

HUNT MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS MINUTES

February 24, 2026

The Board of Directors of Hunt Memorial Hospital District conducted a meeting on Tuesday, February 24, 2026, at 5:30 p.m. in the sixth-floor Homer Horton, Jr. Boardroom at Hunt Regional Medical Center, 4215 Joe Ramsey Boulevard, Greenville, Texas.

Dr. Pierce, Chairman, called the meeting to order.

ROLL CALL:

Mrs. Deborah Clack
Mr. William Jefferson Helton
Mrs. Leslie Killgore
Mr. John C. Nelson, Jr.
Mr. Wesley Oswald
Mrs. Janet Peek
Dr. Scott Pierce
Mr. Michael Taylor
Mrs. Julia Wensel (Absent)

comprising a quorum of the Board; also,

Mr. Steven Lee Boles, Jr., President/CEO
Mr. Stuart O'Neil, Vice President of Legal Affairs
Mr. Reese Hurley, Vice President/CNO
Ms. Brandi Isham, Vice President Quality/Coordinated Care
Mr. Chad Martin, Vice President, Clinic Operations
Mr. Travis Potter, Vice President, Business Development
Asim Usman, M.D., Vice President, Physician Relations
Robert Deuell, M.D., Vice President of Medical Staff Affairs
Lori Allembaugh, D.O., Chief of Staff
Ms. Julie Gibson, Foundation Director
Ms. Ashley Strait, Quality/Coordinated Care/Medical Staff/CDI Director
Ms. Rose Hayden, Development & Communications Director
Ms. Kim Mulder, Emergency Department Director
Ms. Kim Saenz, Service Excellence Director
Mr. Wyman Williams, Commerce
Ms. Anne Mills, Commerce
Ms. Debbie Aikin, Commerce
Mrs. Tina Fletcher, Commerce
Mrs. Jan Helton, Commerce
Mrs. Janet Latham, Commerce
Ms. Barbara Frey, Commerce
Mr. Kurt Bennett, Dallas

Approval of Minutes Mr. Oswald moved, seconded by Mrs. Killgore, to approve the January 13 and February 3, 2026, meeting minutes as presented. The motion carried unanimously.

Medical Staff Report Dr. Allembaugh reported that everything is going well. The medical staff is working on the bylaws with Mr. O'Neil to make modifications.

Citizens to Be Heard on Non-Agenda Items There were no citizens to be heard on non-agenda items.

Public Testimony There were no members of the public present to address the Board of Directors regarding any item of the agenda before or during the Board's consideration of said items.

Introductions Of Officers And Directors Ms. Isham introduced Ashley Strait, who has been promoted to the Quality and Coordinated Care Director role. She has been with the organization for 13 years, helping with all the district processes and quality reporting and has been a nurse for 20 years with a doctorate in nursing. Following the introduction, the Board welcomed Ms. Strait in her new role.

Unfinished Business There was no unfinished business.

New Business

Consent Agenda Dr. Pierce requested the "Fiscal Year 2025 Audit (Recommended by the Finance/Budget Committee)" be removed from the Consent Agenda. Mrs. Clack moved, seconded by Mr. Nelson, to approve the following consent agenda items as recommended. The motion carried unanimously.

To approve the appointments, a request for additional clinical privileges, requests to change staff status, and resignations for the Hunt Regional Medical Staff and Allied Health Professional Staff, upon recommendation of the Board Credentials Review Committee.

To approve the 2026 Stroke Performance Improvement Plan upon recommendation of the Quality Council.

To approve the Hunt Regional Healthcare 2025 Annual Quality/Safety and Risk Report upon recommendation of the Quality Council.

To approve the Hunt Regional Healthcare 2026 Performance Improvement Plan upon recommendation of the Quality Council.

To approve the Hunt Regional Medical Center 2026 Infection Prevention and Control Annual Program Evaluation upon recommendation of the Quality Council.

To approve \$36,950 for the purchase of a Soma Stille ImagiQ2 Vascular table for the Hunt Regional Medical Center Surgical Services Department upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

To approve \$82,764 for the purchase of AGFA Healthcare 100 TB additional archive storage for the Hunt Regional Medical Center Radiology Department upon recommendation of the Facilities Planning Committee and the Finance/Budget Committee.

Fiscal Year 2025 Audit Mr. Taylor reported that the lead auditor, Danielle Zimmerman, met him and the Finance/Budget Committee to discuss the fiscal Year 2025 audit. She reviewed areas that are being addressed and cleaned up going forward. He noted improvements have been made and will continue to be made. Following the review, Mr. Taylor moved, seconded, to approve the audit as presented. The motion carried unanimously.

