

**Nocona General Hospital  
Board of Directors Meeting  
October 15, 2024**

**Board Members Present:**

Charles May, President  
Chris Keck, Secretary  
Kristal Ferguson  
Ron Brown

**Absent:**

Ken Koontz, Vice-President  
Paula Webb  
Cris Lemon

**Hospital Administration:**

Lance Meekins, CEO; Rebecca Hamilton, Admin Asst./HR

**Medical Staff:**

Len Dingler, MD

**Others Present:**

Brian Jackson, Jackson & Carter, PLLC

Meeting was called to order by President, Charles May at 12:35 PM.

**Approval of Previous Minutes**

Chris Keck made a motion to approve both the minutes of the September 17, 2024 Public Hearing and the September 17, 2024 Regular meeting. Kristal Ferguson seconded, and the motion passed unanimously.

**Community Input**

None

**Old Business**

None

**New Business**

**Discussion and Possible Vote on September 2024 Financial Statements**

Lance presented the following report on the September 2024 Financials:

For September the hospital finished with 22 admissions; 639 outpatient discharges, including 13 surgeries; 230 ER visits; 58 ambulance calls; 353 home health visits; and 1644 clinic visits. Additionally, there were 13 observation admissions. This utilization resulted in gross revenue of \$1.8M, falling short of budget by 16.7%. The average daily census was 3.1 patients with an average length of stay of 4.0 days. The first quarter of the fiscal year has seen a slowing of utilization compared to last year through 3 months but is comparable to 2 years ago.

For year over year comparison:

- Gross revenue is under budget by about 13.5% (no pain management yet) and down 3% from last year. Net revenue is down 15.6% from last year though as bad debt has increased, expenses are about 3.5% higher.
- The ADC is down about 0.5 patients.
- Admissions are down 29%.
- The ALOS is up by a day.
- Outpatient discharges are down 2.5%.
- ER visits are down 28%.
- Ambulance calls are up 7.5%.
- Obs admissions are down 40%.
- O/P surgeries are down 8.6%.
- Clinic visits are up 5%.
- FTEs are up 1.3.
- Days Cash on Hand is up 6.5%.

Currently, we are moving in the wrong direction operationally. We will, however, see increased utilization due to the closure of the Jacksboro ER.

Expenses overall for the month were about 4.4% under budget, but employee benefits, specifically health insurance claims, have skyrocketed this calendar year.

Despite the slow month, we received the DY13 uncompensated care payment benefitting us around \$800,000 which helped the monthly bottom line and put us in a comparable position to last year. The hospital also received about \$10,000 in QIPP money, but this was more than offset by the expenses for the month. We should receive one more round of decent payments from QIPP 7 before the delay in payments for year 8 begins.

Ron Brown made a motion to accept the September 2024 financial report as presented, and Kristal Ferguson seconded. Motion carried unanimously.

**Discussion and Possible Vote on the Addition of the Following RadPartners Physician: Thomas C. Connors, MD**

Ron Brown made a motion to approve the addition of Dr. Connors, and Kristal Ferguson seconded. Motion carried unanimously.

**Discussion and Possible Vote on Extending Pain Management and Anesthesiology Privileges to Michael Wanamaker, MD**

Ron Brown made a motion to extend both Pain Management and Anesthesiology privileges to Dr. Wanamaker, pending approval of Medical Staff. Chris Keck seconded, and the motion carried unanimously.

**Discussion and Possible Vote on Expansion and Renovation Project Change Order #1 for Training Room & Respiratory**

Initially the two offices across from the clinic were not included in the project. Lance stated that staff now believes this is the best spot for the training room that was originally in the radiology area. With the x-ray machine moving into the radiology wing, the respiratory office and storage was displaced with no space designated for it. By moving the training room, R/T and its storage requirements will now be

moved into that area. This area will be part of Phase 1 which will allow it to be used as overflow for the clinic personnel that will be displaced in Phase 2, prior to being utilized as a training area.

Ron Brown made a motion to approve Change Order #1. Kristal Ferguson seconded, and the motion carried unanimously.

**Convene to Closed Session for the Following Purposes:**

- a) **Texas Government Code Section 551.071 – Consultation with Attorney**

No Closed Session

**Administrative Report**

Lance presented the following report to the Board:

Clinic/ER Renovation

We hit an impasse on the project which has put us slightly behind schedule. The remainder of the outer shell steel is on hold as the contractor, engineers, and steel supplier make their calculation on the gauge needed. I am sure you are asking the same question I had: why would this not have already been determined when bid? David stated this is a process, and making these determinations after the project is initiated is routine.

Pain Management

We are still finalizing the contract and setting up a logistics meeting between hospital, clinic, and Genesis personnel.

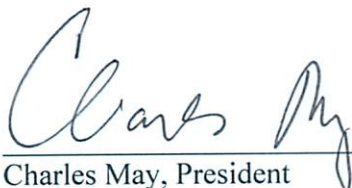
**Medical Staff Report**

Nothing to Report

**Other Business**

None

Meeting was adjourned at 1:29 PM.

  
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Charles May, President

  
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Chris Keck, Secretary