



**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 8-21-20 @ 11:10

The Board of Directors of the Cuero Regional Hospital will hold their regular monthly meeting via conference call, Thursday, August 27, 2020, 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. Community Input
- III. Review of Minutes of the July 23, 2020 Regular Called Meeting and the August 13, 2020 Special Called Meeting
- IV. Review of Financial Statement and Statistical Report
 1. Financial and Statistical Report
 2. Finance Committee Report
- V. Report from Chief of Staff

Appointments: Jason Fox, MD, Radiology – Telemedicine, Sunthosh Madireddi, MD, Radiology - Telemedicine, Sibi Thomas, DO, Cardiology - Telemedicine

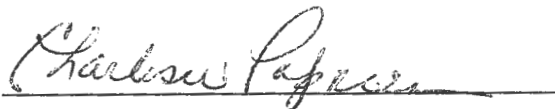
Reappointments: None

Reactivation of Privileges: Bruce Tharp, MD, Radiology
- VI. Report from Marketing & Development Director – List of Advertising and Events
- VII. Report on Clinic Operations from Clinic Administrator
- 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 and Community from Chief Executive Officer
- XI. Report on Quality
- XII. Compliance Update – HIPAA/Confidentiality Training and Certification
- XIII. Committee Reports
- XIV. Old Business
 1. Capital Expenditure Request for Med/Surg Wing Walls in Handicap Showers – Review and Take Appropriate Action
- XV. New Business
 1. Review and Adopt the 2020 Ad Valorem Property Tax Rate – Consider and Take Appropriate Action
 2. Capital Expenditure Request for IT Server Hardware– Review and Take Appropriate Action

CUERO HEALTH

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

3. Capital Expenditure Request to Replace 24 Bedside Tables and 24 Bedside Cabinets for Med/Surg Unit – Review and Take Appropriate Action
 4. Capital Expenditure Request to Repaint the Front Purple Sections of Hospital – Review and Take Appropriate Action
 5. Capital Expenditure Request for LifePak 15 Cardiac Monitor – Review and Take Appropriate Action
 6. Capital Expenditure Request of a GlideScope Device – Review and Take Appropriate Action
 7. Request to Authorize Matheson Service Contract – Review and Take Appropriate Action
 8. Request to Authorize Beckman Coulter Equipment Lease-Review and Take Appropriate Action
 9. Quarterly QA/Risk Management – Review and Take Appropriate Action
- XVI. The Board reserves the right to retire into executive session concerning any of the items listed on this Agenda, whenever it is considered necessary and legally justified under the Open Meetings Act, for:
- 551.071 Consultation with attorney regarding pending, potential litigation involving the Hospital and/or Hospital District
 - 551.072 Deliberations about Real Property to deliberate the purchase, exchange, lease, or value of real property if deliberations in an open session would have a detrimental effect on the position of the District
 - 551.073 Deliberation Regarding Prospective Gifts or Donations
 - 551.074 Personnel matters relating to the appointment, employment, evaluation, discipline or dismissal of an officer or employee
 - 551.076 Deliberation regarding security devices
 - 551.085 Discussion of pricing and/or financial planning information related to negotiation for the arrangement of provision of services or product lines for DeWitt Medical District and proposed new physician services for DeWitt Medical District, and any other non-profit health maintenance organizations under the umbrella of DeWitt Medical District.
- XVII. Communications - Foundation, Volunteers
- XVIII. Adjournment



Charles Papacek, Board Secretary

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 24th day of August, 2020.



Signature of Person Posting Agenda

CUERO REGIONAL HOSPITAL
BOARD OF DIRECTORS MEETING

July 23, 2020

The Board of Directors of Cuero Regional Hospital held their regular monthly meeting, via conference call, on Thursday, July 23, 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

Board members absent were:

Mrs. Cindy Sheppard, Member

Leadership members present were:

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

Leadership members absent were:

Dr. Paul Willers, II, Chief of Staff

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

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

CALL TO
ORDER

Community Input: None

COMMUNITY
INPUT

Mr. Papacek moved, Mrs. Faye Sheppard seconded, to approve the minutes of the regular called meeting on June 25, 2020 as presented; the motion carried unanimously.

MINUTES

The Chief Financial Officer's Financial Statement and Statistical Report were provided. The Chief Financial Officer spoke on hospital financials and on clinic financials. The reports were accepted as presented.

FINANCIAL/
STATISTICAL

The quarterly investment report shows an increase in market value during the quarter of \$7,449,692.00 from \$31,030,659.00 to \$38,480,351.00. Dr. Frels moved, Mrs. Faye Sheppard

QUARTERLY
INV RPT

Cuero Regional Hospital
Board of Directors Meeting
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seconded, to accept the quarterly investment report as presented; motion carried unanimously.

Mr. Papacek moved, Mrs. Faye Sheppard seconded, based upon the recommendation of Medical Staff, to approve the initial appointments (limited to the privileges delineated) as presented on the agenda for Carolyn Dale Denton, DO, Family Practice and Nicholas Lemley, DO, Family Practice pending his state issued license; the motion carried unanimously.

MEDICAL
STAFF

Mr. Papacek moved, Mrs. Faye Sheppard 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 Madeline Andrew, MD, Psychiatry, Neil Campbell, DPM, Podiatry, Hermelinda Fitts, FNP, Family Practice, Azhar Malik, MD, Nephrology, George Osuchukwu, MD, Nephrology, Ashesh Parikh, DO, Cardiology-Telemedicine, Gustavo Sandigo, MD, Sleep Medicine, Bruce Scaff, MD, Emergency Medicine, Caroline Valdes, MD, Pathology, Cody Walthall, MD, Family Medicine; the motion carried unanimously. It was noted that the agenda had Dr. Parikh listed as a MD; the minutes reflect the correction to DO.

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

MARKETING

The Interim Clinic Administrator's report regarding operations was provided. Mrs. Falcone noted that Mr. Bill Bohl will start as our new Clinic Administrator on August 3rd.

CLINIC
LEADERSHIP

The Assistant Administrator's report on Quality/Safety, Finance, and Community was provided. Mrs. McMahan noted the new cooling tower would be installed on August 3rd.

ASST. ADMIN.
REPORT

The Chief Nursing Officer's report on Quality/Safety, People, Growth and Community was provided. Mrs. Krupala noted that we STRAC nurses have been assigned to provide additional coverage at our facility. Some were relocated after a week due to an increase in cases in the Del Rio area.

CNO REPORT

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

CEO REPORT

The Quality report was reviewed.

QUALITY

The Assistant Administrator reported on the Compliance Program Self-Assessment provided in the packet. Mrs. McMahan noted that typos in the original assessment provided in the board packet were corrected.

COMPLIANCE

Committee Reports: ???

COMMITTEE
REPORT

Old Business:

The Annual Audit Report and board education by BKD, LLC was tabled again this month per the Board until they are able to meet in person or a virtual meeting could be arranged. Dr. Frels moved, Mr. Papacek seconded, to table the annual audit report and board education by

ANNUAL
AUDIT
BKD, LLC

BKD, LLC until they are able to meet in person or a virtual meeting could be arranged; motion carried unanimously.

New Business:

The Assistant Administrator requested for the board to table the capital expenditure purchase for Med Surg Wing Walls in the Handicap Showers. Mr. Papacek moved, Dr. Frels seconded, to table the capital expenditure purchase for Med Surg Wing Walls in the Handicap Showers; motion carried unanimously.

MED SURG
WING WALLS
HANDICAP
SHOWERS

The Assistant Administrator requested the capital expenditure purchase to Replace the Roof at the Kenedy Clinic. A quote from Cox Brothers for \$37,500.00 was recommended. Dr. Frels moved, Mr. Papacek seconded, to approve the capital expenditure purchase up to \$37,500.00 from Cox Brothers for replacement of the roof at the Kenedy Clinic; motion carried unanimously.

KENEDY CLINI
ROOF
REPLACEMENT

The Assistant Administrator presented an Emergency Approved Capital Expenditure Request for 4 Additional Airvo Units. A quote from Fisher & Paykel for \$13,793.00 was recommended. This item was approved as an emergency item by Mr. Wheeler on 7/6/2020 to better treat our COVID patients. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the emergency capital expenditure purchase up to \$13,793.00 from Fisher & Paykel for 4 additional Airvo units; motion carried unanimously.

4 ADDITIONAL
AIRVO UNITS

The Chief Nursing Officer presented an Emergency Approved Capital Expenditure Request for a UV Disinfection Robot. A quote from Skytron for \$64,631.12 was recommended. This item was approved as an emergency item by Mrs. Faye Sheppard on 6/30/2020 to avoid back order. Dr. Frels moved, Mr. Papacek seconded, to approve the emergency capital expenditure purchase up to \$64,631.12 from Skytron for a UV Disinfection Robot; motion carried unanimously. It was noted that funds from the CARES Act and the Conoco Philips Grant will be used towards this item.

UV
DISINFECTION
ROBOT

The Chief Nursing Officer presented an Emergency Approved Capital Expenditure Request for Lucas-Chest Compression System. A quote from Stryker for \$17,286.34 was recommended. This item was approved as an emergency item by Mr. Wheeler on 7/8/2020 to better treat our COVID patients. Mr. Papacek moved, Mrs. Faye Sheppard seconded, to approve the emergency capital expenditure purchase up to \$17,286.34 from Stryker for the Lucas-Chest Compression System; motion carried unanimously.

LUCAS-CHEST
COMPRESSION
SYSTEM

The Assistant Administrator presented an Emergency Approved Capital Expenditure Request for Goliad Clinic – Install New 320 Amp Electrical Service to Clinic and Replace a 3-Ton & 4-Ton A/C Split System. A quote from Hall Electric for \$7,843.18 for the Electrical and a quote from Lueckemeyers A/C for \$7,900.00 for the A/C Units were recommended. These items were approved as an emergency item by Mr. Charles Papacek on 6/29/2020 at a total of \$15,743.18. Dr. Frels moved, Mrs. Faye Sheppard seconded, to approve the emergency capital expenditure purchase up to \$7,843.18 from Hall Electric for installing new 320 amp electrical

GOLIAD
CLINIC
ELECT and
A/C

Cuero Regional Hospital
Board of Directors Meeting
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service to the Goliad Clinic and \$7,900.00 from Lueckemeyers A/C for replacement of a 3-Ton & 4-Ton A/C Split System for a total of \$15,743.18; motion carried unanimously.

The Chief Executive Officer requested authorization by the board that would allow the CEO and/or CFO to sign lease agreements beyond the Methodist Healthcare System contract for equipment less than \$20,000.00. Mrs. Faye Sheppard moved, Mr. Papacek seconded, to approve the authorization by the board for the CEO and/or CFO to sign lease agreements beyond the Methodist Healthcare System contract for equipment less than \$20,000.00; the motion carried unanimously. ????

BOARD AUTH
CEO/CFO
SIGN LEASE
AGREEMENTS

The 2020 regularly scheduled November board meeting will fall on Thanksgiving, Thursday, November 26th and the December meeting will fall on Thursday, December 24th. After discussion, Mrs. Faye Sheppard moved, Mr. Papacek seconded, to move the regularly scheduled board meeting scheduled for November 26th to November 19th, that there will not be a regular meeting in December and that the Board and Physician Christmas Party will be on December 10th or a date to be determined; the motion carried unanimously.

BOARD
NOV DEC
MTG DATES

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

ADJOURN

Richard Wheeler, Chairman

Charles Papacek, Secretary

CUERO REGIONAL HOSPITAL
BOARD OF DIRECTORS MEETING

August 13, 2020

The Board of Directors of Cuero Regional Hospital held a special called meeting via Zoom, on Thursday, August 13, 2020, Cuero Regional Hospital, DeWitt County, Texas, at 9:00 A.M. The agenda was posted in compliance with the Open Meetings Act. A board packet was posted online at cuerohospital.org, along with the meeting link.

Board members present via Zoom meeting were:

Mr. Richard Wheeler, Chairman
Mrs. Faye Sheppard, Vice Chairman
Mr. Charles Papacek, Secretary
Dr. John Frels, DDS, Member
Mrs. Cindy Sheppard, Member, via conference call at overview of audit report

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
Mr. Bill Bohl, Clinic Administrator
Mrs. Kathy Simon, Administrative Assistant

Guests via conference call: Mr. Robert Proctor, Cuero Record, joined during audit, Mr. Geoff Crabtree, Methodist Healthcare System, Mrs. Deborah Whitley, BKD, LLC, left after audit, Mrs. Ismelda Garza, CRH IT.

The Board Chairman called the meeting to order at 9:00 a.m.

CALL TO
ORDER

Old Business:

The Annual Audit Report and board education by BKD, LLC was presented and reviewed. Mr. Papacek moved, Mrs. Faye Sheppard seconded, to approve the annual audit report and board education by BKD, LLC; motion carried unanimously.

ANNUAL
AUDIT
BKD, LLC

New Business:

The Appraisal Roll Information report and Chief Appraiser's Certification show DeWitt Medical District having a Certified Net Taxable Value of \$2,005,437,078 compared to 2019 values of \$2,475,186,286. Dr. Frels moved, Mrs. Cindy Sheppard seconded, to accept the 2020 Appraisal Roll and Chief Appraisers Certification showing a Net Taxable Value of

APPRAISAL RO
CHIEF APPRAIS
CERTIFICATION

\$2,005,437,078 as presented; motion carried unanimously.

Dr. Frels moved, Mr. Papacek seconded, to waive collecting vehicle tax; the motion carried unanimously. Mrs. Faye Sheppard did ask for more information regarding the vehicle tax before making her decision.

VEHICLE TAX

Dr. Frels moved, Mr. Papacek seconded, to follow the county's lead and allow a discount rate of 3%, 2%, and 1% based on the month the payment is made on the taxes; the motion carried unanimously.

PROPERTY TAX
DISCOUNT

Dr. Frels moved, Mrs. Cindy Sheppard seconded, that the board reviewed the 2020 ad valorem property tax rate information and propose based on this review the no-new-revenue rate of \$0.22268; motion passed three to one, with Dr. Frels, Mrs. Cindy Sheppard and Mr. Papacek voting for the motion and Mrs. Faye Sheppard voting against the motion. Richard Wheeler was presiding officer and did not vote.

PROPOSE TAX
RATE

There was no further business; Mr. Papacek moved, Dr. Frels seconded, to adjourn; the motion carried unanimously. The meeting adjourned at 10:22 a.m.

ADJOURN

Richard Wheeler, Chairman

Charles Papacek, Secretary

| Financial Summary - JULY 2020 | | | | | | | | | | |
|--------------------------------------|----------------------|---------------|----------------------|-------------------|------------------|--------------|-------------------|--------------------------|---------------|----------------------|
| Summary Measures | Current Month | Budget | VAR to Budget | Prior Year | VAR to PY | YTD | YTD Budget | VAR to Budget YTD | PY YTD | VAR to PY YTD |
| EBIDA – Hosp. Only | \$512,917 | \$262,854 | \$250,063 | \$333,167 | \$179,750 | \$10,783,510 | \$7,062,520 | \$3,720,990 | \$6,566,116 | \$4,217,394 |
| Net Operating Income – Hosp. Only | \$259,434 | (\$212,419) | \$471,853 | (\$49,622) | \$309,056 | \$1,223,191 | (\$2,090,233) | \$3,313,424 | (\$1,288,304) | \$2,511,495 |
| Clinic - Net Operating Income | (\$36,893) | \$4,379 | (\$41,272) | (\$39,616) | \$2,723 | (\$48,289) | \$53,087 | (\$101,376) | \$294,760 | (\$343,049) |
| EBIDA Consolidated | \$476,024 | \$267,233 | \$208,791 | \$293,551 | \$182,473 | \$10,735,221 | \$7,115,607 | \$3,619,614 | \$6,860,875 | \$3,874,346 |
| Net Income - Consolidated | \$262,900 | \$59,726 | \$203,174 | \$134,483 | \$128,417 | \$8,702,540 | \$5,040,511 | \$3,662,029 | \$5,163,492 | \$3,539,048 |
| Net District Tax Revenue | \$11,051 | \$0 | \$11,051 | \$15,500 | (\$4,449) | \$4,335,020 | \$4,400,000 | (\$64,980) | \$4,045,851 | \$289,169 |
| Nursing Home Revenue | \$29,308 | \$267,766 | (\$238,458) | \$208,222 | (\$178,914) | \$3,192,618 | \$2,677,657 | \$514,961 | \$2,111,187 | \$1,081,431 |
| Admissions | | | | | | | | | | |
| Admissions | 85 | 79 | 6 | 76 | 9 | 751 | 786 | (35) | 762 | (11) |
| Patient Days | 361 | 261 | 100 | 215 | 146 | 2,511 | 2,594 | (83) | 2,485 | 26 |
| ADC include Obs | 13.2 | 10.7 | 2.5 | 9.2 | 4.0 | 10.1 | 10.9 | (0.8) | 10.6 | (0.5) |
| Outpatient Visits (ex RHC & ED) | 3,727 | 3,626 | 101 | 3,681 | 46 | 34,408 | 36,334 | (1,926) | 36,239 | (1,831) |
| Clinic Visits | 4,561 | 5,581 | (1,020) | 5,719 | (1,158) | 51,835 | 60,495 | (8,660) | 60,845 | (9,010) |
| Births | 22 | 8 | 14 | 10 | 12 | 137 | 116 | 21 | 113 | 24 |
| ED Visits | 758 | 820 | (62) | 818 | (60) | 7,935 | 7,907 | 28 | 7,894 | 41 |
| Total Surgeries/less Endo | 63 | 63 | 0 | 39 | 24 | 548 | 584 | (36) | 544 | 4 |
| Revenue/Net Revenue | | | | | | | | | | |
| Net Revenue | \$3,275,972 | \$2,720,193 | \$555,779 | \$2,634,829 | \$641,143 | \$27,748,222 | \$27,059,701 | \$688,521 | \$25,754,499 | \$1,993,723 |
| Net Revenue PAPD | \$2,889 | \$2,367 | \$522 | \$2,507 | \$382 | \$2,573 | \$2,368 | \$205 | \$2,334 | \$239 |
| Deductions as % of Gross | 62% | 60% | 2% | 60% | 2% | 64% | 60% | 4% | 61% | 3% |
| Expenses | | | | | | | | | | |
| Total Expenses | \$3,016,538 | \$2,932,612 | (\$83,926) | \$2,684,451 | (\$332,087) | \$26,525,030 | \$29,149,934 | \$2,624,904 | \$27,042,804 | \$517,774 |
| Total Expenses PAPD | \$2,660 | \$2,552 | (\$108) | \$2,554 | (\$106) | \$2,460 | \$2,551 | \$92 | \$2,451 | (\$9) |
| Total Staffing PAPD | \$1,325 | \$1,307 | (\$19) | \$1,323 | (\$3) | \$1,282 | \$1,302 | \$20 | \$1,251 | (\$31) |
| Supplies PAPD | \$289 | \$316 | \$27 | \$320 | \$31 | \$240 | \$316 | \$76 | \$283 | \$43 |
| Stats & Ratios - | | | | | | | | | | |
| FTE's | 243.98 | 221.85 | 22.13 | 234.97 | 9.01 | 224.08 | 220.55 | 3.53 | 225.26 | -1.18 |
| FTE/EEOB | 6.67 | 5.98 | 0.69 | 6.26 | 0.41 | 6.34 | 5.89 | 0.45 | 6.21 | 0.13 |
| Avg Hourly Rate | \$26.41 | \$28.44 | (\$2.03) | \$24.18 | \$2.23 | \$27.33 | \$28.83 | (\$1.50) | \$24.45 | \$2.88 |
| Net A/R Days | 19.7 | 25.2 | -5.5 | 26.0 | -6.3 | 22.9 | 24.9 | -2.0 | 26.1 | -3.2 |
| Cash Net Revenue % | 110.2% | 100% | 10% | 101.8% | 8% | 100.8% | 100% | 1% | 97.9% | 3% |
| Days Cash on Hand | 396.36 | 180.00 | 216.36 | 222.54 | 173.82 | 396.36 | 180.00 | 216.36 | 222.54 | 173.82 |

July Net Operating Income was positive at \$259.4K, higher than Budget by \$472K and Prior Year by \$309K. Consolidated EBIDA was higher than Budget by \$209K and PY by \$182K. Due to the effects of COVID19 for the 4th month, Clinics on a consolidated basis were lower than Budget by \$41.3K. The breakdown of revenue and expenses performance indicators were as follows:

NET REVENUE:

- Hospital Patient Net Revenue was higher than Budget by \$571.6K due to a positive rate variance driven by a strong Case Mix at 1.24 (up 20% for Medicare and 113% for BCBS). In addition, Payor Mix was also up with Medicaid up 11.3% and Managed Care up 9.9%. Surgeries were even with Budget, but higher than PY by 24 with Ortho cases up by 7, Podiatry up by 14 and Gen Surgeries up by 8. Lower Adjusted Patient Days drove a negative volume variance by \$34K compared to Budget
- Other Revenue at \$111.7K was higher than Budget by \$76K due to Interest Income higher by \$45K, Contributions and Grants higher by \$14.2K, and Cafe Sales higher by \$2.8K
- Supplemental dollars were lower than Budget by \$91.7K with no additional UC and/or DSH payments anticipated for the remainder of the year

EXPENSES:

- Total Expenses were higher than Budget by \$83.9K due to higher expenses compared to Budget in several categories. Salaries were higher than Budget by \$23.8K due to higher FTEs by 22.13 caused by COVID volume, higher Births and OR cases. In addition to patient acuity, COVID related pay (COVID1, COV PAY and Hero Bonus) totaled \$42.9K and increased paid FTEs by 7.9. Worked FTEs in the ICU (COVID Unit) were higher by 3.9 FTEs at zero charge from STRAC Nurse Staffing. Fringe Benefits were lower than Budget by \$34K due to an adjustment to correct the retirement account (lower by \$99K) and higher Employee Medical expense (higher by \$65K). Supplies were lower than Budget by \$34.8K due to lower Implant costs by \$74K (no spine cases), higher costs for Pharmaceuticals by \$30K (COVID related), and Med Surg expense up \$19.6 (COVID testing supplies). Purchased Services were lower than Budget by \$93.5K due to lower Repairs & Maintenance (\$30K), Professional Services (\$34.7K) and Maintenance Contracts (\$13K). Other Operating Expense was higher by \$201K due to an adjustment in Admin Misc to true up Fixed Assets and Disaster expense related to COVID care and prevention

CLINICS:

- Clinic Net Operating Loss of \$36.9K was lower than Budget due to lower volume in the RHCs due to the effects of COVID. RHC Net Operating Income was negative at \$23.9K, lower than Budget by \$44.7K due to lower visits by 1,020. Specialty Clinic Operating Loss of \$13K was better than Budget by \$3.4K. Positive Net Income in Podiatry at \$3.3K was higher than Budget by \$3.9K due to higher surgeries by 14. General Surgeon loss at \$16.3K was slightly higher than Budget, but lower than PY loss by \$22.3K with surgery cases higher by 8

OTHER:

- Wellness Net Operating Income at \$16K was lower than Budget by \$7.7K mainly due to lower Revenue from the effects of COVID on membership (down 370 since Feb)
- 340B Net Operating Income was higher than Budget by \$95K, mainly due to higher Revenue by \$81K and expenses down by \$14K
- Capital Expenditures - Electrical upgrades Phase 2 in progress - \$1.1M through July; Computer Network Optimization - phase two in progress - \$418K spend of \$898M Budget

