

The regular meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday July 2, 2014 at McAlester Regional Health Center in the Administration Conference Room. Public notice, setting forth thereon the day, time and place for this regular meeting had been delivered to the office of the City Clerk at 02:39 PM, on Tuesday July 01, 2014.

TRUSTEES PRESENT:

Don Lewis, Secretary ~ Cara Bland, Chairperson ~ Susan Kanard ~ Evans McBride, Vice-Chairman ~ Weldon Smith ~ Mary Shannon ~ Brent Grilliot ~ Mark Sehgal, MD

TRUSTEES ABSENT: L.M. Milton, MD**HOSPITAL STAFF:**

David Keith, President/CEO ~ Sonya Stone, Executive Assistant ~ Frank Hilbert, CIO ~ Chris Whybrew, COO ~ Darryl Linnington, CFO ~ Stephanie Giacomo, MRHC Foundation Director ~ Kim Stout, CNO ~ Scott Lowe, HR Director ~ Helen Wheeler

OTHER ATTENDEES:

Cori Lumas, Legal Counsel (via conference phone) ~ Stacy Hardy, MD, Chief of Staff ~ Dennis Staggs, DO ~ Steve Harrison, Mayor.

CALL TO ORDER:

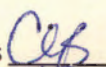
Chairperson Bland called the meeting to order at 4:00 PM. Ms. Bland presented Dr. Hardy a Trophy of appreciation for her years of service as Chief of Staff.

Public Comment: None**Presentation: Three (3) Year Information Technology (IT) Plan:**

Mr. Frank Hilbert presented a three (3) year Technology and IT Plan. He began by describing six (6) IT strategic objectives and strategies to improve Patient Safety, Documentation, Productivity and better revenue capture. The six IT Strategies are:

1. Provide caregiver tools and timely information to optimize patient care
2. Implement a complete - integrated electronic records across the continuum of care
3. Regulatory Compliance
4. Provide a Safe and Reliable IT Environment
5. Leverage Technology to Improve Workflow
6. Utilize technology to enhance customer service

Mr. Hilbert reported that the hospital has been live on the Electronic Medical Record (EMR) for over a year and the Patient information captured and stored on our network is growing exponentially. The volume of data will require a robust disaster recovery plan since we no longer have a paper record to fall back on. Mr. Hilbert reported another area of focus is regulatory compliance including ICD-10 and Meaningful Use. Both have target deadlines that carry penalties if not met. Mr. Hilbert stated our hospital has achieved Stage Six (6) Healthcare Information Management System Society (HIMSS) Analytics. This designation demonstrates that the hospital is on track to meeting the requirements of the High Tech Component of the Affordable Care Act. Mr. Hilbert reported October 1, 2014 the new MRHC Patient Portal will go live and can be accessed from the MRHC Website. The MRHC Patient Portal is a requirement of CMS that will allow patients to access their medical records within thirty six (36) hours of discharge. He also reported the hospital is currently engaging in Teleradiology. Efforts are being made to expand into other areas that could be beneficial to the hospital.

Initials 

Consent Agenda for approval:

1. MRHCA Board of Trustees minutes for June 4, 2014.
2. Credentialing List as follows:

Appointment (provisional) privileges for one year term:

- a. Jai Surana, MD- Pulmonology-Active Staff
- b. Matthew Barchie, MD- Teleradiology-Affiliate Staff
- c. Donald Brooks, DO- Emergency Medicine-Affiliated Staff
- d. Alex Dwuma, MD – Internal Medicine/Hospitalist - Affiliate Staff
- e. Mary Ann Miranda, MD – Internal Medicine/Hospitalist - Affiliate Staff
- f. Lex Mitchell, MD- Teleradiology -Affiliate Staff
- g. Shane Ragan, DDS-Dentistry-Affiliated Staff
- h. Agnel Raparathi, MD-Internal Medicine/Hospitalist-Affiliated Staff

Appointment of reappointment for two year term:

