



NORMAN REGIONAL HOSPITAL AUTHORITY
Board Meeting
March 25, 2019

MINUTES

The Norman Regional Hospital Authority met in monthly session Monday, March 25, 2019, at 5:30 p.m., in the Norman Regional Hospital Board Room. The meeting Agenda was posted March 21, 2019 on the NRHS and Norman websites and at the entrance to Norman Regional Hospital.

Members Present: Doug Cubberley, Chair
Joan Greenleaf
Muhammad Anwar, MD
Tom Sherman, Vice Chair/Secretary
James (Jeff) Kimpel, Ph.D.
Jerome (Jerry) Weber, Ph.D.
Mary Womack
Kevin Pipes

Member Absent: Diane Chamber, MD

Others Present: Farhan Jawed, MD, Chief of Staff-Elect
Richie Splitt, President and CEO
Meegan Carter, VP Population Health & Wellness
John Manfredo, COO
Brittni McGill, CNO
Ken Hopkins, CFO
Dr. Arron Boyd, CMO
Brian Loftus, Business Planning Lean Specialist
Karen Rieger, Attorney, Crowe & Dunlevy
Jenny Odom, Staff Attorney
Kelly Wells, Director Planning & Communications
Annisia Gilleland, RN
Michelle Petty, Nurse Manager
Van McKnight, Director Patient Care Services
Lisa White, Manager Performance Improvement
Karen Hendren, President, Lifecare

Recorder: Claudia Todd, Executive Assistant

Agenda Item I. Meeting Called to Order

Mr. Cubberley called the March 25, 2019, Norman Regional Hospital Authority meeting to order at 5:37 p.m.

Agenda Item II. Introduction and Recognition of Outstanding Healers

- A. April 2019 Healer of the Month – Anissa Gilleland, RN, PCCU, introduced by Michelle Petty, Nurse Manager, PCCU

Mr. Cubberley introduced Ms. Petty who presented Ms. Gilleland as the Outstanding Healer for April 2019. Ms. Petty shared Ms. Gilleland has worked at Norman Regional for 18 years. This is the second time she has been selected for this honor. Her coworkers shared she is very kind, helpful, always has a positive attitude, very knowledgeable and patient. Not only does she provide excellent care for our patients, she takes care of the whole person including the family.

Ms. Gilleland stated she was very honored and grateful for the nomination. She loves working for the health system.

Mr. Cubberley congratulated and thanked Ms. Gilleland on behalf of the Board for her outstanding dedication, professionalism, compassion, and positive attitude that continues to make Norman Regional Health System a caring, high quality system.

Ms. Gilleland, M. Petty & Mr. McKnight left the meeting at 5:40 pm.

Agenda Item III. Board Education: Lifecare Update – Karen Hendren, President, Lifecare

Mr. Splitt introduced Ms. Hendren. Lifecare has been in existence for over 25 years. Norman Regional is one of 10 hospitals/health systems who own Lifecare. The other nine are Northeastern Health Systems, McAlester Regional, Duncan Regional, Integris Health, Stillwater Medical Center, Jackson County Memorial, Grady Memorial, Comanche County and Great Plains Regional. Those 10 systems represent 20 hospitals, 2,500 beds, 18,000 employees and 1,800 physicians.

Their Mission is:

- To create a system of integrated, locally based healthcare organizations
- Bring together organizations that are committed to collaborate and coordinate the delivery of healthcare services
- Deliver the benefits of improving health outcomes, maximize the efficiency of care delivery, reduce overall costs and improve access

Their Vision is:

- Enhance the ability of member organizations to remain independent
- Bring the tangible benefits of “systemness” to member organizations through elimination of duplication of services or creation of scale
- Facilitate collaboration for better patient care and organizational financial health
- Provide services that are of exceptional quality, value and accessibility

Norman Regional is part of the Lifecare alliance. An alliance is defined as a partnership between health systems within a defined region to advance value-based care delivery and achieve economies of scale without a formal merger/acquisition. There are over 17 regional healthcare alliances across the nation.

A new member, St. John Health Systems in Tulsa was added in December 2018. Now Lifecare now has Six Accountable Care Organizations (ACO's) covering approximately 70,000 Medicare attributed lives across the state. Lifecare looks at their claims data, trends in their care, handoffs, gaps in care and how we can provide the best and most seamless care.

