

**MINUTES OF MEETING
BOARD OF COMMISSIONERS
CALCASIEU CAMERON HOSPITAL SERVICE DISTRICT
d/b/a WEST CALCASIEU CAMERON HOSPITAL
TUESDAY, OCTOBER 28, 2025
11:00 A.M.. - BOARD ROOM**

A regular meeting of the Board of Commissioners of Calcasieu Cameron Hospital Service District d/b/a West Calcasieu Cameron Hospital was held on Tuesday, October 28, 2025, in the hospital Board Room. Mr. Bobby LeTard called the meeting to order at 11:00 a.m., and Mr. Mark McMurry led the group in prayer.

COMMISSIONERS PRESENT: Bob Davidson; Bobby LeTard; Mark McMurry; Cecil Sanner; Ellis Hassien

COMMISSIONERS ABSENT:

OTHERS PRESENT: Janie Fruge'; Jobie James; Dondra Zaunbrecher; Christi Kingsley; Robbin Eaves; Matthew Welsh; JW Peloquin; Joe Andrepont; Dr. Richard Roe, IV

GUESTS PRESENT: Mike Klenke; Fran Landry; Devon Cruice – KPLC Media Rep.

In the first order of business, Mrs. Jobie James, Chief Financial Officer, presented the proposed 2026 budget for West Calcasieu Cameron Hospital. She began with the Strategic Plans for 2026:

Strategic Priorities

- Culture of Innovation
- Organizational Excellence
- Strengthening Community Health
- Sustainability and Long Range Planning

Mrs. James stated the 2026 budget is based on using the period of July 2024 – June 2025; data is compiled using exception-based budgeting software. Consider 2024 audit adjustments when comparing to prior year (retirement and other revenue & expenses). Source of Funds \$99,080,746.00. Use of Funds (1) Expense \$94,745,372.00, (2) Capital \$2,488,071.00, and (3) Replenishment of Reserve \$1,847,303.00. Copies of the proposed 2026 Budget will be available for the public to review. A Public Hearing to consider adoption will be December 9, 2025, at noon.

Mrs. James continued with Patient Revenue and Net Revenue, noting a Gross Revenue overall neutral with increases in Radiology of 2.9%, Physical Medicine of 1.9%, and Cardiology of 1.0%, and decreases in Pharmacy of 2.0%. Adjustments to revenue include 67.5% contractual allowance, 3.6% bad debt adjustment for a 71.1% total adjustment to revenue. She cites a 28.9% payment-to-charge ratio (collection percentage).

As Mrs. James noted, other increases in Operating Revenue will be in the Pulmonology Clinic, Community Health Center, and OBG1. The budgeted non-patient revenue includes Hospital Directed Payments of \$13,738,772.00 and Physician UPL of \$6,866,623.00.

Mrs. James continued with a review of expenses with budgeted staff at 597.0 FTEs, whose salaries are 47.9% of the Total Operating Expense. She stated overall Employee Benefits comprise 10.3% of the Total Operating expenses with both Salaries and Benefits accounting for 58.2% of the Total Operating Expense, a 3.3 % increase over the prior year. The employer portion of retirement will be 11.0% in 2025. Mrs. James discussed Supplies, stating a budgeted 1.9% increase in overall supply costs. There are budgeted increases in Surgery of 5.5%, Laboratory of 10.5%, and Pharmacy supplies of 3.9%. We anticipate increases in Other Operating Expenses for Information Technology and Security.

Continuing with Operating expenses, Mrs. James reviewed contract employees with an expected decrease of \$876,000.00. There is an anticipated increase in Contract Services of \$873,000.00 and in professional fees for Pediatric and Cardiology services. There is an expected decrease of \$97,000.00 in interest expense, and an expected decrease of \$278,000.00 related to insurance expense.

