



Agenda

Mangum City Hospital Authority

May 23, 2023 at 5:00 PM

City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on May 23, 2023, at 5:00 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.

CALL TO ORDER

ROLL CALL AND DECLARATION OF A QUORUM

CONSENT AGENDA

The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.

1. Approve April 25, 2023, regular meeting minutes as presented
2. Approve April 2023 Quality meeting minutes as presented.
3. Approve April 2023 Medical Staff meeting minutes as presented.
4. Approve April 2023 claims and June 2023 estimated claims.
5. Approve April Quality Report.
6. Approve April Clinic Report.
7. Approve April CCO Report.
8. Approve April CEO Report.
9. Approve the following forms, policies, appointments, and procedures previously approved through April 2023 by Corporate Management, on 04/13/2023 Quality Committee and on 04/20/2023 Medical Staff.

Review & Consideration of Approval of Policy & Procedure: MRMC–Social Media Policy (updated)

Review & Consideration of Approval of Review Tool: MRMC–AMA/LWBS Review Tool (updated)

10. April Financial Reports

FURTHER DISCUSSION

REMARKS

Remarks or inquiries by the audience not pertaining to any item on the agenda.

OTHER ITEMS

- [11.](#) Discussion and possible action to approve the **Dell - Public Education, State and Local Government Rider Agreement**
- [12.](#) Discussion and possible action to approve the **Sage - Agreement**
- [13.](#) Discussion and possible action to approve the **Dynamic Access - Vascular Access Services Agreement**
- [14.](#) Discussion and possible action to approve the **CPSI - Interface Performance for MyHealth**
- [15.](#) Discussion and possible action to approve the **CPSI - SureScripts Agreement**
- [16.](#) Discussion and possible action to approve the **OFMQ - Participation Agreement**
- [17.](#) Discussion and possible action to approve the **Cohesive - First Amendment to Management Services Agreement**

EXECUTIVE SESSION

- [18.](#) Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):
 - Re-Credentialing – Suresh Chandrasekaran, M.D – Courtesy Privileges

OPEN SESSION

19. Discussion and possible action in regard to executive session, if needed.

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, Interim Hospital CEO, City Attorney or Hospital employees.

NEW BUSINESS

Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)

ADJOURN

Motion to Adjourn

Duly filed and posted at 5:00 p.m. on the 19th day of May 2023, by the Secretary of the Mangum City Hospital Authority.

Erma Mora Secretary



Minutes

Mangum City Hospital Authority Session

April 25, 2023 at 5:00 PM
City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on April 25, 2023, at 5:00 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.

CALL TO ORDER

Chairman Vanzant called the meeting to order at 5:00pm.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Carson Vanzant
Trustee Cheryl Lively
Trustee Ilka Heiskell
Trustee Ronnie Webb arrived at 5:15pm.
Trustee Lisa Hopper

CONSENT AGENDA

The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.

Motion to approve consent agenda as presented.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Hopper

1. Approve March 23, 2023, regular meeting minutes as presented.
2. Approve March 2023 Quality meeting minutes as presented.
3. Approve March 2023 Medical Staff meeting minutes as presented.
4. Approve February 2023 claims and April 2023 estimated claims.
5. Approve March 2023 claims and May 2023 estimated claims.
6. Approve March Quality Report.
7. Approve March Clinic Report.
8. Approve March CCO Report.

9. Approve March CEO Report.
10. Approve the following forms, policies, appointments, and procedures previously approved through March 2023 by Corporate Management, on 03/14/2023 Quality Committee and on 03/16/2023 Medical Staff.
 - MRMC 2023 Quality Plan
 - MRMR 2022 Annual Review and Evaluation
 - Speaking Valve Policy
 - Cuff Pressure Management Policy
 - Suctioning Policy
 - Transporting the mechanically ventilated Patient Policy
 - Speaking Valve Warning Sign
 - Speaking Valve Core Competency
 - Respiratory Policy Manuel Table of Contents
 - Vancomycin Dosing and Monitoring Policy
 - Medication Dose Rounding Policy
11. Approve the following forms, policies, appointments, and procedures previously approved through April 2023 by Corporate Management, on 04/13/2023 Quality Committee and on 04/20/2023 Medical Staff.
 - HIM Policy Manuel
 - 380.0 Medical Records Policy
 - 2023 TB Risk Assessment
 - HIPPA Security Officer Appointment – Jennifer Dreyer
 - HIPPA Privacy Officer Appointment – Jared Ballard
 - Respiratory Protection Program Hazard Assessment
 - Respiratory Protection Program Evaluation Checklist
 - Respiratory Protection Program Evaluation Summary for 2022
 - Conditions of Admission Policy
 - Condition of Admissions Form
 - Social Media Policy

FURTHER DISCUSSION

None.

REMARKS

Remarks or inquiries by the audience not pertaining to any item on the agenda.

Dale Clayton speaks from the audience regarding his termination.

REPORTS

12. March Financial Reports.

Andrea Snider goes over March's financial reports.

March 2023 Financial Statement Overview

Statistics

o The average daily census in March was 16.23. This is an increase of 1.30 from the previous month. As a reminder our target remains 11 ADC. YTD 2023 continues to reflect a material increase from the 2022 YTD average of 9.85.

o YTD inpatient Medicare utilization percentage remains high at 90%. As a comparison, prior year 2022 was 89%.

o Cash receipts for the month of March totaled \$1.9M (Generally speaking, there is approximately a two month lag between the net revenue generated each month & the majority of the cash collected).

o Cash disbursements totaled \$1.11M for the month. Balance Sheet Highlights The operating cash balance as of March is \$584K, with the cash reserve at \$800K, totaling \$1.48M. Days cash on hand is equivalent to 13.15. Accounts Receivable have increased \$442K from the previous month, primarily due to the increased ADC for the month. Accounts Payable has decreased 55.11M from the previous month primarily due to the reclass to long term debt for the Cohesive MGMT payable. The Due to Medicare account reflects a net increase of \$813K from the previous month as the estimated payable for YTD 2023 is increased to \$1.8M. This is an estimated amount based on the material increase in ADC from the prior year while expenses have not correspondingly increased materially.

OTHER ITEMS

13. Discussion and possible action to approve the Total Medical Personnel Staffing – Staffing Agreement.

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Webb.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

14. Discussion and possible action to approve the MyHealth - Participation Agreement and Quote.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Heiskell.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

15. Discussion and possible action to approve the eClinicalWorks – Work Order (for MyHealth Access)

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

16. Discussion and possible action to approve the eClinicalWorks - Addendum for HISP Services.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Heiskell. Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

17. Discussion and possible action to approve the Oklahoma Foundation for Medical Quality (OFMQ) - Work Order.

Motion to approve.

Motion made by Trustee Hopper, Seconded by Trustee Hopper.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

18. Discussion and possible action to approve the Standley - Equipment Rental Agreement.

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

19. Discussion and possible action to approve the Philadelphia - Annex Building Contents Liability Quote.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Heiskell.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

20. Discussion and possible action to approve the CNA - Quote for D&O Liability and EPL Liability Insurance (Tabled from March)

Motion to approve CNA-quote for D&O Liability and EPL Liability Insurance

Motion made by Trustee Vanzant, Seconded by Trustee Webb.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

21. Discussion and possible action to approve the Bank Direct Capital Finance - Finance Agreement.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Lively.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

EXECUTIVE SESSION

- 22. Discuss and make a decision to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):
 - John Chiaffitelli, DO – Contract Amendment

Motion to enter into executive session at 5:46pm

Motion made by Trustee Webb, Seconded by Trustee Vanzant.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

Chairman Vanzant declared out of executive session at 6:29pm.

OPEN SESSION

- 23. Discussion and possible action with regard to executive session.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Vanzant.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, Interim CEO, City Attorney or Hospital Employees

None.

NEW BUSINESS

Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)

None.

ADJOURN

Motion to Adjourn

Motion to adjourn 6:34pm.

Motion made by Trustee Vanzant, Seconded by Trustee Webb.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Webb, Trustee Hopper.

Carson Vanzant, Chairman

Erma Mora, City Clerk

Mangum Regional Medical Center

Quality Assurance & Performance Improvement Committee Meeting

Item 2.

Meeting Minutes

CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

Date: 04/13/2023	T 12:58 i m e :	Recorder: D. Jackson	Reporting Period: March 2023
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Members Present

Chairperson:	CEO: Cindy Tilman	Medical Representative: Dr C/ Mary Barnes			
Name	Title	Name	Title	Name	Title
Daniel Coffin	CNO	Danielle	Bus Office		Lab
	HR	Kay Hamilton	Credentialing		IT
Jennifer Dreyer	HIM		Maintenace/EOC		Dietary
Chrissy	PT	Pam Esparza	Radiology	Claudia Collard	IP

TOPIC	FINDINGS – CONCLUSIONS	ACTIONS – RECOMMENDATIONS	FOLLOW-UP
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I. CALL TO ORDER

Call to Order	The hospital will develop, implement, and maintain a performance improvement program that reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.	This meeting was called to order on 04/13/2023 by Dr C and M. Barnes	
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II. REVIEW OF MINUTES

A. Quality Council Committee	02/14/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Dr. C and 2nd by M Barnes Minutes A-F approved. Present a copy of the Meeting Minutes at the next Medical Executive Committee and Governing Board meeting.	
B. EOC/ Patient Safety Committee	02/14/2023		
C. Infection Control Committee	02/14/2023		
D. Pharmacy & Therapeutics Committee	03/30/2023		
E. HIM/Credentialing Committee	02/08/2023		

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F. Utilization Review Committee	02/07/2023		
III. REVIEW OF COMMITTEE MEETINGS			
A. EOC/Patient Safety	03/10/2023		
B. Infection Control	03/07/2023		
C. Pharmacy & Therapeutics	03/30/2023		
D. HIM-Credentials	03/08/2023		
E. Utilization Review	03/07/2023		
F. Compliance	Quarterly – Scheduled for April 12, 2023		
IV. OLD BUSINESS			
A. Old Business	MRMC 2023 Quality Plan MRMR 2022 Annual Review and Evaluation Speaking Valve Policy Cuff Pressure Management Policy Suctioning Policy Transporting the mechanically ventilated Patient Policy Speaking Valve Warning Sign Speaking Valve Core Competency Respiratory Policy Manuel Table of Contents Vancomycin Dosing and Monitoring Policy Medication Dose Rounding Policy	All Approved March 2023 by Quality/Med Staff Awaiting approval by Board in April 2023	
V. NEW BUSINESS			
A. New Business	HIM Policy Manuel (TOC attached) 380.0 Medical Records Policy 2023 TB Risk Assessment HIPPA Security Officer Appointment – Jennifer Dreyer HIPPA Privacy Officer Appointment – Jared Ballard Respiratory Protection Program Hazard Assessment Respiratory Protection Program Evaluation Checklist Respiratory Protection Program Evaluation Summary for 2022 Conditions of Admission Policy CONDITIONS OF ADMISSION FORM	First Approval – Dr C Second Approval – M. Barnes	

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Quality Assurance & Performance Improvement Committee Meeting

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	Social Media Policy		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 168 Total OBS pt - 1 Total Acute pt - 19 Total SWB - 15 Total Hospital Admits (Acute/SWB) - 34 Total Hospital DC (Acute/SWB) - 34 Total pt days - 503 Average Daily Census - 16		
2. Blood Utilization	2 total units administered without reaction		
B. Care Management			
1. CAH Readmissions	0 for the reporting period		
2. IDT Meeting Documentation	4/10 (40%) 6 IDT notes incomplete d/t unforeseen circumstances for CM and no coverage for 03/02/2023.	CM Emailed QM/CEO regarding incomplete IDT notes for CM.	
3. Insurance Denials	10 for the reporting period		
4. IMM Notice	21/21 (100%)		
C. Risk Management			
1. Incidents	AMA 5 – OTHER 1-		
2. Reported Complaints	None for reporting period		
3. Reported Grievances	None for reporting period		

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4. Patient Falls without Injury	3 for the reporting period - 1.) Pt attempting transfer from bed without assistance, nurse to room when bed alarm went off, however patient was found on the floor at nurse arrival, no injuries noted. 2.) Pt was being assisted with transfer from shower chair to room chair with assistive device, pt began transferring self-prior to shower chair being locked in place, chair rolled. The aide was able to assist patient to the floor without injury. 3.) Pt was being transferred in the shower chair, the chair began to tip forward when going over a threshold, aide was able to assist the patient to the floor prior to a fall, no injuries noted		
5. Patient Falls with Minor Injury	1 for reporting period – 1.) Pt found on the floor after transferring without assistance, abrasion to elbow and knee noted. No other injuries noted or reported		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	4 completed for the reporting period		
8. Mortality Rate	2 for the reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	2 for the reporting period, no tissue donations for the month		
D. Nursing			
1. Critical Tests/Labs	76 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	1 for reporting period - pt admitted to in-pt care for bradycardia, pt began having abnormal rhythm and then became pulseless. Nurse at		

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	bedside and quickly began CPR, AED pads applied with pulse noted. Pt was placed on cpap and DNR discussed and obtained from family.		
4. Acute Transfers	1 - 1.) 1 pt admitted s/p surgical procedure. Pt with GI bleed s/p surgery, transferred to higher level of care for GI bleed/ possible obstruction	All in-pt transfers for the reporting period appropriate for higher level of care	
5. Inpatient Transfer Forms	1 for the reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	19/20 (95%)		
2. ED Readmissions	4 for the reporting period		
3. ER Log & Visits	168 (100%)		
4. MSE	20/20 (100%)		
5. EMTALA Transfer Form	11/11 (100%)		
6. Triage	18/20 (90%)		
7. ESI Triage Accuracy	19/20 (95%)		
8. ED Transfers	11 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Lumber fx s/p MVA – trauma center 2.) MSD – Oncology/ICU 3.) Appendicitis – Gen. Surgery 4.) Acute abdomen – Gen Surgery/OB services 5.) SI – In-pt psych 6.) Ventricular Hemorrhage – ICU/Neurology 7.) CHF – Cardiology 8.) Pneumonia/CHF – Cardiology 9.) AMS – Neurology 10.) AMS – Neurology	All ER transfers for the reporting period appropriate for higher level of care	

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	11.) Lacrimal Canal Laceration –Ophthalmology		
9. Stroke Management	None for reporting period		
10. Brain CT Scan – Stroke (OP-23)	None for reporting period		
11. Suicide Management	1 for the reporting period		
12. STEMI Care	None for reporting period		
13. Chest Pain	6/7 EKG (86%) 5/7Xray (50%) - 1.) Xray order cx per provider evaluation of patient 2.) Xray order cx per provider evaluation of patient 3.) EKG on old machine d/t new EKG system issues		
14. ED Departure - (OP-18)	Quarterly		
F. Pharmacy & Medication Safety			
1. After Hours Access	140 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	3 for the reporting period		
4. Medication Overrides	150 for the reporting period		
5. Controlled Drug Discrepancies	6 for the reporting period		
G. Respiratory Care Services			
1. Ventilator Days	31 for the reporting period		
2. Ventilator Wean	None for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		

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4. Respiratory Care Equipment	25 nebs and mask changes for the reporting period, 31 HME, 10 inner cannula, 12 trach collars/tubing, 14 closed suction kit		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	4 for the reporting period		
3. Wound Care Documentation	100%		
I. Radiology			
1. Radiology Films	5 films repeated – 160 total for the reporting period		
2. Imaging	29 for the reporting period		
3. Radiation Dosimeter Report	5		
J. Laboratory			
1. Lab Reports	76 repeated /2804 total for the reporting period		
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	2 for the reporting period - 2 x IUC events secondary to patient's level of confusion. Both patients had StatLock catheter stabilization devices in place at time of event. Trial of new stabilization device: SafeSecure Foley securement device initiated.		
2. CAUTI's	None for the reporting period		
3. CLABSI's	None for the reporting period		

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4. Hospital Acquired MDRO's	None for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	None for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	100%		
8. Patient Vaccinations	1 received influenza vaccine / 1 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	0 employee event/injury, 13 employee health encounters (vaccines/testing) 3 reports of employee illness/injury		
11. Staff COVID19 Vaccine Compliance	100%		
L. Health Information Management (HIM)			
1. History and Physicals Completion	20/20 (100%)		
2. Discharge Summary Completion	20/20 (100%)		
3. Progress Notes (Swing bed & Acute)	SWB – 20/20 (100%) Acute – 20/20 (100%)		
4. Swing Bed Indicators	15/15 (100%)		
5. E-prescribing System	88/88 (96%)		

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6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 11/11 (100%)		
8. Discharge Instructions	20/20 (100%)		
9. Transfer Forms	12/12 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	44/45 (98%) missed one action one week, used all of the delimer after orders were cut off.		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	93/93(100%)		
4. Rinse Temperature	93/93 (100%)		
N. Therapy			
1. Discharge Documentation	24/24 (100%)		
2. Equipment Needs	11/11 (100%)		
3. Therapy Visits	PT 247 – OT 219 – ST 8		
4. Supervisory Log	4 completed for the 1 st quarter		
5. Functional Improvement Outcomes	PT 10/11 (91%) – OT 11/12 (92%) – ST 1/1 (100%)		
O. Human Resources			

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1. Compliance	93 % on CPR certifications, class set up for April 6, 2023		
2. Staffing	Hired – 3, Termed - 3		
P. Registration Services			
1. Compliance	13/13 indicators above benchmark for the reporting period		
Q. Environmental Services			
1. Terminal Room Cleans	8/8 (100%)		
R. Materials Management			
1. Materials Management Indicators	6 – Back orders, 0 – Late orders, 0 – Recalls, 937 items checked out properly		
S. Life Safety			
1. Fire Safety Management	1 fire drills for the reporting period – 24 fire extinguishers checked		
2. Range Hood	(100%)		
3. Biomedical Equipment	(100%)		
T. Emergency Preparedness			
1. Orientation to EP Plan	2/3		
U. Information Technology			
A. IT Incidents	77 events for the reporting period		
V. Outpatient			
1. Therapy Visits	35/61 (57%) 17 visits cancelled per pt request due to outside factors on the pt end, therapy attempted re-schedule of all cancelled appointments		
2. Discharge Documentation	7/7 (100%)		

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3. Functional Improvement Outcomes	7/7 (100%)		
4. Outpatient Wound Services	(100%)		
W. Strong Mind Services			
1. Record Compliance	N/A	N/A	N/A
2. Client Satisfaction Survey	N/A	N/A	N/A
3. Master Treatment Plan	N/A	N/A	N/A
4. Suicidal Ideation	N/A	N/A	N/A
5. Scheduled Appointments	N/A	N/A	N/A
VII. POLICY AND PROCEDURE REVIEW			
1. Review and Retire	None for this reporting period		
2. Review and Approve	MRMC 2023 Quality Plan MRMC 2022 Annual Review and Evaluation Speaking Valve Policy Cuff Pressure Management Policy Suctioning Policy Transporting the mechanically ventilated Patient Policy Speaking Valve Warning Sign Speaking Valve Core Competency Respiratory Policy Manuel Table of Contents Vancomycin Dosing and Monitoring Policy Medication Dose Rounding Policy	Approved by Daniel Coffin Approved by Chasity Howell	
VIII. CONTRACT EVALUATIONS			

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Quality Assurance & Performance Improvement Committee Meeting

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I. Contract Services			
IX. REGULATORY AND COMPLIANCE			
A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	None for this reporting period		
C. Product Recalls	None for this reporting period		
D. Failure Mode Effect Analysis (FMEA)	Water Line Break – Final at Corporate for approval		
E. Root Cause Analysis (RCA)	None for this reporting period		
X. PERFORMANCE IMPROVEMENT PROJECTS			
A. PIP	<p>Proposed – STROKE; The Emergency Department will decrease the door to transfer time to < 60 minutes for all stroke patients who present to the Emergency Department at least 65% of the time or greater by December 2023.</p> <p>Proposed –STEMI/CP; The Emergency Department will decrease the door to transfer time to < 60 minutes for all STEMI patients who present to the Emergency Department at least 80% of the time or greater by December 2023.</p>		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	None		
XII. EDUCATION/TRAINING			
A. Education/ Training	1/17/23 - PPE use, Hand-Hygiene, and		

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	Transmission-Based Precautions (CNA)		
XIII. ADMINISTRATOR REPORT			
A. Administrator Report			
XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	Presented at March 2023 Quality/Med Staff/Board Meetings for approval	Held at March 2023 Board meeting, representing at April 2023 Board meeting	
B. Annual Appointment of Infection Preventionist	02/16/2023 - Feb Quality Meeting	IP appointment of Claudia Collard RN approved by Marla Abernathy and Dale Clayton	
C. Annual Appointment of Risk Manager	02/16/2023 - Feb Quality Meeting	Risk Manager Appointment of Denise Jackson RN approved by Marla Abernathy and Dale Clayton	
D. Annual Appointment of Security Officer	4/13/2023 - March Quality Meeting	Security Officer Appointment of Jared Ballard approved by Dr C and M. Barnes	
E. Annual Appointment of Compliance Officer	02/16/2023 - Feb Quality Meeting	Compliance Office Appointment of Denise Jackson approved by Dr. C and Dale Clayton	
F. Annual Review of Infection Control Risk Assessment (ICRA)	02/16/2023 - Feb Quality Meeting	Annual Review of Infection Control Assessment approved by Dr. C and Dale Clayton	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	N/A for Feb meeting		
Department Reports			
A. Department reports			
Other			
A. Other	None		
Adjournment			

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A. Adjournment	There being no further business, meeting adjourned by Dr. C seconded by Chasity Howell at 1:08.	The next QAPI meeting will be held 05/18/2023.	
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Mangum Regional Medical Center
Medical Staff Meeting
Thursday
April 20, 2023

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
William Morgan, MD

Absent:

Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN-CNP
David Arles, APRN-CNP

NON-MEMBERS PRESENT:

Chelsea Church, PhD
Daniel Coffin, CCO
Denise Jackson, RN, Quality
Chasity Howell, RN, Utilization Review Director
Karly Banker, LPN.
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 1:00 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the March 16, 2023, Medical Staff Meeting were reviewed.
i.Action: Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
 - a. None
4. Report from the Chief Executive Officer
 - a. The interim administrator position is being covered by Cohesive employees Cindy Tillman and Chee Her. Onsite coverage is provided each week by Cindy or Chee along with several other Cohesive clinical leadership staff. Each week the staff is notified of the days we are onsite so if they have

items needing signed or wish to discuss matters in person they can plan accordingly. We are always available to the staff whether onsite or by phone.

