



**CUERO
REGIONAL
HOSPITAL**

Quality Care.
Close to Home.

Lynn Falcone, CEO

2550 N. Esplanade • Cuero, Texas 77954
(361) 275-6191 • Fax (361) 275-3999 • www.cuerohospital.org

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

NOTICE
BOARD OF DIRECTORS
CUERO REGIONAL HOSPITAL

The Board of Directors of the Cuero Regional Hospital will hold their regular monthly meeting via conference call, Thursday, February 25, 2021, at 5:30 P.M. Board packet will be available online for viewing. The public toll-free dial-in number and access code is 1-888-204-5987, Access Code 6265946 and will be available on the Cuero Regional Hospital website – cuerohospital.org:

The subjects to be considered at such meeting are:

- I. Call to Order
- II. Mission Statement - *"To provide compassionate care to those we serve with a commitment to excellence in all we do."*
- III. Community Input
- IV. Review of Minutes of the January 28, 2021 Regular Called Meeting
- V. Review of Financial Statement and Statistical Report
 1. Financial and Statistical Report
 2. Finance Committee Report
- VI. Report from Chief of Staff

Appointments: Gregory Downing, MD, Radiology-Telemedicine, Leslie Jacobson, MD, Radiology Telemedicine, Steve Nelson, MD, Radiology-Telemedicine, Elaina Zabak, MD, Radiology-Telemedicine

Reappointments: Russell Bartt, MD, Neurology-Telemedicine, Antonio Benavides, MD, General Surgery, Vicente Quintero, MD, Dermatology, Gary P Willers, DO, Family Practice/OB
- VII. Report from Marketing & Development Director – List of Advertising and Events
- VIII. Report on Quality/Safety, Finance and Community from Asst. Administrator
- IX. Report on Quality/Safety, People, Growth and Community from Chief Nursing Officer
- X. Report on Quality/Safety, People, Growth, Community and Clinic Operations from Chief Executive Officer
- XI. Report on Quality
- XII. Compliance
- XIII. Committee Reports
- XIV. Old Business
 1. Investment Policy/Strategies/Approved Broker Annual report – Review and Take Appropriate Action



CUERO HEALTH

Cuero Regional Hospital • Cuero Home Health • Bfit Cuero Wellness Center
Cuero Medical Clinic • Goliad Family Practice • Kenedy Family Practice • Parkside Family Clinic • Yorktown Medical Clinic

XV. New Business


1. Capital Expenditure Request to Replace 5-Ton A/C Package Unit for SE End of CMC – Review and Take Appropriate Action
2. Capital Expenditure Request for Network Remediation – 2 Upgraded Cisco Licenses – Review and Take Appropriate Action
3. Capital Expenditure Request for Wireless Main Campus Upgrade – Review and Take Appropriate Action
4. Capital Expenditure Request for Wireless Upgrade for all Remote Sites – Review and Take Appropriate Action
5. Capital Expenditure Request for EMS Communications (Radios) – Review and Take Appropriate Action
6. Capital Expenditure Request for Roof Repairs to OB Waiting & Day Surgery – Review and Take Appropriate Action
7. Capital Expenditure Request for Glidescope Video Laryngoscope – Review and Take Appropriate Action
8. Capital Expenditure Request for B Braun Infusion Pumps – Review and Take Appropriate Action
9. Capital Expenditure Request for Cardiac Holter Monitor System Replacement – Review and Take Appropriate Action
10. Resolution of Support of Hospital Board for Trauma Program – Consider and Take Appropriate Action
11. Resolution of Support of Hospital Board for Stroke Program – Consider and Take Appropriate Action
12. Quarterly and Annual QA/Risk Management/Safety Report – Review and Take Appropriate Action
13. Risk Management Annual Approval of Data Collection and Frequency of Data Collection – Review and Take Appropriate Action
14. Annual Approval of Number and Priority of PI Projects – Review and Take Appropriate Action
15. Quality Assessment/Departmental Quality Assessment Annual Approval of Data Collection and Frequency of Data Collection – Review and Take Appropriate Action
16. Annual Review of the DeWitt Medical District By-Laws – Information Only
17. Annual Review of the Plan for the Provision of Patient Care Services – Review and Take Appropriate Action
18. Board Motion to Authorize the CFO to Execute All Agreements Related to QIPP Facilities and to Accept a New Diversicare Facility into the QIPP Program – Consider and Take Appropriate Action
19. Board Resolution for New Bank Account for QIPP – Consider and Take Appropriate Action
20. Board Approval for use of Hospital Property – Consider 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 – DeWitt Medical Foundation

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 by 5:00 p.m. on the 22nd day of February, 2021.



Signature of Person Posting Agenda

CUERO REGIONAL HOSPITAL
BOARD OF DIRECTORS MEETING

January 28, 2021

The Board of Directors of Cuero Regional Hospital held their regular monthly meeting, via conference call, on Thursday, January 28, 2021, Cuero Regional Hospital, DeWitt County, Texas, at 5:30 P.M. The 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 were:

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 were:

Mrs. Lynn Falcone, Chief Executive Officer
Mrs. Alma Alexander, Chief Financial Officer
Mrs. Judy Krupala, Chief Nursing Officer
Mrs. Denise McMahan, Assistant Administrator
Dr. David Hill, Chief Medical Officer, joined the meeting at Financial Report

Guests via conference call: Mr. Geoff Crabtree, Methodist Healthcare System, Ms. Jennifer Flores, Cuero Record, Mr. Tyler Lemke, Imaging Director, Mrs. Jennifer Janssen, RN, ICU/Day Surgery Director.

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

CALL TO
ORDER

Community Input: None

COMMUNITY
INPUT

Mr. Papacek moved, Dr. Frels seconded, to approve the minutes of the regular called meeting on November 19, 2020, as presented; 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 and on clinic financials. The reports were accepted as presented.

FINANCIAL/
STATISTICAL

The quarterly investment report shows an increase in market value during the quarter from \$31.0 million to \$37.8 million. Dr. Frels moved, Mr. Papacek seconded, to accept the quarterly investment report as presented; motion carried unanimously.

QUARTERLY
INVESTMENT
REPORT

Mr. Papacek moved, Mrs. Cindy Sheppard seconded, based upon the recommendation of Medical Staff, to approve the initial appointments (limited to the privileges delineated) as presented on the agenda for Thomas Davis, MD, Radiology, Punag Divanji, MD, Cardiology-

MEDICAL
STAFF

Cuero Regional Hospital
Board of Directors Meeting
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Telemedicine, Brian Parks, DO, Pain Management, Akhil Shenoy, MD, Endocrinology-Telemedicine; the motion carried unanimously.

There were no reappointments.

The Marketing and Development Director report was provided and consisted of a list of advertising and current events.

MARKETING

The Assistant Administrator's report on Quality/Safety, Finance, and Community was provided.

ASST. ADMIN.
REPORT

The Chief Nursing Officer's report on Quality/Safety, People, Growth and Community was provided.

CNO REPORT

The Chief Executive Officer's report on Quality/Safety, People, Growth, Community and Clinic Operations was provided.

CEO REPORT

The Quality report was reviewed.

QUALITY

Compliance: Report would be reviewed in Executive Session.

COMPLIANCE

Committee Reports: None

COMMITTEE
REPORT

Old Business:

The Chief Executive Officer reviewed the annual approval of the Quality Assessment of all Hospital Contracts. No quality issues were noted. Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to accept the annual Quality Assessment of all Hospital Contracts; the motion carried unanimously.

Q/A
HOSPITAL
CONTRACTS

New Business:

The Chief Nursing Officer and Mrs. Jennifer Janssen, RN, presented a capital expenditure request for new ICU/PACU bedside monitors. A quote from Spacelabs for \$104,903.67 was recommended based on service and compatibility with other systems. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the capital expenditure purchase up to \$104,903.67 from Spacelabs for new ICU/PACU bedside monitors; motion carried unanimously.

ICU/PACU
BEDSIDE
MONITORS

The Assistant Administrator presented a capital expenditure request for PCR equipment. A quote from CEPHEID for \$181,921.00 was recommended. This item was approved out of

PCR
EQUIPMENT

Cuero Regional Hospital
Board of Directors Meeting
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cycle due to need for COVID-19 testing. COVID funding will be used towards this item. Dr. Frels moved, Mr. Papacek seconded, to approve the capital expenditure purchase up to \$181,921.00 from CEPHEID for PCR equipment; motion carried unanimously.

The Chief Nursing Officer presented a capital expenditure request for EMS Interoperability Radios. A quote from GCC for \$20,187.78 was recommended. RAC monies will be used to offset \$9,587.84 of the total cost. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the capital expenditure purchase up to \$20,187.78 from GCC for EMS Interoperability Radios; motion carried unanimously.

EMS
INTEROPERABILITY
RADIOS

The Assistant Administrator and Mr. Tyler Lemke, presented a capital expenditure request for Point-of-Care Ultrasound. A quote from GE for \$62,402.00 was recommended. Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$62,402.00 from GE for Point-of-Care Ultrasound from COVID funds; motion carried unanimously.

POINT OF CARE
ULTRASOUND

The Assistant Administrator presented a capital expenditure request to provide an automatic transfer switch in IT server room. A quote from Hall Electric for \$13,842.30 was recommended. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the capital expenditure purchase up to \$13,842.30 from Hall Electric for an automatic transfer switch in the IT server room; motion carried unanimously.

AUTOMATIC
TRANSFER
SWITCH IT
SERVER RM

The Assistant Administrator presented a capital expenditure request to provide 480 Volts to FCU#5. A quote from Hall Electric for \$26,863.38 was recommended. Dr. Frels moved, Mr. Papacek seconded, to approve the capital expenditure purchase up to \$26,863.38 from Hall Electric to provide 480 Volts to FCU#5; motion carried unanimously.

480 VOLTS
TO FCU#5

The Chief Financial Officer presented a resolution to have the CFO become an authorized official for the Medicare program. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to sign in support of the resolution to have the CFO, Alma Alexander, become an authorized official for the Medicare program; motion carried unanimously.

CFO as
AUTHORIZED
OFFICIAL for
MEDICARE PROG

The Annual Home Health Report for HCSS License #001569 (Medicare License and Certification) and the HCSS License #001140 (Private Pay/Insurance Report) were presented for review by the board. The Chief Nursing Officer and Mrs. Margaret Krause, Cuero Home Health, gave a summary of the report. Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to accept the Home Health Annual Review as presented; the motion carried unanimously.

ANNUAL
HOME HEALTH
REPORT

The Chief Financial Officer asked the Board to table the investment policy until the April Board meeting. Dr. Frels moved, Mr. Papacek seconded, to table the investment policy until the April Board meeting; the motion carried unanimously.

INV POLICY
STRATEGIES
APPROVED
BROKER
ANNUAL RPT

For the May 2021 Election two board positions will become available. A request was made by Administration for board members to sign an election order for an election to be held on May 1, 2021. Dr. Frels moved, Mrs. Faye Sheppard seconded, to sign an Order of Election

ORDER OF
ELECTION

Cuero Regional Hospital
Board of Directors Meeting
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for the DeWitt Medical District to be held on May 1, 2021; the motion carried unanimously.

Administration requested authorization to contract with the County Election Administrator to perform Election duties for 2021. After a discussion by the board members, Dr. Frels moved, Mrs. Faye Sheppard seconded, to grant authorization to the Chief Executive Officer to contract with the County Election Administrator for election duties for 2021; the motion carried unanimously.

CONTRACT
CO. ELECTION
ADMIN

Senior Leadership Team gave the Board an update on the Strategic Plan. This was for information purposes only, no motions were made.

STRATEGIC
PLAN UPDATE

The Chief Executive Officer presented to the Board a temporary increase in Sign-On Bonus for ICU RNs. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to accept a temporary increase in Sign-On Bonus for ICU RNs; the motion carried unanimously.

SIGN ON
BONUS for ICU
RNs

The Chief Executive Officer presented the MHS Annual Savings/Benefit Report. The Board recognized the savings/benefit of our relationship with Methodist. Board members are pleased with the MHS benefit to the organization and would like to get this information out to the community.

METHODIST
BENEFIT RPT

Compliance Report: (Executive Session)

The Board of Directors of DeWitt Medical District will now go into Closed Session at 7:03 p.m. The Closed Session is being held pursuant to Section 161.032 of the Texas Health and Safety Code.

The Board exited Executive Session at 7:12 p.m. Mr. Papacek moved, Mrs. Faye Sheppard seconded, to accept the compliance report as presented, motion carried unanimously. The board will receive the second quarter compliance report at the April board meeting.

COMMUNICATION

Communications: None

ADJOURN

There was no further business; Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to adjourn; the motion carried unanimously. The meeting adjourned at 7:13 p.m.

Richard Wheeler, Chairman

Charles Papacek, Secretary

Financial Summary - JANUARY 2021										
Summary Measures	Current Month	Budget	VAR to Budget	Prior Year	VAR to PY	YTD	YTD Budget	VAR to Budget YTD	PY YTD	VAR to PY YTD
EBIDA – Hosp. Only	\$1,478,143	\$3,710,761	(\$2,232,618)	\$1,230,372	\$247,771	\$5,936,271	\$8,542,313	(\$2,606,042)	\$6,540,427	(\$604,156)
Net Operating Income – Hosp. Only	(\$310,612)	\$2,883,772	(\$3,194,384)	\$211,716	(\$522,328)	(\$1,186,749)	\$2,524,354	(\$3,711,103)	\$575,371	(\$1,762,120)
Clinic - Net Operating Income	(\$155,869)	(\$48,507)	(\$107,362)	(\$40,755)	(\$115,114)	(\$482,001)	(\$145,684)	(\$336,317)	(\$4,214)	(\$477,787)
EBIDA Consolidated	\$1,322,274	\$3,662,254	(\$2,339,980)	\$1,189,617	\$132,657	\$5,454,270	\$8,396,629	(\$2,942,359)	\$6,536,213	(\$1,081,943)
Net Income - Consolidated	\$1,071,897	\$3,447,765	(\$2,375,868)	\$982,905	\$88,992	\$4,549,441	\$7,538,670	(\$2,989,229)	\$5,749,072	(\$1,199,631)
Net District Tax Revenue	\$238,226	\$300,000	(\$61,774)	\$294,169	(\$55,943)	\$3,652,692	\$3,910,000	(\$257,308)	\$3,892,556	(\$239,864)
Nursing Home Revenue	\$1,300,151	\$312,500	\$987,651	\$517,775	\$782,376	\$2,565,498	\$1,250,000	\$1,315,498	\$1,285,359	\$1,280,139
Admissions										
Admissions	70	86	(16)	89	(19)	227	323	(96)	349	(122)
Patient Days	242	284	(42)	294	(52)	769	1,068	(299)	1,096	(327)
ADC include Obs	9.4	11.6	(2.2)	11.9	(2.5)	8.2	11.0	(2.8)	11.2	(3.0)
Outpatient Visits (ex RHC & ED)	3,699	4,006	(307)	3,933	(234)	14,471	15,343	(872)	15,064	(593)
Clinic Visits	4,981	6,342	(1,361)	6,256	(1,275)	20,747	23,966	(3,219)	23,627	(2,880)
Births	12	20	(8)	11	1	44	64	(20)	51	(7)
ED Visits	702	862	(160)	883	(181)	2,628	3,392	(764)	3,717	(1,089)
Total Surgeries/less Endo	46	37	9	55	(9)	183	267	(84)	249	(66)
Revenue/Net Revenue										
Net Revenue	\$2,524,607	\$6,038,503	(\$3,513,896)	\$2,807,251	(\$282,644)	\$10,342,300	\$14,407,344	(\$4,065,044)	\$11,058,213	(\$715,913)
Net Revenue PAPD	\$2,904	\$4,865	(\$1,961)	\$2,395	\$509	\$2,945	\$3,087	(\$142)	\$2,267	\$678
Deductions as % of Gross	68%	66%	2%	67%	1%	66%	66%	0%	63%	2%
Expenses										
Total Expenses	\$2,835,219	\$3,154,731	\$319,512	\$2,595,535	(\$239,684)	\$11,529,049	\$11,882,990	\$353,941	\$10,482,842	(\$1,046,207)
Total Expenses PAPD	\$3,262	\$2,542	(\$720)	\$2,214	(\$1,047)	\$3,283	\$2,546	(\$737)	\$2,149	(\$1,134)
Total Staffing PAPD	\$1,600	\$1,286	(\$314)	\$1,211	(\$389)	\$1,769	\$1,318	(\$451)	\$1,131	(\$638)
Supplies PAPD	\$355	\$257	(\$98)	\$193	(\$162)	\$288	\$257	(\$31)	\$226	(\$62)
Stats & Ratios -										
FTE's	212.93	239.63	-26.70	240.57	-27.64	225.46	234.34	-8.88	228.30	-2.84
FTE/EOOB	7.59	5.99	1.61	5.75	1.85	7.90	6.18	1.72	5.71	2.19
Avg Hourly Rate	\$30.17	\$28.47	\$1.70	\$24.19	\$5.98	\$30.09	\$28.46	\$1.63	\$24.59	\$5.50
Net A/R Days	26.0	8.7	17.3	18.6	7.4	25.2	14.4	10.8	18.7	6.5
Cash Net Revenue %	82.2%	100%	-18%	102.9%	-21%	97.8%	100%	-2%	103.9%	-6%
Days Cash on Hand	376.95	180.00	196.95	274.01	102.94	376.95	180.00	196.95	274.01	102.94

January EBIDA at \$1.5M was lower than Budget by \$2.2M and higher than PY by \$248K. Consolidated EBIDA at \$1.3MK was lower than Budget by \$2.3M and higher than PY by \$133K. Net Operating Loss was negative at \$311K, lower than Budget by \$3.2M, due to lower volume due to the effects of COVID. In addition, PPP Loan forgiveness of \$3M was budgeted in January, but is being reviewed by SBA. With forgiveness in January, Consolidated EBIDA would have been higher than Budget by \$678K. The following factors contributed to the performance for the month:

NET REVENUE:

- Hospital Patient Net Revenue was lower than Budget by \$418K due to lower volume compared to Budget, driving a negative volume variance by \$868K (APD lower by 30%). A positive rate variance of \$450K was driven by a strong Case Mix of 1.18 compared to PY of 1.0 (Non-traditional Medicare was higher by .65 and Medicare was higher by .32). Payor Mix was higher with Managed Care up 4.5% (making up 19.5% of Payor Mix for the month) and Self Pay/Indigent was lower by 2.2%. Surgeries were higher than Budget by 9, but lower than PY by 9. Ortho cases were up by 3, Gen Surgeries and Podiatry were down by 3 cases each
- Bad Debt was higher than Budget by \$1.8M due to a prior month correction reversal
- Supplemental programs were lower than Budget by \$74.4K due to CHAT Reserve, accrued due to the loss of the court case. Other Revenue was lower than Budget by \$3M due to the PPP Loan Forgiveness as noted above

EXPENSES:

- Total Expenses were lower than Budget by \$319.5K. Salaries were lower than Budget by \$70.7K due to lower FTEs compared to Budget by 26.7, driven by lower volume (APD lower by 372). Included in Total FTEs were COVID FTEs at 5.12 (\$23.4K). Fringe Benefits were lower than Budget by \$96K due to lower PTO Expense by \$27K and Employee Medical expense by \$74.7K. Payroll Taxes were lower than Budget by \$39K due to a reclass from Workers Comp for \$21K and lower FICA by \$16K due to lower Salaries. Supplies were lower than Budget by \$10K due to lower expense for Supplies chgd to patients by \$39K, Computer Supplies by \$4K, and higher expense for Pharmaceuticals by \$32K. Purchased Services were lower than Budget by \$65.3K due to lower expenses in Professional Services (\$38K) and Maintenance Contracts (\$31K). Professional Contracts were lower by \$39.6K with Phys Therapy lower by \$25.7K, HHS contracts lower by \$34, Maternity lower by \$5K, TeleCardio lower by \$4K, CardioPulm lower by \$3K, Anesthesiology lower by \$3K, Pharmacy lower by 2.5K and ER Services higher by \$42.3K. Interest Exp higher by \$30.7 due to PPP Loan interest. Other Operating Expense was lower by \$32K due to Misc expense lower by \$21K, Equipment Rental lower by \$6K, and Appraisal Fees lower by \$6K

CLINICS:

- Clinic Net Operating Loss of \$155.8K was higher than Budgeted loss by \$107K due to lower volume in the RHCs due to the effects of COVID. RHC Net Operating Income was negative at \$128K, lower than Budget by \$132K due to lower visits by 1,361. Specialty Clinic Operating Loss of \$28K was lower than the budgeted loss by \$25K due to lower Salaries for Podiatry

OTHER:

- Wellness Net Operating Income at \$23.2K was higher than Budget by \$6.9K. Lower membership from COVID effects (down 423 compared to Feb 20) drove revenue down by \$3.3K. Expenses were lower than Budget by \$10.2K in Utilities (\$2.5K), Repairs & Maintenance (\$2.6K), Prof Serv (\$1.7K), Other Exp (\$1K), and Supplies (1.1K).
- 340B Net Operating Income was lower than Budget by \$114K, due to lower Revenue by \$95K and expenses higher by \$18K
- Capital Expenditures - Computer Network Optimization - phase three approved - \$572K approved in September. Wireless upgrade totaling \$235K will be requested during Feb Board meeting, completing phase three (under budget by \$117K)

CUERO REGIONAL HOSPITAL
 BALANCE SHEET
 PERIOD ENDED 01/31/21

	CURRENT YEAR-TO-DATE	PRIOR YEAR YEAR-TO-DATE
ASSETS		

CURRENT:		
CASH	18,711,108.24	9,616,373.55
MARKETABLE SECURITIES	2,066,034.87	2,046,378.73
ACCOUNTS RECEIVABLE	13,649,751.47	11,859,443.21
ALLOWANCE FOR UNCOLLECTIBLES	(9,883,433.81)	(8,607,848.65)
INTER-COMPANY RECEIVABLE	0.00	0.00
OTHER RECEIVABLES	5,900,555.96	5,781,198.68
INVENTORY	822,599.63	622,085.21
PREPAID EXPENSES	10,458,619.63	6,932,347.58
	<hr/>	<hr/>
TOTAL CURRENT ASSETS	\$ 41,725,235.99	\$ 28,249,978.31
OTHER ASSETS:		
ASSETS WHOSE USE IS LIMITED	20,229,045.15	15,950,211.04
OTHER ASSETS		
	<hr/>	<hr/>
TOTAL OTHER ASSETS	\$ 20,229,045.15	\$ 15,950,211.04
PROPERTY, PLANT, & EQUIPMENT:		
LAND	1,139,140.08	1,139,140.08
BUILDING AND IMPROVEMENTS	22,518,849.27	22,320,085.44
EQUIPMENT	35,355,657.39	32,194,840.58
	<hr/>	<hr/>
TOTAL PROPERTY, PLANT, & EQUIPMENT	\$ 59,013,646.74	\$ 55,654,066.10
LESS ACCUMULATED DEPRECIATION	(37,211,680.37)	(34,837,519.01)
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NET PROPERTY, PLANT, & EQUIPMENT	\$ 21,801,966.37	\$ 20,816,547.09
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TOTAL ASSETS	\$ 83,756,247.51	\$ 65,016,736.44
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CUERO REGIONAL HOSPITAL
 BALANCE SHEET
 PERIOD ENDED 01/31/21

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

CURRENT:		
ACCOUNTS PAYABLE	(1,063,652.11)	(827,337.05)
ACCRUED SALARIES & WAGES	(1,276,892.59)	(1,354,874.36)
ACCRUED INTEREST	0.00	0.00
CURRENT PORTION LTD	(9,123,495.74)	(220,096.20)
DUE TO/FROM 3RD PARTY PAYORS	(1,575,145.58)	(496,031.54)
DUE TO/FROM AFFILIATES	(4,493,346.65)	(1,904,173.52)
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TOTAL CURRENT LIABILITIES	\$ (17,532,532.67)	\$ (4,802,512.67)
LONG TERM DEBT:		
NOTES/LEASES PAYABLE	(1,231,219.98)	(1,614,539.57)
BONDS PAYABLE	0.00	0.00
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TOTAL LONG TERM DEBT	\$ (1,231,219.98)	\$ (1,614,539.57)
FUND BALANCE	(60,443,053.88)	(52,850,612.25)
CURRENT YEAR (INCOME) LOSS	(4,549,440.98)	(5,749,071.95)
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TOTAL FUND BALANCE	(64,992,494.86)	(58,599,684.20)
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TOTAL LIABILITIES AND FUND BALANCE	\$ (83,756,247.51)	\$ (65,016,736.44)
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CUERO REGIONAL HOSPITAL
 FINANCIAL STATEMENT
 JAN 21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
INPATIENT REVENUE	2,169,471	1,929,026	2,039,867	6,298,009	7,254,311	6,361,071
OUTPATIENT REVENUE	5,386,635	6,168,612	5,959,502	21,528,765	23,197,515	20,909,123
340B PROGRAM	236,912	332,278	133,741	930,228	1,249,552	1,016,131
GROSS REVENUE FROM PATIENTS	\$ 7,793,018	\$ 8,429,916	\$ 8,133,109	\$ 28,757,001	\$ 31,701,378	\$ 28,286,324
REVENUE DEDUCTIONS:						
CHARITY	(128,746)	(361,901)	(289,703)	(538,258)	(1,360,950)	(1,032,624)
DISCOUNTS	(177,588)	(1,582,132)	(1,456,223)	(5,318,155)	(5,949,712)	(4,752,225)
BAD DEBT	(2,586,098)	(714,544)	(528,245)	(3,485,604)	(2,687,086)	(2,255,232)
CONTRACTUALS	(2,421,674)	(2,874,084)	(3,194,376)	(9,544,331)	(10,808,176)	(9,865,794)
TOTAL REVENUE DEDUCTIONS	\$ (5,314,106)	\$ (5,532,661)	\$ (5,468,546)	\$ (18,886,348)	\$ (20,805,924)	\$ (17,905,875)
NET PATIENT REVENUE	\$ 2,478,913	\$ 2,897,255	\$ 2,664,563	\$ 9,870,654	\$ 10,895,454	\$ 10,380,449
OTHER OPERATING REVENUE	40,058	3,061,248	59,355	202,620	3,191,890	238,097
SUPPLEMENTAL MCD PMTS	5,636	80,000	83,333	269,027	320,000	439,666
TOTAL OPERATING REVENUE	\$ 2,524,607	\$ 6,038,503	\$ 2,807,251	\$ 10,342,300	\$ 14,407,344	\$ 11,058,213
OPERATING EXPENSES:						
SALARIES AND WAGES	(1,137,811)	(1,208,496)	(1,043,519)	(4,768,534)	(4,688,386)	(4,319,275)
AGENCY PERSONNEL						
FRINGE BENEFITS	(197,693)	(293,499)	(294,664)	(1,081,427)	(1,103,719)	(874,396)
PAYROLL TAXES	(54,975)	(93,588)	(81,047)	(361,073)	(359,396)	(323,560)
SUPPLIES	(308,269)	(318,640)	(225,954)	(1,010,897)	(1,198,272)	(1,101,082)
PURCHASED SERVICES	(319,448)	(384,783)	(257,134)	(1,186,966)	(1,279,412)	(989,956)
PROFESSIONAL CONTRACTS	(470,350)	(509,986)	(393,167)	(1,781,810)	(1,870,814)	(1,697,361)
DEPRECIATION EXPENSE	(216,277)	(211,076)	(203,607)	(855,568)	(844,306)	(773,659)
INSURANCE EXPENSE	(18,497)	(21,354)	(20,591)	(73,332)	(85,415)	(71,453)
INTEREST EXPENSE	(34,100)	(3,413)	(3,105)	(49,261)	(13,653)	(13,482)
OTHER OPERATING EXPENSE	(77,800)	(109,896)	(72,747)	(360,183)	(439,617)	(318,619)
TOTAL OPERATING EXPENSES	(2,835,219)	(3,154,731)	(2,595,535)	(11,529,049)	(11,882,990)	(10,482,842)
NET OPERATING INCOME (LOSS)	(310,612)	2,883,772	211,716	(1,186,749)	2,524,354	575,371
NET DISTRICT OPERATING INCOM	238,226	300,000	294,169	3,652,692	3,910,000	3,892,556
NURSING HOME UPL	1,300,151	312,500	517,775	2,565,498	1,250,000	1,285,359
NET INCOME (LOSS)	\$ 1,227,766	\$ 3,496,272	\$ 1,023,660	\$ 5,031,442	\$ 7,684,354	\$ 5,753,286

