas Medical Foundation for Quality Healthcare, National Practitioners Data Bank, or any individual or agency that demonstrates a “need to know” – as approved by the Chief of Staff, the Medical Executive Committee, or the hospital leadership.

ADOPTION:

This Organizational Performance Improvement Plan has been reviewed, approved and adopted by the hospital leadership acting through the CEO, the Medical Executive Committee acting through the Chief of Staff, and the Governing Board.

Author:


Date:

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The only changes are on page 4 spelling out acronyms: Center for Medicare & Medicaid Services (CMS), Department Directors (DD) and Failure Mode & Effects Analysis (FMEA).


10.18.21

Bullet
10/18/21


10/18/21

Placidek 10/18/2021

Gyhalen 10/18/21





Make orders out to:
 ADVANCED STERILIZATION PRODUCTS SERVICES, INC.
 33 TECHNOLOGY DR
 IRVINE CA 92618

Sold-to

GLN ROSE MEDCL CTR
 1021 HOLDEN ST
 GLEN ROSE TX 76043-4937

Quotation	
Repeat Printout	
Number	1300188476
Date	Dec 17, 2021
Reference Number	510
Customer Number	8028742
Valid from	Dec 17, 2021
Valid to	Dec 31, 2021

Currency USD

Final amount

48,259.98

Conditions:

Promotional discounts are subject to all terms and conditions of that promotion, including purchase order delivery and shipping dates. Please see our promotional offer enclosed. Delivery contingent on inventory position. Pricing is subject to change without notice after the validity date above.

Group Purchasing Organization pricing below has been provided based upon the Customer's representation that it is a member in good standing of that Group Purchasing Organization and eligible to participate under the Group Purchasing Organization's agreement. Any failure by Customer to meet membership requirements, may result in a price adjustment. This information is confidential and may not be shared with any third party without the prior written consent of ASP. Sales under a contract agreement will be subject to all terms and conditions of that agreement. Pricing and terms per contract. Otherwise, list price and standard terms of sale apply.

Item	Item Detail					
10	Material:	50014	EVOTECH EQUIPMENT KIT			
	Quantity:	1 EA				
	Price:	Type	Rate	CURR per	UOM	Value
		HPG 5922 AER	42,892.58	USD per	1 EA	42,892.58
20	Material:	50040	PRE-INSTALLATION, KIT, EV			
	Quantity:	1 EA				
	Price:	Type	Rate	CURR per	UOM	Value
		HPG 5922 AER	1,277.07	USD per	1 EA	1,277.07
30	Material:	50054	CHEMCLEAN KIT			
	Quantity:	1 EA				
	Price:	Type	Rate	CURR per	UOM	Value
		HPG 5922 AER	4,090.33	USD per	1 EA	4,090.33

Items Total without Tax

48,259.98

Fees, freight and taxes will be applied when ordered & invoiced.

Requests for Surgery Purchases

Vendor	Quote Number	Quote Date	Valid Until	Part Number	Qty	Item	Uses	Units	Price	Total	Per Each/Use
Intuitive Surgical	MA-972-2021/ (416161)	10/18/2021	12/15/2021	470015 470473		da Vinci Single Console System; 12 Month Lease System Delivery Fee E-100 Generator 12 months lease @ 35,000/ Month	1 1	20	\$1,300,000.00 \$9,500.00 \$25,000.00 \$1,394,500.00	\$420,000.00	\$35,000.00

da Vinci Lease Agreement

Year 2 Options
 Option 1: purchase year 2 for net \$1,124,500. Credit for 50% of lease payments; Purchased Service 13th Month
 Option 2: upgrade year 2 to System XI for net \$1,650,500; 50% of lease payments; Purchased Service 25th Month
 Option 3: return to vendor; shipping costs \$9,500

implied monthly maintenance
 implied lease cost (GASB 87)
 \$12,416.67
 \$22,583.33
 \$35,000.00

da Vinci Disposables

Intuitive Surgical	163443.0	10/14/2021	12/15/2021	471405 471309 470184 470327 470375 470395 470002 400180 470361 470381 470383 470384 480422		Instrument Arm Drape Da Vinci X Arm-4 Extension Drape (Box 20) 8mm ford bipolar IS4000 Mega Suturecut Needle Driver Permanent Cautery Spatula Medium-Large Clip Applier 12mm & Stapler Cannula 12mm & Stapler Bladeless Obstructor 8mm Instrument Cannula Tip Cover Accessory 5 - 8 mm Cannula Seal 12 - 8 mm Reducer Monopolar Cautery Cord Bipolar Cautery Cord Vessel Sealer Extend	1 1 12 15 10 100 0 0 0 1 1 1 1 1 0 1 1 1 1 1 6	20	\$1,040.00 \$360.00 \$2,820.00 \$2,625.00 \$1,200.00 \$1,000.00 \$1,250.00 \$780.00 \$600.00 \$200.00 \$180.00 \$150.00 \$270.00 \$270.00 \$3,750.00	\$2,440.00 \$360.00 \$8,460.00 \$7,875.00 \$3,600.00 \$4,000.00 \$1,250.00 \$780.00 \$4,800.00 \$200.00 \$180.00 \$150.00 \$270.00 \$270.00 \$3,750.00	Disposable Accessory Disposable Accessory 8mm Endowrist Instrument 8mm Endowrist Instrument 8mm Endowrist Instrument 8mm - 12mm Reusable Accessory 8mm - 12mm Reusable Accessory 8mm - 12mm Reusable Accessory 8mm - 12mm Disposable Accessory 8mm - 12mm Disposable Accessory 8mm - 12mm Disposable Accessory Cables Cables Advanced Instruments Supply Cost
--------------------	----------	------------	------------	--	--	--	--	----	--	--	---

