



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

**POSTED**

Date 1-22-21 11:09 a.m.

The Board of Directors of the Cuero Regional Hospital will hold their regular monthly meeting via conference call, Thursday, January 28, 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 November 19, 2020 Regular Called Meeting
- V. Review of Financial Statement and Statistical Report
  1. Financial and Statistical Report
  2. Finance Committee Report
  3. Quarterly Investment Report
- VI. Report from Chief of Staff  
Appointments: Thomas Davis, MD, Radiology, Punag Divanji, MD, Cardiology-Telemedicine, Brian Parks, DO, Pain Management, Akhil Shenoy, MD, Endocrinology - Telemedicine  
Reappointments: None
- 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 – Report Review
- XIII. Committee Reports
- XIV. Old Business
  1. Annual Quality Assessment of all Hospital Contracts – Review and Take Appropriate Action



CUERO HEALTH

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

XV. New Business

1. Capital Expenditure Request for New ICU/PACU Bedside Monitors – Review and Take Appropriate Action
2. Capital Expenditure Request for PCR Equipment – Review and Take Appropriate Action
3. Capital Expenditure Request for EMS Interoperability Radios – Review and Take Appropriate Action
4. Capital Expenditure Request for Point-of-Care Ultrasound – Review and Take Appropriate Action
5. Capital Expenditure Request to Provide an Automatic Transfer Switch in IT Server Room – Review and Take Appropriate Action
6. Capital Expenditure Request to Provide 480 Volts to FCU#5 – Review and Take Appropriate Action
7. Board Resolution to have the CFO become an Authorized Official for Medicare Program – Consider and Take Appropriate Action
8. Annual Home Health Report – Review and Take Appropriate Action
9. Investment Policy/Strategies/Approved Broker Annual Report – Review and Take Appropriate Action
10. Call for Election/Order of Election – Consider and Take Appropriate Action
11. Authorization to Contract with County Election Administrator to Perform Election Duties – Consider and Take Appropriate Action
12. Strategic Plan Update – Information Only
13. Temporary Increase in Sign-On Bonus for ICU RN – Consider and Take Appropriate Action
14. Methodist Benefit Report – Information Only

XVI. The Board reserves the right to retire into executive session concerning any of the items listed on this Agenda, whenever it is considered necessary and legally justified under the Open Meetings Act, for:

- 551.071 Consultation with attorney regarding pending, potential litigation involving the Hospital and/or Hospital District
- 551.072 Deliberations about Real Property to deliberate the purchase, exchange, lease, or value of real property if deliberations in an open session would have a detrimental effect on the position of the District
- 551.073 Deliberation Regarding Prospective Gifts or Donations
- 551.074 Personnel matters relating to the appointment, employment, evaluation, discipline or dismissal of an officer or employee
- 551.076 Deliberation regarding security devices
- 551.085 Discussion of pricing and/or financial planning information related to negotiation for the arrangement of provision of services or product lines for DeWitt Medical District and proposed new physician services for DeWitt Medical District, and any other non-profit health maintenance organizations under the umbrella of DeWitt Medical District.

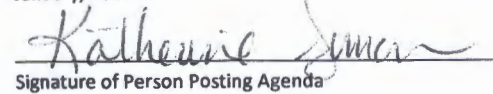
XVII. Communications

XVIII. Adjournment



Richard Wheeler, Board Chairman

I certify that, in compliance with the Texas Open Meetings Act, I provided this notice of this meeting to the DeWitt County Clerk and posted this agenda at the designated location at the DeWitt County Courthouse, Cuero, Texas, and also at the designated location for the City of Cuero and by the switchboard on the first floor of Cuero Regional Hospital, 2550 N. Esplanade, Cuero, Texas 77954 and online at cuerohospital.org by 5:00 p.m. on the 25th day of January, 2021.



Signature of Person Posting Agenda

CUERO REGIONAL HOSPITAL  
BOARD OF DIRECTORS MEETING

November 19, 2020

The Board of Directors of Cuero Regional Hospital held their regular monthly meeting, via conference call, on Thursday, November 19, 2020, 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. Paul Willers, II, Chief of Staff, entered at marketing report and exited during CEO report  
Mrs. Kathy Simon, Administrative Assistant

Guests via conference call: Ms. Allison Flores, Cuero Record

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

CALL TO  
ORDER

Community Input: None

COMMUNITY  
INPUT

Mr. Papacek moved, Mrs. Faye Sheppard seconded, to approve the minutes of the regular called meeting on October 22, 2020, the special called meeting on November 5, 2020 and the Board Compliance training via Zoom meeting on November 5, 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

Mr. Papacek moved, Dr. Frels seconded, based upon the recommendation of Medical Staff, to approve the initial appointments (limited to the privileges delineated) as presented on the agenda for Mark E Johnson, MD, Emergency Medicine, and the following are all Radiology-Telemedicine: Michael Evans, MD, Mark Giovannetti, MD, Megan Kaplan, MD, Michael La Pointe, MD, Benoit Luyckx, MD, Tony Maung, MD, Linda Petrovich, MD, Saiyyeda Rahman,

MEDICAL  
STAFF

Cuero Regional Hospital  
Board of Directors Meeting

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MD, Omar Samarah, MD, John Sandoz, MD, Joel Shockley, MD, Adina Weis, MD, Brian Wilson, MD; the motion carried unanimously.

Mr. Papacek moved, Dr. Frels seconded, based upon the recommendation of Medical Staff, to approve the two year re-appointments (limited to the privileges delineated) as presented on the agenda for Daniel Binz, MD, Orthopedics, George T Boozalis, MD, Ophthalmology, Jonathan Dancel, DO, Emergency Medicine, Khuyen Q Do, MD, Cardiology-Telemedicine, Patrick Guillermo, MD, Emergency Medicine, Franchell Richard Hamilton, MD, Emergency Medicine, Kouros Kahkeshani, DO, Neurology-Telemedicine, Christopher Karmout, MD, Emergency Medicine, Mary Jo Leahy, CRNA, Anesthesia, Roland A Medellin, MD, Emergency Medicine, Mark a Valasek, MD, Pathology, Jose Valladares, MD, Oncology & Hematology, Brian Walford, CRNA, Anesthesia and Cody Walthall, MD, Emergency Medicine; the motion carried unanimously.

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. Mrs. McMahan noted that the mammography promotion went well with 260 mammograms in the month of October.

ASST. ADMIN.  
REPORT

The Chief Nursing Officer's report on Quality/Safety, People, Growth and Community was provided. Mrs. Krupala shared that she spent most of the day with the Home Health consultant and that she is very knowledgeable and has great suggestions already to help us grow.

CNO REPORT

The Chief Executive Officer's report on Quality/Safety, People, Growth, Community and Clinic Operations was provided. Mrs. Falcone announced that the organization achieved an 83% engagement score on the Employee Engagement Survey and received great positive feedback regarding our COVID-19 response.

CEO REPORT

The Quality report was reviewed. It was noted that the organization had no falls for three months.

QUALITY

Compliance: None.

COMPLIANCE

Committee Reports: None.

COMMITTEE  
REPORT

Old Business:

The Chief Nursing Officer requested approval of the board to approve painting and repair of the exterior of the Cuero Home Health building during the October board meeting. The recommended vendor would be approved for \$12,900.00 pending proof of liability insurance and workers compensation. The recommended vendor withdrew his bid. Mrs. Krupala then asked Mr. Wheeler to approve the second vendor, R. Ramirez, because he was able to provide proof of liability insurance, workers compensation and his quote was only \$100.00 over the initial vendor for a total of \$13,000.00. Mr. Wheeler approved on 10/28/2020. Dr. Frels moved,

PAINT/REPAIR  
CHH



Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$13,000.00 from R. Ramirez for painting and repair of the exterior of the Cuero Home Health building; motion carried unanimously.

New Business:

The Chief Nursing Officer presented the Semi-Annual Nurse Staffing Plan for April 2020 through September 2020. Highlights of the plan included, (1) average daily census for each nursing unit; (2) patient falls; (3) work related injuries/illnesses; (4) staffing utilization; (5) validated patient complaints; (6) readmission rates; (7) skin breakdown; and (8) patient satisfaction tool. Mr. Papacek moved, Dr. Frels seconded, to accept the Semi Annual Review of the Nurse Staffing Plan as presented; the motion carried unanimously.

SEMI ANNUAL  
NURSE STAFFING  
PLAN

The Assistant Administrator reviewed the Quarterly QA/Risk Management/Safety Report. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the Quarterly QA/Risk Management/Safety Report as presented; the motion carried unanimously. Mrs. Faye Sheppard recommended that the organization continue to ask staff to fill out RL Solutions to assist in quality assessment.

QUARTERLY  
QA/RM/SAFETY  
REPORT

The Chief Executive Officer reviewed the annual approval of the Quality Assessment of all Hospital Contracts and asked that the board table the approval until the January board meeting. Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to table the annual Quality Assessment of all Hospital Contracts until the January board meeting; the motion carried unanimously.

QA  
HOSPITAL  
CONTRACTS

A proposed employee bonus for Christmas was presented by the Chief Financial Officer. The proposed bonus is related to the stress and work associated with the COVID-19 pandemic hospital employees have endured. Mrs. Faye Sheppard moved, Mrs. Cindy Sheppard seconded, to approve the Employee Christmas Bonuses as presented for an approximate total of \$350,000.00; the motion carried unanimously.

EMPLOYEE  
CHRISTMAS  
BONUS

The Chief Executive Officer presented a capital expenditure request to replace flooring at Parkside Family Clinic. A quote from Bo Kitchen for \$30,340.00 was recommended due to them being certified for this type of job. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$30,340.00 from Bo Kitchen to replace flooring at Parkside Family Clinic once our service contract has been signed and a description of comparable materials is listed; motion carried unanimously. Mrs. Faye Sheppard also noted to be sure our standard agreement covered liability for asbestos work.

PARKSIDE  
FAMILY CLINIC  
FLOORING

The Chief Nursing Officer presented a capital expenditure request to replace arthroscopy tower. A quote from Stryker for \$14,655.70 was recommended. Mr. Papacek moved, Dr. Frels seconded, to approve the capital expenditure purchase up to \$14,655.70 from Stryker to replace arthroscopy tower; motion carried unanimously.

ARTHROSCOPY  
TOWER

The Chief Nursing Officer presented a capital expenditure request to replace arthroscopy

ARTHROSCOPY

Cuero Regional Hospital  
Board of Directors Meeting  
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instruments. A quote from Stryker for \$6,579.96 was recommended. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$6,579.96 from Stryker to replace arthroscopy instruments; motion carried unanimously.

INSTRUMENTS

The Assistant Administrator presented a capital expenditure request to convert chill water pump #2 to 480Volts/W VFD as it will help in reducing the electricity bill. A quote from Trane for \$15,169.19 was recommended. The \$15,169.19 includes \$9,301.00 by Trane and \$5,868.19 from Hall Electric. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to approve the capital expenditure purchase up to \$15,169.19 from Trane/Hall Electric to convert chill water pump #2 to 480 volts/w vfd with a signed service contract in place; motion carried unanimously.

CHILL WATER  
PUMP #2 to 480V

The Assistant Administrator presented a capital expenditure request for asbestos abatement in FCU #5 in OR. A quote from AAR for \$6,510.00 was recommended and includes the cost of Austin Environmental. Mrs. Faye Sheppard moved, Mr. Charles Papacek seconded, to approve the capital expenditure purchase up to \$6,510.00 from AAR/Austin Environmental for asbestos abatement in FCU #5 upon follow up discussion with outside council regarding any other unforeseen environmental issues; motion carried unanimously.

ASBESTOS  
ABATEMENT  
FCU#5

The Board reviewed upcoming events and educational opportunities. Items included changes to the Physician and Board Christmas Party and notice of the now Virtual THA Conference on February 16<sup>th</sup> through 19<sup>th</sup>, 2021. Senior Leadership will deliver goodies to the board and physicians on Wednesday, December 16<sup>th</sup> in lieu of a party. The THA conference will be virtual and it was requested that if the board members are available to attend the webinars that they should let Mrs. Simon know.

UPCOMING  
DATES/EDUC.

Communications: None

COMMUNICATI

There was no further business; Mr. Papacek moved, Mrs. Cindy Sheppard seconded, to adjourn; the motion carried unanimously. The meeting adjourned at 6:31 p.m.

ADJOURN

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Richard Wheeler, Chairman

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Charles Papacek, Secretary

<b>Financial Summary - DECEMBER 2020</b>										
<b>Summary Measures</b>	<b>Current Month</b>	<b>Budget</b>	<b>VAR to Budget</b>	<b>Prior Year</b>	<b>VAR to PY</b>	<b>YTD</b>	<b>YTD Budget</b>	<b>VAR to Budget YTD</b>	<b>PY YTD</b>	<b>VAR to PY YTD</b>
EBIDA – Hosp. Only	\$423,978	\$775,595	(\$351,617)	\$1,178,063	(\$754,085)	\$4,458,128	\$4,831,552	(\$373,424)	\$5,310,054	(\$851,926)
Net Operating Income – Hosp. Only	(\$296,500)	(\$61,394)	(\$235,106)	\$402,793	(\$699,293)	(\$876,137)	(\$359,418)	(\$516,719)	\$363,654	(\$1,239,791)
Clinic - Net Operating Income	(\$112,457)	(\$92,410)	(\$20,047)	(\$48,990)	(\$63,467)	(\$326,131)	(\$97,177)	(\$228,954)	\$36,541	(\$362,672)
EBIDA Consolidated	\$311,521	\$683,185	(\$371,664)	\$1,129,074	(\$817,553)	\$4,131,996	\$4,734,375	(\$602,379)	\$5,346,595	(\$1,214,599)
Net Income - Consolidated	\$90,292	\$468,696	(\$378,404)	\$922,534	(\$832,242)	\$3,477,544	\$4,090,905	(\$613,361)	\$4,766,167	(\$1,288,623)
Net District Tax Revenue	\$240,142	\$310,000	(\$69,858)	\$299,820	(\$59,678)	\$3,414,466	\$3,610,000	(\$195,534)	\$3,598,387	(\$183,921)
Nursing Home Revenue	\$259,106	\$312,500	(\$53,394)	\$268,910	(\$9,804)	\$1,265,347	\$937,500	\$327,847	\$767,584	\$497,763
<b>Admissions</b>										
Admissions	49	79	(30)	88	(39)	157	237	(80)	260	(103)
Patient Days	165	261	(96)	268	(103)	527	784	(257)	802	(275)
ADC include Obs	7.3	10.3	(3.0)	10.5	(3.2)	7.7	10.7	(3.0)	10.9	(3.2)
Outpatient Visits (ex RHC & ED)	3,481	3,467	14	3,404	77	10,772	11,337	(565)	11,131	(359)
Clinic Visits	4,825	5,792	(967)	5,511	(686)	15,766	17,624	(1,858)	17,371	(1,605)
Births	9	15	(6)	11	(2)	32	44	(12)	40	(8)
ED Visits	653	851	(198)	1,163	(510)	1,926	2,530	(604)	2,834	(908)
Total Surgeries/less Endo	48	67	(19)	52	(4)	137	230	(93)	194	(57)
<b>Revenue/Net Revenue</b>										
Net Revenue	\$2,590,542	\$2,786,219	(\$195,677)	\$2,787,524	(\$196,982)	\$7,817,693	\$8,368,841	(\$551,148)	\$8,250,962	(\$433,269)
Net Revenue PAPP	\$3,191	\$2,443	\$748	\$2,218	\$973	\$2,921	\$2,443	\$479	\$2,208	\$714
Deductions as % of Gross	62%	66%	-4%	65%	-3%	65%	66%	-1%	62%	3%
<b>Expenses</b>										
Total Expenses	\$2,887,041	\$2,847,613	(\$39,428)	\$2,384,731	(\$502,310)	\$8,693,830	\$8,728,259	\$34,429	\$7,887,307	(\$806,523)
Total Expenses PAPP	\$3,557	\$2,497	(\$1,060)	\$1,898	(\$1,659)	\$3,249	\$2,548	(\$701)	\$2,110	(\$1,138)
Total Staffing PAPP	\$1,955	\$1,303	(\$652)	\$926	(\$1,029)	\$1,801	\$1,330	(\$472)	\$1,097	(\$705)
Supplies PAPP	\$296	\$257	(\$39)	\$225	(\$71)	\$263	\$257	(\$6)	\$234	(\$28)
<b>Stats &amp; Ratios -</b>										
FTE's	235.44	233.26	2.18	229.16	6.28	229.69	232.56	-2.87	224.17	5.52
FTE/EEOB	8.99	6.34	2.65	5.11	3.89	7.90	6.24	1.65	5.46	2.44
Avg Hourly Rate	\$32.34	\$27.35	\$4.99	\$25.87	\$6.47	\$30.07	\$28.46	\$1.61	\$24.74	\$5.33
Net A/R Days	18.8	18.1	0.7	18.1	0.7	18.5	17.9	0.6	18.1	0.4
Cash Net Revenue %	103.6%	100%	4%	112.7%	-9%	103.0%	100%	3%	104.3%	-1%
Days Cash on Hand	339.51	180.00	159.51	277.07	62.44	339.51	180.00	159.51	277.07	62.44

December EBIDA at \$424K was lower than Budget by \$351K and PY by \$754K. Consolidated EBIDA at \$312K was lower than Budget by \$372K and PY by \$818K. Net Operating Loss was negative at \$297K, higher than a budgeted loss by \$235K. The following factors contributed to the performance for the month:

**NET REVENUE:**

- Hospital Patient Net Revenue was lower than Budget by \$119K due to lower volume compared to Budget, driving a negative volume variance by \$767.6K (APD lower by 29%). A positive rate variance of \$647K was driven by a strong Payor Mix with Medicaid up 11.6%, Managed Care up 5.54% (making up 20.7% of Payor Mix for the month) and Self Pay/Indigent was lower by 4.9%. Also, Medicare Case Mix was higher than PY by 35%. Surgeries were lower than Budget by 19 and PY by 4. Ortho cases were up by 4, Gen Surgeries were up by 8 and Podiatry cases were down 1
- Bad Debt at a positive \$231K was lower than Budget by 888K due to a prior month correction
- 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 \$2.4K due to lower Medical Records Transactions by \$5.2K and Rental Income by \$5.3. Medicare Pass thru was higher by \$4.5K and Cafeteria Sales were higher by \$3.9K

**EXPENSES:**

- Total Expenses were lower than Budget by \$39.4K. Salaries were higher than Budget by \$219K due to COVID Bonus of \$347.8K paid to employees in December. FTEs were higher than Budget by 2.2. Included in Total FTEs were COVID FTEs at 2.1 (\$8.9K). Fringe Benefits were lower than Budget by \$133K due to lower Retirement expense by \$142K (employer contribution adjusted based on performance to plan). Also, PTO Expense was lower by \$42K and Employee Medical expense was higher by \$49K. Supplies were lower than Budget by \$52K due to lower expense for Pharmacy by \$30.6K, Supplies chgd to patients by \$40K, and higher expense for Med/Surg Supplies by \$23.7K. Purchased Services were slightly higher than Budget by \$8.8K due to higher expenses in Prof Svs - Reference Lab (\$27K), Repairs and Maintenance (\$15K), and lower expense in Professional Services (\$24K), Utilities (\$5.6) and Maintenance Contracts (\$5.5K). Professional Contracts were lower by less than \$1K with Phys Therapy lower by \$13K, Pharmacy lower by \$3.5K, Caridopulm lower by \$2.5K and ER Services higher by \$19.5K. Other Operating Expense was lower by \$22K due to Misc expense lower by \$32K, Equipment Rental lower by \$5K, and Disaster (COVID) higher by \$15K

**CLINICS:**

- Clinic Net Operating Loss of \$112K was higher than Budgeted loss by \$20K due to lower volume in the RHCs due to the effects of COVID. RHC Net Operating Income was negative at \$94K, higher than Budgeted loss by \$56K due to lower visits by 967. Specialty Clinic Operating Loss of \$18K was lower than the budgeted loss by \$27K with General Surgery volume higher by 8 and Podiatry lower by 1

**OTHER:**

- Wellness Net Operating Income at \$5.4K was lower than Budget by \$12K due to lower membership from COVID effects (down 528 compared to Feb 20) driving revenue down by \$10.5K. Expenses were lower than Budget by \$1.8K in Utilities (by \$1.4K), Repairs & Maintenance (by \$1.1K), Other Exp (by \$1.1K), Supplies (\$325) and Salaires higher (by \$5.8K) due to COVID bonus
- 340B Net Operating Income was higher than Budget by \$81K, mainly due to higher Revenue by \$41K and expenses lower by \$39.9K
- Capital Expenditures - Computer Network Optimization - phase three approved - \$572K approved in September. Equipment received in December totalled \$223.4K



CUERO REGIONAL HOSPITAL  
 BALANCE SHEET  
 PERIOD ENDED 12/31/20

	CURRENT YEAR-TO-DATE	PRIOR YEAR YEAR-TO-DATE
ASSETS		
-----		
CURRENT:		
CASH	15,256,225.86	10,340,339.52
MARKETABLE SECURITIES	2,065,985.20	2,046,271.82
ACCOUNTS RECEIVABLE	13,198,460.04	11,218,052.72
ALLOWANCE FOR UNCOLLECTIBLES	(10,025,762.27)	(8,140,301.11)
INTER-COMPANY RECEIVABLE	0.00	0.00
OTHER RECEIVABLES	5,247,935.81	5,465,918.74
INVENTORY	827,828.49	624,402.79
PREPAID EXPENSES	11,500,281.55	7,909,813.81
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TOTAL CURRENT ASSETS	\$ 38,070,954.68	\$ 29,464,498.29
OTHER ASSETS:		
ASSETS WHOSE USE IS LIMITED	19,985,680.61	15,635,918.70
OTHER ASSETS		
	-----	-----
TOTAL OTHER ASSETS	\$ 19,985,680.61	\$ 15,635,918.70
PROPERTY, PLANT, & EQUIPMENT:		
LAND	1,139,140.08	1,139,140.08
BUILDING AND IMPROVEMENTS	22,266,286.78	22,294,818.53
EQUIPMENT	35,227,885.84	31,852,312.80
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TOTAL PROPERTY, PLANT, & EQUIPMENT	\$ 58,633,312.70	\$ 55,286,271.41
LESS ACCUMULATED DEPRECIATION	(36,995,281.52)	(34,633,908.82)
NET PROPERTY, PLANT, & EQUIPMENT	\$ 21,638,031.18	\$ 20,652,362.59
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TOTAL ASSETS	\$ 79,694,666.47	\$ 65,752,779.58
	=====	=====

CUERO REGIONAL HOSPITAL  
 BALANCE SHEET  
 PERIOD ENDED 12/31/20

	CURRENT YEAR-TO-DATE	PRIOR YEAR YEAR-TO-DATE
<b>LIABILITIES AND FUND BALANCE</b>		
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CURRENT:		
ACCOUNTS PAYABLE	(1,063,708.89)	(1,020,548.96)
ACCRUED SALARIES & WAGES	(1,353,640.83)	(2,014,938.19)
ACCRUED INTEREST	0.00	0.00
CURRENT PORTION LTD	(9,125,971.45)	(251,329.90)
DUE TO/FROM 3RD PARTY PAYORS	(1,532,478.43)	(464,077.89)
DUE TO/FROM AFFILIATES	(1,467,048.58)	(2,770,566.09)
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TOTAL CURRENT LIABILITIES	\$ (14,542,848.18)	\$ (6,521,461.03)
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	(3,477,544.43)	(4,766,166.73)
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TOTAL FUND BALANCE	(63,920,598.31)	(57,616,778.98)
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TOTAL LIABILITIES AND FUND BALANCE	\$ (79,694,666.47)	\$ (65,752,779.58)
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CUERO REGIONAL HOSPITAL  
 FINANCIAL STATEMENT  
 DEC 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
<b>OPERATING REVENUE:</b>						
INPATIENT REVENUE	1,362,096	1,772,839	1,592,043	4,128,538	5,325,285	4,321,204
OUTPATIENT REVENUE	4,992,276	5,669,057	5,507,566	16,142,129	17,028,903	14,949,621
340B PROGRAM	346,680	305,368	365,253	693,316	917,274	882,390
<b>GROSS REVENUE FROM PATIENTS</b>	<b>\$ 6,701,052</b>	<b>\$ 7,747,264</b>	<b>\$ 7,464,862</b>	<b>\$ 20,963,983</b>	<b>\$ 23,271,462</b>	<b>\$ 20,153,215</b>
<b>REVENUE DEDUCTIONS:</b>						
CHARITY	(135,703)	(332,591)	(260,452)	(409,512)	(999,049)	(742,921)
DISCOUNTS	(1,835,235)	(1,454,003)	(996,855)	(5,140,567)	(4,367,580)	(3,296,003)
BAD DEBT	230,867	(656,675)	(698,118)	(899,506)	(1,972,542)	(1,726,987)
CONTRACTUALS	(2,417,261)	(2,641,324)	(2,878,119)	(7,122,657)	(7,934,092)	(6,671,418)
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ (4,157,332)</b>	<b>\$ (5,084,593)</b>	<b>\$ (4,833,544)</b>	<b>\$ (13,572,242)</b>	<b>\$ (15,273,263)</b>	<b>\$ (12,437,328)</b>
<b>NET PATIENT REVENUE</b>	<b>\$ 2,543,721</b>	<b>\$ 2,662,671</b>	<b>\$ 2,631,318</b>	<b>\$ 7,391,741</b>	<b>\$ 7,998,199</b>	<b>\$ 7,715,887</b>
OTHER OPERATING REVENUE	41,185	43,548	56,253	162,562	130,642	178,742
SUPPLEMENTAL MCD PMTS	5,636	80,000	99,953	263,391	240,000	356,333
<b>TOTAL OPERATING REVENUE</b>	<b>\$ 2,590,542</b>	<b>\$ 2,786,219</b>	<b>\$ 2,787,524</b>	<b>\$ 7,817,693</b>	<b>\$ 8,368,841</b>	<b>\$ 8,250,962</b>
<b>OPERATING EXPENSES:</b>						
SALARIES AND WAGES	(1,348,692)	(1,130,073)	(1,117,513)	(3,630,723)	(3,479,890)	(3,275,755)
AGENCY PERSONNEL						
FRINGE BENEFITS	(136,619)	(269,729)	37,245	(883,734)	(810,220)	(579,733)
PAYROLL TAXES	(101,557)	(86,185)	(82,928)	(306,098)	(265,808)	(242,514)
SUPPLIES	(240,081)	(292,829)	(282,185)	(702,628)	(879,632)	(875,127)
PURCHASED SERVICES	(292,560)	(283,736)	(211,810)	(867,518)	(894,629)	(732,822)
PROFESSIONAL CONTRACTS	(440,150)	(439,304)	(436,981)	(1,311,460)	(1,360,828)	(1,304,194)
DEPRECIATION EXPENSE	(216,324)	(211,076)	(203,383)	(639,291)	(633,230)	(570,051)
INSURANCE EXPENSE	(18,195)	(21,354)	(18,989)	(54,835)	(64,061)	(50,862)
INTEREST EXPENSE	(4,905)	(3,413)	(3,157)	(15,161)	(10,240)	(10,377)
OTHER OPERATING EXPENSE	(87,959)	(109,914)	(65,031)	(282,382)	(329,721)	(245,872)
<b>TOTAL OPERATING EXPENSES</b>	<b>(2,887,041)</b>	<b>(2,847,613)</b>	<b>(2,384,731)</b>	<b>(8,693,830)</b>	<b>(8,728,259)</b>	<b>(7,887,307)</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>(296,500)</b>	<b>(61,394)</b>	<b>402,793</b>	<b>(876,137)</b>	<b>(359,418)</b>	<b>363,654</b>
NET DISTRICT OPERATING INCOM	240,142	310,000	299,820	3,414,466	3,610,000	3,598,387
NURSING HOME UPL	259,106	312,500	268,910	1,265,347	937,500	767,584
<b>NET INCOME (LOSS)</b>	<b>\$ 202,749</b>	<b>\$ 561,106</b>	<b>\$ 971,523</b>	<b>\$ 3,803,676</b>	<b>\$ 4,188,082</b>	<b>\$ 4,729,626</b>



