

POSTED
DATE 2-28-22
3:40 P.M.
BY Missy Ruffin
KC Deputy

FILED
MICHELLE REYNOLDS
COUNTY CLERK
SOMERVELL CO., TEXAS

AGENDA

SOMERVELL COUNTY HOSPITAL DISTRICT
REGULAR BOARD MEETING
MARCH 3, 2022 AT 7:00PM
HOSPITAL BOARD ROOM
1021 HOLDEN STREET, GLEN ROSE, TEXAS

2022 FEB 28 PM 3:35

DEPUTY

BY KC


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. January 27, 2022
- V. Executive Closed Session
 - a. The Board will meet in Closed Session with its attorney pursuant to Section 551.071 of the Texas Government Code to discuss a contractual dispute and potential resolution with Blue Cross Blue Shield
- VI. Reconvene into Open Session
 - a. Consider and take action, if any, to approve a proposed settlement with Blue Cross Blue Shield
- VII. Executive Closed Session – Credentialing of Providers
 - 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
- VIII. Reconvene into Open Session
 - a. Consider and approve Medical Staff matters including appointments and if needed, take action on quality of care matters
- IX. CFO Report
 - a. Report on Monthly and Year-to-Date Financials
- X. CEO Report
 - a. Roger E Marks Foundation/Public Relations
 - b. Grant Update
 - c. Relocation of Departments
 - d. Update on HR Director Search
 - e. Physician Recruitment
 - f. COVID Update

- XI. Quarterly Quality Report
- XII. Discuss and if necessary take action to cancel May 7, 2022 election
- XIII. Discuss and if necessary take action to approve revision to Medical Staff Bylaws
- XIV. Discuss and if necessary take action to approve Infection Prevention Control Plan Policy
- XV. Discuss and if necessary take action on adoption of Records Management Policy and resolution regarding the same
- XVI. Discuss and if necessary take action on approval of Contract with Somervell Central Appraisal District for Tax Assessment and Collection Service
- XVII. Discuss and if necessary take action to approve contract with Blue Cross Blue Shield
- XVIII. Discuss and if necessary take action on approval of architectural firm to prepare conceptual drawings for grants
- XIX. Public Comments
- XX. 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
THURSDAY, JANUARY 27, 2022 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 (who arrived at 7:10 pm during CFO Report) and Brett Nabors. Dr. Steven Vacek had just stepped out in hallway on phone.
- III. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. December 30, 2021
 - b. January 13, 2022

Margaret Drake made a motion to accept the minutes as written. Joe Cathey seconded the motion, and motion carried 5-0.
- IV. Executive Closed Session – Personnel Matters moved to next month’s agenda.
 - a. Somervell County Hospital District will convene in Executive Session pursuant to Section 551.074 of the Texas Government Code to discuss evaluation of Chief Executive Officer
- V. Reconvene into Open Session moved to next month’s agenda.
 - a. Discuss and if necessary take action on items from Executive Session
- VI. CFO Report – Becky Whitsitt
 - a. **December 2021 financials were presented and discussed.**
- VII. CEO Report – Michael Honea
 - a. Roger E Marks Foundation and Public Relations – in packet, but CEO pointed out that GRMC had received the Lucas chest compression machine (thumper) that was purchased with funds from the Marks Foundation.
 - b. Blue Cross Blue Shield billing and contract issues – Attorney Kevin Reed anticipates mediation hearing to be held middle to end of February.
 - c. QIPP Update – discussed during CFO Report.
 - d. ER Contract Update – transition has gone well; able to keep several of physicians from before.
 - e. COVID Update – last week severity of patients increased, but this week numbers slowing again.
- VIII. Open, review and take action on proposals received for new flooring in current Medical Records area
Two proposals were received. Somervell Floors of Glen Rose quoted \$13,772.85, while Summit Construction of Glen Rose bid \$41,963.00. After some discussion, Mary Collier made a motion to have Maintenance Director Joe Sillivent evaluate the two bids and bring recommendation back to the Board. Margaret Drake seconded the motion, and motion carried 6-0.
- IX. Discuss and if necessary take action on lease of Pyxis equipment for medication distribution
After some discussion, Mary Collier made a motion to approve the lease of Pyxis equipment for medication distribution, pending contract review by Legal. Joe Cathey seconded the motion, and motion carried 6-0.
- X. Discuss and if necessary take action to authorize negotiating and entering into a Joint Election Agreement and Contract for Election Services with Somervell County OR the City of Glen Rose to administer the Somervell

County Hospital District Election to be held on May 7, 2022

After a brief discussion, Dr. Steven Vacek made a motion to authorize negotiating and entering into a Joint Election Agreement and Contract for Election Services with Somervell County OR the City of Glen Rose to administer the Somervell County Hospital District Election to be held on May 7, 2022. Max Bly seconded the motion, and motion carried 6-0.

- XI. Discuss and if necessary take action on the Order of Election to elect five (5) members of the Board of Directors of Somervell County Hospital District and to appoint an Early Voting Clerk for the Somervell County Hospital District Election

Item tabled until Joint Agreement with City or County can be obtained and brought back at a Special Called Meeting on or before February 18, 2022.

- XII. Public Comments

None.

- XIII. Adjourn

Motion was made by Dr. Steven Vacek and seconded by Margaret Drake to adjourn meeting at 7:48 pm.

Motion carried 6-0.

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

Ron Hankins, President

Brett Nabors, Vice President

Margaret Drake

Dr. Steven Vacek

Max Bly

Joe Cathey

Mary Collier

JANUARY 2022 FINANCIAL ANALYSIS

REVENUE

INPATIENT/OUTPATIENT:

The hospital inpatient revenue had a favorable variance of \$407,635 in January; a YTD favorable variance of \$61,693. There were 34 admissions in January with a budget of 24 per month. February census declined to a total of 19 admissions.

Hospital Outpatient Revenue had a favorable variance of \$520,360 and a favorable variance of \$553,776 year to date. Surgeries and scopes were at 68 procedures in January. The monthly average last year was 69 procedures. Other procedures were 14. Keep in mind that surgery was shut down for a time while repairs were being made. Emergency Room visits were 598 in January. The monthly average last year was 416 visits.

NET REVENUE

In January we had a favorable variance of \$275,752. The discounts and allowances are calculating at 75%.

EXPENSES

SALARY, WAGE AND EMPLOYEE BENEFIT EXPENSE:

In January we had an unfavorable variance of \$13,684 in salary, wage, and benefit expense. The variance was due to overtime paid as we deal with staff shortages.

SUPPLIES EXPENSE:

Supply Expense in January was \$218,908 with an unfavorable variance of \$59,997. Year to date, we have an unfavorable variance of \$109,232. Supplies from drugs, lab reagents and implants were all higher than budget which goes along with the increased revenue this month.

PROFESSIONAL SERVICES:

Professional Services had a favorable variance of \$25,221. Some of this is due to the move of the Cleburne Imaging Clinic. While this has been going on for several months, we have not been paying for the lease of the building or management fees. However, that also means that our revenue for this clinic has been \$0.00 since October.

TOTAL OPERATING EXPENSES:

In January we had an unfavorable variance of \$54,207 in total operating expenses. Most of the variance because of supply and repair expense

1115/UC REVENUE

There was \$0 in January for Uncompensated Care. An IGT payment for UC DY11 was made on February 10th in the amount of \$212,243. We expect to receive \$643,159 back by the end of February.

OTHER INCOME

We received \$77,084 in stimulus payment in January and revenue from QIPP Component 2 in the amount of \$7,259.

NET INCOME/LOSS

In January we had a total net income of \$267,775 and YTD Net Income of \$2,640,762. The Business Office collected patient A/R of \$1,283,731 in January. That is a collection rate of 82% when compared to the Net Revenue for the month.

The balance in the reserves was \$3,082,546 and Days of Cash on Hand was 124 days on 01/31/22.

To date, we have paid back \$913,545 of the \$1,779,422 owed to Medicare for the Accelerated Payment Program.

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

B. Whitsitt

Becky Whitsitt

CFO

02/21/22 10:35 AM

GLEN ROSE MEDICAL CENTER - HOSPITAL PAGE 1
 BALANCE SHEET
 AS OF: 01/31/22

	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	3,234,949.94	393,778.00
FINANCIAL RESERVE ACCT	3,082,545.75	2,932,163.16
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TOTAL CASH AND INVESTMENTS	6,317,495.69	3,325,941.16
ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	77,070,010.23	75,945,776.02
LESS DISCOUNTS AND ALLOWANCES	(73,897,919.88)	(72,909,316.88)
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NET PATIENT ACCOUNTS RECEIVABLE	3,172,090.35	3,036,459.14
OTHER CURRENT ASSETS		
OTHER RECEIVABLES	748,015.36	3,966,358.32
INVENTORY	642,130.73	646,840.42
PREPAIDS	790,243.49	825,302.82
	-----	-----
TOTAL OTHER CURRENT ASSETS	2,180,389.58	5,438,501.56
	-----	-----
TOTAL CURRENT ASSETS	11,669,975.62	11,800,901.86
PROPERTY PLANT AND EQUIPMENT		
REAL PROPERTY	19,728,754.69	19,728,754.69
FIXED EQUIPMENT	2,773,326.83	2,773,326.83
MAJOR MOVABLE EQUIPMENT	8,060,730.52	7,891,261.40
LEASEHOLD IMPROVEMENTS	292,253.52	292,253.52
LESS ACCUMULATED DEPRECIATION	(17,593,213.14)	(17,491,320.89)
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TOTAL PROPERTY PLANT AND EQUIPMENT	13,261,852.42	13,194,275.55
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TOTAL ASSETS	24,931,828.04	24,995,177.41
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LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	2,987,164.42	2,990,935.02
ACCRUED AND OTHER LIABILITIES	3,500,577.37	3,821,460.01
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TOTAL CURRENT LIABILITIES	6,487,741.79	6,812,395.03
LONG TERM DEBT	10,674,136.58	10,680,607.59
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TOTAL LIABILITIES	17,161,878.37	17,493,002.62
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FUND BALANCE		
NET INCOME (LOSS)	2,640,761.96	2,372,987.08
PRIOR YEAR FUND BALANCE	5,129,187.71	5,129,187.71
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TOTAL FUND BALANCE	7,769,949.67	7,502,174.79
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TOTAL LIABILITIES AND FUND BALANCE	24,931,828.04	24,995,177.41
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GLEN ROSE MEDICAL CENTER - HOSPITAL
 OPERATING/INCOME STATEMENT
 FOR THE 4 MONTHS ENDING 01/31/22

