

POSTED
DATE 11/14/22
A.M. 1:51 P.M.
BY Michelle Reynolds Deputy

AGENDA

SOMERVELL COUNTY HOSPITAL DISTRICT
REGULAR BOARD MEETING
NOVEMBER 17, 2022 AT 7:00PM
HOSPITAL BOARD ROOM
1021 HOLDEN STREET, GLEN ROSE, TEXAS

FILED
MICHELLE REYNOLDS
COUNTY CLERK
SOMERVELL CO., TEXAS

2022 NOV 14 PM 1:46

DEPUTY
BY KL

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. Public Comments
- V. Hear presentation by Highly Innovative Fuels.
- VI. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. October 27, 2022 7:00 pm
 - b. November 9, 2022 6:30 pm
- 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. Executive Closed Session
 - a. Somervell County Hospital District will convene in Executive Session pursuant to Sections 551.072 of the TEXAS GOVERNMENT CODE to discuss the purchase, exchange, lease, or value of real property
- X. Reconvene into Open Session
 - a. Consider and take action, if any, to approve the purchase of certain real property and authorize the CEO and the Board Chair to negotiate a FMV price and execute a purchase contract
- XI. Quarterly Quality Report
- XII. CFO Report
 - a. Audit Update
 - b. Report on Monthly and Year-to-Date Financials
- XIII. CEO Report
 - a. Roger E Marks Foundation/Public Relations
 - b. Physician Recruitment

- c. Wellness Center Update
- d. Facility Update
- e. Hospitalist Program Update

- XIV. Discuss and if necessary, take action on establishing a Somervell Hospital District Board Finance Committee that will consist of 3 Board members and will meet the Tuesday prior to the regular scheduled board meeting.
- XV. Discuss and if necessary, take action on approval of contract upgrade with Intuitive for the DaVinci XI surgical robot.
- XVI. 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)



Michael Honea, Chief Executive Officer

POSTED
DATE 11/14/22
A.M. 1:51 P.M.
BY Miguel R. Lopez Deputy

**SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER**
SPECIAL CALLED MEETING
6:00 PM
Thursday, November 17, 2022
HOSPITAL BOARD ROOM
1021 HOLDEN STREET
GLEN ROSE, TEXAS 76043

FILED
MICHELLE REYNOLDS
COUNTY CLERK
SOMERVELL CO., TEXAS

2022 NOV 14 PM 1:46

DEPUTY
BY [Signature]

AGENDA

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. Public Comments
- IV. Executive Closed Session
 - a. Somervell County Hospital District will convene in Executive Session pursuant to Sections 551.071 of the Texas Government Code to discuss with the District's attorney matters relating to the adoption of tax abatement guidelines and criteria governing tax abatement agreements.
- V. Reconvene into Open Session
 - a. Consider and take action, if any, on the adoption of tax abatement guidelines and criteria governing tax abatement agreements.
- VI. Adjourn

[Signature]
Michael Honea
Chief Executive Officer

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 AT 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989).

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
REGULAR BOARD MEETING
THURSDAY, October 27, 2022 AT 7:00 P.M.
HOSPITAL BOARD ROOM

MINUTES

- I. **Meeting was called to order at 7:00pm.**
- II. **All members were present.**
- III. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. September 22, 2022 6:00 pm
 - b. September 22, 2022 6:30 pm
 - c. September 29, 2022
 - d. October 6, 2022

Dr. Steven Vacek made a motion to accept the minutes as written. Margaret Drake seconded the motion, and motion carried 7-0.
- IV. Quarterly Quality Report
Kelly Van Zandt was not present, so Agenda item was moved to next meeting.
- V. CFO Report
 - a. **September 2022 financials were discussed.**
- VI. CEO Report
 - a. **Roger E Marks Foundation/Public Relations report was presented.**
 - b. High Five Awards— **Honea announced the outstanding employees for the month of October were Glenda Boyd, and Lisa Temple.**
 - c. Physician Recruitment-**Dr Bocanegra Coming November 11 REM has collected just under \$200,000.**
 - d. Wellness Center Update-**Meetings taking place with individuals**
 - e. Facility Update-**Hospital employees raised \$5,000 for the foodbank turkey drive.**
 - f. COVID Update- **Very little COVID 10% positive rate with no hospital admits and Mask mandate has been lifted.**
- VII. Review, discuss and if necessary, take action on the issuance of a Request for Proposal (RFP) for a consultant to represent Somervell County Hospital District throughout the design-build engineering and construction project
Attorney clarified that no RFP was needed to no action was taken. Engineer will be hired to represent the hospital for the project.
- VIII. Consider and if necessary take action to accept resignation of Board Secretary Mina Douglas

After some discussion, Dr. Vacek made a motion to accept Mina Douglas's resignation as Board Secretary. Max Bly seconded the motion, and motion carried 7-0.