Action Items Mr. O'Neil presented Order Number 368, an order canceling the
Cancel Hunt Memorial Hospital District Board of Directors election for May 2, 2026
May 2, 2026 due to uncontested candidates in Commissioner's Precincts Two and Four.
HMHD The following candidates have been certified as unopposed and are hereby
Elected as follows:

Debby Clack	Precinct Two
Wes Oswald	Precinct Two
Tina Fletcher	Precinct Four
Wyman Williams	Precinct Four

Mr. Helton moved, seconded by Mrs. Peek, to approve Order Number 368, canceling the May 2, 2026, election as presented. The motion carried unanimously.

Financial Statements Ms. Walsh presented the January 2026 financial statements and statistical data. Following an overview of the January performance, the capital project oversight and scheduling presentation, and the completion of the hyperbaric chamber project, Mr. Taylor moved, seconded by Mrs. Clack, to approve the financial statements subject to audit. The motion carried unanimously.

DISCUSSION ITEMS

Strategic Initiatives Strategic initiatives may be discussed in Executive Session.

Chairman's Report Ms. Gibson reported that the annual Clay Shoot fundraising event is scheduled for Friday, March 27, at the Texas Gun Ranch. The event includes a gun raffle with prizes including a custom Hunt Regional gun, a Henry shotgun, and a Kimber pistol. Underwriters are being sought for lunch and the live scoring technology to offset the event costs. Organizers are exploring ways to create a more affordable event for hospital employees to enjoy.

President/CEO Report The following was reported:
Dr. Usman reported that recruitment efforts are focused on expanding the surgical and specialist capacity to reduce outpatient wait times. A contract has been signed with Dr. Bieligm, a surgical oncologist with 30 years' experience, to begin full-time July 1, 2026; a female surgeon graduating in June is being interviewed; and a gastroenterologist with 20 years' experience relocating closer to family is being interviewed.

Dr. Usman reported that the first group of residents will graduate in June 2027, with five residents expressing interest in working locally. The hospital hopes to accommodate two to three residents annually.

**Patient
Care
Video**

A video was presented of a father with young children from Lone Oak, Texas who shared his life-saving experience at Hunt Regional Medical Center, where he presented with two dissected blood vessels behind his heart and immediately received two stents. Mr. Potter reported that we are focusing on storytelling to show the community who we are at Hunt Regional and that we are here to take care of our community. This and other stories will be shared with our community in various ways. Following the report, the Board thanked the Marketing team for the video and for their efforts in focusing the district on the community.

**Quality
Report**

Ms. Isham reported the hospital is prepared for the upcoming Joint Commission survey with thorough process improvements and ongoing monitoring. The survey is expected before April 8, with five surveyors on site for five days. She reported that preparation intensified in March 2025, adapting to 774 updated standards that took effect on January 1, 2026, reviewing and updating over 1,000 policies for accuracy and applicability, and establishing measurable quality goals at the unit level. Systems were tested with 56 tracers completed across all facilities; high-risk areas were reviewed multiple times; weekly environment of care rounds were performed; and competencies were validated for all clinical staff. Ongoing performance infrastructure sustained with tracking 334 quality metrics district-wide, 16 targeted improvement projects, overseeing an active QAPI structure, conducting root cause analyses for unanticipated events, and completing a safety culture survey with 400+ responses assessing our safety climate. She outlined national risk areas, our focus on clinical and physical environmental areas, and our strengths and opportunities. Following the presentation, the Board accepted the report.

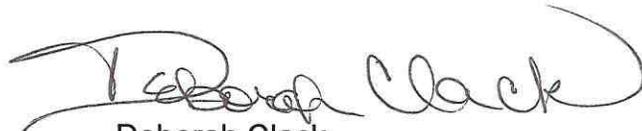
**Compliance
Report**

Mr. O'Neil presented the Compliance Report for the fourth quarter (October through December) 2025. A total of 380 employees completed compliance training; sanction checks for the quarter totaled 271 and were completed prior to start dates, and were negative. Medical Staff appointments/reappointments: 10 in October, 6 in November, and 3 in December. No hotline or investigation reports were received during

October and December; one was received in November, but it was a customer service issue and was addressed appropriately. In October, one exit interview question was flagged for compliance concerns; it was an HR issue, investigated and addressed, and no exit interview questions were flagged in November or December. One physician's compensation agreement was approved by the Compliance Committee in November. Following the overview, the report was accepted.

Executive Session An Executive Session was held under the Texas Government Code §551.071, §551.072, §551.074, and §551.085. Following the Executive Session, there was no action taken.

Adjournment There being no further business, the meeting adjourned at 6:42 p.m.



Deborah Clack
Secretary

slt