- Hospital Staff and Operations Overview
 - The operations of the hospital appear to be going well.
 - The morale of the employees seems to be good, and they are continuing to take care of business as usual even through the change in leadership.
 - Census remains good with an average daily census of 16 for March. The ER saw 168 patients.
- Open positions:
 - Monitor Technician Full Time
 - Cook/Dietary Aide PRN
 - 2 LPN Full Time
 - Human Resources Representative
 - CNA Full Time
 - Housekeeper
 - 2 Business Office Specialist
 - Respiratory Therapist Full Time

5. Committee / Departmental Reports

a. Medical Records

- i. Written report remains in the minutes.

b. Nursing

Excellent Patient Care

- Monthly Education included: Infection Control Nurse educated staff regarding new Urinary Catheter Securement Device as well as the use of Chlorhexidine Wipes for us during Urinary Catheter care on each shift to further combat Catheter Associated Urinary Tract Infections (CAUTI).
- MRMC Radiology provided diagnostic studies for 244 patients in March which represents an increase when compared to February total of 184.
- MRMC Cardiopulmonary Team reports 31 Ventilator days for the Month of March.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Total patient days increased with 503 days in March as compared to 418 patient days in February. This represents a stable average daily census of 16. In addition, MRMC Emergency Department provided care to 168 patients in March.
- March 2023 COVID-19 Stats at MRMC: Swabs (33-PCR & 64-Antigen) with 2 Positive.

- MRMC Lab reported 76 Critical Lab Values: Of which, 100% were responded to in a timely fashion by Nursing and Provider.

Preserve Rural Jobs...

- Recruiting efforts included interviewing regional professionals.
- Local professionals are filling positions at MRMC.

Written report remains in minutes.

c. Infection Control

- Old Business
 - a N/A
- New Business:
 - a. N/A
- Data:
 - a, N/A
- Policy & Procedures Review:
 - Masks now optional for employees, patient, and visitors per Cohesive Covid-19 Task Force; they also reserves the right to change this policy at any time based on community transmission levels.
- Education/In Services
 - a. 1st Quarter Mandatory Skills and Education modules re: Foley Care and Maintenance/Preventing CAUTI; CVCs and PICC lines; Non-Ventilator Hospital-Acquired Pneumonia; Vasopressors and Inotropic Agents assigned via CareLearning on 3/30 with due date 4/15/23.
 - b. Ventilator competency pending initiation and completion by Director of Respiratory Therapy.
 - c. Pending set up of wound care in service with Dianne, possible 4/18 or 2/25.
 - d. NEW INITIATIVE: IUC (Foley Cath) care to be done BID with 2% CHG. Orders added to nursing MAR.
 - e. Trial of new IUC securement device. Introduced to nurses; awaiting feedback as to efficacy.
- Updates: No updates at this time.
- Annual Items:
 - a. ICRA for 2022 is completed; submitted to Quality and Med-staff; pending hospital board approval.
 - b. Annual appointment of IP – Submitted per Quality. Awaiting Governing Board approval.
 - c. Antibiogram for 2022 received from LabCorp.
 - d. Annual TB Risk Assessment completed; Will forward to Quality 4/7/2023.
 - e. MISC: Annual Respiratory Protection Program Evaluation completed/ will forward to Quality 4/7/2023.

Written report remains in minutes.

- d. Environment of Care and Safety Report
- i. Evaluation and Approval of Annual Plans –
 - i.i. Old Business - -
 - a. Evaluation and approval of Annual Plans-Plans will be presented in March meeting.
 - o Continuing to work on the building. Flooring in Nurses break area and Med Prep room needing replaced – Tile has been ordered.
 - o 15 AMP Receptacles – all 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
 - o Replace all receptacles on generator circuit at Clinic with red receptacles.
 - o ER Provider office flooring needing replaced-Tile has been ordered.
 - o Damaged ceiling tile in patient area due to electrical upgrade-Will need more tile to complete.
 - o Replace ceiling tile that do not fit properly – will need more tile to complete.
 - o North wall in Nurses breakroom in need of repair
 - o Chrome pipe needs cleaned and escutcheons replaced on hopper in ER
 - i.i.i. NewBusiness
 - a. East Wall in Room 27 Needing Repair around the A/C unit
Written report remains in minutes.
- e. Laboratory
- i. Tissue Report – Approved – March, 2023
 - i.i. Transfusion Report – Approved – March, 2023
- f. Radiology
- i. There was a total of – 244 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. Updates:
 - o No new updates.
 Written report remains in minutes.
- g. Pharmacy
- i. Verbal Report by Pharmacist.
 - i.i. COVID-19 Medications-Have 1 dose of Bebtelovimab, 30 doses of Remdesivir and 18 Paxlovid doses in-house.
 - i.i.i. P & T Committee Meeting – March 30, 2023
 - i.v. Drug Shortage/Outages are as follows: Clinimix, Optiray (all Contrast), furosemide injection. Children’s suspension antibiotics, Tylenol and Ibuprofen

DRS and PIC to monitor on a routine basis.

- v. Solu-Medrol has been added to the shortage list. We have plenty in house at this time.

Written report remains in the minutes.

- h. Physical Therapy
 - i. No report.
 - i. Emergency Department
 - i. No report
 - j. Quality Assessment Performance Improvement
 - Risk
 - Risk Management
 - Grievance – 0
 - 3 - Fall with no injury
 - 1 - Fall with minor injury
 - 0 – Fall with major injury
 - Death – 2
 - AMA/LWBS – 5/0
 - Quality
 - Quality Minutes from previous month included as attachment.
 - Policy Revisions: HIM Policy Manuel (TOC attached), 380.0 Medical Records Policy, Conditions of Admission Policy, Conditions of Admission Form, Social Media Policy
 - Other New Business: HIPAA Security Officer Appointment - Jared Ballard, HIPAA Privacy Officer Appointment – Jennifer Dreyer, Respiratory Protection Program Hazard Assessment, Respiratory Protection Program Evaluation Check list, Respiratory Program Evaluation Summary for 2022.
 - HIM – H&P – Completion 20/20 = 100% - Discharge Summary 20/20 = 100%
 - Med event – 3
 - Afterhours access was – 140
 - Compliance
- Written report remains in minutes.
- k. Utilization Review
 - i. Total Patient days for March: 503
 - i.i. Total Medicare days for March: 429
 - i.i.i. Total Medicaid days for March: 13
 - i.v. Total Swing Bed days for March: 428
 - v. Total Medicare SB days for March: 428

Written report remains in the minutes.
 Motion made by Dr. John Chiaffitelli, Medical Director to approve
 Committee Reports for March, 2023.

6. New Business

- a. Review & Consideration of Approval of Annual Review & Evaluation – MRMC – HIM Policy Manual - Table of Contents for the MRMC: HIM Policy & Procedure Manual is attached.
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – HIM Policy Manual – Table of Contents for the MRMC: HIM Policy & Procedure Manual is attached.
- b.. Review & Consideration of Approval of Policy & Procedure : MRMC – 380.0 Medical Records Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 380.0 Medical Records Policy.
- c. Review & Consideration of Approval of Table of Contents: – MRMC – 2023 TB Risk Assessment for 2022
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 2023 TB Risk Assessment for 2022.
- d. Review & Consideration of Approval of HIPAA Security Officer: MRMC: -- HIPAA Security Officer Appointment – Jennifer Dryer :
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – HIPAA Security Officer Appointment – Jennifer Dryer.
- e. Review & Consideration of Approval of HIPAA Privacy Officer: MRMC: HIPAA Privacy Officer Appointment – Jared Ballard
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - HIPAA Privacy Officer Appointment – Jared Ballard.
- f. Review & Consideration of Approval of Hazard Assessment: MRMC – Respiratory Protection Hazard Assessment
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Respiratory Protection Hazard Assessment.
- g. Review & Consideration of Approval of Evaluation Checklist: MRMC – Respiratory Respiratory Protection Program Evaluation Checklist
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Respiratory Protection Program Evaluation Checklist.
- h. Review & Consideration of Approval of Evaluation Summary: MRMC – Respiratory Protection Program Evaluation Summary for 2022.
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Respiratory Protection Program Evaluation Summary for 2022.
- i. Review & Consideration of Approval of Policy & Procedure: MRMC – Condition of Admission Policy.
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure: MRMC – Condition Admission Policy.
- j. Review & Consideration of Approval of a Form: MRMC – Conditions of Admission Form
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Conditions of Admission Form.
- k. Review & Consideration of Approval of Policy & Procedure: MRMC – Social Media Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director to approve Policy &

Procedure: MRMC – Social Media Policy.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 1:15 pm.

Medical Director/Chief of Staff

Date

Mangum Regional Medical Center
Claims List
April 2023

Check#	Ck Date	Amount	Paid To	Expense Description
18584	4/4/2023	19.00	AMBS CALL CENTER	Compliance Hotline
18638	4/18/2023	613.60	ANESTHESIA SERVICE INC	Patient Supplies
18585	4/4/2023	2,138.52	ARAMARK	Linens - rental
18613	4/11/2023	2,138.52	ARAMARK	Linens - rental
18639	4/18/2023	2,138.52	ARAMARK	Linens - rental
18662	4/25/2023	5,304.62	ARAMARK	Linens - rental
18586	4/4/2023	3,539.27	AT&T	Fax Lines
18663	4/25/2023	3,525.08	AT&T	Fax Lines
18664	4/25/2023	4,320.00	BARRY DAVENPORT	1099 Provider
18614	4/11/2023	596.18	BAXTER HEALTHCARE	Pharmacy Supplies
18587	4/4/2023	2,475.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
18588	4/4/2023	8,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
18615	4/11/2023	8,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
18640	4/18/2023	8,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
18665	4/25/2023	6,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
18610	4/4/2023	688.50	careLearning	Employee Education
18666	4/25/2023	7,050.00	CARNEGIE EMS	Patient Transport
18589	4/4/2023	823.44	CDW-G LLC	Supplies
18616	4/11/2023	134.52	CDW-G LLC	Supplies
18590	4/4/2023	6,247.98	CITY OF MANGUM	Utilities
18641	4/18/2023	31,016.76	COHESIVE HEALTHCARE MGMT	Note Payable
18591	4/4/2023	215,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
18642	4/18/2023	218,963.34	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
18667	4/25/2023	225,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
18617	4/11/2023	4,912.00	COHESIVE MEDIRYDE LLC	Patient Transport
18643	4/18/2023	3,313.50	COHESIVE MEDIRYDE LLC	Patient Transport
18668	4/25/2023	4,149.25	COHESIVE MEDIRYDE LLC	Patient Transport
18618	4/11/2023	215,000.00	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
18619	4/11/2023	2,450.00	COMMERCIAL MEDICAL ELECTRONICS	Repairs/Maintenance
18669	4/25/2023	2,000.00	CORRY KENDALL, ATTORNEY AT LAW	Legal services
18644	4/18/2023	13,709.00	CPSI	EHR monthly support
18592	4/4/2023	26.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
18645	4/18/2023	957.56	CURBELL MEDICAL PRODUCTS INC	Supplies
18300	4/4/2023	(608.70)	PATIENT REFUND	Patient Refund
18670	4/25/2023	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
18671	4/25/2023	5,000.00	DOERNER SAUNDERS DANIEL ANDERS	Legal services
18593	4/4/2023	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
18611	4/4/2023	2,321.50	eCLINICAL WORKS, LLC	RHC EHR svcs
18691	4/25/2023	515.76	eCLINICAL WORKS, LLC	RHC EHR svcs
18620	4/11/2023	1,150.00	ELKVIEW GENERAL HOSPITAL	Patient Purch svcs
18212	4/6/2023	(1,150.00)	ELKVIEW GENERAL HOSPITAL	Patient Purch svcs
18672	4/25/2023	97,429.58	EQUALIZERCM REVOPS	Billing Purch svcs
18646	4/18/2023	2,928.00	F1 INFORMATION TECHNOLOGIES IN	IT purch svcs

Check#	Ck Date	Amount	Paid To	Expense Description
18647	4/18/2023	130.55	FEDEX	Postage
18621	4/11/2023	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
18673	4/25/2023	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
18594	4/4/2023	855.00	FORVIS LLP	Finance Purch svcs
18648	4/18/2023	199.03	GLOBAL EQUIPMENT COMPANY INC.	Supplies
901428	4/10/2023	1,417.69	GLOBAL PAYMENTS INTEGRATED	CC processing
18649	4/18/2023	2,156.81	GRAINGER	Supplies
18595	4/4/2023	146.13	HAC INC	Dietary Food
18650	4/18/2023	136.73	HAC INC	Dietary Food
18674	4/25/2023	251.04	HAC INC	Dietary Food
18622	4/11/2023	318.07	HEALTH CARE LOGISTICS	Supplies
18574	4/4/2023	109.05	HEALTHCHOICE	Patient Refund
18575	4/4/2023	387.10	HEALTHCHOICE	Patient Refund
18576	4/4/2023	305.35	HEALTHCHOICE	Patient Refund
18577	4/4/2023	48.86	HEALTHCHOICE	Patient Refund
18578	4/4/2023	297.40	HEALTHCHOICE	Patient Refund
18675	4/25/2023	1,050.00	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
18651	4/18/2023	1,797.05	HENRY SCHEIN	Patient supplies
901421	4/3/2023	3,155.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
18596	4/4/2023	170.25	IMPERIAL, LLC.-LAWTON	Dietary Food
18184	4/3/2023	(170.25)	IMPERIAL, LLC.-LAWTON	Dietary Food
18623	4/11/2023	676.28	INSURICA	Insurance
18624	4/11/2023	742.42	JANUS SUPPLY CO	Cleaning Supplies
18676	4/25/2023	750.69	JANUS SUPPLY CO	Cleaning Supplies
18677	4/25/2023	850.00	JIMALL & KANISHA' LOFTIS	Rent House
18652	4/18/2023	1,503.22	LAMPTON WELDING SUPPLY	Patient Supplies
18678	4/25/2023	1,292.75	LAMPTON WELDING SUPPLY	Patient Supplies
18625	4/11/2023	1,480.00	LINET AMERICAS, INC.	Repairs/Maintenance
18597	4/4/2023	58.63	LOCKE SUPPLY	Supplies
18598	4/4/2023	60.00	MANGUM STAR NEWS	Advertising
18653	4/18/2023	220.50	MANGUM STAR NEWS	Advertising
18679	4/25/2023	222.00	MANGUM STAR NEWS	Advertising
18654	4/18/2023	518.83	MARK CHAPMAN	Employee Reimburseme
18626	4/11/2023	350.00	MARY BARNES, APRN	Education/Training
901422	4/3/2023	32.07	MCKESSON - 340 B	Drug Costs
901423	4/4/2023	32.07	MCKESSON - 340 B	Drug Costs
901429	4/10/2023	0.31	MCKESSON - 340 B	Drug Costs
901430	4/11/2023	391.38	MCKESSON - 340 B	Drug Costs
901433	4/18/2023	447.68	MCKESSON - 340 B	Drug Costs
901437	4/27/2023	0.40	MCKESSON - 340 B	Drug Costs
901420	4/3/2023	10,970.38	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplie
901426	4/7/2023	10,022.96	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplie
901431	4/14/2023	2,515.88	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplie
901434	4/21/2023	1,452.24	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplie
901438	4/28/2023	9,342.82	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplie
18599	4/4/2023	2,190.37	MEDLINE INDUSTRIES	Patient Care Supplies

Check#	Ck Date	Amount	Paid To	Expense Description
18627	4/11/2023	3,445.87	MEDLINE INDUSTRIES	Patient Care Supplies
18655	4/18/2023	5,038.55	MEDLINE INDUSTRIES	Patient Care Supplies
18680	4/25/2023	11,391.33	MEDLINE INDUSTRIES	Patient Care Supplies
901424	4/4/2023	27.50	NATIONAL DATA BANK	Credentialing
901439	4/28/2023	2.50	NATIONAL DATA BANK	Credentialing
18600	4/4/2023	2,184.08	NEXTIVA, INC.	Phones
18601	4/4/2023	218.54	NP RESOURCES	1099 Provider
18628	4/11/2023	2,600.00	NP RESOURCES	1099 Provider
18681	4/25/2023	5,206.43	NP RESOURCES	1099 Provider
18602	4/4/2023	3,309.83	OKLAHOMA BLOOD INSTITUTE	Blood Bank
18629	4/11/2023	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
18612	4/4/2023	180.00	OKLAHOMA STATE DEPT OF HEALTH	License Renewal
18603	4/4/2023	1,959.00	PARA REV LOCKBOX	CDM review svcs
18579	4/4/2023	8.07	PATIENT REFUND	Patient Refund
18656	4/18/2023	2,530.00	PHARMACY CONSULTANTS, INC.	340B Purch svcs
18657	4/18/2023	15.57	PHILIPS HEALTHCARE	Supplies
18630	4/11/2023	70.65	PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies
18631	4/11/2023	100.00	PURCHASE POWER	Postage
18658	4/18/2023	25,600.00	R.B. AKINS COMPANY	COVID Capital
18632	4/11/2023	6,450.00	SBM MOBILE PRACTICE, INC	1099 Provider
18682	4/25/2023	6,750.00	SBM MOBILE PRACTICE, INC	1099 Provider
18683	4/25/2023	1,750.00	SCHAPEN LLC	RHC rent
18633	4/11/2023	18.95	SEE THE TRAINER-BELLEVUE	Supplies
18604	4/4/2023	2,486.61	SHRED-IT USA LLC	Secure Doc Disposal
18580	4/4/2023	30.00	PATIENT REFUND	Patient Refund
18634	4/11/2023	6,650.00	SOMSS LLC	1099 Provider
18684	4/25/2023	11,200.00	SOMSS LLC	1099 Provider
18685	4/25/2023	350.00	SOUTHWEST HOT STEAM CLEANING	Dietary purch svcs
18635	4/11/2023	306.68	SPARKLIGHT BUSINESS	Cable
18686	4/25/2023	2,342.08	STANDLEY SYSTEMS LLC	Printer lease
18659	4/18/2023	1,361.02	STAPLES ADVANTAGE	Office Supplies
18687	4/25/2023	1,080.58	STAPLES ADVANTAGE	Office Supplies
18688	4/25/2023	4,867.52	STERICYCLE INC	Waste Disposal
901425	4/4/2023	3,875.10	SUMMIT UTILITIES	Gas Utilities
18605	4/4/2023	850.00	T & S LAWN SERVICES	Plant Ops purch svcs
18606	4/4/2023	17.52	TANYA HEINE	Employee Reimburseme
18607	4/4/2023	1,035.00	TECUMSEH OXYGEN & MEDICAL SUPP	Eq rental exp
18636	4/11/2023	5,040.00	TRENT ELLIOTT	1099 Provider
18689	4/25/2023	474.00	TRIZETTO PROVIDER SOLUTIONS	RHC purch svcs
18608	4/4/2023	8,467.50	TRS MANAGED SERVICES	Old agency staffing
18637	4/11/2023	5,856.00	TRS MANAGED SERVICES	Old agency staffing
18660	4/18/2023	3,937.50	TRS MANAGED SERVICES	Old agency staffing
18690	4/25/2023	5,148.00	TRS MANAGED SERVICES	Old agency staffing
901436	4/24/2023	4,310.82	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
901427	4/7/2023	2,829.53	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901432	4/14/2023	2,488.03	US FOODSERVICE-OKLAHOMA CITY	Dietary Food

Check#	Ck Date	Amount	Paid To	Expense Description
901435	4/21/2023	2,448.40	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901440	4/28/2023	2,742.79	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901418	4/3/2023	2,835.32	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
18609	4/4/2023	1,254.68	US MED-EQUIP LLC	Patient Eq rentals
18661	4/18/2023	1,710.00	VITAL SYSTEMS OF OKLAHOMA, INC	Purch svcs
18582	4/4/2023	36.43	WPS/TRICARE	Patient Refund
18583	4/4/2023	57.68	WPS/TRICARE	Patient Refund
TOTAL		<u>1,365,533.13</u>		

