

**Lynn Falcone, CEO**

**Board of Directors:**  
Dr. John Freis  
Charles W. Papacek  
Cindy Sheppard  
Faye Sheppard  
Richard Wheeler

**Quality Care.  
Close to Home.**

2550 N. Esplanade • Cuero, Texas 77954  
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**NOTICE  
BOARD OF DIRECTORS  
CUERO REGIONAL HOSPITAL**

**POSTED**

**Date** 4-15-20 @ 2:30

The Board of Directors of the Cuero Regional Hospital will hold their regular monthly meeting via conference call, Thursday, April 23, 2020, at 5:30 P.M. Board packet will be available online for viewing. The public toll-free dial-in number and access code will be available on the Cuero Regional Hospital website – [cuerohospital.org](http://cuerohospital.org):

The subjects to be considered at such meeting are:

- I. Call to Order
- II. Community Input
- III. Review of Minutes of the March 26, 2020 Regular Called Meeting and April 15, 2020 Special Called Meeting
- IV. Review of Financial Statement and Statistical Report
  1. Financial and Statistical Report
  2. Finance Committee Report
  3. Quarterly Investment Report
- V. Report from Chief of Staff

**Appointments:** Emergency Privileges with Access Physicians – Hemant Dand, MD, Pulmonary Critical Care, Saad Farooqi, MD, Pulmonary Critical Care, Pritam Ghosh, MD, Pulmonary Critical Care, Eduardo Vadia, MD, Pulmonary Critical Care

**Reappointments:** Mary Betterman, MD, Tele-Radiology, Christian Burrell, MD, Tele-Neurology, William Craig, MD, Cardiology, Phoebe Dann, MD, Tele-Radiology, Mark Heard, MD, Family Practice, Alyson Kirchner, MD, OB/GYN, Joshua Lucas, MD, Tele-Radiology, Raymond Reese, MD, Family Practice, Robert Ryan, MD, Urology, Nelson Uzquiano, MD, Tele-Radiology, John Welsh, MD, Emergency Medicine
- VI. Report from Marketing & Development Director
- VII. Report from Clinic Administrator
- VIII. Report from Asst. Administrator
- IX. Report from Chief Nursing Officer
- X. Report from Chief Executive Officer
- XI. Report on Quality
- XII. Compliance
- XIII. Committee Reports
- XIV. Old Business
- XV. New Business
  1. Annual Review and Approval of Plans – Review and Take Appropriate Action

Cuero Regional Hospital  
Notice of Board Meeting  
April 23, 2020

- a. Medical Safety Plan
  - b. Utilization Review Plan
  - c. Risk Management Plan
  - d. Discharge Planning Program
  - e. Quality Assessment/Performance Improvement Plan
2. Capital Expenditure Request to Convert Chiller #2 to 460 Volt Power – Review and Take Appropriate Action
  3. Capital Expenditure Request for Chiller Power 480 Volt Conversion – Review and Take Appropriate Action
- XVI. The Board reserves the right to retire into executive session concerning any of the items listed on this Agenda, whenever it is considered necessary and legally justified under the Open Meetings Act, for:
- 551.071 Consultation with attorney regarding pending, potential litigation involving the Hospital and/or Hospital District
  - 551.072 Deliberations about Real Property to deliberate the purchase, exchange, lease, or value of real property if deliberations in an open session would have a detrimental effect on the position of the District
  - 551.073 Deliberation Regarding Prospective Gifts or Donations
  - 551.074 Personnel matters relating to the appointment, employment, evaluation, discipline or dismissal of an officer or employee
  - 551.076 Deliberation regarding security devices
  - 551.085 Discussion of pricing and/or financial planning information related to negotiation for the arrangement of provision of services or product lines for DeWitt Medical District and proposed new physician services for DeWitt Medical District, and any other non-profit health maintenance organizations under the umbrella of DeWitt Medical District.
- XVII. Communications
- XVIII. Adjournment



Richard Wheeler, Board Chairman

I certify that, in compliance with the Texas Open Meetings Act, I provided this notice of this meeting to the DeWitt County Clerk and posted this agenda at the designated location at the DeWitt County Courthouse, Cuero, Texas, and also at the designated location for the City of Cuero and by the switchboard on the first floor of Cuero Regional Hospital, 2550 N. Esplanade, Cuero, Texas 77954 and online at [cuerohospital.org](http://cuerohospital.org) by 5:00 p.m. on the 20th day of April, 2020.



Signature of Person Posting Agenda

CUERO REGIONAL HOSPITAL  
BOARD OF DIRECTORS MEETING

March 26, 2020

The Board of Directors of Cuero Regional Hospital held their regular monthly meeting, agenda revised and via conference call, on Thursday, March 26, 2020, DeWitt County, Texas, at 5:30 P.M. The revised agenda was posted in compliance with the Open Meetings Act. A board packet was posted online at cuerohospital.org, along with a dial in Toll-Free number and access code.

Board members present via conference call:

Mr. Richard Wheeler, Chairman  
Mrs. Faye Sheppard, Vice Chairman  
Mr. Charles Papacek, Secretary  
Dr. John Frels, DDS, Member  
Mrs. Cindy Sheppard, Member

Leadership members present via conference call:

Mrs. Lynn Falcone, Chief Executive Officer  
Mrs. Alma Alexander, Chief Financial Officer  
Mrs. Denise McMahan, Assistant Administrator  
Mrs. Judy Krupala, Chief Nursing Officer  
Mr. Greg Pritchett, Clinic Administrator  
Dr. David Hill, Chief Medical Officer  
Mrs. Kathy Simon, Administrative Assistant

Guests via conference call: Ms. Allison Flores, Cuero Record and Mr. Geoff Crabtree, Methodist Healthcare System

The Board Chairman called the meeting to order at 5:30 p.m.

CALL TO  
ORDER

Community Input: None

COMMUNITY  
INPUT

Mr. Papacek moved, Mrs. Faye Sheppard seconded, to approve the minutes of the regular called meeting on February 27, 2020 with the correction to change the calling of the meeting to order was made by the Board Chairman, not the Vice Chairman and to fix a type-o on page 4 from COVID10 to COVID19; the motion carried unanimously.

MINUTES

The Chief Financial Officer's Financial Statement and Statistical Report were provided. The Chief Financial Officer spoke on hospital financials. The Finance Committee did review the statements and report. The report was accepted as presented.

FINANCIAL/  
STATISTICAL

Mr. Papacek moved, Dr. Frels seconded, based upon the recommendation of Medical Staff, to approve the one year appointments (limited to the privileges delineated) as presented on the agenda for Steven Hole, MD, Tele-radiology, Rex Holliday, MD, Tele-radiology, Douglas Webb, DPM, Podiatry, Joseph Zerr, MD, Onsite Radiology; the motion carried unanimously.

MEDICAL  
STAFF

Cuero Regional Hospital  
Board of Directors Meeting  
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Mrs. Faye Sheppard did note that certification board should be clarified if not through the Board of Medical Examiners if a specialty board and to look into certification criteria through Rad-Partners.

The Marketing and Development Director report was provided.

MARKETING

The Clinic Administrator's report was provided.

CLINIC  
LEADERSHIP

The Assistant Administrator's report was provided.

ASST. ADMIN.  
REPORT

The Chief Nursing Officer's report was provided.

CNO REPORT

The Chief Executive Officer's report was provided. Mrs. Falcone mentioned that the Nursing Homes are still being called during this time.

CEO REPORT

The reports on Quality for the hospital and clinics were provided.

QUALITY

Committee Reports: None

COMMITTEE  
REPORT

Old Business:

The Chief Executive Officer followed up with the board from the February meeting regarding the FOB and insurance on the Capital Expenditure request for Cardiac Rehab Startup. A change was made from FOB to Freight on Destination to the order and there was an additional \$200 for freight. Mrs. Krupala noted that the equipment was on site now.

FOB FOLLOW  
UP CARDIAC  
REHAB STARTUP

New Business:

The Secretary of the Board for the DeWitt Medical District certified Mrs. Cynthia Sheppard as an unopposed candidate for the election scheduled to be held on May 2, 2020. Dr. Frels moved, Mrs. Faye Sheppard seconded, to receive and accept the Certification of Unopposed Candidate; the motion carried unanimously.

CERTIFY  
UNOPPOSED  
CANDIDATE

The Secretary of the Board for the DeWitt Medical District requested the election scheduled to be held on May 2, 2020, be canceled in accordance with Section 2.053 of the Texas Election Code, and the unopposed candidate, Mrs. Cynthia Sheppard, be certified as elected. Dr. Frels moved, Mr. Papacek seconded, to adopt the Cancellation Order/Ordinance of Election to cancel the election scheduled for May 2, 2020, in accordance with Section 2.053 of the Texas Election Code and to declare Mrs. Cynthia Sheppard elected; the motion carried unanimously. Mrs. Cynthia Sheppard completed the Statement of Elected Officer. The Order of Cancellation will be furnished to the Election Administrator and will be posted at the voting site, County Annex, on Election Day as required by law.

ADOPT  
CANCELLATION  
ORDER/  
ORDINANCE  
OF ELECTION

The Chief Executive Officer requested the capital expenditure purchase to replace the 7 ½ ton HVAC in the Education Classroom. This was an emergency item and had been

HVAC for  
EDUCATION  
CLASSROOM

Cuero Regional Hospital  
Board of Directors Meeting  
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preauthorized under emergency by Mr. Wheeler, Board Chairman. A quote for the HVAC unit was submitted by Jahn for \$11,857.00 and was recommended. Mr. Papacek moved, Dr. Frels seconded, to approve the capital expenditure purchase up to \$11,857.00 from Jahn for the 7 ½ ton HVAC unit for the Education Classroom; motion carried unanimously.

The Assistant Administrator requested the capital expenditure purchase for Cooling Tower Replacement Project. A quote for the Cooling Tower Replacement Tower of \$173,862.00 from TCS was recommended. Mrs. Faye Sheppard moved, Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$173,862.00 from TCS for the Cooling Tower Replacement Project; motion carried unanimously. Mrs. Faye Sheppard suggested that Executive staff including the Facilities Committee discuss any potential risks posed up until it is in place and working.

COOLING  
TOWER  
REPLACEMENT  
PROJECT

The Assistant Administrator requested the capital expenditure purchase for 480Volt Power for the Cooling Tower. This is a separate quote but was part of the original Cooling Tower Replacement Project for FY19. A quote, for the 480 Volt Power for the Cooling Tower was submitted for \$10,860.00, by Hall Electric was recommended. Dr. Frels moved, Mr. Papacek seconded, to approve the capital expenditure purchase up to \$10,860.00 from Hall Electric for the 480 Volt Power for Cooling Tower Project; motion carried unanimously.

480 VOLT  
POWER FOR  
COOLING  
TOWER

The Chief Nursing Officer requested the capital expenditure purchase of Four EMS Lap Computers. A quote for Four EMS Lap Computers for \$12,406.20 from Dell was recommended. Mrs. Faye Sheppard moved, Dr. Frels seconded, to approve the capital expenditure purchase up to \$12,406.20 from Dell for Four EMS Lap Computers; motion carried unanimously.

EMS LAP  
COMPUTERS

Communication: None

There was no further business; Mr. Papacek moved, Dr. Frels seconded, to adjourn; the motion carried unanimously. The meeting adjourned at 6:05 p.m.

ADJOURN

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Richard Wheeler, Chairman

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Charles Papacek, Secretary

CUERO REGIONAL HOSPITAL  
BOARD OF DIRECTORS MEETING

April 15, 2020

The Board of Directors of Cuero Regional Hospital held a special called meeting, via conference call, on Wednesday, April 15, 2020, DeWitt County, Texas, at 5:30 P.M. The agenda was posted in compliance with the Open Meetings Act and was posted online at cuerohospital.org, along with a dial in Toll-Free number and access code.

Board members present via conference call:

Mr. Richard Wheeler, Chairman  
Mrs. Faye Sheppard, Vice Chairman  
Mr. Charles Papacek, Secretary  
Dr. John Frels, DDS, Member  
Mrs. Cindy Sheppard, Member

Leadership members present via conference call:

Mrs. Lynn Falcone, Chief Executive Officer  
Mrs. Alma Alexander, Chief Financial Officer  
Mrs. Denise McMahan, Assistant Administrator  
Mrs. Judy Krupala, Chief Nursing Officer  
Mr. Greg Pritchett, Clinic Administrator  
Mrs. Kathy Simon, Administrative Assistant

Guest via conference call: Mr. Geoff Crabtree, Methodist Healthcare System

The Board Chairman called the meeting to order at 5:30 p.m.

CALL TO  
ORDER

The Chief Executive Officer noted the reason for the special called meeting was to discuss employee salaries amidst the COVID19 situation. Mrs. Falcone referenced a salary analysis document that the board was given for review with options to consider. The Chief Financial Officer went over the options in detail and answered questions that the board members presented. The Chief Executive Officer noted that the senior leadership discussed the options and felt there should be parameters set in regards to the option chosen. Those parameters were: that the benefit would begin April 12, 2020 forward through May 30, 2020 at which time COVID19 and CRH status may be revisited; PRN staff are not included; Staff currently working in other areas will be required to continue working in those areas to help keep operations going and that refusal to work in another required area would be grounds to only pay for hours worked; and despite getting full time pay, non-essential and over staffed employees will not be brought back to the facility due to not risking exposure and not burning additional PPE.

EMPLOYEE  
SALARY  
ANALYSIS

A motion was made by Mrs. Cindy Sheppard, seconded by Mrs. Faye Sheppard, to adopt salary option #1, salaries at 100%, with the parameters set forth by the senior leadership team, through the end of May with the board and senior leaders meeting prior to the end of May to review the district's status.

Cuero Regional Hospital  
Board of Directors Meeting  
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There was no further business; Mr. Papacek moved, Dr. Frels seconded, to adjourn; the motion carried unanimously. The meeting adjourned at 6:15 p.m.

ADJOURN

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Richard Wheeler, Chairman

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Charles Papacek, Secretary

<b>Financial Summary - MARCH 2020</b>										
<b>Summary Measures</b>	<b>Current Month</b>	<b>Budget</b>	<b>VAR to Budget</b>	<b>Prior Year</b>	<b>VAR to PY</b>	<b>YTD</b>	<b>YTD Budget</b>	<b>VAR to Budget YTD</b>	<b>PY YTD</b>	<b>VAR to PY YTD</b>
EBIDA – Hosp. Only	\$229,409	\$256,817	(\$27,408)	\$33,067	\$196,342	\$7,403,431	\$6,037,398	\$1,366,033	\$5,835,296	\$1,568,135
Net Operating Income – Hosp. Only	(\$367,741)	(\$284,458)	(\$83,283)	(\$266,679)	(\$101,062)	\$221,217	(\$1,148,254)	\$1,369,471	(\$502,089)	\$723,306
Clinic - Net Operating Income	(\$238,450)	\$6,138	(\$244,588)	\$11,466	(\$249,916)	(\$271,114)	\$37,174	(\$308,288)	\$159,391	(\$430,505)
EBIDA Consolidated	(\$9,041)	\$262,955	(\$271,996)	\$44,533	(\$53,574)	\$7,132,318	\$6,074,572	\$1,057,746	\$5,994,688	\$1,137,630
Net Income - Consolidated	(\$214,657)	\$55,446	(\$270,103)	(\$120,263)	(\$94,394)	\$5,932,117	\$4,829,514	\$1,102,603	\$4,971,554	\$960,563
Net District Tax Revenue	\$64,816	\$66,000	(\$1,184)	\$52,927	\$11,889	\$4,268,147	\$4,334,000	(\$65,853)	\$3,897,063	\$371,084
Nursing Home Revenue	\$326,718	\$267,766	\$58,952	\$82,022	\$244,696	\$1,713,867	\$1,606,594	\$107,273	\$1,417,188	\$296,679
<b>Admissions</b>										
Admissions	59	66	(7)	63	(4)	467	486	(19)	471	(4)
Patient Days	197	237	(40)	214	(17)	1,494	1,580	(86)	1,570	(76)
ADC include Obs	7.5	9.6	(4.3)	8.8	(1.3)	10.1	11.0	(0.9)	11.0	(0.9)
Outpatient Visits (ex RHC & ED)	3,015	3,497	(482)	3,480	(465)	21,507	21,581	(74)	21,474	33
Clinic Visits	4,955	6,190	(1,235)	6,008	(1,053)	34,009	36,902	(2,893)	37,769	(3,760)
Births	9	11	(2)	8	1	72	74	(2)	72	0
ED Visits	806	787	19	787	19	5,388	4,778	610	4,768	620
Total Surgeries/less Endo	45	39	6	38	7	343	347	(4)	335	8
<b>Revenue/Net Revenue</b>										
Net Revenue	\$2,197,160	\$2,507,235	(\$310,075)	\$2,468,625	(\$271,465)	\$15,797,489	\$16,445,354	(\$647,865)	\$15,923,351	(\$125,862)
Net Revenue PAPD	\$2,250	\$2,392	(\$142)	\$2,656	(\$405)	\$2,344	\$2,365	(\$21)	\$2,468	(\$123)
Deductions as % of Gross	69%	60%	9%	61%	8%	65%	60%	5%	62%	3%
<b>Expenses</b>										
Total Expenses	\$2,564,900	\$2,791,693	\$226,793	\$2,735,303	\$170,403	\$15,576,272	\$17,593,608	\$2,017,336	\$16,425,439	\$849,167
Total Expenses PAPD	\$2,627	\$2,664	\$37	\$2,943	\$316	\$2,311	\$2,530	\$219	\$2,545	\$234
Total Staffing PAPD	\$1,403	\$1,331	(\$71)	\$1,504	\$102	\$1,215	\$1,293	\$78	\$1,321	\$106
Supplies PAPD	\$234	\$314	\$81	\$326	\$92	\$230	\$316	\$86	\$296	\$66
<b>Stats &amp; Ratios -</b>										
FTE's	217.99	201.45	16.54	211.80	6.19	226.81	223.87	2.94	224.35	2.46
FTE/EOOB	6.92	5.96	0.96	6.38	0.54	6.16	5.89	0.27	6.33	-0.17
Avg Hourly Rate	\$28.67	\$28.53	\$0.14	\$23.18	\$5.49	\$27.20	\$28.67	(\$1.47)	\$24.89	\$2.31
Net A/R Days	16.7	19.9	-3.2	20.2	-3.5	13.7	17.9	-4.2	18.4	-4.7
Cash Net Revenue %	105.3%	100%	5%	95.1%	10%	99.1%	100%	-1%	99.6%	0%
Days Cash on Hand	307.24	180.00	127.24	242.56	64.68	307.24	180.00	127.24	242.56	64.68



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EBIDA for the Hospital at \$229K, was positive in March, but lower than Budget by \$27K. Net Operating Income at a loss of \$367.7K was higher than Budgeted loss by \$83K. The breakdown of revenue and expenses performance indicators were as follows:

**NET REVENUE:**

- Patient Net Revenue was lower than Budget by \$378K due to lower volume from Admissions (7) and Patient Days (40). The lower volume due to effects of COVID19 during the last two weeks of the month, drove the variance lower by \$163K. A negative rate variance by \$215K was driven by a lower Case Mix compared to prior year (Medicare lower by 15% ) and a lower Payor Mix with Medicaid lower by 6%
- DSH Funds was higher than Budget due to a payment in March of \$51.9K
- Other Revenue was higher than Budget by \$24.1K due to higher revenue in Medicare Pass Thru (\$5.2K), and Interest Income (\$14.7K), Cafe Sales (\$4.2)