02/21/22 10:35 AM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
REVENUES						
979,441.71	571,806.25	407,635.46	HOSPITAL INPATIENT	2,348,918.08	2,287,225.00	61,693.08
5,288,356.24	4,767,996.16	520,360.08	HOSPITAL OUTPATIENT	19,625,760.33	19,071,984.64	553,775.69
3,139.13	70,603.37	(67,464.24)	SENIOR ADULT PROGRAM	206,962.80	282,413.48	(75,450.68)
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6,270,937.08	5,410,405.78	860,531.30	TOTAL REVENUE	22,181,641.21	21,641,623.12	540,018.09
DISCOUNTS AND ALLOWANCES						
1,801,942.46	1,583,556.87	(218,385.59)	MEDICARE/MEDICAID	6,578,069.90	6,334,227.48	(243,842.42)
658,142.09	442,789.54	(215,352.55)	BAD DEBTS	2,015,552.45	1,771,158.16	(244,394.29)
2,444,309.83	2,051,660.65	(392,649.18)	MANAGED CARE/OTHER	8,631,299.69	8,206,642.60	(424,657.09)
(207,706.68)	33,901.35	241,608.03	CHARITY CARE	(293,099.15)	135,605.40	428,704.55
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4,696,687.70	4,111,908.41	(584,779.29)	TOTAL D & A	16,931,822.89	16,447,633.64	(484,189.25)
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1,574,249.38	1,298,497.37	275,752.01	NET REVENUE	5,249,818.32	5,193,989.48	55,828.84
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EXPENSES						
610,935.89	597,251.64	(13,684.25)	SALARIES AND WAGES	2,681,954.14	2,389,006.56	(292,947.58)
180,541.43	187,827.21	7,285.78	EMPLOYEE BENEFITS	754,345.78	751,308.84	(3,036.94)
218,907.72	158,910.31	(59,997.41)	SUPPLIES	744,873.55	635,641.24	(109,232.31)
242,793.12	268,014.44	25,221.32	PROFESSIONAL SERVICES	999,660.60	1,072,057.76	72,397.16
39,629.89	47,067.44	7,437.55	RENT/LEASE PAYMENTS	159,354.53	188,269.76	28,915.23
15,794.41	12,914.00	(2,880.41)	INSURANCE	58,012.21	51,656.00	(6,356.21)
31,379.74	26,791.92	(4,587.82)	UTILITIES	127,181.48	107,167.68	(20,013.80)
54,733.06	40,271.75	(14,461.31)	REPAIRS AND MAINTENANCE	237,346.02	161,087.00	(76,259.02)
101,892.25	101,892.25	.00	DEPRECIATION/AMORTIZATION	407,569.00	407,569.00	.00
119,238.70	105,461.47	(13,777.23)	OTHER OPERATING EXPENSES	391,562.17	421,845.88	30,283.71
14,611.62	16,566.58	1,954.96	INDIGENT CARE PROGRAM	47,310.06	66,266.32	18,956.26
10,586.35	23,868.14	13,281.79	SENIOR ADULT PROGRAM	80,875.09	95,472.56	14,597.47
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1,641,044.18	1,586,837.15	(54,207.03)	TOTAL OPERATING EXPENSES	6,690,044.63	6,347,348.60	(342,696.03)
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(66,794.80)	(288,339.78)	221,544.98	NET OPERATING INCOME	(1,440,226.31)	(1,153,359.12)	(286,867.19)
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OTHER INCOME AND EXPENSE						
334,229.05	333,761.51	467.54	DISTRICT TAX REVENUE	1,339,332.32	1,335,046.04	4,286.28
6,750.00	19,937.90	(13,187.90)	LUMINANT REVENUE	118,075.45	79,751.60	38,323.85
.00	50,000.00	(50,000.00)	1115/UC REVENUE	629,416.90	200,000.00	429,416.90
7,259.27	.00	7,259.27	QIPP REVENUE	28,091.73	.00	28,091.73
12,970.82	13,338.68	(367.86)	MOB-RENTAL INCOME	51,509.02	53,354.72	(1,845.70)
108,165.79	38,290.58	69,875.21	OTHER INCOME	2,449,272.10	153,162.32	2,296,109.78
134,805.25	.00	(134,805.25)	OTHER EXPENSE	534,709.25	.00	(534,709.25)
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334,569.68	455,328.67	(120,758.99)	TOTAL OTHER INCOME AND EXP	4,080,988.27	1,821,314.68	2,259,673.59
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267,774.88	166,988.89	100,785.99	NET INCOME/LOSS	2,640,761.96	667,955.56	1,972,806.40
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02/21/22 10:35 AM

GLEN ROSE HEALTHCARE INC 501A
 BALANCE SHEET
 AS OF: 01/31/22

	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	217,601.74	292,641.11
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TOTAL CASH AND INVESTMENTS	217,601.74	292,641.11
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ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	697,674.55	729,163.39
LESS DISCOUNTS AND ALLOWANCES	(488,945.39)	(500,339.41)
	-----	-----
NET PATIENT ACCOUNTS RECEIVABLE	208,729.16	228,823.98
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OTHER CURRENT ASSETS		
INVENTORY	52,311.66	52,311.66
PREPAID EXPENSES	22,495.87	17,261.81
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TOTAL OTHER CURRENT ASSETS	74,807.53	69,573.47
TOTAL CURRENT ASSETS	501,138.43	591,038.56
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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	(98,136.52)	(97,228.19)
TOTAL PROPERTY PLANT AND EQUIPMENT	30,762.18	31,670.51
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TOTAL ASSETS	531,900.61	622,709.07
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LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	103,299.77	73,209.67
ACCRUED AND OTHER LIABILITIES	109,473.47	101,685.03
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TOTAL CURRENT LIABILITIES	212,773.24	174,894.70
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TOTAL LIABILITIES	212,773.24	174,894.70
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FUND BALANCE		
NET INCOME (LOSS)	139,079.95	267,766.95
PRIOR YEAR FUND BALANCE	180,047.42	180,047.42
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TOTAL FUND BALANCE	319,127.37	447,814.37
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TOTAL LIABILITIES AND FUND BALANCE	531,900.61	622,709.07
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GLEN ROSE HEALTHCARE, INC. (501A)
 OPERATING/INCOME STATEMENT
 FOR THE 4 MONTHS ENDING 01/31/22

02/21/22 10:35 AM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			REVENUES			
548,653.58	548,781.43	(127.85)	REVENUE - OUTPATIENT	2,324,072.18	2,195,125.72	128,946.46
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548,653.58	548,781.43	(127.85)	TOTAL REVENUE	2,324,072.18	2,195,125.72	128,946.46
			DISCOUNTS AND ALLOWANCES			
166,255.79	188,911.18	22,655.39	MEDICARE/MEDICAID	706,150.18	755,644.72	49,494.54
(10,374.83)	(23,131.74)	(12,756.91)	BAD DEBTS	(67,622.96)	(92,526.96)	(24,904.00)
97,139.98	91,719.53	(5,420.45)	MANAGED CARE/OTHER	381,350.75	366,878.12	(14,472.63)
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253,020.94	257,498.97	4,478.03	TOTAL D & A	1,019,877.97	1,029,995.88	10,117.91
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295,632.64	291,282.46	4,350.18	NET REVENUE	1,304,194.21	1,165,129.84	139,064.37
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			EXPENSES			
351,881.78	254,376.38	(97,505.40)	SALARIES AND WAGES	1,008,032.37	1,017,505.52	9,473.15
117,332.73	85,804.52	(31,528.21)	EMPLOYEE BENEFITS	404,223.03	343,218.08	(61,004.95)
10,929.81	22,617.55	11,687.74	SUPPLIES	97,927.19	90,470.20	(7,456.99)
50,099.62	44,356.49	(5,743.13)	PROFESSIONAL SERVICES	211,252.54	177,425.96	(33,826.58)
11,889.60	12,208.75	319.15	RENT/LEASE PAYMENTS	48,938.66	48,835.00	(103.66)
4,914.54	4,922.09	7.55	INSURANCE	20,469.19	19,688.36	(780.83)
3,517.39	3,173.51	(343.88)	UTILITIES	14,128.60	12,694.04	(1,434.56)
.00	16.68	16.68	REPAIRS/MAINTENANCE	.00	66.72	66.72
908.33	908.33	.00	DEPRECIATION/AMORTIZATION	3,633.32	3,633.32	.00
14,450.45	9,524.18	(4,926.27)	OTHER OPERATING EXPENSES	35,709.99	38,096.72	2,386.73
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565,924.25	437,908.48	(128,015.77)	TOTAL OPERATING EXPENSES	1,844,314.89	1,751,633.92	(92,680.97)
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(270,291.61)	(146,626.02)	(123,665.59)	NET OPERATING INCOME	(540,120.68)	(586,504.08)	46,383.40
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			OTHER INCOME AND EXPENSE			
108.00	166.67	(58.67)	MISCELLANEOUS INCOME	478.00	666.68	(188.68)
6,679.57	10,000.00	(3,320.43)	INCENTIVE PAYMENTS	53,032.19	40,000.00	13,032.19
.00	2,000.00	(2,000.00)	GRANTS	90,947.36	8,000.00	82,947.36
11.79	4.17	7.62	INTEREST INCOME	33.83	16.68	17.15
134,805.25	.00	134,805.25	DONATIONS FROM DISTRICT	534,709.25	.00	534,709.25
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141,604.61	12,170.84	129,433.77	TOTAL OTHER INCOME AND EXP	679,200.63	48,683.36	630,517.27
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(128,687.00)	(134,455.18)	5,768.18	NET INCOME/LOSS	139,079.95	(537,820.72)	676,900.67
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SOMERVELL COUNTY HOSPITAL DISTRICT PAGE 1
 BALANCE SHEET - CONSOLIDATED
 AS OF: 01/31/22