CUERO REGIONAL HOSPITAL & CLINICS
 FINANCIAL STATEMENT
 JAN 21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
INPATIENT REVENUE	2,169,471	1,929,026	2,039,867	6,298,009	7,254,311	6,361,071
OUTPATIENT REVENUE	5,386,635	6,168,612	5,959,502	21,528,765	23,197,515	20,909,123
340B PROGRAM	236,912	332,278	133,741	930,228	1,249,552	1,016,131
CLINIC REVENUES	784,564	987,041	906,918	3,180,886	3,899,672	3,626,128
GROSS REVENUE FROM PATIENTS	\$ 8,577,582	\$ 9,416,957	\$ 9,040,027	\$ 31,937,888	\$ 35,601,050	\$ 31,912,452
REVENUE DEDUCTIONS:						
CHARITY	(128,746)	(361,901)	(289,703)	(538,258)	(1,360,950)	(1,032,624)
DISCOUNTS	(177,588)	(1,582,132)	(1,456,223)	(5,318,155)	(5,949,712)	(4,752,225)
BAD DEBT	(2,586,098)	(714,544)	(528,245)	(3,485,604)	(2,687,086)	(2,255,232)
CONTRACTUAL ALLOWANCES	(2,421,674)	(2,874,084)	(3,194,376)	(9,544,331)	(10,808,176)	(9,865,794)
CLINIC ALLOWANCES	(288,729)	(219,936)	(249,515)	(956,094)	(968,289)	(944,548)
TOTAL REVENUE DEDUCTIONS	\$ (5,602,835)	\$ (5,752,597)	\$ (5,718,061)	\$(19,842,441)	\$(21,774,213)	\$(18,850,422)
NET PATIENT REVENUE	\$ 2,974,748	\$ 3,664,360	\$ 3,321,965	\$ 12,095,446	\$ 13,826,837	\$ 13,062,029
OTHER OPERATING REVENUE	40,058	3,061,248	59,355	202,620	3,191,890	238,097
SUPPLEMENTAL MCD PMTS	5,636	80,000	83,333	269,027	320,000	439,666
CLINIC OTHER OPERATING REV	0	0	0	0	0	0
TOTAL OPERATING REVENUE	\$ 3,020,442	\$ 6,805,608	\$ 3,464,653	\$ 12,567,093	\$ 17,338,727	\$ 13,739,792
OPERATING EXPENSES:						
SALARIES AND WAGES	(1,572,246)	(1,822,642)	(1,533,999)	(6,706,622)	(6,975,621)	(6,205,693)
AGENCY PERSONNEL						
FRINGE BENEFITS	(197,693)	(293,499)	(294,664)	(1,081,427)	(1,103,719)	(874,396)
PAYROLL TAXES	(87,819)	(133,734)	(116,915)	(474,112)	(498,038)	(435,215)
SUPPLIES	(329,171)	(356,331)	(257,028)	(1,143,778)	(1,338,449)	(1,261,079)
PURCHASED SERVICES	(339,857)	(397,604)	(269,751)	(1,266,948)	(1,355,307)	(1,068,218)
PROFESSIONAL CONTRACTS	(582,460)	(588,989)	(489,134)	(2,081,111)	(2,183,146)	(2,032,661)
DEPRECIATION EXPENSE	(216,277)	(211,076)	(203,607)	(855,568)	(844,306)	(773,659)
INSURANCE EXPENSE	(20,666)	(23,977)	(23,165)	(83,236)	(95,906)	(81,751)
INTEREST EXPENSE	(34,100)	(3,413)	(3,105)	(49,261)	(13,653)	(13,482)
OTHER OPERATING EXPENSE	(106,634)	(139,078)	(102,325)	(493,781)	(551,912)	(422,483)
TOTAL OPERATING EXPENSES	(3,486,923)	(3,970,343)	(3,293,692)	(14,235,842)	(14,960,057)	(13,168,635)
NET OPERATING INCOME (LOSS)	(466,481)	2,835,265	170,962	(1,668,750)	2,378,670	571,157
NET DISTRICT OPERATING INCOM	238,226	300,000	294,169	3,652,692	3,910,000	3,892,556
NURSING HOME UPL	1,300,151	312,500	517,775	2,565,498	1,250,000	1,285,359
NET INCOME (LOSS)	\$ 1,071,897	\$ 3,447,765	\$ 982,905	\$ 4,549,441	\$ 7,538,670	\$ 5,749,072

CRH CLINICS PERIOD VS PRIOR YEAR
FINANCIAL STATEMENT
JAN 21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
CLINIC REVENUES	784,564	987,041	906,918	3,180,886	3,899,672	3,626,128
GROSS REVENUE FROM PATIENTS	\$ 784,564	\$ 987,041	\$ 906,918	\$ 3,180,886	\$ 3,899,672	\$ 3,626,128
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(288,729)	(219,936)	(249,515)	(956,094)	(968,289)	(944,548)
TOTAL REVENUE DEDUCTIONS	\$ (288,729)	\$ (219,936)	\$ (249,515)	\$ (956,094)	\$ (968,289)	\$ (944,548)
NET PATIENT REVENUE	\$ 495,835	\$ 767,105	\$ 657,402	\$ 2,224,793	\$ 2,931,383	\$ 2,681,580
OTHER CLINIC REVENUE	0	0	0	0	0	0
TOTAL OPERATING REVENUE	\$ 495,835	\$ 767,105	\$ 657,402	\$ 2,224,793	\$ 2,931,383	\$ 2,681,580
OPERATING EXPENSES:						
SALARIES AND WAGES	(434,435)	(614,146)	(490,479)	(1,938,088)	(2,287,235)	(1,886,418)
AGENCY PERSONNEL	0	0	0	0	0	0
FRINGE BENEFITS	(32,844)	(40,146)	(35,868)	(113,039)	(138,642)	(111,655)
PAYROLL TAXES	(20,902)	(37,691)	(31,073)	(132,881)	(140,177)	(159,997)
SUPPLIES	(20,409)	(12,821)	(12,617)	(79,982)	(75,895)	(78,262)
PURCHASED SERVICES	(112,110)	(79,003)	(95,967)	(299,301)	(312,332)	(335,300)
DEPRECIATION EXPENSE	(2,169)	(2,623)	(2,574)	(9,904)	(10,491)	(10,298)
INSURANCE EXPENSE	(28,834)	(29,182)	(29,578)	(133,598)	(112,295)	(103,864)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE						
TOTAL OPERATING EXPENSES	(651,704)	(815,612)	(698,157)	(2,706,793)	(3,077,067)	(2,685,794)
NET OPERATING INCOME (LOSS)	(155,869)	(48,507)	(40,755)	(482,001)	(145,684)	(4,214)

CRH RURAL HEALTH CLINICS
 FINANCIAL STATEMENT
 JAN 21

	ACTUAL	BUDGET	PR. ACTUAL	YTD. ACTUAL	YTD. BUDGET	PY ACTUAL
OPERATING REVENUE:						

CLINIC REVENUES	632,895	846,166	756,238	2,532,833	3,212,859	2,891,637
GROSS REVENUE FROM PATIENTS	\$ 632,895	\$ 846,166	\$ 756,238	\$ 2,532,833	\$ 3,212,859	\$ 2,891,637
REVENUE DEDUCTIONS:						

CLINIC ALLOWANCES	(175,009)	(125,107)	(146,705)	(409,936)	(472,891)	(405,871)
TOTAL REVENUE DEDUCTIONS	\$ (175,009)	\$ (125,107)	\$ (146,705)	\$ (409,936)	\$ (472,891)	\$ (405,871)
NET PATIENT REVENUE	\$ 457,886	\$ 721,059	\$ 609,532	\$ 2,122,897	\$ 2,739,968	\$ 2,485,766
OTHER CLINIC REVENUE	0	0	0	0	0	0
TOTAL OPERATING REVENUE	\$ 457,886	\$ 721,059	\$ 609,532	\$ 2,122,897	\$ 2,739,968	\$ 2,485,766
OPERATING EXPENSES:						

SALARIES AND WAGES	(375,676)	(527,997)	(409,489)	(1,673,430)	(2,010,543)	(1,626,274)
AGENCY PERSONNEL						
FRINGE BENEFITS	0	0	0	0	0	0
PAYROLL TAXES	(27,996)	(33,139)	(29,849)	(102,628)	(124,158)	(99,174)
SUPPLIES	(20,248)	(36,001)	(29,607)	(129,367)	(135,406)	(155,783)
PURCHASED SERVICES	(20,385)	(12,629)	(12,454)	(79,958)	(75,516)	(77,943)
PROFESSIONAL CONTRACTS	(112,110)	(79,003)	(95,967)	(295,783)	(312,332)	(335,300)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	(2,169)	(2,623)	(2,574)	(9,904)	(10,491)	(10,298)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(27,005)	(25,114)	(25,301)	(122,875)	(101,186)	(92,558)
TOTAL OPERATING EXPENSES	(585,589)	(716,506)	(605,242)	(2,413,945)	(2,769,632)	(2,397,329)
NET OPERATING INCOME (LOSS)	(127,703)	4,553	4,291	(291,048)	(29,664)	88,436

RUN DATE: 02/11/21
 RUN TIME: 1040
 RUN USER: BSERRANO

CRH SPECIALTY HEALTH CLINICS
 FINANCIAL STATEMENT
 JAN 21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
CLINIC REVENUES	151,669	140,875	150,680	648,053	686,813	734,491
GROSS REVENUE FROM PATIENTS	\$ 151,669	\$ 140,875	\$ 150,680	\$ 648,053	\$ 686,813	\$ 734,491
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(113,720)	(94,829)	(102,810)	(546,158)	(495,398)	(538,677)
TOTAL REVENUE DEDUCTIONS	\$ (113,720)	\$ (94,829)	\$ (102,810)	\$ (546,158)	\$ (495,398)	\$ (538,677)
NET PATIENT REVENUE	\$ 37,949	\$ 46,046	\$ 47,870	\$ 101,895	\$ 191,415	\$ 195,814
TOTAL OPERATING REVENUE	\$ 37,949	\$ 46,046	\$ 47,870	\$ 101,895	\$ 191,415	\$ 195,814
OPERATING EXPENSES:						
SALARIES AND WAGES	(58,759)	(86,149)	(80,990)	(264,659)	(276,692)	(260,144)
AGENCY PERSONNEL						
FRINGE BENEFITS						
PAYROLL TAXES	(4,849)	(7,007)	(6,019)	(10,411)	(14,484)	(12,481)
SUPPLIES	(653)	(1,690)	(1,467)	(3,514)	(4,771)	(4,214)
PURCHASED SERVICES	(24)	(192)	(163)	(24)	(379)	(319)
PROFESSIONAL CONTRACTS	0	0	0	(3,518)	0	0
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	0	0	0	0	0	0
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(1,829)	(4,068)	(4,277)	(10,723)	(11,109)	(11,306)
TOTAL OPERATING EXPENSES	(66,115)	(99,106)	(92,916)	(292,848)	(307,435)	(288,464)
NET OPERATING INCOME (LOSS)	(28,166)	(53,060)	(45,046)	(190,953)	(116,020)	(92,650)

RUN DATE: 02/11/21
 RUN TIME: 1047
 RUN USER: BSERRANO

BUDGET COMPARISON REPORT
 WELLNESS CENTER 7085
 FOR PERIOD ENDING 01/31/21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
REVENUE						
IN PATIENT REVENUE				156,016	183,260	207,199
OUT PATIENT REVENUE	45,417	48,732	66,619			
TOTAL REVENUE	<u>45,417</u>	<u>48,732</u>	<u>66,619</u>	<u>156,016</u>	<u>183,260</u>	<u>207,199</u>
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						
CLINIC OTHER OPERATING REV						
TOTAL OTHER REVENUE	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
EXPENSES						
SALARIES	(12,637)	(13,521)	(12,536)	(56,081)	(47,880)	(48,946)
FICA	(880)	(1,043)	(877)	(4,024)	(3,817)	(3,445)
MED/SURG SUPPLIES	(26)	(15)	(14)	(59)	(55)	(57)
OFFICE SUPPLIES	(20)	(108)	(805)	(140)	(405)	(834)
OTHER SUPPLIES	(1,233)	(1,523)	(1,591)	(6,218)	(5,730)	(6,068)
CHEMICAL COST	0	(14)	0	0	(52)	0
FOOD	(15)	(718)	(1,087)	(2,520)	(2,699)	(3,268)
ELECTRICITY	(2,708)	(5,150)	(3,573)	(12,632)	(18,361)	(14,657)
FUEL & GAS	(196)	(257)	(262)	(696)	(918)	13,830
WATER	(147)	(190)	(154)	(589)	(679)	(665)
MAINTENANCE CONTRACTS	(55)	(113)	(55)	(220)	(404)	(655)
REPAIRS & MAINTENANCE	0	(2,576)	(13)	(2,764)	(9,181)	(6,683)
PROFESSIONAL CONTRACTS	(1,053)	(1,299)	(1,053)	(4,212)	(4,631)	(4,192)
PROFESSIONAL SERVICES	(2,425)	(4,120)	(2,963)	(9,828)	(14,689)	(11,678)

RUN DATE: 02/11/21
 RUN TIME: 1047
 RUN USER: BSERRANO

BUDGET COMPARISON REPORT
 WELLNESS CENTER 7085
 FOR PERIOD ENDING 01/31/21

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
LICENSES	(228)	(50)	(335)	(228)	(203)	(355)
PHONE/CABLE/INTERNET	(582)	(542)	(562)	(2,497)	(2,167)	(1,678)
DUES & SUBSCRIPTIONS	0	(192)	0	(412)	(767)	(2,299)
ADVERTISING	0	(42)	0	0	(167)	(131)
TRAVEL & MEETING	0	(312)	(25)	0	(1,250)	(25)
POSTAGE	0	(1)	(1)	0	(2)	(1)
EQUIPMENT RENTAL	0	(6)	0	(15)	(25)	(15)
EDUCATION EXPENSES	0	0	0	(639)	0	0
PUBLIC EDUCATIONAL ACTIVITIE	0	(317)	0	0	(1,267)	(1,978)
DISASTER EXPENSE	0	(5)	0	(82)	(17)	0
LINEN PURCHES	0	(333)	0	0	(1,333)	(301)
TOTAL EXPENSES	<u>(22,206)</u>	<u>(32,447)</u>	<u>(25,906)</u>	<u>(103,858)</u>	<u>(116,699)</u>	<u>(94,099)</u>
NET PROFIT/(LOSS)	<u>23,212</u>	<u>16,285</u>	<u>40,713</u>	<u>52,158</u>	<u>66,561</u>	<u>113,100</u>

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

INITIAL APPOINTMENT

APPLICANT NAME: Gregory Downing, MD **DATE:** 02/01/2021

The following has been verified by Administration:

- | | | |
|--|--------------------------------------|-------------------------------------|
| 1. Completed Application <i>C.V.</i> | <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 | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required for Tele-Radiology</u> | | |
| 5. Evidence of Adequate Professional Liability Insurance | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Expiration Date: <u>07/01/2021</u> | | |
| 6. Adverse information with Data Bank Query (MD/DO only) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 7. Board of Medical Examiners Query | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required, does not have ER privileges</u> | | |
| 9. Current ACLS or Board Cert. to perform cardiac stress test | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required, does not perform stress test</u> | | |
| 10. Evidence of Continuing Medical Education requirements | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 11. In good standing at other hospitals where privileged | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 12. Malpractice claims in the last ten years | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

Specialty: Radiology-Telemedicine Physician

Comments: Radiology Partners

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

INITIAL APPOINTMENT

APPLICANT NAME: Leslie Jacobson, MD **DATE:** 02/01/2021

The following has been verified by Administration:

- | | |
|--|-------------------|
| 1. Completed Application | YES NO |
| 2. Current Texas License | YES NO |
| 3. Board Certification | YES NO |
| If No, explain _____ | |
| 4. Current DEA Certificate | YES NO |
| If No, explain <u>Not Required for Tele-Radiology</u> | |
| 5. Evidence of Adequate Professional Liability Insurance | YES NO |
| Expiration Date: <u>07/01/2021</u> | |
| 6. Adverse information with Data Bank Query (MD/DO only) | YES NO |
| 7. Board of Medical Examiners Query | YES NO |
| 8. Current CPR/ACLS/ATLS for ER privileges | YES NO |
| If No, explain <u>Not Required, does not have ER privileges</u> | |
| 9. Current ACLS or Board Cert. to perform cardiac stress test | YES NO |
| If No, explain <u>Not Required, does not perform stress test</u> | |
| 10. Evidence of Continuing Medical Education requirements | YES NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | |
| 11. In good standing at other hospitals where privileged | YES NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | |
| 12. Malpractice claims in the last ten years | YES NO |

Specialty: Radiology-Telemedicine Physician

Comments: Radiology Partners

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

INITIAL APPOINTMENT

APPLICANT NAME: Steve Nelson, MD **DATE:** 02/01/2021

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 type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain _____ | | |
| 4. Current DEA Certificate | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required for Tele-Radiology</u> | | |
| 5. Evidence of Adequate Professional Liability Insurance | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Expiration Date: <u>07/01/2021</u> | | |
| 6. Adverse information with Data Bank Query (MD/DO only) | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 7. Board of Medical Examiners Query | <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, does not have ER privileges</u> | | |
| 9. Current ACLS or Board Cert. to perform cardiac stress test | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required, does not perform stress test</u> | | |
| 10. Evidence of Continuing Medical Education requirements | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 11. In good standing at other hospitals where privileged | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 12. Malpractice claims in the last ten years | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

Specialty: Radiology-Telemedicine Physician

Comments: Radiology Partners

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

INITIAL APPOINTMENT

APPLICANT NAME: Elaina M Zabak, MD **DATE:** 02/01/2021

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 | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required for Tele-Radiology</u> | | |
| 5. Evidence of Adequate Professional Liability Insurance | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Expiration Date: <u>07/01/2021</u> | | |
| 6. Adverse information with Data Bank Query (MD/DO only) | YES | <input checked="" type="radio"/> NO |
| 7. Board of Medical Examiners Query | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required, does not have ER privileges</u> | | |
| 9. Current ACLS or Board Cert. to perform cardiac stress test | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required, does not perform stress test</u> | | |
| 10. Evidence of Continuing Medical Education requirements | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 11. In good standing at other hospitals where privileged | YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Not Required to provide for Tele-Radiology</u> | | |
| 12. Malpractice claims in the last ten years | YES | <input checked="" type="radio"/> NO |

Specialty: Radiology-Telemedicine Physician

Comments: Radiology Partners

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

APPLICANT NAME: Russell E Bartt, MD **DATE:** 02/01/2021

The following has been verified by Administration:

- | | | |
|---|----------------|---------------|
| 1. Completed Application | YES | NO |
| 2. Current Texas License | YES | NO |
| 3. Board Certification | YES | NO |
| If No, explain _____ | | |
| 4. Current DEA Certificate | YES | NO |
| If No, explain _____ | | |
| 5. Evidence of Adequate Professional Liability Insurance | YES | NO |
| Expiration Date: <u>01/01/2021</u> | | |
| 6. Adverse information with Data Bank Queried | YES | NO |
| 7. Board of Medical Examiners Queried | YES | NO |
| 8. Current CPR/ACLS/ATLS for ER privileges | YES | NO |
| If No, explain <u>Does not have ER privileges</u> | | |
| 9. Current ACLS or Board Cert. to perform cardiac stress test | YES | NO |
| If No, explain <u>Does not perform Cardiac Stress Test</u> | | |
| 10. Evidence of Continuing Medical Education requirements | YES | NO |
| If No, explain _____ | | |
| 11. In good standing at other hospitals where privileged | YES | NO |
| If No, explain _____ | | |
| 12. Malpractice claims in the last ten years | YES | NO |

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

Comments: _____

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

APPLICANT NAME: Valente Antonio Benavides, MD **DATE:** 02/01/2021

The following has been verified by Administration:

1. Completed Application YES NO
2. Current Texas License YES NO
3. Board Certification YES NO
If No, explain _____
4. Current DEA Certificate YES NO
If No, explain _____
5. Evidence of Adequate Professional Liability Insurance YES NO
Expiration Date: 10/01/2021
6. Adverse information with Data Bank Query (MD/DO only) YES NO
7. Board of Medical Examiners Query YES NO
8. Current CPR/ACLS/ATLS for ER privileges YES NO
If No, explain No ER privileges, not required to have all certs
9. Current ACLS or Board Cert. to perform cardiac stress test YES NO
If No, explain Does not perform Cardiac Stress Test
10. Evidence of CME requirements YES NO
If No, explain _____
11. In good standing at other hospitals where privileged YES NO
If No, explain _____
12. Malpractice claims in the last ten years YES NO

Specialty: General Surgery

Comments: _____

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

REAPPOINTMENT APPOINTMENT

APPLICANT NAME: Vicente Quintero, MD **DATE:** 02/01/2021

The following has been verified by Administration:

1. Completed Application YES NO
2. Current Texas License YES NO
3. Board Certification YES NO
If No, explain _____
4. Current DEA Certificate YES NO
If No, explain _____
5. Evidence of Adequate Professional Liability Insurance YES NO
Expiration Date: 11/05/2021
6. Adverse information with Data Bank Query YES NO
7. Board of Medical Examiners Query YES NO
8. Current CPR/ACLS/ATLS for ER privileges YES NO
If No, explain Does not have ER privileges
9. Current ACLS or Board Cert. to perform cardiac stress test YES NO
If No, explain Does not perform cardiac stress test
10. Evidence of Continuing Medical Education requirements YES NO
If No, explain _____
11. In good standing at other hospitals where privileged YES NO
If No, explain _____
12. Malpractice claims in the last ten years YES NO

Specialty: Dermatology W/Hill Country Dermatology

Comments: _____

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

APPLICANT NAME: Gary Paul Willers II, DO DATE: 02/01/2021

The following has been verified by Administration:

1. Completed Application YES NO
2. Current Texas License YES NO
3. Board Certification YES NO
If No, explain _____
4. Current DEA Certificate YES NO
If No, explain _____
5. Evidence of Adequate Professional Liability Insurance YES NO
Expiration Date: 10/01/2021
6. Adverse information with Data Bank Query (MD/DO only) YES NO
7. Board of Medical Examiners Query YES NO
8. Current CPR/ACLS/ATLS for ER privileges YES NO
If No, explain No ER privileges, not required to have all certs
9. Current ACLS or Board Cert. to perform cardiac stress tests YES NO
If No, explain _____
10. Evidence of CME requirements YES NO
If No, explain _____
11. In good standing at other hospitals where privileged YES NO
If No, explain Does not have privs other hosp
12. Malpractice claims in the last ten years YES NO

Specialty: Family Practice

Comments: _____

Marketing and Development Board Report Jan. 2021

Marketing Campaign Reporting/Analytics: Review reporting for all campaigns and see the creative for December/January:

<https://www.dropbox.com/sh/xkmewjxctvbqxdz/AACnK0F8RfQB86SYY1BKSA4ia?dl=0>

Video

- YouTube Preroll campaign with Wood Agency January report - the full report is in the dropbox
January was fully dedicated to MedSpa, but keep in mind, we trimmed our spend by half, so that will be reflected in the audience numbers dropping in the coming months. We want to continue to target the ideal customer/patient and look at the view rate to determine if we are reaching them effectively. In January, we reached 18,714 with a 34% view rate. The MedSpa video wasn't able to fully spend the budget due to a limited audience caused by Google's medical content policy. Wood Agency is working on getting this resolved for February in order to fully promote the MedSpa video.

Latest Videos:

- Slimdown: <https://youtu.be/din9Y0WaQgA>
- MedSpa: https://youtu.be/_9SdbjBxzmY
- Vaccine Waiting List: <https://youtu.be/neELfeKdnwE>
- MedSpa Lip Injection Special: <https://youtu.be/3lmUtUZqhi0>
- Heart Walk: <https://youtu.be/chWP36HL4h8>
- Wear Red for Feb. 5th: <https://youtu.be/KqTVSaEPPEw>
- Go Red Photo Submissions: <https://youtu.be/WzXtn-yRCsk>

Social Media

- We saw great growth in the area of likes on CRH's Facebook page (up 54 new likes AND **3,011 likes!** We finally made it to 3K) This was due to the public's interest in vaccine information and updates.
- Twitter and Instagram continue hold their numbers.
- Continue to post all new videos to our YouTube channel. Links to videos mentioned are posted above.

Website

- Reporting is included in the Dropbox link above. **Traffic DOUBLED** in January, ofcourse due to the vaccine sign up form. **10,511** in one month – incredible!
- NEW! Given the tremendous response to the vaccine sign up form (4,243 as of 2.12.21), I am working with Coffey to develop a stronger push to sign up for our e-newsletters and build our email database. More to come.

Public relations:

- Press releases continue to result in great traction and coverage. Please see below for coverage in local papers and area TV.
- Continued to attend local events when appropriate and able, including Chamber ribbon cutting for Trust Texas Bank 100th anniversary and other local small events.

Development:

- MRI – Tyler and I have finalized the target list for MRI visits in January/February. The list has over 30 targets, so will visit with our MRI new rack cards and discuss MRI capabilities in Cuero. See if anything we can do to improve referrals (and inquire if they are having any issues with our scheduling or any barriers)
- Working on pieces to promote the addition of Tele-endocrinology at our Outpatient Clinic
- Working with Jennifer Janssen and the Cardiopulmonary team on a series of education videos with Dr. Craig, as well as a new :30 spot to help educate the public on this valuable service.
- MedSpa – running contest via the Victoria Advocate, 125 entries to date (will use data collected from entries to remarket. Ribbon cutting scheduled for late February.

Signage:

- Internal signage – working on vaccine signage (adjusting to new location discussed) and EMTALA signage required for compliance completed.