**EXPENSES:**

- Total Expenses were lower than Budget by \$226.8K due lower expenses compared to Budget in several categories. Salaries were higher than Budget by \$89K due to higher paid FTEs by 17. Supplies were lower than Budget by \$101K due to lower Implant costs (\$63.5K), Med/Surg (\$10.K), Supplies Chrgd to Patients (\$11K) and Pharmaceutical expense (\$12.5K). The Spine case this March was cancelled vs three cases in the PY. Podiatry cases were slightly higher by 2 cases. Purchased Services were lower than Budget by \$64K driven by lower Utilities (\$20.4K), Repairs and Maintenance (\$19.5K), and Professional Services (\$41.1K). Prof Contracts were lower by \$16K mainly due to lower ER Physician expense. Other Operating Expenses were lower than Budget by \$21.2K driven by lower Advertising, Postage, Phone and Dues & Subscriptions

**CLINICS:**

- Clinic Net Operating Income was a loss of \$238K mainly due to a loss in the RHC Clinics. RHC Net Operating Income was loss or \$207.9K, lower than Budget by \$229K due to lower due to lower volume lower by 1,235 visits. Revenue was lower than Budget by \$244.8K. Specialty Clinic loss of \$30.5K was higher than the Budgeted loss by \$15.3K. General Surgeon loss was higher than Budget by \$10.9K and Podiatry loss was higher than Budget by \$4.4. Both budget variances were due to COVID19 guidelines driving lower surgeries during the last two weeks of the month. In addition, RHC visits were lower due Spring Break along with lower patient visits due to the effect of COVID

**OTHER:**

- Wellness Net Operating Income was positive at \$22.5K, higher than Budget by \$2K mainly due lower expenses in Electricity, Other Supplies and Repairs & Maintenance during the month
- 340B Net Operating Income was higher than Budget by \$173.5K, mainly due to higher Revenue by \$177.7K
- Capital Expenditures - update: Electrical upgrades Phase 1 complete, Phase 2 in progress - \$680.1K through Mar; Computer Network Optimization - phase two in progress - \$396K spend of \$898M Budget; OR Renovations - \$1.5M (not started); Central Sterile Renovation - \$716K (not started); and 3D Mammo - \$480K (approved at Jan Board meeting). Capital projects on hold except for Electrical and 3D Mammo

RUN DATE: 04/14/20  
 RUN TIME: 1054  
 RUN USER: SSUTTON

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CUERO REGIONAL HOSPITAL  
 BALANCE SHEET  
 PERIOD ENDED 03/31/20

	CURRENT YEAR-TO-DATE	PRIOR YEAR YEAR-TO-DATE
ASSETS		
-----		
CURRENT:		
CASH	12,496,722.83	11,688,564.44
MARKETABLE SECURITIES	2,046,558.78	2,023,632.84
ACCOUNTS RECEIVABLE	9,767,373.09	9,912,099.61
ALLOWANCE FOR UNCOLLECTIBLES	(6,897,838.16)	(6,958,767.59)
INTER-COMPANY RECEIVABLE	0.00	0.00
OTHER RECEIVABLES	4,956,908.71	5,320,782.33
INVENTORY	642,236.75	598,621.73
PREPAID EXPENSES	5,562,523.95	3,250,406.98
TOTAL CURRENT ASSETS	\$ 28,574,485.95	\$ 25,835,340.34
OTHER ASSETS:		
ASSETS WHOSE USE IS LIMITED	16,365,807.44	11,756,719.50
OTHER ASSETS		
TOTAL OTHER ASSETS	\$ 16,365,807.44	\$ 11,756,719.50
PROPERTY, PLANT, & EQUIPMENT:		
LAND	1,139,140.08	1,139,140.08
BUILDING AND IMPROVEMENTS	22,367,557.01	22,207,016.43
EQUIPMENT	32,719,672.31	28,088,053.47
TOTAL PROPERTY, PLANT, & EQUIPMENT	\$ 56,226,369.40	\$ 51,434,209.98
LESS ACCUMULATED DEPRECIATION	(35,244,531.44)	(33,035,844.89)
NET PROPERTY, PLANT, & EQUIPMENT	\$ 20,981,837.96	\$ 18,398,365.09
TOTAL ASSETS	\$ 65,922,131.35	\$ 55,990,424.93

RUN DATE: 04/14/20  
RUN TIME: 1054  
RUN USER: SSUTTON

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CUERO REGIONAL HOSPITAL  
BALANCE SHEET  
PERIOD ENDED 03/31/20

	CURRENT YEAR-TO-DATE	PRIOR YEAR YEAR-TO-DATE
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LIABILITIES AND FUND BALANCE  
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CURRENT:

ACCOUNTS PAYABLE	(1,141,535.34)	(1,224,906.42)
ACCRUED SALARIES & WAGES	(1,728,009.15)	(1,290,499.78)
ACCRUED INTEREST	0.00	0.00
CURRENT PORTION LTD	(157,472.77)	0.00
DUE TO/FROM 3RD PARTY PAYORS	(530,476.27)	(379,295.24)
DUE TO/FROM AFFILIATES	(2,337,760.38)	(1,155,919.93)

TOTAL CURRENT LIABILITIES	\$ (5,895,253.91)	\$ (4,050,621.37)
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LONG TERM DEBT:

NOTES/LEASES PAYABLE	(1,614,539.57)	0.00
BONDS PAYABLE	0.00	0.00

TOTAL LONG TERM DEBT	\$ (1,614,539.57)	\$ 0.00
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FUND BALANCE	(52,480,221.25)	(46,968,250.07)
CURRENT YEAR (INCOME) LOSS	(5,932,116.62)	(4,971,553.49)

TOTAL FUND BALANCE	(58,412,337.87)	(51,939,803.56)
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TOTAL LIABILITIES AND FUND BALANCE	\$ (65,922,131.35)	\$ (55,990,424.93)
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RUN DATE: 04/14/20  
 RUN TIME: 1056  
 RUN USER: SSUTTON

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CUERO REGIONAL HOSPITAL  
 FINANCIAL STATEMENT  
 MAR 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
-----						
INPATIENT REVENUE	1,300,908	1,338,646	1,306,606	9,205,932	8,924,315	9,064,799
OUTPATIENT REVENUE	4,692,500	4,304,510	4,096,287	30,603,988	28,696,687	27,116,648
340B PROGRAM	454,270	276,620	272,609	1,715,999	1,659,720	1,060,660
GROSS REVENUE FROM PATIENTS	\$ 6,447,677	\$ 5,919,776	\$ 5,675,502	\$ 41,525,919	\$ 39,280,722	\$ 37,242,107
REVENUE DEDUCTIONS:						
CHARITY	(227,581)	(172,530)	(208,220)	(1,618,918)	(1,150,203)	(949,033)
DISCOUNTS	(3,062,419)	(800,305)	(641,279)	(9,251,299)	(5,335,355)	(5,216,013)
BAD DEBT	(758,425)	(430,834)	(440,683)	(3,893,876)	(2,872,227)	(2,570,401)
CONTRACTUALS	(397,207)	(2,136,368)	(2,186,394)	(12,227,926)	(14,242,457)	(14,182,063)
TOTAL REVENUE DEDUCTIONS	\$ (4,445,633)	\$ (3,540,037)	\$ (3,476,576)	\$ (26,992,020)	\$ (23,600,242)	\$ (22,917,510)
NET PATIENT REVENUE	\$ 2,002,045	\$ 2,379,739	\$ 2,198,926	\$ 14,533,899	\$ 15,680,480	\$ 14,324,597
OTHER OPERATING REVENUE	59,898	35,829	65,208	356,792	214,874	345,573
SUPPLEMENTAL MCD PMTS	135,218	91,667	204,490	906,797	550,000	1,253,181
TOTAL OPERATING REVENUE	\$ 2,197,160	\$ 2,507,235	\$ 2,468,625	\$ 15,797,489	\$ 16,445,354	\$ 15,923,351
OPERATING EXPENSES:						
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SALARIES AND WAGES	(1,106,954)	(1,017,962)	(1,048,197)	(6,451,053)	(6,712,070)	(6,115,988)
AGENCY PERSONNEL						
FRINGE BENEFITS	(187,136)	(287,774)	(273,086)	(1,271,991)	(1,698,793)	(1,924,342)
PAYROLL TAXES	(75,429)	(89,484)	(77,144)	(467,766)	(583,367)	(486,295)
SUPPLIES	(228,198)	(329,442)	(303,041)	(1,550,732)	(2,196,237)	(1,907,665)
PURCHASED SERVICES	(264,044)	(328,401)	(308,230)	(1,536,956)	(1,971,287)	(1,837,976)
PROFESSIONAL CONTRACTS	(416,027)	(432,100)	(418,581)	(2,547,417)	(2,592,620)	(2,489,715)
DEPRECIATION EXPENSE	(202,615)	(202,082)	(164,796)	(1,180,665)	(1,212,496)	(1,022,312)
INSURANCE EXPENSE	(19,865)	(16,112)	(16,984)	(111,002)	(96,672)	(97,200)
INTEREST EXPENSE	(3,001)	(5,427)	0	(19,536)	(32,562)	(822)
OTHER OPERATING EXPENSE	(61,632)	(82,909)	(125,246)	(439,155)	(497,504)	(543,126)
TOTAL OPERATING EXPENSES	(2,564,900)	(2,791,693)	(2,735,303)	(15,576,272)	(17,593,608)	(16,425,439)
NET OPERATING INCOME (LOSS)	(367,741)	(284,458)	(266,679)	221,217	(1,148,254)	(502,089)
NET DISTRICT OPERATING INCOM	64,816	66,000	52,927	4,268,147	4,334,000	3,897,063
NURSING HOME UPL	326,718	267,766	82,022	1,713,867	1,606,594	1,417,188
NET INCOME (LOSS)	\$ 23,793	\$ 49,308	\$ (131,729)	\$ 6,203,230	\$ 4,792,340	\$ 4,812,162
=====	=====	=====	=====	=====	=====	=====

RUN DATE: 04/14/20  
 RUN TIME: 1057  
 RUN USER: SSUTTON

PAGE 1

**CUERO REGIONAL HOSPITAL & CLINICS**  
**FINANCIAL STATEMENT**  
**MAR 20**

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
<b>OPERATING REVENUE:</b>						
-----						
INPATIENT REVENUE	1,300,908	1,338,646	1,306,606	9,205,932	8,924,315	9,064,799
OUTPATIENT REVENUE	4,692,500	4,304,510	4,096,287	30,603,988	28,696,687	27,116,648
340B PROGRAM	454,270	276,620	272,609	1,715,999	1,659,720	1,060,660
CLINIC REVENUES	713,635	919,507	842,365	5,118,434	5,487,564	5,281,689
GROSS REVENUE FROM PATIENTS	\$ 7,161,312	\$ 6,839,283	\$ 6,517,867	\$ 46,644,353	\$ 44,768,286	\$ 42,523,796
<b>REVENUE DEDUCTIONS:</b>						
CHARITY	(227,581)	(172,530)	(208,220)	(1,618,918)	(1,150,203)	(949,033)
DISCOUNTS	(3,062,419)	(800,305)	(641,279)	(9,251,299)	(5,335,355)	(5,216,013)
BAD DEBT	(758,425)	(430,834)	(440,683)	(3,893,876)	(2,872,227)	(2,570,401)
CONTRACTUAL ALLOWANCES	(397,207)	(2,136,368)	(2,186,394)	(12,227,926)	(14,242,457)	(14,182,063)
CLINIC ALLOWANCES	(255,695)	(213,984)	(221,931)	(1,374,802)	(1,332,707)	(1,415,579)
TOTAL REVENUE DEDUCTIONS	\$ (4,701,327)	\$ (3,754,021)	\$ (3,698,507)	\$ (28,366,822)	\$ (24,932,949)	\$ (24,333,089)
NET PATIENT REVENUE	\$ 2,459,985	\$ 3,085,262	\$ 2,819,361	\$ 18,277,532	\$ 19,835,337	\$ 18,190,708
OTHER OPERATING REVENUE	59,898	35,829	65,208	356,792	214,874	345,573
SUPPLEMENTAL MCD PMTS	135,218	91,667	204,490	906,797	550,000	1,253,181
TOTAL OPERATING REVENUE	\$ 2,655,100	\$ 3,212,758	\$ 3,089,059	\$ 19,541,121	\$ 20,600,211	\$ 19,789,461
<b>OPERATING EXPENSES:</b>						
-----						
SALARIES AND WAGES	(1,608,681)	(1,514,388)	(1,496,492)	(9,291,611)	(9,596,089)	(8,730,573)
AGENCY PERSONNEL						
FRINGE BENEFITS	(187,136)	(287,774)	(273,086)	(1,271,991)	(1,698,793)	(1,924,342)
PAYROLL TAXES	(112,518)	(117,654)	(106,353)	(647,197)	(751,877)	(647,215)
SUPPLIES	(248,870)	(355,747)	(324,495)	(1,759,487)	(2,371,354)	(2,103,078)
PURCHASED SERVICES	(280,430)	(345,210)	(340,346)	(1,647,235)	(2,071,497)	(2,047,890)
PROFESSIONAL CONTRACTS	(495,290)	(531,690)	(470,878)	(3,035,993)	(3,184,754)	(2,843,340)
DEPRECIATION EXPENSE	(202,615)	(202,082)	(164,796)	(1,180,665)	(1,212,496)	(1,022,312)
INSURANCE EXPENSE	(22,571)	(17,912)	(19,118)	(126,711)	(112,672)	(110,743)
INTEREST EXPENSE	(3,001)	(5,427)	0	(19,536)	(32,562)	(822)
OTHER OPERATING EXPENSE	(100,179)	(113,194)	(148,710)	(610,592)	(679,197)	(701,844)
TOTAL OPERATING EXPENSES	(3,261,290)	(3,491,078)	(3,344,272)	(19,591,018)	(21,711,291)	(20,132,159)
NET OPERATING INCOME (LOSS)	(606,191)	(278,320)	(255,213)	(49,897)	(1,111,080)	(342,697)
NET DISTRICT OPERATING INCOM	64,816	66,000	52,927	4,268,147	4,334,000	3,897,063
NURSING HOME UPL	326,718	267,766	82,022	1,713,867	1,606,594	1,417,188
NET INCOME (LOSS)	\$ (214,657)	\$ 55,446	\$ (120,263)	\$ 5,932,117	\$ 4,829,514	\$ 4,971,554

CRH CLINICS PERIOD VS PRIOR YEAR  
FINANCIAL STATEMENT  
MAR 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
-----						
CLINIC REVENUES	713,635	919,507	842,365	5,118,434	5,487,564	5,281,689
GROSS REVENUE FROM PATIENTS	\$ 713,635	\$ 919,507	\$ 842,365	\$ 5,118,434	\$ 5,487,564	\$ 5,281,689
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(255,695)	(213,984)	(221,931)	(1,374,802)	(1,332,707)	(1,415,579)
TOTAL REVENUE DEDUCTIONS	\$ (255,695)	\$ (213,984)	\$ (221,931)	\$ (1,374,802)	\$ (1,332,707)	\$ (1,415,579)
NET PATIENT REVENUE	\$ 457,940	\$ 705,523	\$ 620,434	\$ 3,743,632	\$ 4,154,857	\$ 3,866,111
TOTAL OPERATING REVENUE	\$ 457,940	\$ 705,523	\$ 620,434	\$ 3,743,632	\$ 4,154,857	\$ 3,866,111
OPERATING EXPENSES:						
-----						
SALARIES AND WAGES	(501,728)	(496,426)	(448,294)	(2,840,558)	(2,884,019)	(2,614,585)
AGENCY PERSONNEL						
FRINGE BENEFITS	0	0	0	0	0	0
PAYROLL TAXES	(37,089)	(28,170)	(29,209)	(179,431)	(168,510)	(160,920)
SUPPLIES	(20,672)	(26,305)	(21,454)	(208,755)	(175,117)	(195,413)
PURCHASED SERVICES	(16,386)	(16,809)	(32,116)	(110,280)	(100,210)	(209,914)
PROFESSIONAL CONTRACTS	(79,263)	(99,590)	(52,297)	(488,577)	(592,134)	(353,625)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	(2,706)	(1,800)	(2,134)	(15,709)	(16,000)	(13,544)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(38,547)	(30,285)	(23,465)	(171,437)	(181,693)	(158,719)
TOTAL OPERATING EXPENSES	(696,390)	(699,385)	(608,969)	(4,014,746)	(4,117,683)	(3,706,719)
NET OPERATING INCOME (LOSS)	(238,450)	6,138	11,466	(271,114)	37,174	159,391

RUN DATE: 04/14/20  
 RUN TIME: 1059  
 RUN USER: SSUTTON

PAGE 1

CRH RURAL HEALTH CLINICS  
 FINANCIAL STATEMENT  
 MAR 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
-----						
CLINIC REVENUES	572,095	784,223	697,553	4,121,537	4,585,670	4,494,968
GROSS REVENUE FROM PATIENTS	\$ 572,095	\$ 784,223	\$ 697,553	\$ 4,121,537	\$ 4,585,670	\$ 4,494,968
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(155,564)	(122,933)	(129,370)	(640,771)	(725,701)	(859,385)
TOTAL REVENUE DEDUCTIONS	\$ (155,564)	\$ (122,933)	\$ (129,370)	\$ (640,771)	\$ (725,701)	\$ (859,385)
NET PATIENT REVENUE	\$ 416,531	\$ 661,290	\$ 568,184	\$ 3,480,766	\$ 3,859,969	\$ 3,635,584
TOTAL OPERATING REVENUE	\$ 416,531	\$ 661,290	\$ 568,184	\$ 3,480,766	\$ 3,859,969	\$ 3,635,584
OPERATING EXPENSES:						
-----						
SALARIES AND WAGES	(439,661)	(443,783)	(393,142)	(2,461,543)	(2,533,074)	(2,295,160)
AGENCY PERSONNEL						
FRINGE BENEFITS	0	0	0	0	0	0
PAYROLL TAXES	(32,508)	(25,260)	(25,159)	(158,116)	(149,114)	(143,191)
SUPPLIES	(20,209)	(25,639)	(20,574)	(203,607)	(170,914)	(190,579)
PURCHASED SERVICES	(16,386)	(16,645)	(31,814)	(109,961)	(99,229)	(209,273)
PROFESSIONAL CONTRACTS	(79,263)	(99,517)	(52,297)	(488,577)	(591,700)	(352,975)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	(2,706)	(1,800)	(2,134)	(15,709)	(16,000)	(13,544)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(33,776)	(27,329)	(22,291)	(150,174)	(163,985)	(143,368)
TOTAL OPERATING EXPENSES	(624,509)	(639,973)	(547,410)	(3,587,686)	(3,724,016)	(3,348,090)
NET OPERATING INCOME (LOSS)	(207,978)	21,317	20,774	(106,919)	135,953	287,494

