

**SPECIAL MEETING OF THE
CLINTON REGIONAL HOSPITAL GOVERNING BOARD
TUESDAY, FEBRUARY 23, 2023, 4:00 P.M.**

The Special Meeting of the Board Members of the Clinton Regional Hospital Governing Board of the City of Clinton, Oklahoma, Custer County, held in the Conference Room of the Clinton City Hall on Tuesday, February 23, 2023, at 12:00 p.m. A notice of this agenda was posted on the bulletin board in the lobby of the Clinton City Hall on February 21, 2023, at 11:45 a.m.

Members: Ken Baker, Chris Jones, Kelly Cornell, Kevin Wolters, and David Mosburg

CARRUS: COO/CRH CEO Jon Rains

Manager: Robert Johnston, Absent

Secretary/Clerk: Amy Jones

Others: Nydia Campbell, Jill Atchley, Jordyn Case, Janae Chittum

AGENDA ITEMS:

1. CALL TO ORDER

Chairman Kenneth Baker called the meeting to order at 12:01 p.m.

2. DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING:

A. Approval of Minutes from November 8, 2022, meeting.

The minutes from the January 26, 2023 meeting were presented for review and approval.

Motion was made by Board Member Kelly Cornell and seconded by Board Member Kevin Wolters to approve the minutes of the January 26, 2023 meeting.

Chairman Ken Baker put the motion to roll call vote:

Aye: Cornell, Jones, Mosburg, Wolters, Baker

Nay: None

Chairman declared the motion carried.

B. Licensure Update

Jon Rains provided a licensure update. He provided his written summary of the findings of the state consultation visit on February 15, 2023. The hospital license requirement is to complete a plan review by the Oklahoma State Department of Health to ensure the facility meets current code requirements. Mr. Rains provided

a detailed report to the Governing Board members regarding the findings. His report is as follows:

Clinton Regional Hospital
OSDH Courtesy Physical Plant Inspection
Prepared by: Jon M. Rains, President/COO (Carrus Health)
As of: February 15, 2023

I. Purpose:

Due to the recent closure of AllianceHealth Clinton (now Clinton Regional Hospital) on December 31,2022, the hospital must be re-licensed as a new entity meeting current architectural requirements for new hospitals. As part of the re-licensing process, the hospital must complete a “Plan Review” by the Oklahoma State Department of Health (OSDH) to ensure the facility meets current code requirements. This is part of the first phase of facility relicensing.

II. Scope:

In order to ensure the hospitals physical plant meets current code requirements, and in phase one of the licensing process, an architect must certify the building floor plans and ensure all areas of the facility meet current code compliance in order to gain an approval to proceed with licensing. During this process the architectural and operations team will formulate a plan to ensure the facility meets compliance for licensure of the physical plant and/or seek exemptions or waivers as allowed by OSDH and Centers for Medicare and Medicaid Services (CMS). As this is a courtesy inspection, OSDH will not issue an official report, rather the goal is to be collaborate with the architecture team to ensure all elements are met in Plan Review.

III. Participants:

Nazli Toloie, Chief Architect & Manager of Health Facilities Plan Review (OSDH)
Cassandra Franco, Lead Architect (Dewberry)
Robert Johnston, City Manager (City of Clinton)
Jon M. Rains, President (Carrus Health)
Jordyn Case, Public Relations Officer (Carrus Health)
Jim Slayton, General Counsel (Carrus Health)
Gwendolyn Fuchs, Chief Nursing Officer (Clinton Regional Hospital)
Janice Merrill, Director of Plant Operations (Clinton Regional Hospital)
Jill Atchley, Director of Quality Management (Clinton Regional Hospital)
Heather Roulette, Executive Secretary (Clinton Regional Hospital)

IV. Findings:

A. Documentation:

- Facility does not have an accurate and complete set of floor plans which are acceptable for submission to Plan Review. Carrus staff reviewed all plans supplied by the hospital as well as contacted previously known architects to assemble all floor plans for the facility. At the conclusion, Carrus was able to locate multiple sets of plans, of which, none were “as built” floor plans which accurately reflect all renovations and additions to the physical plant of the facility.

- Dewberry Architects will have to re-draw floor plans utilizing the multiple set of combined plans as well as from onsite review and measurements. (*Lead Time: Estimated 3-4 Weeks*)

- Once complete set of “as built” plans are completed, they will be certified by the Architect and submitted to the state Plan Review Board.

B. Lobby:

- Convert meditation room into ED waiting area. Must be separated from general main waiting area.

- Remove carpeting in all areas.

C. Emergency Department:

- STC (sound transmission class) rating of the rooms in the ED.

- Add hand washing sink in soiled utility room.

- Reverify the size of the electrical room in the ED.

D. Cancer Center:

- No issues.