Print Ads:

- Cuero Record:
Childbirth Center (quarter page and front page strip), vaccine waiting list front page strip, MedSpa quarter page, Heart Screening (Feb. 10th and 17th) 3x5 print ad and Heart Walk quarter page (Feb. 20th event date)
- Yorktown News-Views:
Ran Lemley coverage ad & Childbirth Center quarter page
- Goliad Advance Guard:
Ran Walthall coverage ad & Childbirth Center quarter page

Coverage in late December and January:

To see all press releases submitted to area print, radio, TV, magazines, etc, visit:

<https://www.cueroregionalhospital.org/news/>

Cuero Record:

Jan. 13 - First Baby of 2021 – A1 Photo and caption (also on front of Yorktown News-Views)

Mid-January – starting running vaccine wait list sign up ad on the homepage of

www.cuerorecord.com



Feb 3, front page - <https://www.cuerorecord.com/news/cuero-regional-hospital-works-county-become-hub>

Feb. 3, 2A - <https://www.cuerorecord.com/columns-opinions/message-mayor-february-2021>

Feb 3, 6A – National Wear Red Day – CRH Photo Contest – ran press release (included heart screening and heart walk details).

Feb. 10, 2A – Heart Walk - ran Heart Walk press release

KAVU/Crossroads Today:

Jan. 7 - <https://www.crossroadstoday.com/cuero-hospital-provides-phone-line-form-for-phase-1b-vaccinations/>

Feb. 5 - <https://www.crossroadstoday.com/cuero-hospital-offering-reduced-costs-on-elective-heart-screening/>

The Wolf and 104.7 (radio)

Jan. 8 – Live interviews on vaccine waiting list rollout (mentioned both online and phone line options) – interview with Joe Friar and Trey Johnson.

Victoria Advocate:

Jan. 5 - https://www.victoriaadvocate.com/premium/its-gold-right-now-rush-for-vaccine-brings-confusion-lengthy-waits-in-crossroads/article_4640fc22-4fa5-11eb-9644-7ffe99f3fb61.html

Jan. 11 - https://www.victoriaadvocate.com/premium/bay-city-hospital-opening-vaccine-waitlist-tuesday-morning/article_9d770e7c-4fb5-11eb-a743-472e70730ad0.html

Jan 20 - https://www.victoriaadvocate.com/covid-19/heres-where-to-get-more-information-about-covid-19-vaccine-availability-in-the-crossroads/article_9d770e7c-4fb5-11eb-a743-472e70730ad0.html

Feb 8 - https://www.victoriaadvocate.com/premium/were-ready-after-almost-a-year-of-covid-19-victoria-residents-65-and-up-eager/article_bec67b98-6a69-11eb-b1c9-330cd37490e3.html

Assistant Administrator
Board Report
February 2021

Quality/Safety

1. Ismelda is currently working to get three bids to upgrade our security camera system. The current system cannot support any additional cameras and we are lacking security cameras in the medical plaza and the parking lots.

Finance

1. The Wellness Center is starting to see their business pick back up. January was a great month financially for the Wellness Center with a positive bottom line of \$23,000.
2. The lab has started a program for “at home” lab draws. They are beginning with patients within the Cuero city limits to see how the program progresses and then will expand their reach.
3. O’Connell Robertson was on site February 3rd and 4th and met with some department directors to discuss their work flows and space needs. They should have the initial master plan concepts ready for review around April 5th.

Community

1. The Med Spa ribbon cutting will be held on Thursday, February 18th at 5:00 pm. Event will be held outside and masking and social distancing will be advised.
2. The “Heart Walk” will be held at Gobbler Stadium on Saturday, February 20th. There will be no pre-registration this year as the walk is free for the family to enjoy! Attendees are encouraged to wear red to the event. The event will follow the best safety practices as advised by the CDC, which means attendees will need to wear masks, demonstrate social distancing and hand sanitizer will be available to all attendees. This event includes heart health information booths with free health screenings, door prizes and more. Mayor Sara Post Meyer will start the activities with a prayer and there will be a speaker on the importance of early screening and prevention.

**BOARD REPORT
NURSING ADMINISTRATION 2-12-2021**

Safety/Quality

Falls: 5 total
Inpatient = 3 (2 with no injury and 1 with major injury)
ER = 2 with no injury

Sepsis: 100% (3/3)

People

- We had our first EMS Coalition Luncheon on 2-5-2021. Our goal is to bring Cuero, Yorktown, Yoakum, Gonzales and Goliad together quarterly to discuss any issues and to educate the staff on our capabilities at CRH. Our theme is “We are stronger together”.
- All Nursing Leaders participated in the “Nursing-- CMS Conditions of Participation Standards for Hospitals and Proposed Changes: 2021 Update”. This program discussed the nursing plans of care, staffing, policy changes, when an RN is required in an outpatient department, documentation, supervision, nursing leadership, verbal orders, antibiotic stewardship program requirement, and more.
- Update from the Victoria College RN and LVN Programs:
Associate Degree Program: current enrollment is 128. The Spring 2020 graduate pass rate for the Board of Nursing exam was 91.3%. There were 46 graduates.
LVN Program: the Spring 2020 class graduated 41 students with a pass rate of 95% for the Board of Nursing exam.
In 2023, the Nursing Board will issue a new licensing exam.
Victoria College shares that students are struggling and the attrition rate has increased due to the pandemic.

Yours in service, Judy Krupala, CNO

Quality/Safety

- Sepsis was maintained at 100% for January
- There were 5 falls: 3 inpatient and 2 ER
- The 2nd dose of vaccine was completed 2/10. MHS is working to get more doses for 30 additional employees who are wanting the vaccine
- As of 2/09/21, our cumulative COVID positivity rate has dropped about 1% to 30%
- Multiple meetings held with community officials to support mass vaccine. CRH has ordered 600 doses and are awaiting State response on delivery
- Plan has been developed to use the CISD Intermediate School for vaccination drive; however, most likely to get approved is a plan for homebound. Currently working with the mayor on this

People

- 1st quarter overall staff turnover was 4.74%. I am very proud of the progress of the clinics in this arena which were 4.91% - huge progress
- Medical Staff Annual Meeting was held on 2/8/21. Dr. Sheryl Harvey was voted as next Chief of Staff; Dr. Jennifer Gonzales was voted Vice Chief and Dr. Kevin Denton was voted Secretary

Growth

- Dr Shenoy will begin seeing patients in February 12th. He is also doing a meet and greet with the referring physicians at lunch on the 12th
- The O'Connell Robertson Architects had a good visit and spent time throughout the facility with leaders viewing their areas and looking at functional issues/equipment, etc

Rural Health Clinics

- Ms Jenny Vigus and Ms Miranda Adams continue to do a great job with the leadership of the clinics to maintain and improve operations and flow
- Laura Pacek began post discharge visits Dec 16 and is getting great feedback. Program is working well
- Susan Mims, PA is working to get her wound certification to support a wound clinic in our outpatient area



FY 2021

GOAL

Quality Improvement Dashboard

1Q2020

2Q2021

3Q2021

4Q2021

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

SEPT

Quality/Patient Safety Metrics

Total RL Solutions Reported		17	24	13	15								
Near Miss		0	7	2	2								
Precursor		16	16	9	11								
Serious Safety		0	0	0	1								
Medication Error	0	2	2	0	1								
Hand Off Communication Incidents	0	1	0	0	1								
Identification Incidents	0	3	0	1	0								
Medication Override-Overall	<10%	8.2%	8.4%	7.2%	8.3%								
% Provider order entry	70%	77%	72%	75%	76%								
% Blood Transfusion Criteria compliance	100%	100%	100%	100%	100%								
% Chart Delinquency	<15%	9%	10%	10%	18%								
Total Falls	0	3	2	2	5								
Inpatient Fall Rate (# falls per 1000 pt days)	<2%	0%	6%	0%	12.3%								
Other Fall Rate (# other falls per consolidated APD)	<0.1%	0.2%	0.1%	0.22%	0.2%								

Patient Satisfaction

Press Ganey Texas Rank Percentile

HCAHPS: Overall Rating	75th	99	69	5	99								
HCAHPS: Would Recommend	75th	70	6	6	99								
OAS-CAHPS: Overall Rating	51st	99	66	35									
OAS-CAHPS: Would Recommend	51st	21	77	17									
HH-HCAHPS: Overall Rating	65th	1	99	99									
HH-HCAHPS Score: Would Recommend	65th	1	99	99									
Clinics Satisfaction: Overall Rating	51st	15	21	51	23								
Clinics Satisfaction: Would Recommend	51st	18	14	61	19								
ER Satisfaction: Overall Rating	75th	51	50	15	81								
ER Satisfaction: Would Recommend	75th	57	27	13	65								

Infection Control

updated 1/25/2021

CAUTI	0	0	0	0	0								
CLABSI	0	0	0	0	0								
SSI	0	0	0	2	0								
Handwashing Compliance	95%	92%	91%	96%	95%								

Goal Met



FY2021

GOAL

Clinic Quality Measures Dashboard

1Q2020

2Q2021

3Q2021

4Q2021

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

SEPT

Quality/Patient Safety Metrics


Total RI Solutions Reported for Clinics		2	4	1	0								
Near Miss		0	0	0	0								
Precursor		2	2	0	0								
Serious Safety		0	0	0	0								
Other		0	2	1	1								
Handwashing compliance		93%	88%	91%	90%								

Core Measures

Wait Time- average time from check-in to check-out	<60 mins	55 mins	55 mins	48 mins	51 mins								
Wait Time- average time from check-in to seeing nurse	<20 mins	9 mins	8 mins	7 mins	9 mins								
NQF 0034- Colorectal Cancer Screening according to USPSTF for patients 50-75 years of age	85%	79%	82%	82%	81%								
NQF 2372- Breast Cancer Screening with mammogram for women 50-74 years of age	75%	63%	65%	67%	55%								
*NQF 0018- Controlling High Blood Pressure- patients 18-85 yrs of age w/dx of HTN & BP adequately controlled (<140/90) *	75%	49%	50%	50%	50%								
NQF 0069- children 3mths to 18yrs who were diagnosed with URI and were not dispensed an antibiotic on or three days after episode	85%	97%	99%	98%	97%								
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%	94%	90%	94%	100%								
NQF 0028- Smoking Cessation- patients age 18 & older who were screened for tobacco use & received tobacco cessation intervention if identified as tobacco user	85%	79%	81%	82%	85%								
Gestational Diabetes Mellitus (GDM) Screening- in pregnant women between 24-28wks gestation	90%	100%	100%	100%	100%								
Timely Chart Closure- percentage of charts open after date of encounter	<15%	23%	31%	24%	22%								
Timely Review of Results- number of providers w/results outstanding for month 48hrs after month end	0	4	2	5	2								
Goal Met													

updated 2/9/2021

*Controlling BP measure added for FY21

 FY 2021	GOAL	<h1 style="text-align: center;">Clinic Patient Satisfaction Improvement Dashboard</h1>											
		1Q2020			2Q2021			3Q2021			4Q2021		
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Patient Satisfaction													
Press Ganey Texas Rank Percentile													
Cuero Overall Satisfaction Score:	51st	5	25	26	95								
Cuero would recommend practice:	51st	7	36	45	60								
Goliad Overall Satisfaction Score:	51st	99	21	99	7								
Goliad would recommend practice:	51st	99	2	99	20								
Kenedy Overall Satisfaction Score:	51st	99	93	99	15								
Kenedy would recommend practice:	51st	19	1	99	99								
Parkside Overall Satisfaction Score:	51st	10	5	24	2								
Parkside would recommend practice:	51st	19	1	55	2								
Yorktown Overall Satisfaction Score:	51st	10	26	99	21								
Yorktown would recommend practice:	51st	19	36	99	1								
Combined Clinics Overall Satisfaction Score:	51st	15	21	51	23								
Combined Clinics would recommend practice:	51st	18	14	61	19								
Goal Met													

updated 2/9/2021

OLD BUSINESS AGENDA ITEM #1

**Investment Policy/Strategies/Approved
Broker Annual Report – Review and Take
Appropriate Action**

**DEWITT MEDICAL DISTRICT
d/b/a
CUERO REGIONAL HOSPITAL**

INVESTMENT POLICY

The Governing Body of DeWitt Medical District d/b/a Cuero Regional Hospital may purchase, sell, and invest its funds and funds under its control in investments authorized under the Public Funds Investment Act, Chapter 2256, Texas Government Code, as amended (the "act") in compliance with investment policies approved by the Governing Body and according to the standard of care set forth in this policy.

This Policy, adopted by resolution is intended to comply with this Act.

I. PURPOSE

The purpose of this investment policy is to:

- A. Primarily emphasize safety of principal and liquidity;
- B. Address investment diversification, yield, and maturity and the quality and capability of investment management.
- C. List the types of authorized investments; and,
- D. Specify the maximum allowable stated maturity of investments.

II. STANDARD OF CARE

- A. Investments shall be made with judgment and care, under prevailing circumstances, that a person of prudence, discretion, and intelligence would exercise in the management of the person's own affairs, not speculation, but for investment, considering the probable income to be derived.
- B. Investment of funds shall be governed by the following investment objectives, in order of priority:
 - 1. Preservation and safety of principal;
 - 2. Liquidity;
 - 3. Yield.
- C. In determining whether an investment officer has exercised prudence with respect to an investment decision, the determination shall be made taking into consideration:
 - 1. The investment of all funds, or funds under the Hospital's control, over which the officer had responsibility rather than a consideration as to the prudence of a single investment; and

Revised 5 28 2020

2. Whether the investment decision was consistent with the written investment policy of the Hospital.
- D. Market price of investments will be monitored by requiring three pricing quotes to determine proper pricing of investments.
- E. The settlement of all transactions, except investment pool funds and mutual funds, will be on a delivery versus payment basis.

III. INVESTMENT STRATEGY

- A. As an integral part of this investment policy, Hospital shall adopt a separate written investment strategy for each of the funds under its control.
- B. Each investment strategy must describe the investment objectives for the particular funds using the following priorities in order of importance:
 1. Understanding of the suitability of investment to the financial requirements of the hospital;
 2. Preservation and safety of principal;
 3. Liquidity;
 4. Marketability of the investment if the need arises to liquidate the investment before maturity;
 5. Diversification of the investment portfolio; and
 6. Yield.

IV. INVESTMENT OFFICER

1. The Investment Officer shall exercise the judgement and care, under prevailing circumstances, that a prudent person would exercise in the management of the person's own affairs. Unless authorized by law, a person may not deposit, withdraw, transfer, or manage in any other manner the funds of the Hospital.
2. Such authority is effective until Hospital rescinds the authority or terminates the person's employment.
3. An officer or employee of a regional planning commission, council of governments or similar regional planning agency created under Chapter 391, Local Government Code, is ineligible to be designated as an investment officer for any investing entity other than the Hospital.
4. An investment officer of Hospital who has a personal business relationship with a business organization offering to engage in an investment transaction with the hospital shall file a statement disclosing that personal business interest. An investment officer who is related within the second degree by affinity or consanguinity, to an individual seeking to sell an investment to the Hospital shall file

Revised 5 28 2020

a statement disclosing that relationship. A statement required under this subsection, must be filed with the Texas Ethics Commission and the Governing Body of the Hospital.

An investment officer will have a personal business relationship with a business organization if:

- a. the investment officer owns 10% or more of the voting stock or shares of the business organization or owns \$5,000 or more of the fair market value of the business organization.
- b. funds received by the investment officer from the business organization exceed 10% of the investment officer's gross income for the previous year; or
- c. the investment officer has acquired from the business organization during the previous year investments with a book value of \$2,500 or more for the personal account of the investment officer.

5. Reporting.

- a. Not less than quarterly, the investment officer shall prepare and submit to the governing body of Hospital a written report of investment transactions for all funds subject to this Policy for the preceding reporting period.
- b. The report must:

- (1) Describe in detail Hospital's investment position on the date of the report.
- (2) Be prepared jointly by all investment officers of the Hospital;
- (3) Be signed by each investment officer of the Hospital;
- (4) Contain a summary statement, prepared in compliance with generally accepted accounting principals, of each pooled fund group that states the:
 - a beginning market value for the reporting period;
 - b additions and changes to the market value during the period;
 - c ending market value for the period;
 - d fully accrued interest for the reporting period.
- (5) State the book value and market value of each separate invested asset at the beginning and end of the reporting period by the type of asset and fund type invested;
- (6) State the maturity date of each separately invested asset that has a maturity date;
- (7) State the account or fund or pooled group fund in the Hospital for which each individual investment was acquired; and
- (8) State the compliance of the investment portfolio of the Hospital with:
 - * the investment strategy expressed in the Hospital's investment policy
 - * relevant provisions of the Act.

- c. The report shall be presented not less than quarterly to the Hospital Governing Body and Administrator within a reasonable time after the end of the period.
- d. A report on the Public Funds Investment Act will be prepared and presented to the Governing Board by the investment officer no later than 180 days after the close of the legislative session.
- e. If the Hospital invests in other than money market mutual funds, investment pools or accounts offered by its depository bank in the form of certificates of deposit, or money market accounts or similar accounts, the reports prepared by the investment officers shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the Governing Board by the auditor.

V. GENERAL PROVISIONS

- A. The Governing Body shall review its investment policy and investment strategies not less than annually. The Governing Body shall adopt a written resolution stating that it has reviewed the investment policy and investment strategies and that the resolution shall record any changes made to either the investment policy or investment strategies.
- B. The Chief Financial Officer of the Hospital shall be the investment officer to be responsible for the investment of its funds.
- C. Bids for certificate of deposit may be solicited:
 - 1. Orally;
 - 2. In writing;
 - 3. Electronically; or
 - 4. In any combination of those methods.
- D. A written copy of this Policy shall be presented to any person offering to engage in an investment transaction with the Hospital. Hospital's investment officer may not buy any securities from a person who has not delivered to Hospital an instrument in substantially the form provided by Section E. The Hospital will still have the responsibility of monitoring the investments to determine that they are in compliance with the investment policy.
- E. The qualified representative of the business organization offering to engage in an investment transaction shall execute a written instrument in a form acceptable to the Hospital and the business organization substantially to the effect that the

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business organization:

1. Has received and reviewed the investment policy of the Hospital;
 2. Has acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the Hospital and the organization that are not authorized by the Hospital's investment policy, except to the extent that this authorization is dependent on an analysis of the makeup of the Hospital's entire portfolio or requires an interpretation of subjective investment standards.
- F. Hospital, in conjunction with its annual financial audit, shall perform a compliance audit of management controls on investments and adherence to Hospital's established investment policies.
- G. The Governing Body authorizes any investment authorized by the Act.
- H. The Governing Body or designated investment committee shall, at least annually, review, revise, and adopt a list of qualified brokers that are authorized to engage in investment transactions with the Hospital.

VI. AUTHORIZED INVESTMENTS:

- A. Obligations of, or guaranteed by, governmental entities except as provided by Section VI. B; the following are authorized investments:
1. Obligations of the United States or its agencies and instrumentalities;
 2. Direct obligation of this state or its agencies and instrumentalities;
 3. Collateralized mortgage obligations directly issued by a federal agency or instrumentality of the United States, the underlying security for which is guaranteed by an agency or instrumentality of the United States.
 4. Other obligations the principal and interest of which are unconditionally guaranteed or insured by, or backed by the full faith and credit of, this state or the United States or their respective agencies and instrumentalities; and
 5. Obligations of states, agencies, counties, cities, and other political subdivisions of any state rated as to investment quality by a nationally recognized investment rating firm not less than an A rating or its equivalent.
- B. The following are not authorized investments under this section:
1. Obligations whose payment represents the coupon payments on the outstanding principal balance of the underlying mortgage-backed security collateral and pays no principal;

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2. Obligations whose payment represents the principal stream of cash flow from the underlying mortgage-backed security collateral and bears no interest;
3. Collateralized mortgage obligations that have a stated final maturity date of greater than 10 years; and,
4. Collateralized mortgage obligations where the interest rate of which is determined by an index that adjusts opposite to the changes in market index.

C. Certificates of Deposit: A Certificate of Deposit or share certificate is an authorized investment if the certificate of deposit is issued by a state or national bank domiciled in this state, a savings bank association domiciled in this state or a state or federal credit union domiciled in this state, and is:

1. Guaranteed or insured by the Federal Deposit Insurance Corporation or its successor;
2. Secured by obligations that are obligations of, or guaranteed by, governmental entities as described by Section VI.A., including mortgage backed securities directly issued by a federal agency or instrumentality that have a market value of not less than the principal amount of the certificates, but excluding those mortgage backed securities that are not authorized investments as provided in Section VI.B. above.
3. Secured in any other manner and amount provided by law for deposits of Hospital.

D. Repurchase Agreements:

1. A fully collateralized repurchase agreement is an authorized investment if the repurchase agreement:
 - a. Has defined termination date;
 - b. Is secured by obligations described by Section VI.A. Above;
 - c. Requires the securities being purchased by Hospital to be pledged to Hospital, held in the Hospital's name and deposited at the time the investment is made with Hospital or with a third party selected and approved by Hospital; and
 - d. Is placed through a primary government securities dealer, as defined by the Federal Reserve, or a financial institution doing business in this state.
2. In this section, "repurchase agreement" means a simultaneous agreement to buy, hold for a specified time and sell back at a future date obligations described by Section VI.A. above at a market value, at the time the funds are disbursed, or not less than the principal amount of the funds disbursed. The

term includes a direct security repurchase agreement and a reverse security repurchase agreement.

3. Notwithstanding any other law, the term of any reverse security repurchase agreement may not exceed 90 days after the date the reverse security repurchase agreement is delivered.
4. Money received by Hospital under the terms of reverse security repurchase agreement shall be used to acquire additional authorized investments, but the term of the authorized investments acquired must mature not later than the exception date stated in the reverse security repurchase agreement.

E. Bankers' Acceptance. A banker's acceptance is an authorized investment if the bankers' acceptance:

1. Has a stated maturity of 270 days or fewer from the date of its issuance;
2. Will be, in accordance with its terms, liquidated in full at maturity.
3. Is eligible for collateral for borrowing from a Federal Reserve Bank; and
4. Is accepted by a bank organized and existing under the laws of the United States or any state, if the short-term obligations of the banks, or of a bank holding company of which the bank is the largest subsidiary, are rated not less than A-1 or P-1 or an equivalent rating by at least one nationally recognized credit rating agency.

F. Commercial Paper. Commercial paper is an authorized investment if the commercial paper:

1. Has a stated maturity of 270 days or fewer from the date of its issuance; and
2. Is rated not less than A-1 or P-1 or an equivalent rating by at least:
 - a. two nationally recognized credit rating agencies; or
 - b. one nationally recognized credit rating agency and is fully secured by an irrevocable letter of credit issued by a bank organized and existing under the laws of the United States or any state.

G. Mutual Funds.

1. A no-load money market mutual fund is an authorized investment if the mutual fund:
 - a. Is registered with and regulated by the Securities and Exchange Commission;
 - b. Has a dollar-weighted average stated maturity of 90 days or fewer; and
 - c. Includes in its objectives the maintenance of a stable net asset value of \$1 for each share.
 - d. Provides the Hospital with a prospectus and other information

required by the Securities Exchange Act of 1934 or the Investment Company Act of 1940.

2. In addition to a no-load money market mutual fund permitted as an authorized investment, a no-load mutual fund is an authorized investment if the mutual fund:
 - a. Is registered with the Securities and Exchange Commission;
 - b. Has an average weighted maturity of less than two years.
 - c. Is invested exclusively in obligations approved by the Act,
 - d. Is continuously rated as to investment quality by at least one nationally recognized investment rating firm of not less than AAA or its equivalent; and
 - e. Conforms to the requirements set forth in the Act relating to the eligibility of investment pools to receive and invest funds of investing entities.

3. Hospital is not authorized to
 - a. Invest, in the aggregate, more than 15 percent of its monthly average fund balance, excluding bond proceeds and reserves and other funds held for debt service, in mutual funds described in in Subsection (2), either separately or collectively,
 - b. Invest any portion of bond proceeds, reserves, and funds held for debt service, in mutual funds described in Subsection (2), or
 - c. Invest its funds or funds under control, including bond proceeds and reserves and other funds held for debt service, in any one mutual fund described in Subsection (1) or (2) in an amount that exceeds 10 percent of the total assets of the mutual fund.

H. Investment Pools.

1. Hospital may invest its funds and funds under its control through an eligible investment pool if Hospital's governing body by resolution authorizes investment in the particular pool. An investment pool shall invest the funds it receives from entities only as permitted by the Act and only in authorized investments permitted by the Act.

2. To be eligible to receive funds from and invest funds on behalf of Hospital, an investment pool must furnish to the investment officer or other authorized representative of Hospital an offering circular or other similar disclosure instrument that contains, at a minimum, the following information:

- a. The types of investments in which money is allowed to be invested;
 - b. The maximum average dollar-weighted maturity allowed, based on the stated maturity date, of the pool;
 - c. The maximum stated maturity date any investment security within the portfolio has;
 - d. The objectives of the pool;
 - e. The size of the pool;
 - f. The names of the members of the advisory board of the pool and dates their terms expire;
 - g. The custodian bank that will safekeep the pool's assets;
 - h. Whether the intent of the pool is to maintain a net asset value of one dollar and the risk of market price fluctuation;
 - i. Whether the only source of payment is the assets of the pool at market value or whether there is secondary source of payment, such as insurance or guarantees, and a description of the secondary source of payment;
 - j. The name and address of the independent auditor of the pool;
 - k. The requirements to be satisfied for Hospital to deposit funds in and withdraw funds from the pool and any deadlines or other operating policies required for Hospital to invest funds in and withdraw funds from the pool; and
 - l. The performance history of the pool, including yield, average dollar-weighted maturities and expense ratios.
3. To maintain eligibility to receive funds from and invest funds on behalf of Hospital, an investment pool must furnish to the Hospital's investment officer or other authorized representative:
- a. Investment transaction confirmations; and
 - b. A monthly report that contains, at a minimum, the following information:
 - (1) The types and percentage breakdown of securities in which the pool is invested;
 - (2) The current average dollar-weighted maturity, based on the stated maturity date of the pool, which is not greater than 90 days.
 - (3) The current percentage of the pool's portfolio in investments that have stated maturities of more than one year;
 - (4) The book value versus the market value of the pool's portfolio, using amortized cost valuation;
 - (5) The size of the pool;

- (6) The number of participants in the pool;
 - (7) The custodian bank that is safekeeping the assets of the pool;
 - (8) A listing of daily transaction activity of the Hospital participating in the pool;
 - (9) The yield and expense ratio of the pool;
 - (10) The portfolio managers of the pool; and
 - (11) Any changes or addenda to the offering circular.
4. In this section, "Yield" shall be calculated in accordance with regulations governing the registration of open-end management investment companies under the Investment Company Act of 1940, as promulgated from time to time by the federal Securities and Exchange Commission. Hospital, by contract, may delegate to an investment pool, the authority to hold legal title as custodian of investments purchased with its local funds.

I. Miscellaneous.

1. Effect of Loss Required Rating. An investment that requires a minimum rating under the Act does not qualify as an authorized investment during the period the investment does not have the minimum rating. Hospital shall take all prudent measures that are consistent with its investment policy to liquidate an investment that does not have the minimum rating.
2. Except with respect to those investing entities described in Subsection 3 below, a security described in Section VI., B. is not an authorized investment for Hospital notwithstanding any other provision of the Act or other law to the contrary.
3. Mortgage pass-through certificates and individual mortgage loans that may constitute an investment described in the Act, Section 2256.009 (b) are authorized investments with respect to the housing bond programs operated by:
 - a. the Texas Department of Housing and Community Affairs or a non-profit corporation created to act on its behalf;
 - b. Municipal or County Housing Authorities; or
 - c. Municipal or County Housing Finance Corporations.
4. The Hospital may use electronic means to transfer or invest all funds that it collects or controls.
5. Any investment securities authorized by and acquired under Chapter 2256, Government Code, prior to September 1, 1995, and no longer authorized

investment securities under that chapter as amended by Chapter 402, 74th Legislature, Regular Session (1193), need not be liquidated before the final stated maturity of the investment.