CUERO REGIONAL HOSPITAL & CLINICS  
 FINANCIAL STATEMENT  
 DEC 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
<b>OPERATING REVENUE:</b>						
INPATIENT REVENUE	1,362,096	1,772,839	1,592,043	4,128,538	5,325,285	4,321,204
OUTPATIENT REVENUE	4,992,276	5,669,057	5,507,566	16,142,129	17,028,903	14,949,621
340B PROGRAM	346,680	305,368	365,253	693,316	917,274	882,390
CLINIC REVENUES	772,905	919,628	812,903	2,396,322	2,912,631	2,719,210
<b>GROSS REVENUE FROM PATIENTS</b>	<b>\$ 7,473,957</b>	<b>\$ 8,666,892</b>	<b>\$ 8,277,765</b>	<b>\$ 23,360,305</b>	<b>\$ 26,184,093</b>	<b>\$ 22,872,425</b>
<b>REVENUE DEDUCTIONS:</b>						
CHARITY	(135,703)	(332,591)	(260,452)	(409,512)	(999,049)	(742,921)
DISCOUNTS	(1,835,235)	(1,454,003)	(996,855)	(5,140,567)	(4,367,580)	(3,296,003)
BAD DEBT	230,867	(656,675)	(698,118)	(899,506)	(1,972,542)	(1,726,987)
CONTRACTUAL ALLOWANCES	(2,417,261)	(2,641,324)	(2,878,119)	(7,122,657)	(7,934,092)	(6,671,418)
CLINIC ALLOWANCES	(177,668)	(234,934)	(170,949)	(667,365)	(748,353)	(695,033)
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>\$ (4,335,000)</b>	<b>\$ (5,319,527)</b>	<b>\$ (5,004,492)</b>	<b>\$(14,239,607)</b>	<b>\$(16,021,616)</b>	<b>\$(13,132,361)</b>
<b>NET PATIENT REVENUE</b>	<b>\$ 3,138,958</b>	<b>\$ 3,347,365</b>	<b>\$ 3,273,272</b>	<b>\$ 9,120,699</b>	<b>\$ 10,162,477</b>	<b>\$ 9,740,064</b>
OTHER OPERATING REVENUE	41,185	43,548	56,253	162,562	130,642	178,742
SUPPLEMENTAL MCD PMTS	5,636	80,000	99,953	263,391	240,000	356,333
CLINIC OTHER OPERATING REV	0	0	0	0	0	0
<b>TOTAL OPERATING REVENUE</b>	<b>\$ 3,185,779</b>	<b>\$ 3,470,913</b>	<b>\$ 3,429,479</b>	<b>\$ 9,546,651</b>	<b>\$ 10,533,119</b>	<b>\$ 10,275,139</b>
<b>OPERATING EXPENSES:</b>						
SALARIES AND WAGES	(1,875,083)	(1,701,655)	(1,612,574)	(5,134,376)	(5,152,979)	(4,671,695)
AGENCY PERSONNEL						
FRINGE BENEFITS	(136,619)	(269,729)	37,245	(883,734)	(810,220)	(579,733)
PAYROLL TAXES	(131,701)	(120,484)	(111,256)	(386,293)	(364,304)	(318,301)
SUPPLIES	(261,663)	(327,403)	(313,056)	(814,607)	(982,118)	(1,004,051)
PURCHASED SERVICES	(314,412)	(302,917)	(231,896)	(927,090)	(957,703)	(798,466)
PROFESSIONAL CONTRACTS	(515,250)	(525,595)	(524,412)	(1,498,651)	(1,594,157)	(1,543,527)
DEPRECIATION EXPENSE	(216,324)	(211,076)	(203,383)	(639,291)	(633,230)	(570,051)
INSURANCE EXPENSE	(20,228)	(23,977)	(21,563)	(62,570)	(71,929)	(58,586)
INTEREST EXPENSE	(4,905)	(3,413)	(3,157)	(15,161)	(10,240)	(10,377)
OTHER OPERATING EXPENSE	(118,551)	(138,468)	(91,623)	(387,147)	(412,834)	(320,158)
<b>TOTAL OPERATING EXPENSES</b>	<b>(3,594,735)</b>	<b>(3,624,717)</b>	<b>(3,075,675)</b>	<b>(10,748,919)</b>	<b>(10,989,714)</b>	<b>(9,874,944)</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>(408,957)</b>	<b>(153,804)</b>	<b>353,804</b>	<b>(1,202,268)</b>	<b>(456,595)</b>	<b>400,196</b>
NET DISTRICT OPERATING INCOM	240,142	310,000	299,820	3,414,466	3,610,000	3,598,387
NURSING HOME UPL	259,106	312,500	268,910	1,265,347	937,500	767,584
<b>NET INCOME (LOSS)</b>	<b>\$ 90,292</b>	<b>\$ 468,696</b>	<b>\$ 922,534</b>	<b>\$ 3,477,544</b>	<b>\$ 4,090,905</b>	<b>\$ 4,766,167</b>



CRH CLINICS PERIOD VS PRIOR YEAR  
FINANCIAL STATEMENT  
DEC 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
-----						
CLINIC REVENUES	772,905	919,628	812,903	2,396,322	2,912,631	2,719,210
GROSS REVENUE FROM PATIENTS	\$ 772,905	\$ 919,628	\$ 812,903	\$ 2,396,322	\$ 2,912,631	\$ 2,719,210
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(177,668)	(234,934)	(170,949)	(667,365)	(748,353)	(695,033)
TOTAL REVENUE DEDUCTIONS	\$ (177,668)	\$ (234,934)	\$ (170,949)	\$ (667,365)	\$ (748,353)	\$ (695,033)
NET PATIENT REVENUE	\$ 595,237	\$ 684,694	\$ 641,955	\$ 1,728,958	\$ 2,164,278	\$ 2,024,177
OTHER CLINIC REVENUE	0	0	0	0	0	0
TOTAL OPERATING REVENUE	\$ 595,237	\$ 684,694	\$ 641,955	\$ 1,728,958	\$ 2,164,278	\$ 2,024,177
OPERATING EXPENSES:						
-----						
SALARIES AND WAGES	(526,391)	(571,582)	(495,061)	(1,503,653)	(1,673,089)	(1,395,939)
AGENCY PERSONNEL						
FRINGE BENEFITS	0	0	0	0	0	0
PAYROLL TAXES	(30,144)	(34,299)	(28,328)	(80,195)	(98,496)	(75,787)
SUPPLIES	(21,581)	(34,574)	(30,871)	(111,979)	(102,486)	(128,924)
PURCHASED SERVICES	(21,852)	(19,181)	(20,087)	(59,573)	(63,074)	(65,644)
PROFESSIONAL CONTRACTS	(75,100)	(86,291)	(87,431)	(187,190)	(233,329)	(239,333)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	(2,033)	(2,623)	(2,574)	(7,735)	(7,868)	(7,723)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(30,593)	(28,554)	(26,592)	(104,764)	(83,113)	(74,286)
TOTAL OPERATING EXPENSES	(707,694)	(777,104)	(690,944)	(2,055,089)	(2,261,455)	(1,987,636)
NET OPERATING INCOME (LOSS)	(112,457)	(92,410)	(48,990)	(326,131)	(97,177)	36,541

CRH RURAL HEALTH CLINICS  
 FINANCIAL STATEMENT  
 DEC 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
CLINIC REVENUES	586,798	784,977	668,867	1,899,938	2,366,693	2,135,399
GROSS REVENUE FROM PATIENTS	\$ 586,798	\$ 784,977	\$ 668,867	\$ 1,899,938	\$ 2,366,693	\$ 2,135,399
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(47,222)	(117,393)	(43,390)	(234,927)	(347,784)	(259,166)
TOTAL REVENUE DEDUCTIONS	\$ (47,222)	\$ (117,393)	\$ (43,390)	\$ (234,927)	\$ (347,784)	\$ (259,166)
NET PATIENT REVENUE	\$ 539,577	\$ 667,584	\$ 625,477	\$ 1,665,011	\$ 2,018,909	\$ 1,876,233
OTHER CLINIC REVENUE	0	0	0	0	0	0
TOTAL OPERATING REVENUE	\$ 539,577	\$ 667,584	\$ 625,477	\$ 1,665,011	\$ 2,018,909	\$ 1,876,233
OPERATING EXPENSES:						
SALARIES AND WAGES	(458,433)	(507,147)	(434,479)	(1,297,754)	(1,482,546)	(1,216,785)
AGENCY PERSONNEL						
FRINGE BENEFITS	0	0	0	0	0	0
PAYROLL TAXES	(28,148)	(30,675)	(25,198)	(74,632)	(91,019)	(69,325)
SUPPLIES	(21,193)	(33,150)	(29,588)	(109,119)	(99,405)	(126,177)
PURCHASED SERVICES	(21,852)	(19,172)	(20,078)	(59,573)	(62,887)	(65,488)
PROFESSIONAL CONTRACTS	(75,100)	(86,291)	(87,431)	(183,673)	(233,329)	(239,333)
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	(2,033)	(2,623)	(2,574)	(7,735)	(7,868)	(7,723)
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(27,028)	(25,968)	(24,089)	(95,871)	(76,072)	(67,257)
TOTAL OPERATING EXPENSES	(633,787)	(705,026)	(623,437)	(1,828,356)	(2,053,126)	(1,792,088)
NET OPERATING INCOME (LOSS)	(94,210)	(37,442)	2,039	(163,344)	(34,217)	84,146

CRH SPECIALTY HEALTH CLINICS  
 FINANCIAL STATEMENT  
 DEC 20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
OPERATING REVENUE:						
CLINIC REVENUES	186,107	134,651	144,036	496,384	545,938	583,811
GROSS REVENUE FROM PATIENTS	\$ 186,107	\$ 134,651	\$ 144,036	\$ 496,384	\$ 545,938	\$ 583,811
REVENUE DEDUCTIONS:						
CLINIC ALLOWANCES	(130,447)	(117,541)	(127,558)	(432,438)	(400,569)	(435,867)
TOTAL REVENUE DEDUCTIONS	\$ (130,447)	\$ (117,541)	\$ (127,558)	\$ (432,438)	\$ (400,569)	\$ (435,867)
NET PATIENT REVENUE	\$ 55,660	\$ 17,110	\$ 16,478	\$ 63,947	\$ 145,369	\$ 147,944
TOTAL OPERATING REVENUE	\$ 55,660	\$ 17,110	\$ 16,478	\$ 63,947	\$ 145,369	\$ 147,944
OPERATING EXPENSES:						
SALARIES AND WAGES	(67,958)	(64,435)	(60,582)	(205,899)	(190,543)	(179,154)
AGENCY PERSONNEL						
FRINGE BENEFITS						
PAYROLL TAXES	(1,995)	(3,624)	(3,130)	(5,563)	(7,477)	(6,462)
SUPPLIES	(389)	(1,424)	(1,284)	(2,860)	(3,081)	(2,748)
PURCHASED SERVICES	0	(9)	(8)	0	(187)	(156)
PROFESSIONAL CONTRACTS	0	0	0	(3,518)	0	0
DEPRECIATION EXPENSE						
INSURANCE EXPENSE	0	0	0	0	0	0
INTEREST EXPENSE						
OTHER OPERATING EXPENSE	(3,565)	(2,586)	(2,503)	(8,894)	(7,041)	(7,029)
TOTAL OPERATING EXPENSES	(73,907)	(72,078)	(67,507)	(226,734)	(208,329)	(195,549)
NET OPERATING INCOME (LOSS)	(18,247)	(54,968)	(51,029)	(162,787)	(62,960)	(47,605)



BUDGET COMPARISON REPORT  
 WELLNESS CENTER 7085  
 FOR PERIOD ENDING 12/31/20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
REVENUE						
IN PATIENT REVENUE						
OUT PATIENT REVENUE	34,279	44,785	46,147	110,599	134,528	140,580
TOTAL REVENUE	<u>34,279</u>	<u>44,785</u>	<u>46,147</u>	<u>110,599</u>	<u>134,528</u>	<u>140,580</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	(16,712)	(10,869)	(12,125)	(43,444)	(34,359)	(36,410)
FICA	(1,276)	(949)	(877)	(3,144)	(2,774)	(2,568)
MED/SURG SUPPLIES	(11)	(13)	(33)	(33)	(40)	(43)
OFFICE SUPPLIES	0	(99)	(29)	(121)	(297)	(29)
OTHER SUPPLIES	(1,189)	(1,401)	(1,765)	(4,986)	(4,207)	(4,477)
CHEMICAL COST	0	(12)	0	0	(38)	0
FOOD	(1,374)	(659)	(604)	(2,506)	(1,981)	(2,181)
ELECTRICITY	(2,687)	(4,214)	(3,328)	(9,924)	(13,211)	(11,083)
FUEL & GAS	(256)	(211)	14,314	(500)	(661)	14,092
WATER	(139)	(156)	(143)	(442)	(489)	(511)
MAINTENANCE CONTRACTS	(55)	(93)	(200)	(165)	(291)	(600)
REPAIRS & MAINTENANCE	(1,019)	(2,107)	(71)	(2,764)	(6,605)	(6,670)
PROFESSIONAL CONTRACTS	(1,053)	(1,063)	(1,053)	(3,159)	(3,332)	(3,139)
PROFESSIONAL SERVICES	(2,390)	(3,372)	(3,268)	(7,403)	(10,569)	(8,715)



BUDGET COMPARISON REPORT  
 WELLNESS CENTER 7085  
 FOR PERIOD ENDING 12/31/20

	ACTUAL	BUDGET	PR ACTUAL	YTD ACTUAL	YTD BUDGET	PY ACTUAL
LICENSES	0	(51)	0	0	(153)	(20)
PHONE/CABLE/INTERNET	(650)	(542)	(554)	(1,915)	(1,625)	(1,116)
DUES & SUBSCRIPTIONS	0	(192)	(2,299)	(412)	(575)	(2,299)
ADVERTISING	0	(42)	(131)	0	(125)	(131)
TRAVEL & MEETING	0	(313)	0	0	(938)	0
POSTAGE	0	0	0	0	(1)	(1)
EQUIPMENT RENTAL	0	(6)	0	(15)	(19)	(15)
EDUCATION EXPENSES	0	0	0	(639)	0	0
PUBLIC EDUCATIONAL ACTIVITIE	0	(317)	0	0	(950)	(1,978)
DISASTER EXPENSE	(46)	(4)	0	(82)	(12)	0
LINEN PURCHES	0	(333)	0	0	(1,000)	(301)
TOTAL EXPENSES	<u>(28,857)</u>	<u>(27,018)</u>	<u>(12,164)</u>	<u>(81,652)</u>	<u>(84,252)</u>	<u>(68,193)</u>
NET PROFIT/(LOSS)	<u>5,422</u>	<u>17,767</u>	<u>33,983</u>	<u>28,946</u>	<u>50,276</u>	<u>72,387</u>

**Cuero Community Hospital**  
**Inventory Holdings Report**  
**For the Quarter of October, November, December 2020**  
**Prepared January 20, 2021**

**Fund: Hospital District**

Sec Type	CUSIP	Maturity Date	Interest	Yield to Maturity	Face Value	Purchase Principal	Beginning Book	Beginning Market Value	Ending Book	Ending Market Value	Change in MKT Value	Current D-T-M	Accrued Interest
<b>Securities</b>													
	0	0	1/0/1900	3.823%	0.851%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
<b>Totals</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>#DIV/0!</b>	<b>\$0.00</b>

							Beginning Book	Beginning Market Value	Ending Book	Ending Market Value			
<b>Money Market - Mutual Funds</b>													
Wells Fargo *		0.020%					\$1,997,408.12	\$1,997,408.12	\$1,997,605.14	\$1,997,605.14			
Logic *		0.000%					\$0.50	\$0.50	\$0.50	\$0.50			
MBIA - General *		0.140%					\$68,352.89	\$68,352.89	\$68,379.56	\$68,379.56			
MBIA -Funded Dep		0.140%					\$22,008.51	\$22,008.51	\$22,017.11	\$22,017.11			
<b>Totals</b>							<b>\$2,087,770.02</b>	<b>\$2,087,770.02</b>	<b>\$2,088,002.31</b>	<b>\$2,088,002.31</b>			

**Checking and Savings Accounts**

General Fund	0.300%						\$13,466,601.74	\$13,466,601.74	\$9,749,928.75	\$9,749,928.75			
Payroll Acct	0.300%						\$17,899.97	\$17,899.97	\$35,748.09	\$35,748.09			
Clinic Account	0.300%						\$56,059.12	\$56,059.12	\$62,850.99	\$62,850.99			
Specialty Account	0.300%						\$6,040.47	\$6,040.47	\$9,496.01	\$9,496.01			
Brookshire	0.300%						\$90,399.53	\$90,399.53	\$63,566.84	\$63,566.84			
Stockdale	0.300%						\$49,222.45	\$49,222.45	\$42,599.98	\$42,599.98			
Floresville	0.300%						\$119,125.94	\$119,125.94	\$90,402.04	\$90,402.04			
Victoria	0.300%						\$3,541.37	\$3,541.37	\$3,544.04	\$3,544.04			
Corpus NH	0.300%			5334			\$1,298.10	\$1,298.10	\$0.00	\$0.00			
Winsor-Corpus NH	0.300%			5342			\$3,613.19	\$3,613.19	\$0.00	\$0.00			
Kingsville NH	0.300%			5350			\$9,775.87	\$9,775.87	\$21,100.26	\$21,100.26			
Calallen NH	0.300%			847			\$0.00	\$0.00	\$2,208.08	\$2,208.08			
Calallen NH - HUD	0.300%			5647			\$60,451.06	\$60,451.06	\$133,624.55	\$133,624.55			
Plugerville NH	0.300%			804			\$10,569.75	\$10,569.75	\$5,786.54	\$5,786.54			
CC NH-HUD	0.300%			5590			\$225,048.43	\$225,048.43	\$116,995.85	\$116,995.85			
Kingsville NH-HUD	0.300%			5612			\$158,678.08	\$158,678.08	\$111,314.62	\$111,314.62			
Plugerville NH-HUD	0.300%			5620			\$126,695.56	\$126,695.56	\$150,304.73	\$150,304.73			
Legend-SA	0.300%			1193			\$156,047.37	\$156,047.37	\$134,387.95	\$134,387.95			
Legend-SA West	0.300%			1207			\$57,919.75	\$57,919.75	\$92,607.70	\$92,607.70			
Sonterra	0.300%			1215			\$84,758.17	\$84,758.17	\$94,347.10	\$94,347.10			
Corpus-Windsor HUD	0.300%			5655			\$277,364.33	\$277,364.33	\$128,823.73	\$128,823.73			
Luling	0.300%						\$9,329.56	\$9,329.56	\$15,079.67	\$15,079.67			
Oakmont - Humble	0.300%						\$9,260.17	\$9,260.17	\$61,510.50	\$61,510.50			
Parklane	0.300%						\$25,817.07	\$25,817.07	\$28,927.34	\$28,927.34			
Yorktown	0.300%						\$34,933.82	\$34,933.82	\$22,013.20	\$22,013.20			
Lampasas	0.300%						\$54,554.92	\$54,554.92	\$111,506.77	\$111,506.77			
Self Funded Acct	0.300%						\$955,391.58	\$955,391.58	\$956,112.21	\$956,112.21			
Funded Depreciation	0.300%						\$16,535,154.93	\$16,535,154.93	\$19,963,663.50	\$19,963,663.50			
Building Fund	0.300%						\$485,007.76	\$485,007.76	\$485,373.59	\$485,373.59			
Government Funds	0.300%						\$3,032,457.44	\$3,032,457.44	\$3,034,744.78	\$3,034,744.78			
Champs	0.000%						\$3,335.18	\$3,335.18	\$4,969.00	\$4,969.00			
<b>Totals</b>							<b>\$28,945,671.38</b>	<b>\$28,945,671.38</b>	<b>\$35,733,538.41</b>	<b>\$35,733,538.41</b>			
<b>Total Hospital District Funds</b>							<b>\$31,033,441.40</b>	<b>\$31,033,441.40</b>	<b>\$37,821,540.72</b>	<b>\$37,821,540.72</b>			

This report is in compliance with GAAP, the District Investment Policy, the District Investment Strategies and the Public Funds investment Act.

Alma Alexander *Alma Alexander* 1/21/2021  
Investment Officer Date

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

**INITIAL APPOINTMENT**

APPLICANT NAME: Thomas N Davis, MD DATE: 12/01/2020

The following has been verified by Administration:

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| 1. Completed Application   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 2. Current Texas License   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 3. Board Certification   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 4. Current DEA Certificate                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance         | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>10/01/2021</u>                               |                                      |                                     |
| 6. Adverse information with Data Bank Query (MD/DO only)         | <input checked="" 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 checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 11. In good standing at other hospitals where privileged         | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                     | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

Specialty: Radiology-On Site Physician

Comments: Radiology Partners

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

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

**INITIAL APPOINTMENT**

APPLICANT NAME: Punag Divanji, MD DATE: 01/01/2021

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                                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain <u>pending</u>                                  |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>06/01/2021</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>Does not have ER privileges</u>              |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 10. Evidence of CME requirements                               | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Just finished postgraduate training.</u>     |                                      |                                     |
| 11. In good standing at other hospitals where privileged       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                   | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

Specialty: Cardiology-Telemedicine wAccess Physicians

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



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

**INITIAL APPOINTMENT**

APPLICANT NAME: Brian Parks, DO DATE: 01/01/2021

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                                     | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>06/01/2021</u>                             |                                      |                                     |
| 6. Adverse information with Data Bank Query (MD/DO only)       | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| 7. Board of Medical Examiners Query                            | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges                     | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Does not have ER privileges</u>              |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| If No, explain <u>Does not perform stress test</u>             |                                      |                                     |
| 10. Evidence of CME requirements                               | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 11. In good standing at other hospitals where privileged       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 12. Malpractice claims in the last ten years                   | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |

Specialty: Pain Management with DeTar Medical Group

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

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

**INITIAL APPOINTMENT**

APPLICANT NAME: Akhil Shenoy, MD DATE: 01/01/2021

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   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 5. Evidence of Adequate Professional Liability Insurance             | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| Expiration Date: <u>6/1/21</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>Does not have ER privileges</u>                    |                                      |                                     |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests       | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| If No, explain _____   |                                      |                                     |
| 10. Evidence of CME requirements                                     | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |
| If No, explain <u>Not required, just finished Residency Program.</u> |                                      |                                     |
| 11. In good standing at other hospitals where privileged             | <input type="radio"/> YES            | <input type="radio"/> NO            |
| If No, explain <u>no hospital listed</u>                             |                                      |                                     |
| 12. Malpractice claims in the last ten years                         | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

Specialty: Endocrinology-Telemedicine W/Access Physicians

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

# Marketing and Development Board Report December 2020

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

[https://www.dropbox.com/sh/qt3ug55kzduznp5/AAD\\_dCm0po98j7Q\\_CR\\_DtJg4a?dl=0](https://www.dropbox.com/sh/qt3ug55kzduznp5/AAD_dCm0po98j7Q_CR_DtJg4a?dl=0)

## Video

- YouTube Preroll campaign with Wood Agency December report - the full report is in the dropbox  
In December, we ran our new MedSpa spot in the middle of the month. January will be 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. The Childbirth Campaign continued to see good results November up to mid-December with over 21K views and 42% view rate. MedSpa reached over 8K (only \$199 of budget used) and view rate of 36%.

## Latest Videos:

- Waltham Goliad OB: <https://www.youtube.com/watch?v=PbuW3rirLmw>
- Dr. Lemley Yorktown OB: <https://www.youtube.com/watch?v=pBTuudXI7TU>
- Best of the Best: <https://youtu.be/ZeMreylciUU>
- Slimdown: <https://youtu.be/din9Y0WaQgA>
- MedSpa: [https://youtu.be/\\_9SdbjBxzmY](https://youtu.be/_9SdbjBxzmY)
- Vaccine Waiting List: <https://youtu.be/neELfeKdnwE>
- New Year. Fresh Start. Walk in Cuero Park: <https://youtu.be/P1ohnz2p1tc>
- Gala Save the Date: <https://youtu.be/3HdxRelr4cs>

October/ November videos:

Childbirth Center virtual tour: [https://youtu.be/an8cZxQ\\_HYQ](https://youtu.be/an8cZxQ_HYQ)

Childbirth Center :30: <https://youtu.be/J6DXfAnuy7A>

Childbirth Center :15: <https://youtu.be/STII-OW0rwY>

## Social Media

- We saw great growth in the area of likes on CRH's Facebook page (up 62 new likes!) This was due to the public's interest in vaccine information, as the main spike happened late December.
- Twitter and Instagram continue hold their numbers. I continue to like and follow area users/thought leaders to build our audience and reach
- 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 is holding steady, with spike at end of December. Just wait until you see January web stats!

- Year over year, we saw a 49% growth in new users, so the new website platform is paying off in terms of growth of users to the site.
- Given the launch of the vaccine sign up form, I anticipate that traffic will be almost double! New sliders and info posted on Vaccine sign up, MedSpa, and Heart Walk. All press releases added to the news center portion of the site.
- NEW! Given the tremendous response to the vaccine sign up form (almost 3K as of 1.15.21), 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 on this effort.

#### **Public relations:**

- Press releases continue to result in great traction and coverage. Please see below for coverage in local papers and area TV. The letter to the editor submitted ran in both The Cuero Record and The Victoria Advocate.
- Continued to attend local events when appropriate and able, including Chamber ribbon cutting for Trust Texas Bank 100<sup>th</sup> anniversary and other local small events.