Lifecare is looking to develop a clinically integrated structure with the 11 systems to develop a more robust Value Based Care system. About 75% of the Oklahoma population live within a 30-minute drive to a Lifecare Hospital. Better coverage than any other clinically integrated network in the state.

Lifecare would be the sole member of the Clinically Integrated Network (CIN). They envision a board of directors to include physicians who support this Value Based Care. These physicians would then share information with their local steering committees who work with the Medicare population.

This CIN has been working on the following projects:

- Lifecare partnered with Medica Healthcare to provide a Medicare Advantage Plan option for Oklahomans who don't have Medicare, Medicaid or insurance thru their employer. Medica Healthcare is a non-profit corporation founded by physicians in 1975. They provide health coverage to 1.3 million members from a network of 500,00 providers and 5,000 hospitals. Lifecare also provides a shared savings plan through Medica.
- Lifecare is partnering with Sg2 to develop a payer contracting/value-based care strategic plan for members. The intended benefit being increased covered lives, leveraged scale for infrastructure, standardized performance management and stronger brand recognition.
- Lifecare members are collaborating with Vizient to assess and improve Purchased Services Aggregation. This should allow members to more effectively negotiate with vendors to reduce costs and achieve best in class services. This will also help decrease duplicate invoices and potential overbilling for products or services.
- Lifecare is conducting quarterly Human Resource Directors round tables in order to identify best practice and cost savings initiatives.

Other projects include:

- Healthcare Advocacy on behalf of the members
- Exploring the formation of a Fiber-Utilities Group for telecommunication government funding sources
- Revenue Cycle Team Meetings
- IT infrastructure consolidation/integration (HER vendor "consolidation")
- Data Analytics
- Hospital-based Physician groups
- Shared Services opportunities for members
- Pre-Registration/Scheduling process improvement

Ms. Hendren left the meeting at 6:11pm.

Agenda Item IV. Approval of February 2019, Norman Regional Hospital Authority Board Meeting Minutes

Mr. Cubberley asked for approval of the February 25, 2019, Board Meeting Minutes

ACTION TAKEN: Dr. Weber made the motion to approve the February 25, 2019, Board Meeting Minutes as amended. Dr. Kimpel seconded the motion, and the motion was approved unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Dr. Kimpel, Mr. Pipes, Ms. Greenleaf, Mrs. Womack and Mr. Sherman.

Agenda Item V. Performance Updates

- A. Ms. White presented the newest information available for the NEWs Walls.
- Clinical Excellence – Heart Failure- Inpatient Medicare Mortality, Medication Errors and C-Diff are within maximum standards. Falls & Pressure Ulcers are slightly off target.
 - Service Excellence - Patient Experience, results from surveys: Inpatient above target. Emergency and Outpatient are just below target. This is a huge accomplishment for Outpatient since they had over 20,000 surveys factored in. Clinics are above target.
 - PDSA Lunch & Learn – sessions started in November, have held 6 sessions with 21 different departments participating in 18 various topics.

Agenda Item VI. Approval of the February 2019 Norman Regional Health System Financial Statements

Mr. Hopkins presented the February 2019 Norman Regional Health System Financial report:

- **Inpatient Volume** – strong for month of February, 6-7% above budget.
- **Inpatient Days** – 14% above budget. Offset my low inpatient surgery, low CMI and different payer mix.
- **Average Length of Stay (ALOS)** – was higher for month.
- **Outpatient Volumes** – were very strong even though it was a shorter month. 782 visits per calendar day.
- **Clinic Outpatient Visits** – declined from prior month but favorable to budget. 865 visits per day represents a 3% increase over last month.
- **Emergency Visits** – ED visits were a significant factor in the overall Hospital outpatient visits increase of 3%. January to February visits up from 162 to 281, a 7.8% increase.
- **Surgical Cases** – Surgery volume for inpatient and outpatient were both below budget at 2.7% and 12.3% respectively. This is a factor in the reflection of the lower CMI.