6. Notwithstanding any other law, a municipality with a population of less than 50,000 may not issue for any purpose or cause to be issued on its behalf any installment sale obligation or lease-purchase obligation having the principal amount of \$1 million or more without complying with the provisions of Section 3.002, Chapter 53, Acts of the 70th Legislature, 2nd Called Session, 1987, regardless of whether the obligation was issued individually or in a series of related transactions, or whether the obligation was issued with no recourse to the Hospital.

VII. INVESTMENT TRAINING:

- A. The Treasurer, or Chief Financial Officer, if the Treasurer is not the Chief Financial Officer, and the Investment Officer of Hospital shall attend at least one training session relating to the treasurer's or officer's responsibilities under this Policy and the Act within 12 months after taking office or assuming duties.
- B. The Treasurer, or Chief Financial Officer, if the Treasurer is not the Chief Financial Officer, and the Investment Officer of the Hospital shall attend an investment training session not less than once in a two-year period and receive not less than 10 hours of instruction relating to investment responsibilities under this Act from an independent source approved by the Governing Board of the Hospital or a designated investment committee advising the investment officer.
- C. Training under this section must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolio and compliance with the Act.
- D. Authorized training may be obtained from Region III, Texas Association of School Business Officials, Patterson & Associates, TML, TWB, TASBO, Virtual Learning Concepts, Texas Association of Counties, and any course offered by a recognized training program in the state of Texas.

VIII. This Policy takes effect February 25, 2021.

Adopted by the Governing Body of the DeWitt Medical District d/b/a Cuero Regional Hospital this the 25th Day of February, 2021.

Richard Wheeler, Chairman

Faye Sheppard, Vice Chairman

Charles W. Papacek, Secretary

John Frels, Member

Cynthia Sheppard, Member

ATTACHMENT A
RESOLUTION TO ADOPT INVESTMENT STRATEGIES OF DeWitt MEDICAL DISTRICT

Whereas, the Public Funds Investment Act of Texas, Section 2256.005(d) requires a governing body to adopt a separate written investment strategy for each of the funds under it's control; and

Whereas, the governing Board of Directors of DeWitt Medical District desires to insure the financial security and liquidity of DeWitt Medical District funds at all times:

NOW THEREFORE BE IT RESOLVED, that the Board of Directors of DeWitt Medical District adopt the following investment strategies by fund:

All funds are considered the DeWitt Medical District Fund and will be considered for investments as follows:

An operating balance is to be kept at all times to meet the cash flow needs in the depository bank, drawing interest under the depository contract.

Funds not needed to meet current year obligations may be invested in securities approved by the DeWitt Medical District Investment Policy. The investments will not exceed stated maturity dates outlined in the policy. And for those investments with no stated maturity date the maximum maturity shall be 3 years.

For diversification, a portion of the fund balance may be deposited in an investment pool if the interest earned is higher than provided under the local depository contract.

Unanimously adopted this the 25th day of February, 2021.

Richard Wheeler, Chairman

Faye Sheppard, Vice Chairman

Charles W. Papacek, Secretary

John Frels, Member

Cynthia Sheppard, Member

ATTACHMENT B
LIST OF APPROVED INVESTMENT BROKERS

The following Brokers have been approved this 25th Day of February, 2021 to engage in investment transactions with the Hospital:

Wells Fargo Investment Services
LOGIC - Local Government Investment Cooperative
MBIA Investment Pool
Texpool
Wells Fargo Brokerage Services, LLC
Prosperity Private Investments

Richard Wheeler, Chairman

Faye Sheppard, Vice Chairman

Charles W. Papacek, Secretary

John Frels, Member

Cynthia Sheppard, Member

Revised 5 28 2020

AGENDA ITEM #1

**Capital Expenditure Request to Replace 5-Ton A/C Package Unit for SE End of CMC*
– Review and Take Appropriate Action**

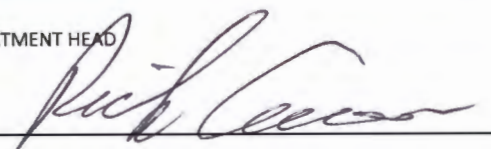


Attached:

Buch Boyz	\$5,904.00	Recommended
Jahn	\$6,650.00	
Lueckemeyer	\$7,374.50	

***Emergency purchase to replace A/C package for SE End of CMC approved by Mr. Richard Wheeler on 1/21/2021.**

HOSPITAL/ENTITY		
DEPARTMENT Cuero Clinic		DATE PREPARED 1/21/2021
Is the requested purchase in compliance with the Healthtrust GPO?		
D E S C R I P T I O N	PROJECT NAME Replace 5-Ton A/C Package Unit	DESIRED DELIVERY/START DATE
	PROJECT DESCRIPTION Replace 5-Ton A/C Package Unit that serves the waiting/corridor hallway for Dr. Reese & Dugi patients	PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Code Compliance <input type="checkbox"/>
	JUSTIFICATION <i>Indiate present situation, need for the item requested and alternative considerations.</i> The unit is over 20 years old and the electric strip heat is completely out	
	BUDGET REFERENCE	Amount Budgeted
BUDGET LINE ITEM	<i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	\$8,000.00

EQUIPMENT/PROJECT COSTS	Attach copies of proposals			ASSET DISPOSITION DATA	
	Bid #1	Bid #2	Bid #3	Description of Disposed Assets:	
Name of Bidder	Buch Boyz	Jahn	Lueckeme		
Land and/or Acquisition					
Construction				BOOK VALUE OF DISPOSED ASSET	
Equipment				METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
TOTAL COSTS	\$5,904.00	\$6,650.00	\$7,374.50		Sale <input type="checkbox"/>
Less Trade In					Abandonment <input type="checkbox"/>
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: 1/21/2021
	SLT LEADER		DATE: _____
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER	 1/21/21	DATE: _____
			DATE: 1/21/21
	Board Member Signature if greater than \$5,000		

*emergency purchase to replace A/c Package for southeast end of CMC
L. Falcone 1/21/21*

Rick Caron

From: travis buch [buchboyzac@yahoo.com]
Sent: Wednesday, January 13, 2021 2:13 PM
To: Rick Caron
Subject: {EXTERNAL} Re: Buch Boyz ac

WARNING: This email originated outside of Cuero Regional Health.
DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Changeout of 5 ton carrier
5 ton foundation
15kw heat
Hail guards
Proposed at 5904.plus permit if needed
Thanks Travis @ Buch Boyz A/C

Sent from my iPhone

> On Jun 29, 2020, at 11:04 AM, travis buch <buchboyzac@yahoo.com> wrote:
>
> Changeout out proposed to cuero hospital
> 3 ton Trane foundation unit
> 10k electric heat
> Hail guards
>
>
> \$4609.00
> Thanks sorry for the bid this way encountered technical difficulty's
>
> Travis Buch
>
> Sent from my iPhone



Rickey Caron <rcaron@hhs1.com>

AC bid

1 message

Mark Jahn <mjahn@att.net>
To: Rickey Caron <rcaron@hhs1.com>

Thu, Jan 14, 2021 at 1:22 PM

Rick, to replace the 5 ton Carrier roof top unit with a Trane 5 ton with a 7.5 KW heater and hail guard will be a total of \$6650.00.
Please call if you have any questions.
Mark Jahn
Jahn Refrigeration

Lueckmeyers A/C & Heating Inc.

P.O. Box 1577
Victoria, TX 77902

Date	Estimate #
1/21/2021	45

Name / Address
CUERO REGIONAL HOSPITAL 615 N. ESPLANADE CUERO TEXAS 77954

Project

Description	Qty	Cost	Total
JOB BIDDED TAX INCLUDED 5 TON AMERICAN STANDARD WITH 15 KW ELECTRIC HEAT	1	6,024.00	6,024.00T
LIFT TRUCK	1	650.00	650.00T
CITY PERMIT	1	250.00	250.00
Sales Tax		6.75%	450.50
		Total	\$7,374.50

Customer Signature _____

Phone # 361-578-7248

lynn.lueckemeyer@yahoo.com

HOSPITAL/ENTITY							
DEPARTMENT		MIS		DATE PREPARED			
Is the requested purchase in compliance with the Healthtrust GPO?							
D E S C R I P T I O N	PROJECT NAME			DESIRED DELIVERY/START DATE			
	Network Remediation - 2 upgraded cisco licenses						
	PROJECT DESCRIPTION			PURPOSE FOR REQUEST			
	2 Cisco Licenses need to upgrade current license to high availability these are for the 10G 9500 Cisco switches being used for new server/storage project.			New Service <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Code Compliance <input type="checkbox"/>			
JUSTIFICATION		Provides complete redundancy with fail over capabilities for optimal uptime percentages. Minimizing equipment/switch outages for servers.					
BUDGET REFERENCE				Amount Budgeted			
BUDGET LINE ITEM		IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?		2M			
No other bid due to licensing/compliance requirement							
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	Description of Disposed Assets:	
	Name of Bidder		Edge				
	Land and/or Acquisition						
	Construction/Implement					BOOK VALUE OF DISPOSED ASSET	
	Equipment		\$7,794.00			METHOD OF DISPOSITION	
	TOTAL COSTS		\$7,794.00			Trade In <input type="checkbox"/>	
Less Trade In					Sale <input type="checkbox"/>		
NET CAPITAL REQUIRED					Abandonment <input type="checkbox"/>		
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						
	Ismelda Garza					DATE: 2/3/2021	
	SLT LEADER					DATE: _____	
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER					DATE: _____	
Alma Alexander 2/17/21					DATE: _____		
					DATE: _____		
Board Member Signature if greater than \$5,000							



EDGE SOLUTIONS & CONSULTING INC.

From:
 ESC
 2801 Townsgate Rd. #111
 Westlake Village, CA 91361
 Phone: (818)-591-3500

Estimate for:
 Cuero Regional Hospital
 Ismelda Garza
 2550 N. Esplanade
 Cuero, TX 77954

Valid Until: 12/31/20
Quote no.: CRH.120120.001.R1
Document date: 12/1/20
Quote from: Sean Thomas
 818-645-6750

Qty.	Part Number	Description	Vendor	Type	List Price	Extended List	Discount	Line Amount
2	C9500-40X-E-A-3	Cisco Systems : 9500 DNA Essentials to Advantage 3 Year License. Includes credit for RMA of DNA Essential 3 Year License.	Cisco	SW	\$ 5,920.60	\$11,841.20	34%	\$7,794.00
						\$ -	\$ -	\$ -

Total List Price	\$	11,841.20
Hardware Price w/discount	\$	-
Software Price w/discount	\$	7,794.00
Services	\$	-

Discounted Price	\$	7,794.00
Freight	\$	-
Estimated Sale Taxes (@8.25%) - ****CRH is Tax Exempt****	\$	-
Total Price:	\$	7,794.00

Notes:

Ship To:

Attn: Ismelda Garza, (361) 275-0502, igarza@cuerohospital.org
 Cuero Regional Hospital
 2550 N. Esplanade
 Cuero, TX 77954

Agreement to purchase: I am authorized to sign this document and my signature below indicates my authorization for Edge Solutions & Consulting Inc. to order the items specified herein.

Approver Signature: _____

Date: _____

Approver Name (Printed): _____

Title: _____

Payment Terms:
 Net 30 Invoiced upon delivery

Thank you for your business!

We Build IT - We Implement IT - We Support IT

HOSPITAL/ENTITY:		
DEPARTMENT: Hospital Main Campus		DATE PREPARED: 2/9/21
Is the requested purchase in compliance with the Healthtrust GPO?		
D	PROJECT NAME: Wireless Main Campus Upgrade	DESIRED DELIVERY/START DATE:
E	PROJECT DESCRIPTION	PURPOSE FOR REQUEST
S	Wireless equipment main controller, switches, Access Points (AP), and licenses required for hospital/main campus wireless infrastructure. New certified cable drops to ensure 1G uplink for AP provided by James Telco for seamless continuity of regular service and vast knowledge of closet locations and cable layout.	New Service <input type="checkbox"/>
C		Replacement <input checked="" type="checkbox"/>
R		Code Compliance <input type="checkbox"/>
I	JUSTIFICATION <i>Indiate present situation, need for the item requested and alternative considerations.</i>	
P	Improve wireless stability, security, and growth. Build Guest wireless with priority for security and stable access.	
T	BUDGET REFERENCE Network Optimization/Rebuild	Amount Budgeted
I	BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	2M
O		
N		
F	EQUIPMENT/PROJECT COSTS	ASSET DISPOSITION DATA
I	Attach copies of proposals	
N	Bid #1	Bid #2
A	Bid #3	Description of Disposed Assets:
N	Name of Bidder	Pivot
C	Construction	Prosys
I	Equipment (incl shipping)	\$118,186.99
A	Professional Services	\$44,970.08
L	TOTAL COSTS	\$163,157.07
	Less Trade In	\$49,342.00
	NET CAPITAL REQUIRED	\$195,008.15
	RECOMMENDATION (Check one)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A	Department Head <u>Ismelda Garza</u>	
U		DATE: <u>2/9/2021</u>
T	IT Director <u>Ismelda Garza</u>	
H		DATE: <u>2/9/2021</u>
O	<i>(Attach description of impact and IT costs)</i>	
R	Facilities Director _____	
I		DATE: _____
Z	<i>(Attach description of impact and Facilities costs)</i>	
A	SLT Leader _____	
T		DATE: _____
I	CEO/CFO <u>Alma Alejandra 2/17/21</u>	
O		DATE: _____
N	If greater than \$5000	
	Board Member _____	
		DATE: _____

AGENDA ITEM #4

Capital Expenditure Request for Wireless Upgrade for all Remote Sites – Review and Take Appropriate Action

Proposals*:

Pivot	\$72,507.72 Recommended
Prosys	\$88,751.94

***Proposal information will be sent separately to the Board for security purposes.**

HOSPITAL/ENTITY:				
DEPARTMENT: Remote Cuero Regional sites		DATE PREPARED: 2/9/21		
Is the requested purchase in compliance with the Healthtrust GPO?				
D E S C R I P T I O N F I N A N C I A L A U T H O R I Z A T I O N	PROJECT NAME: Wireless Upgrade for all Remote Sites	DESIRED DELIVERY/START DATE:		
	PROJECT DESCRIPTION	PURPOSE FOR REQUEST		
	Wireless equipment router, switches, Access Points (AP), and licenses required for for all 7 remote sites (Wellness, HR, HH, Parkside, Yorktown, Goliad, Kenedy) wireless infrastructure. New certified cable drops and patch panels needed to ensure 1G uplink for APs provided by James Telco for seamless continuity of regular service and vast knowledge of data closets and cable layout.	<input type="checkbox"/> New Service <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Code Compliance		
	JUSTIFICATION <i>Indiate present situation, need for the item requested and alternative considerations.</i>			
Wireless & network connection stablity, security, & growth. Inc Guest wifi w/ priorty for security & stable access.				
BUDGET REFERENCE	Network Optimization/Rebuild	Amount Budgeted		
BUDGET LINE ITEM	IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?	2M		
F I N A N C I A L A U T H O R I Z A T I O N	EQUIPMENT/PROJECT COSTS	ASSET DISPOSITION DATA		
	Attach copies of proposals		Description of Disposed Assets:	
		Bid #1		Bid #2
	Name of Bidder	Pivot	Prosys	
	Construction			
	Equipment (incl shipping)	\$39,883.72	\$49,156.94	
	Professional Services	\$32,624.00	\$39,595.00	
	TOTAL COSTS	\$72,507.72	\$88,751.94	
	Less Trade In			
	NET CAPITAL REQUIRED	\$72,507.72	\$88,751.94	
RECOMMENDATION (Check one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department Head <u>Ismelda Garza</u>		DATE: <u>2/10/2021</u>		
IT Director <u>Ismelda Garza</u> <small>(Attach description of impact and IT costs)</small>		DATE: <u>2/10/2021</u>		
Facilities Director _____ <small>(Attach description of impact and Facilities costs)</small>		DATE: _____		
SLT Leader _____		DATE: _____		
CEO/CFO <u>Alma Alejandra 2/17/21</u>		DATE: _____		
If greater than \$5000				
Board Member _____		DATE: _____		

AGENDA ITEM #5

Capital Expenditure Request for EMS Communications (Radios)* – Review and Take Appropriate Action

Attached:

GCC	\$ 21,924.30	Recommended
VCS	\$ 26,673.98	
Hallettsville	\$ 31,408.32	

*** RAC Monies of \$9,587.84 will be used towards this purchase.**



**CUERO
REGIONAL
HOSPITAL**

Freddie Solis, LP, NRP, EMSC

Quality Care.
Close to Home.

2550 N. Esplanade • Cuero, Texas 77954

361) 275-6191 ext. 2419 • Fax (361) 275-3999 • freddies@cuerohospital.org

February 12, 2021

RE: Communication- Radios

Board Members,

I wanted to apologize for the confusion and resubmission of EMS's Radio request. Initially, the radio quotes were for 10 units, so all the bids reflects ten units. It was later determined to decrease the number of units. I completed two different CER, 1 for 6 units and 1 for 7 units. I inadvertently, submitted the wrong CER which the total value reflected 6 units but I had documented 7 units on the form.

Thank you for your continuous support,

Freddie Solis, LP, NRP, EMSC

Cuero EMS Director

Cuero Regional Hospital

2550 N Esplanade

Cuero, TX 77954

Office: (361)275-6191 ext 2419

Fax: (361)275-3999



103 John Stockbauer Drive

Victoria, Texas 77901

Phn: (361) 578-4091

Fax: (361) 572-8510

E-mail: mjacobs@tisd.net

PROPOSAL FOR:

CUERO EMS

Attn: FREDDIE SOLIS

ITEM NO	QUANTITY	MODEL NUMBER	DESCRIPTION	UNIT PRICE	LINE TOTAL
A				\$0.00	\$ -
B					
C	1	PROGRAMMING	PROGRAMMING FEE TO BUILD NEW APX TEMPLATE AND PROGRAM ALL RADIOS.	\$ 270.00	\$ 270.00
D	1	INSTALLATION	INSTALLATION OF NEW MOBILE RADIOS.	\$ 360.00	\$ 360.00
E	1	ASPB574.00	VHF LOW PROFILE AMBULANCE ANTENNAS.	\$110.00	\$ 110.00
G					
I					
J					
L					
M					
			TOTAL		\$ 740.00

DATE: 2/10/2021
 TERMS: Net 30 days
 QUOTATION:
 FOB: Victoria, Texas
 DELIVERY: Stock to 3 weeks



Cuero EMS

Cuero EMS

10/23/2020

10/23/2020

Cuero EMS
Cuero Regional Hospital - EMS
CUERO, Texas 77954

RE: Motorola Quote for Cuero EMS
Dear Freddie Solis,

Motorola Solutions is pleased to present Cuero EMS with this quote for quality communications equipment and services. The development of this quote provided us the opportunity to evaluate your requirements and propose a solution to best fulfill your communications needs.

This information is provided to assist you in your evaluation process. Our goal is to provide Cuero EMS with the best products and services available in the communications industry. Please direct any questions to Mark Jacobs at mjacobs@tisd.net.

We thank you for the opportunity to provide you with premier communications and look forward to your review and feedback regarding this quote.

Sincerely,

Mark Jacobs
Public Safety Sales

Motorola Solutions Manufacturer's Representative

Billing Address:
 CUERO REGIONAL HOSPITAL
 EMS
 Cuero Regional Hospital - EMS
 CUERO, Texas 77954
 United States

Shipping Address:
 Golden Crescent
 Communications
 103 John Stockbauer Dr.
 Victoria, Texas 77901
 United States

Quote Date:10/23/2020
 Expiration Date:02/20/2021
 Quote Created By:
 Mark Jacobs
 Public Safety Sales
 mjacobs@tisd.net
 361-405-9392

End Customer:
 Cuero EMS
 Freddie Solis
 3612751033

End Customer Address:
 CUERO EMS
 2550 N. ESPLANADE ST.
 CUERO, Texas 77954
 United States

Payment Terms:30 NET

Line #	Item Number	Description	Qty	List Price	Disc %	Sale Price	Ext. Sale Price
	APX™ 8500						
1	M37TXS9PW1AN	APX8500 ALL BAND HP MOBILE	1	\$6,811.90	26.3%	\$5,020.32	\$5,136.03
1a	G48BB	ENH: CONVENTIONAL OPERATION APX	1				
1b	G628AC	ADD: REMOTE MOUNT CABLE 17 FT APX	2				
1c	G78AT	ENH: 3 YEAR ESSENTIAL SVC	1				
1d	GA05507AA	DEL: DELETE 7/800MHZ BAND	1				
1e	GA00092AU	ADD: APXM DUAL E5 CH	1				
1f	GA05509AA	DEL: DELETE UHF BAND	1				
1g	GA01606AA	ADD: NO GPS/WI-FI ANTENNA NEEDED	1				
1h	W432AG	ADD: AUXILIARY SPKR 13W (3.2OHM)	2				



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, then Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.

Line #	Item Number	Description	Qty	List Price	Disc %	Sale Price	Ext. Sale Price
1i	G89AC	ADD: NO RF ANTENNA NEEDED	1				
1j	G444AH	ADD: APX CONTROL HEAD SOFTWARE	1				
1k	GA01517AA	DEL: NO J600 ADAPTER CABLE NEEDED	1				
1l	QA05751AA	ADD: NO ENCRYPTION, CLEAR RADIO (NO ADP) (US ONLY)	1				
1m	G806BL	ENH: ASTRO DIGITAL CAI OP APX	1				
1n	GA01670AA	ADD: APX E5 CONTROL HEAD	1				
1o	W22BA	ADD: STD PALM MICROPHONE APX	2				
	APX™ 4000 Series	APX4000					
2	H51KDF9PW6AN	APX 4000 VHF MHZ MODEL 2 PORTABLE	7	\$2,859.00	24.79%	\$2,150.25	\$15,051.75
2a	HA00022AB	ADD: 3Y ESSENTIAL ACCIDENTAL DAMAGE	7				
2b	Q698AA	ADD: 2.5 INCH BELT CLIP	7				
2c	Q811BR	ENH: SOFTWARE P25 CONVENTIONAL	7				
2d	QA05751AA	ADD: NO ENCRYPTION, CLEAR RADIO (NO ADP) (US ONLY)	7				
3	PMPN4174A	CHGR DESKTOP SINGLE UNIT IMPRES, US/NA	7	\$76.00	25.0%	\$57.00	\$399.00
4	PMMN4065A	MICROPHONE,IMPRES RSM, IP57	7	\$106.70	20.0%	\$85.36	\$597.52

Grand Total
\$21,184.30(USD)


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Notes:

- **PLEASE BE ADVISED: Motorola Solutions is moving towards being more environmentally green and emailing invoices. You may receive an email invoice instead of a mailed invoice, depending on the purchase. In addition, the invoice may have a new address for submitting payments. If you have any questions or would like to change where your electronic invoices will be delivered, please contact your credit analyst or dial 800-422-4210.**





Purchase Order Checklist

**Marked as PO/ Contract/ Notice to Proceed on Company Letterhead
(PO will not be processed without this)**

PO Number/ Contract Number

PO Date

Vendor = Motorola Solutions, Inc.