CUERO REGIONAL HOSPITAL
 BALANCE SHEET
 PERIOD ENDED 07/31/20

| | CURRENT YEAR-TO-DATE | PRIOR YEAR YEAR-TO-DATE |
|------------------------------------|-------------------------|----------------------------|
| ASSETS | | |
| ----- | | |
| CURRENT: | | |
| CASH | 21,617,279.82 | 9,128,105.36 |
| MARKETABLE SECURITIES | 2,065,421.69 | 2,043,662.80 |
| ACCOUNTS RECEIVABLE | 11,476,125.51 | 10,117,711.62 |
| ALLOWANCE FOR UNCOLLECTIBLES | (8,097,513.27) | (7,048,825.57) |
| INTER-COMPANY RECEIVABLE | 0.00 | 0.00 |
| OTHER RECEIVABLES | 4,925,850.48 | 4,148,768.33 |
| INVENTORY | 725,502.91 | 575,998.30 |
| PREPAID EXPENSES | 6,120,227.56 | 6,206,083.72 |
| | ----- | ----- |
| TOTAL CURRENT ASSETS | \$ 38,832,894.70 | \$ 25,171,504.56 |
| OTHER ASSETS: | | |
| ASSETS WHOSE USE IS LIMITED | 16,516,601.52 | 11,935,184.29 |
| OTHER ASSETS | | |
| | ----- | ----- |
| TOTAL OTHER ASSETS | \$ 16,516,601.52 | \$ 11,935,184.29 |
| PROPERTY, PLANT, & EQUIPMENT: | | |
| LAND | 1,139,140.08 | 1,139,140.08 |
| BUILDING AND IMPROVEMENTS | 21,991,836.63 | 22,333,890.54 |
| EQUIPMENT | 34,109,053.80 | 28,974,676.72 |
| | ----- | ----- |
| TOTAL PROPERTY, PLANT, & EQUIPMENT | \$ 57,240,030.51 | \$ 52,447,707.34 |
| LESS ACCUMULATED DEPRECIATION | (35,938,340.89) | (33,710,106.40) |
| | ----- | ----- |
| NET PROPERTY, PLANT, & EQUIPMENT | \$ 21,301,689.62 | \$ 18,737,600.94 |
| | ----- | ----- |
| TOTAL ASSETS | \$ 76,651,185.84 | \$ 55,844,289.79 |
| | ===== | ===== |

CUERO REGIONAL HOSPITAL
 BALANCE SHEET
 PERIOD ENDED 07/31/20

| | CURRENT YEAR-TO-DATE | PRIOR YEAR YEAR-TO-DATE |
|---------------------------------------|-------------------------|----------------------------|
| LIABILITIES AND FUND BALANCE ----- | | |
| CURRENT: | | |
| ACCOUNTS PAYABLE | (1,097,838.15) | (355,277.50) |
| ACCRUED SALARIES & WAGES | (1,619,977.75) | (1,881,044.25) |
| ACCRUED INTEREST | 0.00 | 0.00 |
| CURRENT PORTION LTD | (8,012,173.99) | 0.00 |
| DUE TO/FROM 3RD PARTY PAYORS | (632,511.83) | (361,507.85) |
| DUE TO/FROM AFFILIATES | (2,491,383.03) | (1,114,717.78) |
| | ----- | ----- |
| TOTAL CURRENT LIABILITIES | \$ (13,853,884.75) | \$ (3,712,547.38) |
| LONG TERM DEBT: | | |
| NOTES/LEASES PAYABLE | (1,614,539.57) | 0.00 |
| BONDS PAYABLE | 0.00 | 0.00 |
| | ----- | ----- |
| TOTAL LONG TERM DEBT | \$ (1,614,539.57) | \$ 0.00 |
| FUND BALANCE | (52,480,221.25) | (46,968,250.07) |
| CURRENT YEAR (INCOME) LOSS | (8,702,540.27) | (5,163,492.34) |
| | ----- | ----- |
| TOTAL FUND BALANCE | (61,182,761.52) | (52,131,742.41) |
| | ----- | ----- |
| TOTAL LIABILITIES AND FUND BALANCE | \$ (76,651,185.84) | \$ (55,844,289.79) |
| | ===== | ===== |

**CUERO REGIONAL HOSPITAL
 FINANCIAL STATEMENT
 JUL 20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | PY ACTUAL |
|------------------------------------|-----------------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|
| OPERATING REVENUE: | | | | | | |
| ----- | | | | | | |
| INPATIENT REVENUE | 2,616,895 | 1,474,208 | 1,247,176 | 15,980,049 | 14,651,693 | 13,832,636 |
| OUTPATIENT REVENUE | 5,246,060 | 4,740,392 | 4,505,321 | 49,975,777 | 47,113,410 | 45,655,553 |
| 340B PROGRAM | 357,649 | 276,620 | 344,429 | 2,666,275 | 2,766,200 | 1,932,186 |
| GROSS REVENUE FROM PATIENTS | \$ 8,220,604 | \$ 6,491,220 | \$ 6,096,926 | \$ 68,622,101 | \$ 64,531,303 | \$ 61,420,375 |
| REVENUE DEDUCTIONS: | | | | | | |
| CHARITY | (253,031) | (190,002) | (137,841) | (2,713,618) | (1,888,371) | (1,709,175) |
| DISCOUNTS | (1,660,658) | (881,347) | (1,045,840) | (12,944,585) | (8,759,436) | (8,958,323) |
| BAD DEBT | (422,194) | (474,463) | (221,453) | (5,780,940) | (4,715,542) | (4,143,865) |
| CONTRACTUALS | (2,720,432) | (2,352,709) | (2,260,767) | (22,719,863) | (23,382,870) | (22,889,042) |
| TOTAL REVENUE DEDUCTIONS | \$ (5,056,314) | \$ (3,898,521) | \$ (3,665,899) | \$ (44,159,006) | \$ (38,746,219) | \$ (37,700,406) |
| NET PATIENT REVENUE | \$ 3,164,290 | \$ 2,592,699 | \$ 2,431,027 | \$ 24,463,094 | \$ 25,785,084 | \$ 23,719,969 |
| OTHER OPERATING REVENUE | 111,682 | 35,827 | 120,469 | 2,322,802 | 357,950 | 658,643 |
| SUPPLEMENTAL MCD PMTS | 0 | 91,667 | 83,333 | 962,326 | 916,667 | 1,375,887 |
| TOTAL OPERATING REVENUE | \$ 3,275,972 | \$ 2,720,193 | \$ 2,634,829 | \$ 27,748,222 | \$ 27,059,701 | \$ 25,754,499 |
| OPERATING EXPENSES: | | | | | | |
| ----- | | | | | | |
| SALARIES AND WAGES | (1,141,370) | (1,117,521) | (1,038,909) | (10,674,604) | (11,081,853) | (10,180,163) |
| AGENCY PERSONNEL | | | | | | |
| FRINGE BENEFITS | (253,649) | (287,773) | (270,304) | (2,339,331) | (2,831,319) | (2,852,260) |
| PAYROLL TAXES | (108,135) | (96,533) | (81,053) | (804,361) | (960,699) | (766,425) |
| SUPPLIES | (327,927) | (362,789) | (336,204) | (2,584,461) | (3,605,723) | (3,122,819) |
| PURCHASED SERVICES | (235,873) | (329,366) | (282,924) | (2,591,923) | (3,283,912) | (3,039,071) |
| PROFESSIONAL CONTRACTS | (440,379) | (432,104) | (419,002) | (4,339,453) | (4,321,035) | (4,227,252) |
| DEPRECIATION EXPENSE | (210,332) | (202,080) | (159,068) | (2,001,662) | (2,020,825) | (1,696,561) |
| INSURANCE EXPENSE | (12,087) | (16,112) | (9,796) | (176,967) | (161,120) | (153,803) |
| INTEREST EXPENSE | (2,792) | (5,427) | 0 | (31,019) | (54,271) | (822) |
| OTHER OPERATING EXPENSE | (283,995) | (82,907) | (87,191) | (981,250) | (829,177) | (1,003,627) |
| TOTAL OPERATING EXPENSES | (3,016,538) | (2,932,612) | (2,684,451) | (26,525,030) | (29,149,934) | (27,042,804) |
| NET OPERATING INCOME (LOSS) | 259,434 | (212,419) | (49,622) | 1,223,191 | (2,090,233) | (1,288,304) |
| NET DISTRICT OPERATING INCOM | 11,051 | 0 | 15,500 | 4,335,020 | 4,400,000 | 4,045,851 |
| NURSING HOME UPL | 29,308 | 267,766 | 208,222 | 3,192,618 | 2,677,657 | 2,111,187 |
| NET INCOME (LOSS) | \$ 299,793 | \$ 55,347 | \$ 174,099 | \$ 8,750,829 | \$ 4,987,424 | \$ 4,868,733 |
| | ===== | ===== | ===== | ===== | ===== | ===== |

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

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | PY ACTUAL |
|------------------------------------|-----------------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|
| OPERATING REVENUE: | | | | | | |
| ----- | | | | | | |
| INPATIENT REVENUE | 2,616,895 | 1,474,208 | 1,247,176 | 15,980,049 | 14,651,693 | 13,832,636 |
| OUTPATIENT REVENUE | 5,246,060 | 4,740,392 | 4,505,321 | 49,975,777 | 47,113,410 | 45,655,553 |
| 340B PROGRAM | 357,649 | 276,620 | 344,429 | 2,666,275 | 2,766,200 | 1,932,186 |
| CLINIC REVENUES | 842,421 | 935,206 | 797,529 | 8,164,275 | 9,168,155 | 8,677,231 |
| GROSS REVENUE FROM PATIENTS | \$ 9,063,024 | \$ 7,426,426 | \$ 6,894,455 | \$ 76,786,375 | \$ 73,699,458 | \$ 70,097,606 |
| REVENUE DEDUCTIONS: | | | | | | |
| CHARITY | (253,031) | (190,002) | (137,841) | (2,713,618) | (1,888,371) | (1,709,175) |
| DISCOUNTS | (1,660,658) | (881,347) | (1,045,840) | (12,944,585) | (8,759,436) | (8,958,323) |
| BAD DEBT | (422,194) | (474,463) | (221,453) | (5,780,940) | (4,715,542) | (4,143,865) |
| CONTRACTUAL ALLOWANCES | (2,720,432) | (2,352,709) | (2,260,767) | (22,719,863) | (23,382,870) | (22,889,042) |
| CLINIC ALLOWANCES | (220,483) | (223,204) | (132,994) | (2,165,555) | (2,206,068) | (2,163,026) |
| TOTAL REVENUE DEDUCTIONS | \$ (5,276,797) | \$ (4,121,725) | \$ (3,798,893) | \$ (46,324,561) | \$ (40,952,287) | \$ (39,863,432) |
| NET PATIENT REVENUE | \$ 3,786,228 | \$ 3,304,701 | \$ 3,095,561 | \$ 30,461,815 | \$ 32,747,171 | \$ 30,234,174 |
| OTHER OPERATING REVENUE | 111,682 | 35,827 | 120,469 | 2,322,802 | 357,950 | 658,643 |
| SUPPLEMENTAL MCD PMTS | 0 | 91,667 | 83,333 | 962,326 | 916,667 | 1,375,887 |
| CLINIC OTHER OPERATING REV | 0 | 0 | 0 | 363,111 | 0 | 0 |
| TOTAL OPERATING REVENUE | \$ 3,897,910 | \$ 3,432,195 | \$ 3,299,364 | \$ 34,110,053 | \$ 34,021,788 | \$ 32,268,704 |
| OPERATING EXPENSES: | | | | | | |
| ----- | | | | | | |
| SALARIES AND WAGES | (1,619,889) | (1,619,274) | (1,562,119) | (15,249,806) | (15,943,011) | (14,608,144) |
| AGENCY PERSONNEL | | | | | | |
| FRINGE BENEFITS | (253,649) | (287,773) | (270,304) | (2,339,331) | (2,831,319) | (2,852,260) |
| PAYROLL TAXES | (131,851) | (124,996) | (106,262) | (1,083,887) | (1,241,066) | (1,025,188) |
| SUPPLIES | (352,388) | (391,714) | (365,742) | (2,870,877) | (3,893,279) | (3,410,079) |
| PURCHASED SERVICES | (254,283) | (346,174) | (314,758) | (2,775,927) | (3,450,927) | (3,377,277) |
| PROFESSIONAL CONTRACTS | (523,166) | (531,693) | (491,062) | (5,114,067) | (5,307,923) | (4,841,200) |
| DEPRECIATION EXPENSE | (210,332) | (202,080) | (159,068) | (2,001,662) | (2,020,825) | (1,696,561) |
| INSURANCE EXPENSE | (14,793) | (17,912) | (11,929) | (203,499) | (184,320) | (175,881) |
| INTEREST EXPENSE | (2,792) | (5,427) | 0 | (31,019) | (54,271) | (822) |
| OTHER OPERATING EXPENSE | (312,227) | (113,192) | (107,360) | (1,265,076) | (1,131,993) | (1,274,836) |
| TOTAL OPERATING EXPENSES | (3,675,369) | (3,640,235) | (3,388,602) | (32,935,150) | (36,058,934) | (33,262,249) |
| NET OPERATING INCOME (LOSS) | 222,540 | (208,040) | (89,238) | 1,174,902 | (2,037,146) | (993,545) |
| NET DISTRICT OPERATING INCOM | 11,051 | 0 | 15,500 | 4,335,020 | 4,400,000 | 4,045,851 |
| NURSING HOME UPL | 29,308 | 267,766 | 208,222 | 3,192,618 | 2,677,657 | 2,111,187 |
| NET INCOME (LOSS) | \$ 262,900 | \$ 59,726 | \$ 134,483 | \$ 8,702,540 | \$ 5,040,511 | \$ 5,163,492 |

**CRH CLINICS PERIOD VS PRIOR YEAR
FINANCIAL STATEMENT
JUL 20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | PY ACTUAL |
|-----------------------------|--------------|--------------|--------------|----------------|----------------|----------------|
| OPERATING REVENUE: | | | | | | |
| ----- | | | | | | |
| CLINIC REVENUES | 842,421 | 935,206 | 797,529 | 8,164,275 | 9,168,155 | 8,677,231 |
| GROSS REVENUE FROM PATIENTS | \$ 842,421 | \$ 935,206 | \$ 797,529 | \$ 8,164,275 | \$ 9,168,155 | \$ 8,677,231 |
| REVENUE DEDUCTIONS: | | | | | | |
| CLINIC ALLOWANCES | (220,483) | (223,204) | (132,994) | (2,165,555) | (2,206,068) | (2,163,026) |
| TOTAL REVENUE DEDUCTIONS | \$ (220,483) | \$ (223,204) | \$ (132,994) | \$ (2,165,555) | \$ (2,206,068) | \$ (2,163,026) |
| NET PATIENT REVENUE | \$ 621,938 | \$ 712,002 | \$ 664,535 | \$ 5,998,720 | \$ 6,962,087 | \$ 6,514,204 |
| OTHER CLINIC REVENUE | 0 | 0 | 0 | 363,111 | 0 | 0 |
| TOTAL OPERATING REVENUE | \$ 621,938 | \$ 712,002 | \$ 664,535 | \$ 6,361,831 | \$ 6,962,087 | \$ 6,514,204 |
| OPERATING EXPENSES: | | | | | | |
| ----- | | | | | | |
| SALARIES AND WAGES | (478,519) | (501,753) | (523,210) | (4,575,202) | (4,861,158) | (4,427,981) |
| AGENCY PERSONNEL | | | | | | |
| FRINGE BENEFITS | 0 | 0 | 0 | 0 | 0 | 0 |
| PAYROLL TAXES | (23,717) | (28,463) | (25,208) | (279,525) | (280,367) | (258,763) |
| SUPPLIES | (24,461) | (28,925) | (29,537) | (286,416) | (287,556) | (287,260) |
| PURCHASED SERVICES | (18,410) | (16,808) | (31,834) | (184,005) | (167,015) | (338,206) |
| PROFESSIONAL CONTRACTS | (82,788) | (99,589) | (72,059) | (774,614) | (986,888) | (613,948) |
| DEPRECIATION EXPENSE | | | | | | |
| INSURANCE EXPENSE | (2,706) | (1,800) | (2,134) | (26,532) | (23,200) | (22,078) |
| INTEREST EXPENSE | | | | | | |
| OTHER OPERATING EXPENSE | (28,232) | (30,285) | (20,169) | (283,826) | (302,816) | (271,210) |
| TOTAL OPERATING EXPENSES | (658,831) | (707,623) | (704,151) | (6,410,120) | (6,909,000) | (6,219,445) |
| NET OPERATING INCOME (LOSS) | (36,893) | 4,379 | (39,616) | (48,289) | 53,087 | 294,760 |

**CRH RURAL HEALTH CLINICS
 FINANCIAL STATEMENT
 JUL 20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | PY ACTUAL |
|-----------------------------|-------------|--------------|-------------|--------------|----------------|----------------|
| OPERATING REVENUE: | | | | | | |
| ----- | | | | | | |
| CLINIC REVENUES | 631,101 | 786,222 | 679,389 | 6,493,630 | 7,687,449 | 7,243,322 |
| GROSS REVENUE FROM PATIENTS | \$ 631,101 | \$ 786,222 | \$ 679,389 | \$ 6,493,630 | \$ 7,687,449 | \$ 7,243,322 |
| REVENUE DEDUCTIONS: | | | | | | |
| CLINIC ALLOWANCES | (70,225) | (122,933) | (42,718) | (964,483) | (1,209,502) | (1,138,025) |
| TOTAL REVENUE DEDUCTIONS | \$ (70,225) | \$ (122,933) | \$ (42,718) | \$ (964,483) | \$ (1,209,502) | \$ (1,138,025) |
| NET PATIENT REVENUE | \$ 560,875 | \$ 663,289 | \$ 636,672 | \$ 5,529,147 | \$ 6,477,947 | \$ 6,105,297 |
| OTHER CLINIC REVENUE | 0 | 0 | 0 | 363,111 | 0 | 0 |
| TOTAL OPERATING REVENUE | \$ 560,875 | \$ 663,289 | \$ 636,672 | \$ 5,892,258 | \$ 6,477,947 | \$ 6,105,297 |
| OPERATING EXPENSES: | | | | | | |
| ----- | | | | | | |
| SALARIES AND WAGES | (412,634) | (443,780) | (457,072) | (3,960,527) | (4,284,987) | (3,871,630) |
| AGENCY PERSONNEL | | | | | | |
| FRINGE BENEFITS | 0 | 0 | 0 | 0 | 0 | 0 |
| PAYROLL TAXES | (20,996) | (25,259) | (21,845) | (247,210) | (248,523) | (228,922) |
| SUPPLIES | (23,790) | (28,229) | (28,794) | (279,502) | (280,599) | (280,234) |
| PURCHASED SERVICES | (18,376) | (16,643) | (31,834) | (183,562) | (165,380) | (336,735) |
| PROFESSIONAL CONTRACTS | (82,788) | (99,516) | (72,059) | (774,614) | (986,165) | (613,298) |
| DEPRECIATION EXPENSE | | | | | | |
| INSURANCE EXPENSE | (2,706) | (1,800) | (2,134) | (26,532) | (23,200) | (22,078) |
| INTEREST EXPENSE | | | | | | |
| OTHER OPERATING EXPENSE | (23,515) | (27,330) | (16,046) | (252,155) | (273,307) | (240,528) |
| TOTAL OPERATING EXPENSES | (584,804) | (642,557) | (629,782) | (5,724,101) | (6,262,161) | (5,593,424) |
| NET OPERATING INCOME (LOSS) | (23,929) | 20,732 | 6,890 | 168,157 | 215,786 | 511,873 |

**CRS SPECIALTY HEALTH CLINICS
 FINANCIAL STATEMENT
 JUL 20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | FY ACTUAL |
|-----------------------------|--------------|--------------|-------------|----------------|--------------|----------------|
| OPERATING REVENUE: | | | | | | |
| ----- | | | | | | |
| CLINIC REVENUES | 211,320 | 148,984 | 118,140 | 1,670,645 | 1,480,706 | 1,433,909 |
| GROSS REVENUE FROM PATIENTS | \$ 211,320 | \$ 148,984 | \$ 118,140 | \$ 1,670,645 | \$ 1,480,706 | \$ 1,433,909 |
| REVENUE DEDUCTIONS: | | | | | | |
| CLINIC ALLOWANCES | (150,257) | (100,271) | (90,277) | (1,201,072) | (996,566) | (1,025,002) |
| TOTAL REVENUE DEDUCTIONS | \$ (150,257) | \$ (100,271) | \$ (90,277) | \$ (1,201,072) | \$ (996,566) | \$ (1,025,002) |
| NET PATIENT REVENUE | \$ 61,063 | \$ 48,713 | \$ 27,864 | \$ 469,574 | \$ 484,140 | \$ 408,907 |
| TOTAL OPERATING REVENUE | \$ 61,063 | \$ 48,713 | \$ 27,864 | \$ 469,574 | \$ 484,140 | \$ 408,907 |
| OPERATING EXPENSES: | | | | | | |
| ----- | | | | | | |
| SALARIES AND WAGES | (65,885) | (57,973) | (66,138) | (614,675) | (576,171) | (556,351) |
| AGENCY PERSONNEL | | | | | | |
| FRINGE BENEFITS | | | | | | |
| PAYROLL TAXES | (2,721) | (3,204) | (3,364) | (32,316) | (31,844) | (29,841) |
| SUPPLIES | (671) | (696) | (744) | (6,915) | (6,957) | (7,026) |
| PURCHASED SERVICES | (34) | (165) | 0 | (443) | (1,635) | (1,471) |
| PROFESSIONAL CONTRACTS | 0 | (73) | 0 | 0 | (723) | (650) |
| DEPRECIATION EXPENSE | | | | | | |
| INSURANCE EXPENSE | 0 | 0 | 0 | 0 | 0 | 0 |
| INTEREST EXPENSE | | | | | | |
| OTHER OPERATING EXPENSE | (4,717) | (2,955) | (4,123) | (31,671) | (29,509) | (30,682) |
| TOTAL OPERATING EXPENSES | (74,028) | (65,066) | (74,369) | (686,019) | (646,839) | (626,021) |
| NET OPERATING INCOME (LOSS) | (12,965) | (16,353) | (46,505) | (216,446) | (162,699) | (217,114) |

**BUDGET COMPARISON REPORT
 WELLNESS CENTER 7085
 FOR PERIOD ENDING 07/31/20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | FY ACTUAL |
|--------------------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| REVENUE | | | | | | |
| IN PATIENT REVENUE | | | | | | |
| OUT PATIENT REVENUE | 39,010 | 53,566 | 48,181 | 393,425 | 532,381 | 517,136 |
| TOTAL REVENUE | <u>39,010</u> | <u>53,566</u> | <u>48,181</u> | <u>393,425</u> | <u>532,381</u> | <u>517,136</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 | (10,643) | (12,638) | (10,903) | (115,081) | (125,154) | (113,364) |
| FICA | (786) | (964) | (827) | (8,032) | (9,581) | (8,098) |
| MED/SURG SUPPLIES | (11) | (29) | (20) | (123) | (285) | (250) |
| OFFICE SUPPLIES | 0 | (88) | (16) | (899) | (878) | (770) |
| OTHER SUPPLIES | (1,275) | (1,685) | (1,977) | (12,733) | (16,746) | (14,643) |
| UNIFORMS | 0 | (15) | 0 | 0 | (146) | (128) |
| CHEMICAL COST | (116) | 0 | 0 | (116) | 0 | 214 |
| FOOD | 0 | (1,048) | (1,109) | (5,998) | (10,421) | (9,310) |
| ELECTRICITY | (5,701) | (4,496) | (4,682) | (39,941) | (44,227) | (43,270) |
| FUEL & GAS | 0 | (207) | (84) | 13,300 | (2,036) | (1,992) |
| WATER | (146) | (145) | (231) | (1,523) | (1,425) | (1,394) |
| MAINTENANCE CONTRACTS | (55) | (397) | (325) | (985) | (3,969) | (3,884) |
| REPAIRS & MAINTENANCE | 10 | (2,419) | (14,962) | (16,819) | (24,186) | (44,861) |
| PROFESSIONAL CONTRACTS | (1,053) | (919) | (1,032) | (10,510) | (9,198) | (9,198) |