#### **Development:**

- Visited all Pediatric Clinic/Peds doctors in Victoria with Dr. Lemley and Dr. Walthall to grow referrals once pedi patients are ready to transition to an FP. Went over VERY well, and followed up in person in early January to drop off requested pieces for their waiting rooms on our local providers, 3T MRI, etc.
- 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)

#### **Signage:**

- External signage – quote given to Judy and Margaret for new Home Health Signage, Goliad and Yorktown new external signage completed
- Internal signage – working on vaccine signage to direct patients, EMTALA signage required for compliance, Childbirth Center logo on purple wall outside of Childbirth Center

#### **Print Ads:**

- Cuero Record:  
Ran Gala Save the Date, New Year. Fresh Start. print ad – front page, Childbirth Center (quarter page and front page strip), vaccine waiting list front page strip, and MedSpa quarter page
- 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 November and December:**

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

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

**Cuero Record:**

Nov. 25 – 3A Mayor Recognized Cuero Home Health for National Home Health Month, 5A CRH sees 260 mammograms in month of October

Dec. 23, Dec. 30, Jan. 6 and 13 – CRH Blood Drive on A1 briefs

Dec. 23 – Letter to the Editor from Brenda Martin for CHAMPS Christmas Tree Support – 2A

Dec. 30- – Judy Krupala vaccine – A1 Photo and caption, Community Walk in the Park – 3A, Cuero Health New Year’s Closures – 4A, Chamber extends gratitude (CRH mentioned for support) – 5A,

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

**KAVU/Crossroads Today:**

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

**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:**

Nov. 1 - [https://www.victoriaadvocate.com/premium/cuero-regional-hospital-adds-cardiac-rehab-program-making-critical-recovery-care-available-locally/article\\_eb52850a-1ae9-11eb-ac25-d70b314fbfa3.html](https://www.victoriaadvocate.com/premium/cuero-regional-hospital-adds-cardiac-rehab-program-making-critical-recovery-care-available-locally/article_eb52850a-1ae9-11eb-ac25-d70b314fbfa3.html)

Dec. 15 - [https://www.victoriaadvocate.com/opinion/letter-cuero-health-activities-committee-chairperson-recognizes-staff-participation-in-holiday-events/article\\_c5c7eb70-3e54-11eb-a763-b38423947ac7.html](https://www.victoriaadvocate.com/opinion/letter-cuero-health-activities-committee-chairperson-recognizes-staff-participation-in-holiday-events/article_c5c7eb70-3e54-11eb-a763-b38423947ac7.html)

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



Assistant Administrator  
Board Report  
January 2021

**Quality/Safety**

1. I am happy to report that we had a good compliance audit by Lori Allesee from Methodist on 12/29/20. She had some recommendations and actions have already been taken to institute those recommendations.

**Finance**

1. The Med Spa officially opened January 7<sup>th</sup>. We did offer a very limited number of appointments on December 17<sup>th</sup> and 18<sup>th</sup> for Botox only and had a great response.
2. O'Connell Robertson was on site January 14<sup>th</sup> for the Master Plan kick off. The process and priorities were discussed and a process development schedule was presented. They will be back on site on February 3<sup>rd</sup> and 4<sup>th</sup> to meet with some department directors to discuss their needs. They plan to have the Master Plan completed by the end of April.

**Community**

1. The "Heart Walk" will be held at Gobbler Stadium on Saturday, February 20<sup>th</sup>. 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 1-15-2021**

**Safety/Quality**

- Sepsis: November--86% compliance. Seven patients with one delayed antibiotic.  
December—100% compliance for two patients.
- Falls: November—1 inpatient fall with no injury and 1 outpatient fall without injury.  
December--2 outpatient falls with minor injuries

**People**

- Medical Coding Answers completed their consultation for our Home Health. We have the report and are implementing a plan for her recommendations. The Home Health building repairs and painting have been completed. We are now determining signage for the building.
- LINC update: Hannah Heil graduated from the Victoria College ADN Program in December. She will take her RN State Boards on Feb. 10, 2021
- We requested and received a STRAC nurse for ICU. She began on 12-28-2021.

**Growth**

- We held our first Preceptor Instructor Course on 1-14-2021. We had 10 RN's in the program. The goals of the program are as follows:
  - To clearly identify the roles and responsibilities for our preceptor and preceptee;
  - To provide adequate time to orient and support the preceptee and preceptor;
  - To establish specific goals, expectations and measurable outcomes;
  - To apply adult learning principles;
  - To provide structured learning strategies – these must help the development of critical thinking and independent clinical judgment in the individual;
  - To encourage constructive feedback strategies
  - To provide a safe and positive learning environment; and
  - To develop a teaching and learning culture with the engagement of clinical staff as preceptors.
- Measureable outcomes are needed to determine the effectiveness of the program. These include:
  - Improved turnover and retention rate of nurses for Cuero Health.
  - Increased confidence in nurses.
  - Enjoyment of preceptors in teaching and supporting new nurses.
- We are offering 5 staff members the opportunity to attend a Nonviolent Crisis Intervention Instructor Certification Program. This program will focus on de-escalation techniques, risk assessment and both nonrestrictive and restrictive interventions. The class requires pre class preparation, an online course and 2 days of hands on experience in San Antonio. Staff members have been interviewed for these positions. The staff members selected will be required to sign a 2 year contract to teach the classes to our staff.
- I attended the Annual Advisory Council meetings in December for the Licensed Vocational Nursing Program and the Associate Degree Program.

### **Quality/Safety**

- Sepsis was maintained at 100% for December
- There were 0 inpatient falls this month; but 2 visitor falls (1 with minor injury)
- Compliance Audit completed by MHS Compliance Officer, Lori Allesee
- As of 1/10/21, our cumulative COVID positivity rate is about 31% while the positivity rate over the past week has increased to nearly 46%
- We have given our initial allotment of 200 doses of vaccine and are awaiting our 2<sup>nd</sup> allotment to continue with Tier 1A and start Tier 1B. We have nearly 2000 people who have signed up.
- Keisha Whitman/Jill Saenz/Miranda Adams/Ada Bryant/Chloe Watson/IT have stepped up in an amazing fashion with vaccination plans

### **People**

- Staff were incredibly thankful for the COVID bonus. It was a pleasure to deliver along with their Christmas Stockings and Retirement recognitions!
- Dr Walthall started OB visits in Goliad in November and Dr. Lemley began OB visits in Yorktown in December

### **Growth**

- We have signed the agreement with Access Physicians for Tele endocrinology clinic services. Dr Shenoy will begin seeing patients in February (2<sup>nd</sup> and 4<sup>th</sup> Fridays of the month)
- Cardiopulmonary Rehab continues to do well despite COVID
- The OConnell Robertson Architects have been onsite twice regarding OR and Master Plan/Risk Assessment – back on site the first week of February
- Working with Texas A&M on Behavioral Health Counseling for addiction and/or depression. As a part of a grant, this will be free to patients

### **Rural Health Clinics**

- Ms Jenny Vigus and Ms Miranda Adams have stepped up to assist in 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. She saw 21 patients in December.



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

## Patient Satisfaction

### Press Ganey Texas Rank Percentile

HCAHPS: Overall Rating	75th	99	99	99									
HCAHPS: Would Recommend	75th	70	46	99									
OAS-CAHPS: Overall Rating	51st	99	52	99									
OAS-CAHPS: Would Recommend	51st	21	65	99									
HH-HCAHPS: Overall Rating	65th	1	99										
HH-HCAHPS Score: Would Recommend	65th	1	99										
Clinics Satisfaction: Overall Rating	51st	21	21	49									
Clinics Satisfaction: Would Recommend	51st	20	15	58									
ER Satisfaction: Overall Rating	75th	51	45	31									
ER Satisfaction: Would Recommend	75th	57	21	10									

## Infection Control

updated 1/13/2021

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

Goal Met





FY2021

GOAL

# Core Measures Dashboard

1Q2020

2Q2021

3Q2021

4Q2021

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE


JULY

AUG

SEPT

## Core Measures

SEP-1 Sepsis Compliance	85%	100%	86%	100%										
PC-01 Elective Delivery	<2%	0%	0%	0%										
PC-02 Cesarean Birth	<33%	40%	50%	20%										
PC-03 Antenatal Steroids	97%													
PC-05 Exclusive Breast Milk Feeding	50%	37%	22%	38%										
OP-23 Head CT/MRI results interpreted within 45 min of ER arrival	100%													
OP-29 Appropriate follow up for Colonoscopy	100%	100%		100%										
VTE-1 VTE prophylaxis	95%	97%	100%	96%										
VTE-2 ICU VTE prophylaxis	95%	100%	100%	100%										
STK-2 DC'd on Antithrombotic Therapy	100%	100%		100%										
STK-3 Anticoagulation Therapy for Afib/Aflutter	100%													
STK-5 Antithrombotic therapy by end of hospital day 2	100%	100%		100%										
STK-6 DC'd on Statin Medication	100%	100%		0%										
<b>Goal Met</b>														

 FY2021	GOAL	Clinic Quality Measures Dashboard											
		1Q2020			2Q2021			3Q2021			4Q2021		
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
<b>Quality/Patient Safety Metrics</b>													
Total RL Solutions Reported for Clinics		2	4	1									
Near Miss		0	0	0									
Precursor		2	2	0									
Serious Safety		0	0	0									
Other		0	2	1									
Handwashing compliance		93%	88%	91%									
<b>Core Measures</b>													
Wait Time- average time from check-in to check-out	<60 mins	55 mins	55 mins	48 mins									
Wait Time- average time from check-in to seeing nurse	<20 mins	9 mins	8 mins	7 mins									
NQF 0034- Colorectal Cancer Screening according to USPSTF for patients 50-75 years of age	85%	79%	82%	82%									
NQF 2372- Breast Cancer Screening with mammogram for women 50-74 years of age	75%	63%	65%	67%									
*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%									
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%									
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%									
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%									
Gestational Diabetes Mellitus (GDM) Screening- in pregnant women between 24-28wks gestation	90%	100%	100%	100%									
Timely Chart Closure- percentage of charts open after date of encounter	<15%	23%	31%	24%									
Timely Review of Results- number of providers w/results outstanding for month 48hrs after month end	0	4	2	5									
<b>Goal Met</b>													

updated 1/11/2021

\*Controlling BP measure added for FY21



**GOAL**

# Clinic Patient Satisfaction Improvement Dashboard

**FY 2021**

**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	45										
Cuero would recommend practice:	51st	7	54										
Goliad Overall Satisfaction Score:	51st	99	21										
Goliad would recommend practice:	51st	99	2										
Kenedy Overall Satisfaction Score:	51st	99	93										
Kenedy would recommend practice:	51st	19	1										
Parkside Overall Satisfaction Score:	51st	10	5										
Parkside would recommend practice:	51st	19	1										
Yorktown Overall Satisfaction Score:	51st	10	26										
Yorktown would recommend practice:	51st	19	36										
Combined Clinics Overall Satisfaction Score:	51st	15	24										
Combined Clinics would recommend practice:	51st	18	19										
<b>Goal Met</b>													

updated 1/7/2021

# **OLD BUSINESS AGENDA ITEM #1**

## **Annual Quality Assessment of all Hospital Contracts – Review and Take Appropriate Action**

**Attached:**

Signoff sheet



**CUERO REGIONAL HOSPITAL**

**ANNUAL QUALITY ASSESSMENT**  
**OF**  
**CONTRACTED CARE SERVICES**

Reviewed and approved this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Lynn Falcone, CEO

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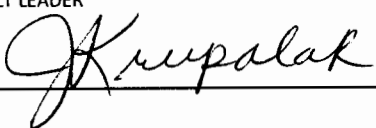
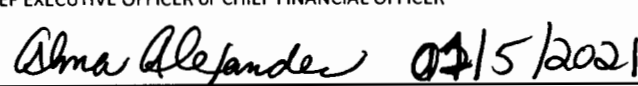
Richard Wheeler, Board Chairman

# **AGENDA ITEM #1**

## **Capital Expenditure Request for New ICU/PACU Bedside Monitors – Review and Take Appropriate Action**

### **Attached:**

<b>Spacelabs</b>	<b>\$104,903.67</b>	<b>Recommended</b>
<b>Phillips</b>	<b>\$135,410.89</b>	
<b>Mindray</b>	<b>\$ 88,889.73</b>	

Hospital- Cuero Regional Hospital							
Department: ICU				Date: 11/24/2020			
Is the requested purchase in compliance with the Healthtrust GPO?							
D E S C R I P T I O N	PROJECT NAME <b>New ICU/PACU bedside monitors</b>			DESIRED DELIVERY/START DATE			
	PROJECT DESCRIPTION ICU monitors have not been updated since 2011 and will be unsupported according to Spacelabs representative. In July 2020, started having issues with monitors not working correctly and had to order new batteries and power supply cords. One monitor has a power button that is not working and none of the monitors have CO2 capabilities.			PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Code Compliance <input type="checkbox"/>			
	JUSTIFICATION Need updated ICU monitors with CO2 capabilities. CO2 monitoring is a valuable, standard of care of an ICU patient. CO2 monitoring is a non-invasive technique that allows fast and reliable insight into ventilation, circulation, and metabolism.						
	BUDGET REFERENCE BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>			Amount Budgeted <b>106,969.00</b>			
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		Spacelabs	Phillips	Mindray		
	Land and/or Acquisition					BOOK VALUE OF DISPOSED ASSET	
	Construction						
	Equipment		\$104,903.67	\$135,410.89	\$88,889.73	METHOD OF DISPOSITION	Trade In <input checked="" type="checkbox"/> Sale <input checked="" type="checkbox"/> Abandonment <input type="checkbox"/>
	TOTAL COSTS						
Less Trade In							
NET CAPITAL REQUIRED		\$104,903.67	\$135,410.89	\$88,889.73			
RECOMMENDATION (Check one)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Currently have Spacelabs telemetry system and would like to keep standardized and utilize current infrastructure while updating current monitors to new ones. Will have a 5 year warranty with new Spacelab monitors and CO2 capabilities.							
DEPARTMENT HEAD Jennifer Janssen _____ DATE: 11/24/2020							
SLT LEADER  _____ DATE: 12/3/2020							
CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER  _____ DATE: 01/5/2021							
_____ DATE: _____							
Board Member Signature if greater than \$5,000							





The pricing in this quotation reflects your HealthTrust Purchasing Group pricing per contract HPG-4740. Payment terms are per your contract. FOB is factory. Freight and insurance are no charge. Warranty is per the terms of your contract.

#### Depot Support

After the standard 12-month warranty has expired, Company agrees to provide all Spare Parts and labor necessary for the repair of any Equipment failure which may require corrective action upon Customer's return of Equipment to Company's facility ("Depot Support"). Such Depot Support shall be provided as follows:

Customer agrees to promptly notify Company by phone of any Equipment failure, which may require corrective action. If Equipment issues cannot be resolved telephonically through good faith efforts of the parties, Company shall provide at Company's facility all Spare Parts and labor necessary for the repair of any Equipment failure that may require corrective action. Customer shall be responsible for all freight and insurance charges in shipping the Equipment to Company; risk of loss shall pass to Company only upon receipt of the Equipment. Company shall pay all costs for return shipment to Customer.

Company shall, within the limits of equipment availability, use reasonable efforts to satisfy Customer's requests for loan equipment, prior to requests from customers not covered by a warranty or similar agreement.

"Spare Part(s)" mean replaceable spare parts and assemblies used in the Equipment and listed in the Company Spare Part Price List. Spare Parts do not include disposable or user parts that must be routinely replaced, items listed in the Supplies & Accessories Price List, or computer products and peripheral devices not manufactured by Company or produced on Company's behalf. Any original Spare Part for which Company has supplied a replacement Spare Part shall become the property of Company. Any replacement Spare Part shall have equivalent function and performance as the original Spare Part, when new. Company reserves the right to use a refurbished part as a replacement Spare Part.

The Spacelabs Ultraview SL network supports clinical network sizes up to 1000 nodes. Networks consisting of mixed generations of Spacelabs devices may have lower capacities depending on specific models and age of equipment. Alarm Watch and Remote View functionality directly affect maximum network size. Please consult your field service engineer to determine the maximum size and functionality for your specific Spacelabs network.

Spacelabs Healthcare's installation is based upon the use of standard PVC jacketed interconnecting cables. If local conditions or regulations require use of plenum-rated cabling, 10BaseT is available at no additional charge (please specify on your purchase order). Plenum-rated 10Base5 (AUI and MAU) cabling requires an additional charge of \$1.00 per foot. Any SDLC cables quoted herein are not plenum rated and may need to be run in hospital conduit to comply with local regulations.

The information contained in this proposal is for budgetary purposes only and does not constitute an offer to sell on the part of Spacelabs Healthcare. Pricing, availability, delivery, product specifications and other information is subject to change without notice. Spacelabs Healthcare will be pleased to provide a formal quotation upon request.

Spacelabs is committed to the safety and wellbeing of our customers and staff. In order to prevent the spread of the virus, products purchased during the COVID-19 crisis cannot be returned or exchanged.





		<b>6 ICU Monitors</b>				
<b>Line</b>	<b>Description</b>	<b>Item Number</b>	<b>Qty</b>	<b>Unit List Price</b>	<b>Unit Net Price</b>	<b>Ext. Net Price</b>
1	qube Compact Monitor	91390	6	0.00	0.00	0.00
2	qube Compact Monitor, base unit	91390-A	6	10,600.00	5,459.00	32,754.00
3	English Language	91390-1	6	0.00	0.00	0.00
4	Four Waveforms	91390-04	6	1,315.00	677.23	4,063.38
5	Ultraview SL Command Module	91496	4	0.00	0.00	0.00
6	English Language	91496-1	4	0.00	0.00	0.00
7	Invasive/Cardiac Output Parameter Set	91496-C	4	8,370.00	4,854.60	19,418.40
8	Advanced Multiview Arrhythmia (MVII)	91496-H	4	1,440.00	0.00	0.00
9	Nellcor SpO2	91496-N	4	700.00	700.00	2,800.00
10	Adult/Neonatal Respiration	91496-R	4	500.00	257.50	1,030.00
11	ST Segment Analysis	91496-S	4	380.00	195.70	782.80
12	Ultraview SL Command Module	91496	2	0.00	0.00	0.00
13	English Language	91496-1	2	0.00	0.00	0.00
14	Invasive Parameter Set	91496-B	2	6,890.00	3,996.20	7,992.40
15	Advanced Multiview Arrhythmia (MVII)	91496-H	2	1,440.00	0.00	0.00
16	Nellcor SpO2	91496-N	2	700.00	700.00	1,400.00
17	Adult/Neonatal Respiration	91496-R	2	500.00	257.50	515.00
18	ST Segment Analysis	91496-S	2	380.00	195.70	391.40
19	Upgrade License for Xhibit, 96102	040-1668-00	6	3,636.00	1,872.54	11,235.24
20	Basic CEC Support. Includes 3 consecutive weekdays of customized clinical training (workflow process development, alarm management, eLearning administration). Up to 7 hours of class time per day, between the hours of 8 A.M. and 8 P.M.	999-0222-51	1	4,850.00	0.00	0.00
21	Depot Support Plan. Unit price is per year. Monitoring Products only.	999-9999-42	4	8,464.95	0.00	0.00
22	VHM Arm, 30 lb Limit, Quick Release with Drop-In Backplate	016-0938-00	6	605.00	605.00	3,630.00
23	Power Supply Holster, Wall Mounted	016-0863-00	6	34.00	34.00	204.00
24	Bedrail Hook Adapter Plate, Quick Release, for Mounts with Drop-In Backplate	016-0941-00	6	65.00	65.00	390.00
25	ECG combiner cable, 5-Lead Spacelabs monitors, AAMI	700-0008-57	6	86.67	61.54	369.24
26	ECG combiner lead wire set, 5L, multi-pinch, AAMI, 74cm/29 in	700-0006-37	6	86.67	61.54	369.24
27	BP hose, single tube, adult	714-0018-00	6	46.50	31.85	191.10
28	BP cuff, TruLink nylon, 1T, adult, 26-36cm, HP	715-1141-10	6	11.31	10.18	61.08
29	Dual temperature adapter cable, 30cm/12 in	700-0031-00	6	78.80	59.10	354.60
30	Universal temperature probe extension cable, YSI 400 series compatible	700-4000-00	6	62.00	46.50	279.00



Line	Description	Item Number	Qty	Unit List Price	Unit Net Price	Ext. Net Price
31	Nellcor OxiMax DS-100A finger sensor, adult	690-0003-01	6	97.65	97.65	585.90
32	Nellcor OxiMax sensor adapter cable	700-0792-00	6	315.00	236.25	1,417.50
33	Capnography Pod	92516	4	0.00	0.00	0.00
34	English Language	92516-1	4	0.00	0.00	0.00
35	Capnography Pod, base unit	92516-A	4	6,300.00	3,244.50	12,978.00
36	Xhibit display, 22" high resolution touchscreen	011-0241-01	1	3,182.00	\$1,638.73	1,638.73
37	Patient Monitoring Service Manual, CD-ROM	084-0700-03	1	0.00	\$0.00	0.00
38	Ultraview SL Network Operations Manual, CD-ROM, English	084-1101-05	1	0.00	\$0.00	0.00
39	Power Cord, North America, 3 ft, 120V, 10A	161-0246-00	6	40.10	\$40.10	240.60
40	Installation	999-9999-97	1	4,702.75	\$3,527.06	3,527.06
<b>6 ICU Monitors Total</b>						<b>\$108,618.67</b>

BUDGETARY



**Trade-in of 2 Displays, 13 Transmitters and 12 Receivers**

<b>Line</b>	<b>Description</b>	<b>Item Number</b>	<b>Qty</b>	<b>Unit List Price</b>	<b>Unit Net Price</b>	<b>Ext. Net Price</b>
1	Trade in discount, monitoring items	7000-0001-999	1	0.00	-3,715.00	-3,715.00
	<b>Trade-in of 2 Displays, 13 Transmitters and 12 Receivers Total</b>					<b>-\$3,715.00</b>

BUDGETARY



# SUPPORT PLAN PORTFOLIO

## WARRANTY AND SUPPORT PLAN OPTIONS

### Warranty Options

#### 8 x 5 Warranty

On-site coverage during normal business hours.

Warranty description identical to the Depot Support Plan specification provided below.

#### Depot Warranty

Return to depot coverage.

Warranty description identical to the Depot Support Plan specification provided below.

### Support Plan Options



#### 24 x 7 Support Plan

On-site coverage 24 hours a day, 7 days a week, 365 days a year. Designed for customers who prefer that Spacelabs meets all of their service support needs 24 hours a day. All safety updates are included, our technical support and field service teams are available 24 hours a day, 7 days a week to ensure that your equipment is kept in peak operating condition. In the event that there is a problem that we can't fix immediately, priority access to our dedicated pool of loaner equipment is assured.

#### 8 x 5 Support Plan

On-site coverage during normal business hours. Designed for customers who prefer that Spacelabs meets all of their service support needs within normal working hours. All safety updates are included, our technical support team is available 24 hours a day, 7 days a week and our field service teams are available 8 hours a day, 5 days a week to ensure your equipment is kept in top operating condition.

#### Depot Support Plan

Return to depot coverage. Designed for Spacelabs customers who have less urgent equipment servicing needs. All safety updates are included and our technical support team is available 24 hours a day, 7 days a week. If there is a problem that we can't fix remotely, arrangements will be made to get the device returned to the factory for immediate update or repair.

#### Parts Exchange Support Plan

Spare part coverage for trained biomed. Designed for Spacelabs customers whose biomed teams have completed our Spacelabs Certified Technical Training courses. Our technical support team is available 24 hours a day, 7 days a week to help diagnose problems and to then supply any parts required for your Spacelabs certified biomed staff to perform the repair.

#### Enhanced ICS Software Support Plan/Basic Software Support Plan

Software update coverage. These low cost agreements are designed for Spacelabs customers who simply wish to ensure that their equipment's software is updated to the most current level every year. The Enhanced plan is required for customers purchasing ICS G2. For 'Mission Critical' users the Enhanced Plan also provides 24 hours a day, 7 days a week access to our team of IT Product Specialists and an option to include remote Preventive Maintenance checks for a small additional charge of 0.5%.

An à la carte approach allowing customers select coverage to suit specific needs. We appreciate that on occasion, a hospital may have some very individual and unique support requirements. For this reason, we've included a 'Custom' column in the specification matrix on the back of this sheet. Place a check mark by each of the services you require and we'll be delighted to provide you with a quotation tailor made for you.



# Support Plan Portfolio

WARRANTY TYPE	8 x 5 Warranty	Depot Warranty	SUPPORT PLAN TYPE	24 X 7 Support Plan	8 X 5 Support Plan	8 X 5 Support Plan (Cardiology Products)	Depot Support Plan	Parts Exchange Support Plan	Enhanced ICS Software Support Plan	Basic Software Support Plan (Patient Monitoring Products)	Basic Software Support Plan (Cardiology Products)	Custom Support Plan
<b>US TECHNICAL SUPPORT</b>												
<b>8x5 Telephone Support</b>	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
<b>24x7 Telephone Support</b> (Includes weekends & holidays)	✓	✓		✓	✓		✓	✓	✓	✓		
<b>8x5 Access to Product Specialists</b>	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
<b>24x7 Access to IT Product Specialists</b> (Includes weekends & holidays)									✓			
<b>Remote Diagnostics Support</b> (Availability subject to equipment specification)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
<b>PREVENTATIVE MAINTENANCE (PM) - Full OEM specification</b>												
<b>25% Discount for On-site PM Coverage</b> (Discount from normal travel & labor charges)	✓			✓	✓	✓						
<b>10% Discount for PM Parts used by FSE</b> (Discount provided in addition to any discounts currently in place)	✓			✓	✓	✓						
<b>Remote ICS Preventative Maintenance</b> (Two system performance evaluations per year)									OPT			
<b>CORRECTIVE MAINTENANCE (CM) - Full OEM specification</b>												
<b>08:30AM - 05:00PM On-site CM Coverage</b> (Customer local time, FSE travel & labor included)	✓			✓	✓	✓						
<b>24 X 7 On-site CM Coverage</b> (Includes weekends & holidays, FSE travel & labor included)				✓								
<b>Return to Depot CM Coverage</b> (Labor & return shipping included)	✓	✓		✓	✓	✓	✓					
<b>CM Repair Parts Coverage</b> (Excludes supplies & accessories)	✓	✓		✓	✓	✓	✓	✓				
<b>Priority Loan Equipment</b> (No charge, subject to availability)				✓								
<b>SOFTWARE SUPPORT</b>												
<b>Safety Updates</b> (Includes FSE travel & labor)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
<b>Annual Performance Enhancing Updates</b> (Includes FSE travel & labor)									✓	✓	✓	
<b>Spacelabs ICS Software Upgrades</b> (Includes upgrade to Intesys Clinical Suite (ICS) 5)									✓			
<b>Discount on Post Implementation Interface Support</b> (Includes any FSE travel & labor required)									25%	25%	25%	
<b>ANNUAL PRICE</b>												
<b>Calculated as a percentage of the selling price of all products covered</b> (Subject to maximum discount of 25% from list price)				9%	6%	12%	45%	3%	1.5%	1%	6%	QUOTE

A detailed description of the service offerings and applicable terms shall be included in the Spacelabs Customer Quotation form.