**Mangum Regional Medical Center
June 2023 Estimated Claims**

Vendor	Description	Estimated Amount
ADCRAFT	Plant Ops Supplies	300.00
ALCO SALES & SERVICE CO	Misc supplies	41.86
AMBS CALL CENTER	Hotline	50.00
AMERICAN PROFICIENCY INSTITUTE	lab supplies	4,437.00
ANESTHESIA SERVICE INC	Service	4,500.00
APEX MEDICAL GAS SYSTEMS, INC	Supplies	1,200.00
ARAMARK	Linens purch svcs	25,000.00
ASD HEALTHCARE	Pharmacy Supplies	10,000.00
AT&T	Fax Service	5,500.00
AVANAN, INC.	COVID Capital	16,800.00
BANKDIRECT CAPITAL FINANCE	Facility insurance	7,486.67
BARRY DAVENPORT	1099 Provider	20,000.00
BAXTER HEALTHCARE	Pharmacy Supplies	3,500.00
BIO-RAD LABORATORIES INC	Supplies	3,500.00
BLUTH FAMILY MEDICINE, LLC	1099 Provider	5,300.00
C & C	Supplies	1,500.00
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	500.00
CARDINAL 110 LLC	Pharmacy Supplies	50,000.00
careLearning	Employee education/training	2,754.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	10,000.00
CARNEGIE EMS	Patient Trasport svcs	4,825.00
CARRIER CORP	Repairs/maintenance	1,500.00
CDW-G LLC	Supplies	400.00
CITY OF MANGUM	Utilities & property taxes	13,000.00
CLIFFORD POWER SYSTEMS INC	Plant Ops Compliance	1,000.00
CliftonLarsonAllen LLP	FS Audit firm	4,800.00
COHESIVE HEALTHCARE MGMT	Mgmt and provider Fees	125,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	675,000.00
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	5,000.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	350,000.00
COMMERCIAL MEDICAL ELECTRONICS	Quarterly PM service	2,500.00
COMPLIANCE CONSULTANTS	Lab Consultant	1,000.00
CONTROL FIRE SYSTEMS CO	Repairs/maintenance	325.00
CONTROL SOLUTIONS	Supplies	500.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	8,000.00
CPSI	EHR software	30,000.00
CRITICAL ALERT	Nurse Call	1,500.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	1,000.00
DELL INC	ARPA Grant - Laptops	2,000.00
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch svcs	2,600.00

Vendor	Description	Estimated Amount
DOBSON TECHNOLOGIES TRANSPORT	Internet	1,809.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	20,000.00
DR. MORGAN	1099 Provider	9,532.00
eCLINICAL WORKS, LLC	RHC EMR	3,500.00
EQUALIZE RCM REVOPS	Billing purch svcs	100,000.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,856.00
FEDEX	Postage	300.00
FFF ENTERPRISES	Pharmacy Supplies	3,500.00
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	668.50
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	35,000.00
FLOWERS UNLIMITED	Other	150.00
FORVIS	Finance purch svcs(Formerly BKD)	18,060.00
FOX BUILDING SUPPLY	Plant Ops Supplies	1,500.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	600.00
GLOBAL EQUIPMENT COMPANY INC.	Supplies	1,500.00
GRAINGER	Maintenance Supplies	4,500.00
GREER COUNTY CHAMBER OF	Hwy Sign	400.00
HAC INC	Dietary Supplies	1,000.00
HAMILTON MEDICAL INC.	Patient Supplies	500.00
HEALTH CARE LOGISTICS	Patient Supplies	800.00
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	2,000.00
HENGST PRINTING	Pharmacy Supplies	250.00
HENRY SCHEIN	Lab Supplies	15,000.00
HILL-ROM COMPANY, INC	Patient Supplies	3,600.00
HOBART SERVICE	Repairs/maintenance	300.00
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	3,155.00
ICU MEDICAL SALES INC.	COVID Capital, misc supplies	1,000.00
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	500.00
INQUIREEK	RHC consulting service	225.00
INSIGHT DIRECT USA INC.	Supplies	500.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,700.00
JIMALL & KANISHA' LOFTIS	Rent house	850.00
KAY ELECTRIC	Repairs/maintenance	1,000.00
KCI USA	Patient Supplies	2,500.00
KING GUIDE PUBLICATIONS INC	Advertising	100.00
LABCORP	Lab purch svcs	15,000.00
LAMPTON WELDING SUPPLY	Patient Supplies	6,500.00
LANGUAGE LINE SERVICES INC	Translation service	800.00
LOCKE SUPPLY	Plant Ops Supplies	1,500.00
LOWES	Supplies	500.00
MANGUM STAR NEWS	advertising	500.00
MCABEE FOX ROOFING LLC	Roof Replacement	11,000.00
MCKESSON - 340 B	340B patient supplies	1,500.00
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	30,000.00

Vendor	Description	Estimated Amount
MEASUREMENT SPECIALTIES INC	supplies	175.00
MEDLINE INDUSTRIES	Patient Care Supplies	35,000.00
MEDTOX DIAGNOSTICS, INC	Lab supplies	1,500.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and sup	3,500.00
NATIONAL RECALL ALERT CENTER	Safety recall alert svcs renewal	1,290.00
NEXTIVA, INC.	Phone utility	4,000.00
NP RESOURCES	1099 Provider	4,500.00
NUANCE COMMUNICATIONS INC	RHC purch svcs	600.00
OFFICE DEPOT	Office Equipment	500.00
OK STATE BOARD	Credentialing	300.00
OKLAHOMA BLOOD INSTITUTE	Blood bank	8,000.00
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	1,203.96
PARA HEALTHCARE ANALYTICS, LLC	CDM Review service	7,500.00
PARTSSOURCE INC,	Misc Supplies	500.00
PATIENT REFUNDS	Credits due to payors	3,500.00
PHARMA FORCE GROUP LLC	340B Purch svcs	800.00
PHARMACY CONSULTANTS, INC.	340B purch svcs	2,530.00
PHILADELPHIA INSURANCE COMPANY	Property ins	2,500.00
PHILIPS HEALTHCARE	Supplies	600.00
PIPETTE COM	Lab maintenance/repair	300.00
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	360.00
PRESS GANEY ASSOCIATES, INC	Purchased Service	1,500.00
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	1,000.00
PURCHASE POWER	Postage	400.00
RESPIRATORY MAINTENANCE INC	Repairs/maintenance	2,210.00
REYES ELECTRIC LLC	COVID Capital/Repairs	20,670.00
ROYCE ROLLS RINGER COMPANY	ARPA Grant - laundry carts	1,944.00
RUSSELL ELECTRIC & SECURITY	Repairs/maintenance	1,000.00
SBM MOBILE PRACTICE, INC	1099 Provider	32,000.00
SCHAPEN LLC	RHC rent	1,750.00
SCRUBS AND SPORTS	Employee appreciation	100.00
SEE THE TRAINER-BELLEVUE	Patient Supplies	50.00
SHRED-IT	Secure doc disposal	5,000.00
SIZEWISE	equipment rental	5,000.00
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	7,500.00
SOMSS LLC	JEFF BRAND 1099 Provider	25,000.00
SOUTHWEST HOT STEAM CLEANING	Quarterly PM service	375.00
SPACELABS HEALTHCARE LLC	Patient Supplies	1,000.00
SPARKLIGHT BUSINESS	Cable service	1,200.00
STANDLEY SYSTEMS LLC	Printer Lease	7,000.00
STAPLES ADVANTAGE	Office Supplies	3,000.00
STERICYCLE INC	Waste Disposal svcs	5,000.00
SUMMIT UTILITIES	Utilities	5,000.00
TECUMSEH OXYGEN & MEDICAL SUPP	Supplies	3,500.00

Vendor	Description	Estimated Amount
TELEFLEX	Supplies	500.00
TOUCHPOINT MEDICAL, INC	pharmacy purch svcs	3,285.00
TRENT ELLIOTT	1099 Provider	20,000.00
TRIZETTO PROVIDER SOLUTIONS	RHC purch svcs	500.00
TRS MANAGED SERVICES	Agency Staffing(Formerly Conexus)	40,000.00
TSYS	CC processing service	2,000.00
ULINE	Supplies	2,300.00
ULTRA-CHEM INC	housekeeping supplies	500.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	12,000.00
US MED-EQUIP LLC	Swing bed eq rental	5,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	7,000.00
WOLTERS KLUWER HEALTH	Employee education/training	5,543.59
TOTAL Estimated		<u>2,021,811.58</u>

QUALITY MANAGEMENT REPORT

SUMMARY

Current Year: **2023**
 Month: **04**

ID	Group	METRICS	Unit	Monthly				Cumulative			
				Previous Year Performance	Benchmark	Current Year Performance	CY/PY % of Change	Previous Year Performance	Benchmark	Current Year Performance	CY/PY % of Change
VOLUME & UTILIZATION											
00101	Volume & Utilization	Total ER visits	#	118.00		138.00	▲ 20.00	1852.00		584.00	▼ -1268.00
00102	Volume & Utilization	Total # of Observation Patients admitted	#			1.00	▲ 1.00	6.00		4.00	▼ -2.00
00103	Volume & Utilization	Total # of Acute Patients admitted	#	15.00		11.00	▼ -4.00	169.00		60.00	▼ -109.00
00104	Volume & Utilization	Total # of Swing Bed Patients admitted	#	11.00		5.00	▼ -6.00	111.00		48.00	▼ -63.00
00105	Volume & Utilization	Total Hospital Admissions (Acute & Swing bed)	#	26.00		16.00	▼ -10.00	280.00		108.00	▼ -172.00
00106	Volume & Utilization	Total Discharges (Acute & Swing bed)	#	22.00		21.00	▼ -1.00	263.00		107.00	▼ -156.00
00107	Volume & Utilization	Total Patient Days (Acute & Swing bed)	#	303.00		376.00	▲ 73.00	3612.00		1724.00	▼ -1888.00
00108	Volume & Utilization	Average Daily Census (Acute & Swing bed)	#	10.00		12.00	▲ 2.00	10.00		57.00	▲ 47.00
00109	Volume & Utilization	Left Against Medical Advice (AMA)	#	1.00	2.00	2.00	▲ 1.00	38.00	2.00	18.00	▼ -20.00
CARE MANAGEMENT											
00201	Care Management	CAH 30 Day Readmission Rate per 100 patient discharges	%	1.00	0.05		▼ 100%	0.07	0.05	0.03	▼ 59%
RISK MANAGEMENT											
00301	Risk Management	Total Number of Events	#	118.00		7.00	▼ 94%	79.00		3.50	▼ 96%
00302	Risk Management	Total number of complaints	#								
00304	Risk Management	Total number of complaints from ED	#								
00306	Risk Management	Total number of grievances	#	1.00			▼ 100%	1.00			▼ 100%
00308	Risk Management	Total number of grievances from ED	#								
00310	Risk Management	Inpatient falls without injury	#	22.00		5.00	▼ 77%	22.00		2.50	▼ 89%
00312	Risk Management	ED patient falls without injury	#	3.00			▼ 100%	3.00			▼ 100%
00314	Risk Management	Patient falls with minor injury	#	5.00		1.00	▼ 80%	5.00		0.50	▼ 90%
00316	Risk Management	ED patient falls with minor injury	#								
00318	Risk Management	Total number of patient falls with major injury	#	1.00			▼ 100%	1.00			▼ 100%
00320	Risk Management	Total number of ED patient falls with major injury	#								
00323	Risk Management	Inpatient Mortality Rate	%	15.00	0.10	0.00	▼ 100%	15.00	0.10	0.00	▼ 100%
00325	Risk Management	ED Mortality Rate	%	9.00	0.10		▼ 100%	9.00	0.10		▼ 100%
00327	Risk Management	OPO Notification Compliance	%	95.00	1.00	1.00	▼ 99%	95.00	1.00	1.00	▼ 99%
NURSING											
00408	Nursing	Total Number of Code Blues during reporting period	#	12.00			▼ 100%	12.00			▼ 100%
00409	Nursing	Total number of CAH patients transferred to tertiary facility	#	14.00			▼ 100%	14.00		1.25	▼ 91%
EMERGENCY DEPARTMENT											
00508	Emergency Department	ED Left Without Being Seen Rate	#					100.00		#DIV/0!	
00509	Emergency Department	Total number of ED patients transferred to a tertiary facility	#	118.00		5.00	▼ 96%	118.00		5.00	▼ 96%



Clinic Operations Report

Mangum Family Clinic

April 2023

Monthly Stats	April 22	April 23
Total Visits	160	166
Provider Prod	135	143
RHC Visits	160	147
Nurse Visits	0	2
Televisit	0	0
Swingbed	n/a	17

Provider Numbers	
Barnes	50
McDade	2
Chiaffitelli	17
Sims	21
Wenthold	79

Payor Mix	
Medicare	54
Medicaid	45
Self	3
Private	61

Visits per Geography	
Mangum	138
Granite	15
Willow	2
Duke	2

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	167	123	164	166									

Clinic Operations:

- Steady volume. Wenthold carrying the month with a steady 79
- Amy Sims starts at 6/5/2023 full time.
- All providers are working diligently to provide quality service to the Mangum community.
- LPN presented her resignation. HR acting quickly to replace. Hospital to assist in coverage.

Quality Report:

- 1/10 deficiency noted in patient consent. Corrected
- 11 Pt surveys returned. 9 Excellent. 3 Good

Outreach:

- School physical ramping up shortly.

Summary: Continue as is until Amy can start full time.

“You love, you serve, and you show people you care. It’s the simplest, most powerful, greatest, success model of all time.” Joe Gordon.



Chief Clinical Officer Report April 2023

Excellent Patient Care

- MRMC Education included: Rapid Sequence Intubation (RSI) procedures, medications, and staff orientation.
- MRMC Physical Therapy Team completed 166 therapy treatments for MRMC’s Swing bed In-patients.
- MRMC Cardiopulmonary Team reports 30 Ventilator days for the Month of April.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Total Patient Days decreased with 376 patient days in April as compared to 503 patient days in March. This represents an average daily census of 12. In addition, MRMC Emergency Department provided care to 138 patients in April.
- April 2023 COVID-19 Stats at MRMC: Swabs (17 PCR & 35 Antigen) with 0 Positive.
- MRMC Lab reported 1897 diagnostic studies completed during the month of April.

Preserve Rural Healthcare

Mangum Regional Medical Center												
31 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec 22
Inpatient	13	17	19	11								22
Swing Bed	14	14	15	5								6
Observation	1	1	1	1								0
Emergency Room	159	119	168	138								210
Lab Completed	2542	2159	2804	1897								2337
Rad Completed	211	185	244	204								214
Ventilator Days	0	0	31	30								0

Preserve Rural Jobs

- Recruiting efforts included interviewing regional professionals.
- Local professionals are filling positions at MRMC.

CEO Report For April 2023

Cohesive continues to provide an interim administrator covering 3 days a week onsite and available by phone. A new Administrator has been hired and will start June 5th. He is a local person who grew up in Mangum and now lives in Altus. The hospital staff and Cohesive are excited that he agreed to join the team. He comes with a lot of clinical leadership and management experience.

The census remains good with an average daily census of 12 for the month of April. The clinical team continues to do a great job taking care of patients. We received a patient survey back scoring everything very high. The patient included additional information about how happy they were with their care and the staff.

Provider coverage remains good with consistent providers every week. The providers saw 138 patients through the ER in April.

Open positions for the hospital and clinic:

2 LPN's

Housekeeper

3 CNA's

Monitor Tech

Human Resources Rep

Clinic LPN

Mangum Board Meeting Financial Reports

REPORT TITLE	
1	Cash Receipts - Cash Disbursements - NET
2	Financial Update (page 1)
3	Financial Update (page 2)
4	Stats
5	Balance Sheet Trend
6	Cash Collections Trend
7	Medicare Payables (Receivables)
8	Current Month Income Statement
9	Income Statement Trend
10	RHC YTD Income Statement
11	AP Aging Summary

Mangum Regional Medical Center
April 2023

	Current Month	COVID	Total Less COVID	Year-To-Date	Year-To-Date Less COVID
Cash Receipts	\$ 2,005,665	\$ -	\$ 2,005,665	\$ 6,717,918	\$ 6,717,918
Cash Disbursements	\$ (1,365,533)	\$ (25,600)	\$ (1,339,933)	\$ (5,949,188)	\$ (5,816,342)
NET	<u>\$ 640,132</u>	<u>\$ (25,600)</u>	<u>\$ 665,732</u>	<u>\$ 768,730</u>	<u>\$ 901,576</u>



May 23, 2023

**Board of Directors
Mangum Regional Medical Center**

April 2023 Financial Statement Overview

- **Statistics**
 - The average daily census in April was 12.50. This is a decrease of 3.73 from the previous month. As a reminder our target remains 11 ADC. YTD 2023 continues to reflect a material increase from the 2022 YTD average of 9.85.
 - YTD Inpatient Medicare utilization percentage decreased fractionally to 88% from 90%. As a comparison, prior year 2022 was 89%.
 - Cash receipts for the month of April totaled \$2M (Generally speaking, there is approximately a one-two month lag between the net revenue generated each month & the majority of the cash collected).
 - Cash disbursements totaled \$1.4M for the month.

- **Balance Sheet Highlights**
 - The operating cash balance as of April is \$725K, with the cash reserve at \$1.4M, totaling \$2.1M. Days cash on hand is equivalent to 14.05.
 - Accounts Receivable have stayed consistent at approximately \$2.2M. This is primarily due to March and April Medicare Advantage Swing Days. As a reminder, MCR adv payors typically take 60-90 days to pay claims.
 - Accounts Payable has increased \$143K from the previous month primarily due to the timing of AP payments.
 - The Due to Medicare account reflects a net increase of \$593K from the previous month as the estimated payable for YTD 2023 is increased to \$2.4M. This is an estimated amount based on the material increase in ADC from the prior year while expenses have not correspondingly increased.



- Income Statement Highlights
 - Net patient revenue is \$1.36M, primarily due to an increase to the estimated Medicare payable for the 2023 fiscal year based on YTD ADC 14.36. 340B revenues were \$7K, bringing total operating revenues to \$1.37M.
 - Operating expenses for the month of April reflect \$1.46M, this is a decrease of \$119K from the previous month, primarily due to the decreased labor costs reflective of the decreased ADC.
 - April resulted in a net loss of \$147K.
- Clinic (Estimated) Income Statement Highlights
 - YTD visits per day – 6.56
 - Estimated operating Revenues - \$126K.
 - Estimated operating expenses - \$310K.
 - Estimated YTD operating loss – \$184K.
- Additional Notes

In response to the potential Medicare liability estimated, a cash reserve has been implemented in the month of March. We will continue to closely monitor the potential payable and adjust the cash reserve correspondingly. The cash reserve referenced is operating cash specifically allocated to repay Medicare monies if overpayment results, and to mitigate the need to request a Medicare ERS loan should a liability be unavoidable.

MANGUM REGIONAL MEDICAL CENTER

Admissions, Discharges & Days of Care

Fiscal Year 2023

	January	February	March	April	12/31/2023 YTD	12/31/2022 PY Comparison
Admissions						
Inpatient	13	16	19	11	59	61
Swingbed	14	14	15	5	48	38
Observation	0	1	1	1	3	3
	27	31	35	17	110	102
Discharges						
Inpatient	15	16	20	10	61	60
Swingbed	10	11	14	11	46	38
Observation	0	1	1	1	3	3
	25	28	35	22	110	101
Days of Care						
Inpatient-Medicare	23	31	43	22	119	137
Inpatient-Other	33	29	32	13	107	84
Swingbed-Medicare	371	356	386	289	1,402	977
Swingbed-Other	0	2	42	51	95	18
Observation	0	1	1	1	3	3
	427	419	504	376	1,726	1,219
	371	358	428	340		
Calendar days	31	28	31	30	120	120
ADC - (incl OBS)	13.77	14.96	16.26	12.53	14.38	10.16
ADC	13.77	14.93	16.23	12.50	14.36	10.13
ER	158	119	169	136	582	542
Outpatient	176	132	182	141	631	1,045
RHC	170	123	167	162	622	574

MANGUM REGIONAL MEDICAL CENTER**Comparative Balance Sheet - Unaudited****Fiscal Year 2023**

Item 10.

