

A meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday November 07, 2018 at McAlester Regional Health Center in the Administration Board Room. Public notice, setting forth there on the day, time and place for this regular meeting had been delivered to the office of the City Clerk at 08:45 AM on Tuesday November 06, 2018.

TRUSTEES PRESENT:

Evans McBride MD ~ Susan Kanard ~ Brent Grilliot ~ Weldon Smith, Chairman ~ Kevin Priddle ~ Cara Bland,

TRUSTEES ABSENT: Ray Dixon, M.D ~ Mary Shannon, Vice Chairman ~ Mark Sehgal, MD

HOSPITAL STAFF:

David Keith, Sonya Stone, Recording Secretary, Jim Fraser, Dee Misrasi, Heather Eddy, Tim Cathey, M.D., Darryl Linnington, Kim Stout, Ryan Gathard, Jason Bray, Michael Mann, MD

OTHER ATTENDEES:

Rachel Jordan, Legal Counsel, Russell Ramzel, Legal Counsel (via conference phone), Pete Stasiak, City Manager, Vanessa Garcia Luzuriaga.

CALL TO ORDER:

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

Public Comment: None

Consent Agenda:

1. MRHCA Board of Trustees minutes for October 03, 2018
2. Credentialing and privileges List as follows:

Approval of appointment for Provisional Credentialing and Privileges for one year per the recommendation of the Medical Executive Committee:

- a. Paragkumar Patel, MD ~ Affiliate Health ~ Internal Medicine
- b. Dwight Townsend, MD ~ Affiliate Health ~ Teleradiology
- c. John Sims, Jr. ~ Allied Health ~ CRNA
- d. Gary Augter, DO ~ Active Staff ~ Dermatology & Micrographic Surgery
- e. Sammie Stone ~ Allied Staff ~ APRN-CNP
- f. John Joyave, DO ~ Active Staff ~ Emergency Medicine & Family Medicine
- g. Glenn Kaplan, MD ~ Affiliate Staff ~ Teleradiology
- h. Luke Schumacher, PA-C ~ Allied Health ~ Orthopedic Surgery
- i. Jonathan Rohloff, DO ~ Active Staff ~ Emergency Medicine
- j. Emory Hilton, DPM ~ Active Staff ~ Surgery/Podiatry
- k. James Pritchett, DO ~ Active Staff ~ Emergency Medicine
- l. Madison Collins, DO ~ Active Staff ~ Internal Medicine/Hospitalist
- m. Patrick Gannon, MD. ~ Active Staff ~ Orthopedic Surgery

Approval of appointments for Reappointment (Advancement) credentialing and privileges for two years per the recommendation of the Medical Executive Committee:

- a. Deborah Hellinger, DO ~ Affiliate Staff ~ Teleradiology
- b. David Li, MD ~ Affiliate Staff ~ Teleradiology
- c. Billy Mahaney, MD ~ Affiliate Staff ~ Teleradiology
- d. Paul Sherman, MD ~ Affiliate Staff ~ Teleradiology

Initials _____

- e. Jing Jiang, MD ~ Affiliate Staff ~ Teleradiology

Approval of appointments for Reappointment Credentialing and Privileges for two years per the recommendation of the Medical Executive Committee:

- a. Jacqueline Turnbull, APRN ~ Affiliate Staff ~ Family Medicine
- b. Dennis Staggs, DO ~ Active Staff ~ Wound Care
- c. Kaitlyn Vaughn, APRN ~ Affiliate Staff ~ Nephrology/Family Medicine
- d. John Hennessee, MD ~ Active Staff ~ Psychiatry, Geri-Psych

A Motion was made (Bland) and seconded (Grilliot) to approve consent agenda items one (1) and two (2) as presented. The vote was taken as follows: **Aye:** Cara Bland, Brent Grilliot, Evans McBride, Susan Kanard, Kevin Priddle and Weldon Smith. **Nay:** None. **Absent:** Ray Dixon, MD, Mark Sehgal, MD and Mary Shannon. **Abstain:** None. Chairperson Smith declared the motion carried.

Marketing Plan for Orthopedic and Cardiology Service Line: Mr. Chris Plunkett provided an overview of a service plan for Orthopedic and Cardiology. He described unique selling points, target customers, competition and Internal and external strategies. He concluded by sharing the top focus strategies to include: Business to business marketing, outreach to clinics with a Physician Assistants, capitalizing on new Primary Care in Atoka, Sports Programs with schools and advertising/Health Fairs.

