

A meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday May 05, 2021 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 01:45 PM on Monday May 04, 2021.

**TRUSTEES PRESENT:**

Mary Shannon, Chairwoman ~ Weldon Smith ~ Marti Fields ~ Susan Kanard ~ Brent Grilliot ~ Johnny Zellmer, MD ~ James Bland ~ Sayer Brenner ~ Damon Mascoto

**Trustees Absent:** None

**HOSPITAL STAFF:**

David Keith, Sonya Stone, Recording Secretary, Sherry Winczewski, Shawn Howard, Lucy Muller, Kim Stout, Cheryl Perry, CFO, Dr. Kamron Torbati, Chief of Staff, Julie Powell

**OTHER ATTENDEES:**

Karen Rieger, Legal Counsel, Jon Rains, Jim Slayton, Clay McCall

**CALL TO ORDER:**

Chairwoman Shannon called the meeting to order at 4:00 PM. She recognized Mr. Brent Grilliot for having a birthday in the month of May.

**Public Comment:** None

**Consent Agenda:**

1. MRHCA Board of Trustees minutes for April 07, 2021
2. MRHC Contract Log for April 2021.
3. Credentialing & Privileging Appointments as follows:
  - **Consideration and approval of appointment for credentialing & privileging for provisional for one year as follows:**
    1. William Hanner, DO ~ General Surgery ~ One year
    2. Rubin Chandran, MD ~ Nephrology/Internal Med/Critical Care ~ One year
    3. Ryan Griswold, DO ~ Emergency Medicine (Moonlighting) ~ One year.
    4. Blake Wilson, CRNA ~ CRNA ~ One year
    5. Briana White, DO ~ Emergency Medicine ( Moonlighting) ~ One year
  - **Consideration and approval of appointment for credentialing & privileging for reappointment (Active) for two years as follows:**
    1. Kevin Gancarczyk, MD ~ Active ~ Urology ~ Two years
    2. Joseph Padalino, MD ~ Active ~ Urology ~ Two years
    3. Sean Doyle, MD ~ Active ~ Urology ~ Two years
    4. Oren Miller, MD ~ Active ~ Urology ~ Two years
    5. Charles Pritchard, MD ~ Active ~ Urology ~ Two years
  - **Consideration and approval of appointment for credentialing & privileging for reappointment (Consulting Staff) for two years as follows:**
    1. Terrence Boring, MD ~ Active Consulting ~ Orthopedics ~ Two years

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- **Consideration and approval of appointment for credentialing & privileging for reappointment (Allied Health) for two years as follows:**
  1. Dallas Tarp, CRNA ~ Allied Health ~ CRNA ~ Two years
- **Consideration and approval of appointment for credentialing & privileging for advancement (Active) for one year as follows:**
  1. Laura Black-Wicks, DO ~ Active ~ Family Medicine ~ One year
  2. Juston Evenson, MD ~ Active ~ Anesthesiology Medical Director of Anesthesia Services ~ One Year
  3. Shania Parks, DO ~ Active ~ Emergency Medicine ~ One Year
  4. Sarah Riopelle, MD ~ Active ~ Emergency Medicine ~ One Year
  5. Joshua Vicena, DO ~ Active ~ Urology ~ One Year
- **Consideration and approval of appointment for credentialing & privileging for advancement (Affiliate) for one year as follows:**
  1. Thomas Wicks, DPM ~ Active ~ Podiatry ~ One Year
- **Consideration and approval of appointment for credentialing & privileging for advancement (Allied Health) for one year as follows:**
  1. John Lazenby, PA ~ Allied ~ Physician Assistant (Supervising: John Tedesco) ~ One Year
  2. Cynthia Sanford, APRN-CNP ~ Allied ~ Nurse Practitioner (supervising Dr Staggs/Dr. Teal), Pediatrics ~ One Year
  3. Cody Yochum, APRN ~ Allied ~ Nurse Practitioner (supervising David Auld) ~ One Year
  4. Pamela McMillin, CRNA ~ Allied ~ CRNA ~ One Year
- **Consideration and approval of appointment for credentialing & privileging for advancement (Consulting) for one year as follows:**
  1. David Duvall, MD ~ Consultant ~ General Surgery ~ One Year
  2. John Tompkins, MD ~ Consultant ~ Orthopedics ~ One Year
- **Consideration and approval of appointment for credentialing & privileging for Additional Privileges Wound Care for two years as follows:**
  1. Misty Branam, DO ~ Active ~ Internal Medicine/Wound Care ~ Two Years
- **Consideration and approval of appointment for credentialing & privileging for Moonlighting: (Remain on Provisional) as follows:**
  1. Spencer Baird, DO ~ Provisional ~ Emergency Medicine ~ One Year
  2. Joshua Burton, DO ~ Provisional ~ Emergency Medicine ~ One Year
  3. Cameron Manchester, MD ~ Provisional ~ Radiology ~ One Year
  4. Cole Smith, MD ~ Provisional ~ Radiology ~ One Year
- 4. **Appoint/Designate the following individuals to perform the duties of their respective role as required by CMS:**
  1. David Keith, CEO
  2. Amy Rember, Infection Control Officer
  3. Bryce Segotta, Safety Officer
  4. Julie Powell, Compliance Officer
  5. Denise James, Grievance Procedure