- IX. Discuss and if necessary, take action to appoint a new Board Secretary

After some discussion, Margaret Drake made a motion to appoint Mandi Short as the Interim Board Secretary. Mary Collier seconded the motion, and motion carried 7-0.

- X. Public Comments

None.

- XI. Adjourn

Motion was made by Dr. Steven Vacek and seconded by Max Bly to adjourn meeting at 7:27 pm. Motion carried 7-0.

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)

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier

**SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
SPECIAL CALLED MEETING**

6:00 P.M.

Wednesday, November 9, 2022

Hospital Board Room

1021 Holden Street

Glen Rose, Texas 76043

MINUTES

- I. **Meeting was called to order at 6:00 pm.**
- II. Record of Attendance
All members present with the exception of Margaret Drake, Brett Nabors.
- III. **Executive Closed Session at 6:01 pm.**
 - a. Executive Closed Session – Personnel Matters
The Somervell County Hospital District Board will meet in Closed Session pursuant to Section 551.074 of the Texas Government Code to discuss Personnel matters related to employment of an Interim Chief Financial Officer and the terms of an employment agreement.
- IV. **Reconvened into Open Session at 6:16 pm.**
 - a. Consider and if necessary, take action on appointing Rodger Bowen as Interim Chief Financial Officer.
Max Bly made a motion to approve the appointment of Rodger Bowen as Interim Chief Financial Officer. Motion was seconded by Mary Collier, and motion carried 5-0.
- V. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to Interbank account ending in 5479 as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Joe Cathey made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.
- VI. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to all First Financial Bank accounts as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Mary Collier made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.

VII. **Public Comments**

Chris Strayer Executive Vice President for Fort Worth Chamber presented information on HIF and possible eFuel production plant. No action was taken.

VIII. Adjourn

Dr Steven Vacek made a motion to adjourn the meeting, seconded by Mary Collier. Motion carried 5-0. Meeting was adjourned at 6:56 pm.

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier

Department	PI - FY 2022	Met benchmark	Retired measure
Business Office	1. ER - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.	No	
	2. Lab - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.	No	
	3. Surgery - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.	No	
	4. Pecan - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.	No	
ER / Trauma	1. Timely Critical Value Reporting		
	2. Nursing compliance in a complete and accurate Medication Reconciliation		
	3. Nursing compliance in treating hemorrhage		
	4. Nursing compliance in moderate sedation process		
	5. The timely Reassessment of patients' pain		
Laboratory	1. Monitoring turn-around times for STAT testing from ER and Hospital	No	
	2. Urine Culture Contamination	No	
	3. Blood Culture Collection	Yes	No
	4. Missed or rejected test	Yes	Yes
Rehab Services	1. Time of Service Collections	No	
	2. Hydrolator Temperature Logs	No	
	3. Consents signed and scanned	Yes	Yes
	4. Complete Registration	No	Yes - BO
	5. Patients that are discharged in WebPT are discharged in CPSI within 24 hours of DC date	No	
	6. Signed POCs and Progress Notes returned prior to EOM	No	
	7. Swingbed Charting	No	
Engineering	1. Firewall/Smoke wall integrity for fire and Life safety	Yes	Yes

	2. Fire Safety	Yes	Yes
	3. Utility Management	Yes	Yes
Housekeeping	1. Terminal Disinfection of Patient Rooms and Restrooms	No	
	2. PE Proper Usage for Terminal Cleans & Cdif Room	Yes	Yes
	3. Proper Wet Floor Sign Placement	No	
	4. Termed Scrubs Usage	No	
Case Mgmt	None		
	1. Same-day examination by physician and H&P complete	Yes	Yes
Surgery	2. Allograft Tissue & Bone Documentation	Yes	Reporting as QI
	3. Post-procedure checklist	Yes	Yes
	4. Nursing compliance verifying post-procedure assessment has been completed	Yes	Yes
Safety/Emergency Prep	1. Emergency Prep: Locate Emergency Response Guide	No	
	2. Safety Overhead Codes	No	
	3. Safety Alarms (panic buttons)	No	
	1. IV Administration-Nursing compliance with documentation	No	
Pharmacy	2. Nursing compliance with Duplication	Yes	Yes
	3. Nursing compliance with Indication	No	Yes - changed
	4. Nursing compliance with medication administration	Yes	Yes
	1. Compliance with timely orientations	No	
Human Resources	1. Monitoring compliance with signing out supplies	No	
	2. Monitoring compliance with ordering supplies on Dept specific day	No	
Materials Mgmt	1. Non-Attendance	No	
	2. Reason for Non-Attendance	No	Yes
	3. Staff offering make-up sessions	No	Combined
	4. Make up session accepted and rescheduled	No	Combined
Behavioral Health	1. The timely Reassessment of patients' pain after PRN pain meds dispensed	No	
	2. Fall Precautions-Nursing compliance in completing the Initial Interview within the time frame outlined in the Policy, as well as completed by the initial intake nurse	No	
	3. Timely Critical Value Reporting	No	