February 2019 Financial Performance

- Gross Revenues (Budget \$159,575,928) \$166,456,335
- Net Patient Revenue (Budget \$33,920,613) \$34,632,315
- Total Operating Expenses (Budget \$33,853,292) \$34,880,874
- Total Operating Revenues (Budget \$34,335,174) \$35,026,119

- Operating Income (Budget \$481,882) \$145,245
- Non-Operating Revenues (Expenses) (Budget \$910,714)(\$3,915,205)
- Excess Revenues over Expenses (Budget \$1,392,596)(\$4,060,450)

Year-to-Date

- Operating Income (Budget \$9,116,423) \$8,494,215
- Non-Operating Revenues (Expenses) (Budget \$7,281,921)(\$4,838,932)
- Excess Revenues over Expenses (Budget \$16,398,344) \$13,333,147
- Accounts Receivable Days..... (Budget 43 Days) 41.1 Days
- Days Cash on Hand 218.6 Days

ACTION TAKEN: Mr. Sherman motioned to approve the February 2019 NRHS Financial Statements. Dr. Weber seconded the motion. February financials were approved unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Dr. Kimpel, Mr. Pipes, Mrs. Womack, Ms. Greenleaf, and Mr. Sherman.

Agenda Item VII. Medical Staff

Dr. Mantooh was not available, so Dr. Jawed presented the Medical Staff report. He stated that MEC met on March 13.

- Attended by 17 members of the team and 6 other individuals and executives.
- Minutes were presented and unanimously approved.
- Recognized March birthdays
- Started a trial run of the secure texting app "LUA". A Physicians users-group has been set up and they are currently trialing it. Items and information is not stored in the cloud, only in the app. Will meet in April to discuss how it is working for the pilot group and potential purchase/expansion to other providers.

New Business:

- Starting 2 new services in the Emergency Department in April for quick patient care:
 - Procedural Service – Implementing a "procedural service" for 3rd and 4th year Emergency Medicine Residents, who have been trained and certified in specific procedural skills (e.g., central line placement, chest tube flushing, etc.) Those residents will be indirectly supervised by requesting physician. The goal is to ensure the continuity of quality care 24/7.
 - House Officer – The same ER residents will be available to admit patients, receive critical results, answering phone calls, MIT calls and provide other assistance as needed. They are focusing on service hours between 5:00pm and 5:00am to provide more timely care and treatments for patients admitted overnight. If it works well, they will consider extending the program to other areas of the health system.
- Credentials report was presented and approved.
- Department Reports:

- Anesthesia – Dr. Voto presented different procedures for communication with on-call physicians. New sharps and waste containers reintroduced to the OR. Adopted a new OR policy and electronic anesthesia medical records.
- Behavioral Medicine – Dr. Jawed presented information on hiring new staff, reviewing policy for the DNR orders and specific patients and overall safety measures. Discussed Senior Counseling Center.
- Cardiovascular Medicine – Dr. Gautam reported an 80% increase/improvement in reading times for echos under 24 hours. Discussed Tele strips in charts for patient consults and Physicians signing consent forms with patients. Working with EMS agencies to get reports quicker when treating patients in the ED.
- Emergency Medicine – Dr. Hoos-Reinke reported changes in process for obtaining samples and the revision of Downtime forms.
- Hospital Medicine – Dr. Whalen reported discussions on the HIPPA compliant texting AP (LUA). Dr. Galis presented an update on stroke surveys and discharge instructions. Performance measures were reviewed.
- Pediatric Hospitalist – Dr. Cook reported no meeting was held this month. They did share the information with staff on the Norman Public Schools (NPS) nomination of NRHS. NRHS received the Heroes Impact Award from the American Red Cross for supporting the NPS School Nurse program as well as the newly introduced virtual care program inside NPS.
- Physician Advisory Committee – Dr. Mantooth reported they met and focused on the LUA App.
- Residency Update – Dr. Cody reported we hosted the All-State Residency Conference on March 7th and plan to host this again next year. One of our Residents, Dr. Olivia Reed scored in the top 3 in the nation on a recent exam.
- Medical Staff – Dr. Boyd reported the Doctor's Day is March 26th. He thanked the staff during the record-breaking census over the past few weeks. He welcomed Dr. Dustin Tedesco, Dr. David Williams and Dr. Cuong Nguyen as the newest employed physicians of NRHS.
- VP/CNO/CEO Update:
 - Mr. Manfredo discussed the food survey issued to the physicians. The survey increased from a previous 50% satisfaction rate to 98% satisfaction rate after new foods were added. New design for the HPX physician lounge is being reviewed to add a salad bar. Wellness initiative discussed.
 - Mr. Splitt thanked all the providers for their hard work. He welcomed the new Nephrology team. He thanked everyone for their part in receiving the ARC Heroes Award. He shared information he learned at a recent conference he attended in Chicago. Mr. Splitt shared information about the expansion of the HealthPlex campus and other opportunities in our community. He shared the good news regarding Standard & Poor's most recent bond rating for NRHS. We retained our "A-minus Stable" rating as an organization.
- Hospital Board Chair – Mr. Cubberely reported the Board met twice in February and is working hard to pursue and implement the phases of growth targeted for our health system. He thanked Dr. Cody for updating the Board regarding the ER residency program and its successes. He thanked everyone for helping to achieve our targeted goals for NRHS.