	January	February	March	April	Prior Month Variance
Cash And Cash Equivalents	980,584	677,752	684,122	724,967	40,845
Reserved Funds	-	-	800,000	1,400,000	600,000
Patient Accounts Receivable, Net	1,696,258	1,823,404	2,265,664	2,231,841	(33,824)
Due From Medicare	74,934	74,956	-	-	-
Inventory	243,297	235,738	244,725	260,940	16,215
Prepays And Other Assets	1,990,291	1,968,284	1,941,610	1,993,890	52,280
Capital Assets, Net	2,325,712	2,274,924	2,224,332	2,174,390	(49,942)
Total Assets	7,311,075	7,055,057	8,160,453	8,786,028	625,575
Accounts Payable	16,893,910	16,526,357	11,418,965	11,562,124	143,158
AHSO Related AP	892,724	892,724	892,724	892,724	-
Due To Medicare	1,754,410	2,008,680	2,822,130	3,414,753	592,624
Covid Grant Funds	-	-	-	-	-
Due To Cohesive - PPP Loans	-	-	-	-	-
Notes Payable - Cohesive	-	-	5,552,000	5,520,983	(31,017)
Notes Payable - Other	23,565	23,565	23,565	95,369	71,804
Alliantz Line Of Credit	-	-	-	-	-
Leases Payable	273,074	269,075	265,054	261,011	(4,043)
Total Liabilities	19,837,682	19,720,401	20,974,437	21,746,964	772,527
Net Assets	(12,526,607)	(12,665,344)	(12,813,984)	(12,960,936)	(146,952)
Total Liabilities and Net Assets	7,311,075	7,055,057	8,160,453	8,786,028	625,575

**Mangum Regional Medical Center
Cash Receipts & Disbursements by Month
May 23, 2023 Board Meeting**

2021				2022				2023		
Month	Receipts	Stimulus Funds	Disbursements	Month	Receipts	Stimulus Funds	Disbursements	Month	Receipts	Disbursements
January-21	830,598		695,473	January-22	2,163,583		1,435,699	January-22	1,290,109	1,664,281
February-21	609,151		1,472,312	February-22	1,344,463	254,626	1,285,377	February-22	1,506,708	1,809,690
March-21	910,623	49,461	866,387	March-22	789,800		1,756,782	March-22	1,915,435	1,109,683
April-21	742,500		999,127	April-22	1,042,122		1,244,741	April-22	2,005,665	1,365,533
May-21	816,551		1,528,534	May-22	898,311		1,448,564	May-22		
June-21	936,092		1,455,892	June-22	1,147,564		1,225,070	June-22		
July-21	1,009,037		1,774,932	July-22	892,142		979,914	July-22		
August-21	1,292,886	100,000	2,156,724	August-22	890,601		1,035,539	August-22		
September-21	278,972		753,559	September-22	2,225,347		1,335,451	September-22		
October-21	1,954,204		1,343,425	October-22	1,153,073		1,233,904	October-22		
November-21	1,113,344	316,618	1,800,166	November-22	935,865		1,476,384	November-22		
December-21	1,794,349	305,543	1,325,063	December-22	1,746,862		1,073,632	December-22		
	<u>12,288,308</u>	<u>771,623</u>	<u>16,171,592</u>		<u>15,229,733</u>	<u>254,626</u>	<u>15,531,057</u>		<u>6,717,918</u>	<u>5,949,188</u>
Subtotal FY 2021	<u>13,059,930</u>			Subtotal FY 2022	<u>15,484,359</u>			Subtotal FY 2022	<u>6,717,918</u>	

**Mangum Regional Medical Center
Medicare Payables by Year
May 23, 2023 Board Meeting**

Year	Original Balance	Balance as of 04/30/2023	Total Interest Paid as of 04/30/2023
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	899,753.07	226,786.83
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	-	277,488.75
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
<i>FY21 MCR pay (rec) estimate</i>	(1,631,036.00)	-	-
<i>FY22 MCR pay (rec) estimate</i>	(1,150,045.36)	-	-
2016 C/R Audit - Bad Debt Adj	348,895.00	-	16,927.31
2018 MCR pay (rec) Audit est.	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
<i>FY23 MCR pay (rec) estimate</i>	1,815,000.00	2,515,000.00	
Total	5,979,472.85	3,414,753.07	1,150,108.44

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended April 30, 2023
Unaudited

Item 10.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
168,264	186,753	(18,489)	-10%	Inpatient revenue	962,269	739,689	222,579	30%
1,415,031	652,392	762,640	117%	Swing Bed revenue	4,281,343	2,614,243	1,667,101	64%
450,232	581,052	(130,820)	-23%	Outpatient revenue	2,154,450	2,328,293	(173,843)	-7%
122,822	157,684	(34,862)	-22%	Professional revenue	643,987	630,314	13,673	2%
<u>2,156,349</u>	<u>1,577,881</u>	<u>578,469</u>	<u>37%</u>	Total patient revenue	<u>8,042,049</u>	<u>6,312,539</u>	<u>1,729,510</u>	<u>27%</u>
(23,053)	202,350	(225,403)	-111%	Contractual adjustments	(259,386)	804,978	(1,064,363)	-132%
702,755	-	702,755	#DIV/0!	Contractual adjustments: MCR Settlement	2,440,967	-	2,440,967	#DIV/0!
118,358	106,349	12,009	11%	Bad debts	290,589	425,465	(134,876)	-32%
<u>798,060</u>	<u>308,699</u>	<u>489,361</u>	<u>159%</u>	Total deductions from revenue	<u>2,472,170</u>	<u>1,230,443</u>	<u>1,241,727</u>	<u>101%</u>
1,358,289	1,269,182	89,108	7%	Net patient revenue	5,569,879	5,082,096	487,783	10%
782	3,616	(2,835)	-78%	Other operating revenue	3,652	14,466	(10,814)	-75%
6,654	52,002	(45,348)	-87%	340B REVENUES	44,650	218,589	(173,938)	-80%
<u>1,365,725</u>	<u>1,324,800</u>	<u>40,925</u>	<u>3%</u>	Total operating revenue	<u>5,618,181</u>	<u>5,315,150</u>	<u>303,031</u>	<u>6%</u>
				Expenses				
381,508	355,492	26,016	7%	Salaries and benefits	1,566,251	1,424,424	141,827	10%
139,183	139,289	(107)	0%	Professional Fees	579,440	558,098	21,343	4%
351,293	419,251	(67,958)	-16%	Contract labor	1,605,078	1,677,002	(71,924)	-4%
144,976	106,631	38,345	36%	Purchased/Contract services	528,593	427,221	101,372	24%
225,000	225,000	-	0%	Management expense	900,000	900,000	-	0%
83,909	85,951	(2,042)	-2%	Supplies expense	355,210	343,967	11,243	3%
40,587	29,567	11,020	37%	Rental expense	113,815	118,267	(4,452)	-4%
17,598	16,788	809	5%	Utilities	77,810	67,154	10,656	16%
1,470	1,201	269	22%	Travel & Meals	6,105	4,804	1,301	27%
10,943	12,070	(1,126)	-9%	Repairs and Maintenance	47,665	48,279	(613)	-1%
6,394	12,596	(6,201)	-49%	Insurance expense	39,850	50,382	(10,533)	-21%
47,046	21,818	25,227	116%	Other Expense	102,650	87,274	15,376	18%
5,170	32,586	(27,415)	-84%	340B EXPENSES	26,807	130,343	(103,536)	-79%
<u>1,455,077</u>	<u>1,458,239</u>	<u>(3,162)</u>	<u>0%</u>	Total expense	<u>5,949,272</u>	<u>5,837,213.8</u>	<u>112,059</u>	<u>2%</u>
<u>(89,352)</u>	<u>(133,439)</u>	<u>44,087</u>	<u>-33%</u>	EBIDA	<u>(331,092)</u>	<u>(522,064)</u>	<u>190,972</u>	<u>-37%</u>
<u>-6.5%</u>	<u>-10.1%</u>	<u>3.53%</u>		EBIDA as percent of net revenue	<u>-5.9%</u>	<u>-9.8%</u>	<u>3.93%</u>	
7,659	8,230	(571)	-7%	Interest	36,088	37,852	(1,764)	-5%
49,942	48,039	1,903	4%	Depreciation	208,430	189,515	18,914	10%
<u>(146,952)</u>	<u>(189,708)</u>	<u>42,756</u>	<u>-23%</u>	Operating margin	<u>(575,609)</u>	<u>(749,431)</u>	<u>173,822</u>	<u>-23%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>(146,952)</u>	<u>(189,708)</u>	<u>42,756</u>	<u>-23%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(575,609)</u>	<u>(749,431)</u>	<u>173,822</u>	<u>-23%</u>
<u>-10.76%</u>	<u>-14.32%</u>	<u>3.56%</u>		Operating Margin %	<u>-10.25%</u>	<u>-14.10%</u>	<u>3.85%</u>	

MANGUM REGIONAL MEDICAL CENTER

Statement of Revenue and Expense Trend - Unaudited

Fiscal Year 2023

Item 10.

	January	February	March	April	YTD
Inpatient revenue	248,170	273,130	272,704	168,264	962,269
Swing Bed revenue	857,835	848,580	1,159,897	1,415,031	4,281,343
Outpatient revenue	569,774	479,203	655,242	450,232	2,154,450
Professional revenue	165,566	172,559	183,040	122,822	643,987
Total patient revenue	1,841,345	1,773,472	2,270,883	2,156,349	8,042,049
Contractual adjustments	(121,100)	19,061	(134,294)	(23,053)	(259,386)
Contractual adjustments: MCR Settlement	533,168	285,044	920,000	702,755	2,440,967
Bad debts	25,723	134,415	12,093	118,358	290,589
Total deductions from revenue	437,792	438,520	797,799	798,060	2,472,170
Net patient revenue	1,403,553	1,334,952	1,473,084	1,358,289	5,569,879
Other operating revenue	643	481	1,746	782	3,652
340B REVENUES	17,199	11,534	9,264	6,654	44,650
Total operating revenue	1,421,395	1,346,967	1,484,094	1,365,725	5,618,181
	89.8%	89.9%	90.2%	89.8%	89.9%
Expenses					
Salaries and benefits	361,005	411,948	411,789	381,508	1,566,251
Professional Fees	149,199	131,495	159,564	139,183	579,440
Contract labor	467,147	361,407	425,232	351,293	1,605,078
Purchased/Contract services	107,498	115,260	160,858	144,976	528,593
Management expense	225,000	225,000	225,000	225,000	900,000
Supplies expense	85,209	77,055	109,037	83,909	355,210
Rental expense	25,693	25,335	22,200	40,587	113,815
Utilities	19,305	20,759	20,147	17,598	77,810
Travel & Meals	721	1,537	2,377	1,470	6,105
Repairs and Maintenance	14,713	10,390	11,618	10,943	47,665
Insurance expense	13,940	13,997	5,518	6,394	39,850
Other	14,963	25,844	14,797	47,046	102,650
340B EXPENSES	9,702	6,242	5,693	5,170	26,807
Total expense	1,494,096	1,426,270	1,573,830	1,455,077	5,949,272
EBIDA	\$ (72,701)	\$ (79,303)	\$ (89,736)	\$ (89,352)	\$ (331,092)
EBIDA as percent of net revenue	-5.1%	-5.9%	-6.0%	-6.5%	-5.9%
Interest	10,509	9,096	8,824	7,659	36,088
Depreciation	58,070	50,338	50,080	49,942	208,430
Operating margin	\$ (141,280)	\$ (138,737)	\$ (148,640)	\$ (146,952)	\$ (575,609)
Other	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(141,280)	(138,737)	(148,640)	(146,952)	(575,609)
Operating Margin % (excluding other misc. reve	-9.94%	-10.30%	-10.02%	-10.76%	-10.25%

	4/30/2023
On-Site Visits -->	558
On-Site Visit / Bus Day -->	6.56

	"Annualized"		
On-Site Visits -->	1,674	2,006	2,815
On-Site Visit / Bus Day -->	6.46	7.75	11.04

Mangum Regional Medical Center

Four Months Ended 04/30/2023

Description	YTD FS Per General Ledger	Eliminate Rev Deduct & Other Inc	Adj Rev Deduct to RHC Calc	Cost Report Allocations	RHC Financial Statements
					4
Gross Patient Revenue	68,434	-	-	-	68,434
Less: Revenue deductions	86,814	(86,814)	57,836	-	57,836
Net Patient Revenue	155,248	(86,814)	57,836	-	126,270
Other Income (if any)	1,064	(1,064)	-	-	-
Operating revenue	156,312	(87,878)	57,836	-	126,270
Operating Expenses:					
Salaries	50,990	-	-	-	50,990
Benefits	-	-	-	-	-
Prof Fees	91,419	-	-	13,841	105,260
Contract Labor	-	-	-	-	-
Purch Serv	21,015	-	-	-	21,015
Supplies	2,016	-	-	-	2,016
Rent	8,393	-	-	-	8,393
Utilities	3,450	-	-	-	3,450
Repairs	175	-	-	-	175
Other	2,141	-	-	-	2,141
Insurance	863	-	-	-	863
Travels & Meals	2,609	-	-	-	2,609
Management Fee Direct Exp	46,161	-	-	-	46,161
Critical Access Hospital Overhead Allocation (a)	-	-	-	67,351	67,351
Total Operating Expenses	229,232	-	-	81,192	310,424
Net Income (loss)	(72,920)	(87,878)	57,836	(81,192)	(184,154)

	FY 2023	FY 2022	FY 2021
"Annualized" RHC Financial Statements			
RHC Financial Statements	205,302	275,833	362,255
RHC Financial Statements	173,509	242,729	180,028
RHC Financial Statements	378,811	518,562	542,283
RHC Financial Statements	-	-	-
RHC Financial Statements	378,811	518,562	542,283
RHC Financial Statements	152,970	118,718	173,301
RHC Financial Statements	-	-	-
RHC Financial Statements	315,779	280,148	231,819
RHC Financial Statements	-	10,559	-
RHC Financial Statements	63,045	38,489	30,432
RHC Financial Statements	6,048	7,015	8,420
RHC Financial Statements	25,179	21,305	21,089
RHC Financial Statements	10,350	10,710	5,517
RHC Financial Statements	525	176	426
RHC Financial Statements	6,424	3,560	1,325
RHC Financial Statements	2,588	2,462	2,359
RHC Financial Statements	7,828	450	-
RHC Financial Statements	138,484	138,484	130,950
RHC Financial Statements	202,053	202,053	167,258
RHC Financial Statements	931,273	834,129	772,896
RHC Financial Statements	(552,462)	(315,567)	(230,613)

IP Rounding allocation based on 8/31/22 IRR estimate	8 months	27,681
CAH Overhead Allocation - from Chris based on last filed cost report ----->	8 months	134,702
Total allocation ----->		162,383

MPMC AP AGING SUMMARY
For Month Ending
4/30/2023

VENDOR	Description	0-30	31-60	61-90	Over 90	4/30/2023	3/31/2023	2/28/2023
ALCO SALES & SERVICE CO	Supplies	81.77				81.77	-	-
ALIMED	COVID Capital				-	-	-	9,331.54
ANESTHESIA SERVICE INC	Patient Supplies			2,510.62		2,510.62	613.60	-
ARAMARK	Linen Services	10,553.04	10,206.64	4,508.13	9,247.35	34,515.16	19,549.22	17,108.16
AT&T	Fax Service	1,990.27				1,990.27	3,539.27	-
AVANAN, INC.	COVID Capital				16,800.00	16,800.00	16,800.00	16,800.00
BAXTER HEALTHCARE	Pharmacy Supplies	-			-	-	596.18	1,177.69
BIO-RAD LABORATORIES INC	Lab Supplies	1,845.20				1,845.20	730.05	704.35
BLUTH FAMILY MEDICINE, LLC	1099 Provider	2,475.00				2,475.00	-	-
careLearning	Employee Training/education			2,754.00		2,754.00	3,442.50	3,442.50
CARNEGIE EMS	Patient Transport Svs		4,825.00			4,825.00	11,875.00	-
CDW-G LLC	Supplies		-		-	-	957.96	957.96
CITY OF MANGUM	Utilities	5,896.13				5,896.13	5,997.98	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,800.63	226,502.10	4,452.32		456,755.05	230,954.42	5,360,492.24
COHESIVE HEALTHCARE RESOURCES	Payroll	637,260.63	234,355.65	619,558.70	3,748,933.45	5,240,108.43	5,472,608.27	5,242,455.49
COHESIVE MEDIRYDE LLC	Patient Transportation Service	419.75	685.75	1,702.75	6,431.50	9,239.75	21,194.75	20,509.00
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	351,630.99	383,976.52	372,252.21	3,537,385.78	4,645,245.50	4,700,583.42	4,564,637.99
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	2,450.00				2,450.00	2,450.00	2,450.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees		2,000.00	2,000.00	10,000.00	14,000.00	16,000.00	16,000.00
CPSI	EHR Software	16,819.00				16,819.00	13,709.00	-
CULLIGAN WATER CONDITIONING	Clinic Purchased Service	11.00				11.00	26.00	11.00
CURBELL MEDICAL PRODUCTS INC	Supplies	-				-	957.56	-
DAN'S HEATING & AIR CONDITIONI	Repair/Maintenance	265.84				265.84	-	-
DELL INC	ARPA Capital				-	-	-	22,237.73
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00				2,150.00	2,150.00	204.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees			7,349.91	326,081.68	333,431.59	338,431.59	337,209.47
DR W. GREGORY MORGAN III	1099 Provider	4,766.67				4,766.67	4,766.67	4,766.67
eCLINICAL WORKS, LLC	RHC EHR set up	2,875.50				2,875.50	2,837.26	4,263.09
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	2,928.00				2,928.00	2,928.00	2,928.00
FEDEX	Postage service	155.67				155.67	89.25	169.98
FIRE EXTINGUISHER SALES & SERV	Maintenance	668.50				668.50	-	-
FLOWERS UNLIMITED	Patient Other				-	-	-	149.25
FORVIS LLP	Finance Purch Svs(Formerly BKD)		525.00			525.00	1,380.00	855.00
FOX BUILDING SUPPLY	Plant Ops supplies				-	-	-	235.90
GEORGE BROS TERMITE & PEST CON	Pest Control Service	160.00	160.00			320.00	160.00	160.00
GLOBAL EQUIPMENT COMPANY INC.	Minor Equipment		1,230.26			1,230.26	1,429.29	1,783.54
GLOBAL PAYMENTS INTEGRATED	CC processing svcs	-				-	1,417.69	917.53
GRAINGER	Maintenance Supplies	571.70	589.69			1,161.39	2,746.50	514.76
GREER COUNTY CHAMBER OF	Advertising				600.00	600.00	600.00	600.00
GREER COUNTY TREASURER	Property taxes				-	-	-	5,799.50
HAC INC	Dietary Supplies	437.93				437.93	413.00	580.80
HAMILTON MEDICAL INC.	Ventilator Supplies				-	-	-	-

VENDOR	Description	0-30	31-60	61-90	Over 90	4/30/2023	3/31/2023	Item 10.
HEALTH CARE LOGISTICS	Pharmacy Supplies	220.88				220.88	318.07	-
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	-			-	-	1,050.00	-
HENRY SCHEIN	Lab Supplies	9,577.09				9,577.09	1,797.05	5,759.54
HILL-ROM COMPANY, INC	Rental Equipment		3,560.20			3,560.20	3,560.20	5,333.55
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service		204.30			204.30	204.30	136.20
INQUISEEK LLC	RHC purch svcs		225.00			225.00	225.00	-
INSURICA	Facility Insurance	13,271.34				13,271.34	-	-
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	1,455.25				1,455.25	1,493.11	1,455.30
KCI USA	Rental Equipment				2,500.00	2,500.00	2,500.00	2,500.00
KING GUIDE PUBLICATIONS INC	Advertising				100.00	100.00	100.00	100.00
LABCORP	Lab purch svcs	6,662.06				6,662.06	6,662.06	6,808.34
LAMPTON WELDING SUPPLY	Patient Supplies	1,170.84				1,170.84	1,346.22	1,130.08
LANGUAGE LINE SERVICES INC	Translation service	260.00		150.85		410.85	280.85	260.00
LINET AMERICAS, INC.	Repairs/maintenance				-	-	1,480.00	1,480.00
LOCKE SUPPLY	Plant Ops supplies				-	-	58.63	-
MANGUM STAR NEWS	Advertising	-	-			-	502.50	354.00
MARY BARNES, APRN	Employee Reimbursement	-				-	150.00	-
MCKESSON - 340 B	340B Drug supplies	-				-	32.07	-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	13,637.22				13,637.22	29,966.85	12,328.33
MEDICUS HEALTH DIRECT, INC	Minor Equipment				4,657.48	4,657.48	4,657.48	4,657.48
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	14,792.07	2,360.46			17,152.53	15,949.56	6,781.15
MOUNTAINEER MEDICAL	Supplies				2,108.88	2,108.88	2,108.88	2,108.88
NATIONAL RECALL ALERT CENTER	Safety and Compliance	1,290.00				1,290.00	-	-
NEXTIVA, INC.	Phone Svcs	2,166.65				2,166.65	2,184.08	-
NP RESOURCES	1099 Provider	247.94				247.94	218.54	-
NUANCE COMMUNICATIONS INC	RHC purch svcs	123.00		246.00	738.00	1,107.00	369.00	369.00
OKLAHOMA BLOOD INSTITUTE	Blood Bank	2,171.00				2,171.00	5,666.53	3,309.83
OKLAHOMA HOSPITAL ASSOCIATION	OHA dues				-	-	-	14,507.00
ORTHO-CLINICAL DIAGNOSTICS INC	Lab purch svcs				1,203.96	1,203.96	1,203.96	1,203.96
PARA REV LOCKBOX	CDM purch svcs	2,909.00	1,959.00			4,868.00	1,959.00	-
PHARMA FORCE GROUP LLC	340B purch svcs	607.67				607.67	607.67	1,199.29
PHARMACY CONSULTANTS, INC.	340B purch svcs	-				-	2,530.00	2,530.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance					-	-	1,968.91
PHILIPS HEALTHCARE	Supplies	-				-	15.57	519.36
PITNEY BOWES GLOBAL FINANCIAL	Postage rental		359.76			359.76	-	-
PRESS GANEY ASSOCIATES, INC	Purchased Service	1,420.16		710.08		2,130.24	1,420.16	1,420.16
PURCHASE POWER	Postage Fees	232.94				232.94	100.00	-
R.B. AKINS COMPANY	ARPA Capital		-			-	25,600.00	25,600.00
RESPIRATORY MAINTENANCE INC	Repairs/maintenance				2,210.00	2,210.00	2,210.00	2,210.00
REYES ELECTRIC LLC	COVID Capital				20,670.00	20,670.00	20,670.00	30,470.00
RICK'S LAWN SPRINKLERS LLC	Repairs/maintenance					-	-	153.90
ROYCE ROLLS RINGER COMPANY	Minor Equipment				1,944.00	1,944.00	1,944.00	1,944.00
S & S WORLDWIDE	Supplies					-	-	147.66
SBM MOBILE PRACTICE, INC	1099 Provider					-	-	109.27
SCRUBS AND SPORTS	Employee Appreciation					-	745.70	

Item 10.