Equipment

Advanced Sterilization Products Installation Costs ?	Group Buy Q4 2021	10/1/2021	12/31/2021	10104008	1	STERRAD 100NX All Clear 2-Door	0	1	\$132,000.00	\$132,000.00	Capital Purchase
Olympus America Inc	Q-01173419	10/19/2021	1/17/2022	WAS0080A	2	Video Telescope ENDOEYE 3D 0 Defree Freight			\$18,500.00 \$27.50	\$37,000.00 \$27.50	Capital Purchase
Belimed	130021836	10/21/2021		1020471 uc0502 1034170 1034171 111-2274 107-5667 106-3277		565 PLUS Ultrasonic Washer DI Rinse System, UW 565 565 PLUS Cannulated Instrument Wash Tray 565 PLUS daVinci Wash Tray Kit, (S) SS Tipped daVinci connection Validation kit chemistry, Ultrasonic B-US-INS-UCCO (Installation)	0 0 0 0 0 0 0	1	\$58,192.63 \$1,111.20 \$1,532.30 \$1,917.30 \$275.00 \$1,020.51 \$2,365.00	\$58,192.63 \$1,111.20 \$3,064.60 \$3,834.60 \$1,100.00 \$1,020.51 \$2,365.00	Capital Purchase



TORCH Management Services, Inc.

December 2, 2021

Michael Honea
Chief Executive Officer
Somervell County Hospital District
Glen Rose Medical Center
P. O. Box 2099
Glen Rose, TX 76043

SENT VIA EMAIL

Re: Proposal for your consideration – Strategic Planning

Dear Michael!

Thank you for thinking of TORCH Management Services, Inc. (TMSI) for providing assistance to your organization. TORCH is dedicated to representing rural and community hospitals and has maintained an outstanding reputation in the healthcare industry for over 30 years.

Even though it goes without saying, planning is important to any organization that is to survive during these tenuous times. As you know, reimbursement, regulatory requirements, care for the uninsured, manpower management and the overall quality of services delivered demands a keen “eye on the road” by management and governance.

The clarity of the current operational and financial trends of your organization will assist us in building a strategic plan as the organization looks to the future. The operational and resulting financial trends must be clearly communicated and understood by management and governance if a future direction is to be set.

Strategic planning processes vary, but in the end the plan that is executed, understood, and communicated will result in an organization that follows its mission and has a vision for the future. The planning process is without an end and a task that is adopted as part of the hospital’s ongoing management tools and the board’s commitment to the organization.

The project will be conducted by TMSI Senior Consultant, Bob Ellzey, FACHE who will assist you in this process and help you move forward successfully.

I really appreciate the opportunity to present this proposal for your consideration. If you have any questions, please call me at your convenience I can be reached at 512-750-4128 or email at vpascasio@torchnet.org.

Thank you,

Vicki Pascasio, FACHE
President/CEO

A Subsidiary of the
Texas Organization of
Rural & Community Hospitals

3309 Forest Creek Drive
Unit 305
Round Rock, TX 78664-6168

PH: 512-873-0045
FX: 512-873-0046

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TORCH Management Services, Inc.

Proposal - Strategic Planning Somervell County Hospital District / Glen Rose Medical Center

Prior to this one (1)-day (or two ½-day) planning session, TMSI wants to have a good understanding of the current status of the hospital and operations. The following list is information or reviews which may be needed prior to conducting the planning process:

- Review of Statistical data
- Review of the latest audited Financial reports
- Review recent Survey reports
- Review of CNA and any pertinent Strategic planning documents
- Review Patient Origin Data (if available)
- Overview of the hospital's Organizational chart
- Review of pertinent Board minutes (approximately 3 months)
- Review Physician manpower requirements
- Review Demographic data for hospital's service area (if available)
- Interview the CEO
- Interview the CFO
- Interview the Chief of Medical Staff
- Interview the Board Chairman
- Meet with others as defined by Administration and Board
- Conduct SWOT analysis
- Assess impact of findings on Market structure
- Assess impact on Hospital Mission/Vision/Values
- How DRH and Medical staff can benefit from market changes
- Assist Leadership in prioritization of programs/services and projects identified in the Strategic Plan
- Make recommendations for the Hospital's Direction in the changing healthcare environment of the future
- Present plan for review and approval.

In addition to the above preparation, it is helpful to collect information from Department Directors and others as you may determine appropriate. The accumulated information will allow TMSI to serve your organization in a participatory facilitator's role.

The cost for this project is \$11,250 plus travel and related expenses. Payment will be one-half (\$5,625) now and one-half (\$5,625) when your project is complete. The cost includes handouts and a draft of the strategic plan. The hospital will pay directly to the consultant the current IRS mileage rate for travel and other related expenses.

Thank you again for the opportunity to propose the Strategic Planning services to your organization. If you are in agreement with this proposal, please indicate so by signing below and scanning this proposal to vpascasio@torchnet.org.

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**TORCH Management Services, Inc.
TMSI
ACCEPTED**

12-02-2021

Signature Date
Vicki Pascasio, FACHE, CEO

**Somervell County Hospital District /
Glen Rose Medical Center
ACCEPTED**

Signature Date
Michael Honea, Chief Executive Officer