

A meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday June 01, 2016 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 03:15 PM, on Tuesday May 31, 2016.

TRUSTEES PRESENT:

Don Lewis, Secretary ~ Cara Bland, Chairperson ~ Susan Kanard ~ Weldon Smith ~ Mary Shannon ~ L.M. Milton, MD (entered meeting at 4:06 PM) ~ Brent Grilliot ~ Evans McBride, Vice Chairman (entered the meeting at 4:05 PM) ~ Mark Sehgal, MD

TRUSTEES ABSENT:

HOSPITAL STAFF:

David Keith ~ Sonya Stone, Recording Secretary ~ Darryl Linnington ~ Kim Stout ~ Keith Mateychick ~ Ryan Gathard ~ John Gallagher ~ Shawn Howard ~ Jason Bray ~ Julie Powell ~ George Rachal ~ Scott Lowe

OTHER ATTENDEES:

Elise Brennan, Legal Counsel ~ Dr Christopher Beene, Chief of Staff

CALL TO ORDER:

Chairperson Bland called the meeting to order at 4:00 PM.

Public Comment: None

Consent Agenda:

1. MRHCA Board of Trustees minutes for May 4, 2016.
2. Medical Staff credentialing appointments as follows:
 - A. Approval of appointments (Provisional) for one (1) year:
 - a. Eva Sawheny, MD – Affiliate Staff – Sleep Studies
 - b. Taimur Paracha, MD – Active Staff – Emergency Medicine
 - c. Damon Armstrong, MD – Affiliate Staff – General Surgery
 - d. Emilee Beck, Dental Assistant – Affiliate Staff – Dental Assistant under the supervision of Janna McIntosh, DDS
 - e. Kristin Sullivan, APRN-CNP - Affiliate Staff – Nurse Practitioner
 - B. Approval of Reappointment for Two (2) years:
 - a. Christopher Beene, MD – Active Staff – Family Medicine
 - b. Andrew Bostaph, MD – Affiliate Staff – Teleradiology
 - c. Joshua Jansen, MD – Affiliate Staff – Radiology
 - d. Matthew Mendlick, MD – Affiliate Staff – Teleradiology
 - e. Stephen Morris, CRNA – Affiliate Staff – Nurse Anesthetist
 - C. Approval to Remain in Provisional Status as follows:
 - a. Haitham Elbhloul, MD – Active Staff – Internal Medicine/Hospitalist – One Year
 - b. Shanna Hampton, DO – Active Staff – Internal Medicine/Hospitalist – One Year
 - c. Tinh Le, DO – Active Staff – Internal Medicine/Hospitalist – One Year
 - d. Luke Leming, DO – Active Staff – Family Medicine/Hospitalist – One Year

- e. Mehvish Shah, DO – Active Staff – Family Medicine/Hospitalist-Emergency Medicine – One Year
 - f. Lawrence Page, DO – Active Staff – Orthopedic Surgery – Six months
 - g. Bradden Pyron, MD – Active Staff – Internal Medicine/Hospitalist – One year
 - h. Mario Topolko, MD – Active Staff – Family Medicine/Hospitalist – Three months
 - i. Natalie Conde-Cole, PA-D - Affiliate Staff – Physician Assistant under the supervision of Sharmila Dias, MD – One month
- D. Approval of Advancement for two (2) years:
- a. Timothy Cook, MD – Active Staff – Internal Medicine/Hospitalist
 - b. Herbert Daniels, MD – Active Staff – Family Medicine/Hospitalist
 - c. Kamron Torbati, MD – Active Staff – OB/GYN
 - d. Melisa Alvarez, Dental Assistant – Affiliate Staff – Dental Assistant under the supervision of Brent Miller, DDS
 - e. Roy Moss, MD – Affiliate Staff - Teleradiology
- E. Approval of Additional Privilege request for the remainder of appointment:
- a. Chirag Chavda, MD – Active Staff – Central Line Placement/Central Venous Access
 - b. Harold DeLaughter, MD – Active Staff – Central Line Placement/Central Venous Access.
 - c. Kristen McElyea, DO – Active Staff – Central Line Placement/Central Venous Access, Lumbar Puncture, Endotracheal Intubation, Pediatric Core Privileges
3. Appointment of Dr. Larry Page to the MMS, LLC Board.
4. Appointment of Brett Cable and Jeff Warmuth to the Foundation Board.
5. Governance Policies as follows:
- a. Audit Corporate & Compliance Committee policy
 - b. Ad Hoc Committee policy
 - c. Quality Improvement Committee policy
 - d. Finance Committee policy

A **Motion** was made (Lewis) and seconded (Sehgal) to approve the Consent Agenda items one (1), two (2), three (3), four (4), and five (5) as presented. The vote was taken as follows: Aye: Susan Kanard, Weldon Smith, Mary Shannon, Mark Sehgal, MD, Brent Grilliot, Don Lewis, and Cara Bland. Nay: None. Absent: L.M. Milton, MD, Evans McBride. Abstain: None. Chairperson Bland declared the **motion** carried.