VENDOR	Description	0-30	31-60	61-90	Over 90	4/30/2023	3/31/2023	Item 10.
SEE THE TRAINER-BELLEVUE	Patient Supplies	-				-	18.95	29.90
SHERWIN-WILLIAMS	Supplies				(11.78)	(11.78)	(11.78)	(11.78)
SHRED-IT USA LLC	Secure Doc disposal service	2,534.79				2,534.79	2,486.61	2,525.16
SIZEWISE	Rental Equipment				-	-	-	8,643.14
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider		1,735.00	1,735.00	1,735.00	5,205.00	5,205.00	8,675.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies				-	-	-	500.21
SPARKLIGHT BUSINESS	Cable service	445.94				445.94	-	-
STANDLEY SYSTEMS LLC	Printer lease	2,326.66				2,326.66	2,342.08	2,259.44
STAPLES ADVANTAGE	Office Supplies	1,232.73				1,232.73	1,719.13	508.42
SUMMIT UTILITIES	Utilities	1,458.11			59.02	1,517.13	3,934.12	5,099.49
T & S LAWN SERVICES	Plant Ops Purch Svs	-				-	850.00	-
TANYA HEINE	Employee Reimbursement	-				-	17.52	-
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies		825.00	1,215.00		2,040.00	3,075.00	5,970.00
THE LOOP	Hospital Week	59.96				59.96	-	-
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support				3,285.00	3,285.00	3,285.00	3,285.00
TRS MANAGED SERVICES	Agency Staffing-old				172,402.02	172,402.02	195,811.02	211,576.62
ULINE	Patient Supplies	2,276.48				2,276.48	-	1,574.58
ULTRA-CHEM INC	Housekeeping Supplies		355.05			355.05	355.05	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	4,891.04				4,891.04	9,121.56	9,933.70
US MED-EQUIP LLC	Swing bed eq rental	1,116.87				1,116.87	2,371.55	897.85
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	6,840.00	2,565.00	4,275.00		13,680.00	8,550.00	9,405.00
WELCH ALLYN, INC.	Supplies				(628.66)	(628.66)	(628.66)	(628.66)
WOLTERS KLUWER HEALTH	Clinical Education		5,543.59			5,543.59	5,543.59	-
Vendor Subtotal		1,367,610.91	884,748.97	1,025,420.57	7,868,452.68	11,146,233.13	11,267,867.21	16,049,239.72

Reconciling Items:	Conversion Variance	13,340.32	13,340.32	13,340.32
	AP Control	12,025,616.57	12,147,250.65	16,928,623.16
	Accrued AP	429,230.74	164,438.19	490,457.86
	AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)
	TOTAL AP	11,562,123.55	11,418,965.08	16,526,357.26

AHSO Related AP	Description	4/30/2023
ADP INC	QMI Payroll Service Provider	4,276.42
ADP SCREENING AND SELECTION	QMI Payroll Service Provider	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	Old Mgmt Fees	698,000.00
ELISE ALDUINO	1099 AHSO consultant	12,000.00
HEADRICK OUTDOOR MEDIA INC	AHSO Advertising	25,650.00
MEDSURG CONSULTING LLC	Equipment Rental Agreement	98,670.36
QUARTZ MOUNTAIN RESORT	Alliance Travel	9,514.95
AMERICAN HEALTH TECH	Rental Equipment-Old	22,025.36
C.R. BARD INC.	Surgery Supplies-Old	3,338.95
HERC RENTALS-DO NOT USE	Old Rental Service	7,653.03
IMEDICAL INC	Surgery Supplies-Old	1,008.29
MICROSURGICAL MST	Surgery Supplies-Old	2,233.80
MID-AMERICA SURGICAL SYSTEMS	Surgery Supplies-Old	3,607.60
NINJA RMM	IT Service-Old	2,625.00
COMPLIANCE CONSULTANTS	Lab Consultant-Old	1,000.00
SUBTOTAL-AHSO Related AP		892,723.76

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract:** Public Education, State and Local Government Rider
3. **Contract Parties:** Dell Financial Services, LLC and Mangum City Hospital Authority
4. **Contract Type Services:** Server equipment and back-up battery
- a. **Impacted hospital departments:**
- Information Technology
5. **Contract Summary:**
- The Public Education, State and Local Government Rider is a supplement to Lease No. 001-9061557-001 for the servers and back-up battery for the hospital. The Rider adds the following standard sections to the original Lease that Dell inadvertently left off the original Lease:
- Funding Intent
- Non appropriations of Funds
- Essential Use
- Choice of Law
- Authority and Authorization
6. **Cost:** There is no cost associated with the Rider.
7. **Prior Cost:** None.
8. **Termination Clause:** The Rider follows the terms and conditions of the original Lease.
- a. **Term:**
9. **Other:**



PUBLIC EDUCATION, STATE AND LOCAL GOVERNMENT RIDER

This Rider supplements the provisions of Lease No. **001-9061557-001** ("Lease") between you and us as identified below. This Rider is an integral part of the Lease. Capitalized terms used in this Rider that are not defined will have the meanings specified in the Lease. If there is any conflict between the Lease and this Rider, then this Rider will control and prevail.

1. Funding Intent: You reasonably believe that sufficient funds can be obtained to make all Rent payments and other payments during the Lease Term. You agree that your Chief Executive or Administrative Officer (or your administrative officer that has the responsibility of preparing the budget submitted to your governing body, as applicable) will provide appropriate funding for such payments in your annual budget request submitted to your governing body. If your governing body chooses not to appropriate funds for such payments, you agree that your governing body will evidence such nonappropriation by omitting funds for such payments due during the applicable fiscal period from the budget that it adopts. We agree that your obligation to make Rent payments under the Lease will be a current expense and will not be interpreted to be a debt in violation of applicable law or constitutional limitations or requirements. Nothing contained in the Lease will be interpreted as a pledge of your general tax revenues, funds or moneys.

2. Nonappropriations of Funds: If (a) sufficient funds are not budgeted or appropriated and budgeted by your governing body in any fiscal period for Rent payments or other payments and (b) you have exhausted all funds legally available for such payments, due under the Lease, then you will give us written notice and the Lease will terminate as of the last day of your fiscal period for which funds for Rent payments are available. Such termination is without any expense or penalty, except for the portions of the Rent payments and those expenses associated with your return of the Products in accordance with paragraph 10 of the Lease for which funds have been budgeted or appropriated or are otherwise legally available.

3. Essential Use: You represent that the use of the Products are essential to your proper, efficient and economic operation and that you shall be the only entity to lease, operate and use the Products.

4. Choice of Law: Regardless of any conflicting provision in the Lease, THE LEASE WILL BE GOVERNED BY THE LAWS OF THE STATE IN WHICH YOU ARE LOCATED.

5. Authority and Authorization: You represent and agree that: (a) you are a state or a political subdivision or agency of a state; (b) the entering into and performance of the Lease is authorized under your state laws and Constitution and does not violate or contradict any judgment, law, order or regulation, or cause any default under any agreement to which you are a party; (c) you have complied with all public bidding requirements and, where necessary, have properly presented the Lease for approval and adoption as a valid obligation on your part; and (d) you have sufficient appropriated funds or other moneys available to pay all amounts due under the Lease for your current fiscal period. Upon our request, you agree to provide us with an opinion of counsel as to clauses (a) through (d) above, an incumbency or municipal certificate, and other documents that we request in a form satisfactory to us.

MANGUM CITY HOSPITAL AUTHORITY
"Lessee"

Dell Financial Services L.L.C.
"Lessor"

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

CERTIFICATION

I _____, a resident of _____, in the State of _____, DO
 (Certifier) (City) (State)
 HEREBY CERTIFY that I am the _____, of the Lessee identified above, which is an
 educational, (Title)
 state or political subdivision or agency, duly organized and under the laws of the State of _____, that
 I (State)
 have custody of the records of the Lessee, and, as of the date set forth below, _____, is
 (Name of Above Signature)
 the _____ of Lessee and is duly authorized to execute and deliver in the name of and on
 (Title of Above Signature)
 behalf of Lessee, the Lease (including this Rider) and all related documents.

IN WITNESS WHEREOF, I have hereto set my hand and affixed this seal of Lessee this ____ day of _____,
 20__.
 (Day) (Month)

-seal- Certifier's Signature:

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Equipment Usage Agreement

3. **Contract Parties:** Sage Products, LLC

4. **Contract Type Services:** On-site, Equipment Usage

a. **Impacted hospital departments:**

- Nursing

5. **Contract Summary:**

This is an agreement for the following warmers for the patient care bathing and foley care Chlorhexidine Gluconate (CHG) disposable wipes.

- 7932- Hardware cart for the warmer to be placed on.
- 7939- 28ct Gen III warmer

There is no cost for the warmers, but a commitment of 20 cases of disposable wipes per year. Please note that the hospital's current usage of disposable wipes exceeds this commitment. The hospital is currently using 71 cases of disposable wipes per year.

6. **Cost:** \$0.00

7. **Prior Cost:** \$0.00

8. **Termination Clause:** We may terminate within 60 days with prior written notice.

a. **Term:** 3 Years, unless sooner terminated by either party.

9. **Other:**

Equipment Usage Agreement – Warmers

Sage Products, LLC (hereinafter “Sage”), 3909 Three Oaks Road, Cary, IL 60013

FOR INTERNAL USE ONLY
 AGREEMENT NO. _____

Customer: Mangum Regional Medical Center		Sage ID #: 730580	
Address: 1 Wickersham Dr	City: Mangum	State: OK	Zip Code: 73554
Contact Name: Josey Kenmore	Phone: 580-782-3353	Primary Distributor Affiliate: Medline Industries	

1. **Equipment Placement.** Customer may use Sage’s warmers and associated equipment from Sage on a no additional charge basis by submitting a no-charge purchase order to Sage and subject to the terms set forth herein. By submitting a no-charge purchase order for the required amount and type of capital equipment set forth in Exhibit A of this Agreement (the “Equipment”), Customer shall be bound by the terms of this Equipment Usage Agreement (“Agreement”), including but not limited to satisfying the Target Quantity as set forth in Section 2(b), below. No placements or commitments will be made without a signed purchase order.

2. **Equipment Usage Conditions.**

a. The Equipment is intended for use solely with Sage’s disposable products listed in Exhibit A (the “Disposables”) that may from time to time be separately ordered by Customer. Orders shall be placed with Customer’s Primary Distributor Affiliate set forth above and filled by Sage through that Primary Distributor Affiliate. Pricing for disposables is governed by a separate product pricing or purchase agreement.

b. Each period of twelve (12) consecutive months beginning on the Agreement Start Date and continuing during the term of the Agreement shall be considered a “Measurement Period”. For each piece of Equipment placed following the Agreement Start Date and/or existing at Customer’s facility on the Agreement Start Date, Customer shall purchase a minimum number of the Disposables to entitle Customer to the use of such Equipment. The minimum Disposable purchase required per Measurement Period for each piece of Equipment (the “Target Quantity”) is set forth in Exhibit A. Customer may purchase any combination of the Disposables to satisfy the Target Quantity. If Customer purchases more than the Target Quantity in any Measurement Period, the excess will be applied against the Target Quantity in the following Measurement Period.

c. The parties acknowledge that it is their intent to establish a business relationship that complies with the applicable exceptions to the Medicare and Medicaid Anti-Kickback statute set forth at 42 U.S.C. § 1320a-7b(b)(3)(A) and (C) and the “safe harbor” regulations regarding discounts set forth in 42 C.F.R. § 1001.952(h). Accordingly, payment for the Equipment and Disposables is set on a per-Disposable basis, such that the aggregate amounts paid by Customer on a per-Disposable basis will be an amount sufficient to pay for the use of the Equipment and the purchase of the Disposables during the term of the Agreement. It is understood and agreed by the parties hereto that the prices for Disposables include the cost for the use of the Equipment.

d. Customer is responsible for appropriately allocating a portion of the amount spent on Disposables to account for the use of the Equipment for accounting and reporting (including Medicare cost reporting) purposes. Upon request by Customer, Sage shall provide an annual report that sets forth the Equipment used by Customer and Customer’s purchases of Disposables pursuant to this Agreement.

e. Customer shall (i) properly report and appropriately reflect and allocate amounts paid under this Agreement, net of all discounts, rebates or other price reductions, on applicable cost reports, as may be required by law or contract, including as required under the discount safe harbor, 42 C.F.R. 1001.952(h), (ii) maintain all documentation provided by Sage or the Primary Distributor Affiliate identified above concerning pricing and discounts with this Agreement, and (iii) allow agents of any governmental healthcare program to access such documentation upon request. The “List Price” for Equipment set forth in Exhibit A is for disclosure purposes only and Customer may use such pricing to meet its accounting and reporting obligations.

3. **Care and Return of Equipment.** During the term of the Agreement, Sage shall repair or replace the Equipment with units of similar or greater functionality, provided that Customer operates or uses the Equipment in accordance with the instructions for use by Sage. During the term of the Agreement, Customer shall not (i) move or transfer the Equipment from the Customer’s location without Sage’s prior consent, (ii) make any alterations, additions, or improvements to the Equipment not approved or recommended in writing by Sage, or (iii) sell, transfer, pledge, allow any lien or encumbrance upon, sublease, or assign the Equipment. In the event that Customer fails to meet the Target Quantity for any unit of Equipment during a Measurement Period, Customer shall be given sixty (60) days’ notice and opportunity to meet the Target Quantity for such Equipment. If Customer does not meet the Target Quantity within this 60-day period, Sage may require, as Sage’s sole and exclusive remedy, and at Customer’s expense, the return of the applicable Equipment within five (5) business days to Sage at a U.S. location designated by Sage in good repair, condition, and working order, normal wear excepted. Customer is responsible for any failure to return the Equipment in the condition specified in the preceding sentence.

4. **Customer Covenants.** Customer will allow the Equipment to be used only by employees, physicians, or contractors trained with applicable product training in a careful manner solely in the manner for which such Equipment was intended to be used and in accordance with the instructions for use provided to Customer by Sage. Customer shall have possession of the Equipment only, and title to such Equipment shall be and remain in Sage at all times. Customer shall, at all times, comply with all applicable laws, regulations, and standards applicable to the Equipment for the possession, use, or operation thereof. Customer authorizes Sage to insert serial numbers or other identification data on the Equipment. Sage shall have the right, upon reasonable prior notice to Customer and during normal business hours, to inspect the Equipment at the place where it is ordinarily located and Customer shall make its records pertaining to the Equipment available for Sage’s inspection at such location. If the Equipment is either lost or destroyed, Customer shall pay Sage in a lump sum the current fair market value of the Equipment.

5. **Term.** This Agreement will remain in effect for a period of three (3) years, commencing on the Agreement Start Date, unless sooner terminated.

[SIGNATURE PAGE FOLLOWS]

Agreed and Accepted by: **Customer**

Agreed and Accepted by: **Sage Products, LLC**

Signature:	Signature
Printed Name: Carson Vanzant	Printed Name:
Title: Board Chairman	Title:
Date: Click or tap to enter a date.	Date: Click or tap to enter a date.
Phone:	

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EXHIBIT A
PRODUCTS AND EQUIPMENT PLACEMENT

Part 1 - Equipment

Catalog No.	Description	List Price*	Placement Price**	Target Quantity - Pre-Surgical Prep (per Measurement Period)	Target Quantity - Patient Cleansing (per Measurement Period)
7932	Warming Hardware Cart	\$315.00	\$0.00	1 case per Equipment unit	1 case per Equipment unit
7937	Warmer 12 Ct, Gen III	\$1,845.00	\$0.00	4 cases per Equipment unit	14 cases per Equipment unit
7939	Warmer 28 Ct, Gen III	\$2,643.00	\$0.00	6 cases per Equipment unit	20 cases per Equipment unit

* The "List Price" is for disclosure purposes only and Customer may use such pricing to meet its accounting and reporting obligations.

** The "Placement Price" set forth above represents a no additional charge for use of the Equipment based upon Customer's compliance with the Target Quantity during the Term.

Part 2 - Disposables

Product Category	Catalog No.	Product Description
Patient Cleansing	7502	Comfort Shield® Perineal Care Washcloths with Dimethicone - 3pk Medium size washcloths
Patient Cleansing	7503	Comfort Shield® Perineal Care Washcloths with Dimethicone - 3pk Large size washcloths
Patient Cleansing	7505	Incontinence Care Cloth - 8pk Peel and Reseal
Patient Cleansing	7800	Essential Bath™ Cleansing Washcloths - 8 medium weight washcloths per pkg
Patient Cleansing	7803	Fragrance-Free Essential Bath™ Cleansing Washcloths - 8 medium weight washcloths per pkg
Patient Cleansing	7815	Deodorant Comfort Bath® Cleansing Washcloths - 5 medium weight washcloths per pkg
Patient Cleansing	7818	Deodorant Comfort Bath® Cleansing Washcloths - 8 medium weight washcloths per pkg
Patient Cleansing	7855	Essential Bath™ Cleansing Washcloths - 5 medium weight washcloths per pkg
Patient Cleansing	7856	Fragrance-Free Essential Bath™ Cleansing Washcloths - 5 medium weight washcloths per pkg
Patient Cleansing	7900	Comfort Bath® Cleansing Washcloths - 8 heavyweight washcloths per pkg
Patient Cleansing	7903	Fragrance-Free Comfort Bath® Cleansing Washcloths - 8 heavyweight washcloths per pkg
Patient Cleansing	7907	Fragrance-Free Baby Comfort Bath® Cleansing Washcloths - 4 washcloths per pkg
Patient Cleansing	7909	Comfort Hair Rinse-Free Shampoo Cap
Patient Cleansing	7942	Deodorant Comfort Bath® Cleansing Washcloths - 8 heavyweight washcloths per pkg

Product Category	Catalog No.	Product Description
Patient Cleansing	7943	Deodorant Clean-up Cleansing Washcloths - 3 heavyweight washcloths per pkg
Patient Cleansing	7952	M-Care Meatal Cleaning Cloths, 2 pk
Patient Cleansing	7956	Fragrance-Free Comfort Bath® Cleansing Washcloths - 5 heavyweight washcloths per pkg
Patient Cleansing	7959	Fragrance-Free Bath Cloths - 5 cloths per pkg
Patient Cleansing	7982	Bath Cloths - 8 washcloths per package
Patient Cleansing	7987	Fragrance-Free Impreva Bath™ Cleansing Washcloths - 5 standard weight washcloths per pkg
Patient Cleansing	7988	Fragrance-Free Impreva Bath™ Cleansing Washcloths - 8 standard weight washcloths per pkg
Patient Cleansing	7989	Fragrance-Free Bath Cloths - 8 cloths per pkg
Patient Cleansing	7991	Fragrance-Free Bath Cloths - 8 cloths per pkg
Pre-Surgical Prep	9001	CHG Surgical Pre-Op Kit - 2% Chlorhexidine Gluconate Cloth - patient preoperative skin preparation - 2 cloths/pkg & 1 15ml Oral Rinse 0.12% CHG with Swab and Toothbrush
Pre-Surgical Prep	9011	Nose to Toes System™ - 2% Chlorhexidine Gluconate Cloths, 1 Unit Dose Container of 3M Peridex™ Oral Rinse, Ultra Soft Toothbrush and Untreated Swab, 1 Package of 3M™ Skin and Nasal Antiseptic and 4 Sterile Swabs
Pre-Surgical Prep	9012	Nose to Toes System™ - 2% Chlorhexidine Gluconate Cloths, 1 Package of 3M™ Skin and Nasal Antiseptic and 4 Sterile Swabs
Pre-Surgical Prep	9705	2% Chlorhexidine Gluconate Cloth - patient preoperative skin preparation - 2 cloths/pkg 96 pkg/case
Pre-Surgical Prep	9707	2% Chlorhexidine Gluconate Cloth - patient preoperative skin preparation - 3 individually wrapped pkgs - 2 cloths/pkg
Pre-Surgical Prep	9717	2% Chlorhexidine Gluconate Cloth - patient preoperative skin preparation - 6 cloths/pkg 32 pkg/case

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Vascular Access Services Agreement

3. **Contract Parties:** Dynamic Access, LLC and Mangum Regional Medical Center

4. **Contract Type Services:** Vascular access services
 - a. **Impacted hospital departments:**
 - Patient Care

5. **Contract Summary:**

Under this Agreement, Dynamic Access will provide Vascular Access Services, as ordered by the Hospital, on a twenty-four hour and seven day per week basis.

In addition, Dynamic Access will provide the staff, equipment and supplies as deemed necessary for the practice of Vascular Access Services.

6. **Cost:** See attached.

7. **Prior Cost:** Current Vendor: Vital Systems; Cost: \$855.00/patient.

8. **Termination Clause:** This Agreement may be terminated at any time after the Initial Term by either Party with a minimum of sixty (60) days written notice to the other Party.
 - a. **Term:** 1 year with automatic renewal for successive 1 year period.

9. **Other:**

VASCULAR SERVICE RATES

SERVICE	DESCRIPTION	RATES (\$USD)
Peripherally Inserted Central Catheter (PICC)	The successful placement of a single or double-lumen Peripherally Inserted Central Catheter (PICC) with the distal tip of the catheter terminating in the superior vena cava or caval-atrial junction *	450.00
PICC with Tip Location System (TLS)	The successful placement of a single or double-lumen PICC using TLS to confirm catheter distal tip location in the superior vena cava or caval-atrial junction without the need for confirmation via chest x-ray *	500.00
Triple-lumen PICC Insertion	The successful placement of a triple-lumen PICC *	500.00
Triple-lumen PICC with (TLS)	The successful placement of a triple-lumen PICC utilizing TLS *	550.00
Midline Catheter Insertion	The successful placement of a vascular access device inserted into a peripheral vein (namely basilic, cephalic, or brachial) with the tip terminating at or near axilla level, distal to the shoulder, designed for a dwell time of up to 29 days	400.00
Other IV Access	The successful placement of a vascular access device other than an PICC, EDC, or midline, such as a Peripheral IV (PIV) or port access	125.00
Catheter Declotting	The infusion of Activase® or a similar solution into a sluggish or clotted central line to attempt to restore flow through the catheter	125.00
Evaluation	Ordered evaluations made at a patient's bedside including, but not limited to (1) an assessment of a patient's history and physical examination of their venous system using ultrasound <i>without</i> the insertion of a vascular access device and/or (2) an assessment of an indwelling vascular access device	125.00
Cancellation	The cancellation of an order once the nurse has arrived at the facility due to (1) an inability to obtain consent for the procedure – refusal by patient or family member, (2) the cancellation of the order by a licensed independent practitioner without notification, or (3) after assessment it is determined that patient is not a candidate for successful placement of a vascular access device	125.00
Travel Fee	A travel fee will be applied per visit (not per procedure). Utilization of Tip Location System (TLS) is required for all travel fee locations.	\$250.00

* Following placement, Dynamic Employee(s) will wait at facility up to forty-five (45) minutes for x-ray completion without additional charge.