Payment (Billing) Terms/ State Contract Number

Bill-To Name on PO must be equal to the Legal Bill-To Name

Bill-To Address

Ship-To Address (If we are shipping to a MR location, it must be documented on PO)

Ultimate Address (If the Ship-To address is the MR location then the Ultimate Destination address must be documented on PO)

PO Amount must be equal to or greater than Order Total

Non-Editable Format (Word/ Excel templates cannot be accepted)

Bill To Contact Name & Phone # and EMAIL for customer accounts payable dept

Ship To Contact Name & Phone #

Tax Exemption Status

Signatures (As required)



CUERO EMS, CITY OF

10/23/2020

Billing Address:
 CUERO EMS, CITY OF
 2550 N ESPLANADE ST
 Cuero, TX 77954
 US

Shipping Address:
 VCS- Cuero EMS
 302 Kerh Blvd
 Victoria , Tx 77901
 United States

Quote Date:10/23/2020
 Expiration Date:01/21/2021
 Quote Created By:
 Anita Thakar Scroggins
 Sales
 anita.scroggins@
 vcscorporations.com
 361-570-9322

End Customer:
 CUERO EMS, CITY OF
 Anita Thakar Scroggins
 anita.scroggins@vcscorporations.com
 361-570-9322

End Customer Address:
 CUERO EMS, CITY OF
 2550 N ESPLANADE ST
 Cuero, TX 77954
 US

Contract: 17724 - HGAC (TX)
 Payment Terms:30 NET

*Talk to Anita Scroggins on 02-12-2021 @ 3:50pm
 She advised that the quote is good, no changes in pricing*

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
	APX™ 4000 Series	APX4000				
1	H51KDH9PW7AN	APX 4000 VHF MHZ MODEL 3 PORTABLE	10	\$2,392.00	\$1,746.16	\$17,461.60
1a	Q698AA	ADD: 2.5 INCH BELT CLIP	10	\$12.00	\$8.76	\$87.60
1b	Q667BB	ADD: ADP ONLY (NON-P25 CAP COMPLIANT) (US ONLY)	10	\$0.00	\$0.00	\$0.00
1c	Q811BR	ENH: SOFTWARE P25 CONVENTIONAL	10	\$650.00	\$474.50	\$4,745.00
1d	QA09000AA	ADD: DIGITAL TONE SIGNALING	10	\$150.00	\$109.50	\$1,095.00
1e	H885BK	ADD: 3Y ESSENTIAL SERVICE	10	\$90.00	\$90.00	\$900.00
1f	QA02749AA	ALT: IMPRES LI-ION 2350MAH (PMNN4424)	10	\$85.00	\$62.05	\$620.50
2	PMPN4174A	CHGR DESKTOP SINGLE UNIT IMPRES, US/NA	10	\$76.00	\$57.00	\$570.00



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, the Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
4	NAR6594A	ANT VHF / 7/800/GPS	10	\$75.00	\$60.00	\$600.00
	APX™ 8500					
5	M37TXS9PW1AN	APX8500 ALL BAND HP MOBILE	1	\$5,620.00	\$4,102.60	\$4,102.60
5a	G832AD	ADD: SPKR 7.5W WTR RST APEX	2	\$60.50	\$44.17	\$88.34
5b	G48BB	ENH: CONVENTIONAL OPERATION APX	1	\$800.00	\$584.00	\$584.00
5c	G628AC	ADD: REMOTE MOUNT CABLE 17 FT APX	2	\$15.00	\$10.95	\$21.90
5d	G78AT	ENH: 3 YEAR ESSENTIAL SVC	1	\$176.40	\$176.40	\$176.40
5e	GA00092AU	ADD: APXM DUAL E5 CH	1	\$570.00	\$416.10	\$416.10
5f	G892AB	ENH:HAND MIC,GCAI WTR RESISTANT APX	2	\$72.00	\$52.56	\$105.12
5g	GA09000AA	ADD: DIGITAL TONE SIGNALING	1	\$150.00	\$109.50	\$109.50
5h	GA01606AA	ADD: NO GPS/WI-FI ANTENNA NEEDED	1	\$0.00	\$0.00	\$0.00
5i	G89AC	ADD: NO RF ANTENNA NEEDED	1	\$0.00	\$0.00	\$0.00
5j	G444AH	ADD: APX CONTROL HEAD SOFTWARE	1	\$0.00	\$0.00	\$0.00
5k	GA01517AA	DEL: NO J600 ADAPTER CABLE NEEDED	1	\$0.00	\$0.00	\$0.00
5l	G806BL	ENH: ASTRO DIGITAL CAI OP APX	1	\$515.00	\$375.95	\$375.95
5m	GA01670AA	ADD: APX E5 CONTROL HEAD	1	\$572.00	\$417.56	\$417.56
5n	G193AK	ADD: ADP ONLY (NON-P25 CAP COMPLIANT) (US ONLY)	1	\$0.00	\$0.00	\$0.00
6	LSV00Q00202A	DEVICE PROGRAMMING	1	\$571.43	\$571.43	\$571.43
7	LSV00Q00203A	DEVICE INSTALLATION	1	\$714.29	\$714.29	\$714.29



Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
8	PMMN4099CL	AUDIO ACCESSORY- REMOTE SPEAKER MICROPHONE,IP68 REMOTE SPEAKER MICROPHONE,3.5MM,UL	10	\$132.00	\$105.60	\$1,056.00

Grand Total
\$34,818.89(USD)
Optional Items:

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
3	PMPN4284A	CHARGER DESKTOP MULTI- UNIT IMPRES 2 1 DISPLAY EXT PS 100-240VAC US/NA	1	\$655.00	\$491.25	\$491.25

Optional Items Total
\$491.25
Notes:

- PLEASE BE ADVISED: Motorola Solutions is moving towards being more environmentally green and emailing invoices. You may receive an email invoice instead of a mailed invoice, depending on the purchase. In addition, the invoice may have a new address for submitting payments. If you have any questions or would like to change where your electronic invoices will be delivered, please contact your credit analyst or dial 800-422-4210.**



Quote Created By:
Anita Thakar Scroggins
Sales

anita.scroggins@vcscorporations.com

361-570-9322

1746.16

8.76

474.5

109.5

90

62.05

57

60

105

2712.97

7 \$ 18,990.79

4102.6

88.34

584

21.9

176.4

416.1

105.12

109.5

375.95

417.56

571.43

714.29

7683.19

Total

\$ 26,673.98



Sales Quotation



Quotation #: 267327

Acct Rep: JOHN NAGELMUELLER

Hallettsville Communications
 103 South Texana
 Hallettsville, TX 77964
 Ph: (361) 798-5301

Date: 10/30/2020
 Quote Valid For :
 30 Days
 Re-print date:
 10/30/2020

Prepared For:
CUERO COMMUNITY HOSPITAL EMS
 2550 N ESPLANADE ST

 CUERO TX 77954-0000
 Telephone: (512) 275-6191
 FAX:
 Contact : STEVEN STARY

QTY:	ITEM #:	DESCRIPTION:	UNIT PRICE	TOTAL
1	*MISC	H51KDF9PW6AN	2,992.76	2,992.76
1	*MISC	Q800BR ENH:SOFTWAREP25 CONV.	0.00	0.00
1	*MISC	QA09000AA DIGITAL TONE SIGNALI	0.00	0.00
1	H885BK	ADD: 3 YEAR SERVICE	0.00	0.00
1	PMPN4174A	CHGR DSKTP IMPRES SINGLE	76.00	76.00
1	*MISC	PMMN4050AL MICROPHONE	105.00	105.00
1	*MISC	PMNN4424 BATTERY	135.00	135.00
1	*PROG	PROGRAMMING	85.00	85.00

Subtotal: 3,393.76
 Sales Tax: 0.00

Quotation Total: 3,393.76

Equipment:
 Installation:
 Terms:

John Nagel Mueller confirm that the quote is still good. 02/12/2021

Steven Stary

Quote Notes:
 THIS IS A QUOTE FOR 1 APX 4000 MODEL 2 PORTABLE WITH PROGRAMMING AND CHARGER

Customer is responsible for all applicable sales tax and/or incurred shipping charges. Its is the sole responsibility of the customer to be FCC licensed for all two way radio communications. CUSTOMER IS RESPONSIBLE FOR FCC AND PCIA CHARGES.

Lease or installment purchase contract: \$ _____ per mo. for _____ months. Freq. Coordination/License: \$ _____

Accepted By: Print: _____ Signed: _____

Customer P/O: _____ Date: _____



Sales Quotation



Quotation #: 267326

Acct Rep: **JOHN NAGELMUELLER**

Hallettsville Communications
 103 South Texana
 Hallettsville, TX 77964
 Ph: (361) 798-5301

Date: 10/30/2020
 Quote Valid For :
 30 Days
 Re-print date:
 10/30/2020

Prepared For:
CUERO COMMUNITY HOSPITAL EMS
 2550 N ESPLANADE ST
 CUERO TX 77954-0000
 Telephone: (512) 275-6191
 FAX:
 Contact : STEVEN STARY

QTY:	ITEM #:	DESCRIPTION:	UNIT PRICE	TOTAL
1	M37TXS9PW1AN	APX8500 ALL BAND HP MOBIL	7,032.00	7,032.00
1	GA00092AS	ADD:APX DUAL CONTRL HD HA	0.00	0.00
1	G444AH	ADD:APX CONTR HEAD SOFTWA	0.00	0.00
2	GA01670AA	ADD:APX E5 CONTROL HEAD	0.00	0.00
2	W22BA	ADD:PALM MIC APX	0.00	0.00
1	G806BL	ADD:ASTRO DIG CAI OP APX	0.00	0.00
1	G610AC	ADD:REM MOB UNIT CBL 30FT	0.00	0.00
2	B18CR	ADD:AUX SPKR 7.5WATT	0.00	0.00
1	G48BB	ENH:CONV OPERATION	0.00	0.00
1	GA05507AA	DEL: DELETE 7/800MHZ BAND	0.00	0.00
1	GA05509AA	DEL: DELETE UHF BAND	0.00	0.00
1	*IR	INSTALL	535.00	535.00
1	*PROG	PROGRAMMING	85.00	85.00

Subtotal: 7,652.00
 Sales Tax: 0.00

Quotation Total: 7,652.00

Equipment:
 Installation:
 Terms:

Quote Notes:
 THIS IS A QUOTE FOR 1 APX 8500 VHF 100 WATT MOBILE WITH DUAL CONTROL HEAD WITH INSTALL AND PROGRAMMING

Customer is responsible for all applicable sales tax and/or incurred shipping charges. Its is the sole responsibility of the customer to be FCC licensed for all two way radio communications. CUSTOMER IS RESPONSIBLE FOR FCC AND PCIA CHARGES.

Lease or installment purchase contract: \$ _____ per mo. for _____ months. Freq. Coordination/License: \$ _____

Accepted By: Print: _____ Signed: _____

Customer P/O: _____ Date: _____



Acct Rep: JOHN NAGELMUELLER

Hallettsville Communications

103 South Texana Date

Hallettsville, TX 77964

Ph: (361) 798-5301

2992.76		
76		
105		
135		
85		
3393.76	7	\$ 23,756.32
		\$ 7,652.00
		\$ 31,408.32

AGENDA ITEM #6

Capital Expenditure Request for Roof Repairs to OB Waiting & Day Surgery – Review and Take Appropriate Action

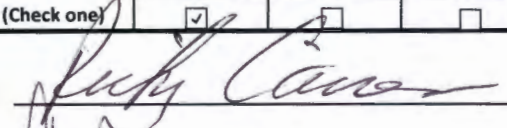
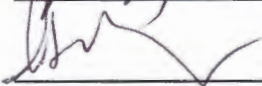
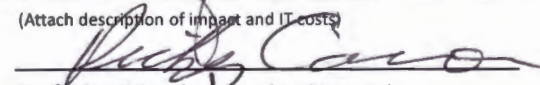
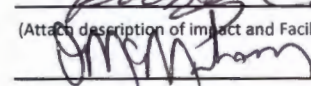
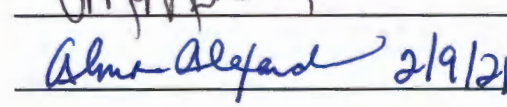
Attached:

Cox	\$ 19,000.00	Recommended
HCH	\$ 28,096.00	
Reza	\$ 0.00	

HOSPITAL/ENTITY: Cuero Regional Hospital	
DEPARTMENT: Maintenance	DATE PREPARED: 2/08/2021
Is the requested purchase in compliance with the Healthtrust GPO?	

D E S C R I P T I O N	PROJECT NAME: Roof Repairs to OB Waiting & Day Surgery	DESIRED DELIVERY/START DATE:
	PROJECT DESCRIPTION: Tear out existing roof above Day Surgery & OB Waiting	PURPOSE FOR REQUEST
	Room and have a new roof installed with a warranty.	New Service <input type="checkbox"/>
	JUSTIFICATION <i>Indiate present situation, need for the item requested and olternative considerations.</i>	Replacement <input checked="" type="checkbox"/>
	Roof is leaking into rooms and causing wall damage	Code Compliance <input type="checkbox"/>
	BUDGET REFERENCE #122	Amount Budgeted
	BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	\$19,000.00
	Reza Roofing does not offer Worker Comp.	

EQUIPMENT/PROJECT COSTS	Attach copies of proposals			ASSET DISPOSITION DATA	
	Bid #1	Bid #2	Bid #3	Description of Disposed Assets:	
Name of Bidder	Cox	HCH	Reza		
Construction					
Equipment (incl shipping)				BOOK VALUE OF DISPOSED ASSET	
Other					
TOTAL COSTS	\$19,000.00	\$28,096.00	\$0.00	METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
Less Trade In					Sale <input checked="" type="checkbox"/>
NET CAPITAL REQUIRED	\$19,000.00	\$28,096.00	\$0.00		Abandonment <input type="checkbox"/>
RECOMMENDATION (Check one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOB Yes <input type="checkbox"/> No <input type="checkbox"/>	

A U T H O R I Z A T I O N	Department Head		DATE: 2/8/2021
	IT Director		DATE: 2/9/2021
	Facilities Director		DATE: 2/8/2021
	SLT Leader		DATE: 2/9/21
	CEO/CFO		DATE: 2/9/21
	If greater than \$5000		
	Board Member		DATE: _____



AGREEMENT

LICENSED
BONDED
INSURED

361-277-0014

Rep: Johann Loy
Phone: 361-799-4212

OWNER <u>Cuero Community Hospital</u>	DATE <u>8/19/20</u>	EMAIL ADDRESS
STREET <u>2550 N. Esplanade</u>	CELLPHONE	WORK PHONE <u>361-275-6191</u>
CITY <u>Cuero</u>	STATE <u>TX</u>	ZIP <u>77954</u>
		HOME PHONE

Scope of Work:

- Tear off All to deck at two areas shown
- # of Squares off 18,000
- Recover roof with New Insulation Board + 60 mil TPO
- # of Squares on 21
- Shingle / color white
- Protect Property as Needed Daily
- Decking OSB CDX Other
- Underlayment 15LB 30LB Other
- Metal Edge Color NA
- Valley NA Closed Open
- Hip and Ridge NA Standard Enhanced
- Nails Screws / plates Open Eaves
- Pipe Flashings NA 3/4" Lead
- Ventilation Box Ridge Other NA
- Seal around all vents, pipes, and flashings
- 5 Year Workmanship Warranty
- Furnish all materials, labor and necessary permits
- Delivery Instructions: Left Right Other Rear
- Clean All Gutter Debris
- Haul off Construction Debris
- Roll Magnet Through Yard

Miscellaneous Specs

* Remove materials to deck on the two areas shown. Bring Those two areas up to current code with Insulation board + 60 mil TPO.
* Seal Roof Top with perimeter with One Flash

- Insurance: Homeowner out of pocket not to exceed deductible plus upgrades
- Hard Bid: Bid does not include any unforeseen work (i.e. extra layers of felt, rotten wood, etc.)

Roofing Estimate 19,000.00
Siding Estimate _____
Gutter Estimate _____
Misc. Estimate _____

Accepted by Owner By: _____ Date: _____
Representative Signature: _____ Date: _____

HCH ROOFING AND SHEETMETAL LLC.

104 MICHIGAN ST.
VICTORIA, TEXAS 77905

(361) 649-9571

DATE: 4/8/2019

ROOFING
INSULATION
SHEETMETAL

PROPOSAL

CUERO COMMUNITY HOSPITAL
2550 N. ESPLERADE
CUERO, TEXAS 77954

JOB: OB WAITING ROOM REROOF
2550 N. ESPLERADE
CUERO, TEXAS 77954

1. Remove existing two layers of built up roof down to the metal deck.
2. Mechanically fasten one layer of 1/2" seurock over 3" ISO insulation and 1/4" - 12" taperate ISO insulation panels.
3. Torch down 1 ply of modified base sheet.
4. Torch down 1 ply of modified granulated capsheet for a finished surface.
5. Install new pre-finish metal coping.
6. Provide a 20 year manufacture warranty.

FOR THE SUM OF 28,096.00

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. .

Authorized Signature _____ Hector Prado _____

NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Accepted: Signature _____ DATE _____.



roofers in cuero tx



Rating ▾

Hours ▾

Hours or services may differ

Cox Brothers Roofing

4.4 (8) · Roofing con...
606 N Terrell St
Open · Closes 6PM
· (361) 277-0014



WEBSITE

DIRECTIONS

ARIZA FENCES & ROOFING & CONSTRUCTION

4.8 (44) · Roofing co...
500 Palmie St
Open · Closes 10PM
· (361) 484-0753



WEBSITE

DIRECTIONS

Cuero Roofing

1.0 (2) · Roofing contractor
309 E French St
Open · Closes 5PM · (361) 676-3877

DIRECTIONS

Roof Maxx

No reviews · Roofing contractor
Open · Closes 5PM · (830) 327-2678



WEBSITE

Pompa's Construction

5.0 (2) · Home builder
202 W Heaton St
(361) 277-3362

DIRECTIONS

Reza Roofing

Save

Call

5.0 1 Google review
Roofing contractor

Hours: **Open** · Closes 5PM ▾

Phone: (361) 550-8494

Hours or services may differ

[Suggest an edit](#) · [Own this business?](#)

Add missing information

[Add website](#)

Questions & answers

[Be the first to ask a question](#)

[Ask a question](#)

[Send to your phone](#)

[Send](#)

Review summary

[Write a review](#)

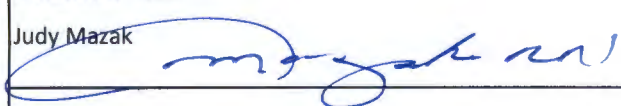

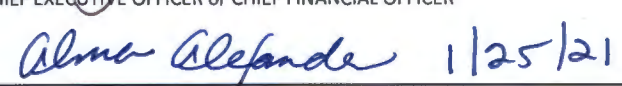


Cuero Regional Hospital		
Emergency Department		Date Prepared: 1/22/2021
Is the requested purchase in compliance with the Healthtrust GPO?	YES	

D E S C R I P T I O N	Project Name: Glidescope Video Laryngoscope		Desired Delivery/Start Date: Within 60 days
	PROJECT DESCRIPTION Video laryngoscopy improves intubation success rate, reduces time and lessens hemodynamic response to intubation in the critical care setting.		PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Code Compliance <input type="checkbox"/>
	JUSTIFICATION: Current Glidescope is 11 years old and the video baton is no longer functioning. The device has been discontinued and replaed with a next generation device and service and support for the device ended June, 2020.		
	BUDGET REFERENCE Not included in 2021 budget projections BUDGET LINE ITEM IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME? We are operating the old device with a video baton on loan from the distributor for 60 days.		Amount Budgeted N/A

COVID purchase

EQUIPMENT/PROJECT COSTS	Attach copies of proposals			ASSET DISPOSITION DATA	
	Bid #1	Bid #2	Bid #3	Description of Disposed Assets:	
Name of Bidder	Verathon	Please see attached.		Reimbursement amount for trade-in equipment to be determined upon inspection by Spacelabs Healthcare.	
Equipment/Project Costs	\$12,846.90			BOOK VALUE OF DISPOSED ASSET	
TOTAL COSTS	\$12,846.90			METHOD OF DISPOSITION	Trade In <input checked="" type="checkbox"/>
Less Trade In	\$1,000.00				Sale <input type="checkbox"/>
NET CAPITAL REQUIRED	\$11,846.90				Abandonment <input type="checkbox"/>
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 Judy Mazak 	DATE: 1/22/2021
	SLT LEADER Judy Krupala 	DATE: 1/25/2020
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER  1/25/21	DATE: _____
	Board Member Signature if greater than \$5,000	DATE: _____

1/25/2021 1005 a.m. - Approval from Mr. R. Wheeler per phone conversation.

Only one bid is being submitted as the ED, OR, ICU and OB are currently using the Glidescope video laryngoscopes. Physicians and anesthesia providers have reviewed other systems and prefer the Glidescope device. Multimodal components already in use by the OR will be interchangeable between devices in the OR and ED. Standardization of equipment within the hospital improves intubation success rates, promotes ease of use, and eliminates the need for physicians/providers to learn multiple techniques.



GlideScope

To: Cuero Community Hospital Attn: Accounts Payable 2550 N Esplanade St Cuero, TX 77954 Name: Judy Mazak Phone: (361) 275-6191 Email: jmazak@cuerohospital.org	Account Number 90524 Contract HPG-7376 (GS) & HPG-65429 (BFlex) Quote Number 00183902 Created Date 1/20/2021 Expiration Date 3/31/2021
--	--

To prevent delays, please do ensure the PO matches this quotation and includes the quotation number when ordering.

Please Email or Fax Purchase Order to:

Susan Storm
susan.storm@verathon.com
 Phone: (832) 712-4796
 Fax: 866-729-5484

Quantity	Product	Product Code	Sales Price	Upgrade Value	Total Price
1.00	GS Core 10 Prem VB QC Lg + QC	0270-1056	USD 12,631.90	USD -1,000.00	USD 11,631.90
Subtotal					USD 12,631.90
Discount Amount					USD 1,000.00
Sales Price					USD 11,631.90
Shipping and Handling					USD 215.00
Grand Total					USD 11,846.90

HPG Net 30 + FOB Origin, 1-YR Warranty
 TRADE: AM103100



If applicable, taxes will be included on your invoice, Please do not pay from quote.

Verathon Medical Corporate Headquarters
 20001 North Creek Parkway
 Bothell WA, 98011

TID 1610

CUERO REGIONAL HOSPITAL ER REQUISITION FORM

VENDOR: VERATHON

REQUISITION DATE: 01/25/2021
 Meditech P.O. No. Issued C 18668

ADDRESS: 20001 NORTH CREED PARKWAY
BOTHELL, WA, 98011

Manual P.O. No. Issued _____

PHONE: 832-712-4796

- Product
 Service
 Subscription
 Reimbursement

QTY.	PKG.	HOSPITAL ITEM #	VENDOR CATALOG #	DESCRIPTION	PRICE PER UNIT	TOTAL
1		<u>18138</u>	0270-1056	GS Core 10 Prem VB QC Lg + QC Glidescope	\$11,631.90	\$11,631.90
				Verathon Quote # 00183902		
				susan.storm@versathon.com		
				832-712-4796		
				Shipping & Handling	\$215.00	\$215.00
COMMENT OR EXPLANATION:					TOTAL	\$11,846.90-
<p>You must secure purchase order number from Purchasing Dept. before ordering.</p>						

[Signature]
 Manager's Request

01/25/2021
 Date

Emergency Department--Capital Expenditure
 Requesting Department (to be charged)/EOC

[Signature]
 SLT Approval

01/25/2021
 Date

[Signature]
 Materials Management Director

aga 1/25/21
 CFO Approval

 Date

1-25-21
 Date Received

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

PURCHASE ORDER #: C68668

PAGE 1

TO: VERATHON, INC.
 20001 NORTH CREEK PARKWAY
 BOTHELL, WA 98011-8218

*** 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 #: H4123 ACCT #: 90524
 TERMS: INV NET 30
 FOB: EMAIL cservice@verathon.com
 PO#: C6866B PO DATE: 01/25/21
 PO TYPE: CAPITAL STATUS: OPEN
 BUYER: DIET.SW - EDWARDS.SUSAN

EXPECTED DELIVERY: 01/25/21
 PURCHASE ORDER TYPE: REGULAR

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			DEPT or INVEN/ADD'L DESC			DELIVER TO
	MANUFACTURER						
1	18138	0270-1056	1 EA	GLIDESCOPE CORE PREM VB QC	11846.9000 EA	11846.90	N
	0270-1056			EA ER	01.1702.0000		
	VERATHON			01.6230 - E/R ER			
TOTAL:						11846.90	

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

AGENDA ITEM #8

Capital Expenditure Request for B Braun Infusion Pumps* – Review and Take Appropriate Action

Attached:

B Braun

\$ 34,875.00 Recommended

*** Emergency phone approval by Mr. Richard Wheeler on 2/1/2021.
(COVID Funds)**

C68742

HOSPITAL/ENTITY: Cuero Regional Hospital							
DEPARTMENT: ER, ICU, MS, Outpt, OB				DATE PREPARED: 1/27/2021			
Is the requested purchase in compliance with the Healthtrust GPO?							
D E S C R I P T I O N	PROJECT NAME: B Braun Infusion Pumps			DESIRED DELIVERY/START DATE ASAP			
	PROJECT DESCRIPTION 14 additional pumps are needed for patient care, which includes our Covid patients. Pumps @ \$2340.00 each. Combileads at \$135 each--13 needed. Plugs @ \$90 each--4 needed			PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input type="checkbox"/> Additional equipment <input checked="" type="checkbox"/>			
JUSTIFICATION <i>Indicate present situation, need for the item requested and alternative considerations.</i> Additional patient care items are needed to care for patients, including our COVID Patients. Patients are requiring increased numbers of medications which require additional pumps. Our Outpatient Departments is providing Outpatient IV Covid medications, which require additional pumps. Standarization of pumps is requiried for patient safety. We currently have the B. Braun Pumps.							
BUDGET REFERENCE				Amount Budgeted			
BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>							
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	Description of Disposed Assets:	
	Name of Bidder						
	Land and/or Acquisition						
	Construction					BOOK VALUE OF DISPOSED ASSET	
	Equipment					METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
	TOTAL COST:		\$34,875.00			Sale <input type="checkbox"/>	Abandonment <input type="checkbox"/>
Less Trade In							
NET CAPITAL REQUIRED		\$34,875.00					
RECOMMENDATION (Check one)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
A U T H O R I Z A T I O N	DEPARTMENT HEAD					DATE:	
	<i>Krupalak</i>					1/29/2021	
	SLT LEADER					DATE:	
	<i>Krupalak</i>					1/29/2021	
CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER					DATE:		
<i>Alma Alexander</i> 1/29/2021					1/29/2021		
					DATE:		
Board Member Signature if greater than \$5,000							

Approved for Emergency purchase per R. Wheeler, Board Chair, on 2/1/2021 @ 3:22 PM via phone.

COVID Funds

B | BRAUN

SHARING EXPERTISE

Customer:	Proposal for Purchase
Cuero Community Hospital Attn Accts Payable 2550 N Esplanade CUERO TX 77954 Customer Number: 20067757 GPO Agreement Number: HPG/HPG-7678 IV/Infusion Systems	Reference Number/Date: 26989054 / 01/25/2021 Proposal Number: 26989054 Valid from /Valid to: 01/25/2021 - 04/25/2021 Payment Terms: Within 30 days due net Shipping Terms: F.O.B. origin, frgt ppd & add Bid ID:

B. Braun Medical Inc. ("B.Braun") is pleased to offer Cuero Community Hospital the option to purchase the products listed below.

The terms of our purchase option are set forth in our Infusion Systems Agreement included with our proposal for your review.

Conditions	Currency USD
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Material	Quantity	Description	Unit Price	Extended Price
8713051U	1 EA	INFUSOMAT SPACE US+Wireless BATTERY PACK	2,115.00 EA	2,115.00
8713131	1 EA	SPACE POLE CLAMP (Speed Clamp)	135.00 EA	135.00
8713112D	1 EA	POWER SUPPLY SP US III	90.00 EA	90.00

ITEMS TOTAL	2,340.00
FINAL AMOUNT	2,340.00

*Denotes Taxable Item

It is anticipated that delivery will generally be made within forty-five (45) days following B.Braun's acceptance of a valid purchase order, depending upon implementation requirements; provided, however, that all shipping and delivery dates quoted are approximate only.

All pricing is exclusive of any applicable taxes and freight charges. Any customization for products, services or accessories not quoted in this proposal will be made available at an additional charge. All transactions are pending credit approval. Customer agrees to notify B.Braun of all delivery requirements at the time of order placement, including the need for a lift gate.

B.Braun's standard product warranty for Infusomat® Space Infusion Devices and related accessories is one (1) year from the date of implementation. A copy of B.Braun's Space Infusion Devices Product Warranty is included with our proposal for your reference. In addition, Customer may choose to purchase one of B.Braun's available service programs described in the Service Programs summary included with our proposal for your review.

The pricing and terms set forth herein are confidential in nature, and Customer agrees to hold in confidence and refrain from disclosing such information to third parties.

If the pricing hereunder constitutes a discount or other reduction in price under section 1128(b)(3)(a) of the social security act 42 U.S.C. 1320a-7b(b)(3)(a), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program that provides cost or charge based reimbursement to Customer for products covered herein. This act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for products, net of any discounts, rebates or allowances provided hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

B. BRAUN MEDICAL INC.
Space Infusion Devices Product Warranty

B. Braun Medical Inc. ("B. Braun") warrants to and only to the original purchaser or lessee ("Customer") of the Infusomat® Space Infusion Device, the Perfusor® Space Infusion Device, the Perfusor® Space PCA Infusion Device and all related accessories, the B. Braun Space Station, the B. Braun SpaceStation MRI, the B. Braun Space pole clamp, combi-lead, and power cord, as applicable ("Device") that reasonable care has been used in the manufacture of each Device and that, when properly used and maintained by Customer, it shall be free from defects in material and workmanship in accordance with its specifications for a period of one year from date of implementation of such Device by B. Braun ("Warranty Period"). Any Device that is found by B. Braun not to meet these standards within this Warranty Period will, at B. Braun's sole option, be repaired or replaced without charge, and/or B. Braun may provide any other remedy, in its sole discretion. Unless otherwise directed by B. Braun, any nonconforming Device or component thereof should be returned promptly to B. Braun, properly packaged and with postage prepaid by Customer. Customer shall provide labor for removal of the nonconforming Device and installation of its replacement, and shall bear all risk of loss or damage while in transit. In the event no breach of warranty is discovered by B. Braun upon receipt of any returned Device, the Device will be returned to Customer at Customer's expense.

This Warranty is valid only if the Device is operated and maintained as described in B. Braun's operator's manuals, supplements or other operating instructions. This Warranty shall not apply to any Device or component thereof if: (1) any repairs, alterations, or other work has been performed on the Device or any component thereof by anyone other than B. Braun or a technician or repair facility authorized in writing by B. Braun; (2) the Device is altered in any manner that, in B. Braun's sole judgement, affects its functionality, stability or reliability; (3) the alleged condition or nonconformity is a result of the misuse, cleaning or handling, negligence, accident or improper maintenance of any party; or (4) the Device is not used in accordance with its instructions for use furnished by B. Braun or is not used for its intended purpose. This warranty does not apply to repairs deemed by B. Braun as purely cosmetic upgrades or normal wear and tear.

