



NORMAN REGIONAL HOSPITAL AUTHORITY
Board Meeting
June 24, 2019

MINUTES

The Norman Regional Hospital Authority met in monthly session Monday, June 24 2019, at 5:30 p.m., in the Norman Regional Hospital Board Room. The meeting Agenda was posted June 20, 2019 on the NRHS and Norman websites and at the entrance to Norman Regional Hospital.

Members Present:

Doug Cubberley, Chairman
Joan Greenleaf
Diane Chamber, MD
Tom Sherman, Vice Chair/Secretary
Jerome (Jerry) Weber, Ph.D.
Mary Womack
Kevin Pipes

Member Absent: Muhammad Anwar, MD
James (Jeff) Kimpel, Ph.D.

Others Present: Dr. Robin Mantooth, MD Chief of Staff
Dr. Farhan Jawed, MD, Chief of Staff-Elect
Richie Splitt, President and CEO
Meegan Carter, VP Population Health & Wellness
John Manfredo, COO
Ken Hopkins, CFO
Dr. Aaron Boyd, CMO
Karen Reiger, Attorney, Crowe & Dunlevy
Lisa White, Manager Performance Improvement
Kelly Wells, Director Planning & Communications
Brian Loftus, Business Planning Lean Specialist
Teresa Brown, RN, Supervisor Diabetes Program
Donna Avila, Director Case Management
Chris Miller, Manager Nurse, Post Anesthesia Care Unit
Patricia Painter, RN, Post Anesthesia Care Unit

Recorder: Claudia Todd, Executive Assistant

Agenda Item I. Meeting Called to Order

Mr. Cubberley called the June 24, 2019, Norman Regional Hospital Authority meeting to order at 5:35 p.m.

Agenda Item II. Introduction and Recognition of Outstanding Healers

- A. July 2019 Healer of the Month – Patricia Painter, RN, Post Anesthesia Care Unit, introduced by Chris Miller, Manager Nurse, Post Anesthesia Care Unit.

Mr. Cubberley presented Mr. Miller who presented Mrs. Painter as the Outstanding Healer for July 2019. Mr. Miller shared Patti is from Canada, graduated from nursing school in 1993 and then moved to Oklahoma. She is married and has 2 children. She came to Norman Regional in 2002 and worked in the ICU, the PIC team and then transferred to the PICU in 2014. What everyone notices is her warm and contagious smile. Patients comment how comfortable she makes them feel when they are worried and scared. There is no one thing about Patti that qualifies her for this award, her department says she could be the Healer of the Month every month. She works hard for patients, coworkers, physicians and people all across the hospital.

Mrs. Painter thanked everyone. She loves working here and working with people.

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

Mr. Miller & Mrs. Painter left the meeting at 5:40 pm.

**Agenda Item III. Bundle Payment for Care Improvement advanced BPCla.....
LeAnn Richardson, Administrative Director Population Health**

Mrs. Richardson was ill and unable to attend. Mr. Cubberley introduced Donna Avila, Director of Care Coordination. Ms. Avila presented information for Bundle Payment Care Initiative advanced (BPCla).

Norman Regional Health System is participating in the CMS Advanced Payment Model of Bundled Payment Care Improvements Advanced (BPCla). Value Based Care programs are phasing out fee for service or volume based reimbursement. Bundled Payment Program goal emphasizes coordinated quality care across all providers, promoting patient outcomes by instituting performance based total episodic spending.

Ms. Avila provided a comparison of BPCla and Comprehensive Joint Replacement (CJR) key components: voluntary vs mandatory, both are 90 day episodic window, quality results impact a percentage of reconciliation calculation vs triggering a reconciliation calculation, semiannual vs annual reconciliation payments and financial risk vs no financial downside risk.

NRHS engaged Sg2 in analyzing performance data for bundle selections. A "bundle" is a group of diagnosis or surgery based acute hospital episodes. Currently CMS offers 33 bundles in BPCla, NRHS enrolled in 22 bundles. Effectively managing post-acute spend (skilled nursing facilities, inpatient rehab, readmissions) provides the biggest opportunity for savings.

BPCla requires aligning with key physicians driving clinical care of patients and CMS promoted this by instituting a waiver allowing Physician gainsharing opportunities. Effective July 1st, we extended gainsharing to physicians from Cardiovascular Surgery,

Cardiology, Gastrointestinal, Hospitalist, Intensivist, Neurosurgery, Orthopedic and General Surgeons (58 total). 33 of 58 Physicians have completed the Medicare waiver to date. CMS set cap for gainsharing amounts at 50% Medicare Part B reimbursements per physician, and is contingent on quality metrics monitoring readmissions and advanced care planning.