# PHILIPS

Philips Healthcare  
3000 Minuteman Road, MS 2214  
Andover, MA 01810-1099

Email PO to: [Healthcare.Orders@philips.com](mailto:Healthcare.Orders@philips.com)  
or  
Fax PO to: 1-800-947-3299  
or  
Mail PO to:  
Philips Healthcare  
Order Processing, MS2214  
Andover, MA 01810-1099

800-934-7372

<b>QUOTE DATE</b> 04/02/2020	<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 1 / 7
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<b>LAST UPDATED</b> 04/02/2020	<b>TIME</b> 19:19:14
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<b>EXPIRATION DATE</b> 06/01/2020	<b>INCOTERMS</b> FOB DESTINATION
--------------------------------------	-------------------------------------

<b>PAYMENT TERMS</b> Net 30 Days Subject to Credit Approval
---

### FORMAL QUOTE

<b>CUSTOMER:</b> Attention: Cuero Regional Hospital 2550 N Esplanade St CUERO TX 77954-4736 UNITED STATES Customer Number : 94027199
--

<b>SALES REPRESENTATIVE</b> Eric Rawlins Ph:  Fax:  <b>QUOTE CONTACT</b> Andy Poelhuis
---

<b>Federal EIN: 13-3429115</b>
--------------------------------

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD	
<b>SPECIAL COMMENTS</b>							
ICU Standalone							
10	866390	Patient Information Center iX Expand	1	PCE			
	866390	1XC PIC iX Base	6		1,248.80	7,492.80	
		NEW New Add On or Expand	1		0.00	0.00	
		NTP Network	6		431.20	2,587.20	
		PRC Pro Rev C	6		476.00	2,856.00	
		RVC PIC iX Software Release C	1		0.00	0.00	
		V1C Visibility Rev C	6		302.40	1,814.40	
		Agreement Discount included in net -44.000 %					
		Net price					14,750.40
		Agreement:				GPOHT00010	
20	866066_NAM	IntelliVue MX550 US	6	PCE			
	866066_NAM	Philips IntelliVue MX550 monitor					
		SL1 MX550 Standard Monitor	6		8,919.68	53,518.08	
		MX550 Standard Monitor with 15" touchscreen that supports four waves and four invasive pressures when combined with the Multi-Measurement Server or X2, extensions, and three integrated module slots. Monitor includes critical care software that can support up to 20 patient profiles,					

**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.**



# PHILIPS

Philips Healthcare  
 3000 Minuteman Road, MS 2214  
 Andover, MA 01810-1099

<b>QUOTE DATE</b> 04/02/2020		<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 2 / 7
<b>LAST UPDATED</b> 04/02/2020	<b>TIME</b> 19:19:14		
<b>EXPIRATION DATE</b> 06/01/2020		<b>INCOTERMS</b> FOB DESTINATION	
<b>FORMAL QUOTE</b>			

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		enabling screens and alarm settings to be tailored to individual patients. Includes basic labor and installation.				
		Agreement Discount included in net -44.000 %				
		Net price				53,518.08
		Agreement:			GPOHT00010	
30	867030 867030	IntelliVue X3	6	PCE		
		A03 3-waves capability	6		0.00	0.00
		B06 Dual Press and Temp	6		600.32	3,601.92
		E31 Carrying Handle	6		99.68	598.08
		H72 Critical Care Transport SW	6		853.44	5,120.64
		SC2 System Cable - 2.0 m	6		0.00	0.00
		SP1 FAST SpO2	6		4,482.24	26,893.44
		Agreement Discount included in net -44.000 %				
		Net price				36,214.08
		Agreement:			GPOHT00010	
40	867041 867041	IntelliVue Microstream Extension	2	PCE	3,906.56	7,813.12
		B06 Add dual IBP, Temp	2		739.20	1,478.40
		Agreement Discount included in net -44.000 %				
		Net price				9,291.52
		Agreement:			GPOHT00010	
50	M1668A 989803145061	CBL 5 Lead ECG Trunk, AAMI/IEC 2.7m	6	PCE	86.87	521.22
		Agreement Discount included in net -27.000 %				
		Net price				521.22
		Agreement:			GPOHT00010	
60	M1968A 989803125841	CBL 5 Leadset, Grabber, AAMI, ICU	6	PCE	80.30	481.80



# PHILIPS

Philips Healthcare  
 3000 Minuteman Road, MS 2214  
 Andover, MA 01810-1099

<b>QUOTE DATE</b> 04/02/2020		<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 3 / 7
<b>LAST UPDATED</b> 04/02/2020	<b>TIME</b> 19:19:14		
<b>EXPIRATION DATE</b> 06/01/2020		<b>INCOTERMS</b> FOB DESTINATION	
<b>FORMAL QUOTE</b>			

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		Agreement Discount included in net -27.000 %				
		Net price				481.80
		Agreement:			GPOHT00010	
70	989803199741 989803199741	Dual IBP Adapter	6	PCE	111.69	670.14
		Agreement Discount included in net -27.000 %				
		Net price				670.14
		Agreement:			GPOHT00010	
80	M1599B 989803104341	Adult NIBP Air Hose 3.0m	6	PCE	48.18	289.08
		Agreement Discount included in net -27.000 %				
		Net price				289.08
		Agreement:			GPOHT00010	
90	M1191BL 989803144381	Reusable Adult SpO2 Sensor	6	PCE	197.10	1,182.60
		Agreement Discount included in net -27.000 %				
		Net price				1,182.60
		Agreement:			GPOHT00010	
100	M1920A 989803105531	FilterLine Set Adult/Pedi	1	PCE	209.51	209.51
		Agreement Discount included in net -27.000 %				
		Net price				209.51
		Agreement:			GPOHT00010	
10	989803179101 989803179101	Nasal Filterline O2 Adult	1	BX	366.46	366.46
		Agreement Discount included in net -27.000 %				
		Net price				366.46

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.



# PHILIPS

Philips Healthcare  
 3000 Minuteman Road, MS 2214  
 Andover, MA 01810-1099

<b>QUOTE DATE</b> 04/02/2020		<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 4 / 7
<b>LAST UPDATED</b> 04/02/2020	<b>TIME</b> 19:19:14		
<b>EXPIRATION DATE</b> 06/01/2020		<b>INCOTERMS</b> FOB DESTINATION	
<b>FORMAL QUOTE</b>			

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		Agreement:				GPOHT00010
120	H1028B 890500	Installation Site Services	1	PCE	3,145.00	3,145.00
		A04 Facilities Implem Solutions				
		Net price				3,145.00
130	MXU0345 MXU0345	M-Series Pivot Arm Kit 12", 6" DP (i)	6	PCE	324.00	1,944.00
		Net price				1,944.00
140	MXU0472 MXU0472	Cat5/5e/6 Cable Terminate & TIA/EAI Test	6	PCE	155.00	930.00
		Net price				930.00
150	MXU0523 MXU0523	IntelliVue Network - Hardwired (per bed)	6	PCE	685.00	4,110.00
		Net price				4,110.00
160	MXU0575 MXU0575	Project Management Services	10	PCE		
		A02 Advanced	10		285.00	2,850.00
		Net price				2,850.00
170	890539 890539	Clinical Config. & Impl. Services (CMS)	1	PCE		
		A06 1 Overtime Shift	1		2,650.00	2,650.00
		Net price				2,650.00
180	890539 890539	Clinical Config. & Impl. Services (CMS)	1	PCE		
		A12 IntelliVue Screen Creation	1		2,287.00	2,287.00



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Philips Healthcare  
3000 Minuteman Road, MS 2214  
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<b>QUOTE DATE</b> 04/02/2020		<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 5 / 7
<b>LAST UPDATED</b> 04/02/2020	<b>TIME</b> 19:19:14		
<b>EXPIRATION DATE</b> 06/01/2020		<b>INCOTERMS</b> FOB DESTINATION	
<b>FORMAL QUOTE</b>			

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		Net price				2,287.00
		<b>Total Quotation List Price</b>				226,181.00
		<b>Less All Applicable Discounts</b>				-90,770.11
		<b>Total Quotation Net Price</b>				<b>135,410.89</b>
<p>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. *</p> <p>Contract information for: Healthtrust *</p> <p>Prices quoted are subject to and reflect applicable discounts per the terms and conditions of the following contract: Contract #GPOHT00010 Expiration: Sep. 30, 2020 *</p> <p>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 : <a href="https://www.usa.philips.com/healthcare/about/terms-conditions">https://www.usa.philips.com/healthcare/about/terms-conditions</a> and the terms herein. *</p> <p>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. *</p> <p>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.</p>						





# PHILIPS

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<b>QUOTE DATE</b> 04/02/2020		<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 6 / 7
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<b>FORMAL QUOTE</b>			

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
<p>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.</p> <p>* *</p> <p>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.</p> <p>* *</p> <p>This quote specifically excludes Licensing &amp; Permit Fees, Prevailing Wage Compensation and Union Labor.</p> <p>* *</p> <p><b>IMPORTANT NOTICE:</b> 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).</p>						

# PHILIPS

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3000 Minuteman Road, MS 2214  
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<b>QUOTE DATE</b> 04/02/2020	<b>QUOTE NUMBER</b> 2301074259	<b>PAGE</b> 7 / 7
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<b>FORMAL QUOTE</b>		

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.

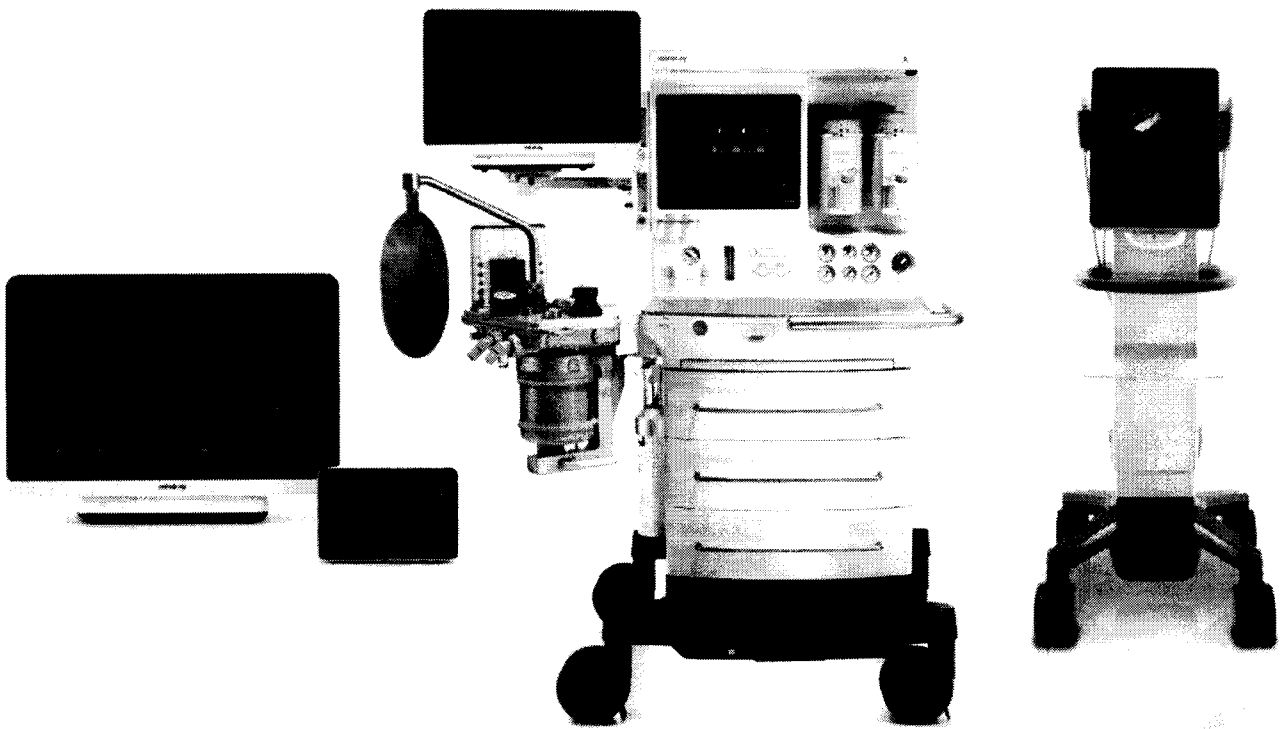
This quotation contains confidential and proprietary information of Philips Healthcare and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without prior written consent of Philips Healthcare



A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

PROPOSAL FOR:  
**CUERO COMMUNITY HOSPITAL**

PREPARED BY:  
**Adrian Valerio**  
Nov 11, 2020





## Proposal Summary

Proposal Date: Nov 11, 2020  
Proposal Number: Q-51439  
Proposal Exp. Date: Dec 31, 2020  
Sales Rep: Adrian Valerio  
Proposal For: CUERO COMMUNITY HOSPITAL

Mindray DS USA, Inc.  
800 MacArthur Blvd.  
Mahwah, NJ 07430  
Tel: 201-995-8000  
Fax: 800.266.9624

Contact:  
Title:  
Phone:  
Email:

### Total Price By Department

#### ICU/PACU

Department Name	List Price	Departmental Discount	Net Price
ICU/PACU	USD 166,501.01	USD -77,611.28	USD 88,889.73
<b>ICU/PACU TOTAL:</b>			<b>USD 88,889.73</b>

**TOTAL: USD 88,889.73**



**To:**  
 CUERO COMMUNITY  
 HOSPITAL  
 2550 NORTH ESPLANADE  
 (HSS)  
 CUERO, TX 77954

**Sales Representative:** Adrian Valerio  
**Quote Number:** Q-51439

**Proposal Date:** Nov 11, 2020

**Phone:** +1 9562467115  
**E-mail:** a.valerio@mindray.com

**Affiliation:** HIND

**ICU/PACU**

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
1	121-001607-00	N15 Monitor with Early Warning Score, SepsisSight and 24 hour ECG N15 Monitor- includes 5 year warranty, battery, 6 module slots, quick reference guide, line cord and 1 roll of paper	USD 11,405.00	USD 5,645.48	4	USD 22,581.92
2	121-001621-00	Microstream CO2 module (6800-30-50820) with accessory kit Sales BOM	USD 4,440.00	USD 2,197.80	4	USD 8,791.20
3	121-001562-00	MPM-3 Nellcor SpO2 3/5/6 lead Arrhythmia and ST (M51CE-PA00005) Multiparameter Modules- include SpO2 reusable adult finger sensor and cable, reusable adult NIBP cuff (pn 115-027715-00) and hose (pn 6200-30-09688), ECG 5 lead adult defib proof cable (pn 009-004266-00) and ECG 5 lead snap 24" wire set (pn 009-004782-00), and MR420B adapter cable for YSI probe (pn 040-001235-00). All other accessories must be ordered separately.	USD 6,500.00	USD 3,217.50	4	USD 12,870.00
4	115-062361-00	N Series Combo Ops Manual	Included	Included	1	USD 0.00
5	045-003426-00	M Series wall mount with bracket. (PP12m and PP17m)	USD 350.00	USD 222.08	4	USD 888.32
6	045-003425-00	Transition mounting plate. (N12, N15 and N17)	USD 120.00	USD 76.14	4	USD 304.56
7	121-001521-00	N12 Monitor with Early Warning Score N12 Monitor- includes 5 year warranty, battery, 4 module slots, quick reference guide, line cord and 1 roll of paper	USD 8,105.00	USD 4,011.98	2	USD 8,023.96
8	121-001563-00	MPM-3 Nellcor SpO2, 3/5/6 lead and Arrhythmia (M51CE-PA00006) Multiparameter Modules- include SpO2 reusable adult finger sensor and cable, reusable adult NIBP cuff (pn 115-027715-00) and hose (pn 6200-30-09688), ECG 5 lead adult defib proof cable (pn 009-004266-00) and ECG 5 lead snap 24" wire set (pn 009-004782-00), and MR420B adapter cable for YSI probe (pn 040-001235-00). All other accessories must be ordered separately.	USD 6,000.00	USD 2,970.00	2	USD 5,940.00
9	115-062361-00	N Series Combo Ops Manual	Included	Included	1	USD 0.00
10	045-003427-00	M Series wall mount with quick release mount. (N12, PP8, PP12, ePM, T1, N1, and Accutorr VS)	USD 480.00	USD 304.56	2	USD 609.12
11	045-003425-00	Transition mounting plate. (N12, N15 and N17)	USD 120.00	USD 76.14	2	USD 152.28
12	009-004766-00	3-Lead ECG Mobility Leadset, AHA, Snap, 36" Compatible with TM80/TD60	USD 105.00	USD 66.62	2	USD 133.24
13	115-050971-00	BeneVision DMS Host Package (Tower) - Central Station	USD 6,000.00	USD 2,970.00	1	USD 2,970.00





Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
14	803-011961-00	One year extended warranty	USD 2,230.00	USD 1,895.50	1	USD 1,895.50
15	803-011961-CRDT	Buying Group Warranty Credit	USD 0.00	USD -1,895.50	1	USD -1,895.50
16	0992-00-0002-04	OEM Uninterrupted power supply APCBR800	USD 186.00	USD 158.63	1	USD 158.63
17	121-001453-00	BeneVision DMS Widescreen Touch Display	USD 2,975.00	USD 1,472.63	1	USD 1,472.63
18	121-001372-00	BeneVision CS Server License	USD 9,700.00	USD 4,801.50	1	USD 4,801.50
19	121-001373-00	BeneVision CS Bed License (FD, Bed, Adv) - Per Channel	USD 400.00	USD 198.00	6	USD 1,188.00
20	803-040039-00	Device Install & Setup w/ CABL for one of the following - patient monitor, printer or display. Includes programming, configuration and verification	USD 1,322.00	USD 1,131.19	6	USD 6,787.14
21	023-001566-00	HP LaserJet Enterprise M608n Printer	USD 3,700.00	USD 1,831.50	1	USD 1,831.50
22	803-040039-00	Device Install & Setup w/ CABL for one of the following - patient monitor, printer or display. Includes programming, configuration and verification	USD 1,322.00	USD 1,131.19	1	USD 1,131.19
23	CLIN-ED-TRNG8HR	8 Hours of Clinical Education scheduled Monday through Friday	Included	Included	3	USD 0.00
24	803-040054-00	DMS Tower Server Design & Implementation per 2 Servers	USD 7,000.00	USD 7,000.00	1	USD 7,000.00
25	045-003660-02	BeneVision DMS R4 Software Media Kit, Version: 04.04	USD 0.01	USD 0.01	1	USD 0.01
26	023-001412-00	Network Time Server	USD 2,176.00	USD 1,254.53	1	USD 1,254.53
<b>ICU/PACU TOTAL:</b>						<b>USD 88,889.73</b>



**To:**  
CUERO COMMUNITY  
HOSPITAL  
2550 NORTH ESPLANADE  
(HSS)  
CUERO, TX 77954

**Sales Representative:** Adrian Valerio  
**Quote Number:** Q-51439

**Proposal Date:** Nov 11, 2020

**Phone:** +1 9562467115  
**E-mail:** a.valerio@mindray.com

**Affiliation:** HIND

**Affiliation Notes:** HPG Independents - HIND - (HealthTrust Purchasing Group)  
Patient Monitoring Contract # 500028 - Standard One Year-On Site Warranty for parts & labor on Passport Monitors, T1 Monitor, Gas Module & Central Stations. (Central Stations additional 1 year extended warranty). Standard Three Year Mail-In Warranty on Accutorr Monitors. N Series Monitors - Standard 5 year warranty.  
Ultrasound Contract #4954 M7, M9, TE5, TE7 Ultrasound Machines & Transducers (Excluding 4D & TEE Transducers - Standard one year) have a standard five year warranty. DC8 Ultrasound Machine & DC8 Transducers - Standard 1 Year Warranty. DC8 Expert Ultrasound Machine & Transducers - Standard five year warranty. Resona7 Ultrasound Machine & Transducers - Standard 5 Year Warranty.  
Anesthesia Contract #4957 - Anesthesia Machines - Standard three year warranty.  
DEMO EQUIPMENT and ACCESSORIES (6 MONTHS ONLY)

**Payment Terms:** Net 45

**Shipping Terms:** F.O.B. ORIGIN (CUSTOMER PAYS FREIGHT)  
"To ensure on-time delivery of your orders, Mindray may drop ship products directly from our overseas factories or distribution warehouses"

**Proposal Notes:**

**Product Notes:** Biomedical training credits issued to customers at the time of sale, are for the sole use of employees of the facility purchasing the equipment, and are non transferable.

Central Station - Hospitals, or buying groups, that require special containment procedures while opening plenum spaces including the use of a negative chamber tent system will be billed separately for the containment costs. These cost will include, but not be limited to, rental of a containment system, plus the additional cost incurred by the cable installer and the Mindray Representative who are required to use the system. This will also apply to any containment costs incurred after the installation for Mindray Representatives when performing maintenance on the system.

**Trash Removal responsibility**

Mindray is not responsible for the disposal of packing material associated with newly installed Mindray products. Mindray will work with the customer to collect and centralize the packing material for ease of disposal by the customers' personnel. The customer will be responsible for sorting and disposal of packing material.

**De-Installation of existing cabling**

Mindray is not responsible for the de-installation of existing cabling associated with an existing patient monitoring system. Mindray will provide this service on a time and material basis in the event that the customer would like to have this work done by Mindray at the time of the installation. Customer will be responsible for pulling of cable and certification, if these items are not charged on the body of this quote.

**Fiber Optics Requirements**



In the event that fiber optics network runs are necessary due to the location of the central rack, then it will be the customer's responsibility to add the necessary fiber optic run(s). Mindray Technology service will provide this service on a T+M basis in the event that the customer would like to have this work done by Mindray.

Pricing for cable pull and certification is based on nonunion labor. If Union labor is required customer will be invoiced for any additional cost. Pricing for cablepull includes installation of cables above ceilings or any horizontal/vertical pathways and shall be supported per BISCi standards utilizing communications rated J-hooks. Pricing does not include major structural changes to go between walls or floors, e.g., penetration of interior or exterior cement walls or the installation of conduit/Raceway.

#### Core Drilling requirements

In the event that core drilling (i.e drilling between floors to accommodate network runs) is required to complete an installation, the customer will be responsible for customary costs associated with this work. Mindray Technology Services will provide this service on a T+M basis if requested by the customer.

(Customary charges are approximately \$450 each)

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

**Product Notes:**

Please complete at time of purchase:

Uncrating Needed: YES / NO

Receiving Dock Hours: \_\_\_\_\_

Debris Removal: YES / NO

Lift Gate Required: YES / NO

Prior Notification: YES / NO

Inside Delivery Required: YES / NO

Contact Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Phone #(s) \_\_\_\_\_

E-mail Address(s) \_\_\_\_\_

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

This quotation contains no provisions for Biomedical training tuition or credits.

**If your terms are Cash-in-advance, please remit check directly to:**

Mindray DS USA, Inc. 24312 Network Place, Chicago, IL 60673-1243

## Total Price By Department

### ICU/PACU

Department Name	List Price	Departmental Discount	Net Price
ICU/PACU	USD 166,501.01	USD -77,611.28	USD 88,889.73
<b>ICU/PACU TOTAL:</b>			<b>USD 88,889.73</b>

**TOTAL: USD 88,889.73**

## Quotation

<b>Total List Amount</b>	<b>USD 166,501.01</b>
<b>Total GPO Discount</b>	<b>USD 77,611.28</b>
<b>Total Additional Discount/TradeIn</b>	<b>USD 0.00</b>
<b>Total Net Amount</b>	<b>USD 88,889.73</b>

## Mindray Capital Leasing Options

### Monthly Lease Payment Amount:

36 months USD 2,634.25  
 48 months USD 2,017.00  
 60 months USD 1,647.13

### Leasing Notes:

This quote is non-binding and is subject to credit approval and acceptance by Mindray Capital. Monthly payments do not include applicable freight and taxes.





**Total Net Price For Purchase:**

**USD 88,889.73**

**To:**  
CUERO COMMUNITY  
HOSPITAL  
2550 NORTH ESPLANADE  
(HSS)  
CUERO, TX 77954

**Sales Representative:** Adrian Valerio  
**Quote Number:** Q-51439  
**Proposal Date:** Nov 11, 2020

**Phone:** +1 9562467115  
**E-mail:** a.valerio@mindray.com

**Affiliation:** HIND

Title of Buyer	Printed Name of the Buyer

Purchase Order Number	Date	Signature of the Buyer

Ship to Address:

Bill to Address:

**We have selected a non-Masimo SpO2 technology and have requested a proposal using an alternate SpO2 technology.**

**Although we have been educated on the Masmio SpO2 option by Mindray, we have independently chosen the alternate SpO2 option based upon our business needs.**

**Signature of buyer** \_\_\_\_\_

**Mindray North America now has a \$150 minimum order policy.  
Unless otherwise stated, the total net price of this quotation does not include, freight or sales tax.**

# **AGENDA ITEM #2**

## **Capital Expenditure Request for PCR Equipment – Review and Take Appropriate Action**

**Attached:**

**CEPHEID**

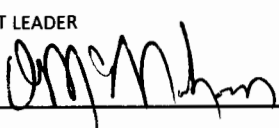
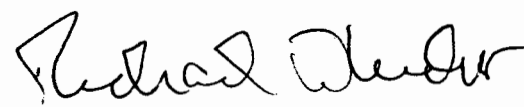
**\$181,921.00**

**Note: This item has been signed out of cycle due to need  
for COVID-19 Testing.**

HOSPITAL/ENTITY: CUERO REGIONAL HOSPITAL		
DEPARTMENT: LABORATORY		DATE PREPARED: 12/04/2020
Is the requested purchase in compliance with the Healthtrust GPO?		

D E S C R I P T I O N	PROJECT NAME: Cepheid Genexpert PCR	DESIRED DELIVERY/START DATE
	PROJECT DESCRIPTION: Cepheid Genexpert PCR analyzer is used for Covid-19 testing, MRSA, C.diff, CT/NG, TV and GBS. Will be replacing the Sofia2 Ag testing.	PURPOSE FOR REQUEST New Service <input checked="" 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>	
	>POSITIVE COVID-19 PATIENTS	
	BUDGET REFERENCE	Amount Budgeted
	BUDGET LINE ITEM IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?	\$0
	>POSITIVE COVID-19 PATIENTS/ WE ARE CURRENTLY PAYING OF SEND-OUT SERVICES	

EQUIPMENT/PROJECT COSTS	Attach copies of proposals			ASSET DISPOSITION DATA	
	Bid #1	Bid #2	Bid #3	Description of Disposed Assets:	
Name of Bidder	CEPHEID				
Land and/or Acquisition					
Construction				BOOK VALUE OF DISPOSED ASSET	
Equipment				METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
TOTAL COSTS	\$181,921.00				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: 12/4/2020
	Stephanie Atkinson		
	SLT LEADER		DATE: 12/21/20
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER	Alma Alexander 12/14/2020	DATE:
		DATE: 12/30/20	
	Board Member Signature if greater than \$5,000		

Signal out of cycle - will use COVID funds

# CUERO COMMUNITY HOSPITAL LAB REQUISITION FORM

VENDOR: CEPHEID

REQUISITION DATE: 12/04/2020

ADDRESS: US904 CARIBBEAN DR  
SUNNYVALE CA

Meditech P.O. No. Issued \_\_\_\_\_

PHONE: 512-947-6600

Manual P.O. No. Issued \_\_\_\_\_

Product

Service

Subscription

Reimbursement

QTY.	PKG.	HOSPITAL ITEM #	VENDOR CATALOG #	DESCRIPTION	PRICE PER UNIT	TOTAL
1			GXIV-4-D	GENEXPERT IV R2 4 MODULE CONFIGURATION D	\$59,596.00	\$59,596.00
1			PRINTER-BW	B&w PRINTER FOR GENEXPERT AND SMARTCYCL	\$200.00	\$200.00
1			850-0386	PRO APC POWER-SAVING BACK-UPS 1500/120V	\$995.00	\$995.00
1			900-0513	GENEXPERT, GX4 R2, 4 SITE SYSTEM, DIAGNOST	\$57,246.00	\$57,246.00
1			DAISYKIT	GENEXPERT SYSTEM DAISY CHAIN ACCESSORIES	\$79.00	\$79.00
1			100-1375	POWER CORD, 6FT,120V,C13 TO TYPE B, 10A	\$5.00	\$5.00
1				Shipping and Processing Fee	\$800.00	\$800.00
<b>COMMENT OR EXPLANATION:</b>					<b>TOTAL</b>	<b>\$118,921.00</b>
CEPHEID ANALYZER FOR COVID-19 PCR TESTING						
<b>You must secure purchase order number from Purchasing Dept. before ordering.</b>						

Stephanie Atkinson  
Requestor's Signature

12/04/2020  
Date

7010-6100  
Requesting Department (to be charged)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Approval

\_\_\_\_\_  
Materials Management Director

\_\_\_\_\_  
Date Request Received

\_\_\_\_\_  
MM Order Date

Infinity Systems

GeneXpert Infinity

GeneXpert I

GeneXpert II

GeneXpert IV

GeneXpert XVI

GeneXpert Xpress II

GeneXpert Xpress IV

## The GeneXpert® System

→ *Molecular diagnostics made fast, accurate, and easy.*

With the GeneXpert® System and the Xpert® test menu, Cepheid delivers actionable results when clinicians need them most.