6. Whitney Hull, Quality Management Representative
7. Lou Ann Wiedemann, HIPAA Privacy Officer
8. Robert Savely, Antibiotic Stewardship Program Representative

5. Capital Substitutions for the following:
  - a. Nephrology Microscope

A **Motion** was made (Kanard) and seconded (Fields) to approve the consent agenda items 1,2, 3, 4 & 5 of the consent agenda as presented. The vote was taken as follows: Aye: Susan Kanard, Marti Fields, Johnny Zellmer, MD, Sayer Brenner, James Bland, Weldon Smith, Damon Mascoto, Brent Grilliot and Mary Shannon. Nay: None. Absent: None. Abstain: None. Chairwoman Shannon declared the **motion** carried.

#### Finance Committee Report:

**1. Consideration and approval of March 2021 Financial Reports:** Ms. Perry presented the March 2021 Financials to the Board. Ms. Perry stated coming out of February the hope for March was for a stronger month, but results were mixed. While volumes on the outpatient side of the Hospital and in the clinics rebounded, the inpatient volumes in the hospital did not. The average daily census (ADC) for the hospital was 47 patients per day compared to 50 in February and the prior run rate of 56. On the good side the average length of stay (ALOS) for patients was down to 5.27 from a run rate of 5.80. However, the severity of illness or Case Mix Index (CMI) dropped to 1.42 or 14%. Other volumes of note include surgeries which went up 38 in the Hospital and 27 in the Ambulatory Surgery Center (ASC). Total Imaging procedures went up 7% and OP registrations increased 5%. ED visits were down slightly at 3% and the Cath Lab is still struggling with a 28% drop in procedures. For the hospital, there was a shift in the payer mix in the month of March away from Commercial and Blue Cross to the poorer reimbursing Medicaid and Self Pay accounts which resulted in an approximate loss of \$300 of net revenue. The focus of Zion will be directed at these older accounts to speed up recoveries and prevent further losses. As for expenses there were several unusual or unbudgeted items. Contract labor hit \$184k in IT in March with approximately \$86k belonging to previous periods. Payments to BKD were made that totaled \$36k for work on the Cost report and Provider Based Billing. Inventory in the Cath Lab expired hitting the bottom line at \$49k. The February gas bill was \$25k higher than normal, which was in line with bills received by other facilities. And finally, there were several repairs or updates to equipment and facilities that were paid in March that were out of the ordinary totaling \$44k. MMS had a strong volume month. A strong focus remains on the net revenue for the clinics as the net revenue per day remains low. As for expenses, MMS expenses per clinic day are below run rate as no large incentives were due in March and with the loss of an ortho provider who will not be replaced. Overall, the Authority finished March with a net loss of \$1.4m. There is a continued effort on all phases of the revenue cycle to make every effort to improve days in AR, collections, and ultimately net revenue. Additionally, all managers and directors are being asked to review their financials monthly, specifically looking for cost savings, as that will be key to the future of improving the bottom line. Mr. Perry notified the Finance Committee we will be pulling monies out of the Medicare Advancement Funds in the amount of \$1.2m from the \$12m, putting it in our operating fund. A **motion** was made (Zellmer) and seconded (Brenner) to approve the Financial Reports for March 2021 as presented. The vote was taken as follows: Aye: Johnny Zellmer, MD, Sayer Brenner, Weldon Smith, Marti Fields, Damon Mascoto, Susan Kanard, Brent Grilliot, James Bland, and Mary Shannon. Nay: None. Absent: None. Abstain: None. Chairwoman Shannon declared the **motion** carried.

