

**SPECIAL MEETING OF THE
CLINTON HOSPITAL AUTHORITY MINUTES
Wednesday August 14, 2024, 12:00 PM**

A Special Meeting of the Trustees of the Clinton Hospital Authority of the City of Clinton, Oklahoma was held in the Weichel Conference Room of the Clinton Regional Hospital on Wednesday August 14, 2024, at 12:00 pm. A notice of this agenda was posted on the bulletin board in the lobby of the Clinton City Hall and the Clinton Regional Hospital front door on August 12, 2024, at 11:30 a.m.

Members: Ken Baker, Chris Jones, Kelly Cornel (absent), Kevin Wolters, Tyler Bridges, Ernie Dowdell, *Ex Officio(absent)*

Chief Executive Officer: Len Lacefield

City Manager: Robert Johnston

Secretary/Clerk: Amy Jones

Others: Chasity Richardson, Brendan Price RN, Stephanie Bustos, Janae Chittum RN, David Barnett, and others

I. CALL TO ORDER

Chairman Kenneth Baker called meeting to order at 12:04 pm

II. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

- A. Approval of July 24, 2024, Special Meeting
- B. Consider Claims

The Consent Agenda items were presented for review and approval.

Motion was made by Trustee Chris Jones and Second by Tyler Bridges to approve the Consent Agenda

Chairman Kenneth Baker put in motion roll call vote:

Aye: Chris Jones, Tyler Bridges, Kevin Wolters, Ken Baker

Nay: none

III. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):

- A. Administrative reports
 - 1. Executive Report

Mr. Lacefield CEO gave updates on the cardiopulmonary department is off and running. Stephanie Drum is working the referral sources as well as reaching out through Janae as she serves in her new role as medical services coordinator. The first couple weeks of Cardiopulmonary Rehab have not gone off without a hitch but are picking up speed and

we are so glad to be able to provide these services for our community. We need to add an elliptical and another treadmill those alone will run us about \$2000 for those pieces of equipment. We are also looking at the ability to admit patients to monitoring over here in the gym but that will require a hefty price tag and a piece of equipment from Spacelabs so that we can have our own hub to admit to. We have a blind in the works to cover the skylight because during these hot summer days we have noticed the gym is about 15-20 degrees hotter than the rest of the hospital, we do have stand fans that are currently going however they are having a hard time keeping up with the heat. We are also looking at having some PT oversight to expand our services. Meet with Bill Hill Physical Therapist and he is willing to work with us to help expand some of our services like wound care and work out a process to help get students that have sports injury that need medical care quicker. Mr. Lacefield also gave an update on the CT down and Radiology update Our radiology department experienced something unique two weeks ago last Friday when both our, elk cities, and Weatherford CT system went down. We are unsure if there was regional hack or what caused a trifecta of filing or skin each of our CT Systems. Weatherford was able to piece theirs back together swiftly while elk city and we took a little bit longer. The problem with our CT being down is it does affect all other areas of our business. ROR needed to go on cardiac divert because without a CT to provide images for diagnostic purposes for the cardiovascular system it is impossible to stabilize or treat a patient much less determined if we need to transfer to the city or to hold the patient for observation overnight under the council of a cardiologist. One good thing about this situation is that as of right now our CT system has been virtually rebuilt from the ground up to include software generators imaging program upgrades and interfaces between all pieces of the system. The team that came out of Dallas was beyond spontaneous as they arrived within hours of the phone call and worked through the first weekend and completely through the next weekend going back and forth accessing parts from all over the country as well as service representatives from Oklahoma City. Although no one could be happier with their response and efforts I have yet to receive their invoice. As we came back to full operation all EMS and facilities were notified that we are back online. Because we have not had the extra cash flow to bring our MRI system up and running at full speed, we rely heavily on our CT equipment to provide adequate diagnostics. As of 8/8 I am awaiting the service ticket that will detail the specific issues, likely causes, and repairs that were incurred, but there were three main phases of the repair, computer repair, gantry communication issues, and X-ray production issues.

The processing computer had hard drives replaced and then was driven to Dallas to have the motherboard rebuilt by a specialist. The engineer drove back from Dallas Monday evening to reinstall the computer. This was Thursday night through Monday night.

1. Tuesday morning, after the computer repair was completed the communication issue was tackled. The CT software was reinstalled, and remote service was looped in to run diagnostics on the gantry. The engineer made a trip to OKC for parts and worked into Tuesday night.

2. Wednesday morning, we got our X-ray production diagnosis, and a filament control module was ordered and shipped overnight, and cathode assembly was located and placed on standby. It was hoped that the much less expensive control module was the issue instead of the cathode assembly. Thursday morning after the control module was replaced, the problem was not solved. The CEO of the company drove to Dallas, picked up the cathode, delivered and installed it. We were able to go off divert at 11 pm that night, after just over a week of being down.

