

GRAHAM HOSPITAL DISTRICT  
BOARD OF DIRECTORS MINUTES  
March 24, 2020

The Board of Directors of Graham Regional Medical Center met in the Education Conference Room Tuesday, March 24, at 12:00 P.M. and via telephone conference since the Office of the Governor suspended certain provisions of the Open Meetings Act to allow telephonic or videoconference meetings to avoid congregate settings in physical locations effective March 16, 2020.

Board members present: Dr. Behr, Terry Bishop, and Jon Garvey

Board members via telephone: Wyatt Pettus, Suzy Graham, Barrie Strickland, and Sylvia Overton

Members of management present: Shane Kernell,

Members of management via telephone: Curtis Rojas, Jeff Casbeer, Sharon Hilliard, Jeff Clark, Mandy Rodriguez, and Karl Hittle

Presiding Secretary: Tammy Whittenburg

**1. Call to Order and Record of Attendance**

Vice President Behr called the meeting to order at 12:04 P.M. Invocation was given by Jon Garvey.

**2. Public Comment**

There were no public comments.

**3. Meeting Minutes**

Consider and take action on minutes of regular meeting February 18, 2020

The Directors were asked to review the minutes for any revisions or corrections.

**Action**

Motion by Sylvia Overton, second by Terry Bishop to approve the regular board minutes of February 18, 2020. Motion carried.

**4. Finance Committee Report**

February 2020 Financials – Jeff Casbeer

- a. Presented and reviewed were the Financial Highlights for February; Income and Expense Statement for the Month Ended February 29, 2020; Balance Sheet as of February 29, 2020; Statement of Sources and Uses of Cash Flow, February 2020; Scorecard for February 2020 showing Admissions, Patient Days, Observation, Surgery Procedures, Radiology Procedures, Laboratory Procedures, and Visits Statistics. Also presented were the Statistics Trended; Net Revenue to Cash Analysis; GRMC POS Cash Analysis; MD Save Tracker; FTE/AOB Analysis; Scorecard for February 2020 showing DCOH, EBIDA Margin, Debt Service Ratio, Average Payment Period; and Days of Cash on Hand. Point of Service cash collections set a record for the amount of up-front cash collected in February. The 1115 Waiver benefit through the service organization is estimated to be exhausted by August 2020. There is high probability that we will continue to receive a \$54,000 per month benefit through SONT with no IGT. Curtis Rojas presented the Revenue Cycle charts.

**Action**

Motion by Terry Bishop, second by Barrie Strickland to approve the financial statements as presented. Motion carried.

## **5. Action Items**

### **a. Order of Cancellation of Election on May 2, 2020**

An Order of Cancellation of Election for the election scheduled for May 2, 2020, was presented. Four seats on the Graham Hospital District Board currently held by Dr. Donald Behr, Terry Bishop, Jon Garvey, and Barrie Strickland are up for election/reelection. All four board members reapplied and nobody else applied. The four candidates have been certified as unopposed and will be sworn in for a four-year term.

### **Action**

Motion by Terry Bishop, second by Sylvia Overton to approve the Order of Cancellation of Election as presented. Motion carried.

## **6. Reports**

### **a. Medical Chief of Staff Report**

- i. Dr. Pat Martin was not in attendance.

### **b. CEO Report – Shane Kernell**

- i. COVID-19 has been the topic at GRMC. We have worked very closely with our local leadership, city, county, school district, and pastors. We had a large meeting last week with approximately 50 people to talk about it as a group. From that, we have done several other meetings with Dr. Martin, who was named the County Health Authority by Judge Bullock, after he declared the Imminent Disaster for Young County. We have been working very tightly with Dr. Martin and the rest of the medical staff to come up with a surge plan. Given what is in front of us, flatten the curve is essentially a term used to lower the burden, in the short term, for hospitals so we don't get hit with a lot of patients all at once. That is something that is going to strain and break the healthcare system as we are witnessing in very large cities like New York and even in Dallas. We want to see those patients over a longer period of time. We still need to come up with a plan that addresses a large surge of patients. That includes staff, a place to put the patients, and supplies to do the job. We have been hitting all three of those simultaneously as a group. We have taken out our Emergency Operations Plan and executing it as a facility working hand in hand with the County's operation plan. We have the people, provided they don't get sick. We have the place to house the patients as they come, i.e. the Women's Center. We have made a provisional surge destination, and we are doing the best we can with supplies. PPE (Personal Protective Equipment) is what you hear all the time in the news. We have about 1000 N95 masks which sounds like a lot, but with a surge of 50 patients, those would get wiped out in about a week. We are working to get more. We have a fairly large number of gowns, face shields, goggles, and gloves. We are working to get as much as we can. Mrs. Hilliard is making sure we are stocked up on pharmaceutical supplies. Lab has been working closely with us. Everybody has pulled together to work on the plan. We have about 50 beds available to treat patients. We have two ventilators if needed. We have 24/7 respiratory technicians. United Regional has 15 ventilators.
- ii. Another part of our approach is our communication plan. We want the community to know what we are doing. Testing has been an issue across the United States. We have ordered every bit of media we can get our hands on. It is what you send off to the CDC or state designated labs. The turn around time is about two to four days and