	Current Month	Prior Month
ASSETS		
CURRENT ASSETS		
CASH AND INVESTMENTS		
CASH	3,452,551.68	686,419.11
FINANCIAL RESERVE ACCT	3,082,545.75	2,932,163.16
	-----	-----
TOTAL CASH AND INVESTMENTS	6,535,097.43	3,618,582.27
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ACCOUNTS RECEIVABLE		
PATIENT ACCOUNTS RECEIVABLES	77,767,684.78	76,674,939.41
LESS DISCOUNTS AND ALLOWANCES	(74,386,865.27)	(73,409,656.29)
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NET PATIENT ACCOUNTS RECEIVABLE	3,380,819.51	3,265,283.12
	-----	-----
OTHER CURRENT ASSETS		
OTHER RECEIVABLES	748,015.36	3,966,358.32
INVENTORY	694,442.39	699,152.08
PREPAIDS	812,739.36	842,564.63
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TOTAL OTHER CURRENT ASSETS	2,255,197.11	5,508,075.03
TOTAL CURRENT ASSETS	12,171,114.05	12,391,940.42
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PROPERTY PLANT AND EQUIPMENT		
REAL PROPERTY	19,728,754.69	19,728,754.69
FIXED EQUIPMENT	2,789,607.85	2,789,607.85
MAJOR MOVABLE EQUIPMENT	8,173,348.20	8,003,879.08
LEASEHOLD IMPROVEMENTS	292,253.52	292,253.52
LESS ACCUMULATED DEPRECIATION	(17,691,349.66)	(17,588,549.08)
TOTAL PROPERTY PLANT AND EQUIPMENT	13,292,614.60	13,225,946.06
	-----	-----
TOTAL ASSETS	25,463,728.65	25,617,886.48
	=====	=====
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	3,090,464.19	3,064,144.69
ACCRUED AND OTHER LIABILITIES	3,610,050.84	3,923,145.04
	-----	-----
TOTAL CURRENT LIABILITIES	6,700,515.03	6,987,289.73
	-----	-----
LONG TERM DEBT	10,674,136.58	10,680,607.59
TOTAL LIABILITIES	17,374,651.61	17,667,897.32
	-----	-----
FUND BALANCE		
NET INCOME (LOSS)	2,779,841.91	2,640,754.03
PRIOR YEAR FUND BALANCE	5,309,235.13	5,309,235.13
	-----	-----
TOTAL FUND BALANCE	8,089,077.04	7,949,989.16
	-----	-----
TOTAL LIABILITIES AND FUND BALANCE	25,463,728.65	25,617,886.48
	=====	=====

SOMERVELL COUNTY HOSPITAL DISTRICT
 OPERATING/INCOME STMT - CONSOLIDATED 02/21/22 10:35 AM
 FOR THE 4 MONTHS ENDING 01/31/22

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			REVENUES			
979,441.71	571,806.25	407,635.46	HOSPITAL INPATIENT	2,348,918.08	2,287,225.00	61,693.08
5,291,495.37	4,838,599.53	452,895.84	HOSPITAL OUTPATIENT	19,832,723.13	19,354,398.12	478,325.01
548,653.58	548,781.43	(127.85)	GLEN ROSE HEALTHCARE (501A)	2,324,072.18	2,195,125.72	128,946.46
-----	-----	-----		-----	-----	-----
6,819,590.66	5,959,187.21	860,403.45	TOTAL REVENUE	24,505,713.39	23,836,748.84	668,964.55
			DISCOUNTS AND ALLOWANCES			
1,968,198.25	1,772,468.05	(195,730.20)	MEDICARE/MEDICAID	7,284,220.08	7,089,872.20	(194,347.88)
647,767.26	419,657.80	(228,109.46)	BAD DEBTS	1,947,929.49	1,678,631.20	(269,298.29)
2,541,449.81	2,143,380.18	(398,069.63)	MANAGED CARE/OTHER	9,012,650.44	8,573,520.72	(439,129.72)
(207,706.68)	33,901.35	241,608.03	CHARITY CARE	(293,099.15)	135,605.40	428,704.55
-----	-----	-----		-----	-----	-----
4,949,708.64	4,369,407.38	(580,301.26)	TOTAL D & A	17,951,700.86	17,477,629.52	(474,071.34)
-----	-----	-----		-----	-----	-----
1,869,882.02	1,589,779.83	280,102.19	NET REVENUE	6,554,012.53	6,359,119.32	194,893.21
-----	-----	-----		-----	-----	-----
			EXPENSES			
962,817.67	851,628.02	(111,189.65)	SALARIES AND WAGES	3,689,986.51	3,406,512.08	(283,474.43)
297,874.16	273,631.73	(24,242.43)	EMPLOYEE BENEFITS	1,158,568.81	1,094,526.92	(64,041.89)
229,837.53	181,527.86	(48,309.67)	SUPPLIES	842,800.74	726,111.44	(116,689.30)
292,892.74	312,370.93	19,478.19	PROFESSIONAL SERVICES	1,210,913.14	1,249,483.72	38,570.58
51,519.49	59,276.19	7,756.70	RENT/LEASE PAYMENTS	208,293.19	237,104.76	28,811.57
20,708.95	17,836.09	(2,872.86)	INSURANCE	78,481.40	71,344.36	(7,137.04)
34,897.13	29,965.43	(4,931.70)	UTILITIES	141,310.08	119,861.72	(21,448.36)
54,733.06	40,288.43	(14,444.63)	REPAIRS AND MAINTENANCE	237,346.02	161,153.72	(76,192.30)
102,800.58	102,800.58	.00	DEPRECIATION/AMORTIZATION	411,202.32	411,202.32	.00
133,689.15	114,989.82	(18,699.33)	OTHER OPERATING EXPENSES	427,272.16	459,959.28	32,687.12
14,611.62	16,566.58	1,954.96	INDIGENT CARE PROGRAM	47,310.06	66,266.32	18,956.26
10,586.35	23,863.97	13,277.62	SENIOR ADULT PROGRAM	80,875.09	95,455.88	14,580.79
-----	-----	-----		-----	-----	-----
2,206,968.43	2,024,745.63	(182,222.80)	TOTAL OPERATING EXPENSES	8,534,359.52	8,098,982.52	(435,377.00)
(337,086.41)	(434,965.80)	97,879.39	NET OPERATING INCOME	(1,980,346.99)	(1,739,863.20)	(240,483.79)
610,979.54	467,499.51	143,480.03	OTHER INCOME	5,294,898.15	1,869,998.04	3,424,900.11
134,805.25	.00	(134,805.25)	OTHER EXPENSE	534,709.25	.00	(534,709.25)
-----	-----	-----		-----	-----	-----
139,087.88	32,533.71	106,554.17	NET INCOME/LOSS	2,779,841.91	130,134.84	2,649,707.07
=====	=====	=====		=====	=====	=====

**GLEN ROSE MEDICAL CENTER
COLLECTIONS TREND**

FY 2022							
HOSPITAL	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YEAR END TOTALS
Net Revenue	1,290,741	1,142,476	1,242,352	1,574,249			5,249,818
Collections	1,299,143	1,199,196	1,269,220	1,283,731			5,051,291
%	101%	105%	102%	82%	#DIV/0!	#DIV/0!	96.22%
							YEARLY AVG 1,312,455 1,262,823 96.22%

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

GLEN ROSE MEDICAL CENTER
 COST CENTER SCHEDULE
 FOR THE 4 MONTHS ENDING 01/31/22
 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	1,430,928.64	(1,430,928.64)
.00	357,732.16	(357,732.16)	TOTAL OPERATING REVENUE	.00	1,430,928.64	(1,430,928.64)
.00	357,732.16	(357,732.16)	NET REVENUE	.00	1,430,928.64	(1,430,928.64)
EXPENSES						
3,880.56	12,031.73	8,151.17	CLBRN IMAGING-STAFF-SALARY	1,337.16	48,126.92	46,789.76
4,736.00	1,336.86	(3,399.14)	CLBRN IMAGING-STAFF-PTO	4,599.90	5,347.44	747.54
608.34	61.14	(547.20)	CLBRN IMAGING-STAFF-HEALTH E	2,431.25	244.56	(2,186.69)
69.06	1,022.70	953.64	CLBRN IMAGING-STAFF-PR TAX	167.62	4,090.80	3,923.18
6.30	85.65	79.35	CLBRN IMAGING-STAFF-ER SHARE	19.30	342.60	323.30
.00	70.83	70.83	CLBRN IMAGING-NONCHARGEABLES	.00	283.32	283.32
.00	14.58	14.58	CLBRN IMAGING-DRUGS	22.15	58.32	36.17
.00	271.67	271.67	CLBRN IMAGING-CONTRAST MEDIA	.00	1,086.68	1,086.68
.00	435.42	435.42	CLBRN IMAGING-GENERAL SUPPLI	.00	1,741.68	1,741.68
.00	4.17	4.17	CLBRN IMAGING-TRAVEL EXPENSE	.00	16.68	16.68
7,621.81	14,887.50	7,265.69	CLBRN IMAGING-LEASE EXPENSE	22,865.43	59,550.00	36,684.57
.00	41.67	41.67	CLBRN IMAGING-MINOR EQUIPMEN	.00	166.68	166.68
255.00	25,419.00	25,164.00	CLBRN IMAGING-PURCHASED SERV	24,821.92	101,676.00	76,854.08
275.36	122.92	(152.44)	CLBRN IMAGING-BANK & CC FEES	1,376.36	491.68	(884.68)
.00	8.33	8.33	CLBRN IMAGING-POSTAGE/FREIGH	.00	33.32	33.32
17,452.43	55,814.17	38,361.74	TOTAL OPERATING EXPENSES	57,641.09	223,256.68	165,615.59
OTHER REVENUE AND EXPENSE						
(17,452.43)	301,917.99	(319,370.42)	TOTAL REVENUE OVER EXPENSE	(57,641.09)	1,207,671.96	(1,265,313.05)

GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT

	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		
ACUTE ADMISSIONS:														
MEDICARE	5	10	17	16									48	106
MEDICARE ADV/HMO	4	3	4	9									20	96
MEDICAID	0	0	1	2									3	6
MEDICAID STAR	0	0	0	1									1	7
COMM. INS.	5	2	5	6									18	56
OTHER	4	3	2	0									9	22
TOTAL	18	18	29	34	0	0	0	0	0	0	0	0	99	293
ACUTE PATIENT DAYS:														
MEDICARE	10	25	49	65									149	309
MEDICARE ADV/HMO	10	5	16	22									53	324
MEDICAID	0	0	2	2									4	12
MEDICAID STAR	0	0	0	2									2	19
COMM. INS.	11	2	15	26									54	179
OTHER	10	9	1	0									20	69
TOTAL	41	41	83	117	0	0	0	0	0	0	0	0	282	912
OCCUPANCY %	8%	9%	17%	24%	0%	0%	0%	0%	0%	0%	0%	0%	5%	16%
ACUTE DISCHARGES:														
MEDICARE	5	10	16	16									47	106
MEDICARE ADV/HMO	4	2	5	10									21	95
MEDICAID	0	0	1	1									2	6
MEDICAID STAR	0	0	0	1									1	7
COMM.INS.	5	1	5	7									18	56
OTHER	4	3	1	0									8	22
TOTAL	18	16	28	35	0	0	0	0	0	0	0	0	97	292
CASE MIX INDEX:														
MEDICARE	1.054	0.834	1.141	1.548									1.144	1.168
MEDICARE ADV/HMO	1.158	1.525	1.116	1.549									1.337	1.316
MEDICAID	-	-	0.666	0.889									0.777	1.073
ALL PAYOR	1.189	0.894	1.138	1.523									1.186	1.266
A.I.O.S:														
MEDICARE	2.00	2.50	3.06	4.06	-	-	-	-	-	-	-	-	2.91	3.13
MEDICARE ADV/HMO	2.50	2.50	3.20	2.20	-	-	-	-	-	-	-	-	2.60	3.00
MEDICAID	-	-	2.00	2.00	-	-	-	-	-	-	-	-	2.00	2.14
COMM.INS.	2.20	2.00	3.00	3.71	-	-	-	-	-	-	-	-	2.73	2.72
OTHER	2.50	3.00	1.00	-	-	-	-	-	-	-	-	-	2.17	2.50

	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		
TOTAL	2.28	2.56	2.96	3.34	-	-	-	-	-	-	-	-	2.79	3.01
SWINGBED:														
ADMISSIONS	0	0	0	0									0	0
(MCR Admissions)	0	0	0	0									0	0
PATIENT DAYS	0	0	0	0									0	0
DISCHARGES	0	0	0	0									0	0

	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
HOSPICE:														
ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBSERVATION														
ADMISSIONS	13	1	11	8									33	84
ADMIT TO IP	0	0	0	1									1	4
DISCHARGES	13	2	10	8									33	80
PATIENT DAYS	16	2	14	10									42	107
TOTAL PT DAYS (IP,OBS,SWB,HOSP)	57	43	97	127	0	0	0	0	0	0	0	0	324	1019
SURGERIES:														
IP SURGERIES	3	0	0	1									4	21
SWB SURGERIES	0	0	0	0									0	0
OBS SURGERIES	1	0	1	0									2	5
OP SURGERIES	11	19	25	7									62	243
TOTAL SURGERIES	15	19	26	8	0	0	0	0	0	0	0	0	68	269
SCOPES:														
IP SCOPES	0	0	1	1									2	7
SWB SCOPES	0	0	0	0									0	0
OBS SCOPES	0	0	0	0									0	3
OP SCOPES	46	64	52	59									221	548
TOTAL SCOPES	46	64	53	60	0	0	0	0	0	0	0	0	223	558
PROCEDURES OTHER	50	35	37	14									136	350
TOTAL PATIENTS	111	118	115	82									426	1178
TOTAL SRGS/SCOPES	61	83	79	68	0	0	0	0	0	0	0	0	291	578
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	487	444	480	548									1959	4996
ER TRANSFERS	25	23	15	11									74	320
ER OBSERVATION-ADM	15	4	9	14									42	102
ER IP-ADMITS	8	14	29	25									76	233
TOTAL ER	535	485	533	598									2151	5651
SR CARE VISITS (Billed Visits)	250	253	235										738	3037
PT/OT/ST													0	4931
Cryotherapy													0	0
E/R ROOM LEVELS CASE MIX	3.630	3.662	3.718	3.597									3.652	3.682
Average Daily Census	1.32	1.37	2.68	3.77	-	-	-	-	-	-	-	-	2.29	2.50

**Public Relations/REM Report
February 2022**

Attended monthly marketing meetings

Attended Lions Club/Chamber meetings.

Working with Glen Rose Lions Club promoting new fundraising campaign

Coordinating strategic planning meeting.

Working to coordinate a day with GRHS for video for hospital programs.

Attended network marketing meeting, Granbury and Cleburne.

Somervell County Senior Center, finger sticks with nursing.

Working with HANK FM on jingle and promotional commercials for the next several weeks, highlighting new programs available at GRMC

Preparing for Doctors Day (March)

Working on new printed material for services available.

Partnering with The Paluxy River Childrens Advocacy to help promote Child Abuse Prevention Month. Will be going to have pinwheels available in the front lawn to bring awareness to their program and prevention. The hospital will raise funds internally to donate to the center.

Will be serving on the Somervell United Fund Committee/Board.

Will begin working on GRHI website with Flightreach.

Met with Carter BloodCare new rep. Blood drive schedule for April.

Working with the DID IT campaign to potentially be a sponsor of their event.

REM

The REM board will be discussing future projects and events, at the March meeting. As of now there are no fundraising events scheduled for 2022.

Quality Report

February 2022

Medication Safety ADE/Med Errors and use of Medication

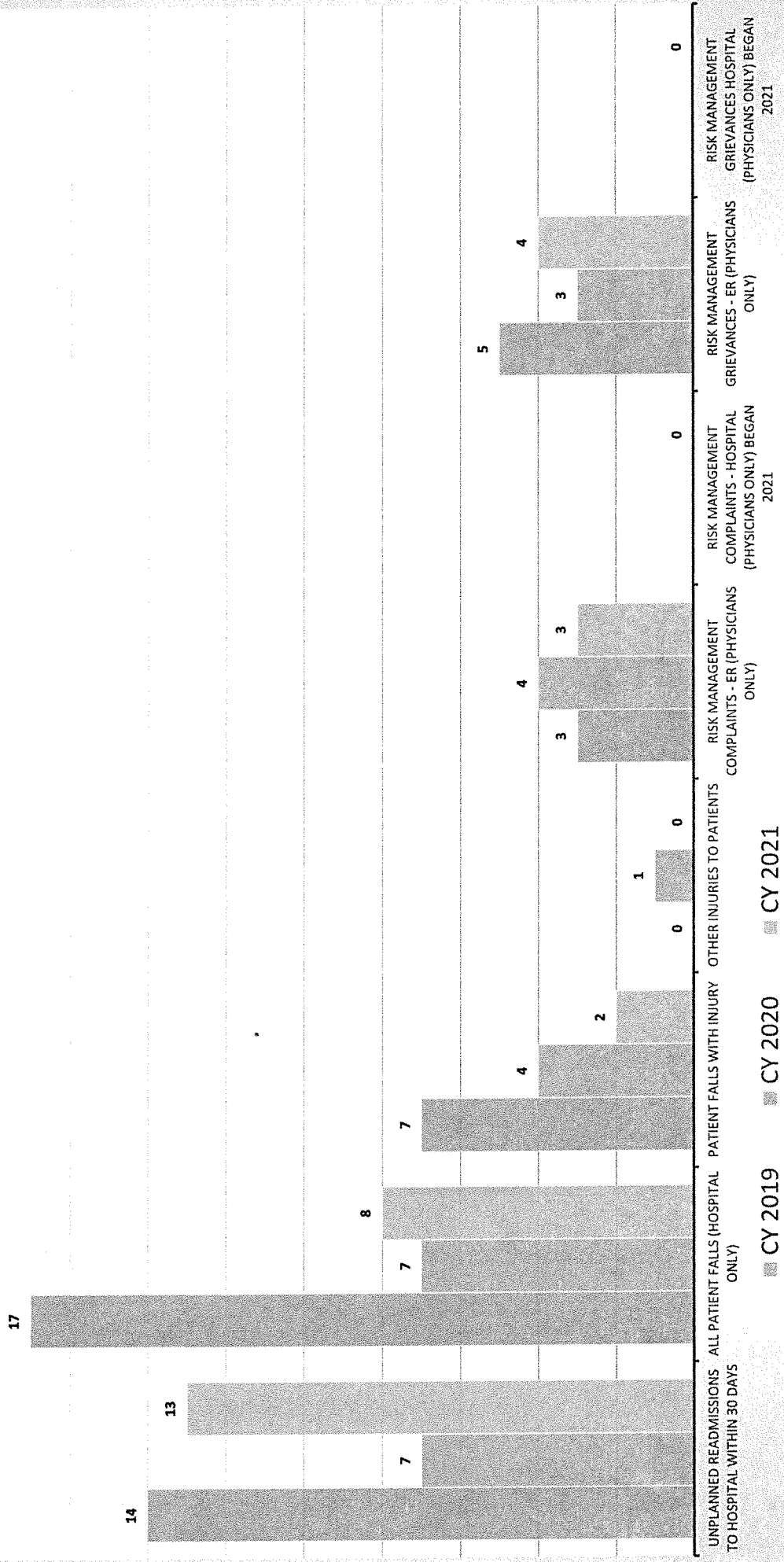
Q4 2021

One adverse event reported with medication administered for chest pain. Patient developed itching and rash. No serious reaction noted. Medication was not listed as allergy on admission. Addressed accordingly.