Mrs. James then reviewed the 2026 Capital Budget, with Capital Expenditures estimated at \$2,488,071.00 in the following areas: (1) Infrastructure, (2) Information Technology, (3) Patient Care, (4) Radiology, and (5) Cardiology. She reminded those in attendance, that the Capital Budget is based on current needs and is not inflated for possible equipment failures. Net Income for 2026 is budgeted at (\$500,000.00). This concluded the 2026 Budget Presentation. Copies of the Budget will be available for the public to review. A public hearing and adoption of the 2026 Budget will be held in conjunction with the December 9, 2025, Board of Commissioners meeting.

At 11:20 am, Mr. LeTard announced a brief break for lunch.

At 11:54 am, the meeting resumed.

Mrs. Christi Kingsley announced that Mrs. Fran Landry received the September CEO Shining Star Award.

Mr. LeTard presented the minutes of the Board of Commissioners meeting held on September 23, 2025, for approval. Mr. Mark McMurry made a motion to approve the minutes as presented. Mr. Bob Davidson seconded the motion. The motion passed unanimously. Mr. LeTard then announced the Medical Staff Annual Meeting and Social is scheduled for December 5, 2025, at the Pioneer Club, and the next meeting of the Board of Commissioners will be held on December 9, 2025. That concluded the Chairperson's Report.

Mrs. Frugé presented the Chief Executive Officer's report. She provided an update on the SFY 2025 Physician-Directed Payments, noting that they are scheduled for release on October 28th. Receipt of the funds is expected within the following week. Mrs. Frugé continued by reporting that the SFY 2026 Hospital-Directed and Physician-Directed Payments have not yet received CMS pre-print approval. That concluded the CEO report.

Mrs. Jobie James, Chief Financial Officer, presented the Financial Reports for the hospital through September 30, 2025. She reported a balance of \$18,089,658.46 in cash, compared to \$19,886,009.11 in August. Net Income for September was (\$138,100.19) compared to a budget of \$65,223.00 and (\$452,764.31) at this time last year. She continued by reporting that Census Days were 442, compared to a budget of 474, and 474 this time last year. That concluded the Financial Report.

Mr. JW Peloquin then gave a Facilities Report. He presented the following items to be declared as surplus for October:

- 1) 2001 Chevrolet 1500
- 2) 2013 Ford Transit van
- 3) 2007 Chevrolet G3500 Ambulance
- 4) Horse trailer
- 5) two(2) steam cookers
- 6) three(3) floor scrubbers
- 7) Two(2) Clinitek urine analysis
- 8) two(2) SP02
- 9) two(2) Nebulizers
- 10) Helmer Ultra CW
- 11) Lab Line instrument
- 12) Audiometer
- 13) Olympic warmette
- 14) Welch Allyn spot vital
- 15) Aerospray Hematology
- 16) two(2) Covidien AV Impulse
- 17) Exam light
- 18) Stretcher Chair
- 19) Six(6) stretchers
- 20) Two(2) Datascope Passport2
- 21) Welch Allen spot monitor
- 22) Mindray Actuator7 monitor
- 23) Bed

Mr. Bob Davidson made a motion to approve the entire list as surplus property, meaning they are no longer useful in the daily operations of the hospital. Mr. Ellis Hassien seconded the motion. This motion passed unanimously. Mr. Peloquin will now list these items for sale on the Govdeals.com website.

Mr. Peloquin provided an update on the Ultrasound capital request approved last month. The original capital purchase was approved for \$129,707.50; however, an updated quote received following the meeting reflected a reduced cost of \$121,957.50. This concluded the Facilities Report.

Mrs. Robbin Eaves presented the High Reliability Excellence: Improving Patient Safety & Quality Report. She began with a Patient Experience Highlights Report covering the Inpatient Departments, Ambulatory Surgery, and the Emergency Department. In the Inpatient

Departments, focus areas include clear communication about medications and discharge instructions. The Emergency Department demonstrated favorable increases in overall patient care experience, arrival experience, nurse communication and support, and patients' experience with physicians. Ambulatory Surgery also showed positive improvements in overall patient care experience, interactions with nurses and care providers, as well as the discharge process. A continued focus remains on discharge phone calls.