growing because of the number of tests they receive. We also have another form of media called the eswab that takes a nasopharyngeal sample. It is a quick test that goes to CPL, a large reference lab company in Austin. We are experiencing 24 to 36-hour turnaround with those. CPL is where we are sending the bulk of our tests. We expect the time to get longer. The large reference lab companies, Quest and LabCore, are experiencing a one week turn around. We have 150 eswab test kits to send to CPL. We have 50 of the other viral media samples to send to the CDC. So, in total, we have 200 test kits. We hope to get more media. Our lab director is ordering daily.

- iii. This is going to be a huge financial impact to Graham in two ways. The first is the expenses we are incurring to do our job for the community we serve. And two, the revenue side of it. We have shut down all elective surgeries and imaging. Our business has gone down to not much. We see very limited in clinic. Our ER volume is not as much as it was. May and June collections will not be good. We are paying very close attention to what is going on at the state and federal level as far as bills presented to hopefully apply for some aid or relief. We had a conference call with BKD, Deborah Whitley. We discussed FEMA, and she did not have much confidence in FEMA. She said the federal money is in the Phase 3 bill. At the state level, we are looking at money available to us in recoupment if they put a moratorium or just not recoup it for a while. Not a lot of good news financially. This is affecting all hospitals in the United States. There is also the price of oil to consider and ad valorem taxes. It is probably not going to look very good. In healthcare, the pump doesn't turn back on overnight. We have a task to take care of our community.
- iv. Talking points will be put together by Mr. Hittle for board members and community leaders.
- v. We have set up a separate cost center to track supplies and even labor. We are not cutting labor costs even though volume is down. If we have a surge, we must have staff on hand.
- vi. We are communicating all we can about COVID-19. Once we get through the threat, we want the community to know we are here and we are a safe place for people to come to.

## **7. Executive Session**

Vice President Behr convened into Executive Session at 12:47 P.M.

Executive Session: The Board will meet in closed session pursuant to:

- a. Texas Health and Safety Code §161.032, deliberation of information from the Medical Staff regarding applications for appointment and/or reappointment to the Medical Staff and information from the Compliance Officer to consider quality assurance/performance improvement reports

Executive Session adjourned at 1:00 P.M.

## **8. Open Session**

The Board reconvened in open session at 1:00 P.M.

### **Action**

Motion by Terry Bishop, second by Jon Garvey to approve the Physician Appointments and/or Reappointments of:

- a. REAPPOINTMENTS

- I. Consultant, Neurology
  - Adam Graham, MD
- II. Allied Health
  - Eddie Dunlap, CRNA

b. REAPPOINTMENTS BY PROXY

- I. Hospital Based, Teleradiology
  - I. Matthew Bernbeck, MD
  - II. William Bishop, MD
  - III. Derek Diffendaffer, MD
  - IV. Jason May, MD
  - V. Purvak Patel, MD
  - VI. Jax Pham, DO
  - VII. John Sullivan, MD

c. NEW APPOINTMENTS BY PROXY

- I. Hospital Based, Teleradiology
  - I. Mark Bittles, MD
  - II. Lillian Cavin, MD
  - III. Joseph Fuller, III, MD
  - IV. Joshua Jansen, MD

There being no further business, the meeting adjourned at 1:00 P.M.



Dr. Donald Behr, Vice President, Board of Directors



Tammy Whittenburg, Secretary, Board of Directors