RUN DATE: 04/14/20  
 RUN TIME: 1100  
 RUN USER: SSUTTON

PAGE 1

**CRH SPECIALTY HEALTH CLINICS  
 FINANCIAL STATEMENT  
 MAR 20**

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	FY ACTUAL
OPERATING REVENUE:						
-----						
CLINIC REVENUES	141,540	135,284	144,812	996,897	901,894	786,721
GROSS REVENUE FROM PATIENTS	\$ 141,540	\$ 135,284	\$ 144,812	\$ 996,897	\$ 901,894	\$ 786,721
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(100,131)	(91,051)	(92,561)	(734,031)	(607,006)	(556,194)
TOTAL REVENUE DEDUCTIONS	\$ (100,131)	\$ (91,051)	\$ (92,561)	\$ (734,031)	\$ (607,006)	\$ (556,194)
NET PATIENT REVENUE	\$ 41,409	\$ 44,233	\$ 52,251	\$ 262,866	\$ 294,888	\$ 230,527
TOTAL OPERATING REVENUE	\$ 41,409	\$ 44,233	\$ 52,251	\$ 262,866	\$ 294,888	\$ 230,527
OPERATING EXPENSES:						
-----						
SALARIES AND WAGES	(62,067)	(52,643)	(55,153)	(379,015)	(350,945)	(319,425)
AGENCY PERSONNEL						
FRINGE BENEFITS						
PAYROLL TAXES	(4,581)	(2,910)	(4,050)	(21,315)	(19,396)	(17,729)
SUPPLIES	(463)	(666)	(881)	(5,148)	(4,203)	(4,834)
PURCHASED SERVICES	0	(164)	(302)	(319)	(981)	(641)
PROFESSIONAL CONTRACTS	0	(73)	0	0	(434)	(650)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	0	0	0	0	0	0
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(4,771)	(2,956)	(1,174)	(21,264)	(17,708)	(15,350)
TOTAL OPERATING EXPENSES	(71,881)	(59,412)	(61,559)	(427,061)	(393,667)	(358,630)
NET OPERATING INCOME (LOSS)	(30,472)	(15,179)	(9,308)	(164,195)	(98,779)	(128,103)



RUN DATE: 04/14/20  
 RUN TIME: 1107  
 RUN USER: SSUTTON

PAGE 1

BUDGET COMPARISON REPORT  
 WELLNESS CENTER 7085  
 FOR PERIOD ENDING 03/31/20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
REVENUE						
IN PATIENT REVENUE						
OUT PATIENT REVENUE	47,263	48,640	53,766	303,885	324,272	318,004
TOTAL REVENUE	47,263	48,640	53,766	303,885	324,272	318,004
DEDUCTIONS FROM REVENUE						
CHARITY						
DISCOUNTS						
PROVISION FOR BAD DEBT						
CONTRACTUAL ALLOWANCES						
CLINIC ALLOWANCES						
TOTAL DEDUCTIONS FROM REVENUE						
OTHER OPERATING REVENUE						
OTHER OPERATING REVENUE	0	0	0	0	0	0
DISTRICT NET INCOME (LOSS)						
DISPRO-SHARE REVENUE						
TOTAL OTHER REVENUE	0	0	0	0	0	0
EXPENSES						
SALARIES	(13,286)	(11,380)	(11,810)	(74,841)	(75,863)	(69,018)
FICA	(897)	(876)	(820)	(5,211)	(5,836)	(4,956)
MED/SURG SUPPLIES	(44)	(26)	325	(101)	(173)	(167)
OFFICE SUPPLIES	(33)	(80)	(361)	(883)	(535)	(568)
OTHER SUPPLIES	(388)	(1,530)	(2,405)	(9,212)	(10,200)	(8,674)
UNIFORMS	0	(14)	0	0	(89)	(96)
CHEMICAL COST	0	0	0	0	0	214
FOOD	(651)	(952)	(1,515)	(4,988)	(6,348)	(4,551)
ELECTRICITY	(3,931)	(4,495)	(4,354)	(22,013)	(26,536)	(24,727)
FUEL & GAS	(109)	(207)	(219)	13,608	(1,222)	(1,337)
WATER	(139)	(145)	(203)	(969)	(855)	(649)
MAINTENANCE CONTRACTS	(55)	(397)	(705)	(765)	(2,382)	(2,584)
REPAIRS & MAINTENANCE	(1,533)	(2,418)	899	(13,513)	(14,511)	(27,934)
PROFESSIONAL CONTRACTS	(1,053)	(920)	(1,032)	(6,298)	(5,519)	(4,526)
PROFESSIONAL SERVICES	(2,233)	(3,434)	(4,605)	(15,977)	(20,607)	(18,831)

RUN DATE: 04/14/20  
 RUN TIME: 1107  
 RUN USER: SSUTTON

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**BUDGET COMPARISON REPORT**  
**WELLNESS CENTER 7085**  
**FOR PERIOD ENDING 03/31/20**

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
LICENSES	0	(8)	0	(355)	(50)	(20)
PHONE/CABLE/INTERNET	(432)	(539)	(654)	(2,676)	(3,232)	(3,291)
DUES & SUBSCRIPTIONS	0	(542)	0	(2,299)	(3,250)	(416)
ADVERTISING	0	(50)	0	(131)	(300)	0
TRAVEL & MEETING	0	(42)	0	(25)	(250)	(158)
POSTAGE	0	(15)	(19)	(2)	(90)	(147)
BUILDING RENT	0	(30)	0	0	(181)	0
EQUIPMENT RENTAL	0	0	0	(26)	0	(64)
PUBLIC EDUCATIONAL ACTIVITIE	0	(7)	0	(1,978)	(42)	(1,678)
LINEN PURCHES	0	(42)	0	(301)	(250)	(338)
FREIGHT	0	0	0	0	0	(45)
TOTAL EXPENSES	(24,784)	(28,149)	(27,478)	(148,954)	(178,321)	(174,561)
NET PROFIT/(LOSS)	22,479	20,491	26,288	154,932	145,951	143,443
	=====	=====	=====	=====	=====	=====

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**INITIAL APPOINTMENT**

**APPLICANT NAME:** Hemant Dand, MD **DATE:** 04/01/2020

**The following has been verified by Administration:**

- |  |               |
|--|---------------|
| 1. Completed Application                                       | <u>YES</u> NO |
| 2. Current Texas License                                       | <u>YES</u> NO |
| 3. Board Certification   | <u>YES</u> NO |
| If No, explain _____   |               |
| 4. Current DEA Certificate                                     | <u>YES</u> NO |
| If No, explain _____   |               |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> NO |
| Expiration Date: <u>6-1-2020</u>                               |               |
| 6. Adverse information with Data Bank Queried                  | YES <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> NO |
| If No, explain _____   |               |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> NO |
| If No, explain _____   |               |
| 10. Evidence of CME requirements                               | <u>YES</u> NO |
| If No, explain _____   |               |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> NO |
| If No, explain _____   |               |
| 12. Malpractice claims in the last ten years                   | YES <u>NO</u> |

**Specialty:** Pulmonary Critical Care

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**INITIAL APPOINTMENT**

**APPLICANT NAME:** Saad Farooqi, MD **DATE:** 04/01/2020

**The following has been verified by Administration:**

- |  |               |
|--|---------------|
| 1. Completed Application                                       | <u>YES</u> NO |
| 2. Current Texas License                                       | <u>YES</u> NO |
| 3. Board Certification   | <u>YES</u> NO |
| If No, explain _____   |               |
| 4. Current DEA Certificate                                     | <u>YES</u> NO |
| If No, explain _____   |               |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> NO |
| Expiration Date: <u>06-01-2020</u>                             |               |
| 6. Adverse information with Data Bank Queried                  | YES <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> NO |
| If No, explain _____   |               |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> NO |
| If No, explain _____   |               |
| 10. Evidence of CME requirements                               | <u>YES</u> NO |
| If No, explain _____   |               |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> NO |
| If No, explain _____   |               |
| 12. Malpractice claims in the last ten years                   | YES <u>NO</u> |

**Specialty:** Pulmonary Critical Care

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**INITIAL APPOINTMENT**

**APPLICANT NAME:** Pritam Ghosh, MD **DATE:** 04/01/2020

**The following has been verified by Administration:**

- |   |            |           |
|---|------------|-----------|
| 1. Completed Application  | <u>YES</u> | NO        |
| 2. Current Texas License  | <u>YES</u> | NO        |
| 3. Board Certification  | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 4. Current DEA Certificate  | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 5. Evidence of Adequate Professional Liability Insurance              | <u>YES</u> | NO        |
| Expiration Date: <u>01-2020</u>                                       |            |           |
| 6. Adverse information with Data Bank Queried                         | YES        | <u>NO</u> |
| 7. Board of Medical Examiners Queried                                 | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                            | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 9. Current <u>ACLS</u> or Board Cert. to perform cardiac stress tests | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 10. Evidence of CME requirements                                      | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 11. In good standing at other hospitals where privileged              | <u>YES</u> | NO        |
| If No, explain _____  |            |           |
| 12. Malpractice claims in the last ten years                          | YES        | <u>NO</u> |

**Specialty:** Pulmonary Critical Care

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**INITIAL APPOINTMENT**

**APPLICANT NAME:** Eduardo Vadia, MD **DATE:** 04/01/2020

**The following has been verified by Administration:**

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>11-1-2020</u>                              |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | NO        |

**Specialty:** Pulmonary Critical Care

**Comments:** \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Mary Betterman, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | <u>NO</u> |
| 2. Current Texas License                                       | <u>YES</u> | <u>NO</u> |
| 3. Board Certification   | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | <u>NO</u> |
| Expiration Date: <u>07-01-2020</u>                             |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | <u>NO</u> |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 9. Current ACLS or Board Cert: to perform cardiac stress tests | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | <u>NO</u> |

**Specialty:** RADIOLOGY-TELEMEDICINE

**Comments:** \_\_\_\_\_

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\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Christian Burrell, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | <u>NO</u> |
| 2. Current Texas License                                       | <u>YES</u> | <u>NO</u> |
| 3. Board Certification   | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | <u>NO</u> |
| Expiration Date: <u>1-1-2021</u>                               |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | <u>NO</u> |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | <u>NO</u> |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | <u>NO</u> |

**Specialty:** Neurology-Telemedicine W/Blue Sky Neurology, a Division of CarePoint

**Comments:** \_\_\_\_\_  
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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

APPLICANT NAME: William Craig, MD DATE: 04/01/2020

The following has been verified by Administration:

- |  |            |                     |
|--|------------|---------------------|
| 1. Completed Application                                       | <u>YES</u> | NO                  |
| 2. Current Texas License                                       | <u>YES</u> | NO                  |
| 3. Board Certification   | <u>YES</u> | NO                  |
| If No, explain _____   |            |                     |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO                  |
| If No, explain _____   |            |                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO                  |
| Expiration Date: <u>10-1-2020</u>                              |            |                     |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | <u>NO</u> <i>or</i> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO                  |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | NO                  |
| If No, explain <u>5-10-2021</u>                                |            |                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> | NO                  |
| If No, explain <u>5-10-2021</u>                                |            |                     |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO                  |
| If No, explain _____   |            |                     |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO                  |
| If No, explain _____   |            |                     |
| 12. Malpractice claims in the last ten years                   | YES        | <u>NO</u>           |

Specialty: Cardiology

Comments: \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

APPLICANT NAME: Phoebe Dann, MD DATE: 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>7-1-2020</u>                               |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | NO        |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | YES        | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | YES        | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | NO        |

Specialty: RADIOLOGY-TELEMEDICINE

Comments: \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Mark Heard, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>10-1-2020</u>                              |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | NO        |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | YES        | <u>NO</u> |
| If No, explain <u>not required - courtesy staff</u>            |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | YES        | <u>NO</u> |
| If No, explain <u>not required - courtesy staff</u>            |            |           |
| 10. Evidence of CME requirements                               | YES        | <u>NO</u> |
| If No, explain <u>Did not present any new CME's</u>            |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | YES        | <u>NO</u> |

**Specialty:** Family Practice

**Comments:** \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Alyson Kirchner, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>12-13-2020</u>                             |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | NO        |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | YES        | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | YES        | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | YES        | <u>NO</u> |

**Specialty:** OB/GYN

**Comments:** \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Joshua Lucas, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>7-1-2020</u>                               |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | <u>NO</u> |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | <u>NO</u> |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> | <u>NO</u> |
| If No, explain <u>not required</u>                             |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | <u>NO</u> |

**Specialty:** RADIOLOGY-TELEMEDICINE

**Comments:** \_\_\_\_\_

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\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Raymond Reese, MD **DATE:** 04/01/2020

**The following has been verified by Administration:**

- |  |            |           |
|--|------------|-----------|
| 1. Completed Application                                       | <u>YES</u> | NO        |
| 2. Current Texas License                                       | <u>YES</u> | NO        |
| 3. Board Certification   | <u>YES</u> | <u>NO</u> |
| If No, explain <u>NOT requesting to be</u>                     |            |           |
| 4. Current DEA Certificate                                     | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 5. Evidence of Adequate Professional Liability Insurance       | <u>YES</u> | NO        |
| Expiration Date: <u>2-25-2021</u>                              |            |           |
| 6. Adverse information with Data Bank Queried                  | <u>YES</u> | NO        |
| 7. Board of Medical Examiners Queried                          | <u>YES</u> | NO        |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <u>YES</u> | NO        |
| If No, explain <u>7-30-2020</u>                                |            |           |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <u>YES</u> | NO        |
| If No, explain <u>7-30-2020</u>                                |            |           |
| 10. Evidence of CME requirements                               | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 11. In good standing at other hospitals where privileged       | <u>YES</u> | NO        |
| If No, explain _____   |            |           |
| 12. Malpractice claims in the last ten years                   | <u>YES</u> | NO        |

**Specialty:** Family Practice

**Comments:** \_\_\_\_\_

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**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET**

**REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** Robert Ryan, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| 1. Completed Application                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 2. Current Texas License                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 3. Board Certification   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 4. Current DEA Certificate                                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>12-13-2020</u>                             |                                      |                                     |
| 6. Adverse information with Data Bank Queried                  | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| 7. Board of Medical Examiners Queried                          | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>not required</u>                             |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>not required</u>                             |                                      |                                     |
| 10. Evidence of CME requirements                               | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 11. In good standing at other hospitals where privileged       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                   | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |

**Specialty:** Urology

**Comments:** \_\_\_\_\_

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\_\_\_\_\_

**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

APPLICANT NAME: Nelson Uzquiano, MD DATE: 04/01/2020

The following has been verified by Administration:

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| 1. Completed Application                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 2. Current Texas License                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 3. Board Certification   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 4. Current DEA Certificate                                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>7-1-2020</u>                               |                                      |                                     |
| 6. Adverse information with Data Bank Queried                  | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |
| 7. Board of Medical Examiners Queried                          | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |
| If No, explain <u>not required</u>                             |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |
| If No, explain <u>not required</u>                             |                                      |                                     |
| 10. Evidence of CME requirements                               | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 11. In good standing at other hospitals where privileged       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                   | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

Specialty: RADIOLOGY-TELEMEDICINE

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CUERO REGIONAL HOSPITAL  
MEDICAL STAFF PRIVILEGES REVIEW SHEET  
REAPPOINTMENT APPOINTMENT**

**APPLICANT NAME:** John Welsh, MD **DATE:** 04/01/2020

The following has been verified by Administration:

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| 1. Completed Application                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 2. Current Texas License                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 3. Board Certification   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain <u>Physician not requesting to be</u>           |                                      |                                     |
| 4. Current DEA Certificate                                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>10-1-2020</u>                              |                                      |                                     |
| 6. Adverse information with Data Bank Queried                  | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 7. Board of Medical Examiners Queried                          | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain <u>02-28-2021</u>                               |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain <u>12-31-2021</u>                               |                                      |                                     |
| 10. Evidence of CME requirements                               | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 11. In good standing at other hospitals where privileged       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                   | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

**Specialty:** Emergency Medicine

**Comments:** \_\_\_\_\_

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# Marketing and Development Board Report April 2020

- **Marketing Campaign Reporting/Analytics:** Review reporting for all campaigns and see the creative for March:  
<https://www.dropbox.com/sh/p7vqf2cfhi3fybi/AABTnF20HE5u1J1nUuRc1hQga?dl=0>
- **The numbers for March digital pre-roll on YouTube have not been released.**
  - This is because we started the month running the Family & Baby Expo promotion.
  - It was stopped early in the month once we learned that most events would need to be postponed due to COVID-19.
  - We created a 10 second video on COVID-19 specific to CRH. It never ran, but that was because Google's ad review process was severely behind.
  - All pre-roll and digital ads are on hold for April.
- **Video**
  - Covid-19: [https://youtu.be/69\\_nzRt7a3Q](https://youtu.be/69_nzRt7a3Q)
  - Cuero Health Resilience 30 sec video: <https://youtu.be/T537GMHn7B8>
  - Covid-19 Call 911 in medical emergencies:  
<https://www.facebook.com/cuerohospital/videos/2621499318176548/>
  - Thank you community for support: <https://youtu.be/sJfQz8gQIUQ>
- **Social Media**
  - Facebook especially skyrocketed during this period. We grew 144 page likes in the last 28 days, posts reached 34K videos reached over 12K with 2.6K likes/followers on our page! We are right behind Citizens with 3K and ahead of other rural hospitals with similar markets that I compare us to.
  - Twitter and Instagram continue to grow.
  - Social has been the main driver of traffic to our website at this time. Thanks to our partnership with Coffey for our website, we have had access to great material to share on social, as well as great info from Methodist as well!
- **Website** traffic grew due to COVID-19 coverage - 6,413 users (from our average of 5K in a month). Full reports are saved in the dropbox.
  - Emily is continuing to work on SEO to increase search engine referrals to the site.
- **Traditional media – Billboard update**
  - New 50 Years Billboards have been installed and look great!
  - This includes the new Yoakum billboard promoting OB services with the addition of our 50 Year logo and Dr. Walthall's photo
- **Public relations**
  - Events – all events and meetings postponed due to COVID-19.
  - **In order to keep the public informed on the latest updates with Coronavirus, marketing set up a page on the website with the latest updates – you can easily navigate to it from the homepage – [www.cuerohospital.org](http://www.cuerohospital.org)**
  - Updates from CDC were shared on all social channels and press releases were submitted to all area media which resulted in good coverage.
- **Development:**
  - **Doctor's Day** was March 30. Providers received new white lab coats with our 50 Years of Caring logo. A video was posted and boosted on social channels for the day and it is saved in the dropbox folder to view. You can also view it on our youtube channel:  
[https://youtu.be/\\_fXBSlit190](https://youtu.be/_fXBSlit190)
  - **From Bump to Baby: Family and Baby Expo/ Fair**, which was set for Saturday, April 4, has been postponed. Please look in the dropbox for the promotional materials. We have notified our vendors and alerted our physicians, as well as updated the promotion/media. We are looking into dates in August to ensure adequate time to prepare and inform attendees.