Transition of Care Team: highly skilled Nurse Navigators focused on BPCIa patients with the goals of:

- Coordinate care across all settings
- Contact the patient while inpatient and begin relationships
- Follow patients throughout the 90 days: Home Health, SNF, Rehab, Long Term Acute Care
- Ensure appropriate follow up is scheduled, assist removing unanticipated barriers
- Serve as a patient advocate regardless of the patient's setting

In order to manage the post-acute spend, we:

- Establish Preferred provider relationships reducing SNF Length of stay (LOS) from 35 days to 20 days on average
- Partnered with Physical Therapy to establish patient specific goals
- New Tools to determine patient disposition and proper post-acute utilization
 - Partner with Nursing regarding patient ambulation during acute stay and impact on patient disposition and LOS at SNF
 - Developed a pathway for Bridge to Long Term Care

Sg2 will provide monitoring and reporting of our financial target performance within the 22 bundles. Interventions and impact on performance over time will guide our strategic decisions in continuing or dropping of bundles, periodically as the program allows, we identify as high financial risk.

Upcoming dates to remember:

- September 2019 – Release of data for additional episodes
- November 2019 – Next date to add or drop bundles
- January 2020 – Anticipated reconciliation payment Performance Period 1
- January 2020 – Performance Period for additional DRG Episodes

Mrs. Avila left the meeting at 6:15pm.

Agenda Item IV. Approval of May 23 2019, Norman Regional Hospital Authority Board Meeting Minutes

Mr. Cubberley asked for approval of the May 23, 2019, Board Meeting Minutes

ACTION TAKEN: Dr. Weber made the motion to approve the May 23, 2019, Board Meeting Minutes as presented. Mrs. Greenleaf seconded the motion, and the motion was approved unanimously with aye votes from Mr. Cubberley, Dr. Weber, Mr. Pipes, Ms. Greenleaf, Ms. Womack Dr. Chamber and Mr. Sherman.

Agenda Item V. Performance Updates

Ms. Anderson presented updates on the following items from LeapFrog Hospital Survey and patient experience scores:

A. Leapfrog Hospital Survey –

- Leapfrog is lengthy comprehensive survey we complete every year. The survey focuses on measuring and publicly reporting hospital performance through the annual Leapfrog Hospital Survey. It covers safe medication administration, physicians electronic order entry, bar code utilization/verification before administering, improved processes for medication reconciliation, hospital acquired injuries including falls with injury and hospital acquired infection rates.
- The December 2018 snapshot provided by Leapfrog rated the HealthPlex an “A” for Spring 2019. Only 2 other health system in our area received the same grade.
- The Leapfrog score will be advertised beginning in July 2019. Ms. Anderson shared images of the planned ads .

The Porter Campus received a “B” on this report, and we anticipate earning an “A” going forward with the processes put in place for improvement. NRHS is the only hospital in the area to receive a “B”. All other hospitals received a “C” .

B. Patient Experience:

- NRC Realtime Analysis – experienced a slight improvement in scores due to a refocus on areas.

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

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

- **Inpatient Volume** – Admissions were 2.8% below budget. Surgery cases were about 10% below budget.
- **Inpatient Days** – Held even for the month.
- **Average Length of Stay (ALOS)** – improved but still over budget. Has remained higher for the last few months.
- **Outpatient Volumes** – Hospital visits down 1.1%. ED visits 1.7% below budget and O/P surgical cases 8% below. Outpatient Cath Lab volume was 23% favorable to budget along with strong imaging volumes.
- **Clinic Visits** – 6.7% above budget.
- **Payer mix** – effected reserve due to self-pay, insurance and Medicare percentages.
- **Labor efficiencies** – improved as measured by FTE/AOB. This was a deliberate effort by leaders during a month that is not a natural month for this to happen.