EDUCATION SERVICE RATES

Education Service	Base Price (\$USD)
1 – 2 Hours	\$750.00
4 Hours	\$1,100.00
8 Hours	\$1,550.00
LPN IV Course OHIO (48 hours)	\$500.00 / per student
LPN IV Course PA (15 hours)	\$250.00 / per student
Additional Supplies**	Market Price

Virtual Instruction: Online, educator-led instruction ("Virtual Instruction") may be available for select courses at a discounted rate (up to 20% off the base price).

Supplies (vary based on type of Education Service requested). Dynamic will provide handouts and training aids including veins, arms, CVAD catheters for demonstration. Client is responsible for providing all supplies for student's "hands on" and instructor's demonstration (if applicable, based on type of education course). ** Dynamic may provide additional supplies, upon request, for an additional fee.

Travel Charges

- Travel charges are only assessed for education requests outside of defined service regions.
- For multiple courses scheduled within the same day / trip, only one travel charge will apply.
 - Tier 1 (80-120 mi) \$250.00
 - Tier 2 (121-400 mi) \$750.00
 - Tier 3 (400+ mi) \$1000.00

Cancellation Fee. Any Presentations cancelled within seventy-two (72) hours of Educator's arrival will be charged the full rate of the presentation plus any costs incurred.

VASCULAR ACCESS SERVICES AGREEMENT

This Vascular Access Services Agreement (“Agreement”) is made by and between **Mangum Regional Medical Center** (“Client”) located at 1 Wickersham Drive, Mangum, Oklahoma 73554, and **Dynamic Access, LLC** (“Dynamic”), a Texas limited-liability company, located at 2600 North Central Expressway, Suite 280, Richardson, Texas 75080. Client or Dynamic may be referred to individually as “Party” and collectively as “Parties.”

IT IS THEREFORE AGREED:

I. DEFINITIONS

- A. “Certified Health Care Staffing Service” means a firm that meets specific criteria and maintains standardized performance measures as established by The Joint Commission.
- B. “Dynamic Equipment and Supplies” means equipment and supplies for the practice of Vascular Access Services as specified in Exhibit A.
- C. “Effective Date” means the date of the last signature of a Party to this Agreement.
- D. “Insertion Records” means limited medical records deemed necessary to document Vascular Access Services ordered by Client and provided at Client’s facility for purposes of quality control and regulatory compliance.
- E. “Licensed Independent Practitioner” means a physician or an individual licensed and authorized to write medical orders who is providing care for the patient/resident or is overseeing the health care provided to the patient/resident.
- F. “Quality Indicators” mean the criteria used to evaluate the quality of Dynamic’s Vascular Access Services provided to the Client which include Success Rate and turnaround time.
- G. “Success Rate” means the frequency at which a line is successfully placed and provides vascular access as ordered, and as further defined in Exhibit A.
- H. “Vascular Access Services” means those services including the placement of a catheter line, peripheral IV, or other port access, and related access services referenced in Exhibit A.

II. SERVICES

- A. Dynamic will employ licensed and credentialed registered nurses (“Dynamic’s Employee(s)”) to be on call and available to provide Vascular Access Services, as ordered by the Client, on a twenty-four (24) hour, seven (7) day per week basis.
- B. The Parties agree that while Dynamic’s Employees are performing Vascular Access Services, they are representing Dynamic and, under the direction and control of Dynamic, shall perform according to Dynamic’s and the Client’s standards, policies, and procedures and in a manner consistent with currently approved methods and practices of the medical profession including any rules or regulations promulgated by the State Board of Nursing for the individual state(s) where the Client is located, and/or as otherwise provided in this Agreement. Upon request, Dynamic shall provide documentation of internal policies and procedures relating to the performance of Vascular Access Services.
- C. Dynamic will determine, verify, and maintain records of required employee competencies. Verification of such competencies shall be made available to the Client upon request.
- D. Dynamic’s employee(s) will provide only those Vascular Access Services ordered by the Client for which said employee has indicated to Dynamic that s/he is qualified to perform.
- E. Vascular Access Services performed by Dynamic’s employees will be documented in the patient’s medical record as required by the Client.
- F. Dynamic Equipment and Supplies will be provided and maintained as deemed necessary for

- the practice of Vascular Access Services.
- G. Other than Dynamic Equipment and Supplies, the Client agrees to provide and maintain equipment, supplies, and other resources reasonably necessary for the practice of Vascular Access Services and maintenance at no expense to Dynamic or Dynamic's Employees. These resources may include, but are not limited to, Personal Protective Equipment (PPE), peripheral IV supplies, antimicrobial devices, x-rays, additional ultrasound equipment, and sterile gowns and gloves.
- H. The Joint Commission requires that all Certified Health Care Staffing Services conduct and document a full review of their employees' education (primary source verification), background, training, and current competencies. Any requests by Client for additional or more frequent verifications will be at the Client's expense. So long as Dynamic agrees to maintain and make available to Client, at Client's request, the following for each of Dynamic's employees, The Joint Commission does not require the Client to maintain separate, duplicative personnel files:
1. OSHA training documentation
 2. HIPAA training documentation
 3. ACLS/BCLS certification
 4. PICC line insertion certification
 5. License verification (current)
 6. Applicable testing results
 7. Background checks
 8. Staff competencies
- I. The Parties agree that for the four (4) years following the provision of services under this Agreement, Dynamic will make available to the Secretary of the United States Comptroller General (USCG), and its duly authorized representatives, this Agreement and all of Dynamic's documents and accounting records related thereto. If Dynamic performs this Agreement by subcontracting with a third-party organization in an amount greater than \$10,000 over a twelve (12) month period, said subcontract will contain a clause to permit access by the Secretary of the USCG and its representatives to the third-party organization's relevant records.
- J. Dynamic agrees that individuals providing Vascular Access Services for a Client pursuant to this Agreement will be W-2 employees and not 1099 independent contractors.
- K. Upon the occurrence of incidents, errors, or sentinel events involving Dynamic's employees at the Client's facility while on assignment, the Client will notify Dynamic (via telephone or email) within twenty-four (24) hours of discovering such incident, error, or sentinel events and provide a detailed report of the event and all supporting documentation at Dynamic's contact information detailed herein via commercial overnight delivery service immediately after notifying Dynamic of said event(s).
- L. The Client shall have the authority to remove Dynamic's employee from its premises if, in the Client's professional judgment, it is determined that Dynamic's employee is unfit to provide Vascular Access Services or that the services rendered by said employee are below the standard of care. In this event, the Client shall immediately notify Dynamic who will then make every reasonable effort to promptly replace the removed employee.
- M. Dynamic agrees to make its employees available for site-specific orientation provided by the Client at no charge to the Client for a maximum of four (4) hours per employee. Any additional orientation deemed necessary by the Client will be billed to the Client by Dynamic at the rate of \$20 per hour, in 15-minute increments.

III. QUALITY INDICATORS

Dynamic and Client agree to collaborate on Quality Indicators for Vascular Access Services provided pursuant to this Agreement including the following:

- A. Dynamic's employees will provide Vascular Access Services with a Success Rate of no less than 95% over any six (6) month period, pursuant to Exhibit A.

- B. Dynamic strives to provide services with an average turnaround time of less than twenty-four (24) hours over any six (6) month period. The turnaround time is initiated upon Dynamic's receipt of an appropriate order from a Licensed Independent Practitioner on the Client's medical staff and is concluded upon Dynamic's employee completion of Vascular Access Services, as ordered, at the Client. Dynamic will only be excused from this quality indicator if the total number of Dynamic's eligible employees falls below 90% of its normal workforce in the applicable region due to governmental regulations, declaration of a state of emergency, force majeure, pandemics, epidemics, lockouts, or other causes beyond Dynamic's control.
- C. The Client may access Quality Indicator data via Dynamic's web-based application.
- D. The Client shall monitor overall PICC infection rates, analyze PICC infection incidents, supply comprehensive incident reports to Dynamic, and inform Dynamic if said rates exceed zero percent (0%). If PICC infection rates ever exceed 0%, the Parties will collaborate to create an action plan incorporating additional education and monitoring of the entire vascular access process, which will be presented to Dynamic's employees and the Client's staff.
- E. The Client agrees to promptly notify Dynamic if Client is ever dissatisfied with the quality of Vascular Access Services rendered by Dynamic. An immediate evaluation will occur to determine best steps to resolve Client's concerns in an effective and efficient manner.
- F. Any individual or organization affiliated with the Client with concerns about the quality and safety of patient care delivered by Dynamic, which have not already been addressed by Dynamic, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at 630.792.5636. Dynamic shall not take retaliatory or disciplinary action against any Client, any Client affiliates or employees, or Dynamic's employees following reports of safety or quality of care concerns in good faith.

IV. TERM, RENEWAL, AND TERMINATION

- A. The term of this Agreement shall commence on the Effective Date or as otherwise defined herein and continue for an initial period of one (1) year (the "Initial Term"). This Agreement shall renew automatically on each anniversary of the Effective Date in increments of one (1) year (the "Renewal Term(s)").
- B. This Agreement may be terminated at any time after the Initial Term by either Party with a minimum of sixty (60) days written notice to the other Party.
- C. Either Party may immediately terminate this Agreement if (1) the other Party commits an irreconcilable breach or such breach is imminent and said Party provides written notice to the other via commercial overnight delivery service at the address detailed herein, and the irreconcilable breach continues for more than fifteen (15) days after receipt of said notice; or (2) the other Party becomes insolvent; or (3) a Court of competent jurisdiction appoints a liquidator, receiver, manager, or administrative receiver to the other Party.
- D. The Parties may modify this Agreement by written, duly executed Amendment or Addendum.
- E. The Parties shall review this Agreement at least annually.

V. NOTICES

All notices, requests and demands or other communications to be given under this Agreement to the other Party will be made via either certified or registered first-class mail, express courier, or electronic mail to the Party's address given below:

If to Client, to: MANGUM REGIONAL MEDICAL CENTER
1 Wickersham Drive
Mangum, OK 73554

Email:

If to Dynamic, to: DYNAMIC ACCESS, LLC
 2600 North Central Expressway, Suite 280
 Richardson, TX 75080
 notices@dynamicaccess.com

VI. FEES / ACCOUNTS RECEIVABLE / INVOICES

- A. Client agrees to pay all fees, based on the rates outlined in Exhibit A, for Vascular Access Services performed by Dynamic pursuant to this Agreement.
- B. Unless otherwise agreed by the Parties, beginning on the first anniversary of the Effective Date, and each succeeding anniversary thereafter, the then-current price for Dynamic Vascular Access Services shall increase by 3.0% and shall be applied to all new orders placed after the applicable anniversary.
- C. Dynamic will submit invoices to the Client, via the contact information provided herein, on a semi-monthly basis. Payment terms are net thirty (30) days. Any unpaid balances on uncontested invoices are past due on the thirty-first (31st) day after date of invoice and may accrue and be charged interest at 1.5% per month on the entire invoice balance (including accrued interest). Dynamic services to Client may be suspended for late or non-payment of invoices until Client's account is current.

Billing Party:
 Billing Address:
 Contact Name:
 Phone:
 Email:

- D. Client agrees to pay all fees and costs incurred by Dynamic for accounts placed in collection.

VII. WORKER'S COMPENSATION AND INSURANCE

- A. Dynamic's employees shall be covered by:
 - 1. Worker's Compensation Insurance;
 - 2. professional liability and medical malpractice insurance with limits maintained at a minimum of \$1,000,000 per occurrence / \$3,000,000 aggregate; and
 - 3. comprehensive general liability insurance with limits on this coverage maintained at a minimum of \$1,000,000 aggregate.
- B. If a Dynamic employee is involved in any occupational safety hazard event at the Client, Client agrees to notify Dynamic of the incident within twenty-four (24) hours of incident or discovery thereof and furnish copies of any injury reports generated by the Client to Dynamic.
- C. Upon request, Dynamic will furnish insurance coverage verifications to the Client.

VIII. ALTERNATIVE DISPUTE RESOLUTION

- A. In the event of any dispute, potential claim, or other matter in question arising out of or related to this Agreement, a party must request mediation through the American Health Law Association ("AHLA") Dispute Resolution Service prior to initiating arbitration under this clause. Each Party shall be responsible for one-half (1/2) of the mediation fees and all of its own legal fees related to the mediation.
- B. If the matter has not been fully resolved through mediation, and no earlier than 60 days after notifying the opposing party that the request for mediation was submitted to AHLA, a party may initiate arbitration through the AHLA Dispute Resolution Service in accordance with the AHLA Rules of Procedure for Arbitration.

C. An award of arbitration may be entered and enforced in any court of competent jurisdiction.

IX. ATTORNEY FEES

If either Party brings an action against the other to enforce any condition or covenant of this Agreement, the substantially prevailing party shall be entitled to recover its court costs and reasonable attorneys' fees incurred in such action.

X. SOLICITATION

Neither party shall solicit any current or former employee(s) of the other Party during their employment or for a period of six (6) months following their termination of employment. Exceptions may be granted on a case-by-case basis and only by written agreement between the Parties.

XI. COMPLIANCE

- A. It is the intention of the Parties that this Agreement be interpreted to comply with all applicable federal and state laws and regulations including, but not limited to, 42 U.S.C. § 1320-a-7b(b) ("Anti-Kickback Statute"), 42 U.S.C. § 1395nn ("Stark Law"), and 42 U.S.C. § 1320d-6 (the Health Insurance Portability and Accountability Act, or "HIPAA").
- B. Dynamic shall ensure that Vascular Access Services rendered hereunder are provided in accordance with applicable federal, state, and local laws, rules, regulations, and ordinances including, but not limited to, Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and the rules and regulations thereunder. Dynamic shall render services without discrimination on account of gender, sex, sexual orientation, race, religion, color, national origin, disability, familial status, military/veteran status, citizenship status, or age.
- C. Notwithstanding any unanticipated effect of any provisions of the Agreement, neither Party will conduct itself in such manner as to violate applicable prohibitions against fraud and abuse in connection with the Medicare and Medicaid programs. Dynamic shall immediately notify the Client if Dynamic has been excluded, suspended, or otherwise debarred from participation in Medicare, Medicaid, or any state health care program.

XII. INDEMNIFICATION

THE PARTIES MUTUALLY AGREE, TO THE FULLEST EXTENT PERMITTED BY LAW, TO DEFEND, INDEMNIFY, AND HOLD EACH OTHER HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, COSTS OR EXPENSES (INCLUDING ATTORNEY'S FEES), LOSSES OR LIABILITIES INCURRED, BROUGHT BY ANY THIRD-PARTY, WHICH MAY BE CAUSED BY OR DIRECTLY ARISE FROM THE PERFORMANCE OF ANY OBLIGATIONS HEREUNDER BY THE INDEMNIFYING PARTY, ITS AGENTS, REPRESENTATIVES, AND/OR EMPLOYEES, EXCEPT TO THE EXTENT THAT SUCH LOSS OR CLAIM IS DUE TO THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE OTHER PARTY. THIS PROVISION SHALL SURVIVE ANY TERMINATION OR EXPIRATION OF THE AGREEMENT.

XIII. LIMITATION OF LIABILITIES

THE PARTIES MUTUALLY AGREE, TO THE FULLEST EXTENT PERMITTED BY LAW, THAT IN NO EVENT WILL EITHER PARTY, OR THEIR SUBSIDIARIES, AFFILIATES, OFFICERS, DIRECTORS, EMPLOYEES, ATTORNEYS, OR AGENTS HAVE ANY OBLIGATION OR LIABILITY (WHETHER IN TORT, CONTRACT, WARRANTY, OR OTHERWISE, AND NOTWITHSTANDING ANY WILLFUL MISCONDUCT, GROSS NEGLIGENCE, PRODUCT LIABILITY, OR STRICT LIABILITY) FOR ANY INDIRECT, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST REVENUE, LOSS OF OR DAMAGE TO DATA, OR PROFITS OR BUSINESS INTERRUPTION LOSSES, SUSTAINED OR ARISING FROM OR RELATED TO SERVICES PROVIDED AND THAT DYNAMIC'S LIABILITY FOR ANY REASON AND UPON ANY CAUSE OF ACTION SHALL AT ALL TIMES AND IN THE

AGGREGATE AMOUNT BE LIMITED TO THE AMOUNT ACTUALLY PAID BY CLIENT FOR SERVICES RENDERED BY PROVIDER.

XIV. CHOICE OF LAW AND VENUE

This Agreement and the rights of the Parties hereunder shall be governed by and construed in accordance with the laws of the State of Texas, including all matters of construction, validity, performance, and enforcement and without giving effect to the principles of conflict of laws. The Parties hereto agree to the exclusive jurisdiction of the State and Federal Courts sitting in Collin County, Texas.

XV. SEVERABILITY

Should any provision of this Agreement be deemed invalid, illegal, or otherwise unenforceable, the validity, legality, and enforceability of the remaining provisions shall not be affected or impaired thereby and such provision shall be ineffective only to the extent of such invalidity, illegality, or unenforceability.

XVI. WAIVER

Waiver, by either Party, of a breach or other violation of any provision of this Agreement will not operate as, or be construed to be, a waiver of any prior, concurrent, or subsequent breach. None of the provisions of this Agreement will be considered waived by either Party except when such waiver is given in writing.

XVII. ASSIGNMENT

This Agreement and any of its rights and obligations may not be assigned or otherwise transferred by either Party without the prior written consent of the other Party, which consent may not be unreasonably withheld, delayed or conditioned; provided, however, that either Party may assign this Agreement, without the consent of the other Party, in connection with such Party's merger, consolidation, transfer or sale of all or substantially all of the assets of such Party; provided further that the successor, surviving entity, purchaser of assets, or transferee, as applicable, expressly assumes in writing such Party's obligations under this Agreement.

XVIII. COUNTERPARTS

This Agreement may be executed in two or more counterparts, all of which shall, together, constitute only one Agreement. Further, digital signatures, or those otherwise delivered via email or fax, shall be effective as originals.

XIX. ENTIRE AGREEMENT

This Agreement, including any exhibits presently or subsequently attached and referenced herein, is the entire Agreement between the Parties. It replaces and supersedes all oral agreements between the Parties, as well as any prior writings. Any modifications and amendments to this Agreement, including any exhibits, shall be enforceable only if they are in writing and are duly signed by an Authorized Representative of each Party.

***** Remainder of page intentionally blank – signature page to follow. *****

IN WITNESS WHEREOF, the undersigned represent that they are authorized to bind their respective principals to the terms of this Agreement.

MANGUM REGIONAL MEDICAL CENTER

By:

Name:

Title:

Date:

DYNAMIC ACCESS, LLC

By:

Name:

Title:

Date:

EXHIBIT A

VASCULAR SERVICE RATES

SERVICE	DESCRIPTION	RATES (\$USD)
Peripherally Inserted Central Catheter (PICC)	The successful placement of a single or double-lumen Peripherally Inserted Central Catheter (PICC) with the distal tip of the catheter terminating in the superior vena cava or caval-atrial junction *	450.00
PICC with Tip Location System (TLS)	The successful placement of a single or double-lumen PICC using TLS to confirm catheter distal tip location in the superior vena cava or caval-atrial junction without the need for confirmation via chest x-ray *	500.00
Triple-lumen PICC Insertion	The successful placement of a triple-lumen PICC *	500.00
Triple-lumen PICC with (TLS)	The successful placement of a triple-lumen PICC utilizing TLS *	550.00
Midline Catheter Insertion	The successful placement of a vascular access device inserted into a peripheral vein (namely basilic, cephalic, or brachial) with the tip terminating at or near axilla level, distal to the shoulder, designed for a dwell time of up to 29 days	400.00
Other IV Access	The successful placement of a vascular access device other than an PICC, EDC, or midline, such as a Peripheral IV (PIV) or port access	125.00
Catheter Declotting	The infusion of Activase® or a similar solution into a sluggish or clotted central line to attempt to restore flow through the catheter	125.00
Evaluation	Ordered evaluations made at a patient's bedside including, but not limited to (1) an assessment of a patient's history and physical examination of their venous system using ultrasound <i>without</i> the insertion of a vascular access device and/or (2) an assessment of an indwelling vascular access device	125.00
Cancellation	The cancellation of an order once the nurse has arrived at the facility due to (1) an inability to obtain consent for the procedure – refusal by patient or family member, (2) the cancellation of the order by a licensed independent practitioner without notification, or (3) after assessment it is determined that patient is not a candidate for successful placement of a vascular access device	125.00
Travel Fee	A travel fee will be applied per visit (not per procedure). Utilization of Tip Location System (TLS) is required for all travel fee locations.	\$250.00

* ***Following placement, Dynamic Employee(s) will wait at facility up to forty-five (45) minutes for x-ray completion without additional charge.***

EXHIBIT A.1.