	4. Nursing compliance in completing the Shift assessment Documented within 4 hours	Yes	Yes - changed
	5. Nursing compliance in completing the initial Shift assessment dated and time and 24 ^o chart Documentation per Policy on Hospice	No data	Yes
Dietary/Nutrition	1. Appropriate documentation of "Diet Consumed" in patient's chart	Yes	Yes
Cardiopulmonary	1. Pulmonary Rehab call off	No	
	2. Cardiac Rehab call of	No	
	3. Gas Cylinders Secured outside storage/hospital storage	Yes	Yes
	4. Empty Cylinders placed in Full Cylinder area	No	
	5. Cylinders tagged Full/InUse/Empty	No	
	6. Orders not Received for Oxygen in ED/IP/OBS and missed charges	Yes	Changing
	7. Orders not Received Smoking Education ER/IP/OBS	No	Yes - BO
Imaging	1. Repeat Rates (Pecan)	Yes	No
	2. Stress Test Images sent to PACS for storage	Yes	Yes
	3. MRI access is restricted by locking unit when unattended	Yes	Yes
High Plains Radiology	1. Total Peer Reviews	No	
Infection Control/Employee Health	1. Monitoring IV sites for Infections & Proper dating and resisting as per protocol	No	
	2. Discharge Instructions for all patients, especially isolation	Yes	Yes
	3. Hire Log Statistics	No benchmark	Reporting as QI
	4. Hand Hygiene Statistics	No benchmark	Reporting as QI
	5. Hospital Acquired Infection Statistics	No benchmark	Reporting as QI
	6. Surveillance Statistics	No benchmark	Reporting as QI
	7. Central Line Acquired Infection Statistic	No benchmark	Reporting as QI
	8. Foley Cath Acquired UTI Infection Statistics	No benchmark	Reporting as QI
	9. Surgical Site Infection Statistic	No benchmark	Reporting as QI
HIM	1. Do all discharged IP/OBS charts with Primary diagnosis of COVID 19 (U017) and DRG 178 have COVID testing results?		

** For FY 2023 we are differentiating between a Quality Indicator and a Performance Improvement indicator. A Quality Indicator is a measure that is required to be tracked and reported by governmental regulatory agencies. A Performance Improvement Indicator is a process or measure that is hospital specific - something only GRMC needs to work on to improve our own culture of patient safety and quality of care.***

Department	PI - FY 2023
Business Office	ER - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Lab - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.
	Surgery - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc. Pecan - All registration processes are followed including forms completed, insurance updated, demographics updated, emergency contact (contact phone # in "home" field), misc.
ER / Trauma	
Laboratory	Monitoring turn-around times for STAT testing from ER and Hospital Urine Culture Contamination Blood Culture Collection Blood Culture with Lactic Acid Order Repeat lactic acid order
	Post H&H completed for each blood transfusion Pre and post H&H for therapeutic phlebotomy Money expected vs collected at time of service Hydrolator Temperature Logs
Rehab Services	