**2. Discussion and consideration of Bid for Print Management Services:** Ms. Winczewski presented for Consideration and approval a Bid for Print Management Services. On March 12<sup>th</sup>, the bids were opened. The bid from Sun Print was for \$6,775.43 per month, and the bid from Standley Systems was for \$9,867.73 per month. The reviewers determined the proposal from Standley Services best fit the organization's needs. A **Motion** was made (Brenner) and seconded (Mascoto) to approve the bid from Standley Systems at a cost of \$9,867.73 per month as presented. The vote was taken as follows: Aye: Sayer Brenner, Damon Mascoto, Susan Kanard, Brent Grilliot, James Bland, Johnny Zellmer, MD, Marti Fields, Weldon Smith, and Mary Shannon. Nay: None. Absent: None. Abstain: None. Chairwoman Shannon declared the **motion** carried.

**4. Discussion and Consideration of change order for Hot Lab:** Mr. Shawn Howard presented to the Board a Change Order for a Hot Lab at the Healthplex. Mr. Howard stated a change order was previously presented to the Finance Committee and then approved by the Board for an MRI at the downtown Healthplex. Once the funds were approved, funds were held until the construction is established. The contractor for the project requested specs for the MRI. Since then, it was discovered there is not enough electricity to the building and the transformer is too small. Mr. Howard stated the previous Change Order needs to be discarded and the project go out for bid. Mr. Howard requested a new Change Order to build the Hot Lab in the amount of \$178,273.20. The Hot Lab is a room that is lead lined where radioactive medications are stored to administer to patients. In addition, he stated due to the extra expense of the larger transformer, PSO has been contacted to inquire if assistance with installing the transformer is available. A **Motion** was made (Zellmer) and seconded (Grilliot) discard the previous Hot Lab Change Order and approve the new Hot Lab change order in the amount of \$178,273.20 as presented. The vote was taken as follows: Aye: Johnny Zellmer, MD, Brent Grilliot, Sayer Brenner, Susan Kanard, James Bland, Marti Fields, Weldon Smith, Damon Mascoto, and Mary Shannon. Nay: None. Absent: None. Abstain: None. Chairwoman Shannon declared the **motion** carried.

**Chief of Staff Report:** No Report

**CEO Report:** Mr. Keith reported Congress proposed recent legislation to extend the current 2% Medicare sequester moratorium established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act through the end of 2021. MRHC benefits from the moratorium and avoids the 2% reduction in payments. All claims with dates of service on or after April 1 will be held (payment delayed) until it passes in the House. The Oklahomans Caring for Oklahomans Act i.e., S.B. 131 by Sen. Jessica Garvin and Rep. Marcus McEntire will build on the Oklahoma Health Care Authority's existing primary care case management model to improve health outcomes and control costs. MRHC Administration and other Hospital CEOs met with local legislators to discuss the impact of outsourcing and privatizing Medicaid. On April 21, 2021, the House on a 73-17 vote, approved legislation for the OHCA to oversee the State's Medicaid program. The House now sends the legislation to the State, where it faces uncertainty. Billed as growing government by the State Chamber, they seem to take no issue with the state privatizing the Medicaid system to the tune of \$2 billion in year one. Administration is scheduling the Strategic Planning Subcommittee of the Board to begin planning the upcoming Strategic Plan meeting this July and August. Included in the planning session will be a) environmental scan presentation to include federal, state and region; b) review of mission, vision and values, c) market data assessment, d) strategic plan accomplishments and updates, e) employee and physician satisfaction results, f) affiliation assessment, and g) priority initiatives for 2022. Day(s) and times for the Planning Session will be forthcoming. Certified Healthy Oklahoma recently announced MRHC is the recipient of the 2020 Certified Healthy Business Excellence Award. The Certified Healthy Oklahoma Program is a free, voluntary statewide certification for businesses committed to supporting healthy choices through environmental and policy change. The Van Buren House management has concluded a pricing review of assisted living facilities within an 85-mile radius of the City of McAlester. The review was warranted since the VBH has not seen a price increase for the last three years. Marketing continues to have a year-over-year clinic growth of 18%; Home Health has increased by 22.6% since February and the Website usage is up 11% with 13.45% new users. New providers include Dr. Rubin Chandran and Dr. Jimmy Thomas, Board Certified in Nephrology, hypertension, and Internal Medicine. The nephrologists will be providing comprehensive inpatient and outpatient 24/7 nephrology coverage to ensure that all patients receive their care locally in the McAlester community. Southeast Hospice underwent a successful triennial accreditation survey on April 13-14. The Foundation Golf Tournament is scheduled for June 17 at the McAlester Country Club and a 'Grateful Patient Giving Program' will roll out this summer.