Any nonconformity or condition that has been caused by the misuse, unauthorized modification, or abnormal conditions of operation, or that is otherwise excluded from this Warranty, will be repaired by B. Braun at its then-current repair charges. In this case, upon the request of Customer, B. Braun will submit an estimate of the repair cost to Customer prior to making any repairs.

This Warranty does not extend to the performance of the Device or damages to, or resulting in whole or in part from the use of, components, accessories, parts or supplies not supplied by B. Braun for use with the Device, including without limitation, syringes and administration sets. Products or components not manufactured by B. Braun or its affiliates are not warranted by B. Braun, and Customer must rely on the warranties, if any, provided directly by the manufacturer of such product or component. Customer shall be solely responsible for, and B. Braun makes no representation or warranty regarding, integration of barcoding and/or wireless interfacing, as applicable, of the Devices with Customer's systems.

EXCEPT AS EXPRESSLY PROVIDED HEREIN, B. BRAUN MAKES NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, WITH RESPECT TO THE DEVICE INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. The sole and exclusive remedy of Customer for breach by B. Braun of any warranty shall be limited, at B. Braun's sole election, to the repair or replacement of the Device or any component thereof, except as otherwise expressly provided herein. In no event shall B. Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the delivery, use or service of any Device or the performance, use or inability to use the Device or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory.

B. Braun neither assumes, nor authorizes any person to assume for it, any additional liability or responsibility in connection with the Device, and no agent, employee or representative of B. Braun has the right to modify or expand the warranties set forth herein and no such modification or expansion should be relied upon by Customer. Notwithstanding anything to the contrary in any other document, this warranty shall be governed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania, notwithstanding its laws of conflict of laws.

B. Braun Medical Inc., 824 Twelfth Avenue, Bethlehem, PA 18018
Customer Support (800) 627-7867

3/16/2020

Service Programs

B. Braun Space™ Infusion Pump System

Parts Program - \$90 per pump/year

- An account must successfully complete B. Braun's Space Technical Training before the account can order parts.
- Parts needed to repair the pump can be ordered from B. Braun Customer Support and shipped to the account. The cost of the parts is included in the price of the Parts Program.
- A B. Braun Service Representative will visit the account up to twice a year to review and discuss the Parts Program.
- If a pump is sent to the B. Braun Service Center in Carrollton, TX for repairs, the account will be charged for labor only.



Full Service Program – Contact your Sales Representative for Pricing*

- A B. Braun Service Technician will visit the account twice per month to perform repairs.
- Repairs due to normal use, misuse, and mishandling are covered.

Flat Rate Program - \$75 per pump/year

- Space pumps are returned to the B. Braun Service Center in Carrollton, TX for repair.
- Repairs which are deemed necessary due to faults in parts or workmanship are included in the price of the Flat Rate Program and will be completed at no additional charge.
- Repairs that are due to misuse or mishandling will be completed at a flat rate of \$500 per repair.

Note:

- All programs are subject to the terms and conditions of the respective program agreements.
- All programs have a 3-year minimum.
- If a program is purchased, all Space devices at an account must be covered by the selected program.
- Batteries and battery repair kits are **not** included in the programs.
- Technical Safety Checks are **not** included in the programs.

*Pricing to be determined by B. Braun based on various factors, including fair market value of the services provided.

B. BRAUN MEDICAL INC.

Infusion Systems Agreement

This Agreement is made for ("Customer").

B. Braun Medical Inc. ("B.Braun") hereby agrees to sell to Customer, and Customer hereby agrees to purchase, the products described below (collectively, the "Equipment") on the terms and conditions in this Agreement:

<u>Quantity</u>	<u>Catalog/Reorder #</u>	<u>Description</u>	<u>Price per Unit</u>	<u>Extended Price</u>

PURCHASE PRICE. Customer shall pay to B.Braun a total purchase price of \$ _____ (the "Purchase Price"). The Purchase Price is exclusive of any freight or shipping costs and any sales, use, or other taxes, fees or assessments, which shall be added to the invoice amount. If Customer is tax exempt, it shall provide B.Braun with a copy of its tax exemption certificate to avoid being charged sales tax.

PAYMENT. Payment of the Purchase Price is due thirty (30) days after the date of B.Braun's invoice. Title to the Equipment shall not transfer to Customer until B.Braun receives full payment of the Purchase Price. Customer's billing address is:

DELIVERY. B.Braun will deliver the Equipment to Customer on or about _____ at the following shipping address: _____ Customer shall be responsible for all shipping costs and shall bear the risk of loss to the Equipment while in transit. All shipping dates quoted whether verbal or written are approximate only.

WARRANTIES. The product warranty and, if purchased by Customer, the extended warranty program (collectively, the "Product Warranty") is attached hereto and made a part of this Agreement. Equipment distributed but not manufactured by B.Braun is not warranted by B.Braun, and Customer must instead rely on the representations and warranties, if any, provided directly to Customer by the manufacturer of such Equipment.

USE, ALTERATIONS. Customer agrees to use and operate the Equipment in a careful and lawful manner, and shall use the Equipment only for the purposes and in accordance with the instructions indicated on the labeling of or included with the Equipment. Customer represents that it has examined the Equipment and that it is acceptable and clinically suitable for Customer's purposes. Customer shall not remove or alter any trademarks, tradenames, labels or serial numbers that are on the Equipment.

COMPLIANCE WITH LAWS, REPORTING AND DEVICE TRACING. Customer shall comply with all applicable laws, rules and regulations applicable to the purchase, operation, maintenance and use of the Equipment. Customer acknowledges that it is familiar with the Safe Medical Devices Act of 1990 (the "Devices Act") and the reporting obligations imposed on device users thereunder. In this regard, Customer agrees to notify B.Braun within ten (10) days of the occurrence of any event identified in the Devices Act imposing a reporting obligation on Customer and/or B.Braun (except for events representing an imminent hazard that requires notification to the United States Food and Drug Administration (the "FDA") within seventy-two hours, in which case, such notice will be delivered to the other party immediately). Customer shall maintain adequate tracking for the Equipment to enable B.Braun to meet the FDA requirements applicable to the tracking of medical devices.

DISCLOSURE. If any pricing hereunder constitutes a discount or other reduction in price under Section 1128(b)(3)(A) of the Social Security Act, 42 U.S.C. 1320a-7b(b)(3)(A), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program which provides cost or charge based reimbursement to Customer for Equipment covered hereunder. This Act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for the Equipment, net of any discounts, rebates or allowances provided to Customer hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

MISCELLANEOUS:

Balances remaining unpaid at their due date are subject to a service charge of 1.5% per month until paid. Customer's obligation to pay the Purchase Price is absolute and unconditional, and is not subject to any abatement, reduction, offset, or defense. Customer shall reimburse B.Braun for any costs and expenses incurred for collection of overdue amounts, including without limitation, its reasonable attorneys' fees, expenses and costs.

B.Braun shall be excused from any delay in, or impossibility of, performance due to any cause beyond its or its supplier's or sub-contractor's control, including but not limited to, acts of God, war, acts of government, regulatory agencies or judicial bodies, acts of Customer or third parties, raw materials shortages, energy or fuel shortages, fire, flood, strike or labor trouble, sabotage, or delay in obtaining labor, materials, equipment or transportation. In the event of any such delay, B.Braun may allocate the Equipment among all of its customers, without penalty or liability.

In no event shall B.Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the sale, delivery, use or service of the Equipment or the performance, use or inability to use the Equipment or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory. B.Braun's total liability for any claim or action arising out of or related to this Agreement or the Equipment shall not in any event exceed the Purchase Price of the Equipment out of which such claim arose.

Customer hereby agrees that the pricing and terms contained herein are confidential in nature and, except to the extent reasonably necessary to implement the terms and conditions of this Agreement or as may be required by applicable law, Customer agrees to hold in confidence and to refrain from disclosing such information to third parties.

This Agreement is made under Pennsylvania law, excluding its laws of conflict of law. Any claims or causes of action relating to this Agreement or the Equipment shall be tried by a court and not a jury. **Customer hereby unconditionally waives its rights to a jury trial in any such action or claims.** If any clause herein is determined invalid or unenforceable by a court of competent jurisdiction, the remainder of this Agreement shall remain valid and enforceable to the fullest extent permitted by law.

This Agreement, and any attachments checked in the box below, constitutes the entire agreement between the parties with respect to the subject matter hereof. Any terms or conditions on any purchase order or other document that are inconsistent or additional shall be without force and effect. All prior negotiations, representations, discussions, or agreements concerning the subject matter hereof, whether express or implied, oral or written, are cancelled and of no force and effect. The obligations, rights and liabilities of the parties under the provisions of this Agreement shall survive this Agreement in accordance with their terms.

This Agreement may be executed in one or more counterparts, all of which shall constitute one original agreement for all purposes. Any and all counterpart signatures may be executed by facsimile or electronic means and any signature so executed shall be deemed an original signature of the executing party.

By execution hereof, Customer accepts all of the terms and conditions of this Agreement, which shall become a binding agreement upon Customer and B.Braun when executed by both parties below. This Agreement does not become effective unless and until it is executed by two authorized representatives of B.Braun.

CUSTOMER:

Signed by Customer: _____

By: _____
(Signature)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

B. BRAUN MEDICAL INC.

By: _____
(Signature)

By: _____
(Signature)

Name: _____
(Type or print name)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

Title: _____
(Type or print title)

Date: _____

Date: _____

For Internal Use Only: Shipping Date: _____ Other: _____	Additional Forms Attached <input type="checkbox"/> Product Warranty <input type="checkbox"/> Optional - Extended Warranty Program Agreement <input type="checkbox"/> Software License (if applicable) <input type="checkbox"/> Implementation Scope (if applicable) <input type="checkbox"/> Other
---	--

B | BRAUN

SHARING EXPERTISE

Customer:	Proposal for Purchase
Cuero Community Hospital Attn Accts Payable 2550 N Esplanade CUERO TX 77954 Customer Number: 20067757 GPO Agreement Number: HPG/HPG-7678 IV/Infusion Systems	Reference Number/Date: 26990191 / 01/26/2021 Proposal Number: 26990191 Valid from /Valid to: 01/26/2021 - 04/26/2021 Payment Terms: Within 30 days due net Shipping Terms: F.O.B. origin, frgt ppd & add Bid ID:

B. Braun Medical Inc. ("B.Braun") is pleased to offer Cuero Community Hospital the option to purchase the products listed below.
 The terms of our purchase option are set forth in our Infusion Systems Agreement included with our proposal for your review.

Conditions	Currency USD
------------	--------------

Material	Quantity	Description	Unit Price	Extended Price
8713133	1 EA	COMBI CABLE SP 12 V	135.00 EA	135.00

ITEMS TOTAL	135.00
FINAL AMOUNT	135.00

*Denotes Taxable Item

It is anticipated that delivery will generally be made within forty five (45) days following B.Braun's acceptance of a valid purchase order, depending upon implementation requirements; provided, however, that all shipping and delivery dates quoted are approximate only.

All pricing is exclusive of any applicable taxes and freight charges. Any customization for products, services or accessories not quoted in this proposal will be made available at an additional charge. All transactions are pending credit approval. Customer agrees to notify B.Braun of all delivery requirements at the time of order placement, including the need for a lift gate.

B. Braun's standard product warranty for Space Infusion Devices and related accessories is one (1) year from the date of implementation. A copy of B. Braun's Space Infusion Devices Product Warranty is included with our proposal for your reference.

The pricing and terms set forth herein are confidential in nature, and Customer agrees to hold in confidence and refrain from disclosing such information to third parties.

If the pricing hereunder constitutes a discount or other reduction in price under section 1128(b)(3)(a) of the social security act 42 U.S.C. 1320a-7b(b)(3)(a), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program that provides cost or charge based reimbursement to Customer for products covered herein. This act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for products, net of any discounts, rebates or allowances provided hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

B. BRAUN MEDICAL INC.
Space Infusion Devices Product Warranty

B. Braun Medical Inc. ("B.Braun") warrants to and only to the original purchaser or lessee ("Customer") of the Infusomat® Space Infusion Device, the Perfusor® Space Infusion Device, the Perfusor® Space PCA Infusion Device and all related accessories, the B.Braun Space Station, the B.Braun SpaceStation MRI, the B.Braun Space pole clamp, combi-lead, and power cord, as applicable ("Device") that reasonable care has been used in the manufacture of each Device and that, when properly used and maintained by Customer, it shall be free from defects in material and workmanship in accordance with its specifications for a period of one year from date of implementation of such Device by B.Braun ("Warranty Period"). Any Device that is found by B.Braun not to meet these standards within this Warranty Period will, at B.Braun's sole option, be repaired or replaced without charge, and/or B.Braun may provide any other remedy, in its sole discretion. Unless otherwise directed by B.Braun, any nonconforming Device or component thereof should be returned promptly to B.Braun, properly packaged and with postage prepaid by Customer. Customer shall provide labor for removal of the nonconforming Device and installation of its replacement, and shall bear all risk of loss or damage while in transit. In the event no breach of warranty is discovered by B.Braun upon receipt of any returned Device, the Device will be returned to Customer at Customer's expense.

This Warranty is valid only if the Device is operated and maintained as described in B.Braun's operator's manuals, supplements or other operating instructions. This Warranty shall not apply to any Device or component thereof if: (1) any repairs, alterations, or other work has been performed on the Device or any component thereof by anyone other than B.Braun or a technician or repair facility authorized in writing by B.Braun; (2) the Device is altered in any manner that, in B.Braun's sole judgement, affects its functionality, stability or reliability; (3) the alleged condition or nonconformity is a result of the misuse, cleaning or handling, negligence, accident or improper maintenance of any party; or (4) the Device is not used in accordance with its instructions for use furnished by B.Braun or is not used for its intended purpose. This warranty does not apply to repairs deemed by B.Braun as purely cosmetic upgrades or normal wear and tear.

Any nonconformity or condition that has been caused by the misuse, unauthorized modification, or abnormal conditions of operation, or that is otherwise excluded from this Warranty, will be repaired by B.Braun at its then-current repair charges. In this case, upon the request of Customer, B.Braun will submit an estimate of the repair cost to Customer prior to making any repairs.

This Warranty does not extend to the performance of the Device or damages to, or resulting in whole or in part from the use of, components, accessories, parts or supplies not supplied by B.Braun for use with the Device, including without limitation, syringes and administration sets. Products or components not manufactured by B.Braun or its affiliates are not warranted by B.Braun, and Customer must rely on the warranties, if any, provided directly by the manufacturer of such product or component. Customer shall be solely responsible for, and B.Braun makes no representation or warranty regarding, integration of barcoding and/or wireless interfacing, as applicable, of the Devices with Customer's systems.

EXCEPT AS EXPRESSLY PROVIDED HEREIN, B.BRAUN MAKES NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, WITH RESPECT TO THE DEVICE INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. The sole and exclusive remedy of Customer for breach by B.Braun of any warranty shall be limited, at B.Braun's sole election, to the repair or replacement of the Device or any component thereof, except as otherwise expressly provided herein. In no event shall B.Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the delivery, use or service of any Device or the performance, use or inability to use the Device or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory.

B.Braun neither assumes, nor authorizes any person to assume for it, any additional liability or responsibility in connection with the Device, and no agent, employee or representative of B.Braun has the right to modify or expand the warranties set forth herein and no such modification or expansion should be relied upon by Customer. Notwithstanding anything to the contrary in any other document, this warranty shall be governed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania, notwithstanding its laws of conflict of laws.

B. Braun Medical Inc., 824 Twelfth Avenue, Bethlehem, PA 18018
Customer Support (800) 627-7867

3/16/2020

B. BRAUN MEDICAL INC.
Infusion Systems Agreement

This Agreement is made for _____ (“Customer”).

B. Braun Medical Inc. (“B.Braun”) hereby agrees to sell to Customer, and Customer hereby agrees to purchase, the products described below (collectively, the “Equipment”) on the terms and conditions in this Agreement:

<u>Quantity</u>	<u>Catalog/Reorder #</u>	<u>Description</u>	<u>Price per Unit</u>	<u>Extended Price</u>

PURCHASE PRICE. Customer shall pay to B.Braun a total purchase price of \$ _____ (the “Purchase Price”). The Purchase Price is exclusive of any freight or shipping costs and any sales, use, or other taxes, fees or assessments, which shall be added to the invoice amount. If Customer is tax exempt, it shall provide B.Braun with a copy of its tax exemption certificate to avoid being charged sales tax.

PAYMENT. Payment of the Purchase Price is due thirty (30) days after the date of B.Braun’s invoice. Title to the Equipment shall not transfer to Customer until B.Braun receives full payment of the Purchase Price. Customer’s billing address is:

DELIVERY. B.Braun will deliver the Equipment to Customer on or about _____ at the following shipping address: _____ . Customer shall be responsible for all shipping costs and shall bear the risk of loss to the Equipment while in transit. All shipping dates quoted whether verbal or written are approximate only.

WARRANTIES. The product warranty and, if purchased by Customer, the extended warranty program (collectively, the “Product Warranty”) is attached hereto and made a part of this Agreement. Equipment distributed but not manufactured by B.Braun is not warranted by B.Braun, and Customer must instead rely on the representations and warranties, if any, provided directly to Customer by the manufacturer of such Equipment.

USE, ALTERATIONS. Customer agrees to use and operate the Equipment in a careful and lawful manner, and shall use the Equipment only for the purposes and in accordance with the instructions indicated on the labeling of or included with the Equipment. Customer represents that it has examined the Equipment and that it is acceptable and clinically suitable for Customer’s purposes. Customer shall not remove or alter any trademarks, tradenames, labels or serial numbers that are on the Equipment.

COMPLIANCE WITH LAWS, REPORTING AND DEVICE TRACING. Customer shall comply with all applicable laws, rules and regulations applicable to the purchase, operation, maintenance and use of the Equipment. Customer acknowledges that it is familiar with the Safe Medical Devices Act of 1990 (the “Devices Act”) and the reporting obligations imposed on device users thereunder. In this regard, Customer agrees to notify B.Braun within ten (10) days of the occurrence of any event identified in the Devices Act imposing a reporting obligation on Customer and/or B.Braun (except for events representing an imminent hazard that requires notification to the United States Food and Drug Administration (the “FDA”) within seventy-two hours, in which case, such notice will be delivered to the other party immediately). Customer shall maintain adequate tracking for the Equipment to enable B.Braun to meet the FDA requirements applicable to the tracking of medical devices.

DISCLOSURE. If any pricing hereunder constitutes a discount or other reduction in price under Section 1128(b)(3)(A) of the Social Security Act, 42 U.S.C. 1320a-7b(b)(3)(A), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program which provides cost or charge based reimbursement to Customer for Equipment covered hereunder. This Act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for the Equipment, net of any discounts, rebates or allowances provided to Customer hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

MISCELLANEOUS:

Balances remaining unpaid at their due date are subject to a service charge of 1.5% per month until paid. Customer’s obligation to pay the Purchase Price is absolute and unconditional, and is not subject to any abatement, reduction, offset, or defense. Customer shall reimburse B.Braun for any costs and expenses incurred for collection of overdue amounts, including without limitation, its reasonable attorneys’ fees, expenses and costs.

B.Braun shall be excused from any delay in, or impossibility of, performance due to any cause beyond its or its supplier's or sub-contractor's control, including but not limited to, acts of God, war, acts of government, regulatory agencies or judicial bodies, acts of Customer or third parties, raw materials shortages, energy or fuel shortages, fire, flood, strike or labor trouble, sabotage, or delay in obtaining labor, materials, equipment or transportation. In the event of any such delay, B.Braun may allocate the Equipment among all of its customers, without penalty or liability.

In no event shall B.Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the sale, delivery, use or service of the Equipment or the performance, use or inability to use the Equipment or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory. B.Braun's total liability for any claim or action arising out of or related to this Agreement or the Equipment shall not in any event exceed the Purchase Price of the Equipment out of which such claim arose.

Customer hereby agrees that the pricing and terms contained herein are confidential in nature and, except to the extent reasonably necessary to implement the terms and conditions of this Agreement or as may be required by applicable law, Customer agrees to hold in confidence and to refrain from disclosing such information to third parties.

This Agreement is made under Pennsylvania law, excluding its laws of conflict of law. Any claims or causes of action relating to this Agreement or the Equipment shall be tried by a court and not a jury. **Customer hereby unconditionally waives its rights to a jury trial in any such action or claims.** If any clause herein is determined invalid or unenforceable by a court of competent jurisdiction, the remainder of this Agreement shall remain valid and enforceable to the fullest extent permitted by law.

This Agreement, and any attachments checked in the box below, constitutes the entire agreement between the parties with respect to the subject matter hereof. Any terms or conditions on any purchase order or other document that are inconsistent or additional shall be without force and effect. All prior negotiations, representations, discussions, or agreements concerning the subject matter hereof, whether express or implied, oral or written, are cancelled and of no force and effect. The obligations, rights and liabilities of the parties under the provisions of this Agreement shall survive this Agreement in accordance with their terms.

This Agreement may be executed in one or more counterparts, all of which shall constitute one original agreement for all purposes. Any and all counterpart signatures may be executed by facsimile or electronic means and any signature so executed shall be deemed an original signature of the executing party.

By execution hereof, Customer accepts all of the terms and conditions of this Agreement, which shall become a binding agreement upon Customer and B.Braun when executed by both parties below. This Agreement does not become effective unless and until it is executed by two authorized representatives of B.Braun.

CUSTOMER:

Signed by Customer: _____

By: _____
(Signature)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

B. BRAUN MEDICAL INC.

By: _____
(Signature)

By: _____
(Signature)

Name: _____
(Type or print name)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

Title: _____
(Type or print title)

Date: _____

Date: _____

For Internal Use Only:

Shipping Date: _____
Other: _____

Additional Forms Attached

- Product Warranty
- Optional - Extended Warranty Program Agreement
- Software License (if applicable)
- Implementation Scope (if applicable)
- Other

B | BRAUN

SHARING EXPERTISE

Customer:	Proposal for Purchase
Cuero Community Hospital Attn Accts Payable 2550 N Esplanade CUERO TX 77954 Customer Number: 20067757	Reference Number/Date: 26993791 / 01/28/2021 Proposal Number: 26993791 Valid from /Valid to: 01/28/2021 - 04/28/2021 Payment Terms: Within 30 days due net Shipping Terms: F.O.B. origin, frgt ppd & add Bid ID:
GPO Agreement Number: HPG/HPG-7678 IV/Infusion Systems	

B. Braun Medical Inc. ("B.Braun") is pleased to offer Cuero Community Hospital the option to purchase the products listed below.
The terms of our purchase option are set forth in our Infusion Systems Agreement included with our proposal for your review.

Conditions	Currency USD
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Material	Quantity	Description	Unit Price	Extended Price
8713112D	4 EA	POWER SUPPLY SP US III	90.00 EA	360.00

ITEMS TOTAL	360.00
FINAL AMOUNT	360.00

*Denotes Taxable Item

It is anticipated that delivery will generally be made within forty five (45) days following B.Braun's acceptance of a valid purchase order, depending upon implementation requirements; provided, however, that all shipping and delivery dates quoted are approximate only.

All pricing is exclusive of any extended warranty, applicable taxes and freight charges. Any customization for products, services or accessories not quoted in this proposal will be made available at an additional charge. All transactions are pending credit approval. Customer agrees to notify B.Braun of all delivery requirements at the time of order placement, including the need for a lift gate.

The pricing and terms set forth herein are confidential in nature, and Customer agrees to hold in confidence and refrain from disclosing such information to third parties.

If the pricing hereunder constitutes a discount or other reduction in price under section 1128(b)(3)(a) of the social security act 42 U.S.C. 1320a-7b(b)(3)(a), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program that provides cost or charge based reimbursement to Customer for products covered herein. This act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for products, net of any discounts, rebates or allowances provided hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

B. BRAUN MEDICAL INC.
Space Infusion Devices Product Warranty

B. Braun Medical Inc. ("B.Braun") warrants to and only to the original purchaser or lessee ("Customer") of the Infusomat® Space Infusion Device, the Perfusor® Space Infusion Device, the Perfusor® Space PCA Infusion Device and all related accessories, the B.Braun Space Station, the B.Braun SpaceStation MRI, the B.Braun Space pole clamp, combi-lead, and power cord, as applicable ("Device") that reasonable care has been used in the manufacture of each Device and that, when properly used and maintained by Customer, it shall be free from defects in material and workmanship in accordance with its specifications for a period of one year from date of implementation of such Device by B.Braun ("Warranty Period"). Any Device that is found by B.Braun not to meet these standards within this Warranty Period will, at B.Braun's sole option, be repaired or replaced without charge, and/or B.Braun may provide any other remedy, in its sole discretion. Unless otherwise directed by B.Braun, any nonconforming Device or component thereof should be returned promptly to B.Braun, properly packaged and with postage prepaid by Customer. Customer shall provide labor for removal of the nonconforming Device and installation of its replacement, and shall bear all risk of loss or damage while in transit. In the event no breach of warranty is discovered by B.Braun upon receipt of any returned Device, the Device will be returned to Customer at Customer's expense.

This Warranty is valid only if the Device is operated and maintained as described in B.Braun's operator's manuals, supplements or other operating instructions. This Warranty shall not apply to any Device or component thereof if: (1) any repairs, alterations, or other work has been performed on the Device or any component thereof by anyone other than B.Braun or a technician or repair facility authorized in writing by B.Braun; (2) the Device is altered in any manner that, in B.Braun's sole judgement, affects its functionality, stability or reliability; (3) the alleged condition or nonconformity is a result of the misuse, cleaning or handling, negligence, accident or improper maintenance of any party; or (4) the Device is not used in accordance with its instructions for use furnished by B.Braun or is not used for its intended purpose. This warranty does not apply to repairs deemed by B.Braun as purely cosmetic upgrades or normal wear and tear.

Any nonconformity or condition that has been caused by the misuse, unauthorized modification, or abnormal conditions of operation, or that is otherwise excluded from this Warranty, will be repaired by B.Braun at its then-current repair charges. In this case, upon the request of Customer, B.Braun will submit an estimate of the repair cost to Customer prior to making any repairs.

This Warranty does not extend to the performance of the Device or damages to, or resulting in whole or in part from the use of, components, accessories, parts or supplies not supplied by B.Braun for use with the Device, including without limitation, syringes and administration sets. Products or components not manufactured by B.Braun or its affiliates are not warranted by B.Braun, and Customer must rely on the warranties, if any, provided directly by the manufacturer of such product or component. Customer shall be solely responsible for, and B.Braun makes no representation or warranty regarding, integration of barcoding and/or wireless interfacing, as applicable, of the Devices with Customer's systems.

EXCEPT AS EXPRESSLY PROVIDED HEREIN, B.BRAUN MAKES NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, WITH RESPECT TO THE DEVICE INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. The sole and exclusive remedy of Customer for breach by B.Braun of any warranty shall be limited, at B.Braun's sole election, to the repair or replacement of the Device or any component thereof, except as otherwise expressly provided herein. In no event shall B.Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the delivery, use or service of any Device or the performance, use or inability to use the Device or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory.