- We are **postponing our May 14<sup>th</sup> Cuero Regional Hospital Fun After Five Fiesta** on the grounds of the Hospital from 5 – 8 p.m. This will be a celebration tied to our 50<sup>th</sup> anniversary, as well as National Hospital Week. We are looking to do a time capsule at this event. The event flyer is saved in the dropbox and it will be rescheduled at a later date. We are working to get a YETI cooler donated to serve as our time capsule.
- **Cuero Health was featured in the new #CrossroadsCares spot** developed by Building Brands Marketing, the firm that does our video production. It will be playing on local traditional media, as well as digital/social media: You can download the original video file here: <https://vimeo.com/406692101>
  - Here is the original Facebook post that just went up: <https://www.facebook.com/BuildingBrandsMarketing/videos/2496569313938010/>
- **50<sup>th</sup> anniversary videos** are in development.
  - Watch the 10 second spot (to run pre-roll): <https://vimeo.com/402757242>
  - 30 second spot: <https://vimeo.com/406260992>
- **Spring 2020 Connect Issue** will be publishing later this month. You can view it here: <http://cuororegional.flippublication.com/spring2020>
- **National Hospital Week is May 10 – 16.** Currently working on a fundraiser for it so we can cover expenses like the tshirts for the staff. DMF is coordinating. A Go Fund Me page has been established. Working with HEB to see if we can partner together to do gift cards for the staff. Much in development now.
- Sept. 8, 2020 will be our 50th anniversary event at the Venue. More details to come!
- Date set for 2020 Runway for a Cure: 10/20/20!
- TurkeyTrot 2020 set for 10/10/20
- **Coverage in mid-March/early April:**
  - **To see all press releases submitted to area print, radio, TV, magazines, etc, visit:** <https://www.cuororegionalhospital.org/news/>
  - **Cuero Record:**
    - **March 11** – Patient Safety Awareness Week front page strip, points to full press release on page 8A (story took up half a page!), Cuero Regional Hospital board commends partnership with Methodist Healthcare 5A, 50<sup>th</sup> Anniversary Milestone (photo release from THA conf. featuring several board members) 6A, and Nurse Appreciation baskets delivered to second floor nursing 9A
    - **March 13** – Robert Proctor prepared the following story with excellent quotes from Dr. Gonzales: <https://www.cuororecord.com/news/no-reports-coronavirus-dewitt-county>
    - **March 16** - <https://www.cuororecord.com/news/cuero-regional-hospital-hold-screenings-and-limit-entrance-only-cuero-medical-plaza-starting>
    - **March 22** - <https://www.cuororecord.com/news/cuero-health-clinics-provide-telephone-provider-visits-during-covid-19-period>
    - **March 31** - <https://www.cuororecord.com/news/cuero-regional-hospital-board-election-canceled>
  - **Yorktown News-Views:**
    - **March 18** – Dr. Barth honored at banquet - <https://www.cuororecord.com/news/yorktown-chamber-commerce-fiesta-banquet>
  - **KAVU/Crossroads Today:**
    - **March 18** - <https://www.crossroadstoday.com/cuero-regional-hospital-revises-weekend-screening-hours/>
    - **April 8** - <https://www.crossroadstoday.com/healthcare-heroes-dr-jennifer-gonzales/>
  - **Victoria Advocate:**
    - **March 15** - [https://www.victoriaadvocate.com/counties/dewitt/cuero-hospitals-partnership-with-methodist-has-provided-benefits-to-staff-community/article\\_ac39f7e4-6311-11ea-a16b-8f75ea7ca387.html](https://www.victoriaadvocate.com/counties/dewitt/cuero-hospitals-partnership-with-methodist-has-provided-benefits-to-staff-community/article_ac39f7e4-6311-11ea-a16b-8f75ea7ca387.html)
    - **March 16** - [https://www.victoriaadvocate.com/covid-19/regional-hospitals-fear-equipment-shortage-if-hit-hard-by-covid--19/article\\_eb33b16a-67e4-11ea-90a7-133ab53e817e.html](https://www.victoriaadvocate.com/covid-19/regional-hospitals-fear-equipment-shortage-if-hit-hard-by-covid--19/article_eb33b16a-67e4-11ea-90a7-133ab53e817e.html)

- **March 18** - [https://www.victoriaadvocate.com/covid-19/first-case-of-covid-19-confirmed-in-dewitt-county/article\\_5a0948f8-6951-11ea-83c1-1ba24f548249.html](https://www.victoriaadvocate.com/covid-19/first-case-of-covid-19-confirmed-in-dewitt-county/article_5a0948f8-6951-11ea-83c1-1ba24f548249.html)
- **March 24** - [https://www.victoriaadvocate.com/opinion/letter-resilience-an-open-letter-from-cuero-health-clinics/article\\_5964d47e-6dd1-11ea-a7d0-7707b000fdad.html](https://www.victoriaadvocate.com/opinion/letter-resilience-an-open-letter-from-cuero-health-clinics/article_5964d47e-6dd1-11ea-a7d0-7707b000fdad.html)

## **UPCOMING EVENTS:**

### **National Nurses Week – May 6 – 12, 2020**

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday.

### **National Hospital Week – May 10 - 16, 2020**

Cuero Regional Hospital's Theme: "Celebrating Compassionate Care for 50 Years!"

National Hospital Week, one of the nation's largest health care events, is a celebration of the history, technology and dedicated professionals that make hospitals and health systems beacons of confidence and care in the community. Cuero Regional Hospital encourages the public to thank the hospital staff in person, with a handwritten note, via the Cuero Regional Hospital Facebook page or fill out the contact us form on the website [www.cuerohospital.org](http://www.cuerohospital.org) to share your gratitude for CRH staff.

**Board of Directors Cuero Regional  
Hospital Cuero Family Clinics  
March 2020**

I am pleased to provide the Board with this report on the clinic organization. Total RHC operations had a loss of \$207,978. With the Coronavirus slowing visits during the middle to end of March operations have slowed especially in the largest clinic. Cuero Medical did have a provider out almost all month. During the month CMS was paid back \$60,380 due to the new Cost Report rate becoming official. Because of this, Cuero's rate declined by \$25 because the cost of DRG (\$700) was no longer being paid. The recoupment went from October 2019 through March 2019.

Total visits were 4,955 compared to 6,008 in 2019. AR days stabilized at 30. The clinic CBO is in the process of turning BCBS Medicaid and Texas Independence Healthcare into the State Department of Insurance for incorrect payments on their claim and saying providers are out of network. We have reached out several times to BCBS to no avail and to Texas Independence which said it would be fixed.

Respectfully submitted,

Greg Pritchett, Clinic Administrator

**Cuero Family Clinics**  
**Key Performance Indicators for CBO**  
**FY 2020**

<b>KPI</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>Goals</b>	<b>YTD/AVG</b>
% of A/R >60 days	34.22%	29.54%	29.93%	32.55%	38.19%	38.29%	44.08%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	<b>35%</b>	35.34%
% of claims sent w/in 48 hours of visit	92%	92%	96%	103%	83%	90%	75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	<b>90%</b>	186%
Days in A/R	29	32	30	29	30	30	30	0	0	0	0	0	0	<b>45</b>	15
Total \$ paid/patient visit	\$ 104.72	\$ 93.09	\$ 117.47	\$ 103.63	\$ 94.69	\$ 107.79	\$ 108.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	<b>TBD</b>	\$ 103.46
First Pass Resolution Rate	98%	94%	95%	96%	95%	95%	96%	95%	95%	92%	93%	94%	98%	<b>90%</b>	95%
Gross Collection Rate	93%	75%	96%	85%	79%	88%	94%	0%	0%	0%	0%	0%	0%	<b>TBD</b>	43%
Net Collection Rate	91%	85%	118%	91%	98%	100%	112%	0%	0%	0%	0%	0%	0%	<b>TBD</b>	49%
\$ collected at clinics/patient Visit	\$ 3.52	\$ 3.68	\$ 2.95	\$ 3.12	\$ 4.00	\$ 3.43	\$ 4.06	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	<b>\$ 10.00</b>	\$ 15.16
<b>Statistics</b>															
ATB Total Balance	\$ 655,309	\$ 740,462	\$ 687,648	\$ 680,937	\$ 700,697	\$ 693,407	\$ 670,438	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 4,173,589.00
A/R Balance >60 days	\$ 224,246	\$ 218,714	\$ 205,834	\$ 221,634	\$ 267,624	\$ 265,472	\$ 295,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,474,774.00
Average Daily Revenue	\$ 22,646	\$ 23,481	\$ 22,920	\$ 23,422	\$ 23,048	\$ 23,188	\$ 22,113	\$ 21,723	\$ 22,541	\$ 22,989	\$ 22,570	\$ 22,526	\$ 22,646		\$ 273,166.72
Total Payments	\$ 581,328	\$ 608,742	\$ 625,047	\$ 571,106	\$ 592,395	\$ 584,950	\$ 536,468	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 3,518,708
Total Visits	5,551	6,539	5,321	5,511	6,256	5,427	4955	0	0	0	0	0	0		34,009
Total Claims Submitted	5,128	6,022	5,131	5,679	5,166	4,872	3,732	6,416	5,616	4,857	5,363	5,123	5,128		63,105
Total Gross Charges	\$ 623,177	\$ 809,178	\$ 653,320	\$ 668,867	\$ 752,159	\$ 665,918	\$ 572,095	\$ 717,035	\$ 739,546	\$ 612,384	\$ 679,389	\$ 735,593	\$ 623,177		\$ 8,228,661 \$ 7,219,418
Contractual Allowances	\$ (15,587)	\$ 91,468	\$ 124,308	\$ 43,390	\$ 146,705	\$ 79,336	\$ 95,184	\$ 48,400	\$ 84,861	\$ 102,661	\$ 42,718	\$ 165,799	\$ (15,587)		\$ 1,009,243
Contractuals as a % of Gross Chgs	-2.50%	11.30%	19.03%	6.49%	19.50%	11.91%	16.64%	6.75%	11.47%	16.76%	6.29%	22.54%	-2.50%		12.26%
Cash collected at clinics	\$ 19,532	\$ 24,069	\$ 15,708	\$ 17,220	\$ 25,003	\$ 18,607	\$ 20,105	\$ 93,776	\$ 83,241	\$ 67,983	\$ 73,127	\$ 57,274	\$ 19,532		\$ 515,645
Days in month	30	31	30	31	31	29	31	30	31	30	31	31	30		31
# of Denied Claims	124	353	267	223	247	225	152	334	302	373	383	302	124		3,285

Assistant Administrator  
Board Report  
April 2020

**Quality/Safety**

1. All the 480 generator work should be complete by the week of April 20<sup>th</sup>. All switchgear is installed and working properly. All of radiology and the CT scanner have been placed on the 480 volt power. The air cooled chiller is scheduled to arrive and be installed the week of April 20<sup>th</sup>.

**Finance**

1. As you are aware we were forced to close the Wellness Center per the Governor's executive order, we are awaiting word when this can be reopened. We were also forced to stop all screening mammograms but are still performing any diagnostic mammograms.
2. We have opened a drive through lab and this has gone very well. Patients have been very thankful that we are offering this service.

**Community**

1. During the month of March the staff volunteered 132.5 in the community.

**BOARD REPORT  
NURSING ADMINISTRATION 4-25-2020**

**Safety/Quality**

- We had 0 inpatient fall in March. We had 1 outpatient fall. There was no injury. The fall occurred at the clinic entrance.
- We were 50% compliant with our Sepsis patients in March. We had 4 patients. The issues dealt with antibiotic time frames and appropriateness.

**People**

- We completed one full day of training for our new defibrillators and dialysis. The second day of training was cancelled. The defibrillators have not been placed on the units. We are not accepting dialysis patients at this time.
- We have developed specific item for the COVID pandemic to include physician order sets, supply lists, triage protocols, Protected Code Gray procedures, algorithms for diagnosing, policies/procedures, etc
- I participated in a Texas Nurses Association conference call with Senator Cornyn on 4-15-2020. Nurses shared their concerns with the Senator regarding the shortage/reuse of PPE, the medication shortages and pay.

**Growth**

- Our COVID Unit is operational. Thank you to the staff for the foresight to develop the unit and to those who work the unit to care for our patients.

**Community**

- Thank you to all of our community for the donations to our staff.

Yours in service,

Judy Krupala, CNO



### Quality/Safety

- Provider entry increased to 78%, record high
- No inpatient falls, 1 visitor fall
- COVID-19 has consuming time and resources staying up with all information updates.
  - Disaster Command Center up and running - meeting daily, including weekends to assure processes, precautions, education and communications in place
  - ICU has been converted to a negative airflow unit and is functioning as our COVID unit
  - Weekly physician conference calls held to communicate updates to all physicians. Very well attended
  - Pushing politicians to support Tax District inclusion in payroll protection program

### People

- Staff are doing an amazing job with the updates that come out
- Staff feedback is positive with regard to CRH preparedness and communication
- Engagement Survey postponed
- Emily and Nikki with DMF working to get community support to honor our staff for hospital week (May 10-16)
- Staff VERY appreciative of the community support – food, notes, masks, etc!



### Growth


- Dialysis training postponed
- Dr. Lemley doing well and making an offer on a house in Cuero
- Dr. John Pulvino who was our very first Texas A&M Intern is interested in Cuero! Lining up phone conf/interview
- CardioPulmonary Rehab training program postponed


### Community

- Impressed with Community support of hospital
- Tami doing Facebook Live Workouts once per day
- Working with Congressmen/Reps to include Tax Districts in the Payroll Protection Program and to open up elective surgeries

### Service

- Please refer to service scores on the Quality Dashboards


 <b>FY 2020</b>	GOAL	Quality Improvement Dashboard											
		1Q2019			2Q2020			3Q2020			4Q2020		
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Quality/Patient Safety Metrics													
Total RL Solutions Reported		32	26	14	27	23	16						
Near Miss		2	5	0	3	2	3						
Precursor		21	15	11	21	15	12						
Serious Safety		1	0	1	0	1	0						
Medication Error	0	0	0	0	2	0	0						
Hand Off Communication Incidents	0	5	2	1	1	1	0						
2-patient identifier	95%	77%	92%	93%	97%	97%	94%						
Medication Override-Overall	<10%	13.0%	10.9%	9.1%	9.3%	6.6%	6.7%						
Medication Reconciliation complete < 24 hours	95%												
% Provider order entry	65%	70%	76%	68%	66%	75%	78%						
% Blood Transfusion Criteria compliance	95%	100%	100%	100%	100%	100%	100%						
% Chart Delinquency	<20%	19%	27%	30%	12%	4%	7%						
Total Falls	0	7	4	1	2	3	1						
Inpatient Fall Rate (# falls per 1000 pt days)	<2%	14.5%	0%	3.7%	3.4%	0%	0%						
Other Fall Rate (# other falls per consolidated APD)	<0.1%	0.19%	0.30%	0%	0.07%	0.30%	0.09%						
Patient Satisfaction													
Press Ganey Texas Rank Percentile													
HCAHPS: Overall Rating	75th	86	99	23	23	73	82						
HCAHPS: Would Recommend	75th	21	15	17	54	69	81						
OAS-CAHPS: Overall Rating	51st	57	46	94	12	14	99						
OAS-CAHPS: Would Recommend	51st	3	23	4	25	29	99						
HH-HCAHPS: Overall Rating	65th	22	99	99	99	99							
HH-HCAHPS Score: Would Recommend	65th	75	99	17	99	99							
Clinics Satisfaction: Overall Rating	51st	7	4	9	27	41	64						
Clinics Satisfaction: Would Recommend	51st	8	8	4	30	21	7						
ER Satisfaction: Overall Rating	75th	73	68	34	41	81	68						
ER Satisfaction: Would Recommend	75th	66	88	21	23	87	86						
Infection Control													
CAUTI	0	0	0	0	0	0	0						
CLABSI	0	0	0	0	0	0	0						
SSI	0	2	0	1	0	0	1						
Handwashing Compliance	95%	88%	88%	86%	94%	89%							
Goal Met													

 FY2020	GOAL	Core Measures Dashboard											
		1Q2019			2Q2020			3Q2020			4Q2020		
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Core Measures													
SEP-1 Sepsis Compliance	85%	80%	92%	80%	100%	100%	50%						
PC-01 Elective Delivery	<2%	0%	0%	0%	0%	0%	0%						
PC-02 Cesarean Birth	<33%	37.5%	0%	67%	100%	50%	0%						
PC-03 Antenatal Steroids	97%	100%											
PC-05 Exclusive Breast Milk Feeding	50%	50%	67%	20%	50%	27%	33%						
OP-2 Fibrinolytic Therapy received within 30 min	100%												
OP-23 Head CT/MRI results interpreted within 45 min of ER arrival	100%		100%										
OP-29 Appropriate follow up for Colonoscopy	100%	100%	100%	100%	100%	100%							
Goal Met													

 <b>FY 2020</b>	<b>GOAL</b>	<b>Clinics Quality Improvement Dashboard</b>											
		<b>1Q2019</b>			<b>2Q2020</b>			<b>3Q2020</b>			<b>4Q2020</b>		
		<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>
<b>Patient Satisfaction</b>													
<b>Press Ganey Texas Rank Percentile</b>													
Cuero Overall Satisfaction Score:	51st	10	1	10	52	15	21						
Cuero would recommend practice:	51st	6	6	8	61	13	8						
Goliad Overall Satisfaction Score:	51st	1	73	2	5	43	4						
Goliad would recommend practice:	51st	13	99	1	2	90	1						
Kenedy Overall Satisfaction Score:	51st	92	33	46	2	99	99						
Kenedy would recommend practice:	51st	99	99	10	2	99	99						
Parkside Overall Satisfaction Score:	51st	46	5	3	9	43	10						
Parkside would recommend practice:	51st	24	4	1	14	23	1						
Yorktown Overall Satisfaction Score:	51st	7	5	3	9	15	15						
Yorktown would recommend practice:	51st	7	4	9	15	6	1						
Combined Clinics Overall Satisfaction Score:	51st	7	4	9	27	25	25						
Combined Clinics would recommend practice:	51st	8	8	4	29	23	5						
Goal Met													

updated 4/9/2020



 CUERO REGIONAL HOSPITAL CUEROHEALTH	GOAL	Clinics Quality Measures Dashboard											
		1Q2019			2Q2020			3Q2020			4Q2020		
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
FY2020													
Quality/Patient Safety Metrics													
Total RL Solutions Reported for Clinics		3	7	1	2	7	2						
Near Miss		0	1	0	0	2	0						
Precursor		2	4	1	1	4	2						
Serious Safety		0	0	0	0	0	0						
Other		1	2	0	1	1	0						
Handwashing compliance			92%	88%	93%	87%	100%						
Core Measures													
Wait Time- average time from check-in to check-out	<60 mins	66 mins	67 mins	65 mins	65 mins	58 mins	53 mins						
Wait Time- average time from check-in to seeing nurse	<20 mins	18 mins	18 mins	20 mins	17 mins	14 mins	10 mins						
NQF 0034- Colorectal Cancer Screening according to USPSTF for patients 50-75 years of age	85%	74%	76%	73%	73%	75%	72%						
NQF 0069- children 3mths to 18yrs who were diagnosed with URI and were not dispensed an antibiotic on or three days after episode	85%	90%	87%	87%	88%	84%	84%						
NQF 0056- Diabetic Foot Exam for patients 18-75 yrs of age with diabetes (visual inspection, sensory exam w/mono filament, and pulse exam) during the measurement year	85%	69%	45%	53%	59%	61%	74%						
NQF 2372- Breast Cancer Screening with mammogram for women 50-74 years of age	75%	56%	60%	55%	47%	56%	53%						
NQF 0028- Smoking Cessation- patients age 18 & older who were screened for tobacco use & received tobacco cessation intervention if identified as tobacco user	85%	83%	80%	80%	84%	80%	80%						
Gestational Diabetes Mellitus (GDM) Screening- in pregnant women between 24-28wks gestation	90%	67%	60%	33%	87%	88%	75%						
Timely Chart Closure- percentage of charts open after date of encounter	<15%	41%	37%	29%	27%	27%	25%						
Timely Review of Results- number of providers w/results outstanding for month 48hrs after month end	0	10	7	9	8	4	4						
Goal Met													

updated 4/7/2020

# **AGENDA ITEM #1**

## **Annual Review and Approval of Plans – Review and Take Appropriate Action**

### **Attached:**

- a. Medical Safety Plan
- b. Utilization Review Plan
- c. Risk Management Plan
- d. Discharge Planning Program
- e. Quality Assessment/Performance Improvement Plan

TITLE: Medical Safety Plan	DEPARTMENT: Quality
LAST REVIEWED/REVISED DATE: 3/20	APPROVED BY: Medical Staff:
CMS CONDITION OF PARTICIPATION:	Board of Directors:

**SCOPE:** Cuero Regional Hospital, Cuero Health Clinics, Cuero Home Health, Cuero Wellness Center and any services furnished under contract or arrangement

**PURPOSE:** The Medical Safety plan is designed to support and promote the mission and vision of Cuero Health/Cuero Regional Hospital as it pertains to patient/visitor/employee safety. This plan will be implemented through the integration and coordination of the medical safety activities of all departments and patient care/patient support services including, but not limited to: Quality improvement, Epidemiology, Pharmacy, Environment of Care, Risk Management, Employee Health Program, Contracted services, Corporate Compliance, Purchasing, Laboratory, Patient Care Services, and Physicians.