 **Cepheid.**  
A better way.



# GeneXpert® System: Clinical IVD Test Menu

			Number of Tests	Catalog Number
Healthcare Associated Infections	Xpert® MRSA NxG	Active MRSA surveillance testing in around 45 minutes*	10 120	GXMRSA-NXG-10 GXMRSA-NXG-120
	Xpert® SA Nasal Complete	Pre-surgical testing for <i>S. aureus</i> and MRSA in about an hour	10	GXSACOMP-10
	Xpert® MRSA/SA BC	Detection of MRSA and <i>S. aureus</i> in positive blood cultures in about an hour	10	GXMRSASA-BC-10
	Xpert® MRSA/SA SSTI	Detection of MRSA & <i>S. aureus</i> skin and soft tissue infections in about an hour	10	GXMRSASA-SSTI-10
	Xpert® <i>C. difficile</i> /Epi	Detection and differentiation of <i>Clostridium difficile</i> & the epidemic 027 strain in around 40 minutes	10 120	GXCDIFF/EPI-10 GXCDIFF/EPI-120
	Xpert® <i>vanA</i>	On-demand testing to assist with VRE surveillance in around 45 minutes*	10	GXVANA-10
	Xpert® Carba-R	Detection of the carbapenem-resistance genes encoding KPC, NDM, VIM, OXA-48 and IMP in around 50 minutes from isolates, rectal swabs, or perirectal swabs	10	GXCARBAR-10
Critical Infectious Diseases	Xpert® Norovirus	Rapid identification and differentiation of Norovirus GI and GII in less than one hour*	10	GXNOV-10
	Xpert® Xpress Strep A	Rapid detection of Group A Streptococcus DNA in as soon as 18 minutes**	10 120	XPRSTREPA-10 XPRSTREPA-120
	Xpert® Xpress Flu	Rapid detection of Flu A and Flu B in as soon as 18 minutes**	10	XPRSFLU-10
	Xpert® Xpress Flu/RSV	Rapid detection and differentiation of Flu A, Flu B, and RSV in as soon as 20 minutes**	10	XPRSFLU/RSV-10
	Xpert® MTB/RIF	Detection of MTB and rifampin resistance mutations in less than two hours	10	GXMTB/RIF-US-10
	Xpert® EV	Fast molecular diagnostic testing for enterovirus in 2.5 hours	10	GXEV-100N-10
Women's & Sexual Health	Xpert® Ebola	Detection of Ebola Zaire virus in around 90 minutes	10	GXEbola-10
	Xpert® CT/NG	Detection of <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> infections in around 90 minutes	10 120	GXCT/NG-10 GXCT/NG-120
	Xpert® TV	Detection of <i>Trichomonas vaginalis</i> in male and female specimens in around 40 minutes*	10	GXTV-10
	Xpert® GBS	Intrapartum screening for Group B <i>streptococcus</i> during labor/ delivery less than 1 hour	10	GXGBS-100N-10
	Xpert® GBS LB	Antepartum screening from LIM broth for Group B <i>streptococcus</i> in as soon as about 40 minutes*	10 120	GXGBSLB-10 GXGBSLB-120
Oncology & Genetics	Xpert® BCR-ABL Ultra	On-demand measurement of BCR-ABL p210 transcript levels for individuals with CML in under 2 hours	10	GXBCRABL-US-10
	Xpert® FII & FV	Identification of genetic risk factors for thrombosis in around 30 minutes	10	GXFIIFV-10

SARS

All tests listed are non-waived unless otherwise stated.

\* With EAT (Early Assay Termination), for Positive Results

^ With early assay termination (EAT) for positive results. Reporting negatives and combined reporting in 30 minutes.

# Xpert Xpress Flu, Xpert Xpress Flu/RSV, and Xpert Xpress Strep A are *in vitro* diagnostic devices for use in Moderate Complexity or CLIA waived setting. All other tests are non-waived tests.

† For Use Under an Emergency Use Authorization (EUA) Only

For *In Vitro* Diagnostic Use.

CORPORATE HEADQUARTERS

904 Caribbean Drive  
Sunnyvale, CA 94089 USA

TOLL FREE +1.888.336.2743  
PHONE +1.408.541.4191  
FAX +1.408.541.4192

EUROPEAN HEADQUARTERS

Vira Soleih  
81470 Maurens-Scopont France

PHONE +33.563.82.53.00  
FAX +33.563.82.53.01

www.Cepheid.com

0323-22

# Budgetary Quote



**Cepheid**  
 US904 Caribbean Dr  
 Sunnyvale CA US904 Caribbean Dr  
 USA

**Quote Number :**

**Quote Date :** 11/19/2020 11:47 AM  
**Quote Expire :** 2/17/2021

**Print Date :** 11/19/2020  
**Contact :** sarah.parker@cepheid.com

**Phone :** 5129476600  
**Fax :**

<b>Sold To : Cuero Community Hospital</b> Cuero Community Hospital 2550 N Esplanade St Cuero TX 77954 USA	<b>Ship To: Cuero Community Hospital</b> Cuero Community Hospital 2550 N Esplanade St Cuero TX 77954 USA
Buyer : Stephanie Atkinson-Stewart Phone : 3612756191	Phone : 3612756191

**Attention :** Stephanie Atkinson-Stewart  
**Phone :**  
**Sales Rep :** Sarah Parker  
**GPO :** HealthTrust (HT)

Pricing is contingent upon approval of a valid Letter of Participation (LOP).

PLEASE EMAIL BUDGETARY ORDERS TO: sarah.parker@cepheid.com

LINE	ITEM NO.	QTY	UOM	UNIT PRICE	DISCOUNT	NET PRICE	EXTENDED PRICE
1	GXIV-4-D	1.00	EA	USD 63,400.00	USD -3,804.00	USD 59,596.00	USD 59,596.00
GENEXPERT IV R2 4 MODULE CONFIGURATION D							
2	PRINTER-BW	1.00	EA	USD 250.00	USD -50.00	USD 200.00	USD 200.00
B&W PRINTER FOR GENEXPERT AND SMARTCYCL							
3	850-0386	1.00	EA	USD 995.00	USD 0.00	USD 995.00	USD 995.00
PRO APC POWER-SAVING BACK-UPS 1500/120V							
4	900-0513	1.00	EA	USD 60,900.00	USD -3,654.00	USD 57,246.00	USD 57,246.00

## Budgetary Quote

LINE	ITEM NO.	QTY	UOM	UNIT PRICE	DISCOUNT	NET PRICE	EXTENDED PRICE
GENEXPERT,GX4 R2,4 SITE SYSTEM, DIAGNOST							
5	DAISYKIT	1.00	EA	USD 79.00	USD 0.00	USD 79.00	USD 79.00
GENEXPERT SYSTEM DAISY CHAIN ACCESSORIES							
6	100-1375	1.00	EA	USD 5.00	USD 0.00	USD 5.00	USD 5.00
POWER CORD, 6 FT,120V, C13 TO TYPE B,10A							

## Budgetary Quote

**Note: This information is provided for budgetary purposes only and is subject to change. Pricing is subject to formal quotation, applicable terms and conditions, local taxes, and promotional requirements.**

### Non-Infinity Instrument Terms

YOUR PURCHASE ORDER MUST REFERENCE THE QUOTE NUMBER ABOVE. PRICE ADJUSTMENTS MAY NOT BE ALLOWED AFTER SHIPMENT.

Cepheid warrants that the Products (i) shall be free from defects in material and workmanship for a period of one year after shipment, (ii) conform to Cepheid's published specifications for the Products, and (iii) are free of liens and encumbrances when shipped to Customer. Your purchase is governed by any direct agreement between you and Cepheid and any applicable agreement(s) with your GPO and/or IDN. If no such agreements are in effect, the Terms and Conditions available at [www.cepheid.com/us/support/support/order-management](http://www.cepheid.com/us/support/support/order-management) shall govern your purchase and by submitting a purchase order, you agree to such Terms and Conditions. No terms or conditions in a purchase order that are contrary or in addition to those in any of the foregoing agreements shall apply. Except as otherwise agreed upon by Cepheid: standard orders ship via FedEx 2-Day; quoted freight charge is an estimate only and final charges will be prepaid and added to the invoice, and ALL SALES ARE FINAL AND ARE NON-RETURNABLE AND NON-REFUNDABLE. Customer's preferred carrier and account number are required if shipped collect. Please fax Purchase Orders to 408-716-2840, or email a PDF version of the Purchase Order to [ordermanagement@cepheid.com](mailto:ordermanagement@cepheid.com).

## Budgetary Quote

### Standard Terms

YOUR PURCHASE ORDER MUST REFERENCE THE QUOTE NUMBER ABOVE. PRICE ADJUSTMENTS MAY NOT BE ALLOWED AFTER SHIPMENT.

Cepheid warrants that the Products shall be free from defects in material and workmanship for a period of one year after shipment, (ii) conform to Cepheid's published specifications for the Products, and (iii) are free of liens and encumbrances when shipped to Customer. Your purchase is governed by any direct agreement between you and Cepheid and any applicable agreement(s) with your GPO and/or IDN. If no such agreements are in effect, the Terms and Conditions available at

<http://www.cepheid.com/us/support/support/order-management>

shall govern your purchase and by submitting a purchase order, you agree to such Terms and Conditions. No terms or conditions in a purchase order that are contrary or in addition to those in any of the foregoing agreements shall apply. Except as otherwise agreed upon by Cepheid: standard orders ship via FedEx 2-Day; quoted freight charge is an estimate only and final charges will be prepaid and added to the invoice, and ALL SALES ARE FINAL AND ARE NON-RETURNABLE AND NON-REFUNDABLE. The customer's preferred carrier and account number are required if shipped collect. Please fax Purchase Orders to 408-716-2840, or email a PDF version of the Purchase Order to [sarah.parker@cepheid.com](mailto:sarah.parker@cepheid.com)

Total : USD 118,121.00  
Shipping & Handling : USD 800.00  
Total Tax :  
Grand Total : USD 118,921.00

<b>GPO</b>	HealthTrust (HT)
<b>Payment Terms</b>	Net 30
<b>Freight Terms</b>	
<b>FOB Point</b>	
<b>Ship Via</b>	
<b>SalesPerson</b>	Sarah Parker





## QUICK QUOTE

**CUSTOMER:** CUERO REGIONAL HOSPITAL  
Cuero, TX

**EQUIPMENT:** Two (2) IV, 4 Testing Site Molecular Systems

**EQUIPMENT COST:** \$118,921.00

Lease Options:

Lease Type	Lease Term	Monthly Payment
Operating Lease	60 Months	\$2,144.15

### OPTIONS AT CONCLUSION OF AGREEMENT TERM

#### OPERATING LEASE

- (a) Return the equipment to Lessor with no further obligation.
- (b) Renew lease based on the then fair market value of the equipment.
- (c) Purchase equipment based on the then fair market value of the equipment.

Subject to credit approval and any applicable taxes.

For more information please contact your Cepheid rep or Carl Janik, [CJanik@LABarrington.com](mailto:CJanik@LABarrington.com) at LABarrington.

August 17, 2020  
Current Index: 0.30%

QUICK QUOTE – CEPHEID/CUERO REGIONAL HOSPITAL 8-17-2020 IV-4 L QQ

# New Customer Set-up Form

## Business Information

**Legal Name:** \_\_\_\_\_

**DUNS Number (D&B Number, if available):** \_\_\_\_\_

Type of Business: \_\_\_\_\_

Legal Form Under Which Business Operates

(Corporation, Partnership, Ownership): \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Tax Status:

**Exempt**

If Tax Exempt PLEASE ATTACH the Certificate

**Non-Exempt**

If Non-Exempt, please provide your sales tax rate: \_\_\_\_\_ County: \_\_\_\_\_

NAICS or NACE classification: \_\_\_\_\_

National Provider Identifier Standard (NPI) classification: \_\_\_\_\_

Sold-To Address (Legal entity placing the order)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

System Ship-to (Instrument location, please specify room and floor if applicable)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

# New Customer Set-up Form



## Reagent Tests Ship-to Address (If different from System Ship-to)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Bill-to Address (Where invoices should be sent)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Payer Address (Accounts Payable, where checks will be sent from, if different than Bill-to)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Cepheid is committed to maintaining the confidentiality of all non-public financial information that you provide.*

# New Customer Set-up Form

In order to establish your credit limit with Cepheid  
PLEASE PROVIDE BANK AND TRADE INFORMATION

## Trade References: 3 Required (Name, Address and Contact Information)

1. Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
-----
2. Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
-----
3. Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Bank Information / IBAN: (Bank Name, Account Number, Swift Code, Contact Number)

1. Institution Name: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Institution Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
-----
2. Institution Name: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Institution Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

# New Customer Set-up Form



## FINANCIAL INFORMATION

Please also provide your latest financial statements (balance sheet and income statement).

### Statement of Accuracy and Permission to Verify

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

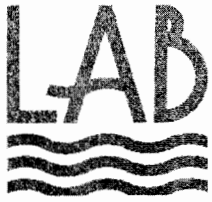
\_\_\_\_\_  
**Date**

For customers in North America:

The completed form should be sent to Order Management via fax to 408-716-2840 or it may be emailed to [ordermanagement@cepheid.com](mailto:ordermanagement@cepheid.com).

For all other Regions:

The completed form should be emailed to [Finance.AR@cepheid.com](mailto:Finance.AR@cepheid.com).



## CREDIT INFORMATION - HOSPITAL

**I. HOSPITAL NAME** \_\_\_\_\_

(Complete, legal name of entity intending to lease the Equipment as registered with the Secretary of State)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Equipment Location Address (if different than above) \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ e-mail \_\_\_\_\_

**II. FINANCIAL INFORMATION:**

Last fiscal year-end financial statement in its entirety, including accountants' opinion letter and all notes and schedules.

Most recent interim financial statement, including balance sheet and profit and loss information.

Sales/Use Tax Exempt Certificate

W9 Form

**Exhibit E**

**Facility/Group Standardization Incentive Program (SIP)**

**Cepheid, Inc.  
Contract #5982, #6145, #6146  
Effective November 1, 2017**

The undersigned Purchaser hereby commits to purchase from **Cepheid, Inc.** (“Vendor”) a minimum number of tests per month (defined by Levels below) on Products available under the purchasing agreement executed between Vendor and HealthTrust dated September 1, 2014 for **Molecular Diagnostic Testing – Hospital Acquired Infections (#5982), Infectious Diseases (#6145) and Women’s Health (#6146)** (“Agreement”). Purchaser understands that its eligibility to participate in Vendor’s Standardization Incentive Program (“SIP”) is contingent upon signing this SIP agreement form (“**Acknowledgement Form**”) and that any standardization program in place with Purchaser is superseded by this Acknowledgment Form. Based upon execution of this Acknowledgement Form, a Purchaser will receive a discounted price at the Level selected below:

**NOTE: Completion of this Acknowledgment Form is required for all Levels including Access Level. Members have ninety (90) days from the November 1, 2017 contract start date to complete a new SIP or they will revert to Access pricing. In the meantime, Vendor will automatically grant access to the new pricing based upon the member’s current volumes.**

1	Level 1	Purchaser commits to purchase greater than 7,501 tests per month within the contract category from Vendor.	Facility/Group
2	Level 2	Purchaser commits to purchase at least 4,001 -7,500 tests per month within the contract category from Vendor.	Facility/Group
3	Level 3	Purchaser commits to purchase at least 2,001 – 4,000 tests per month within the contract category from Vendor or Cepheid Molecular Standardization Tier.	Facility/Group
4	Level 4	Purchaser commits to purchase greater than 1,000 – 2,000 tests per month within the contract category from Vendor.	Facility/Group
5	Level 5	Purchaser commits to purchase at least 1 – 1,000 tests per month within the contract category from Vendor.	Facility/Group
6	Access	There are no requirements to access this tier.	Facility/Group

**Level Savings: (See chart below to designate)**

- Level 1 – 25% - 57.33%**
- Level 2 – 23.5% - 57%**
- Level 3 - 20% - 55%**
- Level 4 - 15% - 52%**
- Level 5 - 11% - 48%**
- Level 6 – 4%**



1. **Commitment.** The commitment is on behalf of: (please select one)

Purchaser (Group Affiliated) – See Exhibits A-1 & A-2

Group – “**Group**” shall be defined as a set of Purchasers, where one Purchaser (1) operates multi-Purchaser member systems and has the ability to coordinate the purchasing decisions of such Purchasers, or such entity that has an established network of Purchasers for purposes of group purchasing and (2) has the ability to commit volume on behalf of each Purchaser under one SIP Acknowledgment Form. The Purchasers of a Group must be listed in Attachment A-1 and Attachment A-2 of this Acknowledgment Form.

2. **Level.** The undersigned Purchaser hereby designates the following desired level under the above-referenced Agreement.

a. Reagent Level

- i. Level 6 -Access Level: Purchaser/Group designating Access Level will receive Access Level pricing with no additional commitments.
- ii. Level 1-5 - Committed Level: Purchaser/Group may access volume based pricing by designating Level 1-5. Purchaser/Group shall purchase an **average monthly volume** of Vendor reagent products no less than the minimum volume it designates in the sub-level for thirty-six (36) months from the effective date of this SIP. A Group may aggregate the volume of its Purchasers to meet its Level designation.

Cepheid Molecular Standardization Level: Cepheid Molecular Standardization Level pricing is equivalent to the pricing of Level 3. Purchaser/Group may access the Cepheid Molecular Standardization Level by committing to **utilizing Vendor as the primary source for molecular testing for all molecular tests available from Vendor’s reagent menu**. Purchaser designating the Cepheid Molecular Standardization Level must: 1) utilize Vendor for at least ninety percent (**90%**) of **Purchaser’s molecular testing** needs for tests available on Vendor’s reagent menu, 2) utilize at least five (**5**) **different Vendor reagent tests**, and 3) commits to requirements 1) and 2) of this section for **thirty-six (36) months**. A Group may only access the Cepheid Molecular Standardization Level provided that each Purchaser in the Group commits to requirements 1), 2), and 3) of this section.

- iii. Cepheid Legacy Level: Purchaser/Group may designate the Cepheid Legacy Level if Purchaser/Group is an existing customer of Vendor. Purchaser/Group will receive its current pricing if Purchaser/Group maintains its existing volume commitment of \_\_\_\_\_ **tests per month** for at least thirty-six (36) months after the effective date of the Acknowledgment Form. Purchaser/Group existing volume commitment for the purposes of this section means the average of Purchaser/Group’s test per month volume with Vendor over the last one hundred eighty (180) days.
- iv. Flu “Super Tier:” Purchaser/Group may access volume based Flu “Super Tier” Level by designating Flu 3k, Flu 5k, or Flu 10k. Group/Purchaser shall purchase an **annual volume** of Cepheid Flu &/or Flu/RSV reagent products no less than the minimum **annual volume** designates in the sub-level for thirty-six (36) months from the effective date of this SIP. A Group may aggregate the volume of its Purchasers to meet its Flu “Super “Tier Level designation. If accessing Super Tier Level, Flu &/or Flu/RSV volumes will not be included in total volume aggregation. If not accessing Super Tier Level, Flu &/or Flu/RSV volumes will be included in total volume aggregation.

b. Level Designation

Select one Reagent Level and one optional Flu Level by initialing below:

<b>Member Initials</b>	<b>Level</b>	<b>TOTAL PRODUCT PURCHASES (or tests per month where applicable)</b>
	Level 1	Committed Level– Based on Committed Monthly Volume of 7,501 + <b>tests/month</b>
	Level 2	Committed Level – Based on Committed Monthly Volume of 4,001 – 7,500 <b>tests/month</b>
	Level 3	Committed Level– Based on Committed Monthly Volume of 2,001 – 4,000 <b>tests/month</b>
	Level 4	Committed Level – Based on Committed Monthly Volume of 1,001 – 2,000 <b>tests/month</b>
	Level 5	Committed Level - Based on Committed Monthly Volume of 1 – 1,000 <b>tests/month</b>
	Level 6	Access Price. No Commitment
		Cepheid Molecular Standardization Level
		Cepheid Legacy Level
<b>Member Initials</b>	<b>Level</b>	<b>TOTAL PRODUCT PURCHASES (or tests per year where applicable)</b>
	Flu 10k	Committed Level– Based on Committed Annual Volume of 10,000 + Flu and/or Flu/RSV tests/ <b>year</b>
	Flu 5k	Committed Level – Based on Committed Annual Volume of 5,000 – 10,000 Flu and/or Flu/RSV tests/ <b>year</b>
	Flu 3k	Committed Level– Based on Committed Monthly Volume of 3,000 – 5,000 Flu and/or Flu/RSV tests/ <b>year</b>

**Compliance.**

Group/Purchaser and Vendor may review the Group/Purchaser purchasing history semi-annually. In the event Group/Purchaser's purchasing rate indicates that Group/Purchaser will fail to meet its annual expenditure requirements at the contracted Level, Vendor will provide thirty (30) days prior written notice to the Group/Purchaser that it intends to adjust Group/Purchaser's SIP Level to the Level that most accurately reflects the actual rate at which Group/Purchaser is purchasing at the time of the semi-annual review. Group/Purchaser will have the opportunity to cure its failure within such thirty-day period. If Group/Purchaser fails to cure within such period, then Vendor's sole remedy will be to adjust the Level going forward and Vendor and Group/Purchaser will execute a new Acknowledgement Form for the remaining term of the original Acknowledgment Form in which the new Level is indicated; however, the new Level must not be Level 6. Upon request of HealthTrust, Vendor shall provide to HealthTrust a fully executed copy of this Acknowledgement Form. Any change to the terms of this Acknowledgement Form shall first be approved in writing by HealthTrust.

3. **Term; Termination.**

This Acknowledgement Form shall terminate on the Termination Date, or when another Acknowledgment Form or equivalent is signed by Purchaser/Group and accepted by Vendor.

4. **Supplemental Terms.**

This Acknowledgment Form is entered into subject to the terms and conditions of the Agreement.

Authorized Purchaser/Group Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name/Title: \_\_\_\_\_

Facility/Group/Purchaser Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Authorized Vendor representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please Scan and E-mail a Signed Copy to: [laureen.haynes@cepheid.com](mailto:laureen.haynes@cepheid.com)

**ATTACHMENT A-1**

**LIST OF PARTICIPATING MEMBER/ PARTICIPATING MEMBER GROUP FACILITIES**

Group must list only those members of the group and their actively contributing volume towards the Group's committed volume. Should any additional members be added, Group will provide an updated SIP that supports the new member addition.

**[TO BE COMPLETED BY GROUP OR PURCHASER AND UPDATED ON AN ANNUAL BASIS]**

**Group Name:**

<b>GPOID</b>	<b>Member Facility Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Committed Monthly Volumes</b>

**ATTACHMENT A-2**

**LIST OF PARTICIPATING MEMBER/ PARTICIPATING MEMBER GROUP FACILITIES**

Group must list only those members of the group and their actively contributing volume towards the Group's committed volume. Should any additional members be added, Group will provide an updated SIP that supports the new member addition.