May 2019 Financial Performance

- Gross Revenues(Budget \$176,648,620)..... \$180,533,899
- Net Patient Revenue(Budget \$37,308,552)..... \$36,486,508
- Total Operating Expenses(Budget \$36,243,563)..... \$37,448,582
- Total Operating Revenues(Budget \$37,711,653)..... \$36,915,555
- Operating Income(Budget \$1,468,090)..... (\$533,027)
- Non-Operating Revenues (Expenses)(Budget \$911,408)..... (\$1,964,845)
- Excess Revenues over Expenses(Budget \$2,379,498)..... (\$2,497,872)

Year-to-Date

- Operating Income(Budget \$13,232,577)..... \$10,444,334
- Non-Operating Revenues (Expenses) ... (Budget \$10,015,449)..... \$8,137,832
- Excess Revenues over Expenses(Budget \$23,248,026)..... \$18,582,167
- Accounts Receivable Days(Budget 43 Days)..... 42.2 Days
- Days Cash on Hand.....227.0 Days

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

Agenda Item VII. Medical Staff

Dr. Mantooth presented the Medical Staff report. She stated that MEC met on June 12th.

Old Business:

- Continued discussing the secure texting App "LUA". Still working to get appropriate providers set up on the App.

New Business:

- Failure to Rescue Process – Presentation to prevent code blues outside the ICU. The nurse enters patients vitals into the system, generating a score for the patient. If the patient scores moderate or high, the nurse and charge nurse will be automatically notified.
- Informed Consent Demo - Delirium Policy – Dr. Jawed reported the policy was revised to include a requirement for a Confusion Assessment Method (CAM) score completion if patient appears to be confused.
- Informed Consent – presentation on the computer form for consent. Physicians can fill out in Meditech electronically and the nurse can be witness if needed.
- Paperless Orders – still working to move away from using paper orders by medical staff.
- Bylaws Change – voted on verbiage change to allow Extracorporeal Membrane Oxygenation (ECMO) physicians and Nocturnist/Proceduralist to be credentialed without continually issuing emergency privileges.

Department Reports:

- Anesthesia – Dr. Mullins reported a new anesthesiologist would be joining their team in July.
- Behavioral Medicine – Dr. Jawed reported The Joint Commission informed them the ceilings in the BMS unit need to be converted to a solid ceiling. On July 7, a 2-week construction project will start to make these changes. During that 2-week period, admissions will fewer but services will still be provided. The Vizient mock survey findings were reviewed. Correcting any issues identified during the survey.
- Cardiovascular Medicine – Dr. Gautam presented the Cardiovascular Medicine Department meeting report. Bundled payment (BPCIa) program and sedation quality measures were reviewed.
- Emergency Medicine – Dr. Hoos-Reinke presented the report from their May 28th meeting. Still working on the new process for Radiology read discrepancies. Discussed cleaning policy for the ultra sound probes. Stroke RFI was reviewed, looking at real-time case review for all tPA patients. The department is now using wireless communication system designed to allow clinicians to talk hands-free as a team - including physicians. Dr. Zimmerman gave a presentation on Fluoroquinolones (antibiotics commonly used to treat a variety of illnesses such as respiratory and urinary tract infections).
- Hospital Medicine – Dr. Whalen reported everyone is signed up for LUA. Discussed the nocturnist program. Patients are being seen much quicker and the program is well liked by the staff. Working on missed notifications on physician consultations. New Surgical Hospitalist, Dr. Keith will be on call Monday through Thursday. Dr. Whalen currently interviewing 2 new physicians.
- Hospital Quality and Safety Committee (HQPSC) – Dr. Tedesco and Ms. Anderson presented. Ms. Anderson reported all hospital quality reports are in the Plan, Do, Study, Act (PDSA) format. The committee reviewed reports on sepsis, failure to rescue, pressure ulcers, falls with injury, surgical site infections and more. The new Patient Safety Plan for 2020 was reviewed. There has been an increase in patents with VTE and MRSA this year. They are evaluating all of these cases. They are working to promote hand hygiene amongst staff. Areas of progress included severe sepsis, mortality rare, C-diff cases and medication errors with harm.
- OB/GYN – Dr. Parker reported they discussed ways to reduce the usage of narcotics and have starting enhanced recovery after surgery to assist in this effort. They are launching a Blue Band Program to help identify patients with postpartum depression.
- Pediatric Hospitalist – Dr. Cook reported the census have been down for the summer, but numbers are still up from last year. There is a new pediatric Medical Intervention Team (MIT) protocol, which is now live. New bill passed that allows billing for telemedicine visits at schools.
- Physician Advisory Committee – Dr. Mantooth reported there is an update in Meditech to alert for duplicate ordering of medication. Pharmacist will do the medication reconciliation at the HealthPlex and Porter campuses beginning July 1st.
- Radiology Department – Dr. Narotam reported vRad was discussed and the transition of vRad final reports to help with overnight readings in the Emergency Department. Appropriate Use software is being tested before the required begin date of January 1, 2020.