Our update of Ultrasound

On August 6th we hosted a Samsung application specialist to perform training and very in-depth customization and optimization of the machine to meet our needs. We had two technologists attend training and we were able to scan two outpatients during the time she was here. The machine we purchased was a demo unit for Samsung, so it had every option and measurement turned on by default. The specialist was able to interview the techs, observe the exams and parse the multitude of options down to only what we need. This will be a huge quality of life improvement for users of the machine. Each tech also got several hours of 1 on 1 training to become much more familiar with the machine. Going forward this will allow techs to perform exams more efficiently, acquire better images, and allow us to expand our ultrasound coverage. Mr. Lacefield also spoke of Future wants and needs for MRI and Mammo. **MRI:** MRI has two needs: a reconstruction server and a dewar of liquid helium. The server is a holdover from the Alliance days, it was running off one hard drive and the week before we planned on opening the service it crashed. The repair for that is \$7000 and is an upgrade to replace the server. This will reduce scan times by nearly half and allow us to scan more patients in a day. We are just below the recommended level of helium to scan patients at. We were quoted two different amounts of helium bringing our total cost (including server repair) for MRI to \$21,000 or \$30,000 respectively.

Mammo: The cheapest option that we have found to upgrade our machine to 3D mammograms, which is the industry standard is about \$82,000. The other option is to replace it, and that cost would run \$200,000 to \$300,000. We have not moved forward with reopening this department because we did not feel that it was worth the time or investment to offer subpar imaging to our patients. **Nuclear Medicine:** We have obtained our materials license allowing us to open that modality, we are currently establishing pricing through our GPO with the Cardinal nuclear pharmacy in OKC to establish what our costs will be to operate the department. **Service contracts:** As our CT issue has proven, service contracts for maintenance and emergency issues will be an important cost to consider going forward. A service contract will act as insurance to help offset costs when things go wrong and break. However, like insurance we will be spending money for something that we hope to not have to use except for annual service. With the updates of Radiology Mr. Lacefield gave a brief update on Telehealth for School systems that Janae Chittum is helping set up and educate schools on Telehealth. He also spoke of continue of

Staff Realignment and continued efforts to recruit key staff for coverage in ER and Med Surg. With that we continue to work with Medicare Part B and Blue Cross credentialing has been completed and working on EDI process for filing claims. Lastly, we have investigated the potential relicensing of Clinton Regional Hospital from a Med surge hospital offering full services to REH Designation. Most recently yesterday our entire leadership team sat through a two-hour information webinar explaining to us services that would have to be cut out for us to become and take advantage of the REH status. This in summary includes all inpatient services. Where we can designate a couple of our ER suites as observation we cannot admit patients into our Med surge floor for observation. This would also negate our potential to do swing bed, mental health, and Geri-psych. We continue to be in the process of evaluation but have not received a confirmation letter that states we can refile our 855 A to reflect a change in patient licensure, nor have we been given the authority to move forward with the state of Oklahoma to change our license designation. This designation also comes with an assured survey within nine months after we begin operating as an REH to assure that we comply with all criteria set forth in the REH grant guidelines. While there are opportunities to sub out to other companies carrying Medicare contracts and EIN numbers it would have to be done in such a way that partitions our first line service core while removing all other none granted services through an under a different organization carrying a different Medicare license and license number. Complicated but not impossible. The other caveat, if we are granted this status and move through the conversion process, it will take about 90 to 120 days to receive our first stipend check of \$276,167, which translates to \$3,314,000 per year. In summary, we will further discuss this option if it is established that we qualify.

Motion was made by Trustee Tyler Bridges and Second by Chris Jones to approve the Executive Reports

Chairman Kenneth Baker put in motion roll call vote:

Aye: Tyler Bridges, Chris Jones, Kevin Wolters, Ken Baker

Nay: none

3. Dr. Carl Laffoon Consulting Agreement:

Mr. Lacefield, CEO presented the Carl Laffoon Consulting agreement. This agreement to preform consulting work for the Clinton Regional Hospital in providing nursing executive leadership and consulting services and other related activities as directed by the Company.

Motion was made by Trustee Chris Jones and Second by Kevin Wolters to approve the Carl Laffoon Consulting Agreement

Chairman Kenneth Baker put in motion roll call vote:

Aye: Chris Jones, Kevin Wolters, Tyler Bridges, Ken Baker

Nay: none

4. Hospital Advertising Package

Mr. Lacefield, CEO shared the Hospital Advertising package that was proposed by the Clinton Daily News. Total package cost \$38,696.83.

Motion was made by Trustee Chris Jones and Second by Tyler Bridges to approve the Hospital Advertising Package

Chairman Kenneth Baker put in motion roll call vote:

Aye: Chris Jones, Tyler Bridges, Kevin Wolters, Ken Baker

Nay: none

IV. FINANCIAL REPORT

A. Financial Statement

Stefanie Bustos gave an overview of the Clinton Regional Hospital balance sheet as of June 30,2024 this report included Assets, Accounts Receivables and Liabilities.

Motion was made by Trustee Kevin Walters and Second by Chris Jones to approve the Clinton Regional Hospital balance sheet of June 30,2024

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kevin Wolters, Chris Jones, Tyler Bridges, Ken Baker

Nay: none

B. Invoices to be paid

Stefanie Bustos gave a review of all outstanding invoices and ask board approval of all outstanding invoices 31 day and older to be paid.

Motion was made by Trustee Kevin Walters and Second by Chris Jones to approve invoices 31 day and older to be paid

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kevin Wolters, Chris Jones, Tyler Bridges, Ken Baker

Nay: none

VII. New Business (If any, as authorized pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

None

VIII. Adjourn

A motion was made by Trustee Chris Jones and Second by Kevin Wolters to Adjourn

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kelly Cornell, Tyler Bridges, Kevin Wolters

Nay: None

Chairman declared the motion carried and meeting adjourned at 12:32 pm

Date Approved

Kenneth Baker