**BUDGET COMPARISON REPORT
 WELLNESS CENTER 7085
 FOR PERIOD ENDING 07/31/20**

| | ACTUAL | BUDGET | PR ACTUAL | YTD ACTUAL | YTD BUDGET | PY ACTUAL |
|------------------------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|
| PROFESSIONAL SERVICES | (2,489) | (3,434) | (4,766) | (22,210) | (34,345) | (33,603) |
| LICENSES | 0 | (8) | 0 | (387) | (83) | (20) |
| PHONE/CABLE/INTERNET | (436) | (539) | (545) | (4,694) | (5,387) | (5,360) |
| DUES & SUBSCRIPTIONS | (209) | (542) | 0 | (2,508) | (5,417) | (416) |
| ADVERTISING | 0 | (50) | 0 | (131) | (500) | 0 |
| TRAVEL & MEETING | 0 | (42) | 0 | (3,125) | (417) | (158) |
| POSTAGE | 0 | (15) | (1) | (2) | (149) | (148) |
| BUILDING RENT | 0 | (31) | 0 | 0 | (302) | (300) |
| EQUIPMENT RENTAL | 0 | 0 | 0 | (56) | 0 | (64) |
| PUBLIC EDUCATIONAL ACTIVITIE | 0 | (7) | 0 | (3,178) | (71) | (2,878) |
| DISASTER EXPENSE | (39) | 0 | 0 | (39) | 0 | 0 |
| LINEN PURCHES | 0 | (42) | 0 | (301) | (417) | (338) |
| FREIGHT | 0 | 0 | 0 | 0 | 0 | (45) |
| TOTAL EXPENSES | (22,949) | (29,760) | (41,479) | (236,091) | (295,340) | (294,277) |
| NET PROFIT/(LOSS) | 16,061 | 23,806 | 6,702 | 157,334 | 237,041 | 222,859 |

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

INITIAL APPOINTMENT

APPLICANT NAME: JASON H. FOX, MD DATE: 8/1/20

The following has been verified by Administration:

- | | | |
|--|--------------------------------------|-------------------------------------|
| 1. Rad Partners Letter of Approval | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 2. Curriculum Vitae | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 3. Current Texas License | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 4. Board of Medical Examiners Queried | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 5. Evidence of Adequate Professional Liability Insurance Expiration Date: <u>07-01-2021</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 6. Radiology Privilege Request Form | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 7. Adverse information with Data Bank Queried | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

Specialty: Radiology-Telemedicine W/Rad Partners

Comments: _____

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

INITIAL APPOINTMENT

APPLICANT NAME: Sunthosh Madireddi, MD DATE: 8/1/20

The following has been verified by Administration:+

- | | | |
|--|--------------------------------------|-------------------------------------|
| 1. Rad Partners Letter of Approval | <input checked="" type="radio"/> YES | NO |
| 2. Curriculum Vitae | <input checked="" type="radio"/> YES | NO |
| 3. Current Texas License | <input checked="" type="radio"/> YES | NO |
| 4. Board of Medical Examiners Queried | <input checked="" type="radio"/> YES | NO |
| 5. Evidence of Adequate Professional Liability Insurance Expiration Date: <u>07-01-2021</u> | <input checked="" type="radio"/> YES | NO |
| 6. Radiology Privilege Request Form | <input checked="" type="radio"/> YES | NO |
| 7. Adverse information with Data Bank Queried | YES | <input checked="" type="radio"/> NO |

Specialty: Radiology-Telemedicine W/Rad Partners

Comments: _____

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

INITIAL APPOINTMENT

APPLICANT NAME: Sibi Thomas, DO DATE: 08/01/2020

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 If No, explain _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 4. Current DEA Certificate If No, explain _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 5. Evidence of Adequate Professional Liability Insurance Expiration Date: _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 6. Adverse information with Data Bank Query (MD/DO only) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 7. Board of Medical Examiners Query | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 8. Current CPR/ACLS/ATLS for ER privileges If No, explain <u>Does not have ER priv's</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 9. Current ACLS or Board Cert. to perform cardiac stress tests If No, explain _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 10. Evidence of CME requirements If No, explain <u>just finished fellowship 2018</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 11. In good standing at other hospitals where privileged If No, explain _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 12. Malpractice claims in the last ten years | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

Specialty: Cardiology - Telemedicine

Comments: _____

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

APPLICANT NAME: Bruce Tharp, MD DATE: 08/01/2020

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 If No, explain _____ | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 4. Current DEA Certificate If No, explain _____ | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 5. Evidence of Adequate Professional Liability Insurance Expiration Date: <u>07-01-2021</u> | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 6. Adverse information with Data Bank Queried | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 7. Board of Medical Examiners Queried | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 10. Evidence of Continuing Education Requirements If No, explain _____ | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 11. In good standing at other hospitals where privileged If No, explain _____ | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 12. Malpractice claims in the last ten years | YES <input checked="" type="radio"/> NO |

Specialty: RADIOLOGY

Comments: _____

Marketing and Development Board Report August 2020

- **Marketing Campaign Reporting/Analytics:** Review reporting for all campaigns and see the creative for mid-July/Early August:
<https://www.dropbox.com/sh/32bvbnejy3gls/AAC5DSztZtfZcqQvfdjL12uxa?dl=0>
- **Video**
 - YouTube Preroll campaign with Wood Agency July report - the full report is in the dropbox
 - For July, we ran Dr. Nick Lemley Welcome Spot and our new 3D Mammogram spot. Both performed well and reporting can be found in Dropbox. Mammogram spot delivered 62, 603 impressions and Dr. Lemley spot delivered 27, 255 impressions (we also started this campaign late July, so stronger delivery in August is anticipated).
- **Social Media**
 - We saw some growth in the area of likes on CRH's Facebook page (up 18 new likes for a total of 2,813. We are still right behind Citizens with 3K and ahead of other rural hospitals with similar markets that I compare us to.
 - Cuero Medical Clinic's FB page rose to 414 likes and over 4K video views with promoted post on Dr. Nick Lemley
 - Twitter and Instagram continue hold their numbers.
- **Website**
 - Reporting is included in the Dropbox link above. Traffic is holding steady. New sliders and info posted on Dr. Lemley, COVID safety precautions, and Turkey Trot Virtual 5K.
- **Public relations**
 - Press releases continue to result in great traction and coverage. Seeing great response from local media after releases submitted. Please see below for coverage in local papers and area TV
- **Development:**
 - **50th Anniversary Time Capsule Ceremony** – We will hold a short ceremony outside the front entrance of the hospital on **Tuesday, Sept. 8th at 12:30 p.m.** to bury our 50th Anniversary time capsule. It was generously donated by Ful-O-Pep. Please join us for this short reception.
 - **[Turkey Trot Virtual 5K](#)** – Registrations are off to a great start. Video has been shot and a produced spot to better explain how the 5K works will be rolling out soon. We are looking for sponsors for this event. 100% off the proceeds will go to Turkeyfest this year. A new scholarship for those pursuing careers in the medical field is being developed.
 - **From Bump to Baby: Family and Baby Expo/ Fair** – this event has been postponed with no reschedule date set. In response to this, we are developing a robust Childbirth Center at Cuero Regional Hospital campaign to launch this fall.
 - **[Runway for a Cure](#)** –Filming schedule at area boutiques has been finalized for Sept. 8 – 10. Will film short segments with our doctors on the importance of getting your mammogram. Will also include 3D mammogram promotion. The 20 – 30 minute video will premiere on Facebook on Oct. 20th at 7 p.m. as well as KAVU local TV. Currently seeking sponsors to cover the cost of the filming and to provide mammograms for those in need.
 - **Dr. Lemley promotion & Doctor Changes at Yorktown and Goliad** – Promotion is in full swing. You can find campaign creative and reporting for each campaign in the dropbox. Campaign is doing well for Dr. Lemley! He reported seeing 4 – 5 patients to start and is pleased with the awareness and growth he is seeing.
 - **Grants submitted in July/August** – ConocoPhillips and GVEC Power Up Grants. Submitted for EMS Lifepak, Patient Communication Boards and Kenedy Roof. Both announced in October. We will reapply in the spring for the GVEC Power Up grant.

- **Coverage in July 2020 – mid- August:**
 - **To see all press releases submitted to area print, radio, TV, magazines, etc, visit:**
<https://www.cuerohospital.org/news/>
 - **Cuero Record:**
 - **July 15** - <https://www.cuero-record.com/columns-opinions/thanks-conoco-phillips>
 - **July 28** - <https://www.cuero-record.com/columns-opinions/krupala-expresses-gratitude>
 - **August 5** - <https://www.cuero-record.com/news/home-away-home>
 - **August 12** - <https://www.cuero-record.com/news/2020-turkey-trot-going-virtual>
 - **KAVU/Crossroads Today:**
 - **July 8** - <https://www.crossroadstoday.com/cuero-regional-hospital-and-dewitt-medical-foundation-receive-10000-from-conoco-phillips/>
 - **July 17** - <https://www.crossroadstoday.com/cuero-regional-hospital-purchasing-uv-disinfection-robot/>
 - **July 18** - <https://www.crossroadstoday.com/cuero-health-cuero-medical-clinic-welcomes-new-doctor/>
 - **Victoria Advocate:**
 - **July 12** - https://www.victoriaadvocate.com/opinion/letter-conocophillips-donates-to-cuero-regional-hospital/article_401cd6f6-c254-11ea-99b7-5b5a9b109c0c.html
 - **July 14** - https://www.victoriaadvocate.com/premium/cuero-hospital-to-buy-ultraviolet-disinfection-robot-to-fight-covid-19/article_dc126a42-c620-11ea-9923-47090d6da637.html
 - **July 23** - https://www.victoriaadvocate.com/opinion/letter-cuero-hospital-staff-thankful-for-support-from-community-during-pandemic/article_a9612b40-cc58-11ea-86c3-d3bbbed63dbec.html
 - **July 28** - https://www.victoriaadvocate.com/counties/dewitt/gordon-barth-to-retire-as-director-of-the-yorktown-medical-clinic/article_2d0edaa2-d071-11ea-9cc5-131e3793f51a.html
 - **August 4** - https://www.victoriaadvocate.com/counties/dewitt/cueros-turkey-trot-race-to-go-virtual/article_7ebcc8a0-d689-11ea-8535-e7813e5cf039.html
 - **August 12** - https://www.victoriaadvocate.com/news/local/turkey-trot-seeks-sponsorships/article_ac1863ce-dcc7-11ea-af3a-ff05d34e9d0d.html
 - **August 13** - https://www.victoriaadvocate.com/counties/dewitt/cueros-mammogram-fundraiser-to-go-virtual-this-year/article_7c70260c-dcfe-11ea-928e-1bbd47e4da8d.html
 - **August 14** - https://www.victoriaadvocate.com/counties/dewitt/cuero-regional-hospital-recognized-for-stroke-care/article_95bf7060-dd01-11ea-a837-676c885a3424.html

Clinic Administrator Report

Quality/Safety

- Allscripts Upgrade follow up / next steps

People

- William Bohl onboard as new Clinic Administrator as of 3 Aug 2020 – currently relationship building and assessing team
- Dr. Barth continuing 2 days/wk schedule at Yorktown. Final day is 15 Sep 2020.
- Dr. Heard retirement 27 Aug 2020
- Continuing interviews for Yorktown Clinic Manager position

Growth

- Dr. Nick Lemley began patient care 5 Aug 2020
- Dr. Kevin Denton working 3 days/wk at CMC, 2 day/wk at Goliad
- Dr. Dale Denton began full week practice at Yorktown 5 Aug 2020
- Have begun re-establishment and expansion of LHI services through Mid-Levels

Community

- Re-establish LHI Veterans Programs

Assistant Administrator
Board Report
August 2020

Quality/Safety

1. The new cooling tower was installed the first week of August without any difficulties. Rick states it is working great.
2. Radiology will have a state inspection on August 31st.
3. The Sofia machine that performs rapid COVID testing is working great. The machine is running at 90% accuracy rate on validation.
4. The cafeteria was inspected by the Health Department on Friday, August 7th and they received a perfect score of 100.

Finance

1. Tami Brzozowski has been working with Dr Denton and a group of employees to develop the aesthetics program at the Wellness Center. They hope to have an open house in December and start services in January.
2. The lease on the 2 chemistry analyzers in the lab will expire at the end of October. Stephanie is currently working with Beckman Coulter to replace the analyzers with newer models that would allow us to complete additional tests in house. Some lab renovations will be needed to accommodate the new analyzers.

Personnel

1. Stephanie Atkinson-Stewart has accepted the position as Laboratory Director. Stephanie has been with the hospital for about 4 years as the Laboratory Technical Supervisor.

BOARD REPORT
NURSING ADMINISTRATION 8-14-2020

Safety/Quality

- We have had 2 inpatient falls in July with no injuries. Becky Murray, RN, Med Surg Director, is working diligently with her QA/PI Project for fall prevention. We had 1 visitor fall with a minor injury.
- We were 80% compliant with our Sepsis patients in July. We had 5 patients with one fall out due to a missed order of a lactic acid.
- We have received our Skytron Ultraviolet light for disinfecting our areas. With the use of a dosimeter, we will be able to reprocess N95 masks. We are developing a policy and procedure, based on the Center for Disease Control guidelines.

People

- We have a new RN on the Med Surg unit. Our LINC student, Bridgett Thompson passed her Texas State Board exams. Her commitment is for 5 years after completing her exams.
- Our Trauma Survey will be September 21, 2020. Judy Mazak, RN, our Trauma Coordinator, would like to invite you to the Opening Conference at 8:45 am on that Monday morning.
- Our ACLS/PALS (Advanced Cardiac Life Support/Pediatric Life Support) classes have been cancelled during this Covid pandemic. The instructors will now be providing “virtual classes” for our staff.
- Dr. Ramsey from University Hospital in San Antonio presented a program on External Cephalic Version and Diabetes in Pregnancy and Labor. Both topics were requested by our Physicians. In attendance were Dr. Walthall, Dr. Mills, Dr. Lemley, Dr. Willers, and the OB staff.

Growth

- Our Cardio/Pulmonary Rehab is progressing. We currently have 7 patients in the cardio program and 2 pending admissions. During this time of Covid, we are caring for one patient at a time.

Community

- The community continues to support our staff. Recently the staff have enjoyed breakfast tacos, pizza, cookies, sandwiches and cake. Kona Ice was also a big hit!

Yours in service,

Judy Krupala, CNO

Quality/Safety

- Sepsis for July was 80% compliance; there were 5 patients with one fall out
- There were three falls in July. MedSurg has initiated an enhanced hourly rounding initiative and log.
- Provider order entry back up to 76%
- COVID has leveled off a bit so that hospital staffing and COVID issues are much more manageable.
- We are having a Name the Disinfection Light contest for our staff. The light has been used in the ER and the OR thus far. Judy is working on the policy/procedure for mask disinfection

People

- Employee Engagement survey that was postponed from May will be held Sept 3-18
- If CRH achieves 89% participation in the survey, employees are given an additional percentage in their retirement plan

Growth

- Cardiopulmonary Rehab continues, but slow given our situation with COVID
- Direct mail piece for OB services will go out announcing our new physician joining the team and our 99% patient sat with OB nurses and physicians
- SLT continues strategic plan process with major goals surrounding: Facility Infrastructure; IT Infrastructure; Financial Stability (Reduce outmigration; Women's Service Line Development, Aesthetics); and Improving Organizational Operations (Clinic Efficiencies; Director Education; Succession Planning/Career Ladder)

Nursing Homes/QIPP

- CRH monthly QIPP Nursing Home calls held
- Several of the nursing homes have isolation beds and/or hallways that allow them to isolate new admissions in an effort to not infect other patients
- The State is requiring NH to test staff weekly in order to allow a visitor into the building



FY 2020

GOAL

Quality Improvement Dashboard

1Q2019

2Q2020

3Q2020

4Q2020

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

SEPT

Quality/Patient Safety Metrics

| | | | | | | | | | | | | | |
|--|-------|-------|-------|------|-------|-------|-------|------|-------|------|--------------------|--|--|
| Total RL Solutions Reported | | 32 | 26 | 14 | 27 | 23 | 16 | 17 | 18 | 19 | 16 | | |
| Near Miss | | 2 | 5 | 0 | 3 | 2 | 3 | 1 | 0 | 1 | 4 | | |
| Precursor | | 21 | 15 | 11 | 21 | 15 | 12 | 11 | 17 | 13 | 12 | | |
| Serious Safety | | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | | |
| Medication Error | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Hand Off Communication Incidents | 0 | 5 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | | |
| 2-patient identifier | 95% | 77% | 92% | 93% | 97% | 97% | 94% | 98% | 100% | 98% | 98% | | |
| Medication Override-Overall | <10% | 13.0% | 10.9% | 9.1% | 9.3% | 6.6% | 7.1% | 9.5% | 8.8% | 8.2% | 7.0% | | |
| Medication Reconciliation complete < 24 hours | 95% | | | | | | | | | | | | |
| % Provider order entry | 65% | 70% | 76% | 68% | 71% | 76% | 76% | 76% | 76% | 69% | 76% | | |
| % Blood Transfusion Criteria compliance | 95% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | |
| % Chart Delinquency | <20% | 19% | 27% | 30% | 12% | 4% | 7% | 19% | 5% | 6% | 23% ⁽¹⁾ | | |
| Total Falls | 0 | 7 | 4 | 1 | 2 | 3 | 1 | 1 | 4 | 1 | 3 | | |
| Inpatient Fall Rate (# falls per 1000 pt days) | <2% | 14.5% | 0% | 3.7% | 3.4% | 0% | 0% | 5.2% | 12.7% | 4.4% | 5.6% | | |
| Other Fall Rate (# other falls per consolidated APD) | <0.1% | 0.19% | 0.30% | 0% | 0.07% | 0.30% | 0.09% | 0% | 0.09% | 0% | 0.08 | | |

Patient Satisfaction

Press Ganey Texas Rank Percentile

| | | | | | | | | | | | | | |
|---------------------------------------|------|----|----|----|----|----|----|----|----|----|----|--|--|
| HCAHPS: Overall Rating | 75th | 86 | 99 | 23 | 23 | 43 | 1 | 88 | 4 | 99 | 99 | | |
| HCAHPS: Would Recommend | 75th | 21 | 15 | 17 | 54 | 46 | 35 | 61 | 7 | 83 | 99 | | |
| OAS-CAHPS: Overall Rating | 51st | 57 | 46 | 94 | 12 | 26 | 45 | 99 | 48 | 17 | 35 | | |
| OAS-CAHPS: Would Recommend | 51st | 3 | 23 | 4 | 25 | 19 | 95 | 99 | 31 | 16 | 49 | | |
| HH-HCAHPS: Overall Rating | 65th | 22 | 99 | 99 | 99 | 99 | 11 | 1 | 99 | 99 | | | |
| HH-HCAHPS Score: Would Recommend | 65th | 75 | 99 | 17 | 99 | 99 | 25 | 1 | 56 | 99 | | | |
| Clinics Satisfaction: Overall Rating | 51st | 7 | 4 | 9 | 27 | 24 | 11 | 9 | 15 | 7 | 39 | | |
| Clinics Satisfaction: Would Recommend | 51st | 8 | 8 | 4 | 30 | 21 | 2 | 6 | 10 | 6 | 75 | | |
| ER Satisfaction: Overall Rating | 75th | 73 | 68 | 34 | 41 | 81 | 67 | 83 | 62 | 46 | 16 | | |
| ER Satisfaction: Would Recommend | 75th | 66 | 88 | 21 | 23 | 87 | 79 | 83 | 52 | 21 | 8 | | |

Infection Control

updated 8/20/2020

| | | | | | | | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| CAUTI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| CLABSI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| SSI | 0 | 2 | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | | |
| Handwashing Compliance | 95% | 88% | 88% | 86% | 94% | 89% | 90% | 96% | 96% | 93% | 93% | | |

Goal Met

⁽¹⁾ Increase due to change in H&P surveillance - July reflects as H&P's now being audited vs random weekly audit



GOAL

Clinics Quality Improvement Dashboard

FY 2020

1Q2019

2Q2020

3Q2020

4Q2020

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

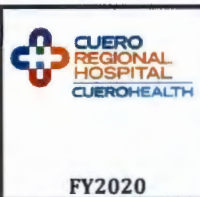
SEPT

Patient Satisfaction

Press Ganey Texas Rank Percentile

| | | | | | | | | | | | | | |
|--|------|----|----|----|----|----|----|----|----|----|----|--|--|
| Cuero Overall Satisfaction Score: | 51st | 10 | 1 | 10 | 52 | 14 | 11 | 10 | 1 | 7 | 35 | | |
| Cuero would recommend practice: | 51st | 6 | 6 | 8 | 61 | 9 | 4 | 6 | 1 | 7 | 68 | | |
| Goliad Overall Satisfaction Score: | 51st | 1 | 73 | 2 | 5 | 43 | 31 | 2 | 23 | 28 | 99 | | |
| Goliad would recommend practice: | 51st | 13 | 99 | 1 | 2 | 90 | 2 | 1 | 53 | 5 | 99 | | |
| Kenedy Overall Satisfaction Score: | 51st | 92 | 33 | 46 | 2 | 99 | 99 | 99 | - | 36 | 2 | | |
| Kenedy would recommend practice: | 51st | 99 | 99 | 10 | 2 | 99 | 99 | 99 | - | 99 | 7 | | |
| Parkside Overall Satisfaction Score: | 51st | 46 | 5 | 3 | 9 | 43 | 7 | 97 | 99 | 6 | 64 | | |
| Parkside would recommend practice: | 51st | 24 | 4 | 1 | 14 | 23 | 1 | 99 | 99 | 1 | 99 | | |
| Yorktown Overall Satisfaction Score: | 51st | 7 | 5 | 3 | 9 | 15 | 41 | 1 | 99 | 7 | 1 | | |
| Yorktown would recommend practice: | 51st | 7 | 4 | 9 | 15 | 6 | 7 | 1 | 99 | 20 | 1 | | |
| Combined Clinics Overall Satisfaction Score: | 51st | 7 | 4 | 9 | 27 | 24 | 16 | 9 | 7 | 7 | 35 | | |
| Combined Clinics would recommend practice: | 51st | 8 | 8 | 4 | 29 | 21 | 3 | 6 | 4 | 6 | 60 | | |
| Goal Met | | | | | | | | | | | | | |

updated 8/11/2020



Clinics Quality Measures Dashboard

GOAL

| | 1Q2019 | | | 2Q2020 | | | 3Q2020 | | | 4Q2020 | | |
|--|--------|-----|-----|--------|-----|-----|--------|-----|------|--------|-----|------|
| | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT |
| | FY2020 | | | | | | | | | | | |

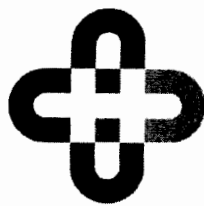
Quality/Patient Safety Metrics

| | | | | | | | | | | | | |
|---|---|-----|-----|-----|-----|------|-----|-----|-----|-----|--|--|
| Total RL Solutions Reported for Clinics | 3 | 7 | 1 | 2 | 7 | 2 | 4 | 2 | 3 | 1 | | |
| Near Miss | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | | |
| Precursor | 2 | 4 | 1 | 1 | 4 | 2 | 1 | 0 | 1 | 0 | | |
| Serious Safety | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Other | 1 | 2 | 0 | 1 | 1 | 0 | 3 | 2 | 2 | 1 | | |
| Handwashing compliance | | 92% | 88% | 93% | 87% | 100% | 93% | 92% | 93% | 93% | | |

Core Measures

| | | | | | | | | | | | | | |
|--|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|--|
| Wait Time- average time from check-in to check-out | <60 mins | 66 mins | 67 mins | 65 mins | 65 mins | 58 mins | 53 mins | 46 mins | 55 mins | 51 mins | 54 mins | | |
| Wait Time- average time from check-in to seeing nurse | <20 mins | 18 mins | 18 mins | 20 mins | 17 mins | 14 mins | 10 mins | 7 mins | 11 mins | 9 mins | 9 mins | | |
| NQF 0034- Colorectal Cancer Screening according to USPSTF for patients 50-75 years of age | 85% | 74% | 76% | 73% | 73% | 75% | 72% | 73% | 73% | 77% | 75% | | |
| NQF 0069- children 3mths to 18yrs who were diagnosed with URI and were not dispensed an antibiotic on or three days after episode | 85% | 90% | 87% | 87% | 88% | 84% | 84% | 88% | 82% | 91% | 97% | | |
| NQF 0056- Diabetic Foot Exam for patients 18-75 yrs of age with diabetes (visual inspection, sensory exam w/mono filament, and pulse exam) during the measurement year | 85% | 69% | 45% | 53% | 59% | 61% | 74% | 72% | 64% | 93% | 87% | | |
| NQF 2372- Breast Cancer Screening with mammogram for women 50-74 years of age | 75% | 56% | 60% | 55% | 47% | 56% | 53% | 51% | 50% | 57% | 58% | | |
| NQF 0028- Smoking Cessation- patients age 18 & older who were screened for tobacco use & received tobacco cessation intervention if identified as tobacco user | 85% | 83% | 80% | 80% | 84% | 80% | 80% | 79% | 81% | 82% | 78% | | |
| Gestational Diabetes Mellitus (GDM) Screening- in pregnant women between 24-28wks gestation | 90% | 67% | 60% | 33% | 87% | 88% | 75% | 88% | 88% | 100% | 100% | | |
| Timely Chart Closure- percentage of charts open after date of encounter | <15% | 41% | 37% | 29% | 27% | 27% | 25% | 20% | 22% | 26% | 42% | | |
| Timely Review of Results- number of providers w/results outstanding for month 48hrs after month end | 0 | 10 | 7 | 9 | 8 | 4 | 4 | 5 | 4 | 2 | 6 | | |
| Goal Met | | | | | | | | | | | | | |

updated 8/6/2020



**CUERO
REGIONAL
HOSPITAL**

Quality Care.
Close to Home.

| | |
|---|------------------------------------|
| TITLE: Confidentiality | DEPARTMENT: Medical Records |
| LAST REVIEWED/REVISED DATE: 8/20 | APPROVED BY: HIPAA Officer |
| CMS CONDITION OF PARTICIPATION: | |

Scope: Cuero Health, Cuero Regional Hospital, Cuero Home Health, Cuero Wellness Center

Purpose:

Cuero Regional Hospital is committed to being compliant with both Texas and federal laws that protect personal health information, including both the Privacy Rule and Security Rules under the Health Insurance Portability and Accountability Act (HIPAA). Compliance efforts will focus on policies and procedures, education and monitoring.