**[TO BE COMPLETED BY GROUP OR PURCHASER AND UPDATED ON AN ANNUAL BASIS]**

**Group Name:**

<b>GPOID</b>	<b>Member Facility Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Flu &amp; Flu/RSV Committed Annual Volumes</b>

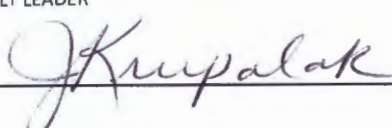
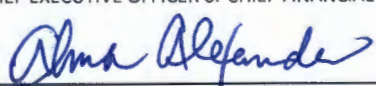
# **AGENDA ITEM #3**

## **Capital Equipment Purchase for EMS Interoperability Radios – Review and Take Appropriate Action**

**Attached:**

<b>GCC</b>	<b>\$ 20,187.78</b>	<b>Recommended*</b>
<b>VCS</b>	<b>\$ 25,914.03</b>	
<b>Hallettsville</b>	<b>\$ 36,453.57</b>	

**\*RAC Monies will be used to offset \$9,587.84 of the  
Total Cost.**

HOSPITAL/ENTITY  DEPARTMENT <b>EMS</b>		DATE PREPARED 01-08-2021																								
Is the requested purchase in compliance with the Healthtrust GPO?																										
D PROJECT NAME E PROJECT DESCRIPTION S C R I P T I O N	PROJECT NAME <p style="text-align: center; color: blue;"><b>EMS Communications</b></p> PROJECT DESCRIPTION P25 interoperability Radios. Replacing old & unusable radios. 7 portable-APX 4000 VHF and 1 mobile - APX 8500 VHF																									
	PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Code Compliance <input type="checkbox"/>																									
	JUSTIFICATION <i>Indicate present situation, need for the item requested and alternative considerations.</i> Effective information distribution and employee safety , something the only line of communication available .																									
	BUDGET REFERENCE BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	Amount Budgeted <p style="text-align: center; font-weight: bold;">\$30,000</p>																								
	Standardized Equipment No other Bids needed																									
F I N A N C I A L	EQUIPMENT/PROJECT COSTS <p style="text-align: center; font-weight: bold;">\$34,000.00</p> Name of Bidder Land and/or Acquisition Construction Equipment TOTAL COSTS RAC Monies NET CAPITAL REQUIRED RECOMMENDATION (Check one)	Attach copies of proposals <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Bid #1</th> <th>Bid #2</th> <th>Bid #3</th> </tr> </thead> <tbody> <tr> <td>GCC</td> <td>VCS</td> <td>Hallettsville</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>\$20,187.78</td> <td>\$25,914.03</td> <td>\$36,453.57</td> </tr> <tr> <td>\$20,187.78</td> <td>\$25,914.03</td> <td>\$36,453.57</td> </tr> <tr> <td>\$9,587.84</td> <td>\$9,587.84</td> <td>\$9,587.84</td> </tr> <tr> <td>\$10,599.94</td> <td>\$16,326.19</td> <td>\$26,865.73</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Bid #1	Bid #2	Bid #3	GCC	VCS	Hallettsville				\$20,187.78	\$25,914.03	\$36,453.57	\$20,187.78	\$25,914.03	\$36,453.57	\$9,587.84	\$9,587.84	\$9,587.84	\$10,599.94	\$16,326.19	\$26,865.73	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bid #1	Bid #2	Bid #3																								
GCC	VCS	Hallettsville																								
\$20,187.78	\$25,914.03	\$36,453.57																								
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\$10,599.94	\$16,326.19	\$26,865.73																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
	ASSET DISPOSITION DATA Description of Disposed Assets:  BOOK VALUE OF DISPOSED ASSET  METHOD OF DISPOSITION Trade In <input type="checkbox"/> Sale <input type="checkbox"/> Abandonment <input type="checkbox"/>																									
A U T H O R I Z A T I O N	DEPARTMENT HEAD Freddie Solis SLT LEADER  CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER  1/8/2021																									
	DATE: 1/8/2021  DATE: 1/8/2021  DATE:																									
	Board Member Signature if greater than \$5,000																									





## 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

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



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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.**







**Freddie Solis**

Cuero EMS

10/23/2020

10/23/2020

Freddie Solis  
Cuero Regional Hospital - EMS  
CUERO, Texas 77954

RE: Motorola Quote for Cuero EMS  
Dear Freddie Solis,

Motorola Solutions is pleased to present Freddie Solis 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 Freddie Solis with the best products and services available in the communications industry. Please direct any questions to Mark Jacobs at [mjacobs@tisd.net](mailto: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 EMS, CITY OF  
 Cuero Regional Hospital - EMS  
 CUERO, Texas 77954  
 United States

Shipping Address:  
 Cuero Regional Hospital - EMS  
 2550 N. ESPLANADE ST.  
 CUERO, Texas 77954  
 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:  
 Freddie Solis  
 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, 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	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	10	\$2,859.00	24.79%	\$2,150.25	\$21,502.50
2a	HA00022AB	ADD: 3Y ESSENTIAL ACCIDENTAL DAMAGE	10				
2b	Q698AA	ADD: 2.5 INCH BELT CLIP	10				
2c	Q811BR	ENH: SOFTWARE P25 CONVENTIONAL	10				
2d	QA05751AA	ADD: NO ENCRYPTION, CLEAR RADIO (NO ADP) (US ONLY)	10				
3	PMPN4174A	CHGR DESKTOP SINGLE UNIT IMPRES, US/NA	10	\$76.00	25.0%	\$57.00	\$570.00
4	PMMN4065A	MICROPHONE,IMPRES RSM, IP57	10	\$106.70	20.0%	\$85.36	\$853.60

**Grand Total**
**\$28,062.13(USD)**


## 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.



# **AGENDA ITEM #4**

## **Capital Expenditure Request for Point-of-Care Ultrasound – Review and Take Appropriate Action**


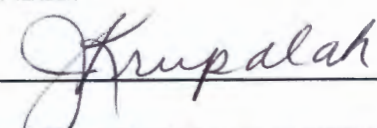
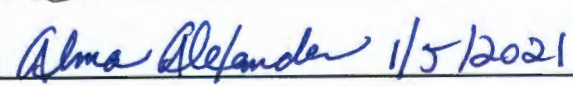
**Attached:**

<b>GE</b>	<b>\$ 62,402.00</b>	<b>Recommended</b>
<b>Sonosite</b>	<b>\$ 68,069.80</b>	
<b>Philips</b>	<b>\$ 38,401.00</b>	

HOSPITAL/ENTITY	Cuero Regional Hospital	
DEPARTMENT	Surgery/DS/ICU/ER	DATE PREPARED 12/29/2020
Is the requested purchase in compliance with the Healthtrust GPO?		

D E S C R I P T I O N	PROJECT NAME	Point-of-Care Ultrasound	DESIRED DELIVERY/START DATE	ASAP
	PROJECT DESCRIPTION	Purchase two POCUS units for ER and Surgery/DS/ICU for various applications, including: FAST exams, IV access, PICC lines, mid lines, nerve blocks, COVID evaluation.	PURPOSE FOR REQUEST	New Service <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Code Compliance <input type="checkbox"/>
	JUSTIFICATION	Indiate present situation, need for the item requested and alternative considerations.		
		New standard of care		
	BUDGET REFERENCE		Amount Budgeted	\$55,000
	BUDGET LINE ITEM	IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?		
	Line 6	Philips quotes do not include hand held devices required for operation, and do not have the same capabilities as the other vendors.		

EQUIPMENT/PROJECT COSTS	Attach copies of proposals			ASSET DISPOSITION DATA	
	Bid #1	Bid #2	Bid #3	Description of Disposed Assets:	
Name of Bidder	GE	Sonosite	Philips*		
Land and/or Acquisition					
Construction				BOOK VALUE OF DISPOSED ASSET	
Equipment	\$62,402.00	\$68,069.80	\$38,401.00	METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
TOTAL COSTS	\$62,402.00	\$68,069.80	\$38,401.00		Sale <input type="checkbox"/>
Less Trade In					Abandonment <input type="checkbox"/>
NET CAPITAL REQUIRED	\$62,402.00	\$68,069.80	\$38,401.00		
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: 12/30/20
	SLT LEADER		DATE: 1-5-2021
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER	 1/5/2021	DATE: _____
	Board Member Signature if greater than \$5,000		DATE: _____

Utilize CARES Fund money



# CUERO COMMUNITY HOSPITAL RADIOLOGY REQUISITION FORM

VENDOR: GE Healthcare

REQUISITION DATE: 12/30/2020

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Meditech P.O. No. Issued \_\_\_\_\_

PHONE: \_\_\_\_\_

Manual P.O. No. Issued \_\_\_\_\_

Product


Service

Subscription

Reimbursement

QTY.	PKG.	HOSPITAL ITEM #	VENDOR CATALOG #	DESCRIPTION	PRICE PER UNIT	TOTAL
1				GE Venue Go (ICU/DS/Surg configuration)	\$29,848.00	\$29,848.00
1				GE VEnue Go (ED configuration)	\$32,554.00	\$32,554.00
<b>COMMENT OR EXPLANATION:</b>					<b>TOTAL</b>	<b>\$62,402.00</b>

**You must secure purchase order number from Purchasing Dept. before ordering.**

  
\_\_\_\_\_  
Manager's Request

12/30/2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting Department (to be charged)/EOC

\_\_\_\_\_  
SLT Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Materials Management Director

\_\_\_\_\_  
CFO Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received

## Point of Care Ultrasound For Use in COVID Patients

Point of care ultrasound has proven its worth in the recent pandemic involving the Sars-Cov2 virus which causes COVID19. Mildly symptomatic patients can have a normal chest x-ray. While the chest x-ray is an important step in patient evaluation, it isn't always the best way to detect abnormalities in the lungs. This is where point of care ultrasound (POCUS) can be beneficial.

Patients with COVID19 have been evaluated using small, portable ultrasound machines termed point-of-care ultrasound or POCUS. The term comes from the ability of the machine to go to the patient. Evidence has shown that patients with COVID19 produce an abundance of abnormal shadows called B lines on ultrasound images. This is the most common sign, but there are several others that can denote a COVID19 infection.

This service can be used to continually monitor patients in the ICU, as well. The main advantage of using this modality is eliminating the patient being transported to CT for follow-up imaging or serial imaging for improvement. This will reduce staff exposure, as well as, limit incidental exposure to patrons that use the hallways between ICU and CT.

With this evidence, I believe that we could use COVID funds to purchase two units to be used separately by the ER and ICU/Day Surgery.

## Point of Care Ultrasound Purchase

After reviewing products from four different vendors and three vendor demonstrations, it was unanimously decided that GE had the best options and equipment for the price. Radiology, Surgery, ICU, ER, and Anesthesia converged to make the best decision for our organization.

Originally, \$55k was budgeted for this purchase, but after GE's demonstration of the capabilities of their units, the group would like to ask for permission to purchase 2 machines for a total of \$62,402. The added expense will provide Cuero Regional Hospital with expanded capabilities to evaluate COVID patients, guide nerve blocks, insert PICC and central lines, and evaluate patients for free fluid in the abdomen and around the heart.

Philip's was the only vendor that could provide a capable system under budget, but their system requires the additional purchase of hand held devices to run the application. This would function similar to the apps on your iPhone, and are a basic functioning system. In addition, Sonosite was invited to demonstrate, but their units were around \$34k a piece. Mindray presented via email, but were eliminated due to a \$35k unit price, as well. Mindray would not provide a quote unless we could commit to a Q4 purchase.

We would like to purchase two units to eliminate cross contamination and competition for unit usage. Each machine will be setup to provide services catered to the units home department(s). This will provide a lower overall price, as opposed to purchasing two identical machines. One unit will be housed in ER where physicians and nurses can use it for fast exams to IV access. The other will be located in Surgery/Day Surgery/ICU. Physicians, nurses, and CRNA's will provide services including PICC and central line guidance, IV access, fast exams, and nerve blocks.





November 23, 2020  
 Quote Number: **2007346771.3**  
 Customer ID: **1-23NHTS**  
 Agreement Expiration Date: **2/21/2021**

Cuero Regional Hospital  
 2550 N Esplanade St  
 Cuero, TX 77954-4736

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sole and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

GE Healthcare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HPG 500352 - U/S
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	Net Due in 30 Days
Total Quote Net Selling Price	\$29,848.00
Sales and Use Tax Exemption	Certificate on File

**IMPORTANT CUSTOMER ACTIONS:**

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose 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 \_\_\_\_\_

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Cuero Regional Hospital

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Purchase Order Number, if applicable

**GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC, a GE Healthcare business**

Signature: Rickey Yarbrough  
 Title: POC Ultrasound Inside Sales  
 Date: November 23, 2020





November 23, 2020  
 Quote Number: 2005689724.3  
 Customer ID: 1-23NHT5  
 Agreement Expiration Date: 2/21/2021

Cuero Regional Hospital  
 2550 N Esplanade St  
 Cuero, TX 77954-4736

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Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HPG 500352 - U/S
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	Net Due in 30 Days
Total Quote Net Selling Price	\$32,554.00
Sales and Use Tax Exemption	Certificate on File

**IMPORTANT CUSTOMER ACTIONS:**

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose 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 \_\_\_\_\_

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Cuero Regional Hospital

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Purchase Order Number, if applicable

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC, a GE Healthcare business

Signature: Rickey Yarbrough

Title: POC Ultrasound Inside Sales

Date: November 23, 2020

# FUJIFILM SONOSITE Confidential Quotation

Value from Innovation

21919 30th Drive, SE  
 Bothell, WA 98021  
 Phone: (425) 951-1200  
 Email: ffs-orders@fujifilm.com  
 Federal Tax ID# 91-1405022

Quote:690020  
 Date: 10/23/2020  
 Expires: 12/7/2020  
 Market Specialty: Hospital -  
 FOB: Destination  
 Corp. Acc: HealthTrust Purchasing Group  
 Corp. Contract #: 2013  
 Corp. Acc. Member #: H041726

## CONFIDENTIAL QUOTATION

Sales Rep: Robert Leach      Rep Phone: +1 5128783204      Rep Email: rob.leach@fujifilm.com

CUSTOMER BILL TO:      CUSTOMER SHIP TO:      USER/CONTACT:

Cuero Community Hospital  
 2550 N Esplanade St  
 Cuero, TX 77954-4736

Cuero Community Hospital  
 2550 N Esplanade St  
 Cuero, TX 77954-4736

ATTN: Tyler Lemke      ATTN: Tyler Lemke      ATTN: Tyler Lemke

P: 3612750517      P: 3612750517      P: 3612750517  
 F:      F:      F:  
 tylerl@cuerohospital.org      tylerl@cuerohospital.org      tylerl@cuerohospital.org

INSTALL CONTACT (if install contact should be someone else, please provide on purchase order if install is indicated.)

NAME: Tyler Lemke      Phone: 3612750517      Email: tylerl@cuerohospital.org

Purchase of Sonosite System includes four consecutive hours of installation provided by a Sonosite Clinical Specialist. The installation includes an overview of the product and accessories purchased, including the features, functions, user interface, and system care/maintenance. Additional system installation can be purchased separately as needed.

Excludes Distributors, Resellers, US Government Customers (Outside the United States), and Humanitarian Programs.

### Configuration - Included Items

Item	Part Number - Description	Qty	List Per Unit	Unit Price	Extended Price
SONOSITE'S TECHNOLOGY DRIVEN 5 YEAR STANDARD WARRANTY COVERAGE ON SYSTEMS AND TRANSDUCERS INCLUDED (unless otherwise noted on the product line)					
1	P29241 - COVID-19 Point-of-Care Ultrasound Guide - FDA 510K Cleared	1	Included	Included	Included
2	L22406 - Sonosite S II Ultrasound System	1	\$22,995.00	\$14,256.90	\$14,256.90
3	P22167 - Steep Needle Profiling Technology (SNP)	1	\$2,000.00	\$1,240.00	\$1,240.00
4	P22162 - DICOM (Print, Store, Worklist, MPPS, Storage Commit)	1	\$4,000.00	\$2,480.00	\$2,480.00
5	P07691 - L25X / 13-6 MHZ Transducer Transverse Biopsy Compatible	1	\$11,500.00	\$7,130.00	\$7,130.00
6	P20311 - HFL38xi / 13-6 MHZ transducer Biopsy Compatible	1	\$11,500.00	\$7,130.00	\$7,130.00
7	L13559 - Power Pack	1	\$1,950.00	\$1,209.00	\$1,209.00
8	L21432 - SII Stand	1	\$1,950.00	\$1,209.00	\$1,209.00
*	Sonosite Institute for Point-of-Care Ultrasound: Exclusive access to over 100 hours of education including courses, videos, webinars, quizzes, certificates and additional resources. Accessible via desktop, tablet or phone	-	Included	Included	Included

# FUJIFILM SONOSITE Confidential Quotation

Value from Innovation

21919 30th Drive, SE  
Bothell, WA 98021  
Phone: (425) 951-1200

Federal Tax ID# 91-1405022  
Email: [ffss-orders@fujifilm.com](mailto:ffss-orders@fujifilm.com)  
Sales Rep: Robert Leach

Quote: 690020  
Date: 10/23/2020  
Expires: 12/7/2020  
FOB: Destination  
Market Specialty: Hospital -  
Corp. Acc: HealthTrust Purchasing Group  
Corp. Acc. Member #: H041726  
Corp. Contract #: 2013

## Quotation Pricing

Cuero Community Hospital - Quote # 690020

Total List Price:	\$55,895.00
Subtotal:	\$34,654.90
Shipping/Handling:	\$0.00
**Estimated Sales Tax:	TBD
Quotation Total:	\$34,654.90

Tax exempt customers must supply a copy of certificate. Shipping, Handling, and any applicable Sales Taxes to be determined and added to final invoice. All orders subject to credit review. Upon acceptance by Customer and by FUJIFILM Sonosite this Quotation will become a binding Sales Agreement whereby the Customer orders, and whereby FUJIFILM Sonosite agrees to deliver, the above Products and Services in accordance with and subject to the terms, conditions and other provisions of this Sales Agreement.

\*\*Applicable Sales Tax, Shipping & Handling charges are the responsibility of the customer. For non-exempt orders, sales tax will be charged at the rates in effect for your state at the time of shipment and will be adjusted accordingly.

### Notes To Customer:

Please sign and return along with your payment option, P.O. and any needed attachments by emailing [ffss-orders@fujifilm.com](mailto:ffss-orders@fujifilm.com)  
Please Reference the above quote # on P.O. to expedite order processing.

- Sonosite Institute is included with your purchase of the above equipment.



# FUJIFILM SONOSITE Confidential Quotation

Value from Innovation

21919 30th Drive, SE  
 Bothell, WA 98021  
 Phone: (425) 951-1200  
 Email: fss-orders@fujifilm.com  
 Federal Tax ID# 91-1405022

Quote:689939  
 Date: 10/23/2020  
 Expires: 12/7/2020  
 Market Specialty: Hospital -  
 FOB: Destination  
 Corp. Acc: HealthTrust Purchasing Group  
 Corp. Contract #: 2013  
 Corp. Acc. Member #: H041726

## CONFIDENTIAL QUOTATION

Sales Rep: Robert Leach      Rep Phone: +1 5128783204      Rep Email: rob.leach@fujifilm.com

CUSTOMER BILL TO:	CUSTOMER SHIP TO:	USER/CONTACT:
Cuero Community Hospital 2550 N Esplanade St Cuero, TX 77954-4736	Cuero Community Hospital 2550 N Esplanade St Cuero, TX 77954-4736	

ATTN: Tyler Lemke	ATTN: Tyler Lemke	ATTN: Tyler Lemke
P: 3612750517 F: tylerl@cuerohospital.org	P: 3612750517 F: tylerl@cuerohospital.org	P: 3612750517 F: tylerl@cuerohospital.org

**INSTALL CONTACT (if install contact should be someone else, please provide on purchase order if install is indicated.)**  
 NAME: Tyler Lemke      Phone: 3612750517      Email: tylerl@cuerohospital.org

Purchase of Sonosite System includes four consecutive hours of installation provided by a Sonosite Clinical Specialist. The installation includes an overview of the product and accessories purchased, including the features, functions, user interface, and system care/maintenance. Additional system installation can be purchased separately as needed.

Excludes Distributors, Resellers, US Government Customers (Outside the United States), and Humanitarian Programs.

### Configuration - Included Items

Item	Part Number - Description	Qty	List Per Unit	Unit Price	Extended Price
SONOSITE'S TECHNOLOGY DRIVEN 5 YEAR STANDARD WARRANTY COVERAGE ON SYSTEMS AND TRANSDUCERS INCLUDED (unless otherwise noted on the product line)					
1	P29241 - COVID-19 Point-of-Care Ultrasound Guide - FDA 510K Cleared	1	Included	Included	Included
2	L22406 - Sonosite S II Ultrasound System	1	\$22,995.00	\$14,256.90	\$14,256.90
3	P22162 - DICOM (Print, Store, Worklist, MPPS, Storage Commit)	1	\$4,000.00	\$2,480.00	\$2,480.00
4	P07691 - L25X / 13-6 MHZ Transducer Transverse Biopsy Compatible	1	\$11,500.00	\$7,130.00	\$7,130.00
5	P21015 - rP19x / 5-1 MHz Transducer	1	\$11,500.00	\$7,130.00	\$7,130.00
6	L13559 - Power Pack	1	\$1,950.00	\$1,209.00	\$1,209.00
7	L21432 - SII Stand	1	\$1,950.00	\$1,209.00	\$1,209.00
*	Sonosite Institute for Point-of-Care Ultrasound: Exclusive access to over 100 hours of education including courses, videos, webinars, quizzes, certificates and additional resources. Accessible via desktop, tablet or phone	-	Included	Included	Included

# FUJIFILM SONOSITE Confidential Quotation

Value from Innovation

21919 30th Drive, SE  
Bothell, WA 98021  
Phone: (425) 951-1200

Federal Tax ID# 91-1405022  
Email: [ffss-orders@fujifilm.com](mailto:ffss-orders@fujifilm.com)  
Sales Rep: Robert Leach

Quote: 689939  
Date: 10/23/2020  
Expires: 12/7/2020  
FOB: Destination  
Market Specialty: Hospital -  
Corp. Acc: HealthTrust Purchasing Group  
Corp. Acc. Member #: H041726  
Corp. Contract #: 2013

## Quotation Pricing

Cuero Community Hospital - Quote # 689939

Total List Price:	\$53,895.00
Subtotal:	\$33,414.90
Shipping/Handling:	\$0.00
**Estimated Sales Tax:	TBD
Quotation Total:	\$33,414.90

Tax exempt customers must supply a copy of certificate. Shipping, Handling, and any applicable Sales Taxes to be determined and added to final invoice. All orders subject to credit review. Upon acceptance by Customer and by FUJIFILM Sonosite this Quotation will become a binding Sales Agreement whereby the Customer orders, and whereby FUJIFILM Sonosite agrees to deliver, the above Products and Services in accordance with and subject to the terms, conditions and other provisions of this Sales Agreement.

\*\*Applicable Sales Tax, Shipping & Handling charges are the responsibility of the customer. For non-exempt orders, sales tax will be charged at the rates in effect for your state at the time of shipment and will be adjusted accordingly.

### Notes To Customer:

Please sign and return along with your payment option, P.O. and any needed attachments  
by emailing [ffss-orders@fujifilm.com](mailto:ffss-orders@fujifilm.com)  
Please Reference the above quote # on P.O. to expedite order processing.

- Sonosite Institute is included with your purchase of the above equipment.

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



<b>Quotation #:</b> 1-2CG108T	<b>Rev:</b> 2	<b>Effective From:</b> 21-Oct-20	<b>To:</b> 20-Dec-20
<b>Presented To:</b> CUERO REGIONAL HOSPITAL 2550 N ESPLANADE ST CUERO, TX 77954-4736  Tel:  <b>Alternate Address:</b>	<b>Presented By:</b> Adina DeGeorgio <i>Account Manager</i>  John McCormick <i>Regional Manager</i>	<b>Tel:</b> (832) 349-8925 <b>Fax:</b>  <b>Tel:</b> (516) 768-6107 <b>Fax:</b>	
<b>Date Printed:</b> 21-Oct-20			

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

**IMPORTANT NOTICE:** Health care providers are reminded that if the transactions herein include or involve a loan or 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).

## Quote Solution Summary

<u>Line #</u>	<u>Product</u>	<u>Qty</u>	<u>Price</u>
	101952 Lumify Outright Purchase	1	\$19,200.50
Equipment Total:			\$19,200.50

## Solution Summary Detail

<u>Product</u>	<u>Qty</u>	<u>Each</u>	<u>Monthly</u>	<u>Price</u>
101952 Lumify Outright Purchase	1	\$19,200.50		\$19,200.50

**Buying Group:** HEALTHTRUST PURCHASING GROUP      **Contract #:** 500280

**Add'l Terms:**

Each Quotation solution will reference a specific Buying Group/Contract Number representing an agreement containing discounts, fees and any specific terms and conditions which will apply to that single quoted solution. If no Buying Group/Contract Number is shown, Philips' Terms and Conditions of Sale will apply to the quoted solution.

Each equipment system listed on purchase order/orders represents a separate and distinct financial transaction. We understand and agree that each transaction is to be individually billed and paid.

**Payment Terms: 0% Down, 0% Upon Shipment, Due When the Product is Available for First Patient Use, 100% due upon Invoicing Net 30**



# **AGENDA ITEM #5**

## **Capital Expenditure Request to Provide an Automatic Transfer Switch in IT Server Room – Review and Take Appropriate Action**

**Attached:**

<b>Hall E.</b>	<b>\$ 13,842.30</b>	<b>Recommended</b>
<b>Commercial</b>	<b>\$ 13,500.00</b>	
<b>Fred Clark</b>	<b>\$ 54,195.00</b>	



HOSPITAL/ENTITY <b>Cuero Regional Hospital</b>		
DEPARTMENT <b>Maintenance</b>		DATE PREPARED <b>11/19/2020</b>
Is the requested purchase in compliance with the Healthtrust GPO?		
D PROJECT NAME <b>Provide a Automatic Transfer Switch in IT Sever Room</b>	DESIRED DELIVERY/START DATE	
E PROJECT DESCRIPTION <b>Install new circuit and feeder to new Transfer Switch and Controller (ATC-300). Connect both utility circuits to the line side of the ATS and connect the existing UPS to the load side of the ATS</b>	PURPOSE FOR REQUEST New Service <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Code Compliance <input type="checkbox"/>	
J JUSTIFICATION <i>Indiate present situation, need for the item requested and alternative considerations.</i>		
P <b>Provide redundant utility circuits &amp; redundant emergency circuits</b>		
T BUDGET REFERENCE	Amount Budgeted	
I BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	<b>\$18,000.00</b>	
O N		

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	Hall E.	Commercial	Fred Clark		
	Land and/or Acquisition				BOOK VALUE OF DISPOSED ASSET	
	Construction					
	Equipment				METHOD OF DISPOSITION	Trade In <input type="checkbox"/> Sale <input type="checkbox"/> Abandonment <input type="checkbox"/>
	TOTAL COSTS	\$13,842.30	\$13,500.00	\$54,195.00		
	Less Trade In					
	NET CAPITAL REQUIRED					
	RECOMMENDATION (Check one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

A U T H O R I Z A T I O N	DEPARTMENT HEAD 	DATE: <b>11/19/2020</b>
	SLT LEADER 	DATE: <b>11/21/20</b>
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER 	DATE: _____
	_____	DATE: _____
	Board Member Signature if greater than \$5,000	

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

# Estimate

Date	Estimate #
11/6/2020	1530

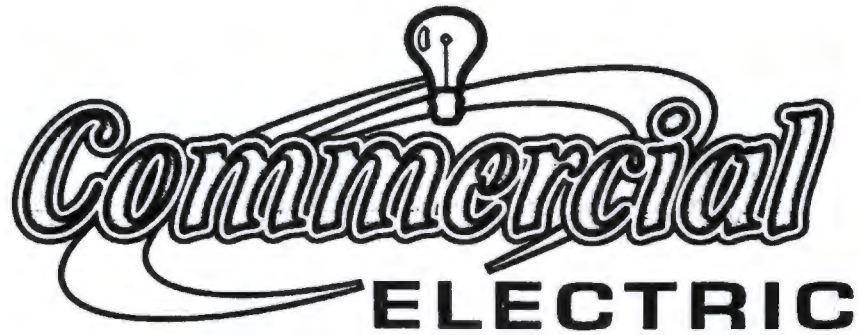
Name / Address
CUERO REGIONAL HOSPITAL 2550 N. ESPLANADE CUERO, TX 77954

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

Project
IT TRANSFER SWITCH / CONTROL...

Item	Description	Qty	Cost	Total
	INSTALL NEW CIRCUIT AND FEEDER TO NEW TRANSFER SWITCH AND CONTROLLER FOR IT DEPARTMENT UPS. TIE EXISTING FEED FROM EMERGENCK TO NEW ATS.			
GALI00	1" RIGID GALV PIPE	220	5.90	1,298.00
EMT100	CONDUIT 1-IN EMT	60	2.50	150.00
APP4100S	1" STEEL SS CONN.	10	0.75	7.50
APP5100S	1" EMT SS STEEL COUPLINGS	10	0.65	6.50
CADPSF16C	CADDY ROOFTOP PYRAMID ST CHANNEL SUPPORT***4.8"H X 16"L	15	62.50	937.50
PSA10CH13	10" X 6" -13" PYRAMID ADJ STRUT SUPPORT	8	74.00	592.00
GLSG7004	1" UNISTRUT STANDARD STRAPS	28	1.65	46.20
APPHUB100D	1" MEYERS HUB	1	4.50	4.50
GALCP100	CONDUIT 1-IN GALV CPLG	8	3.00	24.00
GALEL10090	CONDUIT 1-IN GALV ELBOW	2	10.75	21.50
STF100	1-IN-EF/LT-GRAY LIQ-TITE COND	12	4.00	48.00
APPST100	APP ST100 1-IN L/T CONN	4	6.85	27.40
HF-ASG6X6X4NK	6X6X4 NEMA 1 PULL BOX W/SCREW SURFACE COVER	1	25.00	25.00
THHN4BK	THHN-4-STR-BLACK	870	1.05	913.50
THHN10STRBK	THHN-10-STR-BLACK	290	0.38	110.20
THHN6BK	THHN-6-STR-BLACK	180	0.70	126.00
GLSG5812SHHI	GLOBE G5812SSH1 H.D. GAL 10"ST 1-5/8 WITH HOLES	10	4.15	41.50
ALL THREAD ROD ...	ALL THREAD ROD PLATED 1/4 X 10 ZN	10	0.70	7.00
ATC3C2X30100XSU	TRANSFER SWITCH / ATC-300 + CONTROLLER	1	3,050.00	3,050.00
MISC ELEC PARTS	3P 50A BRKR / BUSS KIT	1	1,036.00	1,036.00
LABOR	2 MEN	44	105.00	4,620.00
PERMIT	PERMIT		750.00	750.00
We look forward to working with you!		<b>Total</b>		<b>\$13,842.30</b>

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



***Po Box 4215 Victoria Texas 77904***

***commelectric@yahoo.com***

***Phone # 361-570-5555***

***Fax # 361-570-5566***

***November 18, 2020***

## ***Electrical Proposal***

### ***Cuero Hospital***

***Phase 1                   \$ 61,872.00***

***Phase 2                   \$ 32,000.00***

***Phase 3                   \$ 13,500.00***

***Total:                    \$ 107,372.00***

***Prices are based on scope of work provided.***



SAN ANTONIO, TEXAS 78202

November 4, 2020

Cuero Community Hospital  
2550 N Esplanade St  
Cuero, TX 77954

Attention: Mr. Rickey Caron

Reference: 480v panel feed, transformer, MRI 480v swap, and STS addition.