B.Braun neither assumes, nor authorizes any person to assume for it, any additional liability or responsibility in connection with the Device, and no agent, employee or representative of B.Braun has the right to modify or expand the warranties set forth herein and no such modification or expansion should be relied upon by Customer. Notwithstanding anything to the contrary in any other document, this warranty shall be governed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania, notwithstanding its laws of conflict of laws.

B. Braun Medical Inc., 824 Twelfth Avenue, Bethlehem, PA 18018
Customer Support (800) 627-7867

3/16/2020

B. BRAUN MEDICAL INC.
Infusion Systems Agreement

This Agreement is made for _____ (“Customer”).

B. Braun Medical Inc. (“B.Braun”) hereby agrees to sell to Customer, and Customer hereby agrees to purchase, the products described below (collectively, the “Equipment”) on the terms and conditions in this Agreement:

<u>Quantity</u>	<u>Catalog/Reorder #</u>	<u>Description</u>	<u>Price per Unit</u>	<u>Extended Price</u>

PURCHASE PRICE. Customer shall pay to B.Braun a total purchase price of \$ _____ (the “Purchase Price”). The Purchase Price is exclusive of any freight or shipping costs and any sales, use, or other taxes, fees or assessments, which shall be added to the invoice amount. If Customer is tax exempt, it shall provide B.Braun with a copy of its tax exemption certificate to avoid being charged sales tax.

PAYMENT. Payment of the Purchase Price is due thirty (30) days after the date of B.Braun’s invoice. Title to the Equipment shall not transfer to Customer until B.Braun receives full payment of the Purchase Price. Customer’s billing address is:

DELIVERY. B.Braun will deliver the Equipment to Customer on or about _____ at the following shipping address: _____ Customer shall be responsible for all shipping costs and shall bear the risk of loss to the Equipment while in transit. All shipping dates quoted whether verbal or written are approximate only.

WARRANTIES. The product warranty and, if purchased by Customer, the extended warranty program (collectively, the “Product Warranty”) is attached hereto and made a part of this Agreement. Equipment distributed but not manufactured by B.Braun is not warranted by B.Braun, and Customer must instead rely on the representations and warranties, if any, provided directly to Customer by the manufacturer of such Equipment.

USE, ALTERATIONS. Customer agrees to use and operate the Equipment in a careful and lawful manner, and shall use the Equipment only for the purposes and in accordance with the instructions indicated on the labeling of or included with the Equipment. Customer represents that it has examined the Equipment and that it is acceptable and clinically suitable for Customer’s purposes. Customer shall not remove or alter any trademarks, tradenames, labels or serial numbers that are on the Equipment.

COMPLIANCE WITH LAWS, REPORTING AND DEVICE TRACING. Customer shall comply with all applicable laws, rules and regulations applicable to the purchase, operation, maintenance and use of the Equipment. Customer acknowledges that it is familiar with the Safe Medical Devices Act of 1990 (the “Devices Act”) and the reporting obligations imposed on device users thereunder. In this regard, Customer agrees to notify B.Braun within ten (10) days of the occurrence of any event identified in the Devices Act imposing a reporting obligation on Customer and/or B.Braun (except for events representing an imminent hazard that requires notification to the United States Food and Drug Administration (the “FDA”) within seventy-two hours, in which case, such notice will be delivered to the other party immediately). Customer shall maintain adequate tracking for the Equipment to enable B.Braun to meet the FDA requirements applicable to the tracking of medical devices.

DISCLOSURE. If any pricing hereunder constitutes a discount or other reduction in price under Section 1128(b)(3)(A) of the Social Security Act, 42 U.S.C. 1320a-7b(b)(3)(A), and 42 C.F.R. § 1001.952(h), Customer shall disclose the discount or reduction in price to the full extent required under any state or federal program which provides cost or charge based reimbursement to Customer for Equipment covered hereunder. This Act requires, among other things, that Customer fully and accurately report on any claim or request for payment it submits to Medicare and Medicaid the actual purchase price paid by Customer for the Equipment, net of any discounts, rebates or allowances provided to Customer hereunder. Customer may also be required, upon request, to provide documentation of the discount or other reduction in price to the Secretary of Health and Human Services.

MISCELLANEOUS:

Balances remaining unpaid at their due date are subject to a service charge of 1.5% per month until paid. Customer’s obligation to pay the Purchase Price is absolute and unconditional, and is not subject to any abatement, reduction, offset, or defense. Customer shall reimburse B.Braun for any costs and expenses incurred for collection of overdue amounts, including without limitation, its reasonable attorneys’ fees, expenses and costs.

B.Braun shall be excused from any delay in, or impossibility of, performance due to any cause beyond its or its supplier's or sub-contractor's control, including but not limited to, acts of God, war, acts of government, regulatory agencies or judicial bodies, acts of Customer or third parties, raw materials shortages, energy or fuel shortages, fire, flood, strike or labor trouble, sabotage, or delay in obtaining labor, materials, equipment or transportation. In the event of any such delay, B.Braun may allocate the Equipment among all of its customers, without penalty or liability.

In no event shall B.Braun be liable to Customer for any indirect, incidental, special, consequential or punitive damages (including damages for lost profits) arising out of or in connection with the sale, delivery, use or service of the Equipment or the performance, use or inability to use the Equipment or otherwise, whether based in contract, warranty, tort (including negligence) or any other legal or equitable theory. B.Braun's total liability for any claim or action arising out of or related to this Agreement or the Equipment shall not in any event exceed the Purchase Price of the Equipment out of which such claim arose.

Customer hereby agrees that the pricing and terms contained herein are confidential in nature and, except to the extent reasonably necessary to implement the terms and conditions of this Agreement or as may be required by applicable law, Customer agrees to hold in confidence and to refrain from disclosing such information to third parties.

This Agreement is made under Pennsylvania law, excluding its laws of conflict of law. Any claims or causes of action relating to this Agreement or the Equipment shall be tried by a court and not a jury. **Customer hereby unconditionally waives its rights to a jury trial in any such action or claims.** If any clause herein is determined invalid or unenforceable by a court of competent jurisdiction, the remainder of this Agreement shall remain valid and enforceable to the fullest extent permitted by law.

This Agreement, and any attachments checked in the box below, constitutes the entire agreement between the parties with respect to the subject matter hereof. Any terms or conditions on any purchase order or other document that are inconsistent or additional shall be without force and effect. All prior negotiations, representations, discussions, or agreements concerning the subject matter hereof, whether express or implied, oral or written, are cancelled and of no force and effect. The obligations, rights and liabilities of the parties under the provisions of this Agreement shall survive this Agreement in accordance with their terms.

This Agreement may be executed in one or more counterparts, all of which shall constitute one original agreement for all purposes. Any and all counterpart signatures may be executed by facsimile or electronic means and any signature so executed shall be deemed an original signature of the executing party.

By execution hereof, Customer accepts all of the terms and conditions of this Agreement, which shall become a binding agreement upon Customer and B.Braun when executed by both parties below. This Agreement does not become effective unless and until it is executed by two authorized representatives of B.Braun.

CUSTOMER:

Signed by Customer: _____

By: _____
(Signature)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

B. BRAUN MEDICAL INC.

By: _____
(Signature)

By: _____
(Signature)

Name: _____
(Type or print name)

Name: _____
(Type or print name)

Title: _____
(Type or print title)

Title: _____
(Type or print title)

Date: _____

Date: _____

For Internal Use Only:

Shipping Date: _____
Other: _____

Additional Forms Attached

- Product Warranty
- Optional - Extended Warranty Program Agreement
- Software License (if applicable)
- Implementation Scope (if applicable)
- Other

AGENDA ITEM #9

Capital Expenditure Request for Cardiac Holter Monitor System Replacement – Review and Take Appropriate Action

Attached:

Phillips	\$ 14,123.20	Recommended
Scottscare	\$ 14,768.00	
GE	\$ 21,612.40	

HOSPITAL/ENTITY: Cuero Regional Hospital		
DEPARTMENT: Cardiopummonary / EKG 7033		DATE PREPARED: 02/01/21
Is the requested purchase in compliance with the Healthtrust GPO? <u>yes</u>		
D	PROJECT NAME: Cardiac Holter Monitor System Replacement	DESIRED DELIVERY/START DATE: 3/1/21
E	PROJECT DESCRIPTION Phillips DigiTrak XT Holter Recorders x 3 w/ software	PURPOSE FOR REQUEST
S	3 - 96 hour holter monitor recorders, cables and software to replace end of	New Service <input type="checkbox"/>
C	life DMS 300-A holter system in which we are down to only one in service.	Replacement <input checked="" type="checkbox"/>
R	Unable to order replacement cables and parts. No servie available.	Code Compliance <input type="checkbox"/>
I	JUSTIFICATION Current holter system at end of life. No service or parts available.	
P	Current Holter Monitor System end of life. Unable to order cables or parts; outdated and unserviceable.	
T	BUDGET REFERENCE Cardiac Holter Monitors and System	Amount Budgeted
I	BUDGET LINE ITEM IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME? 163	\$18,000.00
O		
N		
F	EQUIPMENT/PROJECT COSTS	ASSET DISPOSITION DATA
I	14,123.20	Attach copies of proposals
N	Name of Bidder	Bid #1 Bid #2 Bid #3
A	Phillips	Scottsare GE
N	Construction	
C	Equipment (incl shipping)	\$14,123.20 \$14,768.00 \$21,612.40
I	Other	
A	TOTAL COSTS	\$14,123.20 \$14,768.00 \$21,612.40
L	Less Trade In	
N	NET CAPITAL REQUIRED	\$14,123.20 \$14,768.00 \$21,612.40
O	RECOMMENDATION (Check one)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A	Department Head <u>Brenda A Martin, RRT</u> DATE: <u>02/01/2021</u>	
U	IT Director <u>Brenda Martin, RRT</u> DATE: <u>2/08/2021</u>	
T	Facilities Director <u>[Signature]</u> DATE: <u>02/02/2021</u>	
H	SLT Leader <u>[Signature]</u> DATE: <u>2/9/21</u>	
O	CEO/CFO <u>Alma Alexander 2/9/21</u> DATE: _____	
R	If greater than \$5000	
I	Board Member _____ DATE: _____	



Formal Quotation

Document number: 2301145312
 Date of issue: 01/20/2021

Sold to (94027199):
 Cuero Regional Hospital
 2550 N Esplanade St
 CUERO TX 77954-4736
 UNITED STATES

Last updated: 01/20/2021 20:52:16
 Expiration date: 03/31/2021

Our federal tax ID #: 133429115

Our contact details
 Account Manager: Coffey Medical- Tom Pauszek
 Telephone: 317-253-7831
 Quote Contact: Brook Bennett

Incoterms: FOB DESTINATION
 Payment terms: Within 30 Days Due Net

Item	Product and Description	Quantity UoM	Price/Unit	Amount Currency: USD
Cuero Community Hospital				
Attn: Brenda Martin				
10	860322 DigiTrak XT Holter Recorder A03 96 Hours Digital Recorder	3 PCE		
		3 PCE	3,085.00/1 PCE	9,255.00
			Gross amount	3,085.00/1 PCE 9,255.00
			Agreement disc. (44%)	-4,072.20
			Net amount	1,727.60/1 PCE 5,182.80
	UPC code: 884838000476			
	Agreement number: GPOHT00010			
	Commodity code (HS/HTS): 9018199560			
20	860292 Philips Holter Software A03 1810 Technical/Cardiology	1 PCE		
		1 PCE	15,965.00/1 PCE	15,965.00
			Gross amount	15,965.00/1 PCE 15,965.00
			Agreement disc. (44%)	-7,024.60
			Net amount	8,940.40/1 PCE 8,940.40
	UPC code: 884838094895			
	Agreement number: GPOHT00010			
	Commodity code (HS/HTS): 0000000003			
Total net amount				14,123.20

Philips Healthcare is pleased to inform you that financing of its products and services is available to qualified applicants. To obtain more information contact Philips Medical Capital @ 866-513-4PMC.

Via ACH/EFT:
 Payee: Philips Healthcare
 Bank: Bank of America
 Account#: 3750202223
 A/R # 1234567890

Via Check:
 Philips Healthcare
 P.O. Box 100000
 Atlanta, GA 30384-0355



**Coast Credit**

Commercial Finance Group
800-405-9865

January 20, 2021

Cuero EACS, Texas

Approved Line: \$72,653
Applied Rate: 3.648% fixed
Client ID #: 3612778544

With a business line of credit, you will have access to the working capital you need when you need it most. Simply request funds via a quick call, or transfer money into your account using your Online Account. Our business line of credit has no cost to set up can help you bridge the gap between payables and receivables, temporarily fund payroll, or purchase inventory. Our commercial lines are based on the business profile and not on personal to help build your business credit.

EASY

- Approved Options within 1 hour
- No Upfront Fees

QUICK

- Funds within 24 hours

REPAYMENT

- No Daily Payments
- Terms: 6 months – 10 years
- No Prepayment Penalty
- 50k – 350k Available

Draw as little or as much as you want from your available credit. Your credit line replenishes as you make repayments.

Call now to review your options.

This offer expires in 5 days.

Coast Credit
Commercial Finance Group
800-405-9865

This follow up program is used to keep in touch with past clients and companies who have requested info. To opt out please visit www.pleaseunsubscribe.com



Formal Quotation

Document number: 2301145312
Date of issue: 01/20/2021

Contract information for:Healthtrust

Prices quoted are subject to and reflect applicable discounts per the terms and conditions of the following contract:
Contract #GPOHT00010 Expiration:Mar. 31, 2021

MD Buyline -- Please be aware that MD Buyline utilizes Philips current list prices as the basis of calculation for discount comparisons. If you are a customer utilizing a GPO contract with fixed pricing, it is likely that the list price on this quotation is based on an older published price list, and may be considerably less than the current listpricing that MD Buyline uses in its analysis. As such, the MD Buyline discount recommendation may be higher than the Philips offering for yourparticular purchase. If you have a question, please ask your Sales Representative for clarification. Should you have concerns or want additional information relative to how discount comparisons are calculated at MD Buyline, please call your analyst at MD Buyline.

All work is scheduled within normal working hours; Monday through Friday, 8 a.m. to 5 p.m. excluding Philips holidays. All pricing is based on travel zones 1-3. For travel zones beyond 1-3, consult your Philips sales rep for alternate pricing. It is the customers responsibility to provide Philips with the access necessary to complete the quoted work in a continuous start to finish manner. Excessive delaysand multiple visits will result in additional charges. All prices are based upon 'adequate access' to work areas that are free from obstruction. If it is determined, during the implementation that asbestos removal is required; Philips will suspend performance until theCustomer remediates the asbestos. Philips will work with the customers staff to reduce the downtime during the system transition.

Products are for USA end-use only. Taxes, if applicable, are not included unless noted but will be added to the invoice. The Purchase Order must reference the Quote Number and your Purchase Agreement. Please indicate your requested delivery date and your preference, if any, to accept and pay for partial shipments. If this quote includes Value-Added Services, they may be invoiced separately. Additional sold training must be completed within twelve months of delivery/installation. System cabling, if included, is specified at thestandard grade unless noted otherwise.

This quote specifically excludes Licensing & Permit Fees, Prevailing Wage Compensation and Union Labor.

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or a discount (including arebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as maybe required by state or federal law, including but not limited to 42 CFR1001.952(h).

This quotation is issued pursuant to, and any PO for the items herein will be accepted subject to the Terms of any current Contract with the customer. If there is no contract in place, this quotation is issued pursuant to, and any PO for the items herein will be accepted subjected to Philips Terms and Conditions of sale posted at <http://www.usa.philips.com/healthcare/about/terms-conditions> and the terms herein.

This quotation contains confidential and proprietary information of Philips Healthcare and is intended for use only by the customer whose name appears on this quotation.It may not be disclosed to third parties without prior written consent of Philips Healthcare.

Please send purchase orders via email, fax or mail to:

Email: Healthcare.Orders@philips.com
Fax: 1-800-947-3299

Philips Healthcare
Adivision of Philips NorthAme rica LLC
414 Union St, 2nd Floor
Nashville, TN 37219

Via ACH/EFT:
Payee: Philips Healthcare
Bank: Bank of America
Account#: 3750202223
ABA#: 263075889

Via Check:
Philips Healthcare
P.O. Box 100355
Atlanta, GA 303134-0355





Formal Quotation

Document number: 2301144186

Date of issue: 01/19/2021

Sold to (94027199):

Cuero Regional Hospital
2550 N Esplanade St
CUERO TX 77954-4736
UNITED STATES

Last updated: 01/19/2021 17:20:35

Expiration date: 03/19/2021

Our federal tax ID #: 133429115

Our contact details

Account Manager: Coffey Medical- Tom Pauszek

Telephone: 317-253-7831

Incoterms: FOB DESTINATION

Payment terms: Within 30 Days Due Net

Item	Product and Description	Quantity	UoM	Price/Unit	Amount
ATT: Brenda Martin					
Cuero Community Hospital					
10	860322	3	PCE		
	DigiTrak XT Holter Recorder				
	A02 48 Hours Digital Recorder	3	PCE	1,612.24/1 PCE	4,836.72
				Net amount	1,612.24/1 PCE
					4,836.72
	UPC code: 884838000476				
	Agreement number: GPOHT00010				Agreement Discount included in net - 44.000 %
	Commodity code (HS/HTS): 9018199560				
20	860292	1	PCE		
	Philips Holter Software				
	A03 1810 Technical/Cardiology	1	PCE	8,940.40/1 PCE	8,940.40
				Net amount	8,940.40/1 PCE
					8,940.40
	UPC code: 884838000469				
	Agreement number: GPOHT00010				Agreement Discount included in net - 44.000 %
	Commodity code (HS/HTS): 0000000003				
Total net amount					13,777.12

Philips Healthcare is pleased to inform you that financing of its products and services is available to qualified applicants. To obtain more information

Via ACH/EFT:
Payee: Philips Healthcare
Bank: Bank of America
Account#: 3750202223
ABA#: 252000022

Via Check:
Philips Healthcare
P.O. Box 100355
Atlanta, GA 30384-0355





Formal Quotation

Document number: 2301144186

Date of issue: 01/19/2021

contact Philips Medical Capital @ 866-513-4PMC.

*

Contract information for: Healthtrust

Prices quoted are subject to and reflect applicable discounts per the terms and conditions of the following contract:

Contract #GPOHT00010 Expiration: Mar. 31, 2021

*

This quotation is issued pursuant to, and any PO for the items herein will be accepted subject to the Terms of Contract#GPOHT00010.

If no contract is identified in the previous sentence or the products and/or services are not covered by this contract, this quotation is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at : <https://www.usa.philips.com/healthcare/about/terms-conditions> and the terms herein.

*

MD Buyline -- Please be aware that MD Buyline utilizes Philips current list prices as the basis of calculation for discount comparisons. If you are a customer utilizing a GPO contract with fixed pricing, it is likely that the list price on this quotation is based on an older published price list, and may be considerably less than the current list pricing that MD Buyline uses in its analysis. As such, the MD Buyline discount recommendation may be higher than the Philips offering for your particular purchase. If you have a question, please ask your Sales Representative for clarification. Should you have concerns or want additional information relative to how discount comparisons are calculated at MD Buyline, please call your analyst at MD Buyline.

*

All work is scheduled within normal working hours; Monday through Friday, 8 a.m. to 5 p.m. excluding Philips holidays.

All pricing is based on travel zones 1-3. For travel zones beyond 1-3, consult your Philips sales rep for alternate pricing.

It is the customers responsibility to provide Philips with the access necessary to complete the quoted work in a continuous start to finish manner.

Excessive delays and multiple visits will result in additional charges.

All prices are based upon 'adequate access' to work areas that are free from obstruction.

If it is determined, during the implementation that asbestos removal is required; Philips will suspend performance until the Customer remediates the asbestos.

Philips will work with the customers staff to reduce the downtime during the system transition.

*

*

Products are for USA end-use only. Taxes, if applicable, are not included unless noted but will be added to the invoice. The Purchase Order must reference the Quote Number and your Purchase Agreement. Please indicate your requested delivery date and your preference, if any, to accept and pay for partial shipments. If this quote includes Value-Added Services, they may be invoiced separately. Additional sold training must be completed within twelve months of delivery/installation. System cabling, if included, is specified at the standard grade unless noted otherwise.

*

This quote specifically excludes Licensing & Permit Fees, Prevailing Wage Compensation and Union Labor.

*

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or a discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

Via ACH/EFT:
Payee: Philips Healthcare
Bank: Bank of America
Account#: 3750.202223
ABA#: 1110-0001-2

Via Check:
Philips Healthcare
P.O. Box 100355
Atlanta, GA 30381-0355





Formal Quotation

Document number: 2301144186

Date of issue: 01/19/2021

This quotation is issued pursuant to, and any PO for the items herein will be accepted subject to the Terms of any current Contract with the customer. If there is no contract in place, this quotation is issued pursuant to, and any PO for the items herein will be accepted subjected to Philips Terms and Conditions of sale posted at <http://www.usa.philips.com/healthcare/about/terms-conditions> and the terms herein.

This quotation contains confidential and proprietary information of Philips Healthcare and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without prior written consent of Philips Healthcare.

Please send purchase orders via email, fax or mail to:

Email: Healthcare.Orders@philips.com

Fax: 1-800-947-3299

Philips Healthcare
A division of Philips North America LLC
414 Union St, 2nd Floor
Nashville, TN 37219

Via ACH/EFT:
Payee: Philips Healthcare
Bank: Bank of America
Account#: 3750202223
ABA#: 111000022

Via Check:
Philips Healthcare
P.O. Box 100255
Atlanta, GA 30384-0355





4791 West 150th Street • Cleveland, OH 44135
 Phone: 216. 362. 0500 • Toll Free: 800.243.9412 • Fax: 216. 267.6129
 info@scottcare.com • www.scottcare.com

QUOTATION/PURCHASE CONTRACT NO.: D3858 Revision 2

Ship To: Cuero Community Hospital
 2550 North Esplanade
 Cuero, TX 77954

Date: January 21, 2021
Delivery: 1-2 Weeks ARO
Terms: Net 45 Days
FOB: Cleveland, Ohio
Sales Rep: James Townsend

Bill To: Same

Attention: Brenda Martin

QTY.	DESCRIPTION	PART #	UNIT LIST PRICE	TOTAL LIST PRICE	DISCOUNT	NET PRICE
CardioView DX - Diagnostic Systems for Cardiology						
1	HolterCare Software	100087	\$10,500.00	\$10,500.00	(\$2,100.00)	\$8,400.00
1	CardioFile Database	100167	\$1,500.00	\$1,500.00	(\$300.00)	\$1,200.00
3	Chroma2 Digital Holter Recorder with Pouch (includes two (2) year warranty parts and labor)	101942	\$1,920.00	\$5,760.00	(\$1,152.00)	\$4,608.00
3	5-Wire Patient Lead Cable	101927	\$175.00	\$525.00	(\$105.00)	\$420.00
1	USB Download Cable, Chroma	101825	\$175.00	\$175.00	(\$35.00)	\$140.00
1	3.5 Days Training and Installation	Included	Included	Included	Included	Included
			Total:	\$18,460.00	(\$3,692.00)	\$14,768.00

Quoted Prices are in effect for 30 days and do not include applicable state or local taxes. All discounts are subject to review and approval by ScottCare management. Shipping charges are prepaid and added to invoice.

ScottCare Confidential

QUOTATION/PURCHASE CONTRACT NO.: D3858 Revision 2

Ship To: Cuero Community Hospital
2550 North Esplanade
Cuero, TX 77954

Date: January 21, 2021
Delivery: 1-2 Weeks ARO
Terms: Net 45 Days
FOB: Cleveland, OH
Sales Rep: James Townsend

Bill To: Same

Attention: Brenda Martin


QTY.	DESCRIPTION	PART NO.	TOTAL PRICE
	<p>Optional Software Maintenance Agreement (SMA): Commencing at end of initial warranty (Do not pay until invoiced)</p> <p>Annual Software Maintenance Agreement HolterCare, CardioFile.....</p> <ul style="list-style-type: none"> · ScottCare to invoice customer 30 days prior to commencement of Agreement-period beginning at end of initial warranty · Agreement will remain in effect on an annual basis (ScottCare to invoice annually 30 days prior to commencement date) · Agreement payment terms are Net 30 from invoice date · Customer may terminate Agreement by written instrument received by an authorized representative of ScottCare 60 days prior to next commencement date, at its offices in Cleveland, Ohio, U.S.A. <p><i>Sign below to include "Annual Software Maintenance" Agreement beginning at end of initial warranty, in accordance with the terms and conditions set forth on this quotation.</i></p> <p>_____</p> <p>Signature</p>	101906	\$2,160.00

Quoted prices are in effect for 30 days and do not include applicable state or local taxes. All discounts are subject to review and approval by ScottCare Management. Shipping charges are prepaid and added to invoice. A signature constitutes acceptance of ScottCare's offer to sell the products as listed and according to the attached Terms & Conditions. This is an agreement to purchase same and to pay amount identified plus applicable taxes and shipping charges to ScottCare Corporation.

Accepted by: _____

Date: _____

Authorized Signature

Prepared By: 

Printed Name & Title

Lisa Kendall, Sales Admin Mgr

ScottCare Confidential



GE Healthcare

Date: 01-19-2021
Quote #: PR15-C64325
Version #: 1
Q-Exp-Date: 04-19-2021

Issued By:
GE Medical Systems Information
Technologies, Inc
FEIN: 39-1046671

Customer Address:
Cuero Regional Hospital
2550 N Esplanade St
Cuero TX 77954-4736

Attention:
Brenda Martin
2550 N Esplanade
Cuero TX 77954

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified herein. "Agreement" is defined as this Quotation and the terms and conditions set forth in either (i) the Governing Agreement identified below or (ii) if no Governing Agreement is identified, the following documents:

- 1) This Quotation that identifies the Product offerings purchased or licensed by Customer;
2) The following documents, as applicable, if attached to this Quotation: (i) GE Healthcare Warranty(ies); (ii) GE Healthcare Additional Terms and Conditions; (iii) GE Healthcare Product Terms and Conditions; and (iv) GE Healthcare General Terms and Conditions. In the event of conflict among the foregoing items, the order of precedence is as listed above.

This Quotation is subject to withdrawal by GE Healthcare at any time before acceptance. Customer accepts by signing and returning this Quotation or by otherwise providing evidence of acceptance satisfactory to GE Healthcare. Upon acceptance, this Quotation and the related terms and conditions listed above (or the Governing Agreement, if any) shall constitute the complete and final agreement of the parties relating to the Products identified in this Quotation.

No agreement or understanding, oral or written, in any way purporting to modify this Agreement, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter agreed to in writing by authorized representatives of both parties.

By signing below, each party certifies that it has not made any handwritten modifications.

