HASKELL COUNTY HOSPITAL DISTRICT BOARD MEETING MINUTES – OCTOBER 28, 2025

Haskell County Hospital District Board held its regularly scheduled monthly meeting on October 28th at 6:00 PM in the Haskell Hospital Education Building at 1 Avenue N, Haskell, Texas, per the Open Meetings Act.

Attending: President Robbie Peiser, Vice President Amy Martin, Secretary Darlene Hopkins, Member Reida Penman, Member Lynn Dale Dudensing, CEO Michelle Stevens, COO Mary Belle Olson, ACNO Dana Myers, CFO Elizabeth Miller, Controller Crystal Molina, Compliance RN Meri Combs, Infection Control RN Holly Sells, and RHC/ER NP Kelby Johnson.

Absent: Member Elna Camacho, CNO Meghan Shelton.

General Public: Ryder Cude with FSB.

Invited Guests: Clayton Jobe with Senex via Zoom.

1. **Call to Order and Invocation.** Robbie Peiser called the meeting to order at 6:02 PM and certified a quorum. Robbie opened with the invocation.
2. **Review minutes from the September 16, 2025 meeting.** Accepted with minor corrections.
3. **Public Comment.** None.
4. **Senex Revenue Cycle Update.** Clayton presented the revenue cycle update as of October 28, 2025. The slides will be emailed after the meeting. AR days decreased 4.82 and daily revenue increased $1K over August 2025. September 2025 charges were up almost $200K more than August 2025. Payments per Lights On were $515K. Discussed pain management stats fluctuate depending on the number of pain clinic visits that Nick has. DNFB days decreased to 11.59 compared to 12.98 for September 2024. Ready to bill in DNFB increased when compared to July 2025 and August 2025. Coding released several claims over a weekend that Senex then worked after September 30, 2025. Standard delay decreased from 5.4 and 5.1 to 3.9 for July 2025 and August 2025 and September 2025 respectively. Total charts with deficiencies decreased slightly from 255 in August 2025 to 229 in September 2025. There were significant charity write-offs that were posted in August 2025 and September 2025. AR days decreased from 83.96 in April 2025 to 71.51 as of September 30, 2025. Claim denials totaled $250K for the month of September 2025. Patient liability was the largest denial amount which is not a true denial. This is the amount that the patient is required to pay as a co-pay or deductible. No actions can be taken to reduce this amount.
5. **Review the patient census.** Michelle reviewed briefly the patient stats which Clayton also reviewed compared to charges.
6. **Review and approve the financial report including the employee census and AP check registers.** Elizabeth reviewed the year end financials. Crystal has completed and Elizabeth has reviewed the majority of the balance sheet reconciliations in preparation for the audit. The auditors asked if we were open to doing virtual fieldwork because we are so responsive. We were open to trying this, so we will have virtual fieldwork the week of December 1st. Overall, the financials and metrics are very similar to previous months. Unfortunately, cash is $805K, which is $1.9M lower than September 30, 2024. This is due to the multiple cost report recoupments. This is also reflected in the net loss of $2.4M. Lynn Dale discussed the contractuals. Darlene made the motion and Amy seconded. All voted in favor except Lynn Dale voted not to approve.
7. **NEW BUSINESS**
8. **Review and approve the July-September 2025 Compliance report.** Meri reviewed the compliance report that was reviewed by the compliance committee at the quarterly committee. Added new measures after the self-reporting triggered EMTALA survey. Adding pain management metrics, too. Action Cue has increased our event reporting. The QAPI policy and plan will be brought to the board in January 2026. The medication reconciliation measure improved significantly from 47% to 81% compliance. We had 1 complaint and 4 grievances for July-September 2025. Grievances are more severe than complaints. Grievances are brought up after the patient is discharged. ER patients leaving AMA were slightly higher than the national benchmark, but Meri did not see a trend in the reasons for leaving that we could address such as an ER provider issue. The EMTALA update was reviewed in detail from the site visit. The ER diversion

triggered an EMTALA violation that we self-reported. The EMTALA MOT measure improved from 47% to 71% from 1Q205 to 3Q2025. Meri reviewed the pharmacy measures and the Opioid usage measures. She reviewed our 2 warning measures – Radiology STAT turnaround times and STAT ABG times. Our critical PMs are ER patients leaving AMA(1.61%, target is 1%) and the medication reconciliations at admissions (81%, target is 90%). Lynn Dale made the motion and Reida seconded. All approved.

9. **Review and approve the July-September 2025 Infection Control report.** Holly reviewed the IC report regarding antibiotic stewardship and no hospital acquired infections. She reported that we focused on handwashing for national handwashing day and we were 100% compliant. Lynn Dale made the motion and Reida seconded. All approved.
10. **Review the Christmas bonus list.** Michelle reviewed the parameters to qualify for the Christmas bonuses. The total is $22K including FICA.
11. **Review and approve policies and procedures.** No policies and procedures were presented for approval.
12. **Review and approve the medical staff credentials.** No medical staff credentials to approve. 3 were approved during our September 16, 2025 board meeting and were signed by Robbie tonight.
13. **Chief Nursing Officer Report.** Dana reported that there is 1 opening – night RN. The staff commented that they would rather work short than with an agency nurse. There is a skills fair that will help next month.
14. **Chief Operating Officer Report.** Mary Belle reported that Dotty Lopez is the new dietary manager. Dietary is fully staffed. Almost finished with the old RHC renovations to move sleep study and pain management to the old RHC. The Christmas party is scheduled for Thursday, December 11th. We are surveying the employees on the meal preference – lunch or dinner. It will be catered but the vendor hasn't been determined. The lunch and learn last Wednesday with Dr. Ben was extremely popular. The hospital will be open for trick and treating Friday. We have a student volunteer who needs hours and will help us. The Foundation gala will be February 5th. The entertainment will be a comedian.
15. **Chief Executive Officer Report.** Michelle reported that we are having a mock survey and it is going well. The surveyors are from Eide Bailley and paid for by Texas A&M. The next Health Connect forum is November 13th, 4-6 PM at the FSB event center. Dr. Shahbodaghi texted that he is interested in coming to work at Haskell. He worked for Concord at Haskell during 2021. Jeanne Cason is officially going part time 1/1/26. Ashley Armstrong, NP is going to school for psych and is going to see patients in the clinic in 2026. Pain management patients have to have psych evaluations. The lab might move to the walk-in clinic.
16. **Executive Session** – No executive session needed.
    Pursuant to Texas Government Code §§ 551.074, 551.085 and 551.071, the Board of Directors shall meet in Executive Session to deliberate personnel matters, certain proposed new service or product lines of the hospital and to consult with its attorney, either in person or by video or telephone, matters which require confidential discussion under the attorney client privilege.
17. **Adjourn** - President Peiser adjourned the meeting at 8:02 PM. The next regular board meeting is November 25, 2025.

Darlene Hopkins — 11-25-25

Board Secretary — Date

Robbie Peiser — 11-25-25

Board President — Date

Michelle Story — 1125-25

CEO — Date