We hereby offer to furnish all labor and materials necessary to complete the above referenced project for the sum of:

**480v panel feed and transformer addition: \$149,720.00**

**480v swap on MRI feeds: \$ 58,305.00**

**Add STS to data room UPS: \$54,195.00**

Included:

1. Wire, conduit, and miscellaneous materials associated with the electrical portion of the project.
2. Provide and install new 600a breaker in outside 480v gear.
3. New 480v 600a panel in fan and coil room #4.
4. Install owner provided transformer and refeed panel SDC.
5. Refeed MRI equipment from new 600a 480v panel.
6. Provide and install new static transfer switch (STS) with two new emergency feeds to power existing UPS in DATA room.

Excluded:

1. Sales Tax and P&P bonds.
2. Painting and Patching of any type.

Sincerely,

*Jason Frazier*

*Jason Frazier*

**Fred Clark Electrical Contractor**

(210) 722-4609 Cell

(210) 229-1155 Office

[jfrazier@fredclarkelectric.com](mailto:jfrazier@fredclarkelectric.com)



# **AGENDA ITEM #6**

## **Capital Expenditure Request to Provide 480 Volts to FCU#5 – Review and Take Appropriate Action**


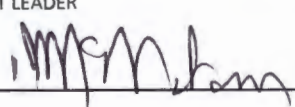
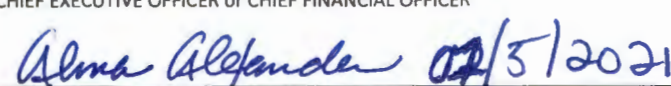
### **Attached:**

<b>Hall E.</b>	<b>\$ 26,863.38</b>	<b>Recommended</b>
<b>Commercial</b>	<b>\$ 61,872.00</b>	
<b>Fred Clark</b>	<b>\$ 149,720.00</b>	

HOSPITAL/ENTITY <b>Cuero Regional Hospital</b>	
DEPARTMENT <b>Maintenance</b>	DATE PREPARED <b>11/19/2020</b>
Is the requested purchase in compliance with the Healthtrust GPO?	

D E S C R I P T I O N	PROJECT NAME <b>Provide 480 Volts to FCU# 5</b>	DESIRED DELIVERY/START DATE
	PROJECT DESCRIPTION <b>Install and feed new 480 volts 3-phase panel in Fan Coil Room #5. Install 112.5 KVA Transformer to feed existing Panel SDC from new emergency 480 volt panel</b>	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> <b>Will enable the Lador &amp; Delivery HVAC to operate on emergency power</b>	
	BUDGET REFERENCE	Amount Budgeted
	BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i>	<b>\$27,000.00</b>

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	Hall E.	Commercial	Fred Clark		
	Land and/or Acquisition					
	Construction				BOOK VALUE OF DISPOSED ASSET	
	Equipment				METHOD OF DISPOSITION	Trade In <input type="checkbox"/>
	TOTAL COSTS	\$26,863.38	\$61,872.00	\$149,720.00		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: <b>11/19/2020</b>
	SLT LEADER		DATE: <b>11/21/20</b>
	CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER	 <b>02/5/2021</b>	DATE: _____
	Board Member Signature if greater than \$5,000		DATE: _____

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

# Estimate

Date	Estimate #
7/23/2020	1497

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

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

Project
400A - 480V PANEL FC ROOM 5 - P...

Item	Description	Qty	Cost	Total
	PHASE #1			
	INSTALL AND FEED NEW 400A 480V 3 PHASE PANEL IN FAN COIL ROOM 5. INSTALL 112.5 KVA TRANSFORMER (BY HOSPITAL) TO FEED EXISTING PANEL SDC FROM NEW 480V PANEL.			
GAL200	CONDUIT 2-IN GALV STEEL	30	11.25	337.50
MISC ELEC PARTS	10X10X6 N3R, 12X12X6 N1, 2 - 18X18X6 N1	1	360.00	360.00
PVFFA200	PVC 2-IN FEMALE ADPT	2	1.00	2.00
GALCP200	2" GALVANIZED RIGID COUPLING	2	5.00	10.00
GLSG1315SHH1	GLOBE G1315SHH1 H.D. GAL 10"ST 7/8 STRUT W/HOLES	30	2.40	72.00
GLSG7007	2" RIGID STRUT STRAPS	6	2.00	12.00
APP4200S	2 EMT SET SCREW CONNECTOR	12	2.75	33.00
APPPB600D	APP PB600D 2IN PLASTIC INS BUSHING	12	0.70	8.40
EMT200	CONDUIT 2-IN EMT	300	4.50	1,350.00
EMTEL20090	CONDUIT 2-IN 90DEG EMT ELL	10	15.50	155.00
APP5200S	2" STEEL SS COUPLINGS	40	2.75	110.00
GLSG7107	GLS G-7107 2" EMT STRUT STRAP	34	2.00	68.00
ALL THREAD ROD ...	ALL THREAD ROD PLATED 1/4 X 10 ZN	30	0.70	21.00
APP4300S	3" ST. SS CONN.	4	7.50	30.00
APPPB800D	APP PB800D 3IN 105D PLS INS B	4	1.85	7.40
EMT150	CONDUIT 1-1/2 EMT	20	3.80	76.00
APP4150S	1 1/2" STEEL SET SCREW CONN	2	2.05	4.10
APP5150S	1 1/2" STEEL SET SCREW COUP.	4	2.50	10.00
EMTEL15090	CONDUIT 1-1/2 90DEG EMT ELL	2	8.15	16.30
GALCP150	CONDUIT 1-1/2 GALV CPLG	1	3.30	3.30
APPSC125	APP SC125 1-1/4 DC SQZ FLX CONN	1	5.50	5.50
APPAC98	APP AC98 1-1/4 D/C 90D FLEX CONN	1	12.50	12.50
GRF125	1-1/4 FLEX STEEL REDUC-WALL	6	3.25	19.50
GRF200	2-IN FLEX REDUC-WALL	25	5.90	147.50

We look forward to working with you!

**Total**

Customer Signature



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

# Estimate

Date	Estimate #
7/23/2020	1497

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

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

Project
400A - 480V PANEL FC ROOM 5 - P...

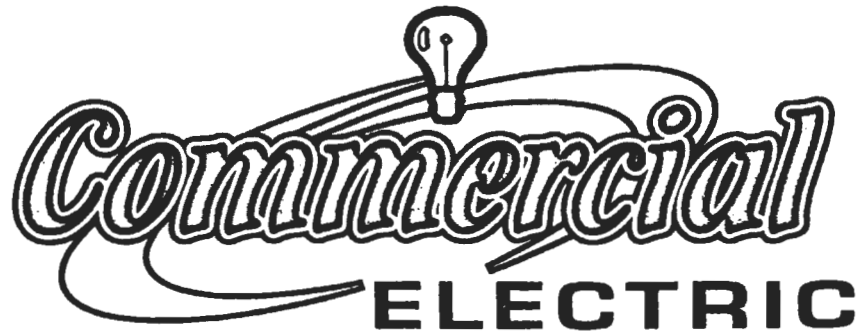
Item	Description	Qty	Cost	Total
APPSC200	APP SC200 2IN DC SQZ FLX CONN	8	9.60	76.80
APPAC99	2" GRNFIELD 90 DEG. FLEX CONN.	4	26.00	104.00
CADCD4B	1 1/2 CADDY CLAMP	4	1.60	6.40
BN-BIT250	250-10BOTH-SIDE UNI-TAP	16	40.00	640.00
BN-BIT2/0	2/0-14 ONE-SIDE UNI-TAP	4	28.75	115.00
THHN3/0	THHN-3/0-STR-BLACK	2120	3.40	7,208.00
THHN6GRN	THHN-6-STR-GREEN	420	0.70	294.00
THHN1/0	THHN 1/0	75	3.00	225.00
VIBRATION PAD	4 X 4 X 7/8 RUBBER/CORK MP-4C	4	8.50	34.00
EMT075	CONDUIT 3/4 EMT	30	1.20	36.00
APP5075S	3/4 IN EMT SSCR COUPLING	2	0.55	1.10
APP4075S	3/4 IN EMT SSCR CONNECTOR	2	0.59	1.18
APP1902	APP 1902 3/4 1H STEEL EMT STRAP	6	0.15	0.90
MISC ELEC PARTS	grd clamp, hardwre	1	75.00	75.00
MISC ELEC PARTS	400A PANEL W / 1-3P 125A BRKR, 1-3P 200A BRKR, 1 - 3P 70A BRKR	1	2,085.00	2,085.00
MISC ELEC PARTS	1 - 3P 400A BRKR & MOUNTING KIT TO GO IN PANEL EDP2	1	2,700.00	2,700.00
LABOR	2 MEN	64	105.00	6,720.00
LABOR	4 MEN OT RATE	10	315.00	3,150.00
TRAVEL	TRAVEL	400	0.55	220.00
PERMIT	PERMIT		300.00	300.00

We look forward to working with you!

**Total** \$26,863.38

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





*Po Box 4215 Victoria Texas 77904*

*commelectric@yahoo.com*

*Phone # 361-570-5555*

*Fax # 361-570-5566*

*November 18, 2020*

## *Electrical Proposal*

### *Cuero Hospital*

*Phase 1                   \$ 61,872.00*

*Phase 2                   \$ 32,000.00*

*Phase 3                   \$ 13,500.00*

*Total:                     \$ 107,372.00*

*Prices are based on scope of work provided.*



SAN ANTONIO, TEXAS 78202

November 4, 2020

Cuero Community Hospital  
2550 N Esplanade St  
Cuero, TX 77954

Attention: Mr. Rickey Caron

Reference: 480v panel feed, transformer, MRI 480v swap, and STS addition.

We hereby offer to furnish all labor and materials necessary to complete the above referenced project for the sum of:

**480v panel feed and transformer addition: \$149,720.00**

**480v swap on MRI feeds: \$ 58,305.00**

**Add STS to data room UPS: \$54,195.00**

Included:

1. Wire, conduit, and miscellaneous materials associated with the electrical portion of the project.
2. Provide and install new 600a breaker in outside 480v gear.
3. New 480v 600a panel in fan and coil room #4.
4. Install owner provided transformer and refeed panel SDC.
5. Refeed MRI equipment from new 600a 480v panel.
6. Provide and install new static transfer switch (STS) with two new emergency feeds to power existing UPS in DATA room.

Excluded:

1. Sales Tax and P&P bonds.
2. Painting and Patching of any type.

Sincerely,

A handwritten signature in cursive script that reads "Jason Frazier".

*Jason Frazier*

**Fred Clark Electrical Contractor**

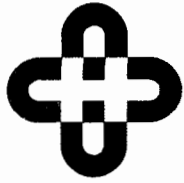
(210) 722-4609 Cell

(210) 229-1155 Office

[jfrazier@fredclarkelectric.com](mailto:jfrazier@fredclarkelectric.com)

# **AGENDA ITEM #7**

**Board Resolution to have the CFO become an  
Authorized Official for Medicare Program –  
Consider and Take Appropriate Action**



**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

**BOARD OF DIRECTORS  
RESOLUTION**

**BE IT RESOLVED:** By the Board of Directors of the DeWitt Medical District, meeting in regular session on January 28, 2021, that the Board hereby authorizes:

Alma Alexander, Chief Financial Officer \_\_\_\_\_

and his/her successors in office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the Texas Health and Human Services Commission, and to execute said contract or contracts on behalf of DeWitt Medical District, and further we do hereby give him/her the power and authority to do all things necessary to implement, maintain, amend or renew said contract.

**FINALLY, BE IT RESOLVED:** That this authorization will be valid until such time as the Board would pass a new resolution and that such a resolution with the most current date shall have precedence over any other resolutions.

Signed this 28<sup>th</sup> day of January, 2021.

\_\_\_\_\_  
Richard Wheeler, Chairman of the Board

\_\_\_\_\_  
Charles Papacek, Board Secretary



**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

# **AGENDA ITEM #8**

## **Annual Home Health Report – Review and Take Appropriate Action**

### **Attached:**

Fiscal Year 2020 Report  
HCSS License #001569  
HCSS License #001140

**Cuero Home Health  
Fiscal Year 2020  
HCSS License #001569  
Agency Evaluation**



**FISCAL YEAR 2020 ANNUAL EVALUATION**  
**10/1/19 - 9/30/20**

STATISTICAL INFORMATION - License #001569 Totals  
Admissions per Fiscal Year

The agency began Fiscal Year 2020 with a patient census of 53 under the Licensed & Certified category; FY2019 began with 52, and FY2018 also began with 50 .

	2018	2019	2020
Unduplicated	223	215	217
Re-admitted	41	33	28
<b>Total Admissions</b>	<b>264</b>	<b>248</b>	<b>245*</b>
Average # of Admissions/Month	22	21	20
Total Referrals Not Admitted	31	48	42

*\*Numbers include Medicare Advantage PPO:*

	2018	2019	2020
Unduplicated	40	66	70
Readmitted	8	10	8

Total Unduplicated Yearly Census

	2018	2019	2020
Unduplicated Admissions:	223	215	217
Carry overs:	52	47	47
<b>Total Unduplicated Census:</b>	<b>275</b>	<b>262</b>	<b>264</b>

Unduplicated Admissions By Payor Source

	2018	2019	2020
Medicare (Traditional)	167	142	145
Medicare Advantage	40	66	70
Medicaid	16	7	2

More patients are using non-traditional Medicare plans; however these plans require pre-certification. Patients often have to wait long periods to get approval from their insurance company for a limited number of visits.

There has been a decrease in Medicaid admissions due to complex care and poor reimbursement.

Unduplicated Admissions - Geographic Locations By County

	2018	2019	2020
Dewitt	199	185	184
Gonzales	2	5	4
Goliad	12	16	19
Lavaca	3	3	2
Karnes	3	3	3
Victoria	4	2	5
Wilson	0	1	0

Unduplicated Admissions Breakdown by Age

	2018	2019	2020
Under Age 65	25	23	17
Over Age 65	198	192	200

Unduplicated Admissions Breakdown by Gender

	2018	2019	2020
Female Patients	134	134	125
Male Patients	89	81	92

Unduplicated Admissions Breakdown by Race

	2018	2019	2020
Anglo Patients	203	194	202
Black Patients	20	21	15

## Medicare Episode Information

	FY2018	FY2019	FY2020
Total Episodes	264	248	245
Total Episode Visits	5,429	5,020	5,307
Average Visits per Episode	20.57	20.25	21.67
Average Supply Cost per Episode	\$111.38	\$176.55	\$532.32
Total supply costs billed	\$29,402.36	\$43,783.38	\$42,666.08
Total LUPA's	17	15	27
Total PEP's	0	0	0
Episodes with Outlier Payments	19	24	9
Total Miles -Mcr/Mcd SN/Aide	30,444.2	40,411.8	48,396.2
Average Miles per clinician visit	7.48	11.03	11.81

Note: Abbreviations in the above table stand for the following:

LUPA: Low Utilization Payment Adjustment

PEP: Partial Episode Payment

Episode: Spans 60 days; however, with the start of PDGM, each episode is now divided into 2 30-day billing periods.

Please note the following :

--The cost of supplies correlates to the number of episodes rather than the number of admissions. We are seeing more patients with daily wound care and chronic long-term wounds and frail elderly with frequent falls. Patients are admitted or recertified for 60 day episodes. Recertifications are not included in admissions. We have several long-term patients that have been recertified numerous times- these patients have supply costs for each 60-day episode. Supply costs are an ever-present challenge as we see more daily wound care and physician orders for specialty dressings and monthly catheter changes.

--The cost of wound care supplies can mount quickly. Several of our long-term patients have continuous wound care due to wounds that heal very slowly. This is also the reason for the increase in mileage, due to physician orders for daily dressing changes. Overall RN mileage has increased due to not having more LVN's on staff and more patients requiring daily visits.



## ADMISSIONS BY PHYSICIANS FOR FISCAL YEAR 2020

New Admissions and Readmissions (License 001569)

PHYSICIANS	NUMBER OF PATIENTS		PHYSICIANS	NUMBER OF PATIENTS	
	2019	2020		2019	2020
Anderson, C	0	1	Malek, F	0	1
Anderson, S	1	1	Marshall, A	0	1
<b>Barth, G</b>	29	23	Mascarenhas, R	0	1
<b>Benavides, V</b>	1	1	Matey, D	4	0
Bhatia, S	3	0	McLeod, M	1	4
Binz, D	0	2	Meredith, D	0	1
Breech, D	2	3	Mitchell, R	1	1
<b>Campbell, N</b>	8	6	Nezhad, M	1	0
Castaneda, E	2	2	Nguyen, P	0	1
Clark, C	0	1	Park, Q	0	1
Coblens, O	0	1	Parks, B	0	1
Crawley, W	1	0	Perez, M	7	10
Delgado, A	0	1	Poteet, R	0	1
<b>Denton, C</b>	0	1	Qureshi, I	1	0
<b>Denton, W</b>	0	6	<b>Reese, R</b>	30	26
Drost, J	0	1	Riedel, L	0	1
<b>Dugi, D</b>	23	32	Rose, J	0	2
Espinoza, F	0	1	Ryan, R	1	1
Fleming, N	2	0	Sandigo, G	0	1
Followwill, J	2	4	Sierra-Hoffman, M	1	0
Gentry, C	0	1	Thakur, N	0	2
<b>Gonzales, J</b>	1	0	Twitero, T	13	4
Hanson, A	0	1	Valladares, J	0	1
<b>Harvey, S</b>	28	12	Van Metre, J	0	1
Haun, E	1	0	Varga, M	0	1
<b>Heard, M</b>	21	12	Velasco, C	0	1
<b>Hill, D</b>	18	19	Velasco, M	1	0
Hunt, A	1	0	Verma, O	0	2
Jain, A	1	4	Walker, C	0	1
Joglekar, S	1	0	<b>Walthall, C</b>	0	9
Jonasch, E	0	1	White, G	2	0
Kar, B	1	0	Wilkinson, M	0	1
Lambert, R	5	0	<b>Willers, P</b>	28	24
Leggett, R	1	0	Young, A	1	3
<b>Lemley, N</b>	0	1	Zainfeld, D	0	1
Leonard, M	1	0	Zielinski, S	2	0
Liew, C	0	1			
Lisch, M	0	1			

Local Physicians  
 Outpatient Clinic Physicians

\* Referrals are received from mid-level providers but must have a physician approve the referral and sign orders. Therefore only the physicians signing the orders are counted in this table.

Admissions by Referral Source Under License 001569

<b>Hospitals</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Cuero Regional Hospital	54	53	47
Citizens	14	8	6
DeTar	28	23	27
Methodist			11
Post Acute Rehab- Victoria	9	14	21
Yoakum Community Hospital	1	1	1
Other Hospital	28	33	17
<b>Clinics</b>			
Cuero Medical	39	15	31
Goliad Family Practice	2	9	5
Parkside	11	10	14
Yorktown Medical	10	11	7
Other Doctor's Office	23	27	32
<b>Nursing Homes</b>			
Cuero Nursing Center	15	25	12
Whispering Oaks	5	3	2
Yorktown Nursing & Rehab	13	9	5
Alzcare	1	2	0
Other Nursing Home	7	5	0
<b>Other</b>			
Family	0	0	0
Transfer from Another Agency	0	0	0
Other Rehabs	4	0	7

Total Visits by Discipline

	<b>2018</b>	<b>2019</b>	<b>2020</b>
Skilled Nursing	3,531	3,252	3,713
Home Health Aide	197	72	94
Physical Therapy	1,658	1,623	1,454
Occupational Therapy	10	28	2
Speech Therapy	33	45	44
<b>Total</b>	<b>5,429</b>	<b>5,020</b>	<b>5,307</b>
Average Monthly Visits	452.42	418.34	442.00

Discharge Summarization

	<b>2018</b>	<b>2019</b>	<b>2020</b>
Home	198	206	202
Nursing Home	18	15	8
Hospital	29	16	20
Expired	5	8	6
Hospice	8	6	7
Moved	0	0	0
Other	2	1	1
Other agency	2	1	1
<b>Total Discharges</b>	<b>262</b>	<b>253</b>	<b>245</b>



Patient Satisfaction Questionnaires

Quarter	FY2018		FY2019		FY2020	
	Discharges	Forms Returned	Discharges	Forms Returned	Discharges	Forms Returned
1st	75	27	80	24	80	23
2nd	65	16	64	26	58	19
3rd	70	22	71	29	62	14
4th	75	24	72	31	63	25
<b>Totals</b>	<b>285</b>	<b>89</b>	<b>287</b>	<b>110</b>	<b>263</b>	<b>81</b>

Patient satisfaction is measured retrospectively by mail for each patient following discharge. The discharge questionnaire is left with the patient/family at time of discharge along with prepaid return envelope. Results are tabulated monthly and reported quarterly. Specific comments on the survey form are shared with the appropriate staff. Since many questionnaires are returned anonymously the total numbers of forms returned shown here is across both licenses.

Home Health Staff Comparison  
End of Calendar Year Total Staff

Home Health	2018	2019	2020
RN Fulltime	4	4	4
RN PRN	1	1	0
LVN Fulltime	3	2	3
Clerical	2	2	2
<b>TOTALS</b>	<b>10</b>	<b>9</b>	<b>9</b>

**Lifeline**

	2018	2019	2020
Installations	7	6	9
Deactivations	17	12	15
<b>Net Gain/Loss</b>	<b>-10</b>	<b>-6</b>	<b>-6</b>
Year-end Total	64	58	52

We continue to see a small profit each month in our Lifeline program. Philips Lifeline continues to offer new Personal Emergency Response products, such as GoSafe personal help buttons which are GPS based. We have had increased requests for this technology, and will continue to offer options to those interested in an alert system.



**COMMUNITY EDUCATION STATISTICS**  
**Calendar Year 2020**

Month	Educational Programs	Health Screenings	Flu Shot Clinics
January	2	2	
February	3	3	
March			
April			
May			
June			
July			
August			
September			
October			2
November	1		
December			

COVID put a halt on our efforts to reach out to the community to provide health screenings and educational programs. As you can see from the above table, we provided these to the community only prior to March. We hope to be able to resume these programs, but of course do not know when this will be possible.

In November one program was provided to the Rotary Club at the request of Emily Weatherly. This program covered Home Health and Lifeline services.

The agency did provide flu shot clinics in the month of October- one in Yorktown on October 7, and one in Weesatche on October 15. These were done with the help of Keisha Whitman, Infection Control Nurse at CRH. Flu shots were also offered to our patients and their families.

**Cuero Home Health  
Fiscal Year 2020  
HCSS License #001140  
Agency Evaluation**

**FISCAL YEAR 2020 ANNUAL EVALUATION**  
**10/1/19 - 9/30/20**

STATISTICAL INFORMATION - Licensed Services Totals  
Admissions per Fiscal Year

The agency began the fiscal year with a patient census of 5 under Licensed services.  
 Licensed services include insurance, private pay, and indigent patients.

	2018	2019	2020
Unduplicated	21	32	14
Re-admitted	3	3	2
<b>Total Admissions</b>	<b>24</b>	<b>35</b>	<b>15</b>
Average # of Admissions/Month	2	2.92	0.54
Total Referrals Not Admitted	0	2	7

Total Unduplicated Yearly Census

	<u>2018</u>	<u>2019</u>	<u>2020</u>
Unduplicated Admissions:	21	32	14
Carry overs:	7	7	5
<b>Total Unduplicated Census:</b>	<b>28</b>	<b>39</b>	<b>19</b>

Unduplicated Admissions by Payor Source

	2018	2019	2020
Private Pay	5	1	2
Insurance	13	29	9
Charity/Indigent	3	2	3

Unduplicated Admissions - Geographic Locations By County

	2018	2019	2020
Dewitt	19	22	14
Gonzales	1	1	0
Goliad	0	4	0
Lavaca	0	3	0
Karnes	1	0	0
Victoria	0	2	0

Number of admissions in Class B decreased this year, most likely due to halting surgeries and pandemic concerns.

## Miscellaneous Categories

### Unduplicated Admissions Breakdown by Age

	2018	2019	2020
Under Age 65	15	24	11
Over Age 65	6	8	3

### Unduplicated Admissions Breakdown by Gender

	2018	2019	2020
Female Patients	7	19	12
Male Patients	14	13	2

### Unduplicated Admissions Breakdown by Race

	2018	2019	2020
Anglo Patients	20	30	13
Black Patients	1	2	1

## VISIT UTILIZATION

	2018	2019	2020
Skilled Nursing	343	339	291
Home Health Aide	0	0	0
Physical Therapy	88	221	94
Occupational Therapy	0	0	0
Speech Therapy	0	0	0
<b>Total</b>	<b>431</b>	<b>560</b>	<b>385</b>
Average Monthly Visits	14.37	18.67	32.09

Physical therapy visits decreased due to COVID.