Governing Agreement: HPG
Customer Number: 1-23NHT5
Terms of Delivery: FOB DESTINATION
Billing Terms: 80% Delivery / 20% Installation
Payment Terms: NET 30
Total Quote Net Selling Price: \$21,612.40
Sales And Use Tax Status: Exemption Certificate on File

** The following ship to states do not impose a sales/use tax (AK, DE, MT, NH, OR). No exemption certificate required.

IMPORTANT CUSTOMER ACTIONS:
Please select your planned source of funds. Source of funds is assumed to be cash unless you chose another option. Once equipment has been shipped, source of funds changes cannot be allowed.
___ Cash
___ GE HFS Loan ___ GE HFS Lease
___ Other Financing Loan ___ Other Financing Lease Provide Finance Company Name _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER
Authorized Customer Signature Date
Print Name Print Title
Purchase Order Number (if applicable)

GE Medical Systems Information Technologies, Inc., a GE Healthcare business
Richard Stevens 01-19-2021
Signature Date
Product Sales Specialist
Email: richard.stevens@ge.com
Office: +1 (832) 4706925
Fax: 3616872983



Date: 01-19-2021
 Quote #: PR15-C64325
 Version #: 1
 Q-Exp-Date: 04-19-2021

Total Quote Selling Price	\$21,612.40
Trade-In and Other Credits	\$0.00

Total Quote Net Selling Price	\$21,612.40

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:
Richard Stevens
 Office: +1 (832) 4706925
 Email: richard.stevens@ge.com
 Fax: 3616872983

Payment Instructions

Please **Remit** Payment for invoices associated with this quotation to:
GE Medical Systems Information Technologies, Inc.
5517 Collections Center Dr.
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
 - The correct Quote number and version number above
 - The correct Remit To information as indicated in "**Payment Instructions**" above
 - The correct SHIP TO site name and address
 - The correct BILL TO site name and address
 - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms.
 Signature page on quote filled out with signature and P.O. number.

*****OR*****

Verbiage on the purchase order must state one of the following: (i) Per the terms of Quotation #_____; (ii) Per the terms of GPO#_____; (iii) Per the terms of MPA #_____; or (iv) Per the terms of SAA #_____. Include the applicable quote/agreement number with the reference on the purchase order.

In addition, source of funds (choice of: Cash/Third Party Loan or GE HEF Lease or GE HEF Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GEHealthcare)."



GE Healthcare

Date: 01-19-2021
Quote #: PR15-C64325
Version #: 1
Q-Exp-Date: 04-19-2021

01-19-2021

GPO Agreement Reference Information

Customer: Brenda Martin
Contract Number: 500043, 500352, 500174, 500072, 500151, 500150, 500277, 1451, 1450, 000903
Start Date:
End Date: 01/31/2026
Billing Terms: 80% Delivery / 20% Installation
Payment Terms: NET 30
Shipping Terms: FOB DESTINATION

For a copy of the GPO contract or summary, please go to your GPO Membership login page scrubs.healthtrustpg.com. If a copy of the contract is not available on your membership page, please contact your GPO client manager.

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and HealthTrust Purchasing Group include 500072 (Microenvironments -warmers, incubators, phototherapy), 500150 (Datex Patient Monitors), 500151 (GE Patient Monitors, MUSE, Dcar, CPN, Fetal Monitors, Hemo EP), 500277 (Anesthesia Machines and Medisorb).



GE Healthcare

Date: 01-19-2021
Quote #: PR15-C64325
Version #: 1
Q-Exp-Date: 04-19-2021

Line #	QTY	Item #	DESCRIPTION	Contract Price	Discount	Ext Sell Price
1	1	2093156-001	CardioDay License & Training CARDIODAY V2.5 HOLTER ANALYSIS SYSTEM	\$10,000.00	28.00%	\$7,200.00
	1	2093156-085	Cardioday V2.5 SP04, global(customer email required)			
2	1	2050497-001	Project management includes a dedicated project manager who coordinates go-live, pre-installation preparation calls, pre-install check-list, scheduling of GE service installation and clinical applications training, single point of contact for go-live support, and project closure meeting to confirm successful go-live and transition to service.	\$1,440.00	0.00%	\$1,440.00
3	1	2106219-001	CardioDay single workstation installation includes services for remote installation and configuration of the CardioDay Holter analysis software on customer supplied hardware.	\$1,500.00	0.00%	\$1,500.00
4	1	2017325-009	Two hour Holter remote follow-up training is intended for experienced users and/or refresher training. Our GE Healthcare clinical applications support team will work with you to create a customized training agenda for your facility. Activities may include refresher application training, Holter report configuration, and Holter recorder overview. Internet access and ability to dial into toll-free training conference is required.	\$500.00	0.00%	\$500.00
5	2	2027966-043	One Day Onsite Clinical Product Training for MUSE or Holter. Activities include facilitation of system	\$2,500.00	0.00%	\$5,000.00



GE Healthcare

Date: 01-19-2021
Quote #: PR15-C64325
Version #: 1
Q-Exp-Date: 04-19-2021

Line #	QTY	Item #	DESCRIPTION	Contract Price	Discount	Ext Sell Price
			configuration, system overview, physician and clinician support, and system maintenance.			
6	1	2068121-001	SEER 1000, 48HR w/ 7ld-3CH, 41in SEER 1000	\$7,995.00	28.00%	\$5,756.40
	3	2067634-002	SEER 1000 RECORDER KIT, 48 HOUR			
	3	2104817-001	GE SEER 1000 Leadwire set, 7 leadwire, 3 CH, 105 cm (41 in), AHA			
	3	2067634-022	Includes operators manual, quick start guide and supplies & accessories manual.			
7	1	2067634-242	SEER 1000 USB DOWNLOAD CABLE, PC APP AND BLUETOOTH KIT	\$300.00	28.00%	\$216.00

Quote Summary:

Total Contract List Price:	\$26,735.00
Total Quote Discount (19.16%)	(\$5,122.60)
Total Extended Selling Price	\$21,612.40
Total Quote Net Selling Price:	\$21,612.40

(Quoted prices do not reflect state and local taxes if applicable)

If applicable, for more information on this device's operating system, please visit GE Healthcare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>.

If this Quotation contains a trade-in, such trade-in shall be governed by the terms and conditions set forth on the Trade-In Addendum to GE Healthcare Quotation attached to or provided with this Quotation.

If this Quotation has demo/refurbished equipment on it, the quote is valid for 7 days only and is subject to availability.

Service Option invoicing will be separate from the equipment.

All GE Healthcare pricing is confidential and proprietary. Any reporting requires GEHC's consent.

AGENDA ITEM #10

**Resolution of Support of Hospital Board for
Trauma Program – Consider and Take
Appropriate Action**

2021 2 25

RESOLUTION OF SUPPORT OF HOSPITAL BOARD

WHEREAS, traumatic injury remains the leading cause of death and disability in persons younger than 45 years of age and is the fifth leading cause of death for all ages; and

WHEREAS, Cuero Regional Hospital strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the statewide Texas Trauma System will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the board of directors of Cuero Regional Hospital proudly commits to provide the financial, human, and physical resources necessary to achieve and sustain designation as a Texas Department of State Health Services Basic (Level IV) Trauma Facility.

IN WITNESS THEREOF, I have hereunto subscribed my name this 25th day of February, 2021.

Richard Wheeler
Chairman of the Board

AGENDA ITEM #11

**Resolution of Support of Hospital Board for
Stroke Program – Consider and Take
Appropriate Action**

2021 2 25

RESOLUTION OF SUPPORT OF HOSPITAL BOARD

WHEREAS, stroke kills over 128,000 people each year and is recognized as a leading cause of serious, long-term disability; and

WHEREAS, Cuero Regional Hospital through a specially trained, multidisciplinary team of health care professionals strives to provide our community and our patients with optimal acute stroke care and education; and

WHEREAS, treatment at a stroke facility that participates in a standardized system of acute stroke care can significantly reduce morbidity and mortality in stroke; and

WHEREAS, participation in the Texas Department of State Health Services Stroke System of Care will result in an organized response utilizing evidence based treatment guidelines to expedite the assessment and treatment of patients presenting with acute stroke; and

WHEREAS, participation in the Texas Department of State Health Services Stroke System of Care and the American Heart Association/American Stroke Association "Get With the Guidelines" certification program will result in improved patient outcomes through a robust performance improvement program and an assurance that those caring for acute stroke patients are educationally prepared; now

BE IT RESOLVED the Board of Directors of Cuero Regional Hospital proudly commits to provide the financial, human and physical resources necessary to achieve and sustain designation as a DSHS LEVEL III Support Stroke Facility.

IN WITNESS THEREOF, I have hereunto subscribed my name this 25th day of February, 2021.

Chairman of the Board

AGENDA ITEM #12

Quarterly and Annual QA/Risk Management/Safety Report – Review and Take Appropriate Action

Attached:

1. Annual Quality Assessment Report
2. 2020 Risk Management Report

Action:

Motion to approve the Annual Quality Assessment Report as presented

Motion to approve the 2020 Risk Management Report as presented

QUALITY ASSESSMENT REPORT 2020



	INDICATORS	JAN	FEB	MAR	1st	APR	MAY	JUNE	2nd	JULY	AUG	SEPT	3rd	OCT	NOV	DEC	4th	2020	2019
SURGICAL CASE REVIEW	Post Op Complications(SSI)	1	0	2	3	1	1	0	2	2	0	0	2	0	0	2	2	9	10
	Surgical Incidents	0	1	0	1	0	1	0	1	0	0	1	1	0	0	1	1	4	2
	C-Section Rates	29%	38%	20%	29%	29%	25%	0%	18%	19%	10%	30%	20%	13%	33%	22%	23%	22.5%	27.5%
BLOOD USAGE REVIEW	Number of Blood Transfusion	32	24	25	81	20	17	24	61	27	23	48	98	29	19	22	70	310	355
	Blood use not meeting criteria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
	Transfusion reactions	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
DRUG USAGE REVIEW	Minor Drug Reactions	1	1	1	3	2	0	3	5	2	1	0	3	0	0	0	0	11	16
	Major Drug Reactions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	% Medication Overrides	9.3%	6.5%	7.1%	7.6%	9.5%	8.8%	8.2%	8.8%	7%	6.8%	8.8%	7.5%	8.2%	8.4%	7.2%	7.9%	8%	12.9%
MEDICAL RECORDS	% Delinquency	12%	4%	7%	7.7%	19%	5%	6%	10%	23%	21%	16%	20%	9%	10%	10%	10%	11.9%	23%
	% Provider Entry Orders	71%	76%	76%	74%	76%	76%	69%	74%	76%	72%	74%	74%	77%	72%	75%	75%	74%	63%
INFECTION CONTROL	HAI Rate	0.5%	0.3%	0.7%	0.5%	0.3%	0%	0%	0.1%	0.6%	0%	0%	0.2%	0%	0%	0.8%	0.3%	0.28%	0.2%
	Surgical Site Infection Rate	1%	0%	3%	1.3%	3.4%	0%	0%	1.1%	2.5%	0%	0%	0.8%	0%	0%	2%	1%	1.1%	0.9%
	CLABSI/CAUTI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Handwashing Compliance	94%	89%	90%	91%	96%	96%	93%	95%	93%	91%	95%	93%	92%	91%	96%	93%	93%	91%
QUALITY OF CARE REVIEW	Readmission within 30 Days	3	1	2	6	3	3	5	11	4	8	2	14	5	3	2	10	41	44
	Readmission rate	3.5%	1.7%	3.3%	2.8%	4.9%	4.1%	8.5%	5.8%	4.5%	10.8%	2.7%	6.0%	7.8%	6.8%	4.3%	6.3%	5.2	4.5%
	Total # of EMS "911 calls"	138	132	126	396	126	132	147	405	167	176	160	503	137	130	148	415	1,719	1,703
	EMS Bypass	16	12	14	42	26	20	21	67	19	15	23	57	21	18	17	56	222	217

Privileged and Confidential - This is a confidential committee communication prepared at the direction of the hospital quality and peer review committees and as part of the quality, patient safety and risk management activities of Cuero Community Hospital. These committees are on going and are engaged in quality monitoring, performance improvement, professional review and /or peer review activities in the interest of preventing injury and improving medical and health care services. This document is to be used for quality, performance improvement, peer review, and patient safety activities only. This document is confidential and privileged and is not subject to court subpoena in accordance with § 161.031, et seq. of the Texas Health & Safety Code, §§ 151.001 et seq, 160.001, et seq, and 303.001 et seq of the Texas Occupations Code and 42 U.S.C.A, Section 11101 et seq. and 1320. It is a privileged document and not intended as a communication in the regular course of business

CUERO REGIONAL HOSPITAL - RISK MANAGEMENT REPORT 2020

EMPLOYEE INCIDENTS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2020	2019
Falls	0	0	1	1	2	2	0	2	0	0	0	1	9	5
Strain/Sprain	0	0	4	1	0	1	1	0	0	0	0	0	7	5
Skin Tear/Cut	1	2	0	0	0	0	0	0	0	0	0	0	3	2
Needlestick/Sharps Issue	0	0	0	1	1	1	1	0	0	0	0	0	4	2
Exposure	0	0	0	0	0	1	0	0	0	0	0	0	1	1
Other	0	1	1	1	0	1	0	0	0	0	0	0	4	0
TOTAL	1	3	7	4	3	6	2	2	0	0	0	1	29	15
Lost Time Injury days	23	18	0	17	4	6	11	2	0	0	0	0	81	20
FTE's Worked	297.4	281.87	300.78	275.26	325.65	309.71	284.67	310.71	283.35	309.81	275.90	284.48	3539.6	3535.4
% of Employees Injuries	0.3%	1.6%	2.3%	1.5%	0.9%	1.9%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.8%	0.4%
PATIENT INCIDENTS														
Fall w/o injury or minor	1	0	0	1	3	0	2	1	0	0	1	0	9	11
Falls with Serious Injury	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Medication Errors	2	0	0	0	0	0	0	0	0	2	2	0	6	10
Treatment Errors	0	0	0	0	0	1	0	0	0	0	0	0	1	9
Other	0	0	0	3	2	1	2	1	2	1	6	4	22	25
TOTAL	3	0	0	4	5	3	4	2	2	3	9	4	39	55
Patient Grievances	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Identification Incidents	2	2	1	0	0	1	0	1	0	0	0	0	7	14
CLINIC INCIDENTS														
Falls	0	0	0	0	0	0	0	1	0	0	0	0	1	6
Medication Errors	0	0	0	0	0	0	0	1	0	0	0	0	1	0
Treatment Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Other	0	0	1	0	0	0	0	0	5	1	3	0	10	5
OUTPATIENT/VISITOR INCIDENTS														
Falls	1	3	1	0	1	0	1	1	2	3	1	2	16	27
Other	1	0	0	1	2	0	0	0	0	3	6	2	15	18
SAFETY/SECURITY														
Theft (Including Alleged)	0	0	0	1	0	0	0	1	0	0	0	0	2	1
Property Damage/Vandalism	0	1	0	0	0	0	0	0	1	0	0	0	2	0
Disorderly Person	0	1	0	0	0	1	1	0	2	3	1	1	10	5
Other	7	4	4	1	0	3	1	4	2	0	1	0	27	12
PHYSICIAN INCIDENTS														
Complaints-Staff Physicians	0	0	0	0	0	0	0	0	0	1	0	0	1	3
Complaints-ER Physicians	0	0	0	0	0	0	0	0	0	0	1	0	1	7
Provision of Care	2	3	1	1	2	3	2	3	4	1	2	0	24	49
PROFESSIONAL CONDUCT														
Physicians	1	0	1	0	0	1	0	1	1	0	0	0	5	11
Staff	6	6	3	1	2	1	0	4	2	1	0	1	27	26

AGENDA ITEM #13

Risk Management Annual Approval of Data Collection and Frequency of Data Collection – Review and Take Appropriate Action

Attached:

1. Collection and Frequency Report/Signature Sheet

Action:

Motion to accept the Annual Risk Management Data Collection and Frequency of Data Collection as presented

2021 2 25

AGENDA ITEM #14

Annual Approval of Number and Priority of PI Projects – Review and Take Appropriate Action

Attached:

1. Report of Number and Priority of PI Projects/Signature Sheet

Action:

Motion to approve the annual Number and Priority of PI Projects as requested

Hospital-Wide Process Improvement Projects

Board of Directors Annual Approval of number and priority of PI projects

2021-2022

Priority	Name of Project	Reason for project
# 1	Hospital-Wide Falls	Patient safety
# 2	Sepsis	Patient safety

Chairman of Board of Directors

Date

CEO

Date

Chief of Medical Staff

Date

AGENDA ITEM #15

Quality Assessment and Departmental Quality Assessment Annual Approval of Data Collection and Frequency of Data Collection – Review and Take Appropriate Action

Attached:

1. QA Collection and Frequency Report
2. Departmental QA Collection and Frequency Report

Action:

Motion to approve the Quality Assessment and Departmental
Quality Assessment Annual Approval of Data Collection and
Frequency of Data Collection as presented

2021 2 25

CUERO REGIONAL HOSPITAL

DEPARTMENTAL QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT - 2021

Department	Data to be collected	Reason for monitoring	Frequency of monitoring
Anesthesia	1. Reintubation other than accidental extubation 2. Code Blue 3. Equipment malfunction	1. Patient Safety 2. High Risk 3. Patient Safety	1. 48 hrs after each case 2. Quarterly 3. Before each case
BioMed	1. PM Maintenance	1. Patient Safety	1. Concurrently
Business Office	1. Denial Management	1. Problem Prone	1. As they occur
Case Management	1. Denial Management	1. Problem Prone	1. As they occur
Childbirth	1. Infant Resuscitation 2. STAT C-Sections 3. Prenatal Records 4. Physician Documentation 5. Rhogam administration	1. High Risk 2. Patient Safety 3. Problem Prone 4. Quality of Care 5. Patient Safety	1. Quarterly 2. Quarterly 3. Quarterly 4. Quarterly 5. Concurrently
Clinic Business Office	1. Patient Insurance Verification	1. Problem Prone	1. Concurrently
Cuero Medical Clinic	1. Health Maintenance	1. Quality of Care	1. Concurrently
Day Surgery	1. Colonoscopy 2. Cancelled Cases	1. Quality of Care 2. Quality of Care	1. Quarterly 2. Quarterly
Dietary	1. Patient Satisfaction of dietary services 2. Food Temperatures	1. Quality of Care 2. Patient Safety	1. Quarterly 2. Daily
EMS	1. Timeliness of assessments & treatments on Stroke pts 2. Code Blue 3. Response Times	1. Quality of Care 2. High Risk 3. Patient Safety	1. As they occur 2. As they occur 3. Monthly
Emergency Room	1. Code Blue 2. STEMI referral protocol 3. Stroke Care 4. Left Without Being Seen 5. Left Against Medical Advice 6. Medication Scanning	1. High Risk 2. Patient Safety 3. Patient Safety 4. Patient Safety 5. Patient Safety 6. Problem Prone	1. Quarterly 2. Quarterly 3. Quarterly 4. Monthly 5. Monthly 6. Monthly
EVS	1. Discharge room Cleaning	1. Patient Safety	1. As they occur
Goliad Clinic	1. Health Maintenance	1. Quality of Care	1. Concurrently
Home Health	1. 485 completed within 5 days 2. Discharge documentation completion	1. Quality of Care 2. Quality of Care	1. Quarterly 2. Ongoing
Human Resource	1. Badge monitoring	1. Problem Prone	1. Ongoing
ICU Nursing	1. Code Blue 2. Advance Directives 3. Restraints 4. VTE prophylaxis documentation	1. High Risk 2. Quality of Care 3. Patient Safety 4. Quality of Care	1. Quarterly 2. Ongoing 3. Quarterly 4. Monthly
ICU Physician	1. Cardizem Drips 2. Code Blue	1. Patient Safety 2. High Risk	1. Quarterly 2. Quarterly
IT	1. Appropriateness of use	1. Quality of Care	1. ongoing
Kenedy	1. Patient Involvement in Press Ganey Survey's	1. Quality of Care	1. Monthly
Lab	1. Blood Culture Contamination	1. Patient Safety	1. Monthly
Maintenance	1. Work Order Request	1. Problem Prone	1. Concurrently

CUERO REGIONAL HOSPITAL

DEPARTMENTAL QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT 2021

Materials Management	1. Supply Management	1. Problem Prone	1. Quarterly
Medical Records	1. H&P completion within 24 hrs 2. Chart Delinquency	1. Quality of Care 2. Quality of Care	1. ongoing 2. Weekly
Med-Surg	1. Falls 2. Medication Reconciliation 3. Medication Override 4. Code Blue	1. Patient Safety 2. Patient Safety 3. Patient Safety 4. High Risk	1. As they occur 2. Quarterly 3. Quarterly 4. Quarterly
Outpatient	1. Wound Care	1. Quality of Care	1. Concurrently
PAR	1. Pain Relief 2. Discharge criteria 3. Code Blue	1. Quality of Care 2. Patient Safety 3. High Risk	1. Quarterly 2. Quarterly 3. Quarterly
Parkside	1. Press Ganey Survey Respondants	1. Quality of Care	1. Monthly
Pharmacy	1. Medication Override 2. Vancomycin management	1. Patient Safety 2. Patient Safety	1. Monthly 2. ongoing
Radiology	1. Radiologist turnaround times for finalized reports 2. Proper disinfection of endocavity probe 3. Unnecessary radiation exposure to patients	1. Quality of Care 2. Patient Safety 3. Patient Safety	1. Quarterly 2. As they occur 3. Quarterly
Registration	1. Collecting Insurance Information	1. Problem Prone	1. Monthly
Respiratory	1. ETCO2 monitoring & documentation 2. Blood Gas Lab Compliance	1. Patient Safety 2. Quality of Care	1. As they occur 2. Quarterly
Scheduling	1. Mammogram surveillance	1. Quality of Care	1. Monthly
Surgery	1. Pre-Op checklist 2. Operative Permits 3. Patient Identification 4. Surgery Start times	1. Patient Safety 2. Quality of Care 3. Patient Safety 4. Patient Safety	1. Quarterly 2. Quarterly 3. Quarterly 4. Quarterly
Wellness Center	1. Disinfecting Equipment	1. Quality of Care	1. ongoing
Yorktown Clinic	1. Patient Satisfaction Improvement	1. Quality of Care	1. Monthly

Chairman of Board of Directors

Date

Chief of Medical Staff

Date

CEO

Date

AGENDA ITEM #16

Annual Review of the DeWitt Medical District By-Laws –Information Only

2021 2 25

AGENDA ITEM #17

Annual Review of Plan for the Provision of Patient Care Services – Review and Take Appropriate Action

Attached:

Plan for the Provision of Patient Care Services

Signoff sheet

2021 2 25

CUERO REGIONAL HOSPITAL
PLAN FOR THE PROVISION OF PATIENT CARE
SERVICES

Administrator Date

Chief of Staff Date

Chairman, Board of Directors Date

AGENDA ITEM #18

Board Motion to Authorize the CFO to Execute All Agreements Related to QIPP Facilities and to Accept a New Diversicare Facility into the QIPP Program – Consider and Take Appropriate Action

Motion:

To grant authority to Alma Alexander, CFO, to execute all agreements related to Texas Quality Incentive Payment Program (QIPP) nursing facilities

And

Approve the acquisition of OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY, a Diversicare Facility, as part of QIPP

2021 2 25

AGENDA ITEM #19

**Board Resolution for New Bank Account for
QIPP – Consider and Take Appropriate
Action**

2021 2 25

RESOLUTION

BE IT RESOLVED: By the Board of Directors of the DeWitt Medical District, meeting in regular session on February 25, 2021, that the Board hereby authorizes:

The Board hereby authorizes the District to open a bank account with Prosperity Bank for DeWitt Medical District d/b/a Oakmont Healthcare
(Bank Name)
and Rehabilitation Center of Katy, participating in the Texas Quality Incentive Payment Program for qualified nursing facilities, established by the Texas Health and Human Services Commission (“HHSC”).

Signed this 25th day of February, 2021.

Richard Wheeler, Chairman of the Board

Charles Papacek, Board Secretary

AGENDA ITEM #20

**Board Approval for use of Hospital Property
– Consider and Take Appropriate Action**

2021 2 25

DEWITT MEDICAL FOUNDATION BOARD OF TRUSTEES MEETING

The Board of Trustees of the DeWitt Medical Foundation met on Wednesday, January 13th at 8:00 a.m. at Cuero Regional Hospital. Some members called in via conference line number.

MEMBERS PRESENT

Holly Hickey, Trustee
Randall Jochim, Treasurer
Martin Leske III, President
Dr. John Frels, Trustee
Katy Nagel, Trustee
Sandra Simon, Trustee
Charles Papacek, Trustee
Joe Olive, Trustee
Emily Montgomery, Trustee
Michael Chavez, Secretary
Megan Boehl, Trustee
Greg Freeman, Trustee
Mary Sheppard, Trustee
Amanda Freeman, Trustee
Lynn Falcone, CRH CEO
Nikki Lantz, Coordinator

MEMBERS ABSENT:

Cliff Foulds, Trustee
Suzanne Bell, Vice President
Rita Davis, Trustee
Lee Ann Solis, Trustee

MONTHLY MEETING

Martin Leske called the meeting to order and opened with a prayer.

Minutes

Minutes from the December 2020 meeting were presented for approval. Katy Nagel moved that they be approved as presented; seconded by Randy Jochim; motion carried.

Treasurer's Report

The November 2020 treasurer's report was presented for review by Randall Jochim. Dr. John Frels moved that the Treasurer's Report be accepted as presented; Sandra Simon seconded; motion carried. Randy reported David Scott is bringing in a new partner to his company, Michael Sysco. Martin Leske mentioned he would like the investment committee to meet soon to discuss the changes being made and to make sure everyone is on the same page.

Executive Director Report

Lynn Falcone reported Covid numbers are increasing in our community and we currently have a 45% positivity rate, but not many hospitalizations. The hospital is now able to give outpatient infusions which is helping with Covid symptoms. Lynn reported Covid patients from the Houston area are being transferred to our hospital since we have the capability of caring for them. Lynn was happy to report during the holidays they were able to give all employees a Covid bonus and that they are still about to give Covid pay for those employees who aren't getting all of their regularly scheduled hours. Lynn reported the new MedSpa under the direction of Dr. Dale Denton is up and running at the Cuero Wellness Center on Thursdays and Fridays. She said Dr. Lemley is helping with OB in Yorktown and Dr. Cody Walthal is helping with OB in Goliad. Lynn also reported the hospital is implementing a teleendocrinology clinic since they recently lost their endocrinologist. Lynn said the hospital has approximately 2,500 people on the waiting list for the Covid vaccine and they are still waiting to receive the vaccine from the state.

Committee Reports

Gala: Suzanne Bell reported we are 3 ½ months out from Gala. She reported invitations are ready to print and will be mailed out on March 1st. She said the auction committee has done very well with 23 live and 22 silent auction items. She encouraged everyone to continue to sell their raffle tickets. Suzanne asked that everyone begin thinking about a possible Covid date for the Gala and she recommended September 18th, 25th, or October 2nd or 23rd as possibilities. After discussion most agreed that if we do have to change the date of the Gala, a date in September would be our best option. Most felt September 25th would work best. Lynn Falcone said she is hopeful by April we will have been able to administer a significant amount of vaccine to the community and will be able to host our Gala. Martin Leske asked that we table the discussion about a Gala date decision and host our next board meeting On February 11th to give us time to make that decision.

Old Business

The board continued to discuss having aggregate put down on the gala site at the hospital. Martin Leske reported he and Kenny Schreiber with Dunn Services have gone out to look at the gala site. Schreiber said they could either offer us select fill with hydro mulch or red clay gravel. Once Martin receives the bid from Mr. Schreiber he will coordinate with Michael Johnson, CRH Grounds supervisor, to begin the process.

With no other business, a motion for adjournment was made by Randy Jochim and seconded by Charles Papacek; motion carried.

Respectfully submitted,

Michael Chavez, Secretary (pending approval)