

A meeting of the McAlester Regional Health Center Authority was held at 8:00 AM, on Thursday December 12, 2019 at Kiamichi Technology Center. 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 05:30 PM on Monday December, 09, 2019.

TRUSTEES PRESENT:

Susan Kanard ~ Brent Grilliot ~ Weldon Smith, Chairman ~ Marti Fields ~ Mary Shannon ~ Kevin Priddle

TRUSTEES ABSENT: Evans McBride, James Bland, Mark Sehgal, MD

HOSPITAL STAFF:

David Keith, Sonya Stone, Recording Secretary, Jim Fraser, Tim Cathey, M.D., Shawn Howard, Whitney Hull, Darryl Linnington, Kim Stout

OTHER ATTENDEES:

Cara Bland, Pete Stasiak

CALL TO ORDER:

Chairman Smith called the meeting to order at 8:00 AM

Opening Remarks: Mr. David Keith shared a compilation of 2019 accomplishments that he developed along with department leaders. He stated the accomplishments are a testament of how busy the hospital is. Mr. Keith reported that Shawn Howard and Kim Stout have worked with a Strategic Task Force for several months to update the current Strategic Plan that will be reviewed today. He also reported there are a few Capital Expenditure Requests on the Agenda for approval.

Consideration and approval of Capital Expenditure Request:

- 1. Ortho Vision & Workstation Blood Bank Analyzer:** Mr. Jim Fraser reported the current blood bank equipment is aging out with reliability issues. Ortho Provue-Beckman has given notice the instrument will no longer be supported after 2020. The proposed project includes replacing current blood bank instrumentation with proposed Vision analyzer and Workstation. This equipment is vital to MRHC's transfusion services. Bids were accepted from Immucor, Cardinal Health and Ortho Clinical Diagnostics. The lowest bid meeting all the requirements was accepted from Cardinal Health. The cost of the replacement is \$77,100.00 which is under the budgeted amount of \$100,000. A motion was made (Priddle) and seconded (Grilliot) to approve the Cardinal Health Blood Bank Analyzer at a cost of \$77,100 as presented. The vote was taken as follows: Aye: Kevin Priddle, Brent Grilliot, Susan Kanard, Mary Shannon, Marti Fields and Weldon Smith. Nay: None. Absent: James Bland, Evans McBride, Mark Sehgal, MD. Abstain: None. Chairperson Smith declared the **motion** carried.
- 2. Critical Alert Nurse Call Light System for 2N & 3W Unit:** Mr. Jim Fraser reported the 2N Nurse Call System recently failed. This request comes to the Board as an emergency purchase. The Capital Expenditure Request for Nurse Call Critical Alert System for 2N is to replace the aging 20 year old nurse call system that failed on 2N and to upgrade the Nurse Call System on 3W. Mr. Shawn Howard reported parts have been taken from the 3W unit to repair the 2N unit. The original ask in the Finance Committee was to replace the 3W nurse call system; however the 2N system has now failed creating an emergent situation. The new system will integrate with the new Vocera technology. The system is from Critical Alert at a cost of \$55,174.93 to replace the failed system on 2N and upgrade the system. A **motion** was made (Priddle) and seconded (Shannon) to approve the Critical Alert Nurse Call System replacement for the 2N Nurse Call System and upgrade to the 3W Nurse Call

System at a cost of \$55, 174.93 as presented. The vote was taken as follows: Aye: Kevin Priddle, Mary Shannon, Brent Grilliot, Susan Kanard, Marti Fields and Weldon Smith. Nay: None. Absent: James Bland, Evans McBride, Mark Sehgal, MD. Abstain: None. Chairperson Smith declared the motion carried.

