

A meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday December 07, 2016 at McAlester Center in the Administration Board Room. Public notice, setting forth thereon the day, time and place for Regional Health this regular meeting had been delivered to the office of the City Clerk at 02:36 PM, on Tuesday December 06, 2016.

TRUSTEES PRESENT:

Weldon Smith, Chairperson ~ Brent Grilliot, Secretary ~ Cara Bland ~ L.M. Milton, MD (Arrived at 4:08 PM) ~ Mark Sehgal, MD ~ Evans McBride (Arrived at 4:09 PM) ~ Susan Kanard ~ Mary Shannon, Vice Chairman

TRUSTEES ABSENT: Don Lewis

HOSPITAL STAFF:

David Keith ~ Sonya Stone, Recording Secretary ~ Jason Bray ~ Kandra Wells ~ David Mak ~ Chris Whybrew ~ Shawn Howard ~ Julie Powell ~ Matt Eagens ~ Darryl Linnington ~ Whitney Hull ~ Kim Stout ~ Ryan Gathard.

OTHER ATTENDEES:

Elise Brennan, Legal Counsel ~ Dr Christopher Beene, Chief of Staff ~ Lacey Sudderth, News Capital.

CALL TO ORDER:

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

Public Comment: None

Consent Agenda:

1. MRHCA Board of Trustees minutes for November 2, 2016.
2. Medical Staff credentialing appointments as follows:
 - A. Approval of appointments of (Provisional) privileges for one (1) year per the recommendation of the Medical Executive Committee.
 - a. Tamara Holt, MD – Active Staff – Internal Medicine/Hospitalist
 - b. Daniel Jones, MD – Active Staff – Orthopedic Surgery
 - c. Andrew Ryals, DO – Active Staff – Emergency Medicine
 - d. Eiad Sabia, MD – Active Staff – Internal Medicine/Hospitalist
 - e. Janis Rosenfeld-Barbash, MD – Affiliate Staff - Teleradiology
 - B. Approval of Reappointment privileges for Two (2) years per the recommendation of the Medical Executive Committee.
 - a. Deborah Roden, Dental Assistant – Affiliate Staff – Dental Assistant under the supervision of Twana Duncan, DDS
 - C. Approval of Advancement privileges per the recommendation of the Medical Executive Committee as follows:
 - a. Lawrence Page, DO – Active Staff – Orthopedic Surgery – Two Years
 - b. Thomas Reinsvold, MD – Active Staff – Interventional Cardiology – Remain in Provisional one (1) month
 - c. Reid Breckwoldt, MD – Affiliate Staff – Teleradiology – Two Years
3. Appointment of Dr. Michael Grossman to the McAlester Ambulatory Surgery Center Board of Managers replacing Dr. Michael Mann.

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

CEO Report:

Mr. Keith provided the handout entitled "Strategy 1 – Follow up (Quality, Customer Service, and Patient Safety)". He asked Ms. Whitney Hull to provide an overview of the handout, which described the next organizational steps to be implemented in order to meet or exceed the State or National averages for the CMS (Centers for Medicare and Medicaid) Star Rating Program. The goal is to increase the overall MRHC Star Rating to a three or higher. She reported mortality rates, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging are elements that comprise the overall Star Rating for Inpatients. Each element has specific weighting in the overall composite score for the Star Rating. Ms. Hull shared the initiatives that are planned or have already been put into place to help drive improvement to the quality scores. Mr. Keith stated a quarterly report will be provided to keep the Board updated on the progress. Mr. Keith opened the floor to Ms. Kim Stout to provide an overview of the Medicare Spend per Beneficiary report that she stated was a very good report. Ms. Stout reported when compared to the State and National average, MRHC's average spend is lower, which indicates we are managing patients and associated costs very well. Dialogue also occurred regarding the possibility of offering a support proposal to Atoka Hospital who is struggling financially. Mr. Shawn Howard provided an update regarding Latimer County General Hospital management efforts. Ms. Stout provided an update regarding the CPC+ Program. She reported the hospital applied to participate in the CPC+ Model and was accepted into the CPC+ Track 2 Program in order to meet the requirements of MACRA and MIPs. Mr. Ryan Gathard announced that the McAlester Foundation successfully applied and received a \$125,000 grant from the Susan G. Komen Foundation. The grant money will be used towards the purchase digital mammography equipment. Mr. Keith reported the Van Buren House (VBH) is full and the hospital is investigating the possibility of expanding the VBH to include an additional wing. He added he will bring a full report to the Board in the near future. Ms. Elise Brennen, Attorney provided information regarding the Upper Payment Limit (UPL), a federal program that allows Non-State Governmental Hospitals to receive federal money for nursing home facilities. She stated it is undetermined at this time if Public Trust Hospitals qualify under the Non-State Governmental Transfer Act. Mr. Keith reported he expects to see more clarity within the next 60-90 days. Mr. Chris Whybrew provided an overview of the construction projects in progress.

Facility and Environmental Assessment:

Mr. Matt Eagens provided Facilities "Patient Experience" Program presentation. He reported the facilities does recognize and understand the environmental concerns and needs of the hospital. He reported, every customer service effort must be employed to strengthen the market share. Facilities is focusing to improve the patient experience by implementing aggressive room renovation process, zone maintenance and an emergency response to patient and nursing needs. Mr. Eagens described the targeted areas of focus and listed the actions that will be taken. One area of particular focus is a zone maintenance program, where a technician is assign to a patient care floor to round each morning speaking directly with nursing staff, going into rooms, self-identifying deficiencies, and generating work orders. The Room a Day program focuses on improving three patient rooms in a two week period. An Emergency Response technician will be on call daily to respond within minutes to requests by nursing and medical staff. Mr. Eagens stated the Facility staff will meet as a team each morning to discuss and prioritize work orders, and promote accountability. He closed by reporting the goals are to drive improved employee and inpatient satisfaction, support DNV requirements, establish a maintenance baseline for facility conditions, strengthen communication, support future renovation projects, and provide documentation of a Performance Improvement Project.