Policy: Personal Health Information (PHI)

All Personal Health Information (PHI) including medical records, personal data, and/or health status data about any patient are to be held confidential. Information will only be shared with those who have a need to know in order to care for the patient. Unauthorized release of information even through appropriate discussion in a public area where they can be heard by those without a need to know is a breach of hospital's "Behavioral Standards" located in the CRH Personnel Policies. Failure to comply with this policy will result in appropriate disciplinary action and/or termination.

Standard of Practice:

I. Ownership

The information contained in the health record belongs to the patient, and the patient is entitled to the protected health information. All patient health information shall be regarded as confidential and only made available to authorized users. The computerized and paper information which make up the medical record are the property of Cuero Regional Hospital. They are maintained to serve the patient, the hospital, and the healthcare providers in accordance with, legal, accrediting and regulatory agency requirements. Medical records are not to be removed from the premises except by subpoena, court order or statute.

II. Disclosure of Health Information

a. Directory Information

State law defines "directory information" as disclosing the presence of a person who is receiving inpatient, outpatient, or emergency services; the nature of the patient injury; the patient's city of residence, sex and age; and the patient's general health status described in terms such as "critical", "poor", "fair", or "good".

Undetermined. Status is pending x-ray, physician's examination or outcome of surgery

Critical. Vital signs are unstable and not within normal limits. The patient may be unconscious (indicators are unfavorable).

Poor. Vital signs are unstable and not within normal limits. Patient is acutely ill (indicators are questionable).

Fair. Vital signs are stable and within normal limits. The patient is conscious and comfortable (indicators are favorable).

Good. Vital signs are stable and within normal limits. The patient is conscious and comfortable (indicators are excellent).

This information may be released without the patient's authorization, unless the patient refuses (see Right to Refuse (Opt Out Approach)).

b. Right to Refuse (Opt Out Approach)

Upon admission to Cuero Regional Hospital, any patient has the right to request that no information be released. Complying with the patients' request requires that the patients presence in the hospital will not be acknowledged to anyone, and the patient understands that telephone calls, flowers, mail, and visitors will be refused by the hospital.

c. Directory Information Guidelines for Telephone Switchboard

HIPAA federal law took effect on April 2003 and affects the release of patient's information by hospitals and health providers. Protecting a patient's privacy and maintaining confidentiality of health care information are of great importance to Cuero Regional Hospital.

No information on a patient's condition may be released unless the name of the patient is provided by the requestor. A hospital may not release the names of patients. Patients may choose to exclude themselves from the hospital directory, in which case no information is allowed to be released.

All telephone inquiries from the news media will be directed to the Administrator or the Administration Office.

Those telephone calls that are directed to the Health Information Management/Medical Records department require employees to be very circumspect in regards to the release of information.

Information should be given only when it is definitely known to whom it is we are speaking, the reason for the request is clear, and when it is apparent that the information is needed to treat the patient. It is preferred that a telephone number be obtained from the caller requesting the information for verification of the party calling.

d. Directory Information on Adults vs. Minors

"Directory information" will be released for adult patients without specific authorization by the patient, unless the information is protected by state or federal law, or the patients' request that no information be released. Requests for information on minor patients will not be released without a written consent from the parent or legal guardian.

e. Required/Permitted Disclosures

- For the treatment, payment, and health care operations of Cuero Regional Hospital
- For the treatment, payment, and health care operations of other covered entities
- Those providers, who are currently rendering care to the patient

f. Disclosures That Do Not Require Authorization/Permission

- Facility directory, granted the patient has been given the opportunity to make the decision as to whether they do or do not want their information released (opt out approach).

- Health care providers rendering current care;
- Transporting emergency medical service providers for the sole purpose of determining the patient's diagnosis and outcome of the patient's hospital admission;
- A member of clergy specifically designated by the patient; in cases involving a patient who arrives comatose or incompetent, no patient designation of clergy is possible and therefore, no health care information would be disclosed unless one of the other disclosure exceptions is satisfied;
- Qualified organ donation organizations or banks;
- Prospective health care providers for the purpose of securing services as part of the patient's continuum of care, as determined by the attending physician;
- Hospital employees or agent, if necessary for health care education, quality assurance or peer review, or for assisting the hospital in health care delivery or licensure compliance, as long as appropriate confidentiality safeguards are in place;
- Federal, state, or local government agencies authorized or required by law;
- The successor hospital, should a change in ownership or control occur;
- The American Red Cross to fulfill its duties under its federal charter. Instances in which the American Red Cross might request a patient's health information include natural and man-made disaster, as well as military conflicts;
- Regional poison control centers as needed to provide information and education to health professionals in the management of poison and overdose victims;
- Health care utilization review agents;
- Institutional review boards authorized under federal law;
- To healthcare personnel of a penal or other custodial institution in which the patient is detained, but only if disclosure is for the sole purpose of providing health care to the inmate;
- Third parties for the purpose of receiving payment and facilitate reimbursement;
- Health Maintenance Organizations for purposes of maintaining a statistical reporting system required by a rule adopted by a state agency or federal regulations;
- To satisfy a request for medical records of a deceased or incompetent person pursuant to the filing of a medical malpractice claim;
- A court, under court order [Requests for a copy of the medical record or a patient who is non-party to a lawsuit must be accompanied by a court order for release of the record.];
- Under subpoena related to a judicial proceeding in which the patient is a party to a lawsuit;
- To a surrogate decision-maker under the Consent to Medical Treatment Act, or to a person in a circumstance exempted from the Consent to Medical Treatment Act.

g. Surrogate Decision-Makers

The following in order of priority, are deemed surrogate decision-makers, and under the Consent to Medical Treatment Act may authorize the medical treatment of an adult patient who is comatose, incapacitated, or incapable of communication:

- Spouse
- Adult child who has the waiver and consent of all other qualified adult children to act as the sole decision-maker
- A majority of the patient's reasonably available adult children
- Parents
- The individual clearly identified to act by the patient before they became incapacitated
- The patient's nearest living relative
- Or a member of the clergy

Since they are deemed surrogate decision-makers, hospitals may also disclose health care information to them without patient authorization.

**The Consent to Medical Treatment contains the following exemption: an advance directive under the Natural Death Act; a durable power of attorney for health care; consent to medical treatment for minors, consent for emergency care under state law regarding emergency medical services; hospital patient transfers under state law; and a patient's legal guardian who has decision-making authority regarding medical treatment.

h. Other Disclosures Not Requiring Permission

Public Health Activities

- Public Health Reporting for reasons such as preventing or controlling disease, injury, or disability. Some of these activities include Birth Registry, Death Registry, and Cancer/Tumor Registry.
- Child Abuse
- The Food and Drug Administration for those activities that are related to the safety and quality of FDA-regulated products
- To a person who may have been exposed to a communicable disease or at risk for contracting/spreading the disease
- Employers after four requirements are met (1) the provider is a member of the workforce of CRH providing care to the employee at Cache's request for medical surveillance of the hospital or work-related injury ,(2) the information disclosed only contains information related to the work-related injury or CRH medical surveillance, (3) CRH needs such information in order to meet the guidelines enforced by the Occupational Safety and Health Hazards Act (OSHA) and, (4) written notice is given to the employee that their health information relating to the surveillance or work-related injury will be disclosed to CRH either at the time they are receiving care by the provider or by posting a notice at the location where the health care is rendered.

Victims of Abuse, Neglect, or Domestic Violence

- Health information may be released when there is reasonable belief that they are victims of such, to government agencies or social and protective services under the following circumstances: (1) the disclosure is required by law, (2) the victim agrees to the disclosure and is unable to do so CRH may use reasonable judgment to release such information if they believe that doing so will protect the individual or others from serious threat and, (3) CRH must promptly inform the individual of the report unless it is believed to put him or her at risk for harm. Personal representatives such as spouses do not have to be informed if it is believed that they are the one responsible for the abuse or neglect.

Health Oversight Agencies

- Those authorized by law to conduct audits, investigations, inspections, licensure, etc. These types of disclosures are necessary for appropriate oversight of Cuero Regional Hospital.

Law Enforcement

- Patient health information may be disclosed to an official of law enforcement agencies if: (1) required by law through the following means court order, warrant, subpoena, grand jury subpoena, administrative subpoena, etc. (2) Limited information for the purpose of identifying and locating a suspect, witness, or missing person to include the following: name and address, date and place of birth, social security number, blood type and RH factor, injury type, date and time of treatment, date and time of death (when applicable) and description of physical characteristics such as height, weight, eye and hair color, gender, race, or presence of any scars, tattoos, facial hair, etc. (3) When the victim of the crime agrees to have his/her information

disclosed and if unable to do so CRH makes the decision for them that is in his/her best interest, (4) Deaths that are believed to have occurred from criminal conduct (5) criminal conduct that occurred on CRH property,(6) in emergency situations where disclosing seems necessary to alert law enforcement to the crime, location or victim of the crime, or for identifying and locating the perpetrator of the crime.

Deceased Persons

- The protected health information of those who have deceased may be disclosed to the coroner or medical examiner's office for either identification purposes or cause of death determination.

Research Purposes

- For vital research where protected health information is needed. De-identified information can always be disclosed and an authorization may be obtained from the individual for disclosure of their health information for research purposes.

To Avoid Threats to Health or Safety

- To protect individuals from a serious threat to health or safety. For example a statement made by an individual admitting to participation in a violent crime that is believed to have caused serious physical harm to the victim; or it is apparent that the individual had escaped from a correctional facility or lawful custody.

Worker's Compensation Cases

- Worker's Compensation cases generally do not require consents to release information; however, if the record requested is identified as "Restricted", then an appropriate consent must be obtained.

Substance Abuse in Pregnant Mothers

- In compliance with state and federal laws we cannot report pregnant women who have tested positive for drugs or alcohol. We may report them to authorities *if* the infant is delivered at CRH and the infant tests positive for drugs.

III. REQUESTS AND RELEASE

Requests for Health Information

All requests for health information must be made through the Health Information Management/Medical Records Department (HIM). HIM is located in the back of the hospital next door to General Stores. The HIM office hours are Monday thru Friday from 8am to 5pm. It is good practice that no information be released from a patient medical record except on a "need to know" basis. The person requesting information must show evidence that they have a legitimate right to the information and the disclosure must not conflict with the best interest of the patient. Members of the medical staff and hospital staff are not allowed to review the medical records of relatives without the patient's written authorization. Random audits are done by the Information Technology Department.

Minimum Necessary

Information released to authorized individuals/agencies shall be strictly limited to the information required to fulfill the purpose stated on the authorization. Authorizations specifying "any and all" or other broadly inclusive statement will not be honored. Release of information that is not essential to the stated purpose of the request is strictly prohibited.

Release of Medical Records

Health information about a patient will not be disclosed to any person other than the patient without written authorization of the patient or their legal representative or unless authorized by law, excluding that information which is designated for internal audit, peer review, or other committee functions.

A patient has the right to obtain copies of his/her health information or view their health information during the regular business hours of the Health Information Management Department at Cuero Regional Hospital. The HIM Department will comply with all requests for copies within the established time frame of 15 days after the date of request is made and payment has been received. Requests will be honored only after a valid authorization has been completed.

A Valid Authorization must:

- Be in writing.
- Be addressed to Cuero Regional Hospital or Custodian of Medical Records.
- Specifically identify the patient.
- Specify the individual or organization making the request. Those which do not have this information will not be honored. Duplicate authorizations will not be honored as well.
- Specify reason and purpose for the release.
- Dated and signed by the patient.
- The authorization is valid for 180 days from the date of signature unless the patient specifies a different expiration date.

In the event the patient is unable to sign the following may execute the authorization:

- Parent or legal guardian if patient is a minor.
- Legal guardian if patient has been deemed incompetent to manage their own affairs (documentation of proof is required).
- An agent of the patient authorized under durable power of attorney for health care.
- An attorney ad litem appointed to the patient.
- A guardian ad litem appointed for the patient.
- A personal representative or statutory beneficiary if patient has expired.
- An attorney retained by the patient or their legal representative.

In the state of Texas a patient is considered a minor if he/she is under the age of 18. An emancipated minor (one who is married or living apart from their parents and supporting themselves) may sign his/her own authorization and consent to their own medical care.

(Sec. 35.03, Texas Family Code)

Release of Incomplete Medical Records

When a request is received for health information on a person who is currently an inpatient, the requestor is informed of the situation and assured that the request will be processed as soon as possible after the patient is discharged. When a request is received for information from a recently discharged patient record, the requestor will be notified that the record may be incomplete. If the request is for continuity of care, the information should be released as soon as possible, regardless of the completion status. If the request is from another requestor (i.e. attorney, insurance company, or patient), all efforts should be made to have the record completed prior to it being released.

Valid Disclosure Authorization

A valid disclosure authorization is required prior to using or disclosing patient health information for purposes other than treatment, payment or health care operations. The authorization must contain the following information.

1. The information to be used or disclosed must be specific.
2. The name or entity of the persons authorized to use or disclose the information.

3. The name or entity of the persons to whom CRH may make the requested use or disclosure to.
4. An expiration date that relates to the individual or purpose of the disclosure.
5. The purpose for the use or disclosure (i.e. the request of the individual).
6. The signature of the individual with a date.

A disclosure authorization is **valid for 180 days** from the date of signature, unless otherwise specified or revoked. Authorization for release of information to obtain payment from a third-party payer cannot be revoked. A disclosure authorization is not required to release health care information to a third-party payer to obtain payment.

Fee Schedule

Cuero Regional Hospital adheres to the fee schedule for copying health care information according to chapter 241, of the Health and Safety Code. [See HIM Department fee schedule policy.](#)

Re-Disclosures

Information disclosed may be subject to re-disclosure by the recipient and no longer protected. The following confidentiality statement must be attached to the information released (except for that released to the patient):

Information from confidential medical records has been disclosed to you and is protected by state and federal regulations. These regulations prohibit you from disclosing and/or releasing any information without written consent from the person for which the information pertains. A general authorization for release of health information is not sufficient for this purpose.

Faxing and Emailing of Medical Records

Health care information will be faxed or emailed to covered health care providers to share protected health information for treatment purposes without patient information for treatment purposes without patient authorization, as long as reasonable safeguards are in place when doing so. These treatment communications may occur orally or in writing, by phone, fax, email or otherwise. To email medical records an authorization must be signed by the patient and/or authorized legal guardian before information can be released. A valid ID is required along with the authorization. If the authorization is signed by the physician only, it must also include a statement specifying that the requested information is needed immediately to assist with providing emergency medical care to the patient. If an authorization signed by the patient or his/her legal representative is not provided, the requestor is asked to fax such and authorization to HIM as soon as possible. If additional health information is required by the requestor on a non-urgent basis, this will be noted and the information copied and mailed on the next business day. A coversheet specifying the number of pages being faxed and a confidentiality statement must accompany the faxed medical record information.

Emailed records will be sent encrypted by entering "ENC-CCH" in the subject line. Requests to fax large amounts of medical records should not be honored. No more than one hundred fifty (150) pages of a medical record should be released via fax transmission. The phone number to the location you will be faxing to should be called prior to faxing to ensure proper disclosure. Once the location you are faxing to has been verified the information may be faxed. Information should only be faxed to secured fax machines.

Data Collection

- The types and amount of information gathered and recorded about a patient shall be limited to that information for patient care. Supplementary data which is not required for patient care,

but desirable for research, education, etc., may be recorded with the permission of the patient, following explanation of the purpose for which the information is requested.

- All individuals engaged in the collection, handling or dissemination of patient health information shall be specifically informed of the responsibility to protect patient data and of the penalty for violation of this trust. Proven violation of the confidentiality of patient information shall be cause for immediate termination of access to further data and may result in disciplinary action or dismissal. This policy shall be made known to all employees at the time of employment and each employee shall indicate understanding of the policy through a signed statement at the time of employment, kept with the individual's personnel record.
- Collection of any data relative to a patient, whether by interview, observation, or review of documents, shall be conducted in a setting which provides maximum privacy and protects the information from unauthorized individuals.

Storage

- All primary health records will be housed in physically secure areas on secure electronic systems.
- Secondary records such as indexes, or other individually identifiable patient information maintained anywhere in the hospital is subject to the stated policies for maintenance of confidentiality of patient health information. Secondary records maintained by the Health Information Management Department and are located either in the department or storage. Some departments maintain their own indexes and secondary records and are responsible for making sure that the information is in a secure location and confidentiality maintained as stated above.
- Primary and Secondary records shall be retained according to legal, accrediting or regulatory agency requirements, then destroyed according to the approved hospital retention schedule, unless there is a need for preservation of records. Those records which require preservation will be kept in the Health Information Management Department unless there is a shortage of room, in which case they will be moved to storage.
- Original health records may not be removed from the hospital premises, except on the order of subpoena, or court order.
- Access to areas housing health information records shall be limited to HIM personnel. The one exception to this policy shall be those individuals designated by the Director of Health Information Management for access at times when the department is not staffed. Health records shall be available and accessible at all times for patient care.
- When in use within the hospital, health records shall be kept in secure areas at all times. Health records should not be left unattended in areas accessible to unauthorized individuals.
- Facsimiles transmittals of health care records will be provided only to other medical facilities for continued care of the patient. Records will not be faxed to insurance companies, attorneys, or other requestors. If an emergency situation arises, and records must be faxed, precautions will be taken to assure the records are faxed to the appropriate facility and a cover letter will be attached and faxed with the "Confidentiality Notice" to the receiving facility, reminding them that the information is confidential and cannot be disclosed. AIDS/HIV testing results will never be faxed. (See policy on faxing)
- Computerized medical information will contain security levels within the system, to preclude unauthorized individuals from accessing information. All distribution of information via electronic systems will be conducted in accordance with hospital policy to assure the patient's right to privacy is protected.

Records with Restricted Release of Information

Only consents for release of information that specifically state "HIV testing" or "Mental Health Records" will be honored for releasing restricted information to the patient, insurance companies or other requestors.

Worker's Compensation cases generally do not require consents to release information; however, if the record requested is identified as "Restricted", then an appropriate consent must be obtained.

All records that contain information regarding Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) test results are confidential and may not be released or disclosed except in the following instances:

- Texas Department of Health;
- Local Health Authority;
- The Centers for Disease Control if reporting is legally required by state or federal law or regulation;
- The physician who ordered the test;
- A physician, nurse, or other health care personnel who have a legitimate need to know the test result in order to provide for their protection and to provide for the patient's health and welfare;
- The person tested or a person legally authorized to consent to the test on the person's behalf;
- The spouse of the person tested if the person tested if the person tests positive for AIDS or HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS;
- A person authorized to receive test results under Article 21.31 of the Code of Criminal Procedure (sex-related crimes); This will be at the discretion of the court;
- Law Enforcement officers, firefighters, emergency medical personnel, and correction officers exposed to HIV, as provided in the Communicable Disease Prevention and Control Act.

Mental Health Records

A patient's mental health information may be released without written authorization in the following instances:

- To health care personnel of a penal or other custodial institution in which, the patient is detained, if the disclosure is for the sole purpose of providing health care to the patient
- To an employee or agent of the professional who requires mental health information in order to provide mental health services or in order to comply with statutory, licensing, or accreditation requirements
- To the patient's personal representative if the patient is deceased
- To a person who has the written consent of the patient, or a parent if the patient is a minor or a guardian if the patient has been adjudicated as incompetent to manage their personal affairs
- To satisfy a request for medical records of a deceased or incompetent person on whose behalf a medical malpractice claim or cause of action has been filed.
- Government agencies if required by law
- To medical or law enforcement personnel if it has been determined that there is a probability of imminent physical harm by patient to themselves or someone else or immediate mental/emotional injury to the patient
- To qualified personnel for financial and management audits, program evaluations, or research
- To individuals, corporations, and personnel under the professionals' direction involved in paying or collecting for mental or emotional health services that were provided

- To other health care personnel participating in patient's diagnosis, evaluation, and treatment
- In an official legislative inquiry relating to state hospital or schools

Filing Authorization

Following authorized release of patient information, the signed authorization will be retained in the medical record with notation of what specific information was released, the date of release, and the signature of the individual who released the information.

Students

Health information shall be available to authorized medical, nursing, and allied health students enrolled in education programs affiliated with the institution for use within the Health Information Management Department. Students must present proper identification with their request. Data compiled in educational studies may not include patient identity or other identifiable information.