- Residency Update – Residency exit interviews were held for graduating senior residents. Graduation was held June 21st. The clinical competency committee met for their biannual milestone meeting. Residents are rated on different milestones and information is reported back to the Accreditation Council for Graduate Medical Education (ACGME). A new curriculum will be used starting in July, which is nationally tested, used by larger national programs and has great feedback on results.

Medical Staff Reports:

- Dr. Boyd reported the physicians lounge is under construction and should reopen sometime in August 2019.

President & VP Reports:

- Mrs. Price reported on Healer Forums and our sharing of information about Inspire HEALTH.
- Mrs. McGill reported EMSStat won a national award for Mission Lifeline from the American Heart Association for outstanding cardiovascular patient care. Dr. Cody was recognized for EMS Excellence by the entire Oklahoma EMS Association. The Emergency Department provider transition is ongoing.
- John Manfredo reported Dr. Boyd performed CPR on a patron at an OKC restaurant. Dr. Boyd talked with restaurant management about installing an AED.
- Richie Splitt thanked Dr. Boyd for his good Samaritan efforts.

Agenda Item VIII. Patient Quality and Safety Committee

Ms. Greenleaf reported for the Patient Quality and Safety Committee.

- The committee met on June 3rd and had 2 presentations.
- Brad Foster, Director Pharmacy Services gave a report on medication reconciliation model. This model assists in keeping track of medications patients bring with them into the hospital, listing all the medications with accurate dosages and times. The pharmacist in the ED will follow up and make calls to verify patients information and assist the doctors and nurses in gaining the information that is needed. This list follows them the entire inpatient process. When the patient is discharged, we are providing an accurate updated list of what changes they will see in their medications, information on what medications they take are taking home with proper dosages and times.
- John McFadden, Director of Rehabilitation Services and Dr. Joseph Saveika presented on inpatient rehab unit. They shared various goals of the rehab unit – including enhancing inpatient consultation services, improved integration of the inpatient and outpatient therapy services and ongoing assessment of post-acute care services and care delivery models.
- FY2020 Patient Safety Plan will be part of the next NRHA Board agenda for board review and approval.

Agenda Item IX. Finance Committee

A. Report from the June 17, 2019 Finance Committee

- Mr. Sherman reported the committee sent most of the meeting on pre-audit discussion. BKD has been on site for planning, internal control reviews and interviews with key management prior to the beginning of the audit. They will return in July for the main fieldwork related to the testing of financial statements. The draft audit statement and management letter will be available in early September prior to the audit meeting with the estimation of the final reports will be issued after the approval at the scheduled Board Meeting on September 23rd. Their audit approach will emphasize areas of high risk, effectiveness of internal controls, unique characteristics of the operating environment and financial statement amounts and disclosures. They also discussed 3 new accounting rules that will arrive in future years:
 - Governmental Accounting Standards Board (GASB) #84 – requiring the inclusion of fiduciary fund financial statements for activities the Authority has fiduciary responsibility over. Applicable for the year ending June 30, 2020.
 - GASB #87 – requiring all leases with terms of more than one year to be included as assets and liabilities on the balance sheet. Applicable for the year ending June 30, 2021.
 - GASB #89 – removes the ability/requirement to capitalize interest during the construction period of an asset. Applicable for the year ending June 30, 2021, however early adoption is encouraged.

- B. Mr. Hopkins presented the estimated year-end results for FY 2019 and the FY2020 proposed budget.

Based on April 2019 numbers, Net Revenue is projected to be at \$449.7 million, Total Operating Expense was projected to be at \$436.8 million and Income from Operations was projected to be at \$12.9 million or 2.9% operating margin. May came in at 2.5% operating margin. Estimating to end the year between the two percentages.