ACO Presentation: Ms. Vanessa Garcia Luzuriaga provided an overview of the Accountable Care Organization (ACO) describing it as a group of doctors, hospitals and other health care providers, who voluntarily come together to coordinate care for their Medicare patients. She added ACO's are Medicare bonus programs that serve as a vehicle to shift from volume to value and allows for participation in "shared savings" for the organization. If quality is good, and costs go down, organizations can get up to 50% of the savings. Ms. Luzuriaga stated the ACO provides an opportunity for MRHC to learn to effectively manage population health while avoiding unnecessary penalties or taking on risk. She shared the basics of an ACO including the benefits of ACO participation and the structure of the Quality Payment Program. Ms. Luzuriaga addressed questions and discussion from the Board.

CEO Report:

1. CEO Report: Mr. David Keith provided an overview of the CEO report. He reported Atoka County Medical Center continues to improve its financial position as a result of MRHC administrative and clinical support. Plans to emerge from bankruptcy next year are under discussion. Opioid legislation (federal and state) kicks in November 1. MRHC is on point to ensure physicians and staff is educated to the new rules and has processes in place to ensure accountability. Efforts to improve HCAHPS survey scores continue to improve. Leadership rounding is allowing staff to deal with patient's concerns in real time; having a positive impact with employees. The VA Clinic renovation is complete and personnel are currently moving in. The VA Clinic will begin seeing patients November 13 and a formal Grand Opening is set for January 2019. Mr. Keith reported shuttle service is an employee satisfier and patients like the concierge service provided by the Volunteers. Parking expansion is in progress; however concerns regarding underground water may create delays. Mr. Jason Bray, CIO will be taking a position elsewhere and Tracy Locke will serve as interim Director of the IS department. IS will report to Jim Fraser, CFO. The remainder of Mr. Bray's direct reports will also be reassigned. A decision on the CIO position is pending. He reported Mr. Darryl Linnington will be heading up the HIS multidisciplinary implementation task group; consulting group LEIDOS is now engaged and working on the structure and timing of the new task group. The Foundation committed to over \$200K this quarter on capital equipment to the benefit of MRHC. "Laughter is the Best Medicine" fundraiser is scheduled for Thursday November 8. Mr. Keith reported Laboratory Services passed the latest CAP inspection with few

deficiencies, and continue to improve their department's financials. Greeley & Associates continue to assist the Credentialing & Privileging Department. System software has been purchased; the decision to contract or staff the functions of the department is being evaluated. MRHC is operationally preparing to fully own the MASC. The Purchase Agreement was drafted and under review. The DNV survey results are still pending; however a subsequent site visit lowered conditional level deficiencies in Central Sterile. Renovations in Surgery and Central Sterile Department have already begun. An agreement between MRHC and Prime is finalized. Prime has extended offers to MRHC employed Hospitalist. New group leadership effective November 1. Full Hospitalist service engaged January 1, 2019. Oklahoma Heart is recruiting cardiologists for MRHC with plans to move their clinic into the Hospital early 2019. Agreement is being finalized. Space to accommodate Oklahoma Heart will be a challenge. The second of three Cooling Towers will be installed on November 14. He closed by reporting plans for an Urgent Care is under discussion for a 7,900 Square foot facility to be located on retail property.

2. Strategic Plan Update: Mr. David Keith provided an update on the Strategic Plan for FY 2018 through 2021. The report included four long term priority objectives; 59 short term objectives; 28 short term objectives spanning CY 2018-2019 and 6 top objectives for FY 2018 identified. In addition he provided action items for FY 2015-2017. He reported a full report will be presented to the Board in December in advance of the Strategic Planning Meeting in January.

Chief of Staff Report: Dr. Michael Mann reported Prime Hospital Group is on board and working to improve the Hospitalist Program. He looks forward to the consistency the new group will bring to the hospital. Dr. Mann reported the new Emergency Department workflow has improved with the additional space. He stated atmosphere is calm with less chaos. Dr. Mann reported several discussions occurred among the medical staff regarding opioid stewardship. He added the Pharmacist have been doing a great job of reducing opioid dispensing and Customer Service Scores have not appeared to be effected by the efforts. Dr. Mann closed by reporting as a result of the Antibiotic Stewardship Program, there is a change in the kind of bacteria that is found in the hospital; the program is working.

Board QI Committee Report: Ms. Cara Bland reported everything that was discussed in the Board QI Committee is included in the CEO report. She referred the Board to page 6 of report.

Personnel Committee Report: Ms. Susan Kanard reported the Personnel Committee met to discuss the Employee Satisfaction Survey results. She opened the floor to Ms. Heather Eddy to provide an overview of the results. Ms. Eddy reported the format is different from what the Board has seen in the past. The survey was performed in-house with Survey Monkey. A 30% average response rate from employees on campus was received. Ms. Eddy reviewed the Key Findings, areas for improvement and the next steps going forward. Also included in the report were corrective action plans for improvement.