Next, Mrs. Eaves presented the Hospital Performance Scorecard summary, highlighting notable improvements in key areas:

Patient Experience: Increased from 73.3% in Q2 to 81.4% in Q3

30-Day Readmissions: Reduced from 7.2% to 4.5%, indicating significant progress in patient outcomes.

Sepsis Care: Demonstrated continuous improvement, reflecting ongoing commitment to quality clinical care.

Mr. JW Peloquin reported that the Laboratory underwent its Joint Commission survey last week. There were five findings, with none exceeding the moderate and limited categories. The team is currently awaiting clarification regarding the eye wash station. The surveyor was highly complimentary of the laboratory staff, particularly noting excellence in critical values documentation. That concluded the High Reliability Report.

Mr. Matthew Welsh gave a Marketing/Foundation/Community Impact Report. He began with an Ethel Precht Walk recap, noting that the event grossed \$142,000.00, exceeding last year's gross of \$116,000.00. The net profit was \$80,000.00, representing a 16% increase over the prior year's event. The implementation of Bloomerang's peer-to-peer fundraising platform generated \$4,800.00 in revenue. We anticipate continued growth in fundraising revenue as we expand the use of this technology and engage more supporters through campaigns and social sharing features. That concluded the Marketing/Community Impact Report.

Mr. Mark McMurry made a motion to approve and accept the Medical Staff appointments, re-appointments, resignations, privileges & FPPE as submitted by the Medical Executive Committee. Mr. Cecil Sanner seconded the motion. The motion passed unanimously.

Capital Requests were submitted as follows:

1. Sulphur Diagnostic Center Cat Scan with construction: \$582,095.00

There was a motion by Mr. Bob Davidson, seconded by Mr. Ellis Hassien, to approve the purchase of the Cat Scan with Construction for the Sulphur Diagnostic Center for \$582,095.00. The motion passed unanimously.

2. Time Clock Replacement (9): \$23,130.00

There was a motion by Mr. Bob Davidson, seconded by Mr. Mark McMurry, to approve the replacement of 9 Time clocks for \$23,130.00. The motion passed unanimously.

Mr. Bob Davidson made a motion, seconded by Mr. Ellis Hassien, to amend the Executive Session Agenda. The motion passed unanimously, with no objections from those in attendance at the meeting. Next, there was a motion by Mr. Mark McMurry, seconded by Mr. Cecil Sanner to add the following item to the Executive Session Agenda: Discuss prospective litigation relating to violations of the HSD Law. The motion passed unanimously.

Mr. Bob Davidson then made the motion at 12:23 pm, seconded by Mr. Ellis Hassien, to move into Executive Session for the purposes of strategic planning, marketing, prospective litigation and efforts to avoid same, and personnel matters in keeping with Louisiana Revised Statutes 42:6, 42:6.1, 46: 1073. The motion passed unanimously.

Mr. Cecil Sanner made a motion at 1:46 pm to move back into Regular Session. Mr. Ellis Hassien seconded the motion. The motion passed unanimously.

Mr. Ellis Hassien then motioned to amend the Regular Session Agenda by adding the following item: Approval and authorization to commence legal proceedings after failure of settlement efforts. Mr. Mark McMurry seconded. The motion passed unanimously. Mr. Cecil Sanner then motioned, seconded by Mr. Ellis Hassien, that Counsel for West Calcasieu Cameron Hospital, be authorized to commence legal proceedings to prevent violations of the HSD Law and to authorize the CEO of West Calcasieu Cameron Hospital to sign any documents necessary in connection with same. The motion passed unanimously.

There being no further business, Mr. Mark McMurry made the motion, seconded by Mr. Bob Davidson to adjourn the meeting. The meeting was adjourned at 1:48pm.

Chairman of the Board

Secretary of the Board