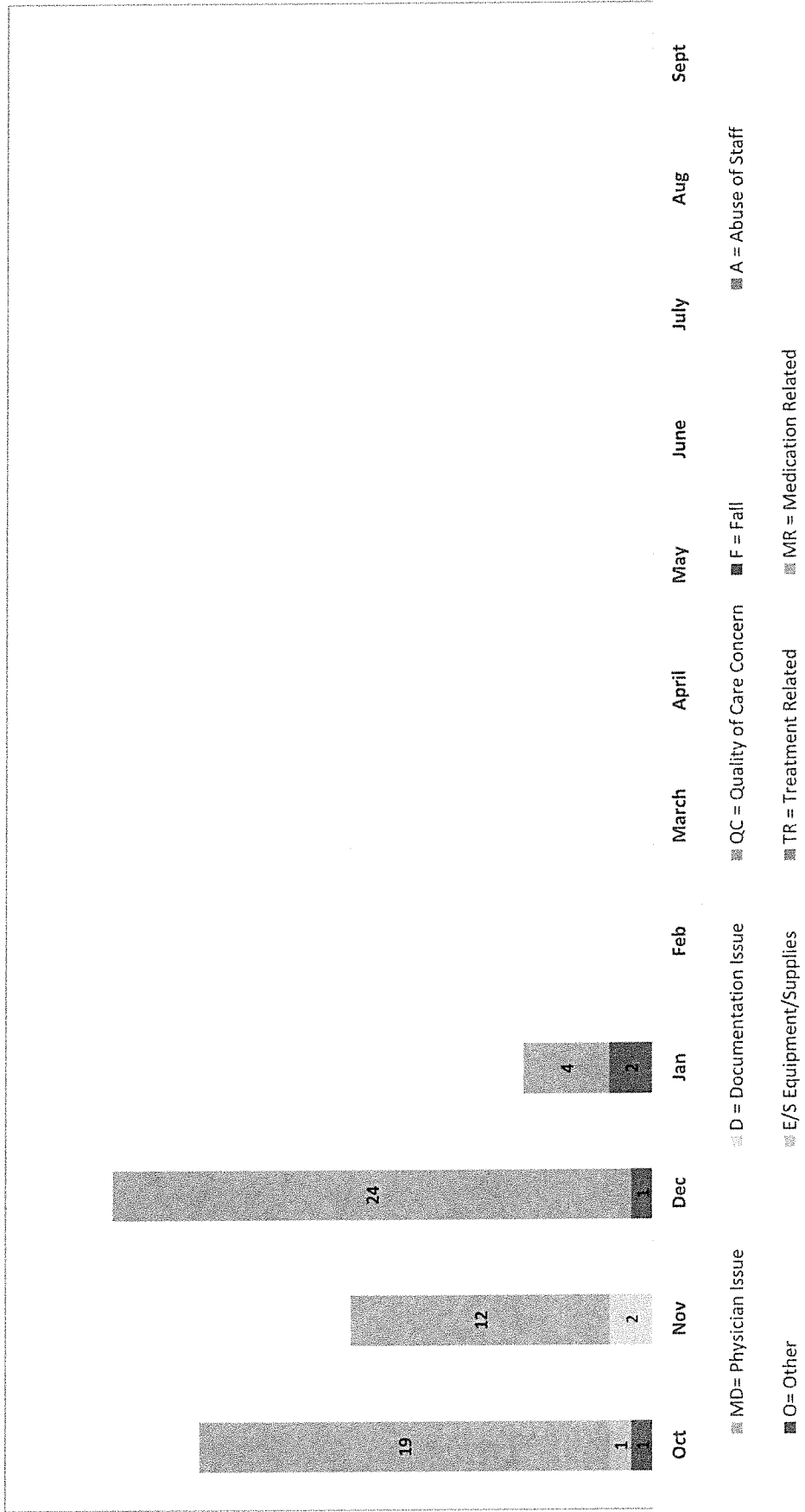
Quality Report

Quality Initiative:	Benchmark (CY)	Totals CY 2021	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Trend
Unplanned Readmissions to hospital within 30 days	2019 - 14 2020 - 7	13	4	4	2	3	↗
Healthcare Associated Infections	2019 - 2 2020 - 0	0	0	0	0	0	↔
Invasive Procedure related Infections	2019 - 0 2020 - 1	0	0	0	0	0	↔
Total HAI rate	2019 - 2% 2020 - 0%	0%	0%	0%	0%	0%	↔
All Patient Falls (Hospital only)	2019 - 17 2020 - 7	8	1	3	3	1	↗
Patient falls with injury	2019 - 7 2020 - 4	2	0	2	0	0	↔
Other injuries to patients	2019 - 0 2020 - 1	0	0	0	0	0	↔
Never or Sentinel Events	2019 - 0 2020 - 0	0	0	0	0	0	↔
Risk Management Complaints - ER (physicians only)	2019 - 3 2020 - 4	3	0	2	0	1	↗
Risk Management Complaints - Hospital (physicians only)	began 2021	0	0	0	0	0	↔
Risk Management Grievances - ER (physicians only)	2019 - 5 2020 - 3	4	2	0	1	1	↔
Risk Management Grievances Hospital (physicians only)	began 2021	0	0	0	0	0	↔

Board Quality Report 2021



FY 22-- Occurrence Summary



Patient Flow FY2021

Focus: Leadership develops and implements plans to identify and alleviate obstacles to efficient patient flow throughout the facility.
Indicator: Components measured to assess patient flow through the ED and Hospital.

Month	Availability of pt. beds- Occupancy	Efficiency of pt. care, & treatment.		Transfers (From 6 & 12 hr. stays)		Pt. Safety - # of ED incident reports dealing with safety	Impact of support services - >30min. wait for STAT clean of pt. room	Stays over 6 hour - average time from order written to log out. (doing ER time in to M/S Bed)	Comments:
		ED>6hr.	ED>12hr.	Admissions (From 6 & 12 hr. stays)	Admissions (From 6 & 12 hr. stays)				
Aug.	22%	37	13	6	17	0		10:04	13 Admissions: 4 Observations:
				3	13				
Sept.	23%	32	5	3	13	0		8:03	7 Admissions: 6 Observations:

Patient Flow FY2022

Focus: Leadership develops and implements plans to identify and alleviate obstacles to efficient patient flow throughout the facility.
Indicator: Components measured to assess patient flow through the ED and Hospital.

Month	Availability of pt. beds- Occupancy	Efficiency of pt. care, & treatment.		Transfers (From 6 & 12 hr. stays)		Pt. Safety - # of ED incident reports dealing with safety	Impact of support services - >30min. wait for STAT clean of pt. room	Stays over 6 hour - average time from order written to log out. (doing ER time in to M/S Bed)	Comments:
		ED>6hr.	ED>12hr.	Admissions (From 6 & 12 hr. stays)	Admissions (From 6 & 12 hr. stays)				
Oct	8%	18	2	4	4	0		6:54	Admissions: 1 Observation Status: 3 Transfer: 4
				3	0				
Nov	9%	11	0	3	0	0			Admission: 0 Transfer: 3 1- Transfer delay due to EMS had a MVA they were working, 1- Transfer delay due to facilities at capacity
				0					
Dec	17%	21	5	3	10	0		9:18	Admissions: 5 (1 patient > 28 hours due to critical care performed- unable to transfer). Observation: 5 : 2 waiting on bed, 1 due to ER staff Transfer-3 1- transfer process, 1 delayed unable to do procedure here due to equipment (had consult)

OP Core Measures FY 2021	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Total Submitted	GRMC % Passed	State % passed (3qtrs)	National % passed (3qtrs)
AMI: Total Accounts	2	0	3	1	6	4	1	0	2	3	3	3	28			
Failures:	0	0	0	0	0	1	0	0	0	0	1	0	0			
OP-2: Fibrinolytic Therapy rec'd within 30 mins						1					1		2	95%	50%	52%
<i>minutes in ED before fibrinolytic initiated</i>										61						
OP-3b: Median Time to transfer to another facility for acute coronary intervention															57 minutes	61 minutes
OP-5 Median time to ECG (EKG)															8 minutes	8 minutes
ED Throughput: Sampled Accounts	34	30	46	29	39	44	36	36	41	50	41	29	455			
Failures:	0	0	0	0	0	0	0	0	0	0	0	0	0			
OP-18b: Median time from ED Arrival to ED departure for D/C ED patients															138 minutes	148 minutes
Stroke: Total Accounts	0	2	2	2	2	2	2	2	1	2	1	0	16			
Failures:	0	0	0	0	0	0	0	0	0	0	0	0	0			
OP-23: Head CT or MRI Scan Results for AI Stroke or hemorrhagic Stroke patients who rec'd Head CT or MRI Scan within 45 mins of arrival															71%	72%