EDUCATION SERVICE RATES

Education Service	Base Price (\$USD)
1 – 2 Hours	\$750.00
4 Hours	\$1,100.00
8 Hours	\$1,550.00
LPN IV Course OHIO (48 hours)	\$500.00 / per student
LPN IV Course PA (15 hours)	\$250.00 / per student
Additional Supplies**	Market Price

Virtual Instruction. Online, educator-led instruction (“Virtual Instruction”) may be available for select courses at a discounted rate (up to 20% off the base price).

Supplies (vary based on type of Education Service requested). Dynamic will provide handouts and training aids including veins, arms, CVAD catheters for demonstration. Client is responsible for providing all supplies for student’s “hands on” and instructor’s demonstration (if applicable, based on type of education course). ** Dynamic may provide additional supplies, upon request, for an additional fee.

Travel Charges

- Travel charges are only assessed for education requests outside of defined service regions.
- For multiple courses scheduled within the same day / trip, only one travel charge will apply.
 - Tier 1 (60-120 mi) \$250.00
 - Tier 2 (121-400 mi) \$750.00
 - Tier 3 (400+ mi) \$1000.00

Cancellation Fee. Any Presentations cancelled within seventy-two (72) hours of Educator’s arrival will be charged the full rate of the presentation plus any costs incurred.

EXHIBIT B
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“BAA”) is made by and between **Mangum Regional Medical Center** (“Covered Entity”) and **Dynamic Access, LLC** (“Business Associate”), in accordance with the meaning given to those terms at 45 CFR §164.501. In this BAA, Covered Entity and Business Associate are each a “Party” and collectively the “Parties”.

WITNESSETH

WHEREAS the Parties have entered into one or more Service Agreements under which Business Associate provides or will provide certain specified services to Covered Entity (collectively, the “Agreement”).

WHEREAS the Parties are committed to complying with the terms of this Agreement as well as all federal and state laws governing the confidentiality and privacy of health information including, but not limited to, the HITECH Act, and all HIPAA security and privacy requirements found at 45 CFR §§ 160 and 164, (collectively, the “Privacy Rule”).

WHEREAS Business Associate will have access to Protected Health Information (“PHI”) while providing services pursuant to the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein and the continued provision of PHI by Covered Entity to Business Associate under the Agreement in reliance on this BAA, the Parties agree as follows:

- A. Definitions.** For purposes of this BAA, the Parties give the following meaning to each of the terms in this Section 1 below. Any capitalized term used in this BAA, but not otherwise defined, has the meaning given to that term in the Privacy Rule or pertinent law.
1. “Affiliate” means a subsidiary or affiliate of Covered Entity that is, or has been, considered a covered entity, as defined by HIPAA.
 2. “Breach” means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI, as defined in 45 CFR §164.402.
 3. “Breach Notification Rule” refers to the Rule set forth in 45 CFR § 164, Subpart D.
 4. Covered Entity is either a “Covered Entity” or “Business Associate” of a covered entity as each are defined under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the HITECH Act (as defined below) and the related regulations promulgated by HHS (as defined below) (collectively, “HIPAA”) and, as such, is required to comply with HIPAA’s provisions regarding the confidentiality and privacy of Protected Health Information (as defined below).
 5. “Data Aggregation” means, with respect to PHI created or received by Business Associate in its capacity as the “Business Associate” under HIPAA of Covered Entity, the combining of such PHI by Business Associate with the PHI received by Business Associate in its capacity as a business associate of one or more other “covered entity” under HIPAA, to permit data analyses that relate to the Health Care Operations (defined below) of the respective covered entities. The meaning of “data aggregation” in this BAA shall be consistent with the meaning given to that term in the Privacy Rule.
 6. “Designated Record Set” has the meaning given to such term under the Privacy Rule, including 45 CFR §164.501.B.
 7. “De-Identify” means to alter the PHI such that the resulting information meets the requirements described in 45 CFR §§164.514(a) and (b).
 8. “EHR” means Electronic Health Records as a subset of health information technology.

9. "Electronic Protected Health Information" or "EPHI" means any PHI maintained in or transmitted by electronic media as defined in 45 CFR §§ 160, 162, and 164.
10. "Health Care Operations" has the meaning given to that term in 45 CFR §164.501.
11. "HHS" means the U.S. Department of Health and Human Services.
12. "HIPAA" means the Health Insurance Portability and Accountability Act and collectively refers to the HIPAA statute, including the privacy, security, breach, notification, and enforcement rules at 45 CFR § 160 and § 164, and any associated regulations.
13. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act enacted as part of the American Recovery and Reinvestment Act of 2009, Public Law 111-005.
14. "Individual" has the same meaning given to that term i in 45 CFR §§164.501 and 160.130 and includes a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
15. "Privacy Rule" means that portion of HIPAA set forth in 45 CFR §§ 160 and 164, Subparts A and E, which establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.
16. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (ii) that identifies the individual or where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR §§160.103 and 164.501 and is limited to the information created or received by Business Associate from or on behalf of Covered Entity.
17. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
18. "Security Rule" means the Security Standards for the Protection of Electronic Health Information provided in 45 CFR §§ 160 and 164, Subparts A and C.
19. "Unsecured Protected Health Information" or "Unsecured PHI" means any PHI that is not secured through the use of a technology or methodology specified by the HHS Secretary in the guidance issued pursuant to the HITECH Act and codified at 42 USC §17932(h). In the event that timely guidance is not provided by the Secretary, it shall mean PHI that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standard developing organization that is accredited by the American National Standards Institute.

B. Use and Disclosure of PHI.

1. Business Associate will not use or disclose PHI in a manner other than as provided in this BAA, as permitted under the Privacy Rule, or as required by law. Business Associate will use or disclose PHI, to the extent practicable, as a limited data set or limited to the minimum necessary amount of PHI to carry out the intended purpose of the use or disclosure, in accordance with Section 13405(b) of the HITECH Act (codified at 42 USC §17935(b)) and any of the act's implementing regulations adopted by HHS, for each use or disclosure of PHI.
2. Except as otherwise limited by this BAA or federal or state law, Covered Entity authorizes

Business Associate to use the PHI in its possession for the proper management and administration of its business and to carry out its legal responsibilities. Business Associate may disclose PHI for its proper management and administration, provided that (i) the disclosures are required by law; or (ii) Business Associate obtains, in writing, prior to making any disclosure to a third party (a) reasonable assurances from this third party that the PHI will be held confidential as provided under this BAA and used or further disclosed only as required by law or for the purpose for which it was disclosed to this third party, and (b) an agreement from this third party to notify Business Associate immediately of any breaches of the confidentiality of the PHI, to the extent it has knowledge of the breach.

3. Upon request, Business Associate will make available to Covered Entity any of Covered Entity's PHI that Business Associate or any of its agents or subcontractors have in their possession.
 4. Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR §164.502(j)(1).
- C. Safeguards Against Misuse of PHI.** Business Associate will use appropriate safeguards to prevent the use or disclosure of PHI other than as provided by the Agreement or this BAA and further agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the EPHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate further agrees to take reasonable steps, including providing adequate training to its employees to ensure compliance with this BAA to ensure that the actions or omissions of its employees/agents do not cause a breach of the terms of this BAA.
- D. Reporting Disclosures of PHI and Security Incidents.** Business Associate will report to Covered Entity any use or disclosure of PHI not provided for by this BAA and any security incident affecting EPHI of Covered Entity within five (5) business days of becoming aware of the event. Business Associate will take reasonable measures to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of any use or disclosure of PHI by Business Associate or its agents or subcontractors in violation of this BAA.
- E. Reporting Breaches of Unsecured PHI.** Business Associate will notify Covered Entity in writing promptly upon the discovery of any Breach of Unsecured PHI in accordance with the requirements set forth in 45 CFR §164.410, but in no case later than 30 calendar days after discovery of a Breach. Business Associate will reimburse Covered Entity for any costs incurred in complying with the requirements of Subpart D of 45 CFR §164 that are imposed on Covered Entity as a result of a Breach committed by Business Associate.
- F. HITECH Act Compliance.** The Parties acknowledge that the HITECH Act includes significant changes to the Privacy Rule and the Security Rule. The privacy subtitle of the HITECH Act sets forth provisions that significantly change the requirements for business associates and the agreements between business associates and covered entities under HIPAA and these changes may be further clarified in forthcoming regulations and guidance. Each Party agrees to comply with the applicable provisions of the HITECH Act and any HHS regulations issued with respect to the HITECH Act. The Parties also agree to negotiate in good faith to modify this BAA as reasonably necessary to comply with the HITECH Act and its regulations as they become effective but, in the event that the Parties are unable to reach agreement on such a modification, either Party will have the right to terminate this BAA upon 30- days' prior written notice to the other Party.
- G. Agreements with Agents or Subcontractors.** Business Associate will ensure that any of its agents or subcontractors that have access to PHI agree in writing to the restrictions and conditions concerning uses and disclosures of PHI contained in this BAA and agree to implement reasonable and appropriate safeguards to protect any EPHI that it creates, receives, maintains, or transmits on behalf of Business Associate or, through the Business Associate, Covered Entity. Business Associate shall notify Covered Entity, or upstream Business Associate, of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 1.M. of this BAA. Such notification shall occur within 30 (thirty) calendar days of the

execution of the subcontract by placement of such notice on the Business Associate's primary website. Business Associate shall ensure that all subcontracts and agreements provide the same level of privacy and security as this BAA.

H. Audit Report. Upon request, Business Associate will provide Covered Entity, or upstream Business Associate, with a copy of its most recent independent HIPAA compliance report (AT-C 315), Health Information Trust Alliance (HITRUST) certification, or other mutually agreed upon independent standards based third party audit report. Covered entity agrees not to re-disclose Business Associate's audit report.

I. Access to PHI by Individuals.

1. Upon request, Business Associate agrees to furnish Covered Entity with copies of the PHI maintained by Business Associate in a Designated Record Set in the time and manner designated by Covered Entity to enable Covered Entity to respond to an Individual's request for access to PHI under 45 CFR §164.524.
2. In the event any Individual or personal representative requests access to the Individual's PHI directly from Business Associate, Business Associate within ten business days, will forward that request to Covered Entity. Any disclosure of, or decision not to disclose, the PHI requested by an Individual or a personal representative and compliance with the requirements applicable to an Individual's right to obtain access to PHI shall be the sole responsibility of Covered Entity.

J. Amendment of PHI.

1. Upon request and instruction from Covered Entity, Business Associate will amend PHI or a record about an Individual in a Designated Record Set that is maintained by, or otherwise within the possession of, Business Associate as directed by Covered Entity in accordance with procedures established by 45 CFR §164.526. Any request by Covered Entity to amend such information will be completed by Business Associate within 15 business days of Covered Entity's request.
2. In the event that any Individual requests that Business Associate amend such Individual's PHI or record in a Designated Record Set, Business Associate within ten business days will forward this request to Covered Entity. Any amendment of, or decision not to amend, the PHI or record as requested by an Individual and compliance with the requirements applicable to an Individual's right to request an amendment of PHI will be the sole responsibility of Covered Entity.

K. Accounting of Disclosures.

1. Business Associate will document any disclosures of PHI made by it to account for such disclosures as required by 45 CFR §164.528(a). Business Associate also will make available information related to such disclosures as would be required for Covered Entity to respond to a request for an accounting of disclosures in accordance with 45 CFR §164.528. At a minimum, Business Associate will furnish Covered Entity the following with respect to any covered disclosures by Business Associate: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI, and, if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure which includes the basis for such disclosure.
2. Business Associate will furnish documentation to Covered Entity within ten business days after written request, to facilitate Covered Entity's accounting of disclosures as required by 45 CFR §164.528. If Covered Entity elects to provide an Individual with a list of its business associates, Business Associate will provide an accounting of its disclosures of PHI upon request of the Individual, if and to the extent that such accounting is required under the HITECH Act or under HHS regulations adopted in connection with the HITECH Act.

3. In the event an Individual delivers the initial request for an accounting directly to Business Associate, such request will be forwarded to Covered Entity within ten business days.
- L. Availability of Books and Records.** Business Associate will make available its internal practices, books, agreements, records, and policies and procedures relating to the use and disclosure of PHI, upon request, to the Secretary of HHS for purposes of determining Covered Entity's and Business Associate's compliance with HIPAA and this BAA.
- M. Responsibilities of Covered Entity.** With regard to the use and/or disclosure of PHI by Business Associate, Covered Entity agrees to:
1. Notify Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
 2. Notify Business Associate of any changes in permission by an Individual to use/disclose PHI, to the extent that they may affect Business Associate's use or disclosure of PHI.
 3. Notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
 4. Not request use or disclosure of PHI by Business Associate in any manner that would not be permissible under HIPAA if done by Covered Entity except for data aggregation or management and administrative activities of Business Associate.
- N. Data Ownership.** Business Associate's data stewardship does not confer data ownership rights on Business Associate with respect to any data shared with it under the Agreement.
- O. Term and Termination.**
1. The Term of this BAA shall be effective as of the date of the last signature of a Party hereto and shall continue in effect until such time that either or both Parties terminate the underlying Service Agreement(s).
 2. Covered Entity may terminate this BAA immediately if Covered Entity determines that Business Associate has violated a material term of this BAA and Business Associate has failed to cure that violation or breach within 30 days after written notice from Covered Entity. Covered Entity reserves the right to report the violation to the Secretary of HHS if termination is not feasible.
- P. Obligations upon Termination.** Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
1. Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 2. Return to Covered Entity the remaining PHI that the Business Associate still maintains in any form;
 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR § 164 with respect to EPHI to prevent use or disclosure, other than as provided for in this Section, for as long as Business Associate retains the PHI;
 4. Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set provided herein which applied prior to termination; and

5. Return the retained PHI to Covered Entity when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

Q. Effect of BAA.

1. This BAA is a part of and subject to the terms of the Agreement, except that to the extent any terms of this BAA conflict with the Agreement, the terms of this BAA shall govern.
2. Any ambiguity in this Agreement shall be interpreted to ensure compliance with the HIPAA Rules.
3. Except as expressly stated in this BAA or as provided by law, this BAA will not create any rights in favor of any third party.

R. Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time of Agreement.

S. Notices. All notices, requests and demands or other communications to be given under this BAA to a Party will be made via either certified or registered first-class mail, express courier, or electronic mail to the Party's address given below:

If to Covered Entity, to: MANGUM REGIONAL MEDICAL CENTER
1 Wickersham Drive
Mangum, OK 73554

Email:

If to Business Associate, to: DYNAMIC ACCESS, LLC
2600 North Central Expressway, Suite 280
Richardson, TX 75080
notices@dynamicaccess.com

T. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law. Any amendment must be in writing and duly executed by the Parties.

U. Severability. The invalidity or unenforceability of any term or provision of this BAA shall not affect the validity or enforceability of any other term or provision herein.

***** Remainder of page intentionally blank – signature page to follow. *****

IN WITNESS WHEREOF, the undersigned represent that they are authorized to bind their respective principals to the terms of this Agreement.

MANGUM REGIONAL MEDICAL CENTER

By:

Name:

Title:

Date:

DYNAMIC ACCESS, LLC

By:

Name:

Title:

Date:

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Interface Performance Expectations

3. **Contract Parties:** Evident (CPSI) and Mangum Regional Medical Center

4. **Contract Type Services:** Interface services
 - a. **Impacted hospital departments:**
 - Information Technology

5. **Contract Summary:**

Interface Performance Expectations allow an interface to occur between CPSI and MyHealth Access to meet the state mandate requiring all healthcare providers to participate in the statewide health information exchange by July 1, 2023.

The following protected health information will be interfaced between CPSI and MyHealth: Patient demographics, Lab results, radiology transcription, transcribed reports, pharmacy medication orders, and unsolicited immunization update.

In addition, the protected health information or medical record will be generated into Consolidated-Clinical Document Architecture (C-CDA), the standard for clinical information exchange, for the interface feed with MyHealth.

6. **Cost:** There is no cost for this interface --- \$10,000 waived due to Corporate Agreement with CPSI.

7. **Prior Cost:** None.

8. **Termination Clause:** Follow same terms and conditions as original agreement with CPSI.
 - a. **Term:**

9. **Other:**



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

In response to the hospital's request, Evident has performed a preliminary level of effort review of an interface between the software provided by Evident and the third-party system indicated above. The attached Interface Performance Expectations have been developed by Evident to reflect the communication protocols and functionality of the proposed interface. To ensure a clear understanding of the interface to be delivered by Evident, we require that representatives of the hospital review the attached performance expectations and provide confirmation of your agreement with interface communication protocols and functionality by signing below.

Please note that both this signed document and an order for the interface must be received by Evident before we will begin any additional development efforts as may be needed to deliver the interface.

However, it is understood that

1. the signing of this document **only** signifies agreement with the Interface Performance Expectations;
2. signing by the hospital **does not** obligate the hospital to order the proposed interface;

Hospital Name: _____
(Print Clearly)

Hospital Location (City/State): _____

Hospital

By: _____
(Authorized Signature)

Name: _____
(Printed)

Title: _____

Date: _____



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- Interface functionality includes:
 - Outbound from Thrive – Patient Demographics (HL7 ADT messages)
 - Outbound from Thrive – Lab Results (HL7 ORU messages)
 - Outbound from Thrive – Radiology Transcriptions (HL7 ORU messages)
 - Outbound from Thrive – Transcribed reports (HL7 ORU messages)
 - Outbound from Thrive – Pharmacy Medication Orders (HL7 RDE messages)
 - Outbound from Thrive – Unsolicited Immunization Update (HL7 VXU messages) ***Note**
- ****Note: The Immunization feed sent to MyHealth does not replace the need for a separate immunization interface to the Oklahoma state registry to meet the Promoting Interoperability measure for public health reporting.***
- This document covers functionality for the HIE only. Any interface that will be used to meet Promoting Interoperability Program measures for ELR, Immunization, and Syndromic Surveillance requires separate interface feeds following state specification requirements.
- Data will be transmitted utilizing TCP/IP communications. Evident will be configured as the client for sending data. HL7 Minimal Lower Layer Protocol will be used for data framing. Evident expects to receive HL7 message acknowledgements from the receiving application.
- The proper functionality of this interface is dependent upon the facility being on the latest version of the Thrive software. Modifications to the HIS programs are limited to the current software release and updates.
- Evident will install HL7 unidirectional and bidirectional interfaces using version 2.5.1 unless otherwise noted prior to interface implementation.
- Transmission of data via the interface:
 - > Only the last ten days of messages at any given time can be transmitted via the interface.
 - > Archived or historical data is **not** available for transmission via the interface.
- The interface functionality outlined in this document does not include reports from Thrive Electronic File Management, Electronic Forms or Notes applications. Each of these applications requires a separate interface feed from Evident.
- Patient Demographics (ADT) Outbound from Thrive –
 - > Messages may include the following HL7 segments: MSH, SFT, EVN, PID, PD1, NK1, PV1, PV2, MRG, OBX, AL1, DG1, DRG, PR1, GT1, IN1, IN2, ACC, PRB, UB1, UB2, PDA, ZEI (employer information), ZRV (Patient HIE consent), and ZED (ED visit log). Evident can filter segments based on third-party needs.
 - > ***When an ADT interface feed will be utilized by an HIE to populate and update their patient database, the Thrive Person Profile number must be used as the participating facility's unique patient identifier rather than the Thrive MRN.***



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- The Person Profile number is auto-assigned by the Thrive software and is not user accessible therefore eliminating the possibility of duplicate assignment or transcription errors. When Thrive Person Profiles are merged an ADT A40 event message is triggered and sent.
- By default, Evident will send the Thrive Person Profile number in PID.3 as part of the patient identifier list with an identifier type of "PN" and in PV1.50. Other mapping options may be available on request.
- The Thrive MRN is also sent in PID.3 as part of the patient identifier list with an identifier type of "MR". Note: If needed, the Thrive MRN can be removed from the identifier list in PID.3 to eliminate any possibility of its being used by the HIE as the facility unique patient identifier.
- > A patient's consent to share data with an HIE is documented in Thrive on the patient account Consent/Privacy settings, specifically the value documented in the field labelled "HIE Shared Data".
 - Valid selections for this field include "Y" (share data), "N" (do not share) and "E" (share in emergency). A default value for this field is determined by a setting in the Medical Records Control table. Facilities may choose to set this value to match the state/HIE governance for opt-in/opt-out data sharing.
 - During patient registration the default value to share data with the HIE can be accepted or changed to reflect the patient's given preference. A date is recorded whenever this field is updated.
 - Evident will send the patient consent in a custom Z-segment (ZRV). The value indicated in this field can also be sent in PD1.12.1 (Protection Identifier) or in PV2.22 (visit protection indicator).
 - The HIE and facility must determine if Evident should filter messages based on one or more specified Thrive patient consent value(s) or have Evident send all messages allowing for the HIE to determine appropriate sharing of patient data.
 - ***Patient consent should be discussed with all parties as part of the interface implementation process. Evident will need to be notified by the facility and HIE if any special HL7 mapping or message filtering is needed.***
- > The following is a list of ADT event types supported by Evident for outbound messaging. Event types can be filtered or mapped based on third-party system needs.
 - A01 – Admit to a Room
 - A02 – Transfer from One Room to Another Room
 - A03 – Discharge from a Room
 - A04 – Patient Registration
 - A05 – Pre-Admit
 - A06 – Stay Type Change: O/P to I/P (Stay type 2 to 1 only)
 - A07 – Stay Type Change: I/P to O/P (Stay type 1 to 2 only)
 - A08 – Update to Patient Information
 - A11 – Cancel Admit
 - A13 – Cancel Discharge
 - A17 – Swap Patient Location
 - A18 – Merge Patient Data
 - A23 – Delete Patient Record



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- A28 – Add Person Profile Information
- A31 – Update Person Profile Information
- A40 – Merge Patient Identifier List
- P12 – Procedure Update *Note: Evident default BAR^P12 message
- > For interfaces dependent on receiving medical record coding updates or BAR^P12 messages (mapped as ADT^A08 event message for this interface), the facility's interface table setting "Profile Change Expiration Days (Discharge days past due)" will need to be evaluated and potentially adjusted in order to capture and send expected diagnosis and procedure codes that are entered after discharge days past due elapsed.
- > ADT update messages (A08) will be triggered based upon the following Thrive registration updates:
 - patient type or subtype, hospital service code, chief complaint, medical record number (if previously blank), admit and discharge dates,
 - patient name, date of birth, race, gender, SSN, address, home phone number, marital status
 - guarantor name, address, date of birth, SSN, phone number
 - insurance company name or phone number, policy number, policy group, subscriber name or relationship to patient
 - attending physician, second physician, primary care physician
 - patient allergies, patient initial vital signs
- > ADT messages may include the following physicians from the census stay tab associated with the patient visit– attending physician, second physician, primary care physician.
Note: Additional providers in Thrive that may be chosen by the patient to receive event notifications are only available with an HIE ADT interface by special request. A separate PE and Evident specification can be provided for this additional functionality.
- > Thrive EHR utilizes Truven Micromedex allergy codes and descriptions. These codes cannot be translated by Evident.
- > Diagnosis codes, procedure codes and DRG codes are sent in the message from the Medical Record (MR) Grouper. Evident will send all available codes with each message.
Note: Diagnosis and procedure (CPT/HCPC) codes, MR Finish Date and indication of coding finalized must be entered in the Thrive MR Grouper in order for the codes to be reported in the ADT messages.
- > Patient problems list can be included with ADT messages upon request and sent in PRB segment(s).
- > Typically, ADT messages may be filtered by Stay Type, Service Code, or Subtype if needed. Other filter options may be evaluated at install.
- Lab Results Outbound from Thrive –
 - > Lab result results are sent in HL7 ORU messages and may include the following segments: MSH, SFT, PID, PD1, NK1, PV1, PV2, AL1, DG1, GT1, ACC, ORC, OBR, OBX, NTE, and SPM. Evident can filter segments and fields based on third-party system needs, if required.
 - > Results may include both discrete and non-discrete text results. For the transmission of discrete reference lab and/or microbiology results please **see NOTES below**.