Research

Health information shall be made available for research to individuals who have obtained approval for their research projects from the appropriate Medical Staff Committee and Administrator or other designated authority. Data compiled as part of research studies may not include patient identifying information unless prior authorization from the patient has been obtained. Any research project which would involve contact of the patient by the researcher must obtain written permission of the patient's attending physician, or in his absence, a physician designated by the current Chief Executive Officer of the facility as well as consent by the CEO to conduct his/her study prior to contact. Research projects which involve use of the medical records shall be conducted in accordance with institutional policies.

Requests from News Media

Cuero Regional Hospital strives to keep the public informed of its activities and to cooperate with the new media, however, protecting patient privacy and maintaining confidentiality are of paramount importance. All media inquiries are to be directed to the Administration office.

New law states that no information on a patient's condition may be released unless the name of the patient is provided by the requestor. A hospital may not release the names of the patients. Patients may choose to exclude themselves from the hospital directory, in which case no information is allowed to be released. The directory information includes the nature of the patient's injury; the patient's city of residence; sex and age; and the general health status of the patient described as Undetermined, Critical, Poor, Fair, and Good. See section labeled "Directory Information" at the beginning of this policy. Patients have the Right to Refuse (Opt Out Approach) meaning that the patient has requested that no information be released. "Directory Information" will only be released for adult patients without specific written authorization by the patient, unless the information is protected by state or federal law, or the patient refuses as stated above.

Minors- Cuero Regional Hospital will not release information regarding a minor without written consent of a parent or legal guardian.

Disaster Victims- Unless the victim has instructed the hospital not to make the disclosure, CRH will provide directory information concerning disaster victims who have been admitted to or treated at CRH after reasonable effort to notify next-of-kin has been made.

Deceased Patients- CRH will provide identifying information concerning deceased patients after the next-of-kin has been notified.

No hospital employee may be interviewed regarding hospital activities, plans, etc. without authorization from Administration. All requests for interviews should be referred to Administration. Hospital

employees are not available for interviews on non-work subjects by the news media while on their work time unless approved by the supervisor and scheduled by appointment through Administration.

Law Enforcement Agencies

In the event of the following accident or emergency room cases, it is the law to notify police and/or in the case of child abuse/neglect to notify Child Protective Services:

1. Gunshot Wounds
2. Animal Bites
3. Child Abuse/Neglect

Reportable Occurrences

Hospitals should provide only a one-word status report and the identity of the patient, unless the requested information comes within an exception which allows disclosure without patient authorization. Senate Bill 667 contains an exception permitting disclosure of health care information without patient authorization "to federal, state, or local agency or authority "to the extent authorized or required by law" (emphasis added). Examples of other laws which permit or require the disclosure of health care information by hospitals to law enforcement authorities include the reporting of cases of suspected child or elderly or disabled person abuse or neglect. If disclosure of the requested information is not authorized or required by law, hospitals can, and should require a criminal subpoena before they produce health care information for law enforcement authorities.

Photography, Videotaping, and Other Imaging

Identifiable photographs, videotapes, digital imaging, and other visual recordings of the patient may only be obtained after the patient or legally authorized representative gives written consent allowing the hospital to take such photographs, videotapes, or other imaging as may be desired to illustrate a procedure, treatment, condition, or operation, and to permit such photographs or video images to be published and republished in professional journals, medical books, or to be used for any other purpose which the hospital may deem appropriate. Generally, photographs taken to document abuse or neglect do not require consent from the patient or his/her legally authorized representative. Such photographs may be submitted with the required report to the investigating agency, but they should not be used for other purposes (such as teaching) without consent.

Written consent should be obtained before photographing patients for medical education, staff teaching, or publicity purposes. The signatures on the consent are to be witnessed, and the witness' signature be in the space provided by the form. The consent is to be filed in the patient's medical record. A new consent is to be signed for each new series of photographs taken by individuals other than those named in prior consents. The consent given for photography remains valid unless and until the patient or his/her legal representative withdraws or restricts the authorization.

When representatives from the news media or law enforcement agencies ask to photograph a patient, permission may be given if the patient's physician does not feel it would be detrimental to the patient.

Consent must be obtained if photographs of newborns are taken to give or sell to parents, consent should be obtained prior to be done. A separate consent form may be used or a brief consent paragraph may be incorporated into the standard admission form.

Consent is not needed for photography done by the patient's family members or friends. Parents will be allowed to videotape a child's delivery, unless the physician deems it necessary to discontinue.

Consent must be obtained before photographs or images can be used in telemedicine or on the internet. The images, along with the complete medical record, must be encrypted in order to protect patient confidentiality and privacy.

Still photographs taken for medical reasons may be filed with the patient's record for safekeeping. Videotapes will be filed separately in another secure area. These will be kept for the same time period as state law requires medical records to be kept.

Employee Health Records

All completed health records will be kept in such a manner to protect their confidentiality. The records will be housed in a secure area and only the Employee Health Nurse and Administration will have access to these files in the EMR system. A written authorization signed by the employee will be required to release any employee health records. All requests for release of employee records should be directed to the Employee Health Nurse. All computerized files will contain security levels of preclude unauthorized access to information.

New Enforcement Provisions

A patient may sue a hospital or a physician for injunctive relief of damages for the unauthorized release of confidential health care information. Hospitals and physicians who wrongfully disclose health care information may be subject to administrative penalties and other disciplinary action by the agency responsible for their licensure, respectively, the Texas Department of Health and the State Board of Medical Examiners. Hospitals participating in the Medicare program that violate the disclosure provisions of S.B 667 may be subject to a deficiency determination by a Medicare Surveyor.

Definitions:

Patient Health Information: Any information in a medical record that can be used to identify an individual and that was created, used, or disclosed in the course of providing health care services such as diagnosis or treatment.

Covered Entity: Anyone who provides treatment, payment, and operations in health care.

Business Associate: Anyone who does business with the covered entity and may have access to PHI from the covered entity.

Health Care Information: Information recorded in any form or medium that identifies the patient and relates to the medical history diagnosis, treatment, or prognosis of the patient.

Health Care Provider: A person who is licensed, certified, or otherwise authorized to provide health care services and document such services in the record.

Legally Authorized Representative: A parent or legal guardian of a patient who is a minor, an agent of the patient authorized under a durable power attorney for health care, an attorney appointed for the patient (guardian ad litem), a guardian appointed for the patient (guardian ad litem), a personal representative or statutory beneficiary if patient has expired, or an attorney retained by the patient or patient's legal representative.

**CONFIDENTIALITY/RELEASE OF INFORMATION & DISCLOSURE POLICY
ACKNOWLEDGEMENT FORM
(Must be signed and returned)**

I have received a copy of Cuero Regional Hospital's Confidentiality/Release of Information & Disclosure Policy . I understand it is my responsibility to read this policy and understand its contents. If I have any questions about this policy, I should ask my supervisor or Human Resources.

I agree to comply with this policy. I understand violation of this policy will subject me to disciplinary action, up to and including, termination on the first offense.

I understand this policy may be amended and changed at any time by the Hospital and that such changes and amendments will apply to my job as a condition of employment.

I acknowledge this policy does not create any contract of employment with the Hospital or alter my at-will employment status.

Employee's signature

Employee's name (please print)

Date

**CONFIDENTIALITY/RELEASE OF INFORMATION & DISCLOSURE POLICY
ACKNOWLEDGEMENT FORM
(Must be signed and returned)**

I have received and read a copy of Cuero Regional Hospital's Confidentiality/Release of Information & Disclosure Policy. I understand that as a Board Member, I have dual responsibility in setting policy as well as complying with this policy. I understand that any patient information gained as a Board Member of the DeWitt Medical District must be held confidential as outlined in the policy.

Signature

Name (please print)

Date

OLD BUSINESS AGENDA ITEM #1

**Capital Expenditure Request for Med/Surg
Wing Walls in Handicap Showers – Review
and Take Appropriate Action**

Proposals Attached:

Lauger


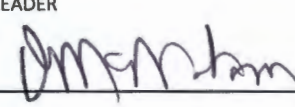

\$12,968.00 Recommended

2020 08 27

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|---|--|-------------------------------|
| HOSPITAL/ENTITY Cuero Regional Hospital | | |
| DEPARTMENT Med Surg | | DATE PREPARED 7/9/2020 |
| Is the requested purchase in compliance with the Healthtrust GPO? | | |

| | | |
|---|---|---|
| D E S C R I P T I O N | PROJECT NAME Wing Wall's in Handicap Showers | DESIRED DELIVERY/START DATE |
| | PROJECT DESCRIPTION Add approximately 28" of floor to ceiling tiled partitions on the head walls of each handicap shower on the second floor to contain the water and overspray from getting on or near door to the restroom. | PURPOSE FOR REQUEST New Service <input type="checkbox"/> Replacement <input type="checkbox"/> Code Compliance <input type="checkbox"/> |
| | JUSTIFICATION <i>Indicate present situation, need for the item requested and alternative considerations.</i> Shower water not flowing to drain causing water to exit into patient room | |
| | BUDGET REFERENCE | Amount Budgeted |
| | BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i> | |

| EQUIPMENT/PROJECT COSTS | Attach copies of proposals | | | ASSET DISPOSITION DATA | |
|----------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------------------|
| | Bid #1 | Bid #2 | Bid #3 | Description of Disposed Assets: | |
| Name of Bidder | Lauger | | | | |
| Land and/or Acquisition | | | | | |
| Construction | | | | BOOK VALUE OF DISPOSED ASSET | |
| Equipment | | | | METHOD OF DISPOSITION | Trade In <input type="checkbox"/> |
| TOTAL COSTS | \$12,968.00 | | | | 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: 7/9/2020 |
| | SLT LEADER  | DATE: 7/9/2020 |
| | CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER  7/9/20 | DATE: _____ |
| | Board Member Signature if greater than \$5,000 | DATE: _____ |



JULY 2, 2020

Cuero Regional Hospital
2550 N. Esplanade St.
Cuero, TX 77954
Office: 361-275-6191

Attn: Rick Caron / Lynn Falcone

RE: Handicap Showers on Second Floor

To whom it may concern,

The following proposal covers materials and labor to add approximately 28" of floor to ceiling tiled partitions on the head walls of each handicap shower on the second floor to contain the water and overspray from getting on or near the door to the restroom. The walls will be framed using metal studs then covered with hardi-board, aqua defense liner, thin set, and Linden Point Daltile to match the existing tile in each shower. Cost also includes adding one waterproof can light fixture in each handicap shower that will be connected to existing light switch. We will also make necessary repairs to the sheetrock that was damaged from water in one of the handicap exam rooms on the second floor.

| | |
|-------------------------------|------------|
| Tile Work & Water Proofing: | \$6,008.00 |
| Partitions Materials & Labor: | \$5,040.00 |
| Electrical: | \$1,680.00 |
| Overhead: | \$240.00 |

Total Cost: \$12,968.00 Tax Excluded

On behalf of Lauger Companies, Inc., I would like to thank you for the opportunity to provide this estimate to you. Should you have any questions, please do not hesitate to contact me at your convenience and we look forward to hearing from you soon.

Respectfully Submitted:

Luke Zettlemyer
Sr. Project Manager / Estimator

AGENDA ITEM #1

**Review and Adopt the 2020 Ad Valorem
Property Tax Rate – Consider and Take
Appropriate Action**

2020 08 27

AGENDA ITEM #2

Capital Expenditure Request for IT Server Hardware – Review and Take Appropriate Action

Proposals Attached:

| | |
|-----------------|---------------------------------|
| Edge/CDW | \$656,558.16 Recommended |
| Edge | \$557,985.76 |
| Pivot | \$497,698.09 |

2020 08 27



July 9, 2020

CRH.070920.002.R2

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

Project Name: Storage Refresh

Thank you for giving Edge Solutions and Consulting (EDGE) the opportunity to propose a solution to address Cuero Regional Hospital's (CRH's) storage requirements. Our proposal includes the following:

- Netapp A220 SSD SAN (usable capacity – 65.58 TiBs)
- EDGE Professional Services

The proposed Netapp A220 SAN includes two, 2U rack units equipped with a total of 24x3.84TB SSDs to support 65.58TBs of usable capacity. It also includes Data at Rest Encryption Enabled, Netapp's Base Software, training (up to 5 days) and 3 years of 24x7x4 Netapp support.

This proposal also includes 8 days of EDGE professional services to perform onsite implementation of the proposed solution and skills transfer training for VMware.

Please see the following page for pricing and additional description details. Should you have any questions or need any additional information, please feel free to call me at (818) 645-6705.

Sincerely,
Sean Thomas
Edge Solutions and Consulting
818.645.6705 (mobile)



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

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

Valid Until: 8/8/20
 Quote no. CRH.070920.002.R2
 Document date: 7/9/20
 Quote from: Sean Thomas
 818-645-6750

| Qty. | Part Number | Description | Vendor | Type | List Price | Extended List | Discount | Line Amount |
|------|-------------|---|--------|------|--------------|---------------|----------|--------------|
| 1 | AFF-A220 | NetApp A220 storage array and expansion drawer equipped with 24x3.84TB SSDs (65.5826 TiBs usable), Data at Rest Encryption Enabled, Base Software, training (up to 5 days) and 3 years of 24x7x4 support. | NETAPP | HW | \$550,938.13 | \$ 550,938.13 | 59.53% | \$222,939.85 |
| 1 | ESS-PS-8D | 8 days of EDGE Professional Services for implementation of solution - T&E for one trip included. EDGE may charge T&E if additional trips are required. | EDGE | SVC | \$ 20,000.00 | \$ 20,000.00 | 20% | \$ 16,000.00 |
| | | | | | \$ - | \$ - | 0% | \$ - |
| | | | | | \$ - | \$ - | 0% | \$ - |
| | | | | | \$ - | \$ - | 0% | \$ - |

| | |
|---------------------------|---------------|
| Total List Price | \$ 570,938.13 |
| Hardware Price w/discount | \$ 222,939.85 |
| Software Price w/discount | \$ - |
| Services | \$ 16,000.00 |

| | |
|---|----------------------|
| Discounted Price | \$ 238,939.85 |
| Freight | \$ - |
| Estimated Sale Taxes (@8.25%) - ****CRH is Tax Exempt**** | \$ - |
| Total Price: | \$ 238,939.85 |

Notes:

Ship To:

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

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

Approver Signature: _____

Date: _____

Approver Name (Printed): _____

Title: _____

Payment Terms:
 Net 30 Invoiced upon delivery

Thank you for your business!

We Build IT - We Implement IT - We Support IT



STATEMENT OF WORK

This Statement of Work (“SOW” or “Agreement”) is made and effective this 17th day of June, 2020 (“*Effective Date*”), by and between Edge Solutions & Consulting, Inc., a California corporation (“*Edge*”), and Cuero Regional Hospital, a Texas corporation (“*Client*”), each a party to this SOW (collectively, the “*Parties*”).

1. **Term of Contract.** This Agreement will commence as of the Effective Date and will remain in effect until September 17, 2020.
2. **Independent Contractor Status.** It is the express intent of the parties that Edge is an independent contractor and not an employee, agent, joint venture or partner of Client. Nothing in this agreement shall be interpreted or construed as creating the relationship of employer and employee between Client and Edge and/or Edge’s employees or agents.
3. **Services to be Performed by Edge.** Edge shall undertake and perform the Services set forth below in this SOW (“*Services*”).
 - 3.1. **Description of Services.** Supplier will provide consulting services to perform a current state health check of the Cuero Regional Hospital infrastructure to ensure that it is up to date and in keeping with the current state best practice configuration.
 - 3.2. **Deliverables.** For the avoidance of doubt, the deliverables expected from this project will be the virtualization of (43) physical servers including the execution of a Windows OS upgrade and the Windows OS upgrade for (29) existing virtual machines.
 - 3.3. Any documentation required by Client as part of this work will be provided by Edge personnel performing the work.
 - 3.4. **Project Schedule.** Services will be provided upon the completion of the Purchase Order, per the Supplier’s internal processes. The duration of the project is expected to be a total of 480 hours.
 - 3.5. **General Assumptions.** Unless documented herein, any deviations to these General Assumptions related to this SOW, will be managed per the procedures described in the Project Control Procedure section.
 - 3.5.1. **Software.** Software specifications are not included in this SOW. Unless specifically addressed in this SOW, it is assumed that all software required to complete the Services will be provided by Client and will be on location prior to the commencement of Services. Pursuant to software required, it is assumed that all product documentation will be made available to Edge throughout the term of this SOW.
 - 3.5.2. **Backups of Data.** Unless otherwise specified in this SOW, Client is responsible to ensure that backups of any data have been made prior to the commencement of services. Edge assumes no responsibility for lost data.
 - 3.5.3. **Security.** For security and safety considerations, a Client appointed representative will be available to Edge personnel whenever an Edge representative is working on-site.

3.6. Client Responsibilities. The responsibilities listed in this section are to be provided by Client at no charge to Edge. The Parties acknowledge that Edge's performance of the Services is reliant on the following responsibilities:

3.6.1. Prior to the commencement of Services under this SOW, Client will designate a primary point of contact ("Client Project Manager") to manage all communications with Edge and to provide direction on all aspects of the SOW. The Client Project Manager's responsibilities will include:

- Serving as the interface between the Edge project team and all Client departments participating in these operations.
- Cooperating with any Edge personnel to administer Project Change Control, if changes are required.
- Participating in status meetings and conference calls when scheduled.
- Obtaining and providing information, data, decisions and approvals, within two (2) business days of Edge's request unless the Parties agree to an extended response time.
- Resolve any issues or discrepancies that would negatively affect the performance of this SOW.

3.6.2. Hardware and Software Environment. Client will assume all responsibility for providing licensed copies of prerequisite software, and/or optional software for the operating environment, functioning communications, and functioning IT hardware and related equipment or facilities.

3.6.3. Office Space and Other Facilities. Client will provide reasonably suitable office space, office supplies, furniture, telephone and other facilities to Edge employees while working on the premises. Client will provide reasonable access to systems being analyzed.

3.6.4. Security and Laws. Client is responsible for the actual content of any data file, selection and implementation of controls on its access and use, and security of the stored data. Client will identify and interpret any applicable federal, state and local laws, regulations and statutes; and will ensure that products of the system meet those requirements.

4. **Rate.** Supplier will provide one resource for a total of 480 hours to client at a rate of \$150 per hour for said resource.

4.1.1 Payment Structure

| Quantity | Description | List Price | Discounted Price | Total Price |
|----------|---------------------------|------------|------------------|--------------------|
| 480 | Edge Engineering Services | \$250 | \$150 | \$72,000.00 |

5. Payments.

- 5.1. The amounts payable for Services provided by Edge (“Fees”) and any reimbursable expenses, such as approved travel expenses (“Reimbursable Expenses”), shall be payable within thirty (30) days after Client receives Edge's invoice. Edge shall invoice Client for all Fees upon completion of the Services, unless an invoice schedule is otherwise set forth in this Section 4. In the event of any termination of this Agreement, Edge shall be compensated for any Services rendered prior to notice to Edge of such cancellation.
- 5.2. Except for any Reimbursable Expenses specified herein, Edge shall be responsible for all costs and expenses incidental to the performance of Services for Client, including but not limited to, all costs of equipment provided by Edge, all fees, fines, licenses, bonds or taxes required of or imposed against Edge and all other of Edge's costs of doing business.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties have set their hand as of the date first above written.

Client

Edge Solutions & Consulting, Inc.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

QUOTE CONFIRMATION



DEAR ISMELDA GARZA,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

| QUOTE # | QUOTE DATE | QUOTE REFERENCE | CUSTOMER # | GRAND TOTAL |
|---------|------------|-----------------|------------|--------------|
| LNCL880 | 7/16/2020 | LNCL880 | 1320038 | \$345,618.31 |

| QUOTE DETAILS | | | | |
|---|-----|---------|------------|------------|
| ITEM | QTY | CDW# | UNIT PRICE | EXT. PRICE |
| <u>HPE ProLiant DL360 Gen10 - rack-mountable - no CPU - 0 GB</u> Mfg. Part#: P19766-B21 UNSPSC: 43211501 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 3 | 5792047 | \$1,378.68 | \$4,136.04 |
| <u>Intel Xeon Bronze 3204 / 1.9 GHz processor</u> Mfg. Part#: P02565-L21 UNSPSC: 43201503 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 3 | 5603802 | \$233.77 | \$701.31 |
| <u>Intel Xeon Bronze 3204 / 1.9 GHz processor</u> Mfg. Part#: P02565-B21 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 3 | 6136361 | \$485.39 | \$1,456.17 |
| <u>HPE SmartMemory - DDR4 - 16 GB - DIMM 288-pin - registered</u> Mfg. Part#: P00922-B21 UNSPSC: 32101602 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 12 | 5529821 | \$696.57 | \$8,358.84 |
| <u>HPE 480GB SATA 6Gbps Mixed Use 2.5" SFF SC Digitally Signed Firmware SSD</u> Mfg. Part#: P09712-B21 UNSPSC: 43201830 Contract: HealthTrust Storage Purchasing Agreement-HP (HPG-4784) | 6 | 5401963 | \$326.35 | \$1,958.10 |
| <u>HPE - riser card</u> Mfg. Part#: 867982-B21 UNSPSC: 43201544 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 3 | 4739477 | \$71.23 | \$213.69 |
| <u>HPE 530SFP+ - network adapter</u> Mfg. Part#: 652503-B21 UNSPSC: 43201404 Contract: HealthTrust Pricing-HP Enterprise (Netcomm) (HPG-2500) | 6 | 2979132 | \$741.88 | \$4,451.28 |
| <u>HPE StoreFabric SN1610Q Dual Port - host bus adapter</u> Mfg. Part#: R2E09A Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | 3 | 5812895 | \$2,188.58 | \$6,565.74 |
| <u>HPE 331FLR - network adapter</u> Mfg. Part#: 629135-B22 UNSPSC: 43201404 | 3 | 3513132 | \$294.19 | \$882.57 |

QUOTE DETAILS (CONT.)