- Recommend areas with broken equipment be coded as “storage” for licensing purposes at this time.

E. Radiology:

- Review clearance around MRI. Must have 4-foot clearance.

- Verify the location of the bathroom call light near the MRI.

- Verify the positioning of the CT scanner, ensuring there is 4-foot clearance around the table.

- Bathroom doors in the radiology area, must be 3 feet in width.

- Note that the fluoroscopy room is inoperable but has machines that do not work in the area. (Consider labeling that room as “Radiology Storage”).

F. Outpatient Therapy:

- Need to remove the carpet and then open for outpatients.

- Review and check the air pressure readings for the outpatient therapy area.

- Ensure outpatient therapy has a negative pressure and positive pressure area which are segregated for exercise.

G. Library:

- Convert the library into the meditation room.

H. Laboratory:

- Remove shelving from urinalysis room to ensure proper clearance.

- Verify sprinkler lines in the ceilings do not have anything hanging from them or connected to them. Line must be stand alone.

- Check the water temperature in the eyewash stations to ensure it is tempered.

- Change the lab bathrooms to single stall for ADA compliance with pass-through window. (Current set-up not ADA compliant).

I. Medical/Surgical Unit:

- Bathrooms and patient rooms did not meet code due to handwashing sinks. Will need to apply for CMS exemption. Will need to add alcohol-based hand sanitizer to bathroom for exemption approval.
- Air handling units in patient rooms do not meet code. There is no waiver or exception for this and will have to be addressed before we can license beds with this HVAC configuration.
- Window seal must be within 3 feet of the floor. Air intake must be 3 feet off the ground. It appears these are at the gradient. Will not be able to obtain exception for this.
- Review all sink sizes to ensure they meet code.
- Raise sink to ensure it is 2'10" off the floor.
- Verify handrails to ensure they are 2'10" or 3 feet from the floor.

J. Maternity Ward:

- Verify, the number of GFCI (ground fault circuit interruptors) outlets and oxygen requirements per bassinet in the nursery.
- Each bassinet needs 3 feet of clearance. Current layout does not allow for 10 bassinets as per previous licensure.

K. Ambulatory Care Unit:

- Need an ADA bathroom. As per code (10% of patient rooms in each unit must have an ADA accessible bathroom).
- Air handling units in patient rooms do not meet code. There is no waiver or exception for this and will have to be addressed before we can license beds with this HVAC configuration.
- Bathrooms and patient rooms did not meet code due to handwashing sink. Will need to apply for CMS exemption. Will need to add alcohol-based hand sanitizer to bathroom for exemption approval.

L. Rehab Unit:

- HVAC configuration appears to meet requirements but will need to verify with engineer.
- Room 173 move Speech Pathology to a different location and convert to inpatient room.
- Room 174 will need to be converted to Inpatient Room vs. Sleep Lab.
- Room 175 will need to be converted to Inpatient Room vs. Sleep Lab.

M. Intensive Care Unit:

- All 4 patient rooms do not meet size requirements for a Critical Care Room.
- Nursing Station does not meet means of egress requirements for a Critical Care Unit.
- Will need full renovation before re-opening, as there is no exemption or waiver on

this.

N. Operating Room:

- PACU in surgery needs verification on size to fit 4 stretchers.

- Need laminar flow ventilation in each operating room above the head of this bed. There is no exemption or waiver for this.
- Need an epoxy finish on all OR walls.
- Need to repair all handwashing sinks. Current handwashing sinks in main OR are non-functional, except for one.

O. Dietary:

- Replace lines on soda machine.
- Lower the counters in the beverage station area.

P. Pharmacy:

- Using both USP (US Pharmacy) standards 797 and 800.

Q. Mechanical Room:

- Get with Ok State Department of Health on the fire inspection prior to the final inspection.
 - Check the fire suppression water lines.
 - Correct and address the caulking in the generator area.

V. Summary:

- Must have plans redrawn to have an accurate set of “as built” plans.
- Remove carpet in all clinical areas and corridors.
- Medical/Surgical Unit cannot be licensed until HVAC issues are addressed.
- Ambulatory Care Unit has no rooms with ADA bathroom (need minimal 1 to meet code requirements). Ambulatory Care Unit will also not be able to be re-licensed at this time due to HVAC concerns as it currently stands.
- Intensive Care Unit will not be able to be re-licensed due to multiple issues related to size of rooms and means of egress.
- Operating Rooms will not be able to be reopened without addressing linear flow ventilation (HVAC) above the OR beds.
- Maternity Ward cannot be reopened until we are able to have OR re-licensed and functioning.