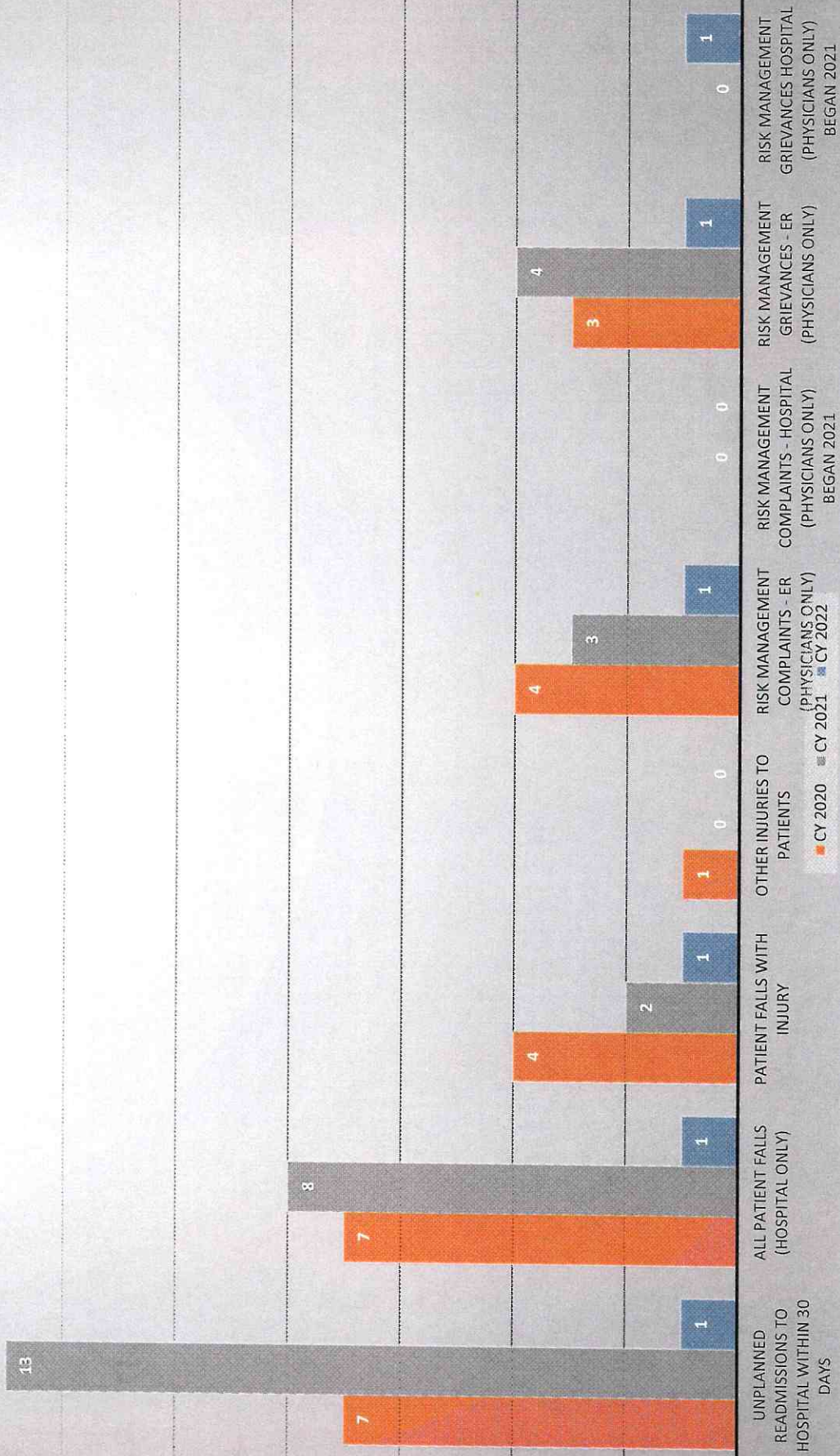
	Authorizations Completed
	Discharges completed within 24 hours of discharge date
	Signed POC's and progress notes returned prior to EOM
	Swingbed Charting
Engineering	Fire pulls and extinguishers are not obstructed
	Doors are shutting properly
Housekeeping	Terminal Disinfection of Patient Rooms and Restrooms
	Proper Wet Floor Sign Placement
	Termed Scrubs Usage
	Sharps Containers changed when 2/3 full
Case Mgmt	Patients (MS) called within 48 hours of discharge from hospital
Surgery	
Safety/Emergency Prep	Emergency Prep: Locate Emergency Response Guide
	Safety Overhead Codes
	Safety Alarms (panic buttons)
Pharmacy	IV Administration-Nursing compliance with documentation
	Tracking PRN medications that are ordered without PRN Reason
	Compliance with timely orientations
Human Resources	
Materials Management	Compliance with signing out supplies
	Compliance with ordering supplies on Dept specific day
	Compliance with Amazon ordering process
Behavioral Health	Non-Attendance
	Staff offered make-up session, patient accepted
Med-Surg	VTE Risk assessment and prevention measures in place
	Fall Precautions-Nursing compliance in completing the Initial Interview within the time frame outlined in the Policy, as well as completed by the initial intake nurse