Mr. Hopkins shared the projected financial ratios for FY19:

- Operating Margin at 2.9%
- Days cash on hand up to a 228
- Maximum Annual Debt Service Coverage at 4.16
- Cash to Debt Ratio 154.6%
- Debt to Capitalization Ratio at 33.3%

Budget goals for FY 2020 are to remain consistent with long range forecast, continue building capacity for *Inspire* HEALTH and support growth & strategic initiatives

Mr. Hopkins reviewed the FY2020 Budget Highlights:

- Volumes –inpatient discharges expected to grow 2.1%
- Net Revenue – budget of \$488.2 million is 9.8% more than FY 2019
- Total Operating Expense Budget – 480.9 million is 10.1% more than FY2019
- Total FTE's - increase 138 from FY19 projection
- Profitability – Operating Income budgeted at 12.3 million & Excess of Revenues over Expenses budgeted at \$27.2 million

- Revenue & Expense per Adjusted Discharge – Net operating Revenue per adjusted discharge budgeted to increase 4.9% and Total Operating Expense per adjusted discharge at 5.3% increase
- Capital and Days Cash on Hand –
 - Capital Budget request is \$15 million; \$12.1 million identified in FY20 Routine Capital Budget detail and \$2.9 million reserved for capital needs yet to be determined
 - FY20 Strategic Capital Budget request is \$56.35 million
 - \$37.75 million on *Inspire* HEALTH projects
 - \$12.20 million for purchaser of large specialist group assets
 - \$3.40 million for real estate purchases
 - \$3 million buyout of minority interest in joint venture
 - Days Cash on Hand target for June 30, 2020 is 215 days
- Target Debt Ratios for June 30, 2020:
 - Maximum Annual Debt Service Coverage expected at 3.00
 - Cash & investments to Debt Ratio expected at 103.1%
 - Debt to Capitalization Ratio at 41.9%

ACTION TAKEN: Dr. Weber made a motion to approve the FY2020 Budget as Recommended by the Finance Committee. Ms. Greenleaf seconded and the motion was approved unanimously with votes from Mr. Cubberley, Dr. Weber, Dr. Chamber, Ms. Greenleaf, Mr. Pipes, Mr. Sherman and Mrs. Womack.

C. Manfredo presented for approval five capital request items totaling \$1,059,635:

- IntelliSite Pathology Solution Ultra-Fast Scanner – cost \$396,398
- Upgrade API Phase I – cost \$219,845
- Super Dimension Navigation System – cost \$179,360
- HPX Pharmacy IV Compounding Room Construction – cost \$191,094
- HP Elite Book x360 1030 G3 Notebook – cost \$72,938

ACTION TAKEN: Dr. Weber made a motion to approve the Capital Equipment Requests, cost \$1,059,635 as recommended by the Finance Committee. Mr. Sherman seconded and the motion was approved unanimously with votes from Mr. Cubberley, Dr. Weber, Dr. Chamber, Ms. Greenleaf, Mr. Pipes, Mr. Sherman and Mrs. Womack.

D. Proposed Vote to Approve or Reject the Resolution for Acquisition of Membership Units in NRH Medical Park West, L.L.C.

ACTION TAKEN: Dr. Weber made a motion to approve the Resolution for Acquisition of Membership Units in NRH Medical Park West, L.L.C. as recommended by the Finance Committee. Mr. Pipes seconded and the motion was approved unanimously with votes from Mr. Cubberley, Dr. Weber, Dr. Chamber, Ms. Greenleaf, Mr.

Pipes, Mr. Sherman and Mrs. Womack.

Agenda Item X. Old Business

Mr. Splitt thanked the Board for passing the Resolution. It will facilitate the “end goal” of the investors. The Porter campus lease renewal will be on the on the Norman City Council consent agenda on June 25th. This will renew our lease for another 50 years.

Agenda Item XI. New Business

Mrs. Price introduced Teresa Brown, Strategy & Growth analyst with the Strategic Planning team. Eighteen years ago, NRHS started the Diabetes Center and Teresa has been an integral part of the success of this program. About five years ago, she started the Pre-prevention Diabetes program at NRHS. This was one of the first programs in the nation to start studying the importance of pre-diabetes as a precursor to diabetes. During that time, they submitted the study data and received funding to continue the program. They were recently recognized by CMS as Medicare Diabetes Prevention Program and have been a Center of Excellence for almost 15 years.

Ms. Brown stated she is excited for the opportunity. Though it is hard to leave clinical practice, the opportunity to effect the process and assist with projects to help healers do their best is exciting.

Agenda Item XII. Administrative Report

Mr. Splitt reported the Board Advance is scheduled for July 20th from 9-12 at Norman Regional Moore.