**POLICY:** Cuero Regional Hospital is committed to promoting the safety of all patients, visitors, volunteers, healthcare workers and trainees. The organization-wide medical safety plan is designed to reduce medical/health system errors and hazardous conditions by utilizing continuous improvement to support and organizational safety culture as part of an ongoing, proactive effort in response to actual occurrences.

**STANDARD OF PRACTICE:**

1. Overview: Cuero Health/Cuero Regional Hospital leadership promotes an organizational safety climate that:
  - Encourages recognition, reporting and acknowledgement of risks to patients/visitors, employee safety and medical/healthcare errors
  - Initiates/monitors actions to reduce these risks
  - Internally reports the findings and actions taken
  - Promotes non-punitive environment for reporting and follow-up of medical errors
  - Supports staff who have been involved in a medical/healthcare error
  - Educates staff to assure that all members of the healthcare team participate in the program



- Assures that patient/families are informed about the results of care, including unexpected outcomes and medical/healthcare errors
- Consequences for not following policy and failure to report will come from the rules of conduct

2. Scope of the program:

a. Data will be obtained from internal monitoring of patient/employee safety and include:

- Processes that affect a large percentage of patients/employees
- Processes that place patients/employees at risk if they are not performed well, if they are performed when not indicated, and/or if they are not performed when indicated
- Processes that have been or are likely to be problem-prone

b. Data will be obtained from external sources including but not limited to:

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Institute for Healthcare Improvement (IHI)
- Institute for Safe Medication Practices (ISMP)
- JCAHO Standards and sentinel events alerts
- National Forum for Healthcare Quality Measurement and Reporting (NQF)
- Occupational Safety and Healthcare Administration (OSHA)

c. The types of occurrences to be addressed include, but are not limited to, near misses and actual events related to:

- Patient safety
- Adverse drug events and medication errors
- Nosocomial infections
- Patient falls
- Pressure ulcers
- Blood transfusion reactions
- Communicable disease exposures
- Surgical incidents
- Antimicrobial resistance patterns
- Use of restraints
- Other patient incidents/unexpected clinical events
- Visitor incidents
- Blood/body fluid exposure
- Occupational diseases
- Employee injuries



- Employee immunizations
  - Other employee incidents
  - Product and drug recalls
  - Product/equipment malfunctions
  - Water/air quality
  - Security incidents
  - Workplace violence
3. Procedure for immediate response to medical/healthcare errors will include:
    - a. Care of the affected patient
    - b. Containment of risk to others
    - c. Preservation of factual information for subsequent analysis
    - d. Internal and external reporting of information related to medical/healthcare error
    - e. Root cause analysis
    - f. Support of staff involved in the medical/healthcare error
  4. Roles and Responsibilities:
    - a. Governing body: The final authority and responsibility for the medical safety of patients and healthcare workers at Cuero Health/Cuero Regional Hospital rests with the Board of Trustees. A member of the hospital board serves as a member of the QA committee and the board receives quarterly and annual reports from the QA committee. The board designates the hospital leadership and management teams the responsibility for implementing performance improvement strategies in conjunction with the medical staff.
    - b. Quality Assurance Committee:
      - Ensures integration and assessment of medical safety needs through data collection and measurement
      - Delegates specific responsibility for medical safety improvement efforts to leadership and the medical staff and makes final recommendations regarding medical safety to the Board of Trustees
      - Structures the flow of information to ensure appropriate reporting and communication of key issues
      - Prioritizes medical safety improvement activities
      - Allocates resources for education and training; measuring, assessing and improving patient safety; assignment of adequate personnel to participate in activities to improve patient safety; allocation of adequate time for personnel to participate in activities to improve patient safety; and provision of information systems and data management process for improvement of patient safety

- Initiates and develops a consistent organization-wide medical safety program and identifies the involvement of other departments
  - Oversees comprehensive medical safety program of reduce adverse health events and makes recommendations for reductions in such events
  - Coordinates and oversees data collections, analysis, reporting (internal and external), improvement, and follow up activities related to medical safety
  - Reviews and evaluates services that are affected by safety/regulatory issues, identifies problems, makes recommendations for improvements and monitors services to ensure that safety/regulatory recommendations are instituted and the desired results are obtained
  - Provides interpretation and can implement policies related to medical safety, in accordance with external regulatory requirements
  - Proactively educates regarding medical safety issues, regulatory requirements and new statutes/guidelines
  - Ensures that RCA is completed within 45 days of becoming aware of a reportable event
  - Provides feedback to staff regarding the root cause analysis and action taken
- c. Medical staff: Cuero Regional Hospital's Chief of staff or his designee is a member of the QA committee and attends quarterly meetings and receives reports related to medical safety. The Medical staff is engaged in activities to measure, assess, and improve medical safety on a departmental and organization-wide basis.
5. Cuero Regional Hospital will submit the Annual Occurrence report to the Texas Department of Health. If applicable, will also include best care practice and safety measure report.
  6. All employees of Cuero Health/Cuero Regional Hospital will receive annual education as part of quality assurance education and training. Education includes, but is not limited to, Cuero Regional Hospital's non-punitive approach to medical errors, responsibility to report errors and near misses when they occur, and the process for reporting medical safety concerns/medical errors. All new hires to Cuero Regional Hospital will receive the same education and training as part of the orientation process.

#### DEFINITIONS:

**Near miss:** Any process variation that did not affect the outcome but for which a recurrence carries a significant chance of a serious adverse event.

**Hazardous condition:** Any set of circumstances (exclusive of disease or condition for which the patient is being treated) that significantly increases the likelihood of a serious adverse outcome.

**Adverse event:** An event that results in unintended harm to the patient by an act of commission or omission rather than by the underlying disease or condition of the patient.

**Medical error:** The failure of a planned action to be completed as intended, the use of wrong plan to achieve an aim, or the failure of an unplanned action that should have been completed, that results in an adverse event.

**Reportable event:** A medical error or adverse event or occurrence which the hospital is required to report to the Texas Department of Health.

**Serious Patient Adverse Event:** A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches the patient and may result in any of the following: death, permanent harm or severe temporary harm or the risk thereof.

Serious Patient Adverse Events include:

- A medication error resulting in a patient's unanticipated death or major permanent loss of bodily function in circumstances unrelated to the natural course of the illness or underlying condition of the patient
- A perinatal death unrelated to a congenital condition in an infant with a birth weight greater than 2500 grams
- The suicide of a patient in a setting in which the patient received care 24 hours a day
- The abduction of a newborn infant from the hospital or the discharge of a newborn infant from the hospital into the custody of an individual in circumstances in which the hospital knew, or in the exercise of ordinary care should have known, that the individual did not have legal custody of the infant
- The sexual assault of a patient during treatment or while the patient was on the premises of the hospital or facility
- A hemolytic transfusion reaction in a patient resulting from the administration of blood or blood products with major blood group incompatibilities
- A surgical procedure on the wrong patient or on the wrong body part of a patient
- A foreign object accidentally left in a patient during a procedure
- A patient death or serious disability associated with the use or function of a device designed for patient care that is used for functions other than is intended
- Unanticipated death or major permanent loss of function associated with a healthcare acquired infection

**Root cause analysis:** An interdisciplinary review process for identifying the basic or contributing causal factors that underlie a variation in performance associated with an adverse event or reportable event. It focuses primarily on systems and processes, includes an analysis of underlying cause and effect, progresses from special causes in clinical processes to common



causes in organizational processes, and identifies potential improvement in processes or systems. Outline of the RCA process includes:

**Part I: What happened?**

- Demographics (date, locations, etc.)
- Description of the event/near miss
- Listing of immediate actions taken
- Notation of prior similar events/near misses and action taken
- Due dates

**Part II: Why did it happen?**

- Brainstorming and flow charting
- Safe simulation of the event/near miss
- Document review
- Interviews
- Literature review
- Development of root cause statements
- Feedback
- Lessons learned

**Part III: What are we going to do to prevent it from happening again?**

- Development of actions and outcome measures
- CEO/Administration concurrence

Part I is to be completed by the Quality Director or his/her designee. The RCA team is responsible for Part II and Part III.



TITLE: Utilization Review Plan	DEPARTMENT: Case Management
LAST REVIEWED/REVISED DATE: 2/20	APPROVED BY: Medical Staff:
CMS CONDITION OF PARTICIPATION: 482.30	Board of Directors:

SCOPE: Hospital-wide

**PURPOSE:** The Utilization Review Plan of Cuero Regional Hospital shall apply to all categories of patient and shall not consider source of payment as a sole determinant in identifying patients for concurrent review. The review of patients shall focus on diagnoses, problems, procedures and/or practitioners with identified or suspected utilization related variances. The Utilization Review Plan shall apply to all patients in accordance with the guidelines set forth by regulated agencies.

**POLICY:** The Utilization Review Committee is established within the medical staff guidelines to insure the maintenance of high quality patient care; to insure that admissions, continued stays and hospital services are medically necessary and are provided in the most efficient and cost effective basis; and to identify patterns of care that inefficient and assist in establishing more efficient provisions of services through educational programs.

#### STANDARD OF PRACTICE:

1. Authority and responsibility:
  - a. The Utilization Review Committee is a standing committee composed of physicians and other professional personnel in accordance with medical staff by-laws and medical staff rules and regulations. The Utilization Review Committee shall be composed of two physician members who are representatives of the major departments or services of the hospital. Professional personnel representing other departments are to include the Utilization review coordinator, Nursing services, Administration, Quality Assurance and Medical Records.
  - b. Appointment of the chairperson and committee members will be made by the Chief of the Medical Staff in accordance with the existing by-laws and rules and regulations governing the organization of the medical staff committees.
  - c. Members, medical or other professional personnel, of the Utilization Review Committee shall not participate in the review of a case in which he/she is, or has been, professionally involved in the care of the patient.
  - d. No member of the Utilization Review Committee shall hold a financial interest in the hospital.
  - e. Physician members of the Utilization Review Committee will be available to the Utilization Review Committee on a daily basis for direct communications



regarding case referrals, and will be responsible for decisions on the medical necessity of admissions and continued hospital stays.

- f. The Utilization Review Coordinator will be an employee of the hospital, and will be an LVN or RN with experience in health care. He/she will be under the supervision of the Chief Financial Officer. The Utilization Review Coordinator will be responsible for completing admission and continued stay reviews; referring all cases which cannot be approved by the Utilization Review Committee to a physician member and/or physician advisor; and assuring that all requests for reconsiderations are routed to the fiscal intermediary and/or responsible review agency in a timely and appropriate manner.
2. Meetings: The Utilization Review Committee shall meet at least quarterly and fifty (50) percent of the total membership shall constitute a quorum. The chairperson may call special meetings when necessary.
  3. Records and reports: As a hospital committee established under the by-laws, the Utilization Review Committee's records and proceedings shall be confidential and shall only be used by the committee and its members in the exercise of the proper functions of the committee and shall not be made public or available for discovery. Permanent records will be maintained on all proceedings and actions taken of all committee meetings and will include:
    - a. Reports submitted by the Utilization Review Coordinator, other committees, administration, committee members and other review agencies.
    - b. Actions taken by the committee regarding the denial of admissions, continued stay, or medical services of any patient reviewed, and the reasons for such actions.
    - c. Review of the information and patient profiles to identify conditions associated with high costs, excessive utilization and/or unnecessary care.
    - d. Information and data will be maintained, as required, to provide for the identification of individual patients by appropriate means to assure confidentiality and compliance with all applicable regulations and payment of claims.
    - e. Minutes, reports, and records will be available with appropriate authorization to accreditation organizations, fiscal intermediaries and the Texas Department of Human Services and the Texas Medical Foundation.
  4. The Utilization Review Committee will use the Interqual hospitalization screening criteria for utilization review activities. If criteria elements are not present in the Interqual hospitalization screening criteria, physician members of the Utilization Review Committee will determine the medical necessity of hospitalization and services on an individual basis.
  5. If applicable a preadmission review to assess the patient's level of care and requirements for hospital services prospectively will be performed according to the preadmission screening procedure (See Utilization Review Policy and Procedure)
  6. Review of admissions for medical necessity and appropriateness of admission will be performed according to the admission review procedure.

7. Review of continued stay for medical necessity and appropriateness of service will be performed according to the continued stay procedure.
8. If approved by the medical staff and the board of directors, a Physician Advisor (PA) may be appointed. The PA will be responsible for reviewing cases referred by the Utilization Review Coordinator for evaluation of the medical necessity of admission or continued stay. The PA's decision on medical necessity will be made on the basis of the information contained in the medical record according to 2 principles: the patient has a medical condition which requires treatment; and the treatment can only be safely provided in the hospital setting.
9. Utilization review studies may be performed to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professional recognized standards of health care. The committee will consider study topics which may be identified by the Texas Medical Foundation.
10. The Utilization Review Plan will be reviewed at least annually and revised as needed. Any amendments in the plan will be effective upon approval of the Medical staff and Board of Directors.



TITLE: Risk Management Plan	DEPARTMENT: Quality
LAST REVIEWED/REVISED DATE: 3/20	APPROVED BY:
CMS CONDITION OF PARTICIPATION:	Medical Staff:
	Board of Directors:

**SCOPE:** Cuero Regional Hospital, Cuero Health Clinics, Cuero Home Health, Cuero Wellness Center and any services furnished under contract or arrangement

**PURPOSE:** The purpose of the Risk Management Plan at Cuero Health/Cuero Regional Hospital is to minimize the number of adverse occurrences and the number of losses (claims) relating to patients, employees, visitors, property, and physicians, while maintaining an unequaled level of measurable quality and productivity in the delivery of health care services in a safe, secure environment. The risk management function will foster the communications among various departments and committees to enhance problem resolution, facilitate corrective action, and prevent recurrences. To accomplish such, the risk management function identifies behavioral patterns and trends that have or may have jeopardized the safety of those involved, and reduces the probability of reoccurrence by revisiting the processes that led to the event.

**POLICY:** The Risk Management plan is to assure that an ongoing system of identifying and monitoring occurrences and trends for analysis to enable the organization to adapt processes and policies to improve outcomes. In addition it establishes an effective organizational and reporting structure to manage the risk management program to achieve its goals and objectives; assure compliance with applicable laws and regulatory requirements and provide appropriate reports to hospital leadership, Medical staff and the Governing Board.

#### STANDARD OF PRACTICE:

##### 1. Authority and responsibility:

- BOARD OF TRUSTEES

The Board of Trustees is ultimately responsible for the establishment, maintenance, and support of an ongoing Risk Management Program at Cuero Health/Cuero Regional Hospital, through and by appropriate medical and hospital staff. The Board of Trustees, through the Administrator, requires the medical staff and hospital staff to implement and report on incidents, occurrences, or behaviors that may jeopardize the safety of those involved,



analyze the variables and institute corrective action to modify those involved and reduce the probability of reoccurrence. The Board of Trustees, on a quarterly basis, reviews reports of risk management activities to verify results, monitor program effectiveness, and suggest future action.

- **QUALITY ASSURANCE COMMITTEE OF THE MEDICAL STAFF**

The Quality Assurance Committee of the Medical Staff, under the direction of the Board of Trustees, has been delegated the primary responsibility for the immediate technical direction and coordination of risk management activities from the Medical Staff reference; it is this Committee to which all other Medical Staff committees/departments send all risk management problems to for the purpose of review and action. It identifies unsafe behavioral patterns and incidents, analyzes the variables and institutes corrective action, either as a whole, or delegates this responsibility to the medical staff committee chairman. It requires feedback until problems are resolved.

- **ASSISTANT ADMINISTRATOR/SAFETY OFFICER**

As Assistant Administrator/Safety Officer of Cuero Health/Cuero Regional Hospital, working with the Board of Trustees, the Quality Assurance Committee of the Medical Staff, the Safety Committee, and the Risk Manager, he/she assures sufficient resources and staff is provided to effectively support the risk management activities within the organization. The Assistant Administrator/Safety Officer is responsible for the financial, managerial and technical direction of the Risk Management Program. The Assistant Administrator/Safety Officer, along with the Quality Director reviews all occurrence reports as filed.

- **QUALITY DIRECTOR**

Risk Management is the delegated responsibility of the Quality Director. The Assistant Administrator/Safety Officer delegates authority to the Quality Director to:

- a. Monitor and correlate all risk management information.
- b. Encourage all staff to complete a RL Solutions incident file for any and all events that have a break from process or anticipated outcome. Gather and determine if a RL Solutions has been filled out properly and processed as outlined in the Policy and Procedure Guidelines on Incident Reports and Investigations.

- c. Review incidents and/or claims; select those events most appropriate and/or necessitating detailed review.
- d. Review data accumulated from incident reports and other sources to identify incident or loss trends to be reported at the meeting for process review and improvement with the objective of reducing the type of incidents.
- e. Keep current on risk management techniques and current legislative and regulatory issues that affect risk management activities.

- EOC/SAFETY COMMITTEE

The EOC/Safety Committee is responsible for maintaining a Safety Program that is in compliance with guidelines and standards regulatory agencies. The Safety Committee's role in risk management is to review aggregate data collected on incidents or behavioral patterns that relate to safety or environmental issues, and to implement corrective action under the technical direction of the Assistant Administrator/Safety Officer.

- DEPARTMENT DIRECTORS

Department Directors are responsible for implementing the risk management program within their departmental jurisdiction. In cooperation with the Quality Director, they provide the technical assistance necessary to identify, assess, implement, monitor, and document their department's risk management activity. They are responsible for:

- a. Notifying the Quality Director of unsafe behaviors, or any happenings (occurrences) or accidents which are not consistent with the routine operation of the Hospital, completing RL Solution incident file as required and then insuring that such cycle through the system according to the dictates of Cuero Health/Cuero Regional Hospital's Policy/Procedure on Incident Reports and Investigations.
- b. Correcting unsafe behavior displayed by personnel within the department and insuring that equipment, furniture, etc., are utilized according to specifications.

## 2. Risk Management Activities

- Risk Identification-Proactive risk assessments will be used to identify areas of potential risk along with review of data and trends from the following data sources



- a. Incident reporting provides for early detection of problems or potential compensable events and provides a mechanism for an early investigation of serious incidents
  - b. Ongoing monitoring outcomes
  - c. Patient's medical record
  - d. Results of quality assurance studies
  - e. Licensure/accreditation survey reports
  - f. Findings of department/committee reports
  - g. Attorney requests for medical records, x-rays, lab reports
  - h. Data originating from third party payers/fiscal intermediaries
  - i. Patient comments and observations
  - j. Complaints from patient, visitors, physicians, employees or others
- **Assessment**
    - a. Failure Mode and Effects Analysis (FMEA) is a tool used to proactively assess risks so that appropriate policies may be implemented to avoid the issues identified
    - b. Once an actual or potential problem is identified, the Assistant Administrator will gather the key stakeholders to review the processes, common causes, special causes and determine the need for policy changes and next steps
    - c. The evaluation of physician directed care will be performed by the physician members of the medical staff during the medical peer review committee meetings.
  - **Mitigate/Resolve-Corrective action** will be implemented to eliminate or reduce the identified issue. Such action may include, but not be limited to:
    - a. Education/training programs
    - b. Implementation of new or revised policies
    - c. Staffing changes
    - d. Equipment changes
    - e. Counseling/guidance
    - f. Adjustment to clinical privileges or staff status

Periodic monitoring of the results of the corrective action will be conducted to assure that the identified issue has been eliminated or satisfactorily reduced, and that the results have been shared with the necessary committees and administrative personnel.