	Initial assessment completed in 4 hours, shift assessments done within 2 hours
	Timely reporting of critical values
	1 hour pain reassessment
	1 hour reassessment after ALL PRN medications
	24 hour chart check process completed
Dietary/Nutrition	Patients at nutritional risk are put on a dietary supplement
	Patients report "Highly Satisfied" with their meals
Cardiopulmonary	Pulmonary Rehab call off
	Cardiac Rehab call of
	Empty Cylinders placed in Full Cylinder area
	Cylinders tagged Full/InUse/Empty
	Orders not Received for Oxygen in ED and missed charges
	Orders not Received Smoking Education ER
Imaging	Repeat Rates (Pecan)
	Restricted access to hot lab and key in a secured location
High Plains Radiology	Total Peer Reviews
Infection Control/Employee Health	Staff compliance with equipment manufacturer's suggested sterilization process
	Monitoring IV sites for Infections & Proper dating and resisting as per protocol
	Foley catheter care is being charted properly on MS
HIM	Patients being discharged with correct codes in EHR

GRMC Annual Board Quality Report CY 2019

Quality Initiative:	Benchmark (CY)	Totals CY 2022	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Trend
Unplanned Readmissions to hospital within 30 days	2020 - 7 2021 - 13	5	1	1	3		↗
Healthcare Associated Infections	2020 - 0 2021 - 0	0	0	0	0		↔
Invasive Procedure related Infections	2020 - 1 2021 - 0	0	0	0	0		↔
Total HAI rate	2020 - 0% 2021 - 0%	0%	0%	0%	0%		↔
All Patient Falls (Hospital only)	2020 - 7 2021 - 8	5	2	1	2		↗
Patient falls with injury	2020 - 4 2021 - 2	3	1	0	2		↗
Other injuries to patients	2020 - 1 2021 - 0	0	0	0	0		↔
Never or Sentinel Events	2020 - 0 2021 - 0	0	0	0	0		↔
Risk Management Complaints - ER (physicians only)	2020 - 4 2021 - 3	1	1	0	0		↔
Risk Management Complaints - Hospital (physicians only)	2021 - 0	0	0	0	0		↔
Risk Management Grievances - ER (physicians only)	2020 - 3 2021 - 4	3	1	0	2		↗

Board Quality Report 2022



GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2022/2023	PYTD 2021 - 2022
	2022	2022	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023		
ACUTE ADMISSIONS:														
MEDICARE	7												7	95
MEDICARE ADV/HMO	6												6	56
MEDICAID	0												0	3
MEDICAID STAR	0												0	4
COMM. INS.	3												3	45
OTHER	0												0	17
TOTAL	16	0	0	0	0	0	0	0	0	0	0	0	16	220
ACUTE PATIENT DAYS:														
MEDICARE	16												16	306
MEDICARE ADV/HMO	13												13	171
MEDICAID	0												0	4
MEDICAID STAR	0												0	17
COMM. INS.	11												11	139
OTHER	0												0	34
TOTAL	40	0	0	0	0	0	0	0	0	0	0	0	40	671
OCCUPANCY %	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	11%
ACUTE DISCHARGES:														
MEDICARE	7												7	95
MEDICARE ADV/HMO	6												6	57
MEDICAID	0												0	2
MEDICAID STAR	0												0	5
COMM.INS.	3												3	46
OTHER	0												0	16
TOTAL	16	0	0	0	0	0	0	0	0	0	0	0	16	221
CASE MIX INDEX:														
MEDICARE													#DIV/0!	1.177
MEDICARE ADV/HMO													#DIV/0!	1.219
MEDICAID													#DIV/0!	1.115
ALL PAYOR													#DIV/0!	1.141
A.I.O.S.														
MEDICARE	2.29	-	-	-	-	-	-	-	-	-	-	-	2.29	3.13
MEDICARE ADV/HMO	2.17	-	-	-	-	-	-	-	-	-	-	-	2.17	3.00
MEDICAID	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.14
COMM.INS.	3.67	-	-	-	-	-	-	-	-	-	-	-	3.67	2.72
OTHER	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.50

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2022/2023	PYTD
	2022	2022	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023		2021 - 2022
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	10												10	88
ADMIT TO IP	0												0	1
DISCHARGES	9												9	88
PATIENT DAYS	9												9	101
TOTAL PT DAYS (IP,OBS,SWB,HOSP)	49	0	0	0	0	0	0	0	0	0	0	0	49	1019
SURGERIES:														
IP SURGERIES	0												0	16
SWB SURGERIES	0												0	0
OBS SURGERIES	0												0	4
OP SURGERIES	37												37	298
TOTAL SURGERIES	37	0	0	0	0	0	0	0	0	0	0	0	37	318
SCOPES:														
IP SCOPES	0												0	3
SWB SCOPES	0												0	0
OBS SCOPES	0												0	0
OP SCOPES	56												56	600
TOTAL SCOPES	56	0	0	0	0	0	0	0	0	0	0	0	56	603
PROCEDURES OTHER	5												5	182
TOTAL PATIENTS	98												98	1097
TOTAL SRGS/SCOPES	93	0	0	0	0	0	0	0	0	0	0	0	93	603
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	451												451	5524
ER TRANSFERS	24												24	302
ER OBSERVATION-ADM	10												10	91
ER IP-ADMITS	12												12	181
TOTAL ER	497	0	0	0	0	0	0	0	0	0	0	0	497	6098
PT/OT/ST													0	8197
Cryotherapy													0	0
E/R ROOM LEVELS CASE MIX	3.584												3.584	3.669
Average Daily Census	1.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	1.84