Investment Committee Report: Mr. Kevin Priddle provided an update on the recent Investment Committee meeting. He reported the MRHC Investment Advisors; The Chacko Group, attended the meeting. The advisors on behalf of the Committee will be revising the format of the Investment Reports that will be rolled out to the Board in January. He also reported the Committee is in the process of updating the Hospitals Investment Policy. Mr. Priddle reported the Committee has one member of the community and is looking for one more community member. He stated the Committee is continually improving and building in definition.

Finance Committee Report:

- 1. Consideration and approval of September 2018 Financial Reports:** Mr. Jim Fraser provided an overview of the September 2018 Financial Report. He reported the volumes were mixed with

inpatient discharges up to 357 from 341 in the prior year. Outpatient registrations were up to 6,351 from 6,220, emergency department visits were down to 1,778 from 2,095 in the prior year and total surgeries were down to 248 from 251 in the prior year. Mr. Fraser reported a net operating income of \$140K as compared to budgeted net operating income of \$51k. The EBIDA was positive at \$493k compared with a budgeted EBIDA of \$471k. The unrestricted cash balance decreased to 123.4 days from 161.3 days from prior year. Labor management resulted in paid FTEs running 689; this is up 10 FTEs from prior year. Mr. Fraser updated the Board on the impact of ongoing projects. Mr. Fraser shared that reports for the MMS will be reformatted to separate the individual clinics by department; showing the performance for each clinic. He reported Hospice has resolved the billing issues and is now able to bill for services. He added there should be a financial improvement soon. Following discussion, Cara Bland moved to approve the September 2018 Financial Reports as presented. The motion was seconded by Kevin Priddle and the vote was taken as follows: **Aye:** Cara Bland, Kevin Priddle, Brent Grilliot, Susan Kanard, Evans McBride, Susan Kanard, Brent Grilliot, Evans, McBride and Weldon Smith. **Nay:** None. **Absent:** Ray Dixon, MD, Mary Shannon and Mark Sehgal, MD. **Abstain:** None. Chairperson Smith declared the motion carried

New Business: Ms. Rachel Jordan provided a follow up opinion regarding a CMS/DNV requirement for Board approval of minutes for all various meetings at the hospital. She stated to date the CMS/DNV report has not arrived so the actual determination is not available. She reported having a conversation with the MRHC Compliance Officer who verified the Board be apprised of all happenings at the hospital. She proposed the minutes be placed in the preliminary meeting packet and included on the consent agenda to show they have been reviewed and the Board is aware of the content and accepts them; however without the final CMS/DNV report, it is hard to determine if this process will be accepted by CMS/DNV. More information will be forthcoming pending the final CMS/DNV survey report.

Executive Session:

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

25 O.S. § 307(C)(10): "All nonprofit foundations, boards, bureaus, commissions, agencies, trusteeships, authorities, councils, committees, public trusts, task forces or study groups supported in whole or part by public funds or entrusted with the expenditure of public funds for purposes of conferring on matters pertaining to economic development, including the transfer of property, financing, or the creation of a proposal to entice a business to remain or to locate within their jurisdiction if public disclosure of the matter discussed would interfere with the development of products or services or if public disclosure would violate the confidentiality of the business."

1. Discuss the potential purchase of property for economic development
2. **Update on Belfair Project**

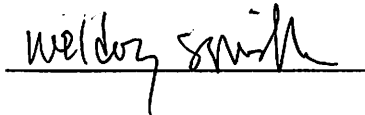
A Motion was made (Priddle) and seconded (Grilliot) to enter into Executive Session at 6:25PM. The vote was taken as follows: **Aye:** Kevin Priddle, Brent Grilliot, Evans McBride, Susan Kanard, Cara Bland and Weldon Smith. **Nay:** None. **Absent:** Ray Dixon, Mark Sehgal, MD and Mary Shannon. **Abstain:** None. Chairperson Smith declared the motion carried.

A Motion was made (Priddle) and seconded (Kanard) to come out of Executive Session at 7:17PM. The vote was taken as follows: **Aye:** Kevin Priddle, Susan Kanard, Brent Grilliot, Cara Bland, Evans McBride and Weldon

Smith. **Nay:** None. **Absent:** Ray Dixon, Mark Sehgal, MD and Mary Shannon. **Abstain:** None. Chairperson Smith declared the **motion** carried.

No action was taken following Executive Session.

Adjournment: With no further questions or business to come before the Board, A **Motion** was made (Priddle) and seconded (Kanard) to adjourn at 7:20PM. The vote was taken as follows: **Aye:** Kevin Priddle, Susan Kanard, Brent Grilliot, Cara Bland, Evans McBride and Weldon Smith. **Nay:** None. **Absent:** Ray Dixon, Mark Sehgal, MD and Mary Shannon. **Abstain:** None. Chairperson Smith declared the **motion** carried.



Weldon Smith ~ Chairperson



Mary Shannon ~ Secretary

/sds