Mr. Splitt provided an update on the ED Residents graduation ceremony. It was a wonderful evening and was great to see what they've accomplished while in residency. The Residents came to a program that was just beginning, put their trust in us and now can see how far they have come. This is a testament to our core ED faculty in their ability to produce a high quality program. One of the graduates received the highest score in the nation on the final ED residency Exam.

Mr. Splitt provided an update on the Emergency Department transition. The TeamHealth contract ends July 31st.

Mr. Splitt reported we have signed agreements with physician practice acquisition with GI of Norman. More details will be discussed as they become available.

Mr. Splitt handed out survey results from the *Inspire* HEALTH Healer Forum sessions. He stated we will meet with community and state leaders over the next few weeks and into the fall to provide them with the latest information regarding our *Inspire* HEALTH plan.

Mr. Splitt reported we just completed the Gallup Q12 Healer Engagement Survey. These surveys are completed every 6 months and to date we have 67% participation. This number could change as the surveys are reviewed and totaled.

The Oklahoma Council of Public Affairs filed a legal challenge of the proposed ballot initiative for Medicaid Expansion. The OK Supreme Court ruled against the challenge, so the ballot initiative will go forward. 178,000 signatures are needed in order to place the initiative on the state ballot in 2020. At the same time, the Governor is working on his version of an Oklahoma Plan.

Mr. Splitt reported Courtney Blau started her part time status today (June 24th). The search for a new Compliance Officer is underway.

Agenda Item XIII 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: Mr. Sherman made a motion to adjourn into Executive Session. Dr. Weber seconded and the motion was approved unanimously with aye votes from Mr. Cubberley, Dr. Weber, Mr. Pipes, Ms. Greenleaf, Mrs. Womack, Dr. Chamber and Mr. Sherman.

Ms. Wells, Ms. White, Mr. Loftis and Ms. Brown left the room at 7:49pm.

- B.** Medical Staff Recommendations Regarding the Medical Staff Members/ Applicants as Listed in XIII.B 1-2 Below.
1. Recommend New Provisional Medical Staff Appointments
 - a. Alexander Jones, MD – Surgery
 - b. Alyssa Ohs, MD – Obstetrician/Gynecology
 - c. Allen Baughman, DO – Emergency Medicine
 - d. Ernest Foster, MD – Emergency Medicine
 - e. Melissa Jennings, MD – anesthesia
 - f. Matthew Carson, DPM – Surgery
 - g. Kathryn Hall, DO – Medicine
 - h. Marcus Rodriguez, APRN-FNP – Emergency Medicine
 2. Recommend Medical Staff Reappointments:
 - a. Joe Riddle, MD – Medicine
 - b. Vincent Gonzalez, MD – Emergency Medicine
 - c. Richard Kirkpatrick, MD – Surgery
 - d. Jeremy Moore, MD – Surgery
 - e. Benjamin Panter, MD – Surgery
 - f. Lisa Connery, MD – Medicine
 - g. Michelle Barnes, MD – Medicine
 - h. Christopher Edge, DO – Medicine

- i. Nathan Charlton, PA-C – Surgery
- j. Amanda Lewis, 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. Mr. Pipes seconded, and the motion was approved unanimous aye votes from Mr. Cubberley, Mrs. Greenleaf, Dr. Weber, Mrs. Womack, Mr. Pipes, Dr. Chamber and Mr. Sherman.

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 1-2.

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 1-2. Mr. Sherman seconded, and the motion was approved with unanimous aye votes from Mr. Cubberley, Ms. Greenleaf, Mrs. Womack, Mr. Pipes, Dr. Chamber and Mr. Sherman.

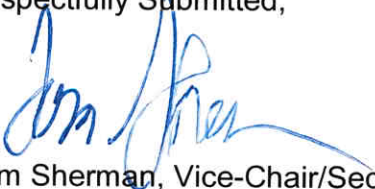
Agenda Item XIV Board Open Discussion

Mr. Splitt thanked the Executive Team and Physician leaders for their efforts to ensure a smooth ED transition.

Agenda Item XV. Adjournment

ACTION TAKEN: Mr. Sherman made a motion to adjourn the meeting at 7:48p.m. Dr. Weber seconded, and the motion passed unanimously with aye votes from Mr. Cubberley, Dr. Weber, Mr. Pipes, Ms. Greenleaf, Mary Womack, Dr. Chamber and Mr. Sherman.

Respectfully Submitted,



Tom Sherman, Vice-Chair/Secretary