Strategic Plan review: Ms. Whitney Hull began by providing an overview of the updated Strategic Alignment-Key Strategic Risk Indicators. The indicators were color coded to easily identify areas of success and need for improvement. Discussion occurred regarding the need for a physician satisfaction survey. Mr. Keith agreed to develop a plan for a more robust physician satisfaction strategy that meets the national benchmark that may include removing the responsibility from HR. He stated his goal is to execute a physician satisfaction survey by April 2020 and achieve at least a 50-60% response rate. Discussion occurred regarding Brand Recognition. Mr. Weldon Smith stated there needs to be targets and trend lines for measuring brand recognition. Mr. Keith reported there was a perception study done in 2009 and the results were unfavorable. He stated if that study was repeated today, he would expect the results would be much improved. A Quality initiative for Hospital Wide Readmissions was discussed. Nursing Homes with a 60% readmission rate have the highest number of readmissions. Ms. Hull suggested education on readmissions for Nursing Homes, Home Health and Hospice Services. Additional items of discussion included Sepsis and Septic Shock, Hospital Acquired Clostridium Difficile (C-Diff) and Medicare Attributed Lives. Mr. Keith suggested quarterly updates on the status of Customer Service initiatives. Mr. Keith recommended changing Slide 25 of the Strategic Alignment- Key Strategic Risk indicators report referencing Employee Turnover for better understanding. Mr. Jim Fraser discussed Hospital labor, Inpatient volumes, payer mix, case mix index, outpatient surgery volumes and MMS practice operations. A recommendation was made by Mr. Keith to modify slide 32 referencing MMS Practice Operations Patient Accounts Receivable Trend to add a 60 day target to graph. He also recommended to track, trend and show to the Board every month. Mr. Keith committed to develop a plan including targets and timelines to correct the deficiencies that are identified in orange on the report and present at the next Finance Committee.

Ms. Whitney Hull presented the 2020 – 2023 Strategic Plan. She simultaneously shared the previous plan and the Status Report Worksheet for comparison. Ms. Hull reviewed the priority/short term objectives to include Quality & Customer Service, Telemedicine & Technology, Regional Development Expansion, Market Growth & Service Line Development and Financial Sustainability. The Board participated in the review with minimal modifications that include: 2.2A add “and retention”; 3.0 remove “& Retention”; Remove 4.0B from Financial Sustainability and add a 5.0 Philanthropic category. Ms. Whitney Hull will make the necessary modification to the Strategic Plan and present at the next scheduled Board of Trustee meeting on January 8, 2020.

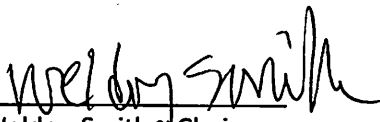
Presentation: The Healthcare Marketplace by Maureen Swan: Mr. David Keith introduced Ms. Maureen Swan who provided a 1 ½ hour presentation on the Healthcare Marketplace. Ms. Swan is the President and owner of MedTrend Inc., a consulting group that specializes in governance performance and strategy development for the healthcare industry. The presentation was open to invited guest including community leaders, and hospital leadership.

MRHC Telehealth Strategy: Dr. Timothy Cathey provided a presentation on Telehealth Strategy for McAlester Regional Health Center (MRHC). He reported Telehealth is the use of medical information exchanged from one site to another via electronic communications to improve the patient’s health status. He stated the Telehealth strategy will build a patient centered approach to care; patients are looking for more convenience with 76% valuing access and convenience over in-person interactions. In addition 44% are willing to go out of network based on positive patient reviews of doctor and 75% of patients interested in a Telehealth visit in

place of an in-person visit. Dr. Cathey stated patients are less likely to switch doctors or go to an urgent care clinic if they

can have same day access to their provider. Telehealth is associated with better patient outcomes, happier patients and less hospital readmissions. Telehealth optimizes patient flow and efficiency by offering on-demand appointments to fill gaps in provider schedules, making "check in" for online appointments as efficient as possible, replacing after hour phone calls with Telehealth visits and offering on-demand afterhour appointments from the provider's home. Dr. Cathey reported MRHC currently offers Telehealth services at Lifebridge , Regional Brain Institute for stroke care and E-psychiatry for our Affordable Care Organization (ACO) starting December 2019. He added MRHC plans to find a tertiary partner to align with the hospital's telehealth strategy by April 2020, implement e-health visits by July 1, 2020 and partner with telehealth provider to begin primary care telehealth visits by August 1, 2020. Discussion occurred regarding the establishment of a Committee to develop a plan for moving forward with the Telehealth initiative.

Adjournment: A Motion was made (Shannon) and seconded (Priddle) to adjourn at 2:32 PM. The vote was taken as follows: Aye: Mary Shannon, Kevin Priddle, Susan Kanard, Mary Shannon, Brent Grilliot, Marti Fields, and Weldon Smith. Nay: None. Absent: Mark Sehgal, MD, James Bland, Evans McBride. Abstain: None. Chairperson Smith declared the motion carried.


Weldon Smith ~ Chairperson
/sds


Mary Shannon ~ Secretary