Education: Annual Environment of Care Review:

Mr. George Rachal, Safety Officer presented the annual physical environment report to the board; which also fulfills the requirement for hospital accreditation. He reported on and discussed the physical environment, including the seven (7) management plans which were developed and maintained to assure the safety and well-being of patients, visitors, and staff. The management plans are Safety, Life Safety, Security, Hazardous Material, Emergency Management, Medical Equipment, and Utilities. Mr. Rachal shared significant improvements to the physical environment that were completed this fiscal year and he also described goals that have been set for the 2016/2017 fiscal year. He continued with a brief synopsis of activities for each of the seven (7) management plan groups.

Initials _____

CEO Report:**1. Strategic Report:**

Mr. David Keith reported the Oklahoma Hospital Association was pushing hard for a cigarette tax that would have added \$183M dollars to the State. The additional revenue could have easily funded the expansion of Medicaid and other services, as well as favorably impacted the Department of Mental Health, Oklahoma Health Care Authority, and the Department of Human Services. Unfortunately, HB 3210 Cigarette Tax failed due to partisan politics. He reported as a temporary fix, the legislature increased funding by \$83M from one time sources and in anticipation of improved future revenues. He reported as of today there will not be a 25% decrease in Medicaid rates; however he expects to see a decrease in Medicaid based on revenues in the upcoming year. Mr. Keith reported the McAlester Regional Health Center Ambulatory Surgery Center recently underwent a State of Oklahoma survey. As a result, there were several deficiencies found. Many of these deficiencies were corrected on site. MASC staff is developing a corrective action plan to be submitted to the State of Oklahoma within ten (10) days.

2. Southwest Hospital Partners:

Mr. Keith disclosed to the Board his involvement and ownership in a consulting company known as Southwest Hospital Partners. He stated the company was created following an opportunity from the Creek Nation that prompted the development of the partnership. Mr. Keith informed the Board that his involvement will be minimal and will not interfere with his duties at MRHC.

Chief of Staff Report:

Dr. Christopher Beene reported the Medical Staff is looking forward to the graduation of three Residents on June 23, 2016. The Residents are part of the first class of Residents to complete three full years. He added Oklahoma State University performed a site for the Residency Program on June 9, 2016 which went very well. Dr. Beene reported the development of trauma services is ongoing. He stated the goal is to provide a trauma service that can safely deliver more complex care and will increase the number of patients that can be treated at this facility. Dr. Beene reported the Antibiotic Stewardship Committee met with the goal of decreasing the number of hospital acquired infections. Nosocomial infections continue to decrease due to the reduction of antibiotic usage. He also stated the Antibiotic Stewardship Committee is also tracking the use of Benzodiazepine & Opioids in an effort to reduce the number of patient falls.

Board QI Report:

Dr. Mark Sehgal reported the Quality Committee met to review the quarterly quality reports. He provided an overview of the quality and HCAHP scores and noted the hospital did not rank in the top decile of performance. Despite the overall low score, there was marked improvement in most categories. He reported communication with physicians, remained below the national average. Dr. Sehgal reported the Quality Committee will continue with their efforts to address each category in an effort to raise and maintain the scores at a higher level. He added there was good turnout of Medical Staff at the meeting who offered feedback that will help drive improvement. Dr. Sehgal reported the recent consumer Leapfrog report was also discussed at the meeting. Ms. Julie Powell reported the Leapfrog score for McAlester Regional Health Center was very low; however the initial questionnaire was incorrectly completed contributing to the low score. Ms. Powell reported there is a Leapfrog Team established to prepare for the next submission in June 2016. Dr. Sehgal reported following the June submission he recommended validating the need to participate in the Leapfrog survey in the future. Ms. Powell added the hospital's quality scores continue to improve; however the information requested on this survey was from 2011.

Financial Committee Report:**1. Financial Reports for March 2016:**

Mr. Linnington provided the financial report for April 2016. He reported the total inpatient admissions and surgery cases came in above budget; however the Emergency Department average daily visit fell below budget. Mr. Linnington reported the hospital outpatient registrations are showing improvement in scheduling resulting in a higher outpatient volume. The adjusted patient days showed improvement over March 2016 and net patient revenue was comparable to this time last year. Mr. Linnington reported clinic revenues were also higher in April 2016. He stated overall April 2016 was a very good month and tracking toward a similar month in May. He reported an audit is currently underway and completion is expected in mid-July. A **Motion** was made (Grilliot) and seconded (Shannon) to approve the financial report for April 2016 as presented. The vote was taken as follows: Aye: Susan Kanard, Evans McBride, Weldon Smith, Mary Shannon, Mark Sehgal, MD, Brent Grilliot, L.M. Milton, MD, Don Lewis, and Cara Bland. Nay: None. Absent: None. Abstain: None. Chairperson Bland declared the **motion** carried.

