

CUERO REGIONAL HOSPITAL  
STRATEGIC PLANNING WORKSHOP

March 4, 2022

March 5, 2022

The Board of Directors of Cuero Regional Hospital held a Strategic Planning Workshop on Friday, March 4, 2022, at 5:30 p.m., and Saturday, March 5, 2022, at 8:00 a.m. at the Cuero Country Club, DeWitt County, Texas.

Those present were:

Dr. John Frels, Chairman  
Mrs. Faye Sheppard, Vice Chairman  
Mr. Charles Papacek, Secretary  
Mrs. Cindy Sheppard, Member  
Mr. Richard Wheeler, Member  
Mrs. Lynn Falcone, Chief Executive Officer  
Mrs. Judy Krupala, Chief Nursing Officer  
Mrs. Alma Alexander, Chief Financial Officer  
Mrs. Denise McMahan, R.N., Assistant Administrator  
Mrs. Kathy Simon, Administrative Assistant  
Dr. Raymond Reese  
Dr. Dan Dugi  
Dr. David Hill  
Dr. Kevin Denton  
Dr. Dale Denton  
Dr. Paul Willers  
Dr. Sheryl Harvey  
Dr. Nick Lemley  
Dr. Neil Campbell  
Mrs. Samantha Sutton, Controller  
Mr. Tyler Lemke, Imaging Director  
Mrs. Jennifer Janssen, ICU/Day Surgery Director  
Mrs. Miranda Adams, Clinic Quality Director  
Mr. John Henderson, TORCH  
Mr. Marc Strode, Methodist Healthcare System

Those Absent: Dr. Cody Walthall and Dr. V.A. Benavides

Dr. John Frels and Mrs. Lynn Falcone welcomed everyone to the workshop at 5:30 p.m. and presented opening comments at 6:15 p.m.

Mrs. Lynn Falcone introduced Mr. John Henderson, TORCH CEO. Mr. Henderson gave a presentation on Rural Hospital Trends/National and State Perspectives and how current and future health care legislation and insurance company trends will impact Cuero Regional Hospital and its surrounding environment/competitors.

Mrs. Denise McMahan and Mrs. Lynn Falcone presented new construction opportunities.

Mr. John Henderson gave some closing comments; the workshop recessed at 8:30 p.m.

The workshop reconvened on Saturday, March 5th, at 8:20 a.m.

Mr. John Henderson moderated how to identify the organizations strengths, weaknesses, opportunities and threats (SWOT), especially considering construction opportunities. After discussion, the group presented the following:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• <b>Diverse Medical Staff -FP/OB/DPM/Surg/Proc</b></li> <li>• <b>Easy Access to Care</b></li> <li>• <b>Technology - CT/MRI</b></li> <li>• <b>Supportive Board</b></li> <li>• <b>Supportive SLT</b></li> <li>• <b>Financial Strength</b></li> <li>• <b>DeWitt Medical Foundation</b></li> <li>• <b>Methodist—Transfers, Education, Services, Purchasing</b></li> <li>• <b>Strong Patient Experience Scores</b></li> <li>• <b>Flexibility/Nimble Due to Size</b></li> <li>• <b>Culture</b></li> <li>• <b>Communication</b></li> <li>• <b>Low Turnover (Committed Staff)</b></li> <li>• <b>Community Support</b></li> <li>• <b>Physician, Staff, Leadership</b></li> <li>• <b>Economic Dev. (Growth) Momentum</b></li> <li>• <b>Flexibility of Staff—Work More than One Area</b></li> <li>• <b>Dr. Craig-Cardiologist</b></li> <li>• <b>QIPP</b></li> <li>• <b>Women’s Services</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>No Ortho</b></li> <li>• <b>Lack of Specialists</b></li> <li>• <b>IT/EMR—Old Meditech, Allscripts, Diff. Platforms</b></li> <li>• <b>Limited Resources—Rural</b></li> <li>• <b>Local Competition for Charity \$</b></li> <li>• <b>Decreasing IP Admissions</b></li> <li>• <b>Facility—Old, Community Perception</b></li> <li>• <b>Payor Mix—80% Gov’t or Charity, Hospital vs. Clinic</b></li> <li>• <b>Conservative Surgeon, not timely</b></li> <li>• <b>Education</b></li> <li>• <b>ER—Doesn’t Refer to Our Foot/Ankle</b></li> <li>• <b>ER/Hospitalist Admit Process</b></li> <li>• <b>Med Staff Communication</b></li> <li>• <b>ER Med Staff Experience</b></li> <li>• <b>RAD Service-Turnover and Lack of Onsite Coverage</b></li> <li>• <b>Lack of Neuro EMG</b></li> <li>• <b>Infusion Center—340B Drug Dependent</b></li> </ul>

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Donors—Identify Local Donors</li> <li>• Homegrown – Identify Local Staff and Train</li> <li>• Tax District Expansion</li> <li>• Oil Prices</li> <li>• Additional RHC’s in the Surrounding Area</li> <li>• Surgery (General) Growth</li> <li>• Internal Marketing of Specialists</li> <li>• Direct Admit Process is Cumbersome</li> <li>• Hire Development Staff</li> <li>• Contract for Support with Development Staff</li> <li>• Grant Support</li> <li>• DMF Support</li> <li>• Women’s Services—Continued Growth</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty with 1115 waiver (Approx. \$8.8M)</li> <li>• Workforce Labor Pool</li> <li>• Retain/Recruit</li> <li>• Lack of Affordable Housing</li> <li>• Gas Prices—Oil/Gas</li> <li>• Outmigration of Patient Selection, Bypass/Transfers</li> <li>• Past Donor Spaces within Hospital, i.e.: Chapel, Belle Terry Elder Women’s Center</li> <li>• Inflation at 7.2%</li> </ul>

Common themes identified during the SWOT exercises were uncertainty regarding future government funding and payor mix, aged infrastructure including information technology, public image and donor opportunities.

Dr. John Frels, Mr. John Henderson and Mrs. Lynn Falcone closed the meeting by thanking those present for attending. There was no further business; the meeting adjourned at 10:19 a.m.

  
 John Frels, DDS, Board Chairman  
 Faye Sheppard, Vice Chairman

  
 Charles Papacek, Board Secretary