GLEN ROSE MEDICAL CENTER
PHYSICIAN STATISTICAL REPORT

PHYSICIAN	NUMBER OF DISCHARGES							
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	
October-22	6	1	3	3	3	0	16	
November-22							0	
December-22							0	
January-23							0	
February-23							0	
March-23							0	
April-23							0	
May-23							0	
June-23							0	
July-23							0	
August-23							0	
September-23							0	
TOTALS	6	1	3	3	3	0	16	
YTD %	37.50%	6.25%	18.75%	18.75%	1.35%	0.00%	82.60%	

PHYSICIAN	PATIENT DAYS							
	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK	TOTAL	
October-22	14	3	9	8	6	0	40	
November-22							0	
December-21							0	
January-23							0	
February-23							0	
March-23							0	
April-23							0	
May-23							0	
June-23							0	
July-23							0	
August-23							0	
September-23							0	
TOTALS	14	3	9	8	6	0	40	
YTD %	35.00%	7.50%	22.50%	20.00%	0.89%	0.00%	85.89%	

Gross IP Revenue

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	156,473.83	29,962.36	93,331.04	64,773.15	83,083.54	-
November-22						
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL TO DATE	156,473.83	29,962.36	93,331.04	64,773.15	83,083.54	-
DOCTOR'S NO.	116	110	092	2762	80043	347

Gross Outpatient Revenue (No PA's or NP's included)

PHYSICIAN	CARPENTER	DAVIS	BURROUGHS	VACEK	LOPEZ	ERCK
October-22	98,201.66	74,779.57	122,573.59	171,691.88	112,139.64	726,091.82
November-22						
December-21						
January-23						
February-23						
March-23						
April-23						
May-23						
June-23						
July-23						
August-23						
September-23						
TOTAL YTD	98,201.66	74,779.57	122,573.59	171,691.88	112,139.64	726,091.82
DOCTOR'S NO.	116	110	092	2762	80043	347

PHYSICIAN GROSS REVENUE



Public Relations/Rem Report
November 2022

Attended Monthly CVB Meeting.

Attended Monthly Lions Club Meeting(s).

Attended Network Marketing Meeting Granbury.

Monthly network meeting in Cleburne.

Attended Chamber meeting.

Highlight COPD Awareness month with focus on Pulmonary Rehab Program.

Diabetes awareness, healthy tips.

Working with the CVB and city of GR to sponsor Christmas tree on the square.

Advertising on Hank FM and KHITS available programs at GRMC.

Honored our Vets on Veterans Day with coffee (provided by Grounded) and donuts for the Veterans Day ceremony at the Expo.

Organized visiting physician agenda and spent the morning touring with the physicians wife, Glen Rose High Schools and Glen Rose proper.

Preparing for the holiday season, Marketing ortho's for rehab. (Tammie)

Scheduling Carter BloodCare blood drive for December.

GRMC and Glen Rose Healthcare sponsor for FFA buckle, both arena's (scholarship program)

Working with Papa's Pantry for Christmas donations.

REM

Monthly REM Meeting, REM was the recipient of the Tracks of Honor donation.

Daddy Daughter Dance at the Rooster February 11th, 2023

Kickstart My Heart Run February 18th, 2023

Amendment to the Lease Agreement

This amendment (the "Amendment") is made and entered into as of **November 15, 2022** (the "Amendment Effective Date") by and between Intuitive Surgical, Inc., a Delaware corporation with its principal place of business located at 1020 Kifer Road, Sunnyvale, CA 94086 ("Intuitive") and **Glen Rose Medical Center**, located at 1021 Holden St., Glen Rose, TX 76043-4937 ("Lessee" or "Customer").

WHEREAS, Intuitive and Lessee entered into a Lease Agreement dated December 21, 2021 (reference MA-972-2021/CLM 416161) ("Lease Agreement"); and its associated Use, License and Services Agreement ("ULSA") for the da Vinci® X™ System, serial number SL0951 ("System"); and

WHEREAS, Lessee now wishes to upgrade System SL0951 from a da Vinci® X™ Single Console System to da Vinci® Xi™ Single Console System by acquiring a da Vinci® Xi™ Patient Side Cart ("PSC"), and Intuitive wishes to lease a PSC to Lessee under the terms and conditions of the Lease Agreement and ULSA, and as set forth herein.