<b>TITLE:</b> <b>DISCHARGE PLANNING PROGRAM</b>	<b>DEPARTMENT:</b> <b>Case Management</b>
<b>LAST REVIEWED/REVISED DATE:</b> <b>2/2020</b>	<b>APPROVED BY:</b>
<b>CMS CONDITION OF PARTICIPATION:</b>	

**Scope:** Cuero Regional Hospital

**Purpose:** To provide guidelines for members of the Health Care Team to follow which will insure that all patients admitted to Cuero Regional Hospital receive the appropriate level of discharge planning necessary to insure their timely and efficient discharge.

To assure chart documentation provides pertinent information about interactions with patient/family, or any services arranged, to other members of the Health Care Team.

To define the discharge planning policy of this hospital and to establish an on-going monitoring mechanism for the development, implementation, and review of all discharge planning policies and procedures for hospital departments and services.

**Policy:** The hospital will develop and implement an effective discharge plan that focuses on the patient's goals and preferences and prepares patients and their caregivers/support person(s), to be active partners in post-discharge care, planning for post-discharge care that is consistent with patient's goals for care and treatment preferences, effective transition of the patient from the hospital to post discharge care, and the reduction of factors leading to preventable hospital readmissions.

It is the policy of Cuero Regional Hospital to provide a systematic, coordinated program for patients, designed to bring about the timely discharge of a patient from our facility to the next appropriate level of care. Discharge planning includes the patient, caregiver/support persons and the total health care team, as well as any necessary community services. The primary responsibility for the Discharge Planning Program will be provided by the RN Case Manager which will work in close cooperation with all the departments and services involved in discharge planning.

All inpatients admitted to Cuero Regional Hospital, all outpatients receiving observation services, all outpatient undergoing surgery or same day procedures for which anesthesia or moderate sedation are used, and emergency room patients identified by the emergency department practitioner responsible for the care of the patient as needing a discharge plan are to be evaluated for the level of assistance they will require in discharge planning. This process will be the responsibility of the entire Health Care Team and the team is responsible for identifying the anticipated discharge needs for each applicable patient within 24 hours after admission or registration, and the discharge planning process is to be completed prior to discharge home or transfer to another facility without unduly delaying the patient's discharge needs for each



applicable patient must be identified and the discharge planning process completed prior to discharge home or transfer to another facility and without unnecessarily delaying the patient's discharge or transfer.

The patient's discharge plan will be modified if reevaluations of the patient's condition identify changes that require modification of the plan. The discharge plan must be updated to reflect any modifications.

The practitioner responsible for the care of the patient must be involved in the ongoing process of establishing the patient's goals of care and treatment preferences that impact the discharge plan.

#### Standard of Practice:

1. The Discharge Planning Program has the following five components:

- A. Screening and Identification of Patients
- B. Needs Assessment
- C. Plan Development
- D. Plan Implementation
- E. Plan Evaluation/Reassessment

The process for carrying out the five stages of discharge planning at Cuero Regional Hospital will be as follows:

A. SCREENING AND IDENTIFICATION OF PATIENT

Every applicable patient will be screened for possible discharge planning intervention. (It is to be noted that not every patient will require direct intervention). Discharge planning, high-risk screening criteria have been developed that include medical diagnosis, psychological factors, and the patient's social situation. These criteria will serve as a trigger mechanism for formal discharge planning services. The initial screen will be applied by Nursing personnel during completion of the initial nursing assessment. The Case Management Department will screen all inpatients within 24 hours to 72 hours of admission for needed intervention. In addition, the patient, family, or physician may make a referral for assistance at any time. If a need for Social Service intervention is identified and the Case Management staff is not present, it is the responsibility of the discharge nurse to provide intervention and documentation.

The health care team will consider caregiver/support person and community based care availability and the patient's or caregiver's/support person's capability to perform required care including self-care, care from a support person, follow-up care from a community based provider, care from post-acute practitioners and facilities, or, in the case of a patient from other residential facility, care in that setting, as part of the identification needs.

The Criteria include but are not limited to:

- 1. Admitting diagnosis or reason for registration
- 2. Relevant co-morbidities and past medical and surgical history
- 3. Family or significant others or support systems

4. Anticipated ongoing care needs post-discharge
5. Ability to perform activities of daily living
6. Readmission risk
7. Placement probabilities
8. Home care needs, including equipment
9. Financial needs
10. Relevant psychosocial history
11. Communication needs, including language barriers, diminished eyesight and hearing and self-reported literacy of the patient, patient's representative or caregiver/support person.
12. Patient's access to non-healthcare services and community based care providers.
13. Patient's goals and treatment preferences.

In addition, the following criteria have been developed which, when observed, in combination of two or more at admission through Social Service and/or Nursing screening, will result in automatic referral to the Case Management Department for discharge planning:

1. Deficits (inadequacies) in the patient's support system, which directly affect health-care needs.
  - a. Patients living alone and without family or significant others
  - b. Aged patients who are significantly impaired
  - c. Patients who have been abandoned, abused, or neglected
  - d. Transients requiring continuity of services
  - e. Patients having difficulty with personal interaction and socialization skills
2. Functional impairments
  - a. Patients whose personal and family problems directly affect treatment and continuity of post-hospital care.
  - b. Patients requiring skilled nursing, custodial care, foster home care, specialized housing, and arrangements for other forms of post-hospital care.
  - c. Patients requiring specialized rehabilitation programs.
  - d. Patients admitted to the hospital from nursing homes, chronic care facilities, and foster homes.
  - e. Patients with impaired decision-making capabilities.
  - f. Patients with moderate to severe chronic diseases.
  - g. Patients with CVA's with moderate to severe functional losses.
  - h. Patients with brain damage and those with moderate to severe communication disorders.
  - i. Patients whose impairments necessitate changes in their education, employment and/or family roles.
  - j. Specialized prosthetic and equipment needs R/T mobility, appliances and medical care supplies such as dentures, eye glasses, and hearing aids.
3. Catastrophic (or life threatening) illness and stressful life events
  - a. Patients with end-stage renal disease
  - b. Patients with severe burns
  - c. Terminal illness



- d. Child abuse, neglect and/or abandonment
- e. Lead poisoning
- f. Sexual assault
- g. Crime victims and battered adults
- h. Patients with moderate to severe malnutrition

4. High risk populations

- a. High risk pregnancies
- b. The advanced aged (70 + Years) living alone or with severe diagnosis
- c. Premature and infants with low birth weight
- d. Alcohol and other forms of substance abuse
- e. Severe accident victims
- f. Emergency admissions requiring crisis intervention assistance

5. High risk admission diagnosis

- |                            |                                    |
|----------------------------|------------------------------------|
| a. Aneurysm                | o. Overdose                        |
| b. Brain tumor             | p. Ruptured disc                   |
| c. Burns                   | q. Septicemia                      |
| d. Coma                    | r. Spinal cord disease or injuries |
| e. CVA                     | s. Stab and gunshot                |
| f. Dementia                | t. Sub-arachnoid hemorrhages       |
| g. End-Stage Renal Disease | u. Sub-dural hematoma              |
| h. Failure to thrive       | v. Suicide attempts                |
| I. Gangrene                | w. Terminal Illness                |
| j. Hip fracture            | x. Respiratory or cardiac arrest   |
| k. Meningioma              |                                    |
| l. Metastatic Carcinoma    |                                    |
| m. MI                      |                                    |
| n. Multiple fractures      |                                    |

NOTE: All of these items are intended to be reviewed and considered in various combinations. The overall situation of the patient's medical, physical, psychological, and social needs with respect to individuality is the key to making a referral.

B. NEEDS ASSESSMENT

A continual process that will be performed by each member of the health care team to delineate patient needs and locate the appropriate service, such as home health, nursing home, etc.

PHYSICIAN

Upon admission and during all stages of the patient's hospital stay, the physician is responsible for:

- 1. Establishing an expected discharge date and communicating that date to the rest of the Health Care Team via progress notes, conferences, and updates for the nurses while making patient rounds daily.

2. Identifying patients who need more assistance with discharge planning.
3. Referring patients to Social Services as soon as possible.
4. Writing discharge orders early, on the day of discharge.
5. Completing all necessary paper work and summaries involved with the discharging of a patient.

#### NURSES

The nursing staff, having the most contact with the patient, will be in a position to easily identify patients who need discharge planning and will be responsible to:

1. Make a comprehensive assessment of the patient's need for discharge planning.
2. Establish appropriate nursing care plans to facilitate the discharge planning indicated for the patient.
3. Complete Admission Discharge Planning section of Review of Systems screen and indicate if Social Service Referral is needed.
4. Begin discharge education with the patient as soon as it is practical to do so.
5. In the absence of the Case Management staff, the discharge nurse is responsible for coordinating the patient discharge needs and documentation.

#### WARD CLERKS

The ward clerk is responsible for notification of Case Management Staff for referral of patients when order is written or given by physician.

1. Contact Case Management Staff by referral via Meditech giving **at least** the following information:
  - a. Patient name, Room number
  - b. Name of Physician
  - c. Type of arrangement needed

#### CASE MANAGEMENT STAFF

While the actual discharge planning for each patient is the shared responsibility of each member of the health care team, in the majority of the cases the primary responsibility for coordinating all efforts will be that of the Case Management Staff.

1. Case Management Staff will screen the ROS, plan of care and chart of all admissions to determine the necessity and level of early intervention for discharge planning.
2. Case Management Staff will interview the identified patient and/or available family to evaluate patient/family situation and their understanding and response to change in function.
3. Case Management Staff will read the patient's chart for any medical/social history or information deemed appropriate. Information can be found in History & Physical Report, Progress notes from Physicians, Dietary Department,



Respiratory Therapy, Physical Therapy, and Nursing. Consult with appropriate clinical disciplines as needed.

4. If after screening of admission information and visit with patient, extended intervention is deemed appropriate; Case Management staff will initiate the Discharge Planning/Social Service Referral screen.
6. Additional information will be documented under DISCHARGE PLANNING ROUNDS as the patient's plan of care is continuously re-evaluated.
7. Case Management Staff will check with House Supervisor to review those patients known to be scheduled for dismissal on that day. Problems or gaps in service will be identified and dealt with immediately in an effort to expedite timely dismissal.

C. PLAN DEVELOPMENT

Discharge Planning is a joint process involving members of the Health Care Team, the patient, caregiver/support person and necessary outside agencies. Discharge Planning is a coordinated effort designed to bring about a timely discharge of patients to the next appropriate level of care or to return them to their previous living situation. If the patient was admitted from a nursing facility, the patient will return to that nursing facility unless the physician deems the patient requires a higher level of care that the nursing facility agrees they cannot provide. If the patient and/or family have concerns about the nursing facility from which they were admitted, the Case Manager will notify the facility's Administrator and arrange a care conference with the patient and/or family and the nursing facility.

If the patient requires a HHA, SNF, IRF or LTCH the Case Management department will assist the patients, their families, or the patient's representative in selecting the post-acute provider by using and sharing data that includes but is not limited to data on quality measures and data on resource use measures. The discharge plan will address the patient's goals and treatment preferences. The patient and caregiver/support person will be informed of the final plan to prepare them for post-hospital care.

MULTIDISCIPLINARY DISCHARGE PLANNING COMMITTEE

A Discharge Planning Committee chaired by Social Service will (1) monitor the Discharge Planning Program to insure that (a) appropriate patient discharge planning is provided, and (b) the appropriate level of care is provided, and (2) make recommendation for changes in the hospital Discharge Program to Hospital Administration. The Discharge Planning team meets weekly to review the discharge plans of all patients in the hospital.

This committee will be representative of the Health Care Team and its members. Members of the Discharge Planning committee include Unit Head Nurses, Case Management, Physical Therapist, Dietitian, and Respiratory Therapist or their appointed substitutes. Input from all clinical services is solicited as indicated when deficits in functions are identified as needing intervention. In addition, consideration may be given

to services available through departments whose representatives serve on the Discharge Planning Committee.

Attendance records will be kept by Case Management staff, who will also document in the patient record under Discharge Planning Rounds any pertinent information obtained.

The Discharge Planning Process recognizes the Patient's Bill of Rights and reflects the MISSION of Cuero Regional Hospital: "TO PROVIDE COMPASSIONATE CARE TO THOSE WE SERVE WITH A COMMITMENT TO EXCELLENCE IN ALL WE DO." Patients are entitled to health care that is effective and personal, that respects individuality and considers not only immediate problems, but also their consequences and provides for continued care needs. A well-informed patient/family that is involved in his/her plan of care, is the central component of an effective Discharge Plan. If a patient exercises the right to refuse to participate in discharge planning or to implement a discharge plan, Documentation of the refusal will be documented in the patient's Medical record.

The Case Management Staff will maintain a working knowledge of referral sources in area skilled nursing facilities, intermediate care facilities, private sitters, assisted living centers, home care agencies, etc.

The Case Management Staff will assist the patient and family to identify their concerns related to discharge, including physical, environmental, financial, psychological, and functional impairments; and to assist patient and family to develop practical ways to deal with their discharge plan.

The Case Management Staff will assist the patient and family to access the Health Care Team by providing information about available community services and financial considerations regarding discharge plans.

D. PLAN IMPLEMENTATION

Implementation of the Discharge Plan involves the coordination of active efforts of the Health Care Team and the patient/family.

The patient and family are offered choices of desired providers for needed referrals and are informed of financial/insurance details.

Case Management, Nursing, and Ancillary departments will coordinate discharge arrangements for patients requiring equipment and supplies for home care, home care referrals, and appropriate community service referrals.

Whenever skilled or intermediate long term care facility placement is indicated, the Case Management or Nursing staff will coordinate and handle all contacts and arrangements needed to effect placements. Families will be sent to the facility to complete necessary paperwork prior to discharge, or in some instances, the admitting staff will come to the hospital to see the patient.

E. PLAN EVALUATION/REASSESSMENT



The Discharge Planning Program undergoes continual monitoring and refinement so that the most suitable plans are developed to meet the patient's after-care needs.

Medical staff, other healthcare facilities and professionals who provide care to discharged patients (i.e. Home Health, LTAC facilities, nursing homes/SNF, and Hospice agencies) are encouraged to provide input in the discharge planning process at Cuero Regional Hospital.

#### **ACKNOWLEDGEMENT AND APPROVAL:**

The Discharge Planning Program has been reviewed and approved.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Director

\_\_\_\_\_  
Date



TITLE: <b>QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT PLAN</b>	DEPARTMENT: Quality
LAST REVIEWED/REVISED DATE: 3/20	APPROVED BY: Medical Staff:
CMS CONDITION OF PARTICIPATION: 482.21	Board of Directors:

**SCOPE:** Cuero Regional Hospital, Cuero Health Clinics, Cuero Home Health, Cuero Wellness Center and any services furnished under contract or arrangement

**PURPOSE:** Cuero Health/Cuero Regional Hospital is committed to maintaining an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The governing body will ensure that the program reflects the complexity of the hospital's organization and services and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.

**POLICY:** The Quality Assessment program will include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. Cuero Regional Hospital will measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.

**STANDARD OF PRACTICE:**

1. Executive responsibilities: The hospital's governing board, medical staff, and administrative officials are responsible and accountable for ensuring the following:
  - An ongoing program for quality improvement and patient safety, including the reduction of medical errors is defined, implemented, and maintained.
  - The organizational-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated.
  - Clear expectations for safety are established.
  - Adequate resources are allocated for measuring, assessing, improving, and sustaining the organization's performance and reducing the risk to patients.
  - The determination of the number of distinct improvement projects is conducted annually.
  - An annual evaluation of all contracted services is performed.
2. Program data: The Quality Assessment program will incorporate quality indicator data including patient care data, and other relevant data. The data collected will be used to monitor the



effectiveness, safety of services, quality of care, and to identify opportunities for improvement and changes that will lead to improvement. The frequency and detail of data collection will be specified by the governing board.

3. Program Activities: Cuero Health/Cuero Regional Hospital will set priorities for its performance improvement activities that:

- Focus on high-risk, high volume, or problem prone areas
- Consider the incidence, prevalence, and severity of problems of those areas
- Affect health outcomes, patient safety, and quality of care

4. Performance improvement projects will use the PDCA model to analyze causes and implement preventive actions with mechanisms that include feedback and learning throughout the hospital. Cuero Health/Cuero Regional Hospital will take actions aimed at performance improvement and, after *implementing* those actions; the hospital must measure its success, and track performance to ensure that improvements are sustained.

5. Data collection: Ongoing data collection on important processes or outcomes related to patient care and organization performance is required by all patient care services including the following:

- operative, other invasive, and non-invasive procedures that place patients at risk
- processes related to medication use
- processes related to the use of blood and blood components
- problems identified by infection control officer
- outcomes related to resuscitation
- restraint use
- seclusion when it is part of the care or services provided
- readmissions
- medical records evaluation
- incident reports
- transfers

Other data collection that the organization may consider for collection is:

- risk management
- utilization management
- staff opinions and needs
- autopsy results when performed
- customer demographics and diagnoses
- research data
- appropriateness and effectiveness of pain management

All departments are required to compile their ongoing data collection and submit it to the Quality Director on a quarterly basis. A plan of correction is required on the report for any indicator that fails to meet the threshold. The report will be reviewed by the Quality Assessment/Performance Improvement Committee and then presented to the Board of Directors on a quarterly basis.



6. Incident reports will be completed on the following events:

- **Near Miss Event:** A near miss event is an event that does not reach the patient because the error is caught by a detection barrier designed to prevent error.
- **Precursor Safety Event:** A precursor safety event is an event that reaches the patient and results in minimal or no detectable harm.
- **Serious Patient Adverse event:** A SPAE (Serious Patient Adverse event) is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches the patient and may result in any of the following: death, permanent harm or severe temporary harm or the risk thereof. Cuero Health/Cuero Regional Hospital will ensure that when a SPAE occurs in our organization, that the appropriate individuals within the organization be made aware of the event; the event be investigated and the causes that underline the event; and changes be made in the organization's systems and process to reduce the probability of such an event in the future. The Quality Director will be responsible for the following:
  - a. Determining if the occurrence is a SPAE (Serious Patient Adverse Event)
  - b. Determining if it is reportable to Texas Department of Health
  - c. Investigate and document root cause analysis of the occurrence within 45 days of the event
  - d. Coordinate staff to determine risk reduction strategy and action plan that includes measurement of the effectiveness of process and system improvements to reduce risk
  - e. Report all events, investigations and action taken to Administration, Medical Staff and Board of Directors through the Quality Assurance Process
  - f. Provide TDH at least one report of Cuero Health/Cuero Regional Hospital's best practices and safety measures related to the reported event
  - g. Meet at least quarterly to review the quarterly Quality Assurance/Performance Improvement Report

7. Cuero Health/Cuero Regional Hospital is required to report the following adverse events to the Texas Department of Health:

**First Tier PAE Reporting Beginning January 1, 2015**

- Surgeries or invasive procedures involving a surgery on the wrong site, wrong patient, wrong procedure.
- Foreign object retained after surgery.
- Post-operative death of an ASA Class 1 Patient.
- Discharge or release of a patient of any age, who is unable to make decisions, to someone other than an authorized person.
- Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, wrong gas, or are contaminated by toxic substances.
- Abduction of a patient of any age.
- Sexual abuse or assault of a patient within or on the grounds of a health care facility.
- Patient death or severe harm resulting from a physical assault that occurs within or on the grounds of a health care facility.
- Patient death or severe harm associated with a fall in a health care facility resulting in a fracture, dislocation, intracranial injury, crushing injury, burn or other injury.
- Patient death or severe harm associated with unsafe administration of blood or blood products.
- Patient death or severe harm resulting from the irretrievable loss of an irreplaceable biological specimen.
- Patient death or severe harm resulting from failure to follow up or communicate laboratory, pathology or radiology test results.
- Patient death or severe harm associated with use of physical restraints or bedrails while being cared for in a health care facility.
- Perinatal death or severe harm (maternal or neonate) associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility.