- a. Michael Boyer, MD – Family Medicine – Active Staff
- b. Stacy Hardy, MD – Internal Medicine – Active Staff
- c. J Martin Hayes, MD – General Surgery – Active Staff
- d. Chris Manschreck, DO – Family Medicine – Active Staff
- e. James Rascoe, DO – Psychiatry/Rehab – Active Staff
- f. Douglas Auld, DDS - Dentistry-Affiliate Staff
- g. Michael Auld, DDS – Dentistry- Affiliate Staff
- h. Andrew Bostaph, MD-Teleradiology- Affiliate Staff
- i. Paula Deupree, DO- Radiology- Affiliate Staff

3. Medical Staff By-Law Revisions: Addition of Intensive Medicine Committee.

A **motion** was made (Sehgal) and seconded (Lewis) to approve the Consent Agenda items 1, 2 & 3 as presented. The vote was taken as follows: Aye: Susan Kanard, Weldon Smith, Don Lewis, Mary Shannon, Evans McBride, Brent Grilliot, Mark Sehgal, MD and Cara Bland. Nay: None. Absent: L.M. Milton, MD. Abstained: None. Chairperson Bland declared the **motion** carried.

Finance Reports.

1. The May 31, 2014 MRHC Financial Reports were presented for approval by Mr. Darryl Linnington. He reported patient volume was lighter in May however the hospital is doing well overall. The payer mix continues to be consistent from month to month. Admissions showed a slight decrease and the collection rate was lower largely the result of a Case Mix Index nine percent (9%) lighter than the prior year. Mr. Linnington added the decline in Case Mix Index is due to documentation issues that will improve when a Hospitalist/Emergency Department Management Group is in place. Expenses are well managed and cash on hand continues to grow. In closing Mr. McBride reported the 2015 Fiscal Year Budget will be presented at the next scheduled meeting. A **motion** was made (McBride) and seconded (Sehgal) to approve the May 31, 2014 Financial Reports as presented. The vote was taken as follows: Aye: Susan Kanard, Weldon Smith, Don Lewis, Mary Shannon, Evans McBride, Brent Grilliot, Mark Sehgal, MD and Cara Bland. Nay: None. Absent: L.M. Milton, MD. Abstained: None. Chairperson Bland declared the **motion** carried.

Personnel Committee Report:

1. **Update regarding staffing turnover rate:**
Mr. Smith reported the Personnel Committee met to discuss the employee turnover rate. He turned the floor over to Mr. Chris Whybrew who reported the MRHC employee turnover rate is 30.6%. The Oklahoma

Initials 

Hospital Association and NSI Nursing Solutions provided information to determine a national average of 16.5%. Mr. Whybrew reported after reviewing employee exit interview responses, a specific reason could not be determined. Efforts have been put into place to improve the employee turnover rate include a new Director of Human Resources who will focus on the employee retention, personal exit interviews, compensation analysis, improved internal communication including regular Town Hall Meetings and monthly employee birthday lunch celebrations. Mr. Whybrew also reported a focus will be placed on recognizing employees for accomplishments. Mr. McBride requested a report showing the percentage of turnover rates by the number of years employed and also by skill level. Mr. Keith reported he has requested a benchmarking matrix be included in his monthly CEO report each month to monitor this issue.

2. Valic Retirement Plan Amendment: Amending the plan year from Fiscal Year (July to June) to a calendar year effective January 1, 2015.

Mr. Whybrew reported the MRHC employee retirement year is currently on a fiscal year calendar, the Amendment will convert the plan to a calendar year to coincide with IRS guidelines. This amendment does not affect employee benefits and the purpose is to simplify the reporting process. A motion was made (McBride) and seconded (Grilliot) to approve the Valic Retirement Plan Amendment as presented. The vote was taken as follows: Aye: Susan Kanard, Weldon Smith, Don Lewis, Mary Shannon, Evans McBride, Brent Grilliot, Mark Sehgal, MD and Cara Bland. Nay: None. Absent: L.M. Milton, MD. Abstained: None. Chairperson Bland declared the motion carried.