NOW, THEREFORE, in consideration of the foregoing and of the mutual promises and covenants hereinafter expressed, and for other valuable consideration, the receipt and adequacy of which the Parties hereby acknowledge, the Parties agree to amend the Lease Agreement and ULSA as follows:

1. The leased Equipment Description, pricing table, and Lease Conditions, and Special Conditions in the Lease Agreement are hereby amended to add the following additional tables for the PSC:

Qty.	Included in Periodical Lease Payment	Not included in Periodical Lease Payment	Equipment Description	Price
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	da Vinci® Xi™ Patient Side Cart Upgrade ("PSC") to be connected to System SL0951* <i>(Includes da Vinci Xi Integrated Table Motion Upgrade at \$0.00)**</i>	\$675,000.00
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unamortized balance (CLM 416161)	\$1,166,500.00
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service during the first twelve months of the Lease Period	Included in Periodical Lease Payments
N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service beginning in the thirteenth months of the Lease Period ("Service"); see Special Conditions	\$154,000.00
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	System delivery fee	Included
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E-100 Generator	Included
Lease Conditions				
Lease Period	24 Months. The Lease Period may be extended in accordance with the Lease Agreement.			
Commencement Date	This Amendment will commence on the Amendment Effective Date.			
Interest Rate	4.75%			
Periodical Lease Payments	Months 1 – 24: \$31,826.42 / per month		No. of periodical Lease Payments: 24	<input checked="" type="checkbox"/> Monthly payments
	<input type="checkbox"/> The first Periodical Lease Payment is due on Commencement Date. Thereafter, each subsequent Periodical Lease Payment is due on the corresponding day of each month, as applicable, of the Lease Period (payments in advance). <input checked="" type="checkbox"/> The first Periodical Lease Payment is due one month after the Commencement Date. Thereafter, each subsequent payment is due on the corresponding day of each month of the Lease Period (payments in arrears).			
Deposit	\$0	The Deposit, if any, is due on the Commencement Date		
Balloon Payment	N/A	The Balloon Payment, if any, is due on the last day of the Lease Period.		
End of Lease Options	<input type="checkbox"/> End of Lease option A applies (see 13.1 of Standard Terms and Conditions) <input checked="" type="checkbox"/> End of Lease option B applies (see 13.2 of Standard Terms and Conditions) <input checked="" type="checkbox"/> See Special Conditions below			
Funding Amount	Original Equipment Cost (OEC): \$1,841,500.00	Down-Payment from Lessee to Lessor: \$0.00	Funding Amount: \$1,841,500.00	

Direct Debit			
<p>Notwithstanding the agreed due date of the periodical Lease Payments, the Lessor will be authorized to deduct the Periodical Lease Payments from the Lessee's bank account on the following dates: (i) on the fifth (5th) calendar day of the month, if the Commencement Date is before the eleventh (11th) calendar day of the month; (ii) on the fifteenth (15th) calendar day of the month, if the Commencement Date is before the twenty-first (21st) calendar day of the month; or (iii) on the twenty-fifth (25th) calendar day, if the Commencement Date is between the twenty-first (21st) calendar day and the end of the month. The Lessee is required to have sufficient funds in its account during the period in which a withdrawal is scheduled and will notify the Lessor in case of any changes of its accounts details. The Lessee hereby authorizes the Lessor, to collect all payments to be made by the Lessee by direct debit from the following bank account:</p>			
Bank :		Bank Account no.:	

Name of signatory:	Must be signed by duly authorized representative of Lessee	
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Special Conditions

By signature on this Lease Agreement, Lessee hereby authorizes the Lessor to collect all payments to be made by the Lessee under this Lease Agreement by direct debit from the Lessee's bank account. Bank account detail to be noted above.

The twenty-fourth (24th) Periodical Lease Payment is due in advance and will be billed upon the Lessee's acceptance of the leased Equipment. This payment will be due Net 30 days from invoice date.

Provided the Lessee is not in default, the Fair Market Value at the end of the Lease Period shall not exceed \$1,229,856.00 (plus applicable taxes).

*Upon installation of the PSC, Lessee will provide access to the da Vinci® X™ Patient Side Cart ("Trade PSC") at Lessee's site to enable Intuitive to disconnect and remove the Trade PSC. Lessee is, and remains responsible for all costs related to the loss or damage to the Trade PSC, until removed by Intuitive from Lessee's site.