2. Consideration of Cash Investment Policy:

Mr. Linnington reported that an Excess Cash Investment policy was developed at the request of the Chairman of the Finance Subcommittee of the Board, Mr. Evans McBride. The policy recommends cash assets above and beyond immediate operating and routine capital cash needs be invested for income and security. The policy specifies that no less than 90 days cash on hand shall be maintained on deposit in the Authority's main operating bank at all times and days cash in excess of 100 days may be invested in accordance with the Authority's investment policy. A **Motion** was made (Lewis) and seconded (Sehgal) to approve the Cash Investment Policy as presented. The vote was taken as follows: Aye: Susan Kanard, Evans McBride, Weldon Smith, Mary Shannon, Mark Sehgal, MD, Brent Grilliot, L.M. Milton, MD, Don Lewis, and Cara Bland. Nay: None. Absent: None. Abstain: None. Chairperson Bland declared the **motion** carried.

Consideration of Officers for FY 2016/2017:

Chairman Cara Bland nominated Mr. Weldon Smith for the position of Chairman of the MRHCA Board of Trustees. Dr. L.M. Milton also nominated Brent Grilliot for the position of Chairman of the MRHCA Board of Trustees. Following the reading of a secret ballot, Mr. Weldon Smith was nominated to the position of Chairman of the MRHCA Board of Trustees for FY 2016/2017. Chairman Bland nominated Ms. Mary Shannon for the position of Vice-Chairman of the MRHCA Board of Trustees. Dr. Mark Sehgal also nominated Ms. Susan Kanard for the position of Vice-Chairman of the MRHCA Board of Trustees. Following the reading of a secret ballot, Ms. Mary Shannon was nominated to the position of Vice-Chairman of the MRHCA Board of Trustees. Chairman Bland nominated Mr. Brent Grilliot for the position of Secretary of the MRHCA Board of Trustees. With no other nominations received, Mr. Brent Grilliot was nominated to the position of Secretary of the MRHCA Board of Trustees. Ms. Bland reported she will be stepping out of her role as Chairman; however she will remain as an active member of the Board. Mr. David Keith presented Ms. Bland with a plaque in appreciation for her services as Chairman of the MRHCA Board of Trustees.

New Business: None

Executive Session: 25 O.S. § 307(B)) ~ Cara Bland, Chairperson.

25 O.S. § 307(B) (4): "Confidential communications between a public body and its attorney concerning a pending investigation, claim, or action if the public body, with the advice of its attorney, determines that disclosure will seriously impair the ability of the public body to process the claim or conduct a pending investigation litigation, or proceeding in the public interest."

Initials _____

1. Discussion of Blue Cross/Blue Shield potential conflict ~ Gina Simmons, Vizient.

A motion was made at 5:48 PM by (Milton) and seconded (Sehgal) to enter into Executive Session. The vote was taken as follows: Aye: Evans McBride, Susan Kanard, Weldon Smith, Brent Grilliot, Mary Shannon, Don Lewis, Mark Sehgal, MD, L.M. Milton, MD and Cara Bland. Nay: None. Absent: None. Abstain: None. Chairperson Bland declared the motion carried unanimously. Other members present in the executive session: Kim Stout, Darryl Linnington, David Keith, Jason Bray, and Gina Simmons.

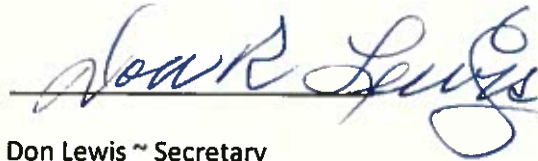
A motion was made at 6:32 PM by (Grilliot) and seconded (Lewis) to conclude the Executive Session. The vote was taken as follows: Aye: Mark Sehgal, MD, Evans McBride, Susan Kanard, Weldon Smith, L.M. Milton MD, Mary Shannon, Brent Grilliot, Don Lewis, and Cara Bland. Nay: None. Absent: None. Abstain: None. Chairperson Bland declared the motion carried.

No action was taken during the Executive Session.

With no further questions or business to come before the Board the meeting was adjourned at 6:35 PM.



Cara Bland ~ Chairperson



Don Lewis ~ Secretary

/sds