VI. Plan of Action:

1. Obtain approval for scope of work presented by Dewberry Architects (when presented) to re-draw and certify “as built” floor plans.
2. Take action on all items listed, with the understanding many units will not be able to be re-licensed/re-opened until HVAC issues are addressed.
3. Move forward with re-opening in a phased approach, with Phase I being:
 - a. Emergency Department
 - b. Medical Surgical Unit (located in Rehab Unit)
 - c. Ancillary Departments (Lab, Imaging, Dietary, etc.).
4. Phase II departments will be re-opened as per the approval of the Clinton Hospital Authority pending complete scope of work to be provided by architects.

5. Once full scope of work is obtained by architects, will need to have a General Contractor engaged ASAP to manage the construction project to ensure the most expedient re-opening.

Information only, no action taken.

C. Financial Report January 31, 2023

Jon Rains, Carrus President of Carrus Health, Inc presented a summary report to the Governing Board of the financial information for the month ending January 31, 2023.

1:03 PM

Clinton Hospital Authority

02/21/23

Profit & Loss

Accrual Basis

January 2023

	Jan 23
Ordinary Income/Expense	
Income	
Funds From City	545,000.00
Total Income	545,000.00
Expense	
Office Supplies	1,140.58
Operating Expense	
Management Fee	0.00
Total Operating Expense	0.00
Payroll Expenses	238,067.93
Payroll Processing Fee	400.00
Repairs and Maintenance	920.00
Utilities	
Electric	4,337.27
Gas	2,500.39
Phone & Internet	701.65
Total Utilities	7,539.31
Total Expense	248,067.82
Net Ordinary Income	296,932.18
Net Income	296,932.18

Information presented was reviewed and discussion was held. Mr. Rains emphasized that at this time this income is only money that has been transferred from the City to the

Hospital Authority for current expenses until the vote for the use of the Hospital Funds occurs on on March 7, 2023. The Hospital currently has no sources of revenue.

Information only.

D. Urgent Care Clinic Services

Rains stated that progress is being made on the opening of the Urgent Care Clinic. It will be called Clinton Regional Urgent Care Clinic. He stated that the Hospital Authority and Carrus Health are still working on contract details regarding the operations of the Clinic. He stated that to expedite the opening he will be using a Nurse Practitioner that is already credential as a provider through Carrus Health and has the insurance credentialing and approvals in place. Chairman Baker inquired regarding the expected number of patient visits. Rains answered that it is hard to predict at this time, but is anticipated to be higher volume. He stated that the Clinic will be open from 7 a.m. to 7 p.m. seven days a week.

Information only, no action taken.

E. Operations Update

Rains reported that staff is very out going and working on whatever is needing to be accomplished. The jobs range from painting to ordering supplies, setting up the clinic or working on reports for licensing. Chairman Baker asked Mr. Rains how Carrus is accountable for the management fee that is being paid. He reported that currently he does not keep a break down of hours. The fee covers the time he or his staff spends working on the issues for the Clinton Regional Hospital from licensing issues and setting up the Clinic and preparing for the reopening of the hospital.

Information only, no action taken.

F. Consideration of Lease Agreement Printer/Copiers

Rains asked to not take an action on these items as of yet. He would like to further into the process of opening the hospital before moving forward on these agreements.

Information only, no action taken.

G. Request for Executive Session Pursuant to Section 307 (B)1 of the Oklahoma Open Meeting Act for thee purpose of discussing the employment, hiring,

appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee: **IT Director Position**

Motion was made by Kelly Cornell and seconded by Chris Jones to move into Executive Session Pursuant to Section 307 (B)1 of the Oklahoma Open Meeting Act for the purpose of discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee: **IT Director Position** at 12:50 p.m.

Chairman Ken Baker put the motion to roll call vote:

Aye: Cornell, Jones, Mosburg, Wolters, Baker

Nay: None

Chairman declared the motion carried.

H. Reconvene from Executive Session

Motion was made by Kelly Cornell and seconded by Chris Jones to reconvene from Executive Session at 12:58 p.m.

Chairman Ken Baker put the motion to roll call vote:

Aye: Cornell, Jones, Mosburg, Wolters, Baker

Nay: None

Chairman declared the motion carried.

I. Any Actions Arising Out of the Executive Session

Chairman Baker reported No Action taken.

3. NEW BUSINESS (If any, pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

None

4. HGB Member Comments

None

5. Management Comments

None

6. Audience Participation (According to Audience Participation Decorum Guidelines at the Clinton City Council Public Meeting effective 2/14/2017)

None

7. Adjourn

Motion was made by Member Chris Jones and seconded by Member Kevin Wolters to adjourn.

Chairman Baker put the motion to roll call vote:

Aye: Cornell, Jones, Mosburg, Wolters, Baker

Nay: None

Chairman declared the motion carried and meeting was adjourned at 12:59 p.m.

Date Approved

Ken Baker, Chairman