**Subject to availability, any Instruments or Accessories provided to Lessee as set forth in the Equipment Description are subject to the Terms of the da Vinci EndoWrist Instrument & Accessory Catalog as if such Terms were contained in this Amendment. Delivery charges will be Pre-Pay & Add. Instruments or Accessories will be shipped FCA Intuitive's warehouse. If Single Site Instruments are listed, they will be delivered upon Lessee's completion of the advanced instrument training verification.

2. **Delivery of the PSC.** For the purposes of this Amendment, the Delivery Date for the PSC acquired hereunder shall be on or before **December 31, 2022**.
3. **Warranty for the PSC.** Notwithstanding anything to the contrary in Section 10 ("Warranty and Disclaimer") of the ULSA, for the purposes of this Amendment, the warranty period for the PSC is one (1) year from the Acceptance date.
4. **Service for the PSC.** Lessee acknowledges that the PSC comes with a one (1) year warranty service period. The Annual Service Fee for System SL0951 will continue at \$154,000.00 and will continue to be invoiced per the Lease Agreement.
5. **Acceptance.** Notwithstanding anything to the contrary in the ULSA or Lease Agreement, the PSC acquired hereunder is deemed accepted by Lessee upon delivery to Lessee's designated location ("Acceptance").
6. **The "Ship-To" information for the PSC is:**

Glen Rose Medical Center 1021 Holden St. Glen Rose, TX 76043
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The "Bill-To" information for the PSC is:

Glen Rose Medical Center 1021 Holden St. Glen Rose, TX 76043 <i>Lessee's PO Number:</i>
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7. Except as set forth above, all other terms and conditions of the Lease Agreement and ULSA remain in full force and effect.

(SIGNATURE ON FOLLOWING PAGE)

BOTH PARTIES HAVE READ, UNDERSTOOD, AND AGREED TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AMENDMENT AND EXECUTE THIS AMENDMENT AS OF THE AMENDMENT EFFECTIVE DATE.

IF THIS AMENDMENT IS NOT SIGNED BY BOTH PARTIES AND RETURNED TO INTUITIVE ON OR BEFORE NOVEMBER 30, 2022, THE TERMS WILL BE SUBJECT TO CHANGE.

ACCEPTED BY:

Intuitive Surgical, Inc.

ACCEPTED BY:

Glen Rose Medical Center

Signature:  _____
Marc Giuffrida (Nov 14, 2022 13:11 PST)

Email: marc.giuffrida@intusurg.com

Title: Sr. Director, Contract Administration

Company: Intuitive Surgical, Inc

Date: _____

By: _____

Name: _____

Title: _____

Date: _____

 _____
RL

**SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
SPECIAL CALLED MEETING**

6:00 P.M.

Wednesday, November 9, 2022

Hospital Board Room

1021 Holden Street

Glen Rose, Texas 76043

MINUTES

- I. **Meeting was called to order at 6:00 pm.**
- II. Record of Attendance
All members present with the exception of Margaret Drake, Brett Nabors.
- III. **Executive Closed Session at 6:01 pm.**
 - a. Executive Closed Session – Personnel Matters
The Somervell County Hospital District Board will meet in Closed Session pursuant to Section 551.074 of the Texas Government Code to discuss Personnel matters related to employment of an Interim Chief Financial Officer and the terms of an employment agreement.
- IV. **Reconvened into Open Session at 6:16 pm.**
 - a. Consider and if necessary, take action on appointing Rodger Bowen as Interim Chief Financial Officer.
Max Bly made a motion to approve the appointment of Rodger Bowen as Interim Chief Financial Officer. Motion was seconded by Mary Collier, and motion carried 5-0.
- V. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to Interbank account ending in 5479 as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Joe Cathey made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.
- VI. Discuss and if necessary, take action on approval of Board Resolution to add Rodger Bowen to all First Financial Bank accounts as Interim CFO and change Rebecca Whitsitt's title on the account from CFO to Controller with view only access.
After some discussion, Mary Collier made a motion to approve the changes to the bank account. Motion was seconded by Dr. Steven Vacek, and motion carried 5-0.

VII. **Public Comments**

Chris Strayer Executive Vice President for Fort Worth Chamber presented information on HIF and possible eFuel production plant. No action was taken.

VIII. Adjourn

Dr Steven Vacek made a motion to adjourn the meeting, seconded by Mary Collier. Motion carried 5-0. Meeting was adjourned at 6:56 pm.

Ron Hankins, President

Max Bly, Vice President

Brett Nabors

Margaret Drake

Dr. Steven Vacek

Joe Cathey

Mary Collier