#### **Second Tier PAE Reporting Beginning January 1, 2016**

- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) after total knee replacement or after hip replacement.
- Iatrogenic Pneumothorax with venous catheterization.
- Stage III, Stage IV or Unstageable pressure ulcer acquired after admission/presentation to a health care facility.
- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed health care provider.
- Patient suicide, attempted suicide or self-harm that results in severe harm, while being cared for in a health care facility.
- Patient death or severe harm associated with patient elopement.
- Patient death or severe harm associated with an electric shock while being cared for in a health care facility.
- Patient death or severe harm associated with a burn incurred from any source while being cared for in a health care facility.
- Patient death or severe harm associated with the introduction of a metallic object into the MRI area.

#### **Third Tier PAE Reporting Beginning January 1, 2017**

- Surgical site infections following a spinal procedure, shoulder procedure, elbow procedure, laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery or cardiac implantable electronic device.
- Artificial insemination with the wrong donor sperm or wrong egg.
- Poor glycemic control: hypoglycemic coma.
- Poor glycemic control: diabetic ketoacidosis.
- Poor glycemic control: nonketotic hyperosmolar coma.
- Poor glycemic control: secondary diabetes with ketoacidosis.
- Poor glycemic control: secondary diabetes with hyperosmolarity.
- Patient death or severe harm associated with the use of contaminated drugs/devices or biologics provided by the health care facility.
- Patient death or severe harm associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.
- Patient death or severe harm associated with intravascular air embolism that occurs while being cared for in a health care facility.
- Patient death or severe harm associated with a medication error.

8. Cuero Health/Cuero Regional Hospital will provide support to staff who has been involved in a SPAE including but not limited to counseling, clergy, education/competency assessment, peer review process and rules of conduct if applicable.
9. Intensive assessments: Intensive assessments will occur whenever the following occurs or comparison shows:
  - levels of performance, patterns, or trends vary significantly and undesirably from those expected
  - performance varies significantly and undesirably from that of other organizations
  - performance varies significantly and undesirably from recognized standards
  - confirmed transfusion reactions
  - significant adverse drug reactions
  - major discrepancy or patterns of discrepancies between pre-operative and post-operative pathology and or diagnoses
  - significant adverse events associated with anesthesia use
10. Record Keeping: Accurate minutes of all QA Council meetings and project meetings will be maintained, including names of team members present and description of processes presently in progress and the results, conclusions and actions taken and committee recommendations. All QA materials, meeting minutes and medical records will be maintained and treated in a confidential manner.
11. Quality Assurance program evaluation: The QA program will be reviewed at least annually and revised as needed. Any changes in the program will be effective upon approval of the Board of Directors.



# **AGENDA ITEM #2**

## **Capital Expenditure Request to Convert Chiller #2 to 460 Volt Power – Review and Take Appropriate Action**

### **Attached Proposals:**

**Emergency Approval by Mr. Wheeler on 4/1/2020**

Trane	\$25,617.00	RECOMMENDED
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HOSPITAL/ENTITY	Cuero Regional Hospital			DATE PREPARED	4/1/2020
DEPARTMENT	Maintenance				
Is the requested purchase in compliance with the Healthtrust GPO?					
D E S C R I P T I O N	PROJECT NAME			Convert Chiller #2 to 460 Volt Power	
	PROJECT DESCRIPTION			Remove 208 Volt Wye/Delta Starter and install new 460 volt starter. Rewind 208 volt motor to 460 volt	
	JUSTIFICATION			Indicate present situation, need for the item requested and alternative considerations.	
	BUDGET REFERENCE			Amount Budgeted	
	BUDGET LINE ITEM			IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?	
F I N A N C I A L	EQUIPMENT/PROJECT COSTS		Attach copies of proposals		ASSET DISPOSITION DATA
			Bid #1	Bid #2	Bid #3
	Name of Bidder		Trane		
	Land and/or Acquisition				
	Construction				
	Equipment				
	TOTAL COSTS		\$25,617.00		
	Less Trade In				
	NET CAPITAL REQUIRED				
	RECOMMENDATION (Check one)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
A U T H O R I Z A T I O N	DEPARTMENT HEAD				DATE: 4/1/2020
	SLT LEADER				DATE: 4/1/20
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER				DATE: 4/1/20
					DATE:
	Board Member Signature if greater than \$5,000				DATE:

Approved for emergency basis by R Wheeler on  
4/1/20 @ 11:40 am

FROM: CUERO REGIONAL HOSPITAL  
2550 N. ESPLANADE  
CUERO TX 77954  
FAX: 361-275-0178  
GLOBAL LOCATION NUMBER:

PURCHASE ORDER #: C65680

PAGE 1

TO: TRANE U.S. INC.  
3600 PAMMEL CREED RD  
LA CROSSE, WI 54601-7599

\*\*\* IMPORTANT \*\*\*

1. ALL DELIVERIES MUST BE MADE TO: 2550 N. ESPLANADE  
CUERO TX 77954
2. INCLUDE IN ALL SHIPMENTS A PACKING SLIP SHOWING CONTENTS  
AND PURCHASE ORDER NUMBER.
3. SHOW OUR ORDER NUMBER ON ALL INVOICES, PACKAGES,  
SHIPPING PAPERS, PACKING SLIPS AND CORRESPONDENCE.
4. RENDER INVOICE IN DUPLICATE TO: 2550 N. ESPLANADE  
CUERO TX 77954

SHIP VIA:

VENDOR #: H0365 ACCT #: 135559-299036

TERMS: INV NET 1

FOB: 210-657-0901 X150 CELIA STEWART A/R

PO#: C65680 PO DATE: 04/01/20 EXPECTED DELIVERY: 04/01/20

PO TYPE: CAPITAL STATUS: OPEN PURCHASE ORDER TYPE: REGULAR

BUYER: DIET.SW - EDWARDS,SUSAN

TX EXEMPT PURCHASE CERT. # 74-6075588

LINE	ITEM #	VENDOR CATLG #	QTY UP	DESCRIPTION	COST UP	EXT COST	TAX
	MANUF CATLG #		PACKAGING INFO		G/L ACCOUNT		
	GTIN						
	MANUFACTURER			DEPT or INVEN/ADD'L DESC			DELIVER TO
1	07172		1 EA	REPAIRS EQUIPMENT	25617.0000 EA	25617.00	N
			EA		01.8360.6230		
				01.8360 - MAINTENANCE			
				CONVERT CHILLER #2 TO 460 VOLT POWER			
				TOTAL:		25617.00	

NOTE: ACCEPTANCE OF THIS ORDER CONSTITUTES AGREEMENT WITH ALL TERMS AND CONDITIONS  
ON THIS ORDER. A COPY OF YOUR ACKNOWLEDGEMENT TERMS  
WILL NOT BE ACCEPTED AS AN OBJECTION TO OUR TERMS AND CONDITIONS.

BY:

  
AUTHORIZED SIGNATURE



# Trane Service Proposal Chiller Conversion



**Local Trane Representative:**

Andrew Guthrie  
Account Manager  
Trane U.S. Inc. dba Trane  
9535 Ball St. Bldg #10, Suite 1100  
San Antonio, TX. 78217  
Cell: (210) 501-6883  
Office: (210) 657-0901



Date: **31 March, 2020**  
**PROPOSAL and Contract ID: 2550327Rev2**



Cuero Regional Hospital  
2550 N Esplanade St  
Cuero, TX 77954

**ATTENTION:** Rick Caron

**PROJECT NAME:** Cuero Chiller Conversion

We are pleased to offer you this proposal for performance of the following services for the Equipment listed. Services will be performed using Trane's Exclusive Service Procedure to ensure you get full benefit of our extensive service experience, coupled with the distinct technical expertise of an HVAC Equipment manufacturing leader. Our innovative procedure is environmentally and safety conscious, and aligns expectation of work scope while providing efficient and productive delivery of services.

#### **EQUIPMENT LIST**

<b>Equipment</b>	<b>Qty</b>	<b>Manufacturer</b>	<b>Model Number</b>	<b>Serial Number</b>
Centrifugal Chiller	1	Trane	CVHE050BA3Y0A	L04G03441

#### **SCOPE OF SERVICE – Convert Unit to 460V**

- Repair Bearing Journal Area
- Rewind 208V Motor to 460V
- Convert existing 208V starter to 460V starter (please read note below)\*
- Includes 1 year service agreement
  - Vibration analysis
  - Oil and refrigerant analysis
  - 1 annual and 1 running inspection.

\* Note: Converting the 208V starter to 460V will probably void the UL listing of the starter. Existing 208V contactors are rated for up to 600V and will not be replaced as they are compatible with 460/3. The control voltage transformer, Current Transducers, and resistors will be replaced for compatibility with 460 volt. The existing wire and bus bars are sized for the higher amp draw at 208 and therefore will not be replaced (reduced amperage at 460 volt). All componentry will meet requirements for NEC. Modified starter will have the same and/or similar componentry as our standard UL Listed version, but will not be able to be UL Listed.

#### **Clarifications**

1. ASHRAE Std. 15 requirements for refrigerant monitor and self-contained breathing apparatus are not included. Please request a separate proposal if the equipment room does not meet this requirement.
2. Disposal of waste oil shall be handled by Trane in accordance with EPA regulation and Trane oil disposal policy.
3. The existing insulation will be re-used when possible. New insulation, if necessary, will be quoted in addition to this proposal.
4. Labor is at normal working hours only.

**PRICING AND ACCEPTANCE:**

**NET PRICE:** \_\_\_\_\_ **50,173.00 USD**

- 24,556.40 repair  
to Bearing journal area  
on motor

\$25,617.00

**CLARIFICATIONS**

1. Applicable taxes are not included and will be added to the invoice.
2. Any service not listed is not included.
3. Work will be performed Monday through Friday during normal business hours.
4. This proposal is valid for 30 days from March 31<sup>st</sup>, 2020.

I appreciate the opportunity to earn your business, and look forward to helping you with all of your service needs. Please contact me if you have any questions or concerns.

Sincerely,

Andrew Guthrie  
Account Manager  
Cell: 210-501-6883  
[Andrew.Guthrie@Trane.com](mailto:Andrew.Guthrie@Trane.com)

**This agreement is subject to Customer's acceptance of the attached Trane Terms and Conditions – Quoted Service.**

**CUSTOMER ACCEPTANCE**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Purchase Order

\_\_\_\_\_  
Acceptance Date

*Regulated by The Department of Licensing and Registration, P.O. Box 12157,  
Austin, TX. 78711, (800) 803-9202, (512) 463-6599, [www.tdlr.texas.gov](http://www.tdlr.texas.gov), TACLA008755C*



**TERMS AND CONDITIONS – QUOTED SERVICE**  
“Company” shall mean Trane U.S. Inc. dba Trane.

To obtain repair service within the scope of Services as defined, contact your local Trane District office identified on the first page of the Agreement by calling the telephone number stated on that page. That Trane District office is responsible for Trane's performance of this Agreement. Only Trane authorized personnel may perform service under this Agreement. For Service covered under this Agreement, Trane will be responsible for the cost of transporting a part requiring service.

**1. Agreement.** These terms and conditions are an integral part of Company's offer and form the basis of any agreement (the “Agreement”) resulting from Company's proposal (the “Proposal”) for the services (the “Services”) on equipment listed in the Proposal (the “Covered Equipment”). **COMPANY'S TERMS AND CONDITIONS ARE SUBJECT TO PERIODIC CHANGE OR AMENDMENT.**

**2. Connected Services.** In addition to these terms and conditions, the Connected Services Terms of Service (“Connected Services Terms”), available at <https://www.trane.com/TraneConnectedServicesTerms>, as updated from time to time, are incorporated herein by reference and shall apply to the extent that Company provides Customer with Connected Services, as defined in the Connected Services Terms.

**3. Acceptance.** The Proposal is subject to acceptance in writing by the party to whom this offer is made or an authorized agent (“Customer”) delivered to Company within 30 days from the date of the Proposal. If Customer accepts the Proposal by placing an order, without the addition of any other terms and conditions of sale or any other modification, Customer's order shall be deemed acceptance of the Proposal subject to Company's terms and conditions. If Customer's order is expressly conditioned upon the Company's acceptance or assent to terms and/or conditions other than those expressed herein, return of such order by Company with Company's terms and conditions attached or referenced serves as Company's notice of objection to Customer's terms and as Company's counter-offer to provide Services in accordance with the Proposal. If Customer does not reject or object in writing to Company within 10 days, the Company's counter-offer will be deemed accepted. Customer's acceptance of the Services by Company will in any event constitute an acceptance by Customer of Company's terms and conditions. In the case of a dispute, the applicable terms and conditions will be those in effect at the time of delivery or acceptance of the Services. This Agreement is subject to credit approval by Company. Upon disapproval of credit, Company may delay or suspend performance or, at its option, renegotiate prices and/or terms and conditions with Customer. If Company and Customer are unable to agree on such revisions, this Agreement shall be cancelled without any liability, other than Customer's obligation to pay for Services rendered by Company to the date of cancellation.

**4. Cancellation by Customer Prior to Services; Refund.** If Customer cancels this Agreement within (a) thirty (30) days of the date this Agreement was mailed to Customer or (b) twenty (20) days of the date this Agreement was delivered to Customer, if it was delivered at the time of sale, and no Services have been provided by Company under this Agreement, the Agreement will be void and Company will refund to Customer, or credit Customer's account, the full Service Fee of this Agreement that Customer paid to Company, if any. A ten percent (10%) penalty per month will be added to a refund that is due but is not paid or credited within forty-five (45) days after return of this Agreement to Company. Customer's right to cancel this Agreement only applies to the original owner of this Agreement and only if no Services have been provided by Company under this Agreement prior to its return to Company.

**5. Cancellation by Company.** This Agreement may be cancelled by Company for any reason or no reason, upon written notice from Company to Customer no later than 30 days prior to performance of any Services hereunder and Company will refund to Customer, or credit Customer's account, that part of the Service Fee attributable to Services not performed by Company. Customer shall remain liable for and shall pay to Company all amounts due for Services provided by Company and not yet paid.

**6. Services Fees and Taxes.** Fees for the Services (the “Service Fee(s)”) shall be as set forth in the Proposal and are based on performance during regular business hours. Fees for outside Company's regular business hours and any after-hours services shall be billed separately according to the then prevailing overtime or emergency labor/labour rates. In addition to the stated Service Fee, Customer shall pay all taxes not legally required to be paid by Company or, alternatively, shall provide Company with acceptable tax exemption certificates. Customer shall pay all costs (including attorneys' fees) incurred by Company in attempting to collect amounts due.

**7. Payment.** Payment is due upon receipt of Company's invoice. Company reserves the right to add to any account outstanding for more than 30 days a service charge equal to the lesser of the maximum allowable legal interest rate or 1.5% of the principal amount due at the end of each month. Customer shall pay all costs (including attorneys' fees) incurred by Company in attempting to collect amounts due or otherwise enforcing these terms and conditions.

**8. Customer Breach.** Each of the following events or conditions shall constitute a breach by Customer and shall give Company the right, without an election of remedies, to terminate this Agreement or suspend performance by delivery of written notice: (1) Any failure by Customer to pay amounts when due; or (2) any general assignment by Customer for the benefit of its creditors, or if Customer becomes bankrupt or insolvent or takes the benefit of any statute for bankrupt or insolvent debtors, or makes or proposes to make any proposal or arrangement with creditors, or if any steps are taken for the winding up or other termination of Customer or the liquidation of its assets, or if a trustee, receiver, or similar person is appointed over any of the assets or interests of Customer; (3) Any representation or warranty furnished by Customer in connection with this Agreement is false or misleading in any material respect when made; or (4) Any failure by Customer to perform or comply with any material provision of this Agreement. Customer shall be liable to the Company for all Services furnished to date and all damages sustained by Company (including lost profit and overhead).

**9. Performance.** Company shall perform the Services in accordance with industry standards generally applicable in the state or province where the Services are performed under similar circumstances as of the time Company performs the Services. Company is not liable for any claims, damages, losses, or expenses, arising from or related to work done by or services provided by individuals or entities that are not employed by or hired by Company. Company may refuse to perform any Services or work where working conditions could endanger property or put at risk the safety of people. Parts used for any repairs made will be those selected by Company as suitable for the repair and may be parts not manufactured by Company. Customer must reimburse Trane for services, repairs, and/or replacements performed by Trane at Customer's request beyond the scope of Services or otherwise excluded under this Agreement. The reimbursement shall be at the then prevailing applicable regular, overtime, or holiday rates for labor/labour and prices for materials. Prior to Trane performing the additional services, repairs, and/or replacements, Customer may request a separate written quote stating the work to be performed and the price to be paid by Customer for the work.

**10. Customer Obligations.** Customer shall: (a) provide Company reasonable and safe access to the Covered Equipment and areas where Company is to work; and (b) unless otherwise agreed by Customer and Company, at Customer's expense and before the Services begin, Customer will provide any necessary access platforms, catwalks to safely perform the Services in compliance with OSHA, state, or provincial industrial safety regulations or any other applicable industrial safety standards or guidelines.

**11. Exclusions.** Unless expressly included in the Proposal, the Services do not include, and Company shall not be responsible for or liable to the Customer for, any claims, losses, damages or expenses suffered by the Customer in any way connected with, relating to or arising from any of the following:



- (a) Any guarantee of room conditions or system performance;
- (b) Inspection, operation, maintenance, repair, replacement or performance of work or services outside the Services;
- (c) Damage, repairs or replacement of parts made necessary as a result of the acts or omission of Customer or any Event of Force Majeure;
- (d) Any claims, damages, losses, or expenses, arising from or related to conditions that existed in, on, or upon the premises before the effective date of this Agreement ("Pre-Existing Conditions") including, without limitation, damages, losses, or expenses involving a Pre-Existing Condition of building envelope issues, mechanical issues, plumbing issues, and/or indoor air quality issues involving mold/mould, bacteria, microbial growth, fungi or other contaminants or airborne biological agents; and
- (e) Replacement of refrigerant is excluded, unless replacement of refrigerant is expressly stated as included with the Proposal.