Agenda Item VIII. Finance Committee

A. Report from the March 18, 2019 Finance Committee

- Mr. Cubberely reported they discussed revenue cycle Key Performance Indicator's. Mr. Hopkins reported the S&P "A-minus" rating. He gave the financial report. NRHS has provided \$6.74 million in charity care YTD, \$13.99 million in bad debit and \$1 million in charitable contributions. Discussed recent sale of properties and business development opportunities.
- Mr. Cubberely presented for approval five capital requests totaling \$832,039:
 - Behavioral Medicine Renovations - \$216,901
 - iPro Anesthesia Information Management System (AIMS) - \$130,386
 - 2018 Ford Transit for distribution - \$50,154
 - Two new ambulances - \$228,000
 - Automated Digital Data Storage Solution for Finance - \$206,598

B. Recommend Approval of Capital Equipment Purchase Requests

ACTION TAKEN: Mr. Pipes made a motion to approve the Capital Equipment Requests totaling \$832,039 as recommended by the Finance Committee. Dr. Kimpel seconded and the motion was approved unanimously with votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Dr. Kimpel, Ms. Greenleaf, Mr. Pipes, Mr. Sherman and Mrs. Womack.

Agenda Item IX. Old Business

Mr. Splitt reported the second Provider Wellness Survey was sent to providers via mail and email. The new survey will help identify barriers in the workplace and help determine the needs of our healers.

The notification on the sale of the property located at 7900 Nichols Gate was shared with staff.

Agenda Item X. New Business

None

Agenda Item XI. Administrative Report

Mr. Splitt emailed the Board a copy of an article appearing in the newspaper featuring Meals on Wheels, that emphasized our longstanding and ongoing support of the program. Over 66,000 meals are prepared annually by NRHS healers. NRHS opened up a room inside the Doris Luttrell Hospitality House located on the Porter campus to help provide an alternate pick-up site for meals.

Coming in July, NRHS will have a new Administrative Fellow joining us by the name of Bryce Ell. He will spend the next year with us training and assisting in implementing our initiatives in strategy.

Mr. Splitt updated the Board on our OU Student Board Member Fellowship through the JC Penny Leadership Program. Ms. Sork is finishing up her internship in Dallas soon and will be completing the fellowship with us about the same time.

Mr. Splitt shared information from the American College of Healthcare Executives conference he attended in Chicago. The three main categories discussed across the entire conference were Margin Improvement, Consumerism and Telehealth. We are doing well in all three categories.

NRHS notified TeamHealth last week of our intentions to terminate the employment agreement. Teamhealth (and Morninstar before them) has provided ER physician coverage to NRHS for nearly 20 years. NRHS is grateful for their service and the many providers who have cared for our patients over the years. The agreement terminates at the end of July 2019. We are working with TeamHealth to ensure a seamless transition. This information will be shared with the emergency room staff tomorrow morning and then communicated across our organization.

Agenda Item XII Proposed Executive Session

- A.** Proposed Vote to Convene an Executive Session Pursuant to 25 Okla. Stat. Section 307 B.4. to Discuss with Legal Counsel Pending Internal Peer Review/Credentialing Investigation Regarding the Medical Staff Members/Applicants Listed Below

ACTION TAKEN: Dr. Weber made a motion to adjourn into Executive Session. Mr. Pipes seconded and the motion was approved unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Mr. Pipes, Dr. Kimpel, Ms. Greenleaf, Mrs. Womack and Mr. Sherman.

Ms. Wells, Ms. Odom, Mr. Loftus and Ms. White left the room at this time. Mr. Pipes stepped out of the room.

- B.** Medical Staff Recommendations Regarding the Medical Staff Members/ Applicants as Listed in XIII.B 1-4 Below.