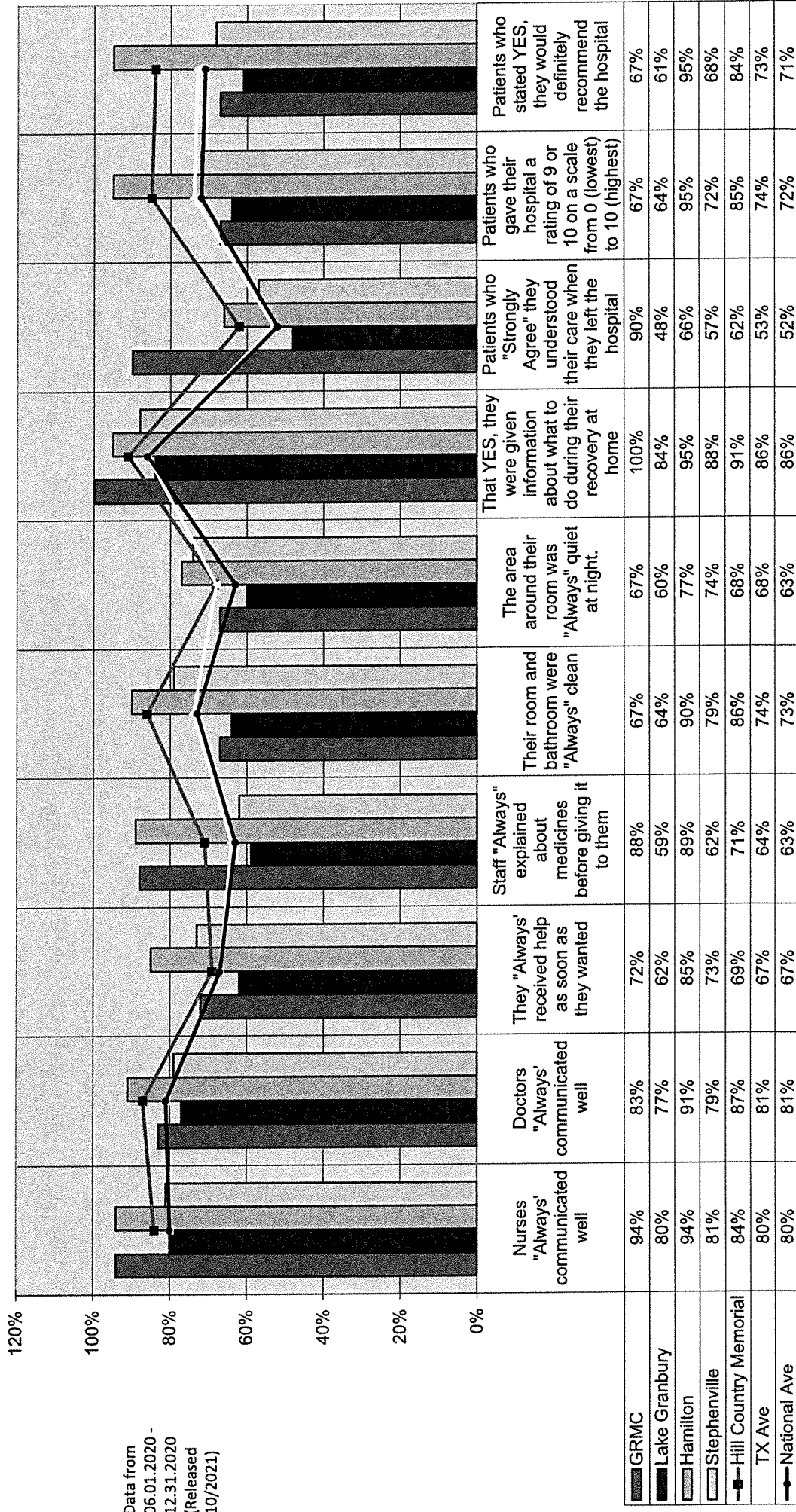
IP Core Measures FY 2021	Oct	Nov	Dec	Total	Q1%	Jan	Feb	March	Total	Q2%	April	May	June	Total	Q3%	July	Aug	Sept	Total	Q4%	Total Submit
SEPSIS-1: Early Management Total Accounts Submitted	0	2	1	3		2	1	2	5		0	3	3	6		4	3	1	8		22
Excluded	0	1	0	1	33%	1	1	2	4	80%	0	2	1	3	50%	4	3	1	8	100%	16
Passed	0	0	0	0	0%	0	0	0	0	0%	0	2	0	2	33%	0	0	0	0	0%	2
Failed	0	1	1	2	67%	1	0	0	1	20%	0	0	1	1	17%	0	0	0	0	0%	4

Excluded = initial Severe Sepsis criteria per CMS NOT met

Failed = make it through initial criteria and then fail

Spreadsheet Amended Q4 FY 2021 to include Excluded, Passed & Failed

HCAHPS Compare



Data from
06.01.2020 -
12.31.2020
(Released
10/2021)

**CERTIFICATION OF UNOPPOSED CANDIDATES
FOR OTHER POLITICAL SUBDIVISIONS (NOT COUNTY)
CERTIFICACIÓN DE CANDIDATOS ÚNICOS
PARA OTRAS SUBDIVISIONES POLITICAS (NO EL CONDADO)**

To: Presiding Officer of Governing Body, Somervell County Hospital District
Al: *Presidente de la entidad gobernante, Hospital del Condado Distrito Somervell*

As the authority responsible for having the official ballot prepared, I hereby certify that the following candidates are unopposed for election to office for the election scheduled to be held on May 7, 2022.

Como autoridad a cargo de la preparación de la boleta de votación oficial, por la presente certifico que los siguientes candidatos son candidatos únicos para elección para un cargo en la elección que se llevará a cabo el 7 de Mayo de 2022.

List offices and names of candidates:
Lista de cargos y nombres de los candidatos:

Office(s) <i>Cargo(s)</i>	Candidate(s) <i>Candidato(s)</i>
Hospital Board Member	Max Bly
Hospital Board Member	Joe Cathey
Hospital Board Member	Mary Collier
Hospital Board Member	Margaret Drake
Hospital Board Member	Steven Vacek

Mina Douglas
Signature (*Firma*)

Mina Douglas
Printed name (*Nombre en letra de molde*)

Secretary, Board of Directors, Somervell County Hospital District
Title (*Puesto*)

2/25/2022
Date of signing (*Fecha de firma*)

ORDER OF CANCELLATION
ORDEN DE CANCELACIÓN

Somervell County Hospital District hereby cancels the election scheduled to be held on May 7, 2022 in accordance with Section 2.053(a) of the Texas Election Code. The following candidates have been certified as unopposed and are hereby elected as follows:

El Hospital del Condado Distrito Somervell por la presente cancela la elección que, de lo contrario, se hubiera celebrado el 7 de Mayo de 2022 de conformidad, con la Sección 2.053(a) del Código de Elecciones de Texas. Los siguientes candidatos han sido certificados como candidatos únicos y por la presente quedan elegidos como se haya indicado a continuación:

Candidate (<i>Candidato</i>)	Office Sought (<i>Cargo al que presenta candidatura</i>)
Max Bly	Hospital Board Member
Joe Cathey	Hospital Board Member
Mary Collier	Hospital Board Member
Margaret Drake	Hospital Board Member
Steven Vacek	Hospital Board Member

A copy of this order will be posted on Election Day at each polling place that would have been used in the election.

El Día de las Elecciones se exhibirá una copia de esta orden en todas las mesas electorales que se hubieran utilizado en la elección.

President (*Presidente*)

Secretary (*Secretario*)

Date of Adoption (*Fecha de adopción*)

Revisions to Medical Staff Bylaws for Telemedicine

- Add to Article II – Definitions:

“Telemedicine” means the provision of medical services via telecommunication and information technologies in order to provide clinical health care at a distance.

- Add a new Section 8.6:

8.6 Telemedicine Privileges. Telemedicine Privileges means the authorization granted by the Hospital to render a diagnosis or otherwise provide clinical treatment to a patient at the Hospital through the use of electronic communication or other communications technologies. After considering the recommendations of Administration, the Medical Executive Committee shall make a recommendation to the Board regarding the clinical services that should be offered through telemedicine. Specific services provided at the Hospital via telemedicine will be recommended by the Medical Executive Committee.

(a) Credentialing. Individuals providing telemedicine services shall be credentialed and granted clinical privileges in accordance with this section but shall not be appointed to the Medical Staff. In processing a request for telemedicine privileges pursuant to this section, the Hospital may:

(1) Credential, reappoint and grant privileges to the practitioner in accordance with the provisions of this policy in the same manner as for any other applicant; or

(2) Credential and grant privileges to the practitioner in accordance with the provisions of this policy, but utilize the credentialing information from the distant site facility, provided the facility is a Medicare participating hospital; or

(3) Credential and grant privileges to the practitioner based on the credentialing information and privileging decision from the distant site facility, if the following conditions are met:

(i) If the distant site facility is a hospital, the distant site facility is a Medicare participating hospital; if the distant site facility is not a hospital, the distant site facility meets the applicable requirements of the Medicare Conditions of Participation regarding credentialing and privileging of practitioners;

(ii) The practitioner has clinical privileges at the distant site facility to perform the same service or procedure being requested at the Hospital and the distant site facility provides a current list of privileges for each practitioner who provides telemedicine services at the Hospital;

(iii) Each practitioner who provides telemedicine services holds a Texas license; and

(iv) The Hospital reviews the practitioner's performance of the privileges being requested and provides information resulting from that review to the distant site facility.

(b) For individuals who are providing telemedicine services, the Hospital shall maintain a copy of the practitioner's license, liability insurance coverage, National Practitioner Data Bank query, clinical privilege list, and letter of appointment from the practitioner's primary facility.

- Revise Section 14.12 to read as follows:

14.12 Telemedicine Committee Function. The Medical Executive Committee shall approve the clinical services to be provided by telemedicine. Additionally, the Medical Executive Committee shall provide that all practitioners who diagnose or treat patients via Telemedicine link are subject to the credentialing and privileging process described in Section 8.6 of these Bylaws.

GLEN ROSE MEDICAL CENTER POLICY	Reference # 305	Page 1 of 6
Subject: Infection Prevention Control Plan	Dept: Infection Prevention/Control	
Originated: 12/01		
Modified: 2/22	Scope: Facility Wide	

PURPOSE:

The goal of Glen Rose Medical Center (GRMC) is to establish a comprehensive Infection Prevention Program by utilizing a planned, systematic approach to assess risk, set organizational priorities, develop strategies for improvement, and monitor and evaluate the quality and appropriateness of infection prevention and control practices. This approach includes strategies to evaluate the risk of endemic disease (the usual presence within a geographic area), epidemic disease (an excess over the expected occurrence within a geographical area), and healthcare associated infections based on the needs and demographics of the population served.

POLICY:

GRMC represented by the medical and administrative staff, consider infection prevention as a vital component in the delivery of quality healthcare and in the provision of a safe workplace. Infection prevention is an integral responsibility of all personnel and depends upon cooperation between all departments. GRMC provides appropriate resources and support to assure an effective Infection Prevention Program.