Contract: HealthTrust Pricing-HP Enterprise (Netcomm) (HPG-2500)

HPE - power supply - hot-plug / redundant - 800 Watt - 908 VA 6 4723434 \$419.04 \$2,514.24

Mfg. Part#: 865414-B21

UNSPSC: 39121004

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE Integrated Lights-Out Advanced - license + 3 Years 24x7 Support - 1 ser 3 5878919 \$503.88 \$1,511.64

Mfg. Part#: BD505A

Electronic distribution - NO MEDIA

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE Small Form Factor Easy Install Rail Kit rack rail kit - 1U 3 4735292 \$100.31 \$300.93

Mfg. Part#: 874543-B21

UNSPSC: 24102001

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE ProLiant DL360 Gen10 - rack-mountable - no CPU - 0 GB 8 5792047 \$1,378.68 \$11,029.44

Mfg. Part#: P19766-B21

UNSPSC: 43211501

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

Intel Xeon Gold 6248R / 3 GHz processor 8 6056493 \$5,693.05 \$45,544.40

Mfg. Part#: P24487-L21

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

Intel Xeon Gold 6248R / 3 GHz processor 8 6056496 \$5,693.05 \$45,544.40

Mfg. Part#: P24487-B21

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE SmartMemory - DDR4 - 32 GB DIMM 288-pin - registered 48 5529216 \$1,293.63 \$62,094.24

Mfg. Part#: P00924-B21

UNSPSC: 32101602

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE 480GB SATA 6Gbps Mixed Use 2.5" SFF SC Digitally Signed Firmware SSD 16 5401963 \$326.35 \$5,221.60

Mfg. Part#: P09712-B21

UNSPSC: 43201830

Contract: HealthTrust Storage Purchasing Agreement-HP (HPG-4784)

HPE - riser card 8 4739477 \$71.23 \$569.84

Mfg. Part#: 867982-B21

UNSPSC: 43201544

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE 530SFP+ - network adapter 16 2979132 \$741.88 \$11,870.08

Mfg. Part#: 652503-B21

UNSPSC: 43201404

Contract: HealthTrust Pricing-HP Enterprise (Netcomm) (HPG-2500)

HPE StoreFabric SN11610Q Dual Port - host bus adapter 8 5812895 \$2,188.58 \$17,508.64

Mfg. Part#: R2E09A

Contract: HealthTrust Pricing-HP Enterprise (HPG-2500)

HPE 331FLR - network adapter 8 3513132 \$294.19 \$2,353.52

Mfg. Part#: 629135-B22

UNSPSC: 43201404

Contract: HealthTrust Pricing-HP Enterprise (Netcomm) (HPG-2500)

QUOTE DETAILS (CONT.)

| | | | | |
|---|----|---------|-------------|-------------|
| HPF - power supply - hot-plug / redundant - 800 Watt - 908 VA | 16 | 4723434 | \$419.04 | \$6,704.64 |
| Mfg. Part#: 865414-B21 UNSPSC: 39121004 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | | | | |
| HPF Integrated Lights-Out Advanced 1 - license + 3 Years 24x7 Support - 1 ser | 8 | 5878919 | \$503.88 | \$4,031.04 |
| Mfg. Part#: BD505A Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | | | | |
| HPF Small Form Factor Easy Install Rail Kit rack rail kit - 1U | 8 | 4735292 | \$100.31 | \$802.48 |
| Mfg. Part#: 874543-B21 UNSPSC: 24102001 Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | | | | |
| HPF Foundation Care 24x7 Service - extended service agreement - 3 years - o | 11 | 4735295 | \$1,760.27 | \$19,362.97 |
| Mfg. Part#: H7J34A3#WAG UNSPSC: 81112305 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-HP Enterprise (HPG-2500) | | | | |
| VMware vSphere Enterprise Plus Acceleration Kit (v. 7) - license - 6 proces | 1 | 6030346 | \$22,366.91 | \$22,366.91 |
| Mfg. Part#: VS7-EPL-6AK-C Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500) | | | | |
| VMware Support and Subscription Production - technical support - for VMware | 1 | 6030358 | \$17,887.76 | \$17,887.76 |
| Mfg. Part#: VS7-EPL-6AK-3P-SSS-C Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500) | | | | |
| VMware Support and Subscription Production - technical support - for VMware | 16 | 6030344 | \$2,317.82 | \$37,085.12 |
| Mfg. Part#: VS7-EPL-3P-SSS-C Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500) | | | | |

| | | |
|---|--------------------|---|
| PURCHASER BILLING INFO | SUBTOTAL | \$343,027.63 |
| Billing Address: CUERO COMMUNITY HOSPITAL ATTN: GEORGIA MATEJEK 2550 N ESPLANADE ST CUERO, TX 77954-4716 Phone: (361) 275-6191 Payment Terms: Net 30 Days-Healthcare | SHIPPING | \$2,590.68 |
| | SALES TAX | \$0.00 |
| | GRAND TOTAL | \$345,618.31 |
| | DELIVER TO | Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515 |
| Shipping Address: CUERO COMMUNITY HOSPITAL ATTN: GEORGIA MATEJEK 2550 N ESPLANADE ST CUERO, TX 77954-4716 Phone: (361) 275-6191 Shipping Method: DROP SHIP-GROUND | | |

Need Assistance? CDW*G SALES CONTACT INFORMATION



Shannon Owsiak

(877) 459-4920

shanows@cdwg.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at
<http://www.cdw.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

© 2020 CDW•G LLC, 200 N. Milwaukee Avenue, Vernon Hills, IL 60061 | 800.808.4239



July 17, 2020

CRH.071720.003.R1

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

Project Name: Server & Storage Refresh

Thank you for giving Edge Solutions and Consulting (EDGE) the opportunity to propose a solution to address Cuero Regional Hospital's (CRH's) server refresh and storage requirements. Our proposal includes the following:

- Netapp A220 SSD SAN (usable capacity – 65.58 TiBs)
- Eleven HPE DL360 servers (Meditech & Enterprise environments)
- EDGE Professional Services

The proposed Netapp A220 SAN includes two, 2U rack units equipped with a total of 24x3.84TB SSDs to support 65.58TBs of usable capacity. It also includes Data at Rest Encryption Enabled, Netapp's Base Software, training (up to 5 days) and 3 years of 24x7x4 Netapp support.

This solution includes a total of eleven HPE DL360 servers. Eight of the DL360s servers are provided to support CRH's enterprise environment and 3 of the DL360 servers are provided for Meditech environment. The servers for the two environments vary slightly in the regards to memory and processors. However, they all come with two 480G SATA drives, two fiber channel ports, two active 10GE ports, 3 years of HP Foundation Care 24x7 support and VMware Enterprise Plus with 3 years support. A single VCenter license is also being provided, at no cost.

This proposal also includes eight days of EDGE professional services to perform onsite implementation of the proposed solution and skills transfer training for VMware.

Please see the following page for pricing and additional description details. Should you have any questions or need any additional information, please feel free to call me at (818) 645-6705.

Sincerely,
Sean Thomas
Edge Solutions and Consulting
818.645.6705 (mobile)



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

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

Valid Until: 8/16/20
Quote no.: CRH.071720.003.R1
Document date: 7/17/20
Quote from: Sean Thomas
 818-645-6750

| Qty. | Part Number | Description | Vendor | Type | List Price | Extended List | Discount | Line Amount |
|------|-------------|--|--------|------|--------------|---------------|----------|---------------------|
| 1 | AFF-A220 | NetApp A220 storage array and expansion drawer equipped with 24x3.84TB SSDs (65.5826 TiBs usable), Data at Rest Encryption Enabled, Base Software, training (up to 5 days) and 3 years of 24x7x4 support. | NETAPP | HW | \$550,938.13 | \$ 550,938.13 | 59.53% | \$222,939.85 |
| 8 | DL360-ENT | HPE DL360 server equipped with - Dual procs (3.0GHz/24-core) - 192G of RAM (6x32G) - Two 480GB SATA drives - Two active F/C ports (up to 16G) - Two active 10GE ports - four available ports - 3 years of HP Foundation Care 24x7 - VMware Enterprise Plus with 3 years support | HPE | HW | \$ 40,986.38 | \$ 327,891.04 | 41.20% | \$192,799.93 |
| 3 | DL360-MT | HPE DL360 server equipped with - Dual procs (1.9GHz/6-core) - 64G of RAM (4x16G) - Two 480GB SATA drives - Two active F/C ports (up to 16G) - Two active 10GE ports - four available ports - 3 years of HP Foundation Care 24x7 - VMware Enterprise Plus with 3 years support | HPE | HW | \$ 29,014.00 | \$ 87,042.00 | 37.70% | \$54,245.98 |
| 1 | ESS-PS-8D | 8 days of EDGE Professional Services for implementation of solution - T&E for one trip included. EDGE may charge T&E if additional trips are required. | EDGE | SVC | \$ 20,000.00 | \$ 20,000.00 | 20% | \$ 16,000.00 |
| | | | | | \$ - | \$ - | 0% | \$ - |

| | |
|---------------------------|---------------|
| Total List Price | \$ 985,871.17 |
| Hardware Price w/discount | \$ 469,985.76 |
| Software Price w/discount | \$ - |
| Services | \$ 16,000.00 |

| | |
|---|----------------------|
| Discounted Price | \$ 485,985.76 |
| Freight | \$ - |
| Estimated Sale Taxes (@8.25%) - ****CRH is Tax Exempt**** | \$ - |
| Total Price: | \$ 485,985.76 |

Notes:

Although it is not listed above, this proposal also includes 1 VCenter license at n cost. Does not include SQL software for VCenter.

Ship To:

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

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

Approver Signature: _____

Date: _____

Approver Name (Printed): _____

Title: _____

Payment Terms:
 Net 30 invoiced upon delivery

Thank you for your business!

We Build IT - We Implement IT - We Support IT



VxRail Cluster Deployment

Statement of Work No. SAN-0982a

By and Between

Cuero Regional Hospital
2550 N. Esplanade St.
Cuero, TX 77954

And

Pivot Technology Services Corp.
607 E Sonterra Blvd, Ste 250
San Antonio, TX 78258
Phone: 210.348.9876

Date Submitted: 5/27/2020

This SOW is subject to the applicable terms posted at <http://www.pivotts.com/legal> (“Terms and Conditions”), which are hereby incorporated into this SOW by reference. In the event of a conflict between the Terms and Conditions and this SOW, the Terms and Conditions shall control unless the parties expressly agree in writing to deviations which are explicitly stated to supersede the Terms and Conditions.

EXECUTIVE SUMMARY

Cuero Regional Hospital (“Customer”) hereby engages Pivot Technology Services Corp (“Supplier”) to perform the services specified herein (the “Services”) within this Statement of Work (the “SOW”).

PROJECT GOALS

The Customer goals for this project are to deploy new Dell EMC five (5) Node VxRail and VMware along with HPE Nimble storage and migrate current VMs and P2V of physical servers successfully.

PROJECT LOCATIONS

The Services will be performed remotely or onsite at the locations below:

- 2550 N. Esplanade St.
Cuero, TX 77954

SERVICES AND DELIVERABLES

Supplier will provide the following professional services and deliverables to Customer pursuant to the schedule set forth below. Supplier is not responsible for any delays to the extent caused by Customer or due to circumstances outside of Supplier’s reasonable control. Services will not commence until this SOW has been fully executed by authorized representatives of both parties and purchase order issued, where applicable.

PROJECT OUTLINE

The project will consist of the following tasks as outlined in the phase below.

- i. **Project Initiation Phase**
 1. Conduct a kick-off meeting with Customer’s team to review the project plan
 2. Review the SOW, establish mutual expectations for delivery of this service, and agree on roles and responsibilities
 3. Review project methodology, including milestones, communications, risk and issue tracking, action items, and reporting
- ii. **Planning & Design Phase**
 1. Plan for TOR Switch implementation
 - a) Conduct product pre-deployment validation
 2. VxRail Nodes
 - a) Perform VxRail pre-implementation review

- b) Validate Customer environment readiness for implementation
 - c) Conduct product pre-deployment validation
 - 3. HPE Nimble
 - a) Conduct product pre-deployment validation
 - 4. VM Migration
 - a) Develop list of physical servers candidates for P2V
 - 5. Document and validate findings with Customer
 - 6. Obtain Customer approval to begin Execution Phase
- iii. **Execution Phase**
- 1. TOR Switches
 - a) Rack, stack, configure and upgrade two (2) TOR switches
 - b) Validate configurations
 - 2. VxRail Nodes
 - a) Rack, stack, configure and upgrade five (5) VxRail nodes
 - b) Perform VxRail implementation for five (5) nodes
 - c) Register the Customer to receive product advisories
 - 3. HPE Nimble
 - a) Rack, stack, configure and upgrade Nimble storage
 - b) Rack, stack, configure and upgrade Customer prepurchased Dell server
 - c) Deploy Windows OS to Dell server
 - d) Connect new server and Nimble storage via iSCSI
 - e) Create two (2) CIFS shares using Nimble storage
 - 4. VM Migrations
 - a) Perform P2V migrations
- iv. **Project Closeout Phase**
- 1. Create As-Built documentation describing the deployment and provide to the Customer
 - 2. Conduct product post-deployment validation of VxRail Nodes
 - 3. Conduct product post-deployment validation of HPE Nimble storage
 - 4. Conduct a knowledge transfer for the following session (Not to exceed four (4) hours in duration):
 - a) TOR switch knowledge transfer – one (1) hour
 - b) VxRail Nodes knowledge transfer – two (2) hours
 - c) HPE Nimble knowledge transfer – one (1) hour
 - 5. Deliver Customer acknowledgement and obtain signoff

DELIVERABLES

- As-Built Documentation

EXCLUSIONS

Services and deliverables not listed above are not included in this SOW. For the avoidance of doubt, the following items are specifically excluded unless mutually agreed upon by the parties in writing through a written change order:

- Any locations not listed are not covered by this SOW.
- Does not include Supplier tools and systems. Customer tools and systems will be used exclusively for this SOW.
- Remediation of existing issues
- Extensive documentation such as run books or step by step installation instructions
- Configuration or modification of any network device, software or other system not specifically stated in this SOW

SCHEDULE

Project delivery will begin on a date that is mutually agreeable to Supplier and the Customer.

Engagement Prerequisites

A completed and signed copy of this SOW must be provided to Supplier prior to scheduling the commencement of this engagement.

FEES AND EXPENSES

SERVICES BILLING

Time and Materials Fees. Supplier’s rates for all work performed on a time and materials basis will be as follows:

Time & Materials Billing

| | | \$27,340.00 | \$30,300.00 | \$33,260.00 |
|-------------------------|----------|---------------|----------------|----------------|
| | | ▼ | ▼ | ▼ |
| ROLE | RATE | ESTIMATED LOW | ESTIMATED COST | ESTIMATED HIGH |
| EMC/HPE/Nimble Engineer | \$220/Hr | 109 Hrs | 121 Hrs | 133 Hrs |
| Project Manager | \$160/Hr | 21 Hrs | 23 Hrs | 25 Hrs |

BILLING NOTES

- Billing will occur at end of project.
- Services will be invoiced on a Time & Materials basis.
- Estimated hours only. Actual hours will be billed.
- Customer will approve time worked beyond 144 hours.
- Supplier recommends using the "Estimated High" for budgetary purposes.
- Onsite hours will be billed at a minimum of 8 hours per day worked.
- Remote hours will be billed at a minimum of 4 hours per day worked.

EXPENSES BILLING

- Engagement pricing does not include travel expenses.
- Supplier will bill actual travel expenses for airfare, mileage, car rental, hotel and meals.
- Estimated travel expenses are: \$5,530.00

ASSUMPTIONS

This SOW is based on the information currently available to Supplier. Based on our current knowledge, the parties have identified the assumptions set forth below in “**Project Assumptions**” and “**Technical Assumptions**”. If any of these assumptions are invalidated or materially modified during the Project or if Customer wishes to make any changes to the Project, the parties will execute a Change Order to adjust the activities and estimates in this SOW.

GENERAL PROJECT ASSUMPTIONS

- Customer will appoint a project sponsor to oversee the direction of this project. The appointed project sponsor will have decision-making authority over all aspects of the project, including facilitating

commitment of Customer resources and employees, decisions regarding scope management, and issue or conflict resolution.

- Customer understands the success of this project is dependent on the participation of Customer employees: attending facilitated workshops, sharing information, and collecting data as needed to support project activities. Customer understands the need to review interim and final deliverables and report acceptance or discrepancy to Supplier according to the project schedule set forth at the project kickoff.
- Customer will provide adequate, co-located workspace for the engagement participants (both Supplier and Customer resources) with the appropriate system level access.
- Customer will provide network connectivity and Internet access to Supplier as needed.
- Customer will provide elevated network and system credentials prior to arrival.
- Any service, process, product or procedure that is not explicitly and clearly stated in this SOW is outside the scope of the Project.
- This SOW is based on discussions with the Customer and does not take into account any changes to the environment made by the Customer or any third parties since its writing. If a significant change has occurred during this period, a Change Order may be required.
- All Supplier work is based on a (40) hours per week work schedule. Work will be performed during standard business hours, Monday through Friday, 8:30 am - 5:30 pm unless otherwise mutually agreed upon between Supplier and the Customer.
- Any non-standard hours that is required and not documented in this SOW will require a Change Order.

TECHNICAL PROJECT ASSUMPTIONS

- Work will be performed during normal business hours.
- Customer will:
 - Provide engineer with access to the environment.
 - Ensure adequate power, rack space and cooling is available.
 - Provide administrator/root access to pertinent systems.
 - Provide personnel to assist with the racking process at both data centers.
 - Provide required configuration information such as Hostnames, IP Addresses, Netmask, Gateway, DNS, SNMP, and SMTP information.
- Supplier will deliver a single knowledge transfer session to describe the configuration changes. The session will not be a substitute for formal classroom training. The appropriate customer staff will be available for the session, as subsequent knowledge transfer sessions will be billed as a change request.

AUTHORIZATION AND ACCEPTANCE

By signing below, both Supplier and the Customer agree to the Terms and Conditions of this SOW.

AGREED

AGREED

PIVOT TECHNOLOGY SERVICES CORP.

CUERO REGIONAL HOSPITAL

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Upon execution, please submit signed document to PSOperations@pivotts.com



Advisory CTO – Block of Hours

Statement of Work No. SAN-0983a

By and Between

Cuero Regional Hospital
2550 N. Esplanade St.
Cuero, TX 77954

And

Pivot Technology Services Corp.
607 E Sonterra Blvd, Ste 250
San Antonio, TX 78258
(210) 348-9876

Submission Date: 6/9/2020

CONFIDENTIAL & PROPRIETARY
Valid for thirty (30) days from submission date

This SOW is subject to the applicable terms posted at <http://www.pivotts.com/legal> (“Terms and Conditions”), which are hereby incorporated into this SOW by reference. In the event of a conflict between the Terms and Conditions and this SOW, the Terms and Conditions shall control unless the parties expressly agree in writing to deviations which are explicitly stated to supersede the Terms and Conditions.

EXECUTIVE SUMMARY

PROJECT OVERVIEW

Cuero Regional Hospital (“Customer”) hereby engages Pivot Technology Services Corp. (“Pivot”) to perform the services specified herein (the “Services”).

TECHNICAL SUMMARY

Pivot will provide remote and/or onsite consulting and management services to support the Customer’s technical environment on an as-requested basis. Support will be scheduled based on the availability of a qualified Pivot engineer.

BLOCK OF HOURS TERMS

The following points define how the block of hours will be used.

- The hours will be paid for in advance.
- The hours purchased and this agreement will expire 12 months from the date of the executed agreement.
- Unused hours are not refundable.
- Minimum increment for on-site support is 8 hours. Minimum increment for remote support is 1 hour.
- Work scheduled in advanced and cancelled within 48 hours will be charged at the regular time rate.
- Customer may schedule a Pivot resource for services by sending an email to PSOperations@pivotts.com.
- Response time to a service request will be best effort.

SUMMARY OF DELIVERABLES PROVIDED

There are no deliverables associated with this engagement

GENERAL INFORMATION

The Professional Services may be performed on the Customer equipment located at the Customer sites (the "Customer Site") specified below:

- 2550 N. Esplanade St.
Cuero, TX 77954

ASSUMPTIONS

In order to identify and estimate the required tasks and timing for this engagement, certain assumptions need to be made. Based on our current knowledge, the engagement assumptions are identified in the following sections: "General Project Assumptions". If an assumption is invalidated at a later date, then the activities and estimates in the engagement plan should be adjusted accordingly.

GENERAL PROJECT ASSUMPTIONS

- Customer will appoint a project sponsor to oversee the direction of this project. The appointed project sponsor will have decision-making authority over all aspects of the project, including facilitating commitment of Customer resources and employees, decisions regarding scope management, and issue or conflict resolution.
- Customer understands the success of this project is dependent on the participation of Customer employees: attending facilitated workshops, sharing information, and collecting data as needed to support project activities. Customer understands the need to review interim and final deliverables and report acceptance or discrepancy to Supplier according to the project schedule set forth at the project kickoff.
- Customer will provide adequate, co-located workspace for the engagement participants (both Supplier and Customer resources) with the appropriate system level access.
- Customer will provide network connectivity and Internet access to Supplier as needed.
- Customer will provide elevated network and system credentials prior to arrival.
- Any service, process, product or procedure that is not explicitly and clearly stated in this SOW is outside the scope of the Project.
- This SOW is based on discussions with the Customer and does not take into account any changes to the environment made by the Customer or any third parties since its writing. If a significant change has occurred during this period, a Change Order may be required.
- All Pivot work is based on a (40) hours per week work schedule. Work will be performed during standard business hours, Monday through Friday, 8:30 am - 5:30 pm unless otherwise mutually agreed upon between Pivot and the Customer.
- Any non-standard hours that is required and not documented in this SOW will require a Change Order.

FEES AND EXPENSES

BILLING NOTES

- Pivot will invoice Customer in full upon receipt of a signed SOW
- Each hour used will be accounted at the regular rate indicated below.
- Remote support performed between 6:00am and 10:00pm on weekdays will be tracked at the regular rate.
- Customer may purchase additional hours by executing a change order to increase the block of hours.

SERVICES BILLING

| Work Description | Qty | Amount |
|-------------------------|------------|---------------|
| Block of Hours | 80 | \$16,640.00 |

EXPENSE BILLING

- Engagement pricing does not include travel expenses.
- Pivot will bill actual travel expenses for airfare, car rental, hotel and meals if consultant is located outside the Cuero, TX area. Pivot will make every effort to use a local consultant.

AUTHORIZATION AND ACCEPTANCE

By signing below, both Supplier agree to the Terms and Conditions of this SOW.

Pivot Technology Services Corp.