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**Board QI Committee Report:** Ms. Susan Kanard opened the floor to Ms. Julie Powell who provided an overview of the Board QI meeting held on April 27, 2021. She stated the Quality Plan was reviewed and approved. The plan has been in place for several year and required a few revisions focusing on patient safety and quality management oversight. The Quality Management Oversight Group meeting agenda was reviewed. Ms. Powell addressed the new Board members, stating that Quality/Risk/Compliance education will be provided in the next two or three weeks. She reported Board QI looked at two Internal Audits results regarding staffing certifications and down time procedures. Ms. Powell reported there were favorable trends with quarter four HCAHPS scores but not enough to be called significant. Two areas that did see unfavorable trends were related to communication, likely due to restrictions during the height of the Covid Pandemic. Board QI looked at the infection control scorecards. There was unfavorable trending including catheter associated urinary tract infections, central line associated blood stream infections, and ventilator associated infections. Ms. Powell reported the hospital has not had these unfavorable scores in a long time however this is not surprising due to the acuity of our patients and the extended length of stay during the pandemic. She reported reaching out to colleagues in other hospitals who are reporting the same trend. Discussion occurred regarding the nursing shortage and how it may have affected the scores. Ms. Powell stated education is planned for later in the month to onboard the new nursing staff hired during the height of the Covid Pandemic who did not have the opportunity to go through the normal orientation process. Ms. Powell reminded the Board the scores reflect today will impact our reimbursement in two years.

**Strategic Planning Committee Report:** Ms. Mary Shannon reported the Strategic Planning Committee met on April 28, 2021 following groundwork done by Administration, Leadership and Medical Staff. The Committee reviewed the FY2022-2025 MRHC Strategic Plan, accomplishments, and short term objectives. She stated a lot more work is needed, and more meetings will be scheduled. She suggested the Board Committee members submit any input they have in advance of the next meeting. Ms. Shannon opened the floor to Ms. Lucy Muller who provided an update. Ms. Muller reported the overall accomplishments were reviewed and a great discussion occurred regarding the feedback from very engaged physicians and leaders. The next meeting will be May 19, 2021. Discussion will continue regarding the feedback from physicians and the results of a survey sent to physicians and leaders asking what their top three priorities are on the proposed strategic plan. Also on the agenda will be the Market share data, Stroudwater Report and the full Board retreat.

**New Business:** None.

**Executive Session (25 O.S. § 307(C)) – Discussion and Consideration – Mary Shannon, Chairwoman**

**25 O.S. 307(C)(11):** “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. Discussion of potential proposal to retain Belfair of McAlester, LLC within the City of McAlester, including the potential transfer of property and financing, the public disclosure of which would interfere with the development of Belfair’s services or violate the confidentiality of Belfair

A motion was made at 5:23 PM by (Fields) and seconded by (Bland) to enter Executive Session. The vote was taken as follows: Aye: Marti Fields, James Bland, Brent Grilliot, Susan Kanard, Damon Mascoto, Sayer Brenner,

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Johnny Zellmer, MD, Weldon Smith, and Mary Shannon. Nay: None. Absent: None. Abstain: None.  
Chairwoman Shannon declared the **motion** carried unanimously.

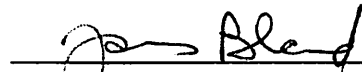
A **motion** was made at 6:40 PM by (Grilliot) and seconded by (Brenner) to come out of Executive Session. The vote was taken as follows: Aye: Brent Grilliot, Sayer Brenner, Weldon Smith, Johnny Zellmer, MD, Marti Fields, Damon Mascoto, Susan Kanard, James Bland, and Mary Shannon. Nay: None. Absent: None. Abstain: None.  
Chairwoman Shannon declared the **motion** carried.

**No action was taken during Executive Session.**

**No Action was taken following the Executive Session:**

**Adjournment:** A **Motion** was made (Fields) and seconded (Zellmer) to adjourn at 6:41 PM. The vote was taken as follows: Aye: Marti Fields, Johnny Zellmer, MD, Susan Kanard, Brent Grilliot, James Bland, Damon Mascoto, Weldon Smith, Sayer Brenner, and Mary Shannon. Nay: None. Absent: None. Abstain: None.  
Chairwoman Shannon declared the **motion** carried.

  
Mary Shannon ~ Chairwoman

  
James Bland ~ Vice-Chairperson

/sds