OBJECTIVES:

- Identify infections that occur in patients and staff that have the potential for disease transmission.
- Identify opportunities for the reduction of risk for disease transmission.
- Recommend risk reduction practices by integrating principles of sound infection prevention and control into patient care processes.
- Manage performance improvement by reporting data to all stakeholders through facility committee structure.
- Involve clinicians in the development of strategies to promote prevention and to mitigate the risk of infection.
- Maintain Flu Vaccination rate above 90%

RESPONSIBILITIES AND DUTIES:

The Infection Prevention Practitioner (IPP) and Infection Prevention Medical Director are responsible for the operation of the infection prevention program. The IPP and the Infection Prevention Medical Director are authorized to institute immediate control measures deemed necessary when there is risk to any patient, staff member, visitor, or the environment. This may include the isolation, limitation of visitors, closure of units, and other interventions as appropriate. The Infection Prevention Authority Statement signed by the Chief of the Medical Staff and the hospital President/CEO.

The Infection Control Committee (ICC) has oversight for the Infection Prevention/Control Program. The ICC serves as a multidisciplinary subcommittee of the Medical Staff reporting to the Executive Committee. The ICC consists of representatives

Author: Tec Dequina

Date: 4/8/2015

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GLEN ROSE MEDICAL CENTER POLICY	Reference # 305	Page 2 of 6
Subject: Infection Prevention Control Plan	Dept: Infection Prevention/Control	
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from Administration, Nursing, Laboratory, Surgery, Quality, Environmental Services, Cardiopulmonary, Pharmacy, Medical Staff Members as required by the Bylaws of the Medical Staff and the Infection Prevention Control/Employee Health Practitioner.

To integrate this program with overall hospital management, the Infection Prevention Practitioner reports to the Chief Nursing Officer and also maintains a close working relationship with administration. IPP should be adequately qualified and/or educated via training and experience to properly carry out the IP activities.

Duties of Infection Prevention:

- Develop a hospital wide infection prevention program and maintain surveillance over the program.
- Develop a system for identifying, analyzing, and reporting the incidence of potential healthcare associated infections.
- Implement prevention and control measures to prevent adverse outcomes such as the transmission of infection.
- Develop and implement a preventative and corrective program designed to minimize infection hazards. This may include reviewing and evaluation of asepsis, isolation, construction, and sanitation issues.
- Implement appropriate control measures in accordance with the Authority Statement when necessary for the immediate protection of patients, staff, visitors, or the environment.
- Participate in emergency preparedness planning for epidemiologically significant events and potential mass influx of patients.
- Facilitate infection prevention knowledge and awareness to all employees at orientation and through regular education on evidence-based practices.
- Develop written policies defining indications for isolation precautions.
- Interpret and implement regulatory guidelines as appropriate.
- Collaborate with Microbiology and Pharmacy to review antibiotics sensitivities for trends and make recommendations through the IPCC as appropriate.
- Monitor control measures regarding infection prevention issues as appropriate.
- Collaborate with departments regarding the equipment and supplies used for sterilization, disinfections, decontamination, and isolation.
- Review/revise polices as appropriate.
- Participate in organizational and system wide quality, safety, and infection prevention initiatives.

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GLEN ROSE MEDICAL CENTER POLICY	Reference # 305	Page 3 of 6
Subject: Infection Prevention Control Plan	Dept: Infection Prevention/Control	
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DEMOGRAPHICS

The Infection Prevention Plan/Risk Assessment is based upon the needs of GRMC (Glen Rose Medical Center) and the demographics of the hospital and the community. GRMC serves the rural population of Somervell County as well as surrounding counties. Somervell County is bisected by U.S. Highway 67 and State Highway 144. The facility is located 17 miles south of Granbury and 52 miles southwest of Fort Worth. Somervell County has a population of approximately 9,205. About 77.8% are White/Non-Hispanic, 18.1 % are Hispanic, and less than 1.3% are black or other minorities. The hospital has served the surrounding community since 1949.

Somervell County has a per capita income of (29,449). Persons in poverty 8.3%. The Comanche Peak nuclear plant, agribusiness, and tourism are key elements of the area's economy, many residents commute to jobs in the Dallas-Fort Worth area.

Licensed for 16 beds, the facility recorded 912 patient days for 2020-2021 and 5651 ER visits. There are 84 physicians on staff. The hospital is an acute care community hospital which provides the following services: Emergency Medicine, Medical/Surgical Services, Cardiopulmonary, Radiology Services, Laboratory Services, Surgery Services, and Rehabilitation.

EPIDEMIOLOGIC PRACTICE AND SURVEILLANCE

Epidemiology is defined as the study of the causes, distribution, and control of disease in populations. The practice of epidemiology is the basis of infection prevention processes. The principles of healthcare epidemiology include but are not limited to:

- Identification and investigation of targeted infections, including reportable diseases, clusters or outbreaks, and healthcare associated infections.
- Implementation of prevention and control strategies to limit organism transmission.
- Tracking and reporting of healthcare associated infections, with emphasis on nosocomial events.
- Communication of infection prevention issues to all stakeholders.
- Consultation as appropriate for all stakeholders on infection prevention issues and performance improvement initiatives.

Standardized definitions of infection from the Centers for Disease Control and Prevention are utilized for the surveillance identification of infections.

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Surveillance priorities are based on high risk, high volume, and problem prone factors.

Case finding methodologies include but are not limited to admission information, readmission lists, nursing rounds, physician input, autopsy reports, chart review, post discharge letters, emergency department information, medical records, radiology reports, risk management reports, nursing input, ancillary services reports, pharmacy reports, quality management reports, case management reports, and public health (local, state, and global) notifications.

GOALS

Certain infection prevention program goals are ongoing and include but are not limited to compliance with hand hygiene policies, prevention of bloodborne pathogen exposure, and prevention of the transmission of pathogens through appropriate handling and disinfection/sterilization of equipment and medical devices.

Ongoing review of trended information results in the identification of focus areas to prevent the transmission of potentially infectious agents.

Hand Hygiene

Objective: Evaluate compliance with CDC Hand Hygiene Guidelines

Analysis: Hand hygiene observations are reviewed, staff education efforts are ongoing, patient/family involvement in hand hygiene compliance is facilitated by posters and videos, evaluation of products and placement is ongoing.

Significance: Prevention of healthcare associated infections through hand hygiene compliance.

Organism Surveillance

Objective: Monitor trends, detect outbreaks, and implement control measures to limit organism transmission.

Analysis: Microbiology reports, pharmacy reports, and medical records are reviewed. Data is analyzed and significant findings are reported to IPCC and other appropriate personnel/committees. A focus on organism surveillance includes multi-drug resistant organisms (MDRO), methicillin resistant staphylococcus aureus (MRSA), vancomycin intermediate resistant staphylococcus aureus (VISA), vancomycin resistant staphylococcus aureus (VRSA), vancomycin resistant enterococcus (VRE), penicillin

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resistant strep pneumonia (PRSP), extended spectrum beta lactamase organisms (ESBL), Clostridium difficile, respiratory syncytial virus (RSV), rotavirus, varicella, pertussis, and other organisms as deemed necessary.

Significance: Prevention of healthcare associated infections through early detection of possible adverse trends and to implement prevention/control measures on a timely basis.

Central Line associated bloodstream infection (CLABSI)

Objective: Monitor trends, detect outbreaks, and implement control measures, including use of the CLABSI bundle to minimize occurrence of CLABSI.

Analysis: Microbiology reports, pharmacy reports, and medical records are reviewed. Correlation with central lines is determined when possible. Line days are obtained through daily manual count logs and collaboration with unit managers/personnel and used to calculate rates. Rates are calculated per device days and trended internally and externally against available collaborative data. Communication of data and analysis to stake holders occurs through IPCC and the facility shared governance structure.

Significance: Prevention of healthcare associated infections through early detection of possible adverse trends and to implement prevention/control measures on a timely basis.

Surgical Site Infection (SSI)

Glen Rose Medical Center does less than a combined total of 9 or fewer Colon/ABD Hysterectomies in a calendar year.

Any trends develop in surgery cases will be followed, and measures put in place to correct issues.

If the Surgery Department increases in volume, the following will be followed.

Objective: Monitor trends, detect outbreaks, and implement control measures for targeted procedures (based on volume, risk, or need as well as service groups), including use of SCIP measures to minimize occurrence of SSI. The IPCC approves targeted procedures to be followed on an annual basis. Targeted NHSN procedures include Colon (COLO) and ABD Hysterectomies.

Analysis: Microbiology reports, pharmacy reports, post discharge reports, and medical records are reviewed. Rates are based on denominators obtained from electronic data retrieval and/or surgery logs. Rates are risk stratified and trended internally and externally against available collaborative data. Communication of data and analysis to stakeholders occurs through IPCC and the facility shared governance structure.

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Significance: Prevention of healthcare associated infection through early detection of possible adverse trends and to implement prevention/control measures on a timely basis

Catheter associated Urinary Tract Infection (CAUTI)

Objective: Monitor trends, detect outbreaks, and implement control measures, including use of the CAUTI bundle to minimize occurrence of CAUTI.

Analysis: Microbiology reports, pharmacy reports, and medical records are reviewed. Correlation with foley catheter is determined when possible. Foley days are obtained through daily manual count logs and collaboration with unit managers/personnel and used to calculate rates. Rates are calculated per device days and trended internally and externally against available collaborative data. Strategies to limit infections are based on CDC recommendations, and evidence-based literature. Communication of data and analysis to stakeholders occurs through IPCC and the facility shared governance structure.

Significance: Prevention of healthcare associated infections through early detection of possible adverse trends and to implement prevention/control measures on a timely basis.

Reportable Diseases

Reportable diseases are reported to the Texas Department of State Health Services Region 2/3 according to local regulations and federal/state law. Problems or trends are reported to IPCC quarterly and as needed. Community trends are considered in the review and revision of the Infection Prevention/Control Plan and Exposure Control Plans as indicated.

Syndromic Surveillance

Syndromic surveillance is of importance in determining trends in the community with public health implications. Diseases may be from naturally occurring processes or agents of bioterrorism. Infection Prevention collaborates with Texas Department of Health, CDC and the Emergency Department as needed for the implementation of this process. Information is provided to IPCC and public health authorities as appropriate.