Cuero Regional Hospital

| | |
|------------------|------------------|
| Signature: _____ | Signature: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

Upon execution, please submit signed document to PSOperations@pivotts.com



Pivot Technology Services Corp.
 607 E. Sonterra Blvd
 Ste 250
 San Antonio, TX 78258
 Phone: 210-348-9876 Fax: 210-348-9124

Quotation

| Date | Quote # | Cust # |
|----------|--------------|--------|
| 05/27/20 | SSIQ75549-02 | |

| Sold To: | Ship To: | Sales Representative: |
|--|--|--|
| Ismelda Garza Cuero Regional Hospital (361) 275-6191 igarza@cuerohospital.org | Ismelda Garza Cuero Regional Hospital (361) 275-6191 igarza@cuerohospital.org | Michael Busch Account Executive michael.busch@pivotts.com 210-572-1288 |

| Item # | Part # | Description | Qty | Unit Price | Ext. Price |
|--------|--------------------|--|-----|-------------|-------------|
| 1 | SYSE5602SVENF | VxRail 14G E560 1U1N 2S NVMe ENT AF | 1 | \$12,215.29 | \$12,215.29 |
| 2 | M-PSP-HW-J-003-3Y | PROSUPPORT PLUS VSAN ENT HW SUPP 3 YEAR | 1 | \$11,449.41 | \$11,449.41 |
| 3 | VXR-14G-MGR-DE-4.7 | VxRail Software Image V4.7=MA | 1 | \$0.00 | \$0.00 |
| 4 | TPM1.2MODULEAF | VxRail-500 TPM 1.2 MODULE AF | 1 | \$38.18 | \$38.18 |
| 5 | PS1100WPSF | VxRail-500 DUAL HOTPLG 1100W PS F | 1 | \$508.24 | \$508.24 |
| 6 | INSTLCTRYUSAFR640F | VxRail-500 USA SHIPMOD F | 1 | \$49.87 | \$49.87 |
| 7 | PWR200VRACK | C13-C14 PDU RACK PWR CRD 2M N. AM | 2 | \$0.00 | \$0.00 |
| 8 | RAILKIT1U1NHAF | VxRail-500 A8 RRAILS 2-4POSTRACKS1U1N AF | 1 | \$32.01 | \$32.01 |
| 9 | 2S8HPFANE560165GR | VxRail-500 2S 8 HIGH PERF FAN 165W/GRT | 1 | \$143.53 | \$143.53 |
| 10 | 2SE560HSKDM165OL | VxRail-500 2S E560 165WL HTK DIMM BLNK | 1 | \$16.62 | \$16.62 |
| 11 | PROGD52151SF | VXR INTEL CPU GD 5215 2.5G,10C/20T 1S F | 1 | \$1,218.82 | \$1,218.82 |
| 12 | PROGD52152SF | VXR INTEL CPU GD 5215 2.5G,10C/20T 2S F | 1 | \$1,218.82 | \$1,218.82 |
| 13 | RISER640CNFG2DUAL | VxRail-500 RISER R640 CONFIG2 LP | 1 | \$11.69 | \$11.69 |
| 14 | MEM32GB2933MTF | VxRail Memory 32GB 2933MT RDIMM F | 8 | \$657.65 | \$5,261.20 |



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|----------|--------------|--------|
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| Part # | Description | Qty | Unit Price | Ext. Price |
|--------|--|-----|------------|------------|
| 15 | RDIMM2933INFO VxRail FactoryOrd Rq 2933Mhz RDIMM | 1 | \$0.00 | \$0.00 |
| 16 | CAPSSDSAS3.84TBF VxR 3.84TB Capacity SAS 2.5in SSD F | 4 | \$2,031.76 | \$8,127.04 |
| 17 | DSKLESSNVMECONFIG F VxRail-500 Diskless NVMe Configuration F | 1 | \$0.00 | \$0.00 |
| 18 | CACHEMUDRV800GBF VxR Mixed Use 800GB 2.5 Cache F | 2 | \$811.76 | \$1,623.52 |
| 19 | INSTKITSFPAF HCIA INSTALL KIT 10GBE SFP+ AF | 1 | \$36.94 | \$36.94 |
| 20 | NDCX710QP10GBSFPAF VxRail-500 NDC INTELX710 QP 10Gb SFP+ AF | 1 | \$549.41 | \$549.41 |
| 21 | XCVRSFPSR1G10GAF VxRail-500 TRANSCEIVER LC SR 1G 10G AF | 4 | \$180.00 | \$720.00 |
| 22 | 458-001-937 RECOVERPOINT FOR VM FOR 1-NODE HCIA | 1 | \$0.00 | \$0.00 |
| 23 | M-PSP-SW-D3-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 1 | \$0.00 | \$0.00 |
| 24 | 456-111-959 RECOVERPOINT FOR VM FOR 1-NODE HCIA =IB | 1 | \$0.00 | \$0.00 |
| 25 | 458-002-519 VxRail VMware vSAN Enterprise | 1 | \$0.00 | \$0.00 |
| 26 | M-PSP-SW-J-007 PROSUPPORT PLUS VSAN ENT SW SUPPORT | 1 | \$0.00 | \$0.00 |
| 27 | 456-113-809 VxRail VMware vSANEnterprise 3Y Maint=IG | 2 | \$0.00 | \$0.00 |
| 28 | VXROSGDPROCSF VxRail HCI System Software(G F)=IG | 2 | \$2,407.06 | \$4,814.12 |
| 29 | M-PSP-SW-J-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 1 | \$1,732.94 | \$1,732.94 |
| 30 | VXROS3.84SASF VxR HCI System Software(CAP 3.84 SAS)=CF | 4 | \$901.18 | \$3,604.72 |
| 31 | M-PSP-SW-J-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 1 | \$1,297.65 | \$1,297.65 |
| 32 | 458-002-204 HCIA NP VxRail vSphere Software | 1 | \$0.00 | \$0.00 |
| 33 | M-PSP-SW-J-002 PROSUPPORT PLUS SOFTWARE SUPPORT | 1 | \$1,322.35 | \$1,322.35 |



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|----------|--------------|--------|
| 05/27/20 | SSIQ75549-02 | |

| Part # | Description | Qty | Unit Price | Ext. Price |
|--------|--|-----|-------------|-------------|
| 34 | 456-113-151 HCIA NP VSPH STD 1CPU w/3Yr Maint=IG | 2 | \$816.47 | \$1,632.94 |
| 35 | VXR-14G-MGR-DE-4.7 VxRail Software Image V4.7=MA | 4 | \$0.00 | \$0.00 |
| 36 | SYSE5602SVENF VxRail 14G E560 1U1N 2S NVMe ENT AF | 4 | \$12,215.29 | \$48,861.16 |
| 37 | TPM1.2MODULEAF VxRail-500 TPM 1.2 MODULE AF | 4 | \$38.18 | \$152.72 |
| 38 | PS1100WPSF VxRail-500 DUAL HOTPLG 1100W PS F | 4 | \$508.24 | \$2,032.96 |
| 39 | INSTLCTRYUSAFR640F VxRail-500 USA SHIPMOD F | 4 | \$49.87 | \$199.48 |
| 40 | M-PSP-HW-J-003-3Y PROSUPPORT PLUS VSAN ENT HW SUPP 3 YEAR | 4 | \$11,448.24 | \$45,792.96 |
| 41 | PWR200VRACK C13-C14 PDU RACK PWR CRD 2M N. AM | 8 | \$0.00 | \$0.00 |
| 42 | RAILKIT1U1NHAF VxRail-500 A8 RRAILS 2-4POSTRACKS1U1N AF | 4 | \$32.01 | \$128.04 |
| 43 | RISER640CNFG2DUAL VxRail-500 RISER R640 CONFIG2 LP | 4 | \$11.69 | \$46.76 |
| 44 | PROGD52152SF VXR INTEL CPU GD 5215 2.5G,10C/20T 2S F | 4 | \$1,218.82 | \$4,875.28 |
| 45 | PROGD52151SF VXR INTEL CPU GD 5215 2.5G,10C/20T 1S F | 4 | \$1,218.82 | \$4,875.28 |
| 46 | 2SE560HSKDM165OL VxRail-500 2S E560 165WL HTK DIMM BLNK | 4 | \$16.62 | \$66.48 |
| 47 | 2S8HPFANE560165GR VxRail-500 2S 8 HIGH PERF FAN 165W/GRT | 4 | \$143.53 | \$574.12 |
| 48 | RDIMM2933INFO VxRail FactoryOrd Rq 2933Mhz RDIMM | 4 | \$0.00 | \$0.00 |
| 49 | MEM32GB2933MTF VxRail Memory 32GB 2933MT RDIMM F | 32 | \$657.65 | \$21,044.80 |
| 50 | CAPSSDSAS3.84TBF VxR 3.84TB Capacity SAS 2.5in SSD F | 16 | \$2,031.76 | \$32,508.16 |
| 51 | DSKLESSNVMECONFIG F VxRail-500 Diskless NVMe Configuration F | 4 | \$0.00 | \$0.00 |
| 52 | CACHEMUDRV800GBF VxR Mixed Use 800GB 2.5 Cache F | 8 | \$811.76 | \$6,494.08 |



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|----------|--------------|--------|
| 05/27/20 | SSIQ75549-02 | |

| Part # | Description | Qty | Unit Price | Ext. Price |
|--------|--|-----|------------|-------------|
| 53 | INSTKITSFPAF HCIA INSTALL KIT 10GBE SFP+ AF | 4 | \$36.94 | \$147.76 |
| 54 | NDCX710QP10GBSFPAF VxRail-500 NDC INTELX710 QP 10Gb SFP+ AF | 4 | \$549.41 | \$2,197.64 |
| 55 | XCVRSFPSR1G10GAF VxRail-500 TRANSCEIVER LC SR 1G 10G AF | 16 | \$180.00 | \$2,880.00 |
| 56 | 458-001-937 RECOVERPOINT FOR VM FOR 1-NODE HCIA | 4 | \$0.00 | \$0.00 |
| 57 | M-PSP-SW-D3-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 4 | \$0.00 | \$0.00 |
| 58 | 456-111-959 RECOVERPOINT FOR VM FOR 1-NODE HCIA =IB | 4 | \$0.00 | \$0.00 |
| 59 | 458-002-519 VxRail VMware vSAN Enterprise | 4 | \$0.00 | \$0.00 |
| 60 | M-PSP-SW-J-007 PROSUPPORT PLUS VSAN ENT SW SUPPORT | 4 | \$0.00 | \$0.00 |
| 61 | 456-113-809 VxRail VMware vSANEnterprise 3Y Maint=IG | 8 | \$0.00 | \$0.00 |
| 62 | VXROSGDPROCSF VxRail HCI System Software(G F)=IG | 8 | \$2,407.06 | \$19,256.48 |
| 63 | M-PSP-SW-J-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 4 | \$1,732.94 | \$6,931.76 |
| 64 | VXROS3.84SASF VxR HCI System Software(CAP 3.84 SAS)=CF | 16 | \$901.18 | \$14,418.88 |
| 65 | M-PSP-SW-J-001 PROSUPPORT PLUS SOFTWARE SUPPORT | 4 | \$1,297.65 | \$5,190.60 |
| 66 | 458-002-204 HCIA NP VxRail vSphere Software | 4 | \$0.00 | \$0.00 |
| 67 | M-PSP-SW-J-002 PROSUPPORT PLUS SOFTWARE SUPPORT | 4 | \$1,322.35 | \$5,289.40 |
| 68 | 456-113-151 HCIA NP VSPH STD 1CPU w/3Yr Maint=IG | 8 | \$816.47 | \$6,531.76 |
| 69 | GLC-TE= 1000BASE-T SFP transceiver module for Category 5 copper wire | 8 | \$277.06 | \$2,216.48 |
| 70 | SFP-10G-SR= 10GBASE-SR SFP Module | 6 | \$607.06 | \$3,642.36 |



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| Part # | Description | Qty | Unit Price | Ext. Price | |
|--------|------------------|---|------------|-------------|-------------|
| 71 | SFP-H10GB-CU3M= | 10GBASE-CU SFP+ Cable 3 Meter | 16 | \$64.71 | \$1,035.36 |
| 72 | VS6-EPL-C-T2 | Customer Purchasing Program T2 VMware vSphere 6 Enterprise Plus for 1 processor | 10 | \$3,255.27 | \$32,552.70 |
| 73 | VS6-EPL-3P-SSS-C | Production Support/Subscription VMware vSphere 6 Enterprise Plus for 1 processor for 3 year | 10 | \$2,373.36 | \$23,733.60 |
| 74 | Q8H72A | HPE NS HF20 Hybrid CTO Base Array | 1 | \$25,613.82 | \$25,613.82 |
| 75 | Q8B69B | HPE NS HF20/20C Hybrid 42TB FIO HDD Bndl | 1 | \$22,986.76 | \$22,986.76 |
| 76 | Q8B88B | HPE NS 2x10GbE 2p FIO Adptr Kit | 1 | \$4,268.98 | \$4,268.98 |
| 77 | Q8G27B | HPE NS NOS Default FIO Software | 1 | \$0.01 | \$0.01 |
| 78 | Q8J18A | HPE NS NEMA 5-15 to C13 US FIO Pwr Cord | 2 | \$0.01 | \$0.02 |
| 79 | Q8J27A | HPE NS C13 to C14 FIO Power Cord | 2 | \$0.01 | \$0.02 |
| 80 | R0P02A | HPE NS HF20 8.64TB FIO Cache Bndl | 1 | \$33,100.94 | \$33,100.94 |
| 81 | R3P91A | HPE NS AF/HF Array Standard Trk | 1 | \$0.01 | \$0.01 |
| 82 | HT7A1A3 | HPE NS 3Y NBD Parts Exchange Support | 1 | \$0.00 | \$0.00 |
| 83 | HT7A1A3#ZEE | HPE NS HF20/20C Hybr 42TB HDD Bndl Supp | 1 | \$2,483.09 | \$2,483.09 |
| 84 | HT7A1A3#T6S | HPE NS HF20 8.64TB FIO Cache Bndl Supp | 1 | \$3,642.64 | \$3,642.64 |
| 85 | HT7A1A3#ZEB | HPE NS HF20 Hybrid Base Array Supp | 1 | \$3,642.64 | \$3,642.64 |
| 86 | HT7A1A3#ZET | HPE NS 2x10GbE 2p Adptr Supp | 1 | \$756.79 | \$756.79 |



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Quotation

| Date | Quote # | Cust # |
|----------|--------------|--------|
| 05/27/20 | SSIQ75549-02 | |

| Part # | Description | Qty | Unit Price | Ext. Price |
|--------|-------------|-----|---------------------|---------------------|
| | | | Sub Total | \$447,798.09 |
| | | | Estimated Shipping | \$0.00 |
| | | | Estimated Sales Tax | \$0.00 |
| | | | Total | \$447,798.09 |

| |
|----------------|
| Quote # |
| SSIQ75549-02 |

Accepted by: _____ Date: _____ PO: _____

This quote is governed by the written agreement executed between the parties for the purchase of products and services. If no such agreement has been signed, then you agree that by authorizing an order for products and/or services, you are bound by the Standard Terms and Conditions located at <https://www.pivotts.com/legal/standard-terms-and-conditions-of-sale>. If you object to these terms, you must notify us within ten (10) days of receipt of this form.

Texas DIR Customers Please Note

If your Order is being placed pursuant to a Texas DIR Contract, your Order is subject to the Terms and Conditions of that Contract and the above Terms and Conditions do not apply to your Order. Please refer to the specific DIR Contract(s) covering the Products on this Quote for further details.

AGENDA ITEM #3

Capital Expenditure Request to Replace 24 Bedside Tables and 24 Bedside Cabinets for Med/Surg Unit – Review and Take Appropriate Action

Proposals Attached:

| | |
|----------|-------------------------|
| Stryker | \$22,756.98 Recommended |
| Hill-Rom | \$23,957.76 |
| Novum | \$21,985.20 |

2020 08 27

| | | |
|---|--|---|
| HOSPITAL/ENTITY Cuero Regional Hospital | | |
| Medical/Surgical Nursing Unit | | 3/9/2020 |
| Is the requested purchase in compliance with the Healthtrust GPO? Yes | | |
| D | PROJECT NAME | now |
| E | PROJECT DESCRIPTION | PURPOSE FOR REQUEST |
| S | Replacing 24 Bedside Tables and 24 Bedside Cabinets for the Med/Surg Unit | New Service <input type="checkbox"/> |
| C | | Replacement <input checked="" type="checkbox"/> |
| R | | Code Compliance <input type="checkbox"/> |
| J | JUSTIFICATION <i>Indicate present situation, need for the item requested and alternative considerations.</i> | |
| P | Replacement of equipment that is greater than 25 years old | |
| T | BUDGET REFERENCE | Amount Budgeted |
| I | BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i> | \$32,000.00 |
| O | The CRH volunteers will utilize a donation of \$15,000.00 and add an additional \$7,756.98 to purchase the | |
| N | 24 bedside tables and 24 bedside cabinets for the Med/Surg Nursing Unit. Total \$22,756.98 | |
| F | EQUIPMENT/PROJECT COSTS | ASSET DISPOSITION DATA |
| I | | Description of Disposed Assets: |
| N | Attach copies of proposals | |
| A | | BOOK VALUE OF DISPOSED ASSET |
| N | | |
| C | | METHOD OF DISPOSITION |
| I | | |
| A | | Trade In <input type="checkbox"/> |
| L | | Sale <input type="checkbox"/> |
| A | | Abandonment <input checked="" type="checkbox"/> |
| L | | |
| A | RECOMMENDATION (Check one) | |
| U | | |
| T | DEPARTMENT HEAD | DATE: 3/9/2020 |
| H | <i>Rebecca Murray</i> | |
| O | SLT LEADER | DATE: 3/10/2020 |
| R | <i>J. Krupalak</i> | |
| I | CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER | DATE: 3/10/20 |
| Z | <i>Alma Aldender</i> | |
| A | | DATE: _____ |
| T | | |
| I | | |
| O | | |
| N | | |
| N | Board Member Signature if greater than \$5,000 | |

CUERO REGIONAL HOSPITAL NURSING ADMINISTRATION REQUISITION FORM

VENDOR: STRYKER

REQUISITION DATE: 5/5/2020

ADDRESS: P.O. Box 93308
Chicago, IL 60673-3308

Meditech P.O. No. Issued _____

PHONE: email: michael.gorey@stryker.com

Manual P.O. No. Issued _____

Product

Service

Subscription

Reimbursement

| QTY. | PKG. | HOSPITAL ITEM # | VENDOR CATALOG # | DESCRIPTION | PRICE PER UNIT | TOTAL |
|---|------|--------------------|---------------------|--|-------------------|--------------------|
| 24 | | Color-Pearwood | 4810000000 | Michael Graves Overbed Table | \$490.03 | \$11,760.72 |
| 24 | | Color-FineOak | 4400600000 | Stryker PREMIER 1Drawer/1 Door Bedside Stand | \$435.05 | \$10,441.20 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Shipping and Handling | | \$555.06 |
| COMMENT OR EXPLANATION: | | | | | TOTAL | \$22,756.98 |
| <p>The CRH Volunteers will utilize a donation of \$15,000.00 and add an additional \$7,756.98 to purchase the 24 bedside tables and 24 bedside cabinets</p> <p><u>You must secure purchase order number from Purchasing Dept. before ordering.</u></p> | | | | | | |

Rebecca Murray
Manager's Request

03/09/2020
Date

Requesting Department (to be charged)/EOC

SLT Approval

Date

Materials Management Director

aga 3/10/20
CFO Approval

Date

Date Received



Quick Quote 3/4/2020 4:32 PM

Quote Number: 10153176
Version: 1
Prepared For: CUERO REG HOSP
Attn:

Remit to: P.O. Box 93308
Chicago, IL 60673-3308
Rep: Michael Gorey
Email: michael.gorey@stryker.com
Phone Number:

GPO: HealthTrust
Quote Date: 03/04/2020
Expiration Date: 06/02/2020

Delivery Address

End User - Shipping - Billing

Bill To Account

| | | | | | |
|------------|---|------------|---|------------|---|
| Name: | CUERO REG HOSP | Name: | CUERO REG HOSP | Name: | CUERO REG HOSP |
| Account #: | 1078969 | Account #: | 1078969 | Account #: | 1078969 |
| Address: | 2550 N ESPLANADE CUERO Texas 77954-4736 | Address: | 2550 N ESPLANADE CUERO Texas 77954-4736 | Address: | 2550 N ESPLANADE CUERO Texas 77954-4736 |

Equipment Products:

| # | Product | Description | Qty | Sell Price | Total |
|-------------------------|------------|--------------------------------|-----|------------|--------------------|
| 1.0 | 4810000000 | Michael Graves Overbed Table | 24 | \$490.03 | \$11,760.72 |
| 1.1 | 4810099001 | MG/SYK 4810 OBT, COLOR OPT A | | | |
| 1.2 | 4810010001 | ASSM, WINDSOR MAHOGANY | | | |
| 1.3 | 4810510010 | Std Pkg | | | |
| 1.4 | 4810019001 | Manual | | | |
| 1.5 | 7777772101 | WARRANTY, FURNITURE, 3 YEARS | | | |
| 2.0 | 4400600000 | Premier 1 Drawer / 1 Door | 24 | \$435.05 | \$10,441.20 |
| 2.1 | 4400600001 | Premier 1 Drawer / 1 Door | | | |
| 2.2 | 8100503001 | Facing Unit - Hinge on Right | | | |
| 2.3 | 4400099044 | Polished Brass | | | |
| 2.4 | 4400099680 | Spill Containment Top | | | |
| 2.5 | 4400099441 | Hardrock Maple | | | |
| 2.6 | 7777772100 | Std: 1 Year Parts/Labor/Travel | | | |
| Equipment Total: | | | | | \$22,201.96 |

Price Totals:

| | |
|-------------------------------|--------------------|
| Estimated Sales Tax (0.000%): | \$0.00 |
| Freight/Shipping: | \$555.06 |
| Grand Total: | \$22,757.02 |



Quick Quote 3/4/2020 4:32 PM

Quote Number: 10153176
Version: 1
Prepared For: CUERO REG HOSP
Attn:

Remit to: P.O. Box 93308
Chicago, IL 60673-3308
Rep: Michael Gorey
Email: michael.gorey@stryker.com
Phone Number:

GPO: HealthTrust

Quote Date: 03/04/2020

Expiration Date: 06/02/2020

Prices: In effect for 60 days.

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

AUTHORIZED CUSTOMER SIGNATURE

DENDING APPROVAL

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-Stryker.

In the event of any conflict between Stryker Medical's Standard Terms and Conditions and any other terms and conditions, as may be included in any purchase order or purchase contract, Stryker's terms and conditions shall govern.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.

Bedside Stands

Medical



Contemporary

\$435.05

Concealed casters enhance aesthetics and help protect casters from breaking

Removable drawers and plastic drawer liners are extremely durable and make the stands easy to clean

Steel drawer frames and hinges come with a lifetime warranty

Specialized thermoform process creates a seam-free finish on top and front panels

Vented back allows moisture and odors within to air out

Raised edges on top prevents spills and facilitates cleaning

Designs for a Healing Environment

Durable yet elegant, Stryker bedside stands are designed to meet the demanding needs of today's clinical environment. With five unique styles and a variety of laminate and hardware options, these bedside stands provide design latitude to coordinate your patient suites.



Legend™

Premier™

Shaker

Traditional

↳ Drawer + Door

Bedside Stands

stryker[®]



Medical

3800 E. Centre Ave.
Portage, MI 49002
t: 269 329 2100 f: 269 329 2311
toll free: 800 787 9537

www.stryker.com

Legend Standard Features

- Concealed 1.5" (4 cm) dual-wheel casters
- Finished edges
- Plastic drawers and drawer frames
- Polished chrome or brass pull handles
- Solid T-band edgemold
- Vented back

Shaker Standard Features

- Concealed 1.5" (4 cm) twin-wheel casters
- Finished edges
- Removable drawers and plastic drawer liners
- Vented back
- Steel drawer frames and glides
- Thermoform drawer fronts and top
- Round brushed stainless or antique brass knobs
- Recessed drawer and door panels

Specifications

| • Style | Legend | Premier | Contemporary | Shaker | Traditional |
|------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Part #4400-500/503-000 | Part #4400-600/603-000 | Part #4400-800/803-000 | Part #4400-840/843-000 | Part #4400-880/883-000 |
| | 1 Drawer with 1 Door/3 Drawer | 1 Drawer with 1 Door/3 Drawer | 1 Drawer with 1 Door/3 Drawer | 1 Drawer with 1 Door/3 Drawer | 1 Drawer with 1 Door/3 Drawer |
| • Overall Width | 18.5" (47 cm) | 19.75" (50 cm) | 20" (51 cm) | 19.25" (49 cm) | 19.25" (49 cm) |
| • Overall Height | 30.5" (77 cm) | 30.5" (77 cm) | 30.5" (77 cm) | 30.5" (77 cm) | 30.5" (77 cm) |
| • Overall Depth | 18" (46 cm) | 19.75" (50 cm) | 20" (51 cm) | 18.5" (47 cm) | 18.5" (47 cm) |
| • Weight | 80 lbs (36 kg) | 80 lbs (36 kg) | 80 lbs (36 kg) | 80 lbs (36 kg) | 80 lbs (36 kg) |

- BIFMA modified static load testing up to 250 lbs.

Stryker reserves the right to change specifications without notice.
Furniture is manufactured for Stryker Medical.

Optional Features

- Three-drawer or drawer/door configuration
- Spill containment top (excluding Legend)
- Continuous pull handles (Premier and Contemporary models only)
- Key or slam lock on top drawer
- Choose from seven standard laminates

Custom Capabilities

- Custom capabilities available - please contact your Stryker sales representative

Premier Standard Features

- Concealed 1.5" (4 cm) dual-wheel casters
- Finished edges
- Removable drawers and plastic drawer liners
- Polished chrome or brass pull handles
- Raised spill containment top
- Vented back
- Steel drawer frames and glides

Traditional Standard Features

- Concealed 1.5" (4 cm) twin-wheel casters
- Finished edges
- Removable drawers and plastic drawer liners
- Vented back
- Steel drawer frames and glides
- Thermoform drawer fronts and top
- Polished chrome or brass pull handles
- Raised drawer and door panels

Contemporary Standard Features

- Concealed 1.5" (4 cm) dual-wheel casters
- Finished edges
- Removable drawers and plastic drawer liners
- Vented back
- Steel drawer frames and glides
- Thermoform drawer fronts and top
- Stainless steel pull handles

Warranty

- One year parts and labor
- Lifetime warranty on steel drawer frames and hinges

Copyright © 2005 Stryker
LSS-457-13E
PC/SCG-7.5M-0907
Mkt Lit-96-02022005 Rev E

Michael Graves with Stryker Overbed Table



Working together to redefine the healthcare environment

Simplified, streamlined, and incredibly lightweight, the Michael Graves with Stryker Overbed Table is designed for ease of use, mobility and easy cleaning. A large, welcoming surface provides plenty of space for personal items while obvious touch-points allow users to position the table to their comfort.