**12. Limited Warranty.** Company warrants that: (a) the material manufactured by Company and provided to the Customer in performance of the Services is free from defects in material and manufacture for a period of 12 months from the earlier of the date of equipment start-up or replacement and (b) the labor/labour portion of the Services is warranted to have been properly performed for a period of 90 days from date of completion (the "Limited Warranty"). Company obligations of equipment start-up, if any are stated in the Proposal, are coterminous with the Limited Warranty period. Defects must be reported to Company within the Limited Warranty period. Company's obligation under the Limited Warranty is limited to repairing or replacing the defective part at its option and to correcting any improperly performed labor/labour. No liability whatsoever shall attach to Company until the Services have been paid for in full. Exclusions from this Limited Warranty include claims, losses, damages, and expenses in any way connected with, related to, or arising from failure or malfunction of equipment due to the following: wear and tear; end of life failure; corrosion; erosion; deterioration; Customer's failure to follow the Company-provided maintenance plan; unauthorized or improper maintenance; unauthorized or improper parts or material; refrigerant not supplied by Trane; and modifications made by others to Company's equipment. Company shall not be obligated to pay for the cost of lost refrigerant or lost product. Some components of Company equipment may be warranted directly from the component supplier, in which case this Limited Warranty shall not apply to those components and any warranty of such components shall be the warranty given by the component supplier. Notwithstanding the foregoing, all warranties provided herein terminate upon termination or cancellation of this Agreement. Equipment, material and/or parts that are not manufactured by Company are not warranted by Company and have such warranties as may be extended by the respective manufacturer.

**THE REMEDIES SET FORTH IN THIS LIMITED WARRANTY ARE THE SOLE AND EXCLUSIVE REMEDIES FOR WARRANTY CLAIMS PROVIDED BY COMPANY TO CUSTOMER UNDER THIS AGREEMENT AND ARE IN LIEU OF ALL OTHER WARRANTIES AND LIABILITIES, CONDITIONS AND REMEDIES, WHETHER IN CONTRACT, WARRANTY, STATUTE, OR TORT (INCLUDING NEGLIGENCE), EXPRESS OR IMPLIED, IN LAW OR IN FACT, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR USE OR FITNESS FOR A PARTICULAR PURPOSE AND/OR OTHERS ARISING FROM COURSE OF DEALING OR TRADE. COMPANY EXPRESSLY DISCLAIMS ANY REPRESENTATIONS OR WARRANTIES, ENDORSEMENTS OR CONDITIONS OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF QUALITY, FITNESS, MERCHANTABILITY, DURABILITY AND/OR OTHERS ARISING FROM COURSE OF DEALING OR TRADE OR REGARDING PREVENTION BY THE SCOPE OF SERVICES, OR ANY COMPONENT THEREOF, OF MOLD/MOULD, FUNGUS, BACTERIA, MICROBIAL GROWTH, OR ANY OTHER CONTAMINATES. COMPANY EXPRESSLY DISCLAIMS ANY LIABILITY IF THE SCOPE OF SERVICES OR ANY COMPONENT THEREOF IS USED TO PREVENT OR INHIBIT THE GROWTH OF SUCH MATERIALS. THE WARRANTY AND LIABILITY SET FORTH IN THIS AGREEMENT ARE IN LIEU OF ALL OTHER WARRANTIES AND LIABILITIES, WHETHER IN CONTRACT OR IN NEGLIGENCE, EXPRESS OR IMPLIED, IN LAW OR IN FACT, INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.**

**13. Indemnity.** To the maximum extent permitted by law, Company and Customer shall indemnify and hold harmless each other from any and all claims, actions, costs, expenses, damages and liabilities, including reasonable attorneys' fees, resulting from death or bodily injury or damage to real or personal property, to the extent caused by the negligence or misconduct of the indemnifying party, and/or its respective employees or authorized agents in connection with their activities within the scope of this Agreement. Neither party shall indemnify the other against claims, damages, expenses, or liabilities to the extent attributable to the acts or omissions of the other party or third parties. If the parties are both at fault, the obligation to indemnify shall be proportional to their relative fault. The duty to indemnify and hold harmless will continue in full force and effect, notwithstanding the expiration or early termination of this Agreement, with respect to any claims based on facts or conditions that occurred prior to expiration or termination of this Agreement.

**14. Limitation of Liability. NOTWITHSTANDING ANYTHING TO THE CONTRARY, NEITHER PARTY SHALL BE LIABLE FOR SPECIAL, INCIDENTAL, INDIRECT, OR CONSEQUENTIAL LOSSES OR DAMAGES OF ANY KIND (INCLUDING WITHOUT LIMITATION REFRIGERANT LOSS, PRODUCT LOSS, LOST REVENUE OR PROFITS, OR LIABILITY TO THIRD PARTIES), OR PUNITIVE DAMAGES WHETHER BASED IN CONTRACT, WARRANTY, STATUTE, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, INDEMNITY OR ANY OTHER LEGAL THEORY OR FACTS. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, THE TOTAL AND AGGREGATE LIABILITY OF THE COMPANY TO THE CUSTOMER WITH RESPECT TO ANY AND ALL CLAIMS CONNECTED WITH, RELATED TO OR ARISING FROM THE PERFORMANCE OR NON-PERFORMANCE OF THIS AGREEMENT, WHETHER BASED IN CONTRACT, WARRANTY, STATUTE, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, INDEMNITY OR ANY OTHER LEGAL THEORY OR FACTS, SHALL NOT EXCEED THE COMPENSATION RECEIVED BY COMPANY UNDER THIS AGREEMENT. IN NO EVENT SHALL SELLER BE LIABLE FOR ANY DAMAGES (WHETHER DIRECT OR INDIRECT) RESULTING FROM MOLD, FUNGUS, BACTERIA, MICROBIAL GROWTH, OR OTHER CONTAMINATES OR AIRBORNE BIOLOGICAL AGENTS. TO THE MAXIMUM EXTENT ALLOWED BY LAW, COMPANY SHALL NOT BE LIABLE FOR ANY OF THE FOLLOWING IN CONNECTION WITH PROVIDING THE ENERGY AND BUILDING PERFORMANCE SERVICES: INTERRUPTION, DELETION, DEFECT, DELAY IN OPERATION OR TRANSMISSION; CUSTOMER'S NETWORK SECURITY; COMPUTER VIRUS; COMMUNICATION FAILURE; THEFT OR DESTRUCTION OF DATA; GAPS IN DATA COLLECTED; AND UNAUTHORIZED ACCESS TO CUSTOMER'S DATA OR COMMUNICATIONS NETWORK.**

**15. Asbestos and Hazardous Materials.** The Services expressly exclude any identification, abatement, cleanup, control, disposal, removal or other work connected with asbestos or other hazardous materials (collectively, "Hazardous Materials"). Should Company become aware of or suspect the presence of Hazardous Materials, Company may immediately stop work in the affected area and shall notify Customer. Customer will be responsible for taking any and all action necessary to correct the condition in accordance with all applicable laws and regulations.

Customer shall be exclusively responsible for any claims, liability, fees and penalties, and the payment thereof, arising out of or relating to any Hazardous Materials on or about the premises, not brought onto the premises by Company. Company shall be required to resume performance of the Services only when the affected area has been rendered harmless.

**16. Insurance.** Company agrees to maintain the following insurance during the term of the contract with limits not less than shown below and will, upon request from Customer, provide a Certificate of evidencing the following coverage:

Commercial General Liability	\$2,000,000 per occurrence
Automobile Liability	\$2,000,000 CSL
Workers Compensation	Statutory Limits



If Customer has requested to be named as an additional insured under Company's insurance policy, Company will do so but only subject to Company's manuscript additional insured endorsement under its primary Commercial General Liability policies. In no event does Company or its insurer waive its right of subrogation

**17. Force Majeure.** Company's duty to perform under this Agreement is contingent upon the non-occurrence of an Event of Force Majeure. If Company shall be unable to carry out any material obligation under this Agreement due to an Event of Force Majeure, this Agreement shall at Company's election (i) remain in effect but Company's obligations shall be suspended until the uncontrollable event terminates or (ii) be terminated upon ten (10) days notice to Customer, in which event Customer shall pay Company for all parts of the Services furnished to the date of termination. An "Event of Force Majeure" shall mean any cause or event beyond the control of Company. Without limiting the foregoing, "Event of Force Majeure" includes: acts of God; acts of terrorism, war or the public enemy; flood; earthquake; lightning; tornado; storm; fire; civil disobedience; pandemic insurrections; riots; labor disputes; labor or material shortages; sabotage; restraint by court order or public authority (whether valid or invalid), and action or non-action by or inability to obtain or keep in force the necessary governmental authorizations, permits, licenses, certificates or approvals if not caused by Company and the requirements of any applicable government in any manner that diverts either the material or the finished product to the direct or indirect benefit of the government.

**18. General.** Except as provided below, to the maximum extent provided by law, this Agreement is made and shall be interpreted and enforced in accordance with the laws of the state or province in which the Services are performed without regard to choice of law principles which might otherwise call for the application of a different state's or province's law. Any dispute arising under or relating to this Agreement that is not disposed of by agreement shall be decided by litigation in a court of competent jurisdiction located in the state or province in which the Services are performed. Any action or suit arising out of or related to this Agreement must be commenced within one year after the cause of action has accrued. To the extent the premises are owned and/or operated by any agency of the United States Federal Government, determination of any substantive issue of law shall be according to the United States Federal common law of Government contracts as enunciated and applied by Federal judicial bodies and boards of contract appeals of the Federal Government. This Agreement contains all of the agreements, representations and understandings of the parties and supersedes all previous understandings, commitments or agreements, oral or written, related to the Services. No documents shall be incorporated herein by reference except to the extent Company is a signatory thereon. If any term or condition of this Agreement is invalid, illegal or incapable of being enforced by any rule of law, all other terms and conditions of this Agreement will nevertheless remain in full force and effect as long as the economic or legal substance of the transaction contemplated hereby is not affected in a manner adverse to any party hereto. Customer may not assign, transfer, or convey this Agreement, or any part hereof, without the written consent of Company. Subject to the foregoing, this Agreement shall bind and inure to the benefit of the parties hereto and their permitted successors and assigns. This Agreement may be executed in several counterparts, each of which when executed shall be deemed to be an original, but all together shall constitute but one and the same Agreement. A fully executed facsimile copy hereof or the several counterparts shall suffice as an original. No modifications, additions or changes may be made to this Agreement except in a writing signed by Company. No failure or delay by the Company in enforcing any right or exercising any remedy under this Agreement shall be deemed to be a waiver by the Company of any right or remedy.

**19. Equal Employment Opportunity/Affirmative Action Clause.** Company is a United States federal contractor that complies fully with Executive Order 11246, as amended, and the applicable regulations contained in 41 C.F.R. Parts 60-1 through 60-60, 29 U.S.C. Section 793 and the applicable regulations contained in 41 C.F.R. Part 60-741; and 38 U.S.C. Section 4212 and the applicable regulations contained in 41 C.F.R. Part 60-250; and Executive Order 13496 and Section 29 CFR 471, appendix A to subpart A, regarding the notice of employee rights in the United States and with Canadian Charter of Rights and Freedoms Schedule B to the Canada Act 1982 (U.K.) 1982, c. 11 and applicable Provincial Human Rights Codes and employment law in Canada.

**20. U.S. Government Contracts.**

The following provision applies only to direct sales by Company to the US Government. The Parties acknowledge that all items or services ordered and delivered under this Agreement / Purchase Order are Commercial Items as defined under Part 12 of the Federal Acquisition Regulation (FAR). In particular, Company agrees to be bound only by those Federal contracting clauses that apply to "commercial" suppliers and that are contained in FAR 52.212-5(e)(1). Company complies with 52.219-8 or 52.219-9 in its service and installation contracting business.

The following provision applies only to indirect sales by Company to the US Government. As a Commercial Item Subcontractor, Company accepts only the following mandatory flow down provisions: 52.219-8; 52.222-26; 52.222-35; 52.222-36; 52.222-39; 52.247-64. If the Services are in connection with a U.S. government contract, Customer agrees and hereby certifies that it has provided and will provide current, accurate, and complete information, representations and certifications to all government officials, including but not limited to the contracting officer and officials of the Small Business Administration, on all matters related to the prime contract, including but not limited to all aspects of its ownership, eligibility, and performance. Anything herein notwithstanding, Company will have no obligations to Customer unless and until Customer provides Company with a true, correct and complete executed copy of the prime contract. Upon request, Customer will provide copies to Company of all requested written communications with any government official related to the prime contract prior to or concurrent with the execution thereof, including but not limited to any communications related to contractor's Customer's ownership, eligibility or performance of the prime contract. Customer will obtain written authorization and approval from Company prior to providing any government official any information about Company's performance of the Services that are the subject of this offer or agreement, other than the Proposal or this Agreement.

**21. Limited Waiver of Sovereign Immunity.** If Customer is an Indian tribe (in the U.S.) or a First Nation or Band Council (in Canada), Customer, whether acting in its capacity as a government, governmental entity, a duly organized corporate entity or otherwise, for itself and for its agents, successors, and assigns: (1) hereby provides this limited waiver of its sovereign immunity as to any damages, claims, lawsuit, or cause of action (herein "Action") brought against Customer by Company and arising or alleged to arise out of the furnishing by Company of any product or service under this Agreement, whether such Action is based in contract, tort, strict liability, civil liability or any other legal theory; (2) agrees that jurisdiction and venue for any such Action shall be proper and valid (a) if Customer is in the U.S., in any state or United States court located in the state in which Company is performing this Agreement or (b) if Customer is in Canada, in the superior court of the province or territory in which the work was performed; (3) expressly consents to such Action, and waives any objection to jurisdiction or venue; (4) waives any requirement of exhaustion of tribal court or administrative remedies for any Action arising out of or related to this Agreement; and (5) expressly acknowledges and agrees that Company is not subject to the jurisdiction of Customer's tribal court or any similar tribal forum, that Customer will not bring any action against Company in tribal court, and that Customer will not avail itself of any ruling or direction of the tribal court permitting or directing it to suspend its payment or other obligations under this Agreement. The individual signing on behalf of Customer warrants and represents that such individual is duly authorized to provide this waiver and enter into this Agreement and that this Agreement constitutes the valid and legally binding obligation of Customer, enforceable in accordance with its terms.

# **AGENDA ITEM #3**

## **Capital Expenditure Request for Chiller Power 480 Volt Conversion – Review and Take Appropriate Action**

### **Attached Proposals:**

**Emergency Approval by Mr. Wheeler on 4/1/2020**

Hall Electric	\$18,789.03	RECOMMENDED
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Approved for emergency basis by R Wheeler on  
4/1/20 @ 1140am

HALL ELECTRIC COMPANY, INC.  
 7001 N. NAVARRO  
 VICTORIA, TX 77904  
 TECL # 18088  
 361-578-6221

# Estimate

Date	Estimate #
3/27/2020	1463

Name / Address
CUERO REGIONAL HOSPITAL 2550 N. ESPLANADE CUERO, TX 77954

Job Address
CUERO COMMUNITY HOSPITAL 2505 N ESPLANADE CUERO, TX 77954

Project
CHILLER POWER 480 CONVERSION

Item	Description	Qty	Cost	Total
	INSTALL 480 VOLT 700 AMP CIRCUIT TO NEW CHILLER COMPONENTS. 2 NEW 2" CONDUITS ROUTED FROM PANEL NDP WITH 3 - 4/0 & 1 - #4 EACH. CONDUCTORS TO TERMINATE IN CONTROL CABINET SUPPLIED BY OTHERS. NO DISCONNECTING MEANS PROVIDED IN QUOTE.			
APPHUB200D	APP HUB200D 2 WATERTITE HUB	2	8.50	17.00
GAL200	CONDUIT 2-IN GALV STEEL	40	11.25	450.00
GALCP200	2" GALVANIZED RIGID COUPLING	8	5.00	40.00
GALEL20090	CONDUIT 2-IN GALV ELBOW	4	29.00	116.00
GLSG5812SHH1	GLOBE G5812SSH1 H.D. GAL 10'ST 1-5/8 WITH HOLES	40	4.15	166.00
GLSG7007	2" RIGID STRUT STRAPS	20	2.00	40.00
HOFF A-12R126	NEMA 3R SCR CVR BOX	1	66.75	66.75
EMT200	CONDUIT 2-IN EMT	200	4.58789	917.58
APP7200S	2" EMT COMP. CONN.--STEEL	1	4.30	4.30
APP6200S	2 GLAND COM COUPLG	28	4.15	116.20
ALL THREAD ROD ...	3/8" X 10' ALL THREAD PLATED ROD	40	1.25	50.00
THHN4/0	THHN-4/0-BLACK	720	4.60	3,312.00
THHN4GRN	THHN-4-STR-GREEN	240	1.05	252.00
MISC ELEC PARTS	VL 700 BREAKER	1	5,750.00	5,750.00
EMTEL20090	CONDUIT 2-IN 90DEG EMT ELL	4	15.50	62.00
GRF200	2-IN FLEX REDUC-WALL	12	5.90	70.80
APPSC200	APP SC200 2IN DC SQZ FLX CONN	4	9.60	38.40
MISC ELEC PARTS	MISC HARDWARE		250.00	250.00
LABOR	2 MEN	64	105.00	6,720.00
PERMIT	PERMIT		350.00	350.00
<b>Total</b>				<b>\$18,789.03</b>

Customer Signature \_\_\_\_\_

FROM: CUERO REGIONAL HOSPITAL  
2550 N. ESPLANADE  
CUERO TX 77954  
FAX: 361-275-0178  
GLOBAL LOCATION NUMBER:

PURCHASE ORDER #: C65679  
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PAGE 1

TO: HALL ELECTRIC COMPANY, INC.  
7001 N. NAVARRO  
VICTORIA, TX 77904-1598

\*\*\* IMPORTANT \*\*\*  
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1. ALL DELIVERIES MUST BE MADE TO: 2550 N. ESPLANADE  
CUERO TX 77954
2. INCLUDE IN ALL SHIPMENTS A PACKING SLIP SHOWING CONTENTS  
AND PURCHASE ORDER NUMBER.
3. SHOW OUR ORDER NUMBER ON ALL INVOICES, PACKAGES,  
SHIPPING PAPERS, PACKING SLIPS AND CORRESPONDENCE.
4. RENDER INVOICE IN DUPLICATE TO: 2550 N. ESPLANADE  
CUERO TX 77954

SHIP VIA:

VENDOR #: H2775 ACCT #:  
TERMS: ABS NET 10  
FOB: 361-578-6221  
PO#: C65679 PO DATE: 04/01/20 EXPECTED DELIVERY: 04/01/20  
PO TYPE: CAPITAL STATUS: OPEN PURCHASE ORDER TYPE: REGULAR  
BUYER: DIET.SW - EDWARDS,SUSAN

TX EXEMPT PURCHASE CERT. # 74-6075588

LINE	ITEM #	VENDOR CATLG #	QTY UP	DESCRIPTION	COST UP	EXT COST	TAX
	MANUF CATLG #		PACKAGING INFO		G/L ACCOUNT		
	GTIN						
	MANUFACTURER			DEPT or INVEN/ADD'L DESC			DELIVER TO
1	07172		1 EA	REPAIRS EQUIPMENT	18789.0300 EA	18789.03	N
			EA		01.8360.6230		
				01.8360 - MAINTENANCE			
				INSTALL 480 VOLT 700 AMP POWER TO CHILLER #2			
				TOTAL:		18789.03	

NOTE: ACCEPTANCE OF THIS ORDER CONSTITUTES AGREEMENT WITH ALL TERMS AND CONDITIONS  
ON THIS ORDER. A COPY OF YOUR ACKNOWLEDGEMENT TERMS  
WILL NOT BE ACCEPTED AS AN OBJECTION TO OUR TERMS AND CONDITIONS.

BY:

  
AUTHORIZED SIGNATURE