Board QI Report:

Dr. Sehgal provided an update to the Board of Trustees regarding HCHAPS and Core Measures that were discussed in the Board QI Meeting held June 24, 2014. In addition he reported due to an increasing amount of falls, an action plan has been put into place to enhance the 'Look at me please' (LAMP) program. The new program will incorporate non-clinical employees to participate in observing and recognizing a fall risk. He also reported a meeting took place with a referring Hospital to discuss patient transfers in an effort to achieve better communication. Ms. Kim Stout reported the meeting was informative and led to a better understanding of the transfer process between the two facilities. Dr. Sehgal also reported efforts are being made to decrease admission wait times for patients by notifying the Administrator on call if a patient has been waiting for four hours. A log will be kept to establish a trend for further review by the Board QI Committee. Dr. Staggs added in most cases the patient has been seen but documentation does not reflect it correctly on the Electronic Health Record. Dr. Sehgal added the documentation issue must be corrected otherwise it will continue to reflect unfavorably with CMS. He reported he will bring the issue back to the Board if it continues. Ms. Stout also updated the Board on Surgical Care Improvement Projects (SCIP) including a daily review with Nursing staff regarding patients who meet Core Measure criteria.

Chief of Staff Report:

Dr. Staggs reported this is his second day as Chief of Staff. He stated he has had multiple meetings with Dr. Hardy the former Chief of Staff to transition into the position. He stated he is available to the Board any time if needed.

CEO Report:

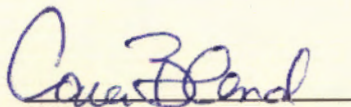
Mr. Keith updated the Board on Healthcare concerns that could affect the Hospital. He reported on Federal Legislation that could unfavorably impact Home Health reimbursement. Mr. Keith reported the Hospital is in discussions with Medical Home Team, a vendor that provides physician services in the home, utilizing mid-level providers. The Hospital is considering utilizing Medical Home Team to provide transitional care services for patients discharged from the Hospital; and who are waiting to see their primary care physician. He reported more information will be forthcoming to the Board as it becomes available. Mr. Keith reported the American Hospital Association has filed a lawsuit against the Department of Health and Human Services regarding delays in processing RAC appeals. He also reported there may be legislative relief from penalties associated with re-admissions for rural and economically challenged communities; which includes Southeastern Oklahoma. Mr. Keith reported the Senate passed Bill HR 3230 with regard to providing assistance to the Veterans Administration (VA). A companion Bill HR 4840 accompanies the HR 3230; however the two Bills do not necessarily mesh well together. He stated he has reached out to the VA in

Muskogee offering support and services. On a State level, he reported there is legislation that will reduce Medicaid rates and possibly outsource the management of Medicaid. The Oklahoma Hospital Association is following this situation closely. Mr. Keith asked Mr. Darryl Linnington to provide an update to the Board on the proposed partnership with Hospice of McAlester. Mr. Linnington provided the update and added the discussions are progressing and the initiative looks favorable. Mr. Keith reminded the Board of MRHC's equity position with LifeCare, LLC., which owns Oklahoma Health Network (OHN) and its TPA (Third Party Administrator). These services manage health benefits for our employees. OHN was sold to Oklahoma Highways and the TPA to WebTPA; all due to a changing financial environment. He added that the transaction will be an opportunity for the Hospital to compete for business; provide additional steerage to the Hospital, and have the ability to manage populations. Mr. Keith asked the Board to expect a presentation from Mr. Whybrew regarding the Master Facility Plan and Mr. Linnington will present the Capital Expenditure Plan to support it in upcoming Board meetings. In addition Mr. Linnington will arrange education for the Board of Trustees regarding bond financing in the near future. Ms. Stout reported VHA provided education to the Leadership staff on utilizing VHA resources to obtain Quality data. The hospital submits data to VHA which in turn allows the Hospital to compare data on a Regional, State and National level. Ms. Stout reported she will provide additional education to the Board regarding VHA resource tools in a future meeting of the Board. Mr. Whybrew provided a facility update to include construction projects, Cardiology service line implementation, surgery coverage and marketing. In closing, Mr. Keith reported Proposition II and III regarding the City of McAlester Charter change will be on the City ballot in August. He offered an opportunity for Board members to participate in a marketing campaign to increase awareness.

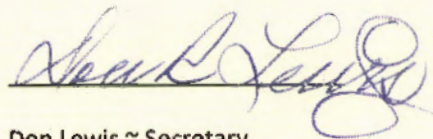
New Business: None

Adjournment:

With no further questions or business to come before the Board the meeting was adjourned at 6:30PM.



Cara Bland ~ Chairperson
/sds



Don Lewis ~ Secretary