\$490.05



Combined with a sleek look, and less bulk, beautifully crafted hospitality handles allow caregivers and patients to more easily position the table for maximum use.



The U-shaped base fits easily around even the latest mobility solutions on beds and stretchers. A low profile allows for placement under recliners and side seating.



Intuitive activation handle allows users to move the table top easily with one hand. Simply push up or down to lift and lower.



Dura-Edge perimeter provides spill containment and durability over the life of the table

Ergonomic activation handle allows patients to easily raise and lower the table

U-shaped base slides around advanced mobility solutions on beds and stretchers without assistance and is compatible with most patient room equipment

High-impact polystyrene cover protects the base and conceals the casters



Michael Graves with Stryker Overbed Table

Standard features

- Concealed 1.46" (3.7 cm) dual-wheel casters
- No-grasp height adjustment handle
- Dura-Edge Spill containment top
- Hospitality handle

Optional features

- Choose from four standard color configurations

Specifications

| | |
|--------------------------|-------------------|
| Model number | 4810-000-000 |
| Height | |
| High | 43.75" (111.1 cm) |
| Low | 27.75" (70.5 cm) |
| Safe working load | 20 lbs. (9 kg) |
| Weight | 45 lbs (20.4 kg) |
| Table top | |
| Length | 36.5" (92.7 cm) |
| Width | 21.25" (54 cm) |
| Base | |
| Height | 2" (5.1 cm) |
| Length | 20" (50.8 cm) |
| Width | 16" (40.6 cm) |
| Caster diameter | 1.46" (3.7 cm) |

Warranty

Three years parts and labor

Mkt Lit-487 22 NOV 2010 REV B
Copyright © 2018 Stryker
Printed in U.S.A.

3800 E. Centre Avenue
Portage, MI 49002 USA
t: 269 329 2100
toll free: 800 327 0770

stryker.com

Stryker reserves the right to change specifications without notice.

*20 lb. safe working load.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Stryker. All other trademarks are trademarks of their respective owners or holder.

Michael Graves Color Options



Combo A

1. Windsor Mahogany
2. Frosty White
3. Charleston Gray
4. Dark Gray



Combo B

1. Manitoba Maple
2. Frosty White
3. Stony Ground
4. Stone Gray



Combo C

1. Antique Whitewash
2. Western Iron
3. Stony Ground
4. Stone Gray



Combo D

1. Pearwood
2. Frosty White
3. Charleston Gray
4. Dark Gray



Combo E

1. Antique Whitewash
2. Windsor Mahogany
3. Charleston Gray
4. Stone Gray



AGENDA ITEM #4

Capital Expenditure Request to Repaint the Front Purple Sections of Hospital – Review and Take Appropriate Action

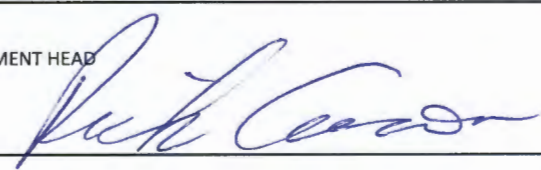
Proposals Attached:

| | |
|-------------------|--------------------------------|
| McMahan | \$10,900.00 Recommended |
| Ortiz C | \$11,450.00 |
| Richards P | No Bid |

| | | |
|---|--|-------------------------|
| HOSPITAL/ENTITY | | |
| DEPARTMENT Maintenance | | DATE PREPARED 7/22/2020 |
| Is the requested purchase in compliance with the Healthtrust GPO? | | |

| | | | |
|---|---------------------|---|--|
| D E S C R I P T I O N | PROJECT NAME | Repaint the Front Purple Sections of Hospital | DESIRED DELIVERY/START DATE |
| | PROJECT DESCRIPTION | Power wash the (4) Purple Areas of the Building and Repaint with Hospital supplied paint | 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> | |
| | | Purple paint has faded and needs an up-grade | |
| | BUDGET REFERENCE | | Amount Budgeted |
| | BUDGET LINE ITEM | <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i> | |

| | | | | | | |
|---|-------------------------------------|----------------------------|--------------------------|------------|--------------------------------------|-----------------------------------|
| F I N A N C I A L | EQUIPMENT/PROJECT COSTS | Attach copies of proposals | | | ASSET DISPOSITION DATA | |
| | | Bid #1 | Bid #2 | Bid #3 | Description of Disposed Assets: | |
| | Name of Bidder | McMahan | Ortiz C | Richards P | | |
| | Land and/or Acquisition | | | | BOOK VALUE OF DISPOSED ASSET | |
| | Construction | | | | | |
| | Equipment | | | | METHOD OF DISPOSITION | Trade In <input type="checkbox"/> |
| | TOTAL COSTS | \$10,900.00 | \$11,450.00 | No Bid | | 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: 7/22/2020 |
| | SLT LEADER | | DATE: _____ |
| | CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER | | DATE: _____ |
| | Board Member Signature if greater than \$5,000 | | DATE: _____ |

MCPAHAN SERVICES, LTD

269 US HWY 183 SOUTH
 CUERO, TX 77954

Estimate

| | |
|----------|------------|
| Date | Estimate # |
| 7/7/2020 | 936 |

| |
|--|
| Name / Address |
| Cuero Regional Hospital 2550 N Esplanade Cuero, TX 77954 |

| |
|----------------|
| Project |
| |

| Description | Qty | Rate | Total |
|---|-----|-----------|-----------|
| Labor material and equipment to power wash four purple areas of building and repaint with supplied purple paint | | 10,900.00 | 10,900.00 |

| | | |
|-------------------------|--|-------------|
| Subtotal | | \$10,900.00 |
| Sales Tax (0.0%) | | \$0.00 |
| Total | | \$10,900.00 |

From: Jim Nelson <hotmix911@yahoo.com>
Date: July 18, 2020 at 10:07:28 AM CDT
To: paulcampos57@yahoo.com
Subject: **Painting Cuero regional hospital**

Doing 4 purple areas only on Cuero regional hospital Cuero Texas
Front side only by Highway 183 not on back side
Cleaning purple area only Area 1 Cuero medical plaza Area 2 Cuero
regional hospital
Area 3 quality care close to home
Area 4 education of classroom
Wall clean
Check mortar
paint or tape up signs mask off
Roll. brush
Hospital Furnish purple paint
Furnish labor and equipment
\$11450
Half at start
Balance at completion

Nelson Construction
979-637-6647
P.O. Box 1110
Wharton Texas 77488

AGENDA ITEM #5

Capital Expenditure Request for LifePak 15 Cardiac Monitor – Review and Take Appropriate Action

Proposals Attached:

LifePak **\$31,392.77 Recommended**

**Equipment is \$31,392.77 with trade in of \$2,500.00, Net Capital
required will be \$28,892.77.**



CueroLP20ereplacement

Quote Number: 10104085

Version: 1

Prepared For: CUERO REG HOSP

Attn: Judy Krupala, RN, MSN, FNPC

judyk@cuerohospital.org

361-275-6191

GPO: HealthTrust

Quote Date: 12/27/2019

Expiration Date: 01/31/2020

Remit to: P.O. Box 93308

Chicago, IL 60673-3308

Rep: Hiram Tavarez

Email: hiram.tavarez@stryker.com

Phone Number: (210) 559-5852

Delivery Address

Name: CUERO REG HOSP

Account #: 1078969

Address: 2550 N ESPLANADE

CUERO

Texas 77954-4736

End User - Shipping - Billing

Name: CUERO REG HOSP

Account #: 1078969

Address: 2550 N ESPLANADE

CUERO

Texas 77954-4736

Bill To Account

Name: CUERO REG HOSP

Account #: 1078969

Address: 2550 N ESPLANADE

CUERO

Texas 77954-4736

Equipment Products:

| # | Product | Description | Qty | Sell Price | Total |
|------|--------------|--|-----|------------------|-------------|
| 1.0 | 99577-001957 | LIFEPAK 15 V4 Monitor/Defib - Manual & AED, Trending, Noninvasive Pacing, SpO2, SpCO, NIBP, 12-Lead ECG, EtCO2, BT. | 1 | \$28,300.76 | \$28,300.76 |
| 2.0 | 41577-000288 | Ship Kit -QUIK-COMBO Therapy Cable; 2 rolls100mm Paper; RC-4, Patient Cable, 4ft.; NIBP Hose, Coiled; NIBP Cuff, Reusable, adult; 12-Lead ECG Cable, 4-Wire Limb Leads, 5ft; 12-Lead ECG Cable, 6-Wire Precordial attachment | 1 | \$0.00 | \$0.00 |
| 3.0 | 21330-001176 | LP 15 Lithium-ion Battery 5.7 amp hrs | 4 | \$328.38 | \$1,313.52 |
| 4.0 | 11140-000015 | AC power cord | 1 | \$56.59 | \$56.59 |
| 5.0 | 11577-000004 | Station Battery Charger - For the LP15 | 1 | \$1,301.57 | \$1,301.57 |
| 6.0 | 11260-000039 | LIFEPAK 15 Carry case back pouch | 1 | \$56.59 | \$56.59 |
| 7.0 | 11160-000001 | NIBP CUFF-REUSEABLE,INFANT | 1 | \$16.40 | \$16.40 |
| 8.0 | 11160-000003 | NIBP CUFF-REUSEABLE,CHILD | 1 | \$18.86 | \$18.86 |
| 9.0 | 11160-000005 | NIBP CUFF-REUSEABLE,ADULT | 1 | \$22.96 | \$22.96 |
| 10.0 | 11160-000009 | NIBP CUFF- REUSEABLE,X-LARGE ADULT | 1 | \$37.72 | \$37.72 |
| 11.0 | 11996-000330 | RAINBOW RPC-10,PATIENT CABLE,10FT,REF 2274 | 1 | \$0.00 | \$0.00 |
| 12.0 | 11110-000042 | DEC-4 Cable Extension: 4' | 1 | \$47.82 | \$47.82 |
| 13.0 | 11577-000002 | LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device | 1 | \$219.98 | \$219.98 |
| | | | | Equipment Total: | \$31,392.77 |

Trade In Credit:



CueroLP20ereplacement

Quote Number: 10104085

Version: 1

Prepared For: CUERO REG HOSP

Attn: Judy Krupala, RN, MSN, FNPC

judyk@cuerohospital.org

361-275-6191

GPO: HealthTrust

Quote Date: 12/27/2019

Expiration Date: 01/31/2020

Remit to: P.O. Box 93308

Chicago, IL 60673-3308

Rep: Hiram Tavarez

Email: hiram.tavarez@stryker.com

Phone Number: (210) 559-5852

| Product | Description | Qty | Credit Ea. | Total Credit |
|--------------|---|-----|-------------|--------------|
| 50994-000107 | Trade in of LIFEPAK 12 Biphasic 3 features towards the purchase of a Stryker device | 1 | -\$2,500.00 | -\$2,500.00 |

Price Totals:

| | |
|--------------|-------------|
| Grand Total: | \$28,802.77 |
|--------------|-------------|

Prices: In effect for 60 days.

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

AUTHORIZED CUSTOMER SIGNATURE

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

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AGENDA ITEM #6

Capital Expenditure Request of a GlideScope Device – Review and Take Appropriate Action

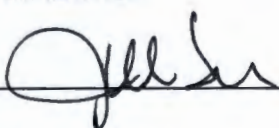
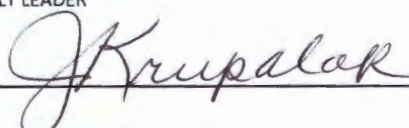
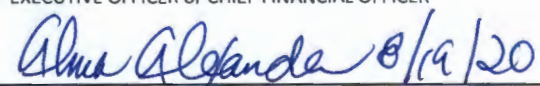
Proposals Attached:

Verathon

\$22,540.99 Recommended

2020 08 27

CAPITAL EXPENDITURE REQUEST

| | | | |
|---|---|---|--|
| HOSPITAL/ENTITY Cuero Regional Hospital | | | |
| DEPARTMENT OR / COVID UNIT | | DATE PREPARED 8/18/20 | |
| Is the requested purchase in compliance with the Healthtrust GPO? | | | |
| D E S C R I P T I O N | PROJECT NAME COVID UNIT Video Laryngoscopy Device | DESIRED DELIVERY/START DATE ASAP | |
| | PROJECT DESCRIPTION Video Laryngoscopy is the Preferred Method for Intubating Critically Ill COVID Patients. | PURPOSE FOR REQUEST New Service <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Code Compliance <input type="checkbox"/> | |
| | JUSTIFICATION <i>Indiate present situation, need for the item requested and alternative considerations.</i> Currently there is no dedicated videolaryngoscopy in Covid Unit. | | |
| | BUDGET REFERENCE | Amount Budgeted 0 | |
| | BUDGET LINE ITEM <i>IF NOT BUDGETED, WHY IS IT NEEDED AT THIS TIME?</i> | | |
| F I N A N C I A L | EQUIPMENT/PROJECT COSTS | Attach copies of proposals | ASSET DISPOSITION DATA |
| | | Bid #1 Bid #2 Bid #3 | Description of Disposed Assets: |
| | Name of Bidder | Verathon | |
| | Land and/or Acquisition | | |
| | Construction | | BOOK VALUE OF DISPOSED ASSET |
| | Equipment | \$22,540.99 | METHOD OF DISPOSITION |
| | TOTAL COSTS | | Trade In <input type="checkbox"/> Sale <input type="checkbox"/> Abandonment <input type="checkbox"/> |
| Less Trade In | | | |
| NET CAPITAL REQUIRED | \$22,540.99 | | |
| RECOMMENDATION (Check one) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A U T H O R I Z A T I O N | DEPARTMENT HEAD | | |
| |  | DATE: 8-19-20 | |
| | SLT LEADER | | |
| |  | DATE: 8-19-2020 | |
| CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER | | | |
|  | DATE: 8/19/20 | | |
| Only one bid is presented because this system will enhance our current equipment. Our ER and Anesthesia providers utilize and prefer this system. This system will give the providers more capabilities with their skill levels being unaffected. | | | |
| | | | DATE: |
| Board Member Signature if greater than \$5,000 | | | |

CUERO REGIONAL HOSPITAL NURSING ADMINISTRATION REQUISITION FORM

VENDOR: Verathon Medical

REQUISITION DATE: 8/18/20

ADDRESS: 20001 N. Creek Parkway
Bothell Wa, 98011

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 | | | | Glidescope | \$17,890.61 | \$17,890.61 |
| 1 | | | | Cable | \$4,650.38 | \$4,650.38 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| COMMENT OR EXPLANATION: | | | | | TOTAL | \$22,540.99 |

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

J. Krupalak
Manager's Request

8-19-20
Date

Requesting Department (to be charged)/EOC

J. Krupalak
SLT Approval

8/19/20
Date

Materials Management Director

aga 8/19/20
CFO Approval

Date

Date Received



GlideScope

To: Cuero Community Hospital
 Attn: Accounts Payable
 2550 N Esplanade St
 Cuero, TX 77954
 Name: Mr. Andrew Armondo
 Phone: 361-275-6191

Account Number 90524
 Contract HRG-7376
 Quote Number 00167708
 Created Date 7/1/2020
 Expiration Date 7/31/2020

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

Please Email or Fax Purchase Order to:

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

| Quantity | Product | Product Code | Sales Price | Total Price |
|-----------------------|--|--------------|---------------|----------------------|
| 1.00 | GlideScope, Titanium, LoPro, T4 | 0574-0148 | USD 4,529.25 | USD 4,529.25 |
| 1.00 | GS Core VB Lg, Prem WS + BFlex - Includes 10" Monitor, Smart Cbl, VB 2.0 Lg & QuickConnect Cbl | 0270-0993 | USD 12,631.90 | USD 12,631.90 |
| 1.00 | GS Core Video Cable - Connects to Titanium Reusable Blades | 0800-0604 | USD 479.46 | USD 479.46 |
| Subtotal | | | USD 17,640.61 | |
| Sales Price | | | USD 17,640.61 | |
| Shipping and Handling | | | USD 250.00 | |
| Grand Total | | | | USD 17,890.61 |



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

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



GlideScope

To: Cuero Community Hospital
 Attn: Accounts Payable
 2550 N Esplanade St
 Cuero, TX 77954
 Name: Mr. Andrew Armondo
 Phone: 361-275-6191

Account Number 90524
 Contract HPG-7376
 Quote Number 00168571
 Created Date 7/13/2020
 Expiration Date 7/31/2020

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

Please Email or Fax Purchase Order to:
 Susan Storm
susan.storm@verathon.com
 Phone: (832) 712-4796
 Fax: 866-729-5484

| Quantity | Product | Product Code | Sales Price | Total Price |
|----------|----------------------|--------------|-----------------------|---------------------|
| 1.00 | Spectrum Smart Cable | 0800-0544 | USD 4,620.38 | USD 4,620.38 |
| | | | Subtotal | USD 4,620.38 |
| | | | Sales Price | USD 4,620.38 |
| | | | Shipping and Handling | USD 30.00 |
| | | | Grand Total | USD 4,650.38 |



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

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

AGENDA ITEM #7

Request to Authorize Matheson Service Contract – Review and Take Appropriate Action

2020 08 27

AGENDA ITEM #8

**Request to Authorize Beckman Coulter
Equipment Lease – Review and Take
Appropriate Action**

2020 08 27

AGENDA ITEM #9

**Quarterly QA/Risk Management – Review
and Take Appropriate Action**

2020 08 27

QUALITY ASSESSMENT REPORT 2020

| INDICATORS | | JAN | FEB | MAR | 1st | APR | MAY | JUNE | 2nd | JULY | AUG | SEPT | 3rd | OCT | NOV | DEC | 4th | 2020 | 2019 |
|-------------------------------|--------------------------------|-------|------|------|------|------|------|-------|------|------|-----|------|-----|-----|-----|-----|-----|------|------|
| SURGICAL CASE REVIEW | Post Op Complications(SSI) | 1 | 0 | 2 | 3 | 1 | 1 | 0 | 2 | | | | | | | | | | |
| | Surgical Incidents | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | | | | | | | | | |
| | C-Section Rates | 28.6% | 38% | 20% | 29% | 29% | 25% | 0% | 18% | | | | | | | | | | |
| BLOOD USAGE REVIEW | Number of Blood Transfusion | 32 | 24 | 25 | 81 | 20 | 17 | 24 | 61 | | | | | | | | | | |
| | Blood use not meeting criteria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | |
| | Transfusion reactions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | |
| DRUG USAGE REVIEW | Minor Drug Reactions | 1 | 1 | 1 | 3 | 2 | 0 | 3 | 5 | | | | | | | | | | |
| | Major Drug Reactions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | |
| | % Medication Overrides | 9.3% | 6.5% | 7.1% | 7.6% | 9.5% | 8.8% | 8.2% | 8.8% | | | | | | | | | | |
| MEDICAL RECORDS | % Delinquency | 12% | 4% | 7% | 7.7% | 19% | 5% | 6% | 10% | | | | | | | | | | |
| | % Provider Entry Orders | 71% | 76% | 76% | 74% | 76% | 76% | 69% | 74% | | | | | | | | | | |
| INFECTION CONTROL | HAI Rate | 0.5% | 0.3% | 0.7% | 0.5% | 0.3% | 0% | 0% | 0.1% | | | | | | | | | | |
| | Surgical Site Infection Rate | 1% | 0% | 3% | 1.3% | 3.4% | 0% | 0% | 1.1% | | | | | | | | | | |
| | CLABSI/CAUTI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | |
| | Handwashing Compliance | 94% | 89% | 90% | 91% | 96% | 96% | 93% | 95% | | | | | | | | | | |
| QUALITY OF CARE REVIEW | Readmission within 30 Days | 3 | 1 | 2 | 6 | 3 | 3 | 7 | 13 | | | | | | | | | | |
| | Readmission rate | 3.5% | 1.7% | 3.3% | 2.8% | 4.9% | 4.1% | 11.9% | 7.0% | | | | | | | | | | |
| | Total # of EMS "911 calls" | 138 | 132 | 126 | 396 | 126 | 132 | 147 | 405 | | | | | | | | | | |
| | EMS Bypass | 16 | 12 | 14 | 42 | 26 | 20 | 21 | 67 | | | | | | | | | | |

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

CUERO REGIONAL HOSPITAL - RISK MANAGEMENT REPORT 2020

| EMPLOYEE INCIDENTS | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | 2020 | 2019 |
|-------------------------------------|----------|----------|----------|----------|----------|----------|------|-----|------|-----|-----|-----|------|------|
| Falls | 0 | 0 | 1 | 1 | 1 | 2 | | | | | | | | |
| Strain/Sprain | 0 | 0 | 4 | 1 | 0 | 1 | | | | | | | | |
| Skin Tear/Cut | 1 | 2 | 0 | 0 | 1 | 0 | | | | | | | | |
| Needlestick/Sharps Issue | 0 | 0 | 0 | 1 | 1 | 1 | | | | | | | | |
| Exposure | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | |
| Other | 0 | 1 | 1 | 1 | 0 | 1 | | | | | | | | |
| TOTAL | 1 | 3 | 7 | 4 | 3 | 6 | | | | | | | | |
| Lost Time Injury days | 23 | 18 | 0 | 17 | 4 | 6 | | | | | | | | |
| FTE's Worked | 297.4 | 281.87 | 300.78 | 275.26 | 325.65 | 309.71 | | | | | | | | |
| % of Employees Injuries | 0.3% | 1.6% | 2.3% | 1.5% | 0.9% | 1.9% | | | | | | | | |
| PATIENT INCIDENTS | | | | | | | | | | | | | | |
| Fall w/o injury or minor | 1 | 0 | 0 | 1 | 4 | 0 | | | | | | | | |
| Falls with Serious Injury | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | |
| Medication Errors | 2 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Treatment Errors | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | |
| Other | 0 | 0 | 0 | 3 | 2 | 1 | | | | | | | | |
| TOTAL | 3 | 0 | 0 | 4 | 6 | 3 | | | | | | | | |
| Patient Grievances | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Identification Incidents | 2 | 2 | 1 | 0 | 0 | 1 | | | | | | | | |
| CLINIC INCIDENTS | | | | | | | | | | | | | | |
| Falls | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Medication Errors | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Treatment Errors | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Other | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | | | |
| OUTPATIENT/VISITOR INCIDENTS | | | | | | | | | | | | | | |
| Falls | 1 | 3 | 1 | 0 | 0 | 0 | | | | | | | | |
| Other | 1 | 0 | 0 | 1 | 2 | 0 | | | | | | | | |
| SAFETY/SECURITY | | | | | | | | | | | | | | |
| Theft (Including Alleged) | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | | | |
| Property Damage/Vandalism | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | | | |
| Disorderly Person | 0 | 1 | 0 | 0 | 0 | 1 | | | | | | | | |
| Other | 7 | 4 | 4 | 1 | 0 | 2 | | | | | | | | |
| PHYSICIAN INCIDENTS | | | | | | | | | | | | | | |
| Complaints-Staff Physicians | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Complaints-ER Physicians | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Provision of Care | 2 | 3 | 1 | 1 | 2 | 6 | | | | | | | | |
| PROFESSIONAL CONDUCT | | | | | | | | | | | | | | |
| Physicians | 1 | 0 | 1 | 0 | 0 | 1 | | | | | | | | |
| Staff | 6 | 6 | 3 | 1 | 2 | 1 | | | | | | | | |