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- > Scanned documents are not included with this interface functionality.
- > Evident will send corrections of single test results that are part of an ordered panel, i.e. CBC. Evident applies a status of "C" to OBX.11 for the corrected test(s). The entire panel will be included in the transmission.
- > By default, Thrive order codes (item number) and test codes will be sent in OBR-4 and OBX-3, respectively, of the HL7 ORU message. Thrive utilizes the test name as both the test code and test description. Example: OBX|1|NM|Hemoglobin^Hemoglobin|...
- > When available, the applicable LOINC codes along with the local order and test codes will be sent in the HL7 message. The coding systems for local and LOINC codes will be identified in the appropriate HL7 OBR-4 and OBX-3 component fields. It is the facility's responsibility to ensure LOINC codes are loaded in the appropriate tables within the Thrive software applications. **Note:** LOINC codes are not available at the test level (OBX-3) with results sent as non-discrete text.
- > Results will be transmitted automatically when they are completed. Results can also be re-sent using manual send options within the Thrive software applications.
- > Only final verified results will be sent through the interface unless otherwise specified by the facility.
- > Retransmission of results will contain all test results for that order.

NOTES:

Modifications to third-party reference lab interfaces and/or Microbiology analyzer interfaces to accommodate discrete and coded results will not automatically apply to outbound lab result interfaces.

To enable discrete/coded lab results to be transmitted from Evident to existing lab result-receiving vendors, the facility is encouraged to coordinate discussions with those vendors and contact Evident to initiate the appropriate modifications to those interfaces.

When changes are made to begin sending discrete/coded reference lab results to a downstream vendor all downstream interfaces will receive discrete/coded reference lab results.

Modifications to accommodate discrete/coded microbiology results can be made per individual interface.

- Radiology Results Outbound from Thrive –
 - > Radiology results are sent in HL7 ORU messages and may include the following segments: MSH, SFT, PID, PD1, NK1, PV1, PV2, AL1, DG1, GT1, ACC, ORC, OBR, and OBX. Evident can filter segments and fields based on third-party system needs, if required.
 - > Transcribed reports will be sent in an ORU message as text or RTF, depending on how the report is stored in Thrive.
 - Text reports can either be sent in multiple OBX segments (default) or a single OBX segment with each line of the report separated by a tilde (~).



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- Reports stored as RTF will be sent in a single OBX segment. Note: RTF reports can also be converted to text prior to sending the message if required.
 - > Results can be transmitted automatically when they are completed. Results can also be re-sent using manual send options within the Thrive software applications.
 - > Only final/signed reports will be transmitted unless otherwise specified by the facility.
 - > Re-transmission of reports (with changes, addendums, etc.) will contain the entire transcribed report and replaces the previously transmitted report for that patient with the same Thrive order number.
 - > Scanned documents are not included with this interface functionality and require a separate interface feed from Electronic File Management application (EFM).
- Medical Record Transcriptions Outbound from Thrive –
 - > The interface will send reports transcribed and stored in Thrive Health Information Management (MR) Transcription application. Reports documented in Thrive Physician Documentation or Thrive Notes applications are not available with this interface feed.
 - > Transcribed results will be sent as HL7 ORU messages and may include any of the following HL7 segments: MSH, SFT, PID, PD1, NK1, PV1, PV2, AL1, DG1, GT1, ACC, ORC, OBR, and OBX. Segments can be filtered based on third-party system needs.
 - > Evident can send all transcriptions or limit by patient type and/or report type(s) based on facility requirements.
 - > Transcribed reports will be sent in an ORU message as text or RTF, depending on how the report is stored in Thrive.
 - Text reports can either be sent in multiple OBX segments (default) or a single OBX segment with each line of the report separated by a tilde (~).
 - Reports stored as RTF will be sent in a single OBX segment. Note: RTF reports can also be converted to text prior to sending the message if required.
 - > Reports can be transmitted automatically when they are completed. Reports can also be re-sent using manual send options within the Thrive applications.
 - > Retransmission of reports (with changes, addendums, etc.) will contain the entire report and replaces the previously transmitted report for that patient having the same document ID.
- Pharmacy Orders Outbound from Thrive – **optional functionality*
 - > Pharmacy order messages are sent as RDE messages and may include the following HL7 segments: MSH, SFT, PID, PD1, NK1, PV1, PV2, OBX, AL1, DG1, GT1, ACC, ORC, TQ1, RXE, RXR, and RXC. Evident can filter segments based on third-party needs if required.
 - > Pharmacy orders can include new orders, order status changes and order cancellations for IV and non-IV pharmacy orders. Orders are sent in real-time and not as a complete medication list in a single message.
 - > Pharmacy orders will contain the indicated Give Time of a medication but not the administered time. **Note: Medication administration messages (RAS) are not available with the interface.**



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- > Immunizations/vaccinations must be associated with a Thrive Pharmacy order in order to be sent through the interface.
- > Patient home medications must be associated with a Thrive Pharmacy order in order to be sent through the interface.
- > Patient allergies can be included with medication orders in AL1 segments. The Thrive software utilizes Micromedex allergy codes and descriptions. These codes cannot be translated by Evident.
- > Evident can send an indicator when an order is associated with a patient's own medication. If needed, this indicator can be sent with order messages in an unused HL7 field.
- > Patient Height, Weight and calculated Creatinine Clearance values can be transmitted with order messages. When available these values are reported in OBX segments.
- > The timing for pharmacy orders sent to the Evident Interface management System (IMS) is based on facility specific table settings in Thrive. All outbound pharmacy orders will follow these table settings, i.e. outbound pharmacy orders feed, ADM interface, etc.
Note: Depending on these table settings, pharmacy orders entered through Thrive Provider Care portal (ChartLink) application must be verified/released by either nursing service and/or pharmacy prior to being sent to a third-party vendor interface.
- Immunizations Outbound from Thrive –
 - > This immunization feed is in addition to and does not replace the need for a separate immunization interface to Oklahoma state registry to meet the Promoting Interoperability measure for public health reporting.
 - > VXU event type sent by the interface is V04 – Unsolicited Immunization Update.
 - > Evident can transmit administered vaccination records and vaccinations reported as received by the patient. Please note that VXU messages for vaccinations that are reported as “received” by the patient will not include information such as the lot number, manufacturer, expiration date and administered amount.
 - > “Reaction to Immunization,” “Vaccination Contraindication/Precaution,” and “Forecasting information,” will not be transmitted in the VXU message.
 - > VFC Status Codes and Publicly Supplied identifier may be transmitted in the VXU message for facilities using version 18 of the Thrive software.
 - > When a unique identifier is required in the message for administered vaccinations Evident will send the combination of the entered date, entered time and CVX code to ensure a unique value. Evident does not have the capability to generate a unique identifier for non-administered vaccinations.
 - > Evident can send newly administered immunizations only or include historical immunizations with each new administration message.
- Translations may be required for some table-driven fields in Thrive, such as race, relationship, etc.



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- > For any translations not performed by the third-party vendor, the facility will need to provide Evident with a one to one cross-reference of Thrive codes to third-party codes prior to development of the interface.
- > The cross-reference file provided can be an Excel file or comma-delimited text file. Once the initial translation tables are created, the facility will be responsible for any future maintenance to the tables.
- Evident can accommodate minor mapping and filtering requirements that may be determined during the install, i.e. physicians and patient types.
- Sample messages from the hospital's system can be provided after the scheduled implementation begins and messages are being generated.
- As Evident strives to meet the changing needs of the healthcare industry and the complexities required with interoperability, future enhancements to the software may necessitate modifications to existing facility interfaces. We encourage all facilities to plan accordingly for the potential of longer development time, supplementary input from parties involved and additional fees. Evident is not responsible for any third-party vendor costs that may be incurred for interface changes.
- The above requirements meet the preliminary needs for the interface. This initial sign-off is needed prior to development of the interface. Relatively minor changes during development are permitted if the third-party and Evident both agree that it will not impact development resources/timelines and implementation target dates. Please note that changes outside the scope of this initial interface performance expectation will require review for level of effort and may necessitate an additional quote.



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

In response to the hospital's request, Evident has performed a preliminary level of effort review of an interface between the software provided by Evident and the third-party system indicated above. The attached Interface Performance Expectations have been developed by Evident to reflect the communication protocols and functionality of the proposed interface. To ensure a clear understanding of the interface to be delivered by Evident, we require that representatives of the hospital review the attached performance expectations and provide confirmation of your agreement with interface communication protocols and functionality by signing below.

Please note that both this signed document and an order for the interface must be received by Evident before we will begin any additional development efforts as may be needed to deliver the interface.

However, it is understood that

- 1. the signing of this document **only** signifies agreement with the Interface Performance Expectations;
- 2. signing by the hospital **does not** obligate the hospital to order the proposed interface;

Hospital Name: _____
(Print Clearly)

Hospital Location (City/State): _____

Hospital

By: _____
(Authorized Signature)

Name: _____
(Printed)

Title: _____

Date: _____



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- Interface Functionality:
Outbound from Thrive – C-CDA from EFM (MDM messages)
- Data will be transmitted utilizing TCP/IP communications. Evident will be configured as the client for sending data. HL7 Minimal Lower Layer Protocol will be followed for data framing.
- The proper functionality of this interface is dependent upon the facility being on the latest version of the Thrive software. Modifications to the HIS programs are limited to the current software release and updates.
- Evident will install HL7 unidirectional and bidirectional interfaces using version 2.5.1 unless otherwise noted prior to interface implementation.
- Transmission of data via the interface:
 - > Only the last ten days of messages at any given time can be transmitted via the interface.
 - > Archived or historical data is **not** available for transmission via the interface.
- Thrive Electronic File Management (EFM) application is required for this interface functionality.
- Consolidated CDA (C-CDA) submission to the HIE –
 - > ***This interface cannot be utilized to satisfy the bidirectional HIE Alternate measure to support the two existing Promoting Interoperability measures for Electronic Referral Loop to send, receive, incorporate and reconcile Health Information,***
 - > Evident will send the C-CDA base64 encoded within an HL7 MDM message. Message segments may include the following: MSH, SFT, PID, NK1, PV1, PV2, AL1, DG1, GT1, TXA, OBR, and OBX. Evident can filter segments based on third-party needs.
 - > ***An automated process for submitting a patient C-CDA is not available with this interface.*** The C-CDA is not automatically triggered and submitted when updates are made to patient data, such as immunization administrations, new lab results, allergy updates, etc.
 - > The C-CDA is selected and submitted from the Patient Medical Summaries option accessible from Print Electronic Record in Health Information Management and from the patient chart Health Information Resource. Access to these areas and the submit to HIE option are controlled by user login security settings.
 - > Each facility will be responsible for establishing internal policies and procedures for determining appropriate time(s) for submission of C-CDA along with granting appropriate personnel access to these functions.
 - > The sections and content included on the C-CDA produced from Thrive are determined by a facility's software version and configuration. Evident Thrive C-CDA is certified based on Promoting Interoperability standards and measures and cannot be customized per HIE.



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- HIE Interface and Thrive Consent/Privacy Settings –
 - > From the Thrive software, a patient's decision to share their data with an HIE through the interface can be documented in the Consent/Privacy field "HIE Shared Data".
 - Selections for this field are "Y" (share data) or "E" (share in emergency only) and "N" (do not share). A default value for this field can be facility configured in the medical records control table.
 - Evident can filter messages to send to the HIE based on the value in this field upon facility request.
 - Each facility will be responsible for establishing internal policies and procedures for obtaining patient consent for HIE participation.
 - > Within the Thrive Consent/Privacy Settings the field "Data Sensitivity Level" is used to convey patient data confidentiality/sensitivity level within the C-CDA.
 - Data sensitivity level selections follow standard values of "N" (normal), "R" (restricted), or "V" (very restricted). This value is sent in the header section of the C-CDA XML as the confidentiality level. **Note: This field sets the patient data confidentiality level within the C-CDA; it does not remove or exclude data from the C-CDA content. For information on setup options for excluding data from the C-CDA please contact Evident Client Services Application Support.**
 - This field has a default value of "N"; the default value cannot be user-defined. Any changes needed to the value of this field on a patient account must be manually performed.
 - The facility will be responsible for establishing internal policies and procedures for determining data confidentiality level and granting appropriate personnel access to update this setting.
- Translations may be required for some table-driven fields in Thrive, such as race, relationship, etc.
 - > For any translations not performed by the third-party vendor, the facility will need to provide Evident with a one to one cross-reference of Thrive codes to third-party codes prior to development of the interface.
 - > The cross-reference file provided can be an Excel file or comma-delimited text file. Once the initial translation tables are created, the facility will be responsible for any future maintenance to the tables.
- Evident can accommodate minor mapping and filtering requirements that may be determined during the install, i.e. physicians and patient types.
- Sample messages from the facility's Thrive system can be provided after the scheduled implementation begins and messages are being generated.
- The transmission of files to/from EFM can greatly affect performance of the Interface Management System (IMS), particularly when large files are involved. Evident will evaluate each facility's IMS prior to providing a quote for this type of interface. However, facilities should also be aware that an IMS upgrade may be necessary during the interface implementation in order to successfully support the EFM image/document interface.



Interface Performance Expectations

Third Party System: MyHealth Access Network (MyHealth)

Revised: April 27, 2023

- As Evident strives to meet the changing needs of the healthcare industry and the complexities required with interoperability, future enhancements to the software may necessitate modifications to existing facility interfaces. We encourage all facilities to plan accordingly for the potential of longer development time, supplementary input from parties involved and additional fees. Evident is not responsible for any third-party vendor costs that may be incurred for interface changes.
- The above requirements meet the preliminary needs for the interface. This initial sign-off is needed prior to development of the interface. Relatively minor changes during development are permitted if both the third-party vendor and Evident agree that it will not impact development resources/timelines and implementation target dates. Please note that changes outside the scope of this initial interface performance expectation will require review for level of effort and may necessitate an additional quote.



**Evident, LLC
System Solution**

for

MANGUM REGIONAL MEDICAL CENTER

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Submitted by:

**Janice Couey
Sr Client Succ Mgr**

Submitted to:

Chad Lampson

Date Submitted: April 21, 2023



MANGUM REGIONAL MEDICAL CENTER
ADDITIONAL SOFTWARE

Surescripts Medication History Reconciliation 2,520
Includes 35 checks per bed per month

Note: Includes 35 checks - per bed, per month for a total of 630 checks per month. If checks exceed 630 per month, the facility will be charged an additional \$1 per additional check, each month.

Annual renewal fee of \$2,520 is assessed at at each anniversary.



**MANGUM REGIONAL MEDICAL CENTER
SYSTEM SUMMARY - ADDITIONAL SOFTWARE**

SOFTWARE	\$2,520
Surescripts Medication History Reconciliation Note: Includes 35 checks - per bed, per month for a total of 630 checks per month. If checks exceed 630 per month, the facility will be charged an additional \$1 per additional check, each month. Annual renewal fee of \$2,520 is assessed at at each anniversary.	
Implementation	\$500
SYSTEM PRICE	<hr/> \$3,020
TOTAL	<hr/> \$3,020

If on-site assistance is requested or becomes necessary, expenses will be billed as incurred.

Hardware prices in this proposal will remain valid for a period of 30 days. All other prices will remain valid for 90 days.

This Participation Agreement has been prepared for use in requesting Critical Access Hospital (“CAH”) consulting services between OKLAHOMA FOUNDATION FOR MEDICAL QUALITY, an Oklahoma not-for-profit corporation (“OFMQ”) and _____ (“Customer”).

Service Description

OFMQ, has partnered with the Oklahoma Office of Rural Health to offer consulting services to hospitals in rural areas of Oklahoma that have been certified as a Critical Access Hospital.

OFMQ shall work with hospitals to provide CAH-specific consulting services. Technical assistance areas under this Scope of Work includes Network Development Transitions of Care, Quality of Care Standards, and Quality and Performance Improvement.

Upon return of the signed agreement, OFMQ will set up a “kick-off” call to identify organizational goals and objectives, and associated activities for selected technical assistance areas. Achievement of goals and objectives is dependent upon staff engagement and participation in identified activities.

Please select your chosen area(s) of assistance:

- Network Development Transitions of Care
 - Community Needs Assessment
 - Environmental Scan for Identification of Resources and Service Providers
 - Policy and Procedure Development
- Quality Improvement/Performance Improvement
 - EHR Optimization
 - Quality Measure Reporting
 - Person and Family Engagement
 - Quality Payment Program Participation

Pricing/Fees

This service is provided at no cost to participating Critical Access Hospitals.

Terms

Services included under this Scope of Work are offered through the Oklahoma State University Center for Health Sciences, Oklahoma Office of Rural Health – Rural Hospital Consulting Services. Signing below indicates Customer’s pledge to support the efforts in the areas of assistance selected.

OFMQ shall perform duties under this Agreement until completion of the work, or until August 31, 2023, whichever comes first from the effective date below which may be extended by written agreement of OFMQ and Customer. This Participation Agreement may not be amended or modified by the parties other than pursuant to the procedures set forth in the Rural Hospital Consulting Services Scope of Work.

Customer Contact

Organization Name: _____

Primary Contact: _____

Phone: _____

Email: _____

FAX: _____

Address: _____

City: _____

State: _____

Zip: _____

Authorization

“CUSTOMER”

Print Organization Name

By: _____

Signature

Print Name and Title

Date

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract:** First Amendment to Management Services Agreement
3. **Contract Parties:** Mangum City Hospital Authority d/b/a/ Mangum Regional Medical Center and Cohesive Healthcare Management & Consulting, LLC
4. **Contract Type Services:** Management services for hospital
 - a. **Impacted hospital departments:**
 - Hospital
5. **Contract Summary:**

The Amendment modifies the following sections of the Management Services Agreement dated July 1, 2019.

 1. Fixed Management Fee. Section 6 of the Agreement is amended to add a new paragraph D, as follows:
 - D. The parties acknowledge and agree that Manager will allocate the Fixed Management Fee among the cost centers for administration, clinic services, clinical care, and if applicable, geriatric psych unit services, based on Manager’s provision of services and in accordance with Medicare critical access hospital cost reporting requirements.
 2. Exhibit B Fixed Management Fee. The Exhibit is amended in its entirety to read as follows:

In consideration of the performance of the Management Services to be made hereunder, the Owner will provide a Management Fee to the Manager. Beginning on March 1, 2020, the Management fee shall be \$225,000 per month, payable in advance.
6. **Cost:** \$225,000.00 per month
7. **Prior Cost:** \$225,000.00 per month
8. **Termination Clause:** The First Amendment follows the terms and conditions of the Management Services Agreement which requires the parties to provide 180 days prior written termination notice.
 - a. **Term:** 5 years with auto-renewal of successive 5 years.
9. **Other:**

**FIRST AMENDMENT
TO
MANAGEMENT SERVICES AGREEMENT**

This Amendment (“Amendment”) is made and entered into as of May __, 2023 (the “Effective Date”), by and between Mangum City Hospital Authority d/b/a/ Mangum Regional Medical Center (“Owner”), and Cohesive Healthcare Management & Consulting, LLC (“Manager”) in order to amend the Management Services Agreement between the parties dated July 1, 2019 (the “Agreement”) as of the Effective Date. Terms not defined herein are defined in the Agreement.

1. Fixed Management Fee. Section 6 of the Agreement is amended to add a new paragraph D, as follows:

D. The parties acknowledge and agree that Manager will allocate the Fixed Management Fee among the cost centers for administration, clinic services, clinical care, and if applicable, geriatric