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**SOMERVELL COUNTY HOSPITAL DISTRICT
RESOLUTION ADOPTING RECORDS MANAGEMENT POLICY**

WHEREAS, Title 6, Subtitle C, Local Government Code (Local Government Records Act), provides that each local government must establish an active and continuing records management program; and

WHEREAS, the Somervell County Hospital District d/b/a Glen Rose Medical Center desires to adopt a plan for that purpose and to prescribe policies and procedures consistent with the Local Government Records Act and in the interests of cost-effective and efficient recordkeeping;

NOW THEREFORE:

SECTION 1. DEFINITION OF RECORDS OF THE SOMERVELL COUNTY HOSPITAL DISTRICT D/B/A GLEN ROSE MEDICAL CENTER. All documents, papers, letters, books, maps, photographs, sound or video recordings, microfilm, magnetic tape, electronic media, or other information recording media, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of the state, created or received by the Somervell County Hospital District d/b/a Glen Rose Medical Center or any of its officers or employees pursuant to law or in the transaction of public business are hereby declared to be the records of the Somervell County Hospital District d/b/a Glen Rose Medical Center and shall be created, maintained, and disposed of in accordance with the provisions of this ordinance or procedures authorized by it and in no other manner.

SECTION 2. RECORDS DECLARED PUBLIC PROPERTY. All records as defined in Sec. 1 of this plan are hereby declared to be the property of the Somervell County Hospital District d/b/a Glen Rose Medical Center. No official or employee of the Somervell County Hospital District d/b/a Glen Rose Medical Center, by virtue of his or her position, any personal or property right to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal from files, or use of such records is prohibited.

SECTION 3. POLICY. It is hereby declared to be the policy of the Somervell County Hospital District d/b/a Glen Rose Medical Center to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use, and disposition of all records of this office through a comprehensive system of integrated procedures for the management of records from their creation to their ultimate disposition, consistent with the requirements of the Local Government Records Act and accepted records management practice.

SECTION 4. RECORDS MANAGEMENT OFFICER. The Health Information Manager will serve as records management officer for the Somervell County Hospital District d/b/a Glen Rose Medical Center as provided by law and will ensure that the maintenance, destruction, electronic storage, or other disposition of the records of this office are carried out in accordance with the requirements of the Local Government Records Act.

SECTION 5. RECORDS CONTROL SCHEDULES. Appropriate records control schedules issued by the Texas State Library and Archives Commission shall be adopted by the records management officer for use in Somervell County Hospital District d/b/a Glen Rose Medical Center, as provided by law. Any destruction of records of the Somervell County Hospital District d/b/a Glen Rose Medical Center will be in accordance with these schedules and the Local Government Records Act.

STATE OF TEXAS

COUNTY OF SOMERVELL

CONTRACT FOR TAX ASSESSMENT AND COLLECTION SERVICE

On this the _____ day of _____, 2022, the Somervell Central Appraisal District (hereinafter called the “District”) and Somervell County Hospital District (hereinafter called the “Taxing Unit”), enter into the following agreement:

PURPOSE

The parties to this agreement wish to consolidate the assessment and collection of property taxes in one agency, the Somervell Central Appraisal District. The parties enter this agreement to eliminate the duplication of the existing system and to promote governmental efficiency. The parties enter this agreement pursuant to the authority of Section 6.24 of the Texas Property Code and the Interlocal Cooperation Act (TEX GOV CODE ANN. 791.001. et. seq.)

TERM

This agreement shall be effective immediately from the date of execution as shown below to January 31, 2023.

DEFINITIONS

For the purposes of this agreement, the terms “assessment” and “collection” shall include the following: calculation of tax, preparation of current and delinquent tax rolls, proration of current liabilities, collection of delinquent taxes, issuance of refunds, and calculation of an effective tax rate required by Section 26.04 of the Tax Code. The term “assessment” shall not include those functions defined as “appraisal” by the Tax Code. The term “tax” or “taxes” shall include all ad valorem property taxes together with any penalties, interest and other charges authorized by the Texas Property Tax Code for delinquent taxes.

SERVICES TO BE PERFORMED

- (1) The District shall assess and collect the ad valorem property taxes owed to the Taxing Unit. The District further agrees to perform all the duties provided by the laws of the State of Texas for the collection of said taxes.
- (2) The District shall perform all the functions authorized and required by the Texas Property Tax Code to be conducted by the Taxing Unit Tax Assessor-Collector. Specifically, the District agrees to prepare consolidated tax statements for each taxpayer. The tax statement shall include

taxes owed to all taxing units contracting with the District to which the taxpayer owes taxes. The District shall mail said tax statements to each taxpayer within the District.

(3) The Board of Directors of the District shall designate an employee of the District to serve as the Taxing Unit's tax assessor for purposes of compliance with Chapter 26 of the Texas Tax Code, as amended. In addition, the parties agree that the said Tax Assessor-Collector of the District shall perform all the duties required by law of the tax assessor-collector of the Taxing Unit in regard to assessing and collecting ad valorem taxes.

COLLECTIONS ASSESSMENT

(1) The Taxing Unit agrees to pay the District the actual cost of performing the Services specified above. These costs shall be allocated among the taxing units contracting for assessment and collection services in the following manner as set forth in Section 6.06(d) of the Property Tax Code:

Each taxing unit participating in the District is allocated a portion of the amount of the budget equal to the proportion that the total dollar amount of property taxes imposed in the District by the unit for the tax year in which the budget proposal is prepared bears to the sum of the total dollar amount of property taxes imposed in the District by each participating unit for that year. The total number of collection accounts shall include the number of collection accounts of all taxing units for which the District is otherwise obliged to assess and collect.

(2) In the event that payments received in any one year exceed the actual costs of providing the services pursuant to this contract, the District shall credit future payments to be made by the Taxing Units with the excess funds.

(3) The parties agree that any other taxing unit authorized under the provisions of the Property Tax Code to participate in the Somervell Central Appraisal District may join in this contract or execute similar contracts by agreeing to terms and conditions substantially similar to those contained herein. Should an additional Taxing Unit join in this contract or execute a similar contract with the District substantially similar to this agreement, then the Chief Appraiser shall recalculate the total amount due from each Taxing Unit according to the formula used to calculate the original payment obligations. If any payments have been made to the District prior to the joining of the additional party, the remaining amount due will be adjusted to reflect the recalculated total payments due.

PAYMENT

(1) Taxing Unit hereby authorizes the District to withhold and apply its Maintenance and Operation taxes collected during the contract term to both the Collections Assessment as

described above and to its Appraisal Assessment as described in Texas Tax Code Section 6.06 until said assessments are paid in full.

(2) Arrearages still due for either Assessment which exist at the execution of this Contract will also be withheld and applied from said Maintenance and Operations taxes collected together with any penalties or interest on said assessments assessed pursuant to Texas Tax Code Section 6.06.

(3) The term "taxes" as stated above includes penalties and interest as calculated pursuant to Texas Tax Code Section 33.01.

REMITTANCE OF COLLECTION

The taxes collected for each taxing unit shall be remitted to the tax unit weekly, absent any withholding for assessments mentioned above. Taxes collected shall be remitted on the third day of the week, next following the week in which such sums were collected.

ADMINISTRATIVE PROVISIONS

(1) All expenses incurred by the District for the assessment and collection of taxes shall be clearly kept on the books and records of the District. The Taxing Unit or its designated representative is authorized to examine the records to be kept by the District at such reasonable times and intervals as the taxing unit deems fit. Such books and records will be kept in the offices of the District.

(2) District agrees to secure an annual audit by an independent certified public accountant of the District's revenue and expenditures each year during the term of this contract. Such accountant shall be authorized and directed to report directly to each of the governing bodies of the Taxing Units.

(3) The District agrees to obtain and maintain in force at all times while this agreement is in effect a surety bond for the Chief Appraiser and for any officer or employee acting in his or her capacity as assessor-collector for all of the taxing units for which the District collects taxes in the amount of \$100,000 each and for \$20,000 for each other employee of the District having access to any of the funds collected but not remitted under this agreement. Such bond shall be payable to the Board of Directors of the District for the benefit of each taxing unit, including the Taxing Unit.

MISCELLANEOUS PROVISIONS

(1) The Taxing Unit agrees to transfer to the possession and control of the District, without charge, copies of all records necessary for the performance of the duties and responsibilities of the District pursuant to this agreement. These records shall include all tax records, including delinquent tax rolls, or records available to the Taxing Unit.

(2) The District shall not be liable to the Taxing Unit on account of any failure to collect taxes nor shall the Chief Appraiser/Collector be liable unless the failure to collect taxes results from some failure on his or her part to perform the duties imposed upon him or her by law and by this agreement.

(3) Payments by the Taxing Unit for the services under this agreement shall be made from current revenues available to the Taxing Unit.

(4) The Taxing Units hereby agree that the District is authorized to accept grants and contributions from any public or private sources not prohibited by law.

DELINQUENT TAX SUITS

The Taxing Unit authorizes the District to institute such suits for the collection of delinquent taxes as the District deems necessary and to contract with an attorney, as provided by Section 6.30 of the Tax Code, for the collecting of delinquent taxes after each suit has been approved by the governing body of the Taxing Unit; provided, however, that the Taxing Unit may elect to contract with an attorney to collect its delinquent taxes, and, in such event upon written notice by the Taxing Unit to the District, the District shall cause its attorney to refrain from pursuing collection of delinquent taxes of the Taxing Unit with respect to those delinquent tax lawsuits that have not been filed. The Taxing Unit shall have no obligation hereunder to pay attorney fees with respect to delinquent taxes collected after the giving of the notice provided hereinabove (other than delinquent taxes collected as the result of lawsuits filed prior to the giving of such notice).

Executed at Glen Rose, Somervell County, Texas on this _____ day of _____, 2022, as signified by the signatures below of the officers duly authorized to contract on behalf of said parties.

ATTEST: **SOMERVELL COUNTY HOSPITAL DISTRICT**

Secretary

President, Board of Directors

ATTEST: **SOMERVELL CENTRAL APPRAISAL DISTRICT**

Secretary

President, Board of Directors

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