## Discharge Summary

	2018	2019	2020
Home	21	33	16
Nursing Home	0	0	1
Hospital	1	0	0
Expired	0	1	0
Hospice	1	0	0
Moved	0	0	0
Other	0	0	1
<b>Total Discharges</b>	<b>23</b>	<b>34</b>	<b>18</b>



FY2020 New Admissions and Readmissions by Referral Source Under License 001140

Hospitals	2018	2019	2020
Cuero Regional Hospital	4	4	4
Citizens	2	1	0
DeTar	0	4	1
Warm Springs- Victoria	0	0	0
Yoakum Community Hospital	0	1	0
Other Hospital	7	8	4
Guadalupe Regional Hospital	0	6	1
<b>Clinics</b>			
Cuero Medical	3	1	0
Yorktown Medical	0	0	0
Parkside	0	1	0
Other Doctor's Office	4	6	5
<b>Nursing Homes</b>			
Cuero Nursing Center	0	2	0
Yorktown Manor	1	0	0
<b>Other</b>			
Family	3	1	1
Another Agency	0	0	0
Insurance	0	0	0

ADMISSIONS BY PHYSICIAN  
New Admits and Readmissions

PHYSICIANS	# of Patients
Campbell, Neil	2
Dugi, Daniel	1
Followwill, Jerry	1
Garnepudi, K	1
Gonzales, Jennifer	1
Harvey, Sheryl	1
Kujawa, P	1
Nguyen, T	1
Perez, Michael	1
Phelps, C	1
Reese, Raymond	1
Riedel, Larry	1
Shah, S	2
Twitero, Trent	1

Local Physicians  
 Outpatient Clinic Physicians

**Fiscal Year 2020 CBA Annual Evaluation 10/1/19-9/30/20**  
PAS Service Category

Admissions

	2018	2019	2020
Participants Carried Over	29	31	31
New Participant Admissions	10	2	2
Participant Discharges	5	2	8
	2018	2019	2020
Billable Service Hours	25,300.25	27,619.00	24,004.00

Year-end Census Breakdown

	2018	2019	2020
Total Participant Census	34	31	25
<b>Breakdown by County:</b>			
DeWitt	19	19	18
Goliad	0	0	0
Gonzales	7	6	3
Karnes	0	0	0
Lavaca	6	5	3
Wilson & Victoria	2	1	1
<b>Breakdown by Race:</b>			
Anglo	16	14	9
Latin	13	12	11
Black	5	5	5
<b>Breakdown by Gender:</b>			
Female	20	20	15
Male	14	11	10
<b>Breakdown by Age:</b>			
Under 65	19	20	17
Over 65	15	11	8



**Fiscal Year 2020 PHC Annual Evaluation 10/1/19-9/30/20**  
PAS Service Category

	2018	2019	2020
<b>BEGINNING FY CENSUS</b>			
STAR +	28	37	39
PHC	1	0	0
FC	7	5	5
501	48	67	57
<b>Total Beginning Census</b>	<b>94</b>	<b>109</b>	<b>101</b>
<b>CLIENT ADMISSIONS</b>			
STAR +	16	25	13
PHC	0	0	0
FC	1	1	0
501	24	30	13
<b>Total New Client Admissions</b>	<b>41</b>	<b>56</b>	<b>26</b>
<b>CLIENT DISCHARGES</b>			
STAR +	10	13	12
PHC	0	0	0
FC	4	0	0
501	26	20	20
<b>Total Discharges</b>	<b>40</b>	<b>33</b>	<b>32</b>
<b>YEAR-END CLIENT CENSUS</b>			
	<b>112</b>	<b>132</b>	<b>95</b>
<b>BILLABLE SERVICE HOURS</b>			
STAR +	20,604.00	19,555.50	22,354.50
PHC	167.25	0.00	0.00
FC	3,735.50	13,881.00	3,648.75
501	28,202.50	40,446.25	33,730.00
<b>Total Billable Service Hours</b>	<b>52,709.25</b>	<b>73,882.75</b>	<b>59,733.25</b>

<b>DISCHARGED TO:</b>	2018	2019	2020
CBA	0	0	1
Nursing Home/Assisted Living	4	5	5
Deceased	5	10	7
Moved out of service area	1	0	1
Transferred	3	4	8
Moved to another program	0	0	0
No need for program	3	0	0
Withdrew	2	7	5
Lost eligibility	5	7	5

## Fiscal Year 2020 PHC Annual Evaluation

10/1/19 - 9/30/20

### Year-End Census Breakdown (as of 9/30)

	2018				2019				2020			
	PHC	STAR+	FC	CAS	PHC	STAR+	FC	CAS	PHC	STAR+	FC	CAS
Total Census	0	34	4	74	0	39	5	57	0	40	5	50
<b>Breakdown by County:</b>												
DeWitt	0	15	1	27	0	12	3	19	0	14	3	18
Goliad	0	1	0	5	0	2	0	6	0	2	0	6
Gonzales	0	11	2	24	0	15	2	17	0	16	2	15
Karnes	0	1	0	2	0	1	0	1	0	1	0	0
Lavaca	0	6	1	16	0	9	0	14	0	7	0	11
Wilson & Victoria	0	0	0	0	0	0	0	0	0	0	0	0
<b>Breakdown by Race:</b>												
Anglo	0	11	2	20	0	9	4	22	0	10	4	18
Latin/Indian	0	15	2	45	0	19	1	23	0	20	1	19
Black	0	8	0	9	0	11	0	12	0	10	0	13
<b>Breakdown by Gender:</b>												
Female	0	23	3	65	0	26	3	30	0	25	3	25
Male	0	11	1	47	0	13	2	27	0	15	2	25
<b>Breakdown by Age:</b>												
Under 65	0	6	0	10	0	10	0	12	0	14	0	9
Over 65	0	28	4	64	0	29	5	45	0	26	5	41

#### Personal Assistance Services (PAS) Summary 2020:

- **Total Number of PHC and CBA Combined Clients for December 2020:** 120
- **Survey License 1140:** (HH Class B and PAS) September 2020– A small problem with billing was identified and admission paperwork immediately corrected. No other issues were found in either department.
- **EVV:** (Electronic Visit Verification) continues to be a challenge . A new clock in/out method was introduced.
- **Payroll was streamlined** with the hospital time clock system.
- **Staff changes-** We hired Reina Brooks, LVN PRN. We also hired a part-time clerical staff member, Lenise Markos, to assist with daily EVV and documentation requirements. Also, April Chapman, LVN moved to PRN due to the birth of her baby.
- **COVID Effects and Response-**
  - 1) We had several clients that refused services due to fear of COVID. This meant there were less billable hours. Also, HHS Caseworkers worked remotely, so no home visits were made . As a result admissions dropped dramatically.
  - 2) Clients and attendants are required to be screened on a daily basis. This means that they must call in their temperatures daily, or be contacted by our staff. This has put an additional burden on our department staff.
  - 3) On a positive note, several organizations were approached about donating masks for our attendants to wear while on duty. We received an overwhelming response and are really appreciative of the support from the community.

### STAFF CENSUS

December 2020

	PHC	CBA
LVN Fulltime	0.5	2.5
Personal Care Attendant	68	26
Clerical	1.5	1.5
<b>TOTALS</b>	<b>70</b>	<b>30</b>



## Home Health & PAS Summary FY 2020

- **Census:** For FY 2020, our end of the month census ranged from 42 to 61 a month. Referral numbers were lower overall specifically due to the Covid-19 Pandemic.
- We welcomed Samantha Cretors, RN in January 2020 and Jennifer Herman, RN in August 2020.
- **Our Employee Engagement Project 2020: Belonging** –  
 “I feel a sense of belonging at my organization.”
  - The staff’s first act with this project was to do a “Secret Santa” at the office. Small gifts were exchanged for three weeks in December. The week of Christmas, we exchanged our last gift and revealed our secret Santas. Everyone had a blast.
  - Monthly breakfast meetings will take place on the 3<sup>rd</sup> Wednesday of each month. The staff will take turns hosting. A report will be given by our chair person on the progress of our action plan, and the staff will discuss problems, needs and any concerns or issues they may have.
  - At this breakfast meeting, the staff will set target goals for the following month (such as average monthly census, number of admissions, etc.) and celebrate when the goal is met.
  - Webinars- Staff will watch webinars together, have handouts available and discuss the information together. We will attempt to rearrange schedules so everyone that the webinar pertains to can participate.
  - Morning huddle- All nursing staff will take turns leading, rotating on a daily basis. The leader will go through the list of patients.
  - We have begun to keep a centrally located calendar of all employees’ requested days off so others will know when they can request days. Lori will keep the calendar updated.
- **License Survey 1140- September 2020:** PAS Fiscal and Compliance Monitoring of 20 patient charts was conducted covering a time period of 18 months. We received a final score of 93.16%, and compliance was met.
- **PAS Covid-19 Infection Control Survey- July 2020:** The survey was passed with no violations.
- **Patients:** We care for many patients with chronic wounds requiring frequent wound care. With physician approval, we try to use dressings that can be left in place longer. Referrals to wound care clinics and physician referrals for compromised circulation help us decrease expenses.
- **HHCAHPS Scores:** HHCAHPS scores and reimbursement rates are adversely affected by hospital readmissions and ER visits. Treating patients pro-actively in all care settings may help decrease these rates.
- **PDGM:** New Medicare payment methodology began on January 2, 2020. This new payment model along with the new No Pay RAP (Request for Anticipated Payment) may result in delays in reimbursement of HH episodes.
- **Review Choice Demonstration (RCD):** RCD began on March 2, 2020 in Texas. Records are submitted after admission to obtain “affirmed” status. If the claim is “not affirmed” we will not be paid. Home health agencies must meet 90% or more affirmed. Over a time period of 6 months, we submitted 265 requests. **Our compliance rate is 100%.** RCD will continue to be required in Texas for 5 years.
- **Medicare Advantage:** We see more patients using these types of Medicare plans. Patients with Traditional Medicare have fewer restrictions, and options for their care are more available and easily approved. Reimbursement from Medicare Advantage/HMO plans is much lower.
- **Due to Covid-19 Restrictions,** we cancelled all of our community events & staff in-services.
- 2021 calendars and graduated mugs were given to HH and PAS patients for Christmas.

- **Big Purchases/Expenditures:** Purchases included calendars for patients, license renewal fee, TAHCH dues, 4 new laptops to replace broken ones and for new staff, coding and other training webinars, thermometers for Covid-19 screenings, specialty dressings, etc. The purchases totaled \$12,652.00.
- **Overtime:** The home health staff worked 1,070 hours of overtime this past fiscal year. This was an additional unplanned expense of \$58,838.60. The PAS staff worked 144.50 hours of overtime for an additional unplanned expense of \$2,938.91.
- **Indigent Care:** We provided \$ 7,770.30 in Indigent Care and supplies and performed 10 no-charge courtesy visits. (This amount does not include the mileage costs.)

#### Upcoming for Home Health:

- **Face Lift:** Changes to the landscaping, painting and repair of the outside of the building with new lighting and signage are coming soon to make us more noticeable. (The painting & repairs were done in November 2020.)
- **Plans for the future:** We are working on partnering with the ER physicians and staff as a resource for HH referrals. **Support from SLT encouraging Clinic and ER physicians to support this referral source is invaluable.**
- We are working on streamlining our referral process.
- We hope to search for a Policy and Chart Review service to decrease workload.
- We want to be able to designate a staff member to be the HH coder and will then realign duties to decrease the length of the admission process.
- Our agency is working with Vanessa Gann, PT to increase OASIS scores, patient satisfaction and HHCAHP scores. Vanessa will be doing an in-service with the staff.
- We will be hiring additional staff to replace 2 nurses that left for other positions.
- We hope to increase marketing opportunities by decreasing office workload/rearranging duties. Specifically we want to increase marketing to target the Yoakum area, surgical centers, hospitals, nursing facilities and orthopedic doctors.
- New HH Brochures were printed and are circulating. The brochures feature some of our long-term staff.
- We will continue to work with physicians and clinic staff to address HH issues at the point of HH contact to reduce patient trips to the ER and hospital readmissions.
- We are exploring the possibility of telehealth for some home health visits.
- We have begun partnering with Laura Pacek, PA in her new role doing hospital post-discharge home visits for potential home health referrals and also to do home visits for our HH patients.

Respectfully,



**Margaret Krause, RN**  
Home Care Administrator



# **AGENDA ITEM #9**

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

2021 1 28



**DE WITT 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 won 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

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 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:

- \* beginning market value for the reporting period;
- \* additions and changes to the market value during the period;
- \* ending market value for the period;
- \* 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 CFO, Controller or another designee 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



business organization:

1. Has received and reviewed the investment policy of the Hospital;
  2. Has acknowledged that the business organization has implemented a 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 A 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;



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 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 entities by governmental as described by Section V.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 V.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 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 nonprofit 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 in 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 January 28, 2021.

Adopted by the Governing Body of the DeWitt Medical District d/b/a Cuero Regional Hospital this the 28th Day of January 2021.

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Richard Wheeler, Chairman

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Faye Sheppard, Vice Chairman

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Charles W. Papacek, Secretary

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John Frels, Member

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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 23rd day of January 2020.

\_\_\_\_\_  
Richard Wheeler, Chairman

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Faye Sheppard, Vice Chairman

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Charles W. Papacek, Secretary

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John Frels, Member

\_\_\_\_\_  
Cynthia Sheppard, Member

**ATTACHMENT B**  
**LIST OF APPROVED INVESTMENT BROKERS**

The following Brokers have been approved this 23rd Day of January, 2020 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

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Richard Wheeler, Chairman

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Faye Sheppard, Vice Chairman

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Charles W. Papacek, Secretary

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John Frels, Member

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Cynthia Sheppard, Member

# AGENDA ITEM #10

## Call for Election/Order of Election – Consider and Take Appropriate Action

### CALL FOR ELECTION

*Senate Bill 1970 (81<sup>st</sup> Legislature) requires that the authority with whom an application for a place on the ballot is filed must post a notice of the filing period dates in a building in which the authority maintains an office. The notice must be posted not later than the 30<sup>th</sup> day before the first day to file. For political subdivisions that do not have a “first day” to file, the Secretary of State recommends posting the notice at the same time. Notice is filed in the lobby of the hospital.*

### ATTACHED:

1. Election Calendar (Short Version)
2. Copy of Notice of Deadline to file Application for Place on the Ballot
3. Forms for Signature
  - (a) Order of Election – signed by all Board Members (English and Spanish)

Motion to approve and sign an Order of Election for the DeWitt Medical District to be held on May 1, 2021.



# May 1, 2021 Election Calendar

First Day to Apply for a Ballot by Mail: **Wednesday, January 1, 2021**

First day to file does not move because of New Year's Day holiday. An "Annual Absentee Ballot by Mail" (ABBM) or "Federal Postcard Application" (FPCA) FOR A January or February 2021 election may be filed earlier, but not earlier than the 60<sup>th</sup> day before the date of the January or February election.

First Day to File for Place on General Election Ballot: **Wednesday, January 13, 2021**

Last Day to File for Place on General Election Ballot: **Friday, February 12, 2021 @ 5:00 PM**

Last Day to Order General Election or Election on a Measure: **Friday, February 12, 2021**

Last Day to Register to Vote: **Thursday, April 1, 2021**

First Day of Early Voting by Personal Appearance: **Monday, April 19, 2021**

Last Day to Apply for Ballot by Mail: **Tuesday, April 20, 2021**

**(Received, not Postmarked)**

Last Day of Early Voting by Personal Appearance: **Tuesday, April 27, 2021**

Last Day to Receive Ballot by Mail: **Saturday, May 1, 2021 (Election Day) @ 7:00 PM\***

**\*Note:** Pursuant to House Bills 1151 and 929, different deadlines apply to the last day to receive ballots sent by the following:

1. Non-military and military voters who mailed ballots from overseas and submitted a regular state Application for Ballot by Mail (ABBM),
2. Non-military voters who mailed ballots from overseas and who submitted a Federal Postcard Application, and
3. Military voters who mailed ballots domestically or from overseas and who submitted an FPCA. Please contact the Elections Division of the Office of the Texas Secretary of State at 1-800-252-VOTE (8683) For additional information

## NOTICE OF DEADLINE TO FILE AN APPLICATION FOR PLACE ON THE BALLOT

(AVISO DE FECHA LÍMITE PARA PRESENTAR UNA SOLICITUD PARA UN LUGAR EN LA BOLETA)

Notice is hereby given that an application for a place on the DeWitt Medical District  
(name of political subdivision/party)

Regular/Special/Primary Election ballot may be filed during the following time: 8:00 a.m. to 5:00 p.m.  
(Circle one)

(Se da aviso por la presente que una solicitud para un lugar en la boleta de la Elección

Regular/Especial/Primaria de Distrito Medico de DeWitt se pueden presentar  
(marcar una con círculo) (nombre de la subdivisión política/partido)

durante el siguiente horario: 8:00 a.m. to 5:00 p.m.)

### Filing Dates and Times:

(Fechas y Horario para Entregar Solicitudes)

Start Date: January 13, 2021 End Date: February 12, 2021  
(Fecha Inicio) (Fecha Limite)

Office Hours: 8:00 a.m. to 5:00 p.m.  
(Horario de la Oficina)

Physical address for filing an application in person for place on the ballot:  
(Dirección a física para presentar una solicitud en persona para un lugar en la boleta)

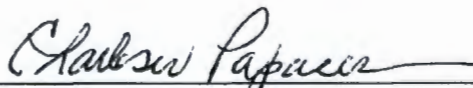
2550 N. Esplanade St., Cuero, TX 77954

Address to mail an application for place on the ballot (if filing by mail):  
(Dirección a donde enviar una solicitud para un lugar en la boleta (en caso de presentar por correo))

2550 N. Esplanade St., Cuero, TX 77954

Email or Fax Number to send an application for place on the ballot:  
(Dirección de correo electrónico o número de fax para enviar una solicitud para un lugar en la boleta)

Email: HospitalBoard@cuerohospital.org or Fax: 361-275-3999



Signature of Filing Officer  
(Nombre en letra de molde del Oficial de Archivos)

Charles W. Papacek

Printed Name of Filing Officer  
(Firma del Oficial de Archivos)

12-14-2020  
Date Posted  
(Fecha archivada)

**ORDER OF ELECTION FOR OTHER POLITICAL SUBDIVISIONS**

An election is hereby ordered to be held on May 1, 2021 for the purpose of:  
electing two directors. (date)

Applications for a place on the ballot shall be filed by: February 12, 2021 at 5:00pm.  
(A deadline is required to be stated in the order for a special election.)

Early voting by personal appearance will be conducted each weekday at

DeWitt County Annex Courtroom, 115 N. Gonzales, Cuero, Texas 77954

(location)

between the hours of 8:00 a.m. and 5:00 p.m. beginning on April 19, 2021

(date)

and ending on April 27, 2021.  
(date)

Applications for ballot by mail shall be mailed to:

Melissa Alcazar  
(Name of Early Voting Clerk)

P.O. Box 169  
(Address)

Cuero, Texas 77954  
(City) (Zip Code)

Applications for ballots by mail must be received no later than the close of business on

April 20, 2021.  
(date)

Additional early voting will be held as follows:

Location	Date	Hours
<u>No other locations</u>		

Issued this the 28th day of January, 20 21.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Signature of Presiding Officer

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

**Instruction Note: A copy of this election order must be delivered to the County Clerk/Elections Administrator and Voter Registrar not later than 60 days before election day.**

**ORDEN DE ELECCION PARA OTRA SUBDIVISION POLITICA**

Por la presente se ordena que se llevará a cabo una elección el 1 de mayo de 2021 con el propósito de: eleccion de dos director  
(fecha)

Solicitudes para un lugar en la boleta serán presentadas por: el 12 de febrero de 2021 at 5:00pm  
(De acuerdo con la orden de elección especial se requiere una fecha límite)

La votación adelantada en persona se llevará a cabo de lunes a viernes en

El DeWitt Candado Anexo Courtroom, 115 N. Gonzales, Cuero, Texas 77954

(sitio)

entre las 8:00 de la mañana y las 5:00 de la tarde empezando el 19 de abril de 2021  
(fecha)

y terminando el 27 de abril de 2021  
(fecha)

Las solicitudes para boletas que se votarán en ausencia por correo deberán enviarse a:

Melissa Alcazar  
(Nombre del Secretario(a) de Votación Adelantada)

P.O. Box 169  
(Dirección)

Cuero, Texas 77954  
(Ciudad) (Zona Postal)

Las solicitudes para boletas que se votarán en ausencia por correo deberán recibirse para el fin de las horas de las horas de negocio el 20 de abril de 2021  
(fecha)

La votación adelantada además se llevará a cabo de tal manera:

Sitio	Fecha	Horas
<u>Ninguno</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Emitida este día 28 de Enero, 20 21.

Miembro

Firma del Oficial que Preside

Miembro

Miembro

Miembro

Miembro

Miembro

Miembro

Nota de instrucción: Se deberá entregar una copia de esta orden de elección al/a la Secretario(a) del Condado/Administrador(a) de Elecciones y el/la Registrador(a) de Votantes a más tardar 60 días antes del día de elección.

# **AGENDA ITEM #11**

## **Authorization to Contract with County Election Administrator to Perform Election Duties – Consider and Take Appropriate Action**

Motion to grant authorization to the Chief Executive Officer to contract with the County Election Administrator for election duties for 2021 if needed.



# **AGENDA ITEM #12**

**Strategic Plan Update – Information Only**

**Strategy #1: Improve IT infrastructure** – complete the IT infrastructure to provide greater IT security to our systems in addition to be able to support a new EMR with both a hospital and clinic platform; and other new programs and equipment.

FY 2021	FY 2022	FY 2023
Address network stability & functionality; Prep for Meditech	Begin Meditech upgrade for the hospital	Replace Allscripts with Meditech Ambulatory
Implement equipment to assure timely/effective back-ups of systems	Develop a disaster recovery plan	
Fill vacant position with appropriate skill set to manage new system		
Begin tech refresh	Continue tech refresh	Continue tech refresh
	Survey provider satisfaction with IT and other topics	Survey provider satisfaction with IT and other topics

**Measures of Success:**

1. Improve IT Network stability
  - Phase 1 - Implement new redundant firewall solution, new routers & secure VPN solution – 100 % Completed
  - Security Risk Assessment – 100% Completed (scheduled annually)
  - Wireless Site Survey - 100 % Completed
  - Closet clean-up – 95 % Completed
  - Phase 2 - new switches/routers for small closets, remote site, & wireless network – present to Board in February 2020 for approval
  - Phase 3 - Implement new Hyper-Converged server cluster w/ VMware licensing - 50% completed
2. Assure Timely/Effective Backups
  - Phase 4 - Implement Backup/Recovery Solution with DR in the cloud 50% completed
  - (Backup solution has been installed and implemented) Reviewing true Disaster recovery Solutions.
3. Replace Antiquated EMR
  - Presented in Budget for approval – 100 % completed
  - Timelines have not started
4. Recruit/Hire appropriate skill mix in department – in progress
  - Updating job description for skill mix needed
  - Managed Services purchased for Network Phase 1



**Strategy #2: Improve Organizational Operations** – Continue to streamline operations to assure efficiencies; as well as provide for education/growth staff and succession planning to assure the engagement and future of the organization.

FY 2021	FY 2022	FY 2023
Assess Home Health for operational efficiencies and growth opportunities	Monitor implementation of new processes as recommended by the consultant	
Initiate reorganization of Outpatient Services (OP, Central Scheduling & Specialty Clinics) to improve efficiencies & pt focus	Complete reorganization of Outpatient Services (OP, Central Scheduling & Specialty Clinics)	
Identify and provide leader focused education for all CRH leaders to provide foundation for formal succession plan implementation	Implement formal CRH succession plan & initiate associated development plans, necessary job description revision & candidate assessments	Monitor and assess progress of first group of CRH junior leaders under the succession plan. Sustain and re-evaluate overall CRH plan bi-annually
Improve clinic operations & standardization in support of growth & RHC standards	Improve productivity, engagement and volume	Improve productivity, engagement and volume
Increase mid-level utilization & productivity	Monitor mid-level and physician utilization & productivity	
Combine CBO and Hospital Business office to become more efficient, staff growth and succession planning	Cross train hospital & clinic business offices to better understand the billing differences. Prepare for being on one platform	Implement EMR platform in the clinics

***Measures of Success:***

1. Obtain a HH Consultant by October 31, 2020 – **Completed, currently working through recommendations**
2. Re-organize and develop Outpatient Business line to improve patient access, efficiencies and specialty contracts by streamlining the management structure of Hospital Outpatient Services, Central Scheduling and Specialty Clinics by June 30, 2021 – **In progress. Group has begun meeting; changes made to off load clinic/womens center registration workload which has grown because of COVID.**
3. Improve survey question results (“I have the resources to do well”) In the 2021 survey over the October 2020 survey
4. Improved RHC Operations and productivity measured by 2% volume growth, financial performance and employee engagement by Sept 30, 2021 - development of home visit program, veterans program **In progress, volumes low due to COVID; maintaining telehealth. Home visit program began 12/2020**
5. Co-locate business offices by June 2021 – **In progress; multiple meetings with CISD, VC President and Mayor Meyer. Plan to relocate VC from CRH campus to vacant middle school behind the high school.**
6. **Succession planning task force initiated; reviewing MHS Leadership Institute materials; looking at expanding LINC to Bachelor and Masters level.**

Process Owners: Judy Krupala, Lynn Falcone

**Strategy #3: Improve Growth & Financial Stability** – In light of pending regulatory changes to supplemental funding; we need to continue to look for ways to capitalize on opportunities to support the financial wellbeing of the organization into the future.

FY 2021	FY 2022	FY 2023
Develop Women’s Service Line with Childbirth as the anchor – enhance childbirth services – décor and amenities to attract commercially insured patients	Develop additional women’s health services: Cardiology and women’s health education -	Refine and grow women’s service
Maintain/Grow IP services: ICU and Dialysis		
Investigate improved managed care contracting	Continue managed care contracting improvements	
Evaluate financial impact of expanding Tax District	If financially feasible, prepare for Tax District vote Nov 2021	
Grow OP services consistent with community need: NH, MRI, C/P Rehab, aesthetics	Grow OP surgery with current docs plus recruit GYN to support FP/OB	
Research feasibility of an outpatient Wound Program	If financially feasible, initiate OP wound program	Develop OP Wound Care Program

**Measures of Success:**

1. Remodel/Upgrade Women’s Services by June 30, 2021 – **Working on flooring and furniture selections**
2. Increase outpatient visits 2% by Sept 30, 2021 – **Visits to Victoria Pediatrics; Working on Lab services for CNRC**
3. Develop Aesthetics/MedSpa program by March 31, 2021 **Kicked off in December**
4. Determine feasibility of Wound Care program in Cuero by 9/30/2021 **A midlevel will begin training this month**
5. Based on tax analysis (by Dec 31, 2020) prepare for vote on Tax Base by Nov 2021 – **Not started**



**Strategy #4: Assess and Improve Facility Infrastructure:** In order to continue to support growth and efficiencies while maintaining regulatory compliance and planned repair expenses in this 50 year old building.

FY 2021	FY 2022	FY 2023
Assess overall building infrastructure risk to guide future plans	Begin implementation of prioritized areas from the Master Plan/Risk Assessment	Master Plan/Risk Assessment priorities continue
Develop plans for improvement to support operations in OR, Lab, Kitchen & overall general efficiencies	Develop & implement plans for improvement to support operations in OR, Lab, Kitchen & overall general efficiencies	Continued implementation of plans for improvement
Identify long term COVID unit (s)	Remodel for long term COVID unit (s)	

**Measures of Success:**

1. Select architectural firm October 2020 **OConnell Robertson selected and was onsite 12/20. Working on OR HVAC design**
2. Complete Risk Assessment and Facility Master plan (Lab, Dietary, Central Sterile and COVID Unit) by Sept 30, 2021 **Kick Off Meeting set for January 14, 2021**
3. Completion of OR HVAC project by May 31, 2021



# **AGENDA ITEM #13**

**Temporary Increase in Sign-On Bonus for  
ICU RN – Consider and Take Appropriate  
Action**

2021 1 28

# **AGENDA ITEM #14**

## **Methodist Benefit Report – Information Only**

2021 1 28