Strategic discussion regarding SE Alliance:

Mr. Darry Linnington reported the Southeast Alliance is focusing efforts on fourteen (14) counties in the region. Five (5) hospital CEOs including MRHC agreed to meet on December 14, 2016 to discuss their interest and participation in being part of Southeast Alliance. They have agreed there is a need for community hospitals to collaborate and work towards specific goals such as clinical and financial integration. He stated more and more rural hospitals are struggling and some have closed due to reimbursement, collections, physician recruitment and retention contracting, and other operational challenges. He stated we are looking for partners who are willing to engage, see the vision to come together in this Alliance, and are willing to commit their time, energy, and resources to create the Alliance. The purpose of the Alliance is to make sure we are addressing quality and affordability throughout Southeastern Oklahoma. Mr. Linnington reported a HRSA network grant application will be submitted in the near future that will help with technical needs, legal needs, and staffing to lighten the burden of start-up cost. Affiliation agreements are currently being drafted and prepared for Legal review. Mr. Linnington stated there has never been a better time to create this Alliance and help sustain the struggling rural hospitals. He added the overall goal of the Alliance is to strengthen our interdependence and in doing so, strengthen our independence.

Chief of Staff Report:

Dr. Christopher Beene reported that Dr. Paula Guinnip a new Thoracic Surgeon joined MRHC a few weeks ago. She is very friendly and very active.

Board QI Report:

Dr. Mark Sehgal reported the quality reports are repetitive every month; however the presentation presented earlier regarding the Facility and Environmental Assessment will greatly help to improve the quality scores. He added Chelsea Bishop, Julie Powell and Whitney Hull are doing a tremendous job driving improvement in many areas. Every effort is being made to improve the quality scores and it will take time before results are noticeable.

Finance Committee Report:

Mr. Evans McBride reported having concerns with the operating numbers over the past four months due to in-house problems that are impacting the financial capacity. He encouraged the Board to listen closely to Mr. David Mak's financial report and requested Mr. Mak to provide a three year trend to future reports.

1. Financial Report for October 2016:

Mr. David Mak reported October was a busy month in regards to outpatient services. The operating revenues for October 2016 exceeded budget. The operating expenses exceeded the budget as well causing some concern; however the Administrative Executive Team has identified areas and implemented processes to drive cost savings and decrease expenses. Mr. McBride directed attention to the Year to Date Financial Summary report, stating the net income decreased significantly from this time last year. Mr. Mak stated there are overages in labor management and service contracts that need to be renegotiated. He added the benefit of these efforts will start to come back in six to twelve months. Mr. Mak reported the Days Cash on Hand for October 2016 was 156.2 which exceed the financing covenant of 75 days. He stated there was little change in the payor mix. He reported the accounts receivable for the clinics trended slightly higher due to new physician onboarding; however on the inpatient side, the accounts receivable took a dip due to a software update glitch that resulted in the rejection of eighty accounts. The issues were fixed and money was deposited in the bank. Mr. Mak concluded his report by providing an overview of the Statement of Financial Position. A Motion was made (Bland) and seconded (Sehgal) to approve the October 2016 Financial Reports as presented. The vote was taken as follows: Yea: Cara Bland, Mark Sehgal, M.D., Brent Grilliot, Susan Kanard, Evans McBride, L.M. Milton, M.D., Mary Shannon, and Weldon Smith. Nay: None. Absent: Don Lewis. Abstain: None. Chairperson Smith declared the motion carried.

Initials _____

New Business: None

Executive Session:

A motion was made at 6:07 PM by (Bland) and seconded (Grilliot) to enter into Executive Session. The vote was taken as follows: Aye: Cara Bland, Brent Grilliot, Mary Shannon, Mark Sehgal, MD, L.M. Milton, MD, Evans McBride, Susan Kanard, and Weldon Smith. Nay: None. Absent: Don Lewis. Abstain: None. Chairperson Smith declared the motion carried unanimously. Other members present in the executive session: Kim Stout, Darryl Linnington, David Keith, Jason Bray, Chris Whybrew, Shawn Howard, David Mak, and Elise Brennen, Attorney.

25 O.S. § 307(B)) ~ Consideration and discussion – Weldon Smith, Chairman

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."

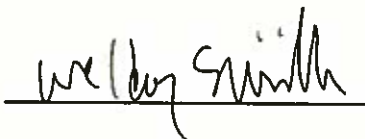
1. Discussion regarding Tertiary Partnership

A motion was made at 6:45 PM by (Shannon) and seconded (Sehgal) to conclude the Executive Session. The vote was taken as follows: Aye: Mary Shannon, Mark Sehgal, MD, Susan Kanard, Brent Grilliot, Cara Bland, L.M. Milton, MD, and Weldon Smith. Nay: None. Absent: Don Lewis, Evans McBride (left during executive session). Abstain: None. Chairperson Smith declared the motion carried.

No action was taken during the Executive Session.

Adjournment:

With no further questions or business to come before the Board, a motion was made (Bland) and seconded (Sehgal) to adjourn the meeting 6:47 PM. Aye: Cara Bland, Mark Sehgal, MD, Susan Kanard, Brent Grilliot, L.M. Milton, MD, Mary Shannon, and Weldon Smith. Nay: None. Absent: Don Lewis, Evans McBride (left during executive session). Abstain: None. Chairperson Smith declared the motion carried.



Weldon Smith ~ Chairperson



Mary Shannon ~ Secretary

/sds