1. Recommend New Provisional Medical Staff Appointments:
 - a. Marcia Gillespie, MD – OB/GYN Hospitalist
 - b. Wayland Billings, DO – OB/GYN Hospitalist
 - c. Joseph West, MD – Hospital Medicine
 - d. Kendall Helm, APRN-CRNA - Anesthesia

2. Recommend Advancement of Medical Staff from Provisional Status:
 - a. Shannon Haenel, DO – Active Medicine
 - b. Michael Padilla, MD - Surgery
 - c. Jason Bellak, MD – Associate Medicine
 - d. Gregory Klisch, MD – Teleradiology
 - e. Alexis Stinnett, APRN-CNS – Allied Health Medicine

3. Recommend Medical Staff Reappointments:

- a. Robin Mantooth, MD – Emergency Medicine
- b. Kevin Penwell, DO – Emergency Medicine
- c. Stephanie Barnhart, DO – Emergency Medicine
- d. Matthew Bonner, MD – Emergency Medicine
- e. Angela Carrick, DO – Emergency Medicine
- f. Gary Wells, DO – Emergency Medicine
- g. John “Buck” Hill, DO - Anesthesia
- h. J. Patrick Sullivan, MD - Anesthesia
- i. Quentin Lobb, MD - Anesthesia
- j. Daniel “Clay” Cochran, MD - Surgery
- k. Clifton Whitesell, MD - Surgery
- l. Amanda Ward, DDS - Surgery
- m. Robert Vogel, DO - Surgery
- n. Ryan Turner, MD - Medicine
- o. Kristopher Tenpenny, PA-C – Emergency Medicine
- p. Lindsey Lightner, APRN-CRNA - Anesthesia
- q. Marilyn Campbell, APRN-CRNA - Anesthesia
- r. Daniel Tyler, APRN-CRNA - Anesthesia
- s. Michael Crawford, PA-C - Surgery
- t. Stephen Isernhagen, PA-C - Surgery
- u. Veronica Worrell, PA-C - Surgery

C. Request to Adjourn Out of Any Such Executive Session and Return to Regular Session

ACTION TAKEN: Dr. Weber made a motion to adjourn out of Executive Session and return to regular session. Mrs. Greenleaf seconded, and the motion was approved unanimous aye votes from Dr. Anwar, Mr. Cubberley, Mrs. Greenleaf, Dr. Weber, Dr. Kimpel, Mrs. Womack and Mr. Sherman. Mr. Pipes was out of the room.

Mr. Cubberley noted the Board returned to regular session. There were no decisions or votes taken except to return to regular session and any information shared during the Executive Session is privileged and needs to remain in Executive Session.

D. Proposed Vote to Approve or Disapprove the Medical Executive Committee Recommendations Regarding Credentialing of the Referenced Medical Staff Members as Listed in XII B 1-3.

ACTION TAKEN: Dr. Weber motioned to approve credentialing items as recommended by Medical Executive Committee and Credentials Committee of all referenced Medical Staff members listed in XII B 1-3. Dr. Kimpel seconded, and the motion was approved with unanimous aye votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Dr. Kimpel, Ms. Greenleaf, Mrs. Womack and Mr. Sherman. Mr. Pipes was out of the room.

Mr. Pipes returned to the room.

Agenda Item XIV Board Open Discussion

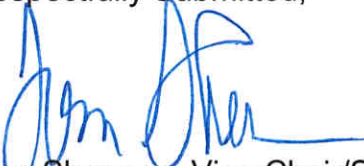
Mr. Splitt again mentioned the longstanding relationship with TeamHealth and NRHS's move to an employment model. Though challenges and opportunities are ahead of us, this transformation will uniquely position NRHS for growth – including clinical outcomes and operational efficiency within our emergency departments. As we move forward, we will continue to provide our communities with the best emergency room care delivered by the best providers.

Questions about the status of the ER Residency Program as we move forward were asked by Mr. Cubberely. Mr. Splitt stated we will maintain the program and seek opportunities to grow/expand it.

Agenda Item XV. Adjournment

ACTION TAKEN: Mr. Sherman made a motion to adjourn the meeting at 7:03p.m. Dr. Kimpel seconded, and the motion passed unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Weber, Mr. Pipes, Dr. Kimpel, Ms. Greenleaf, Mary Womack and Mr. Sherman.

Respectfully Submitted,



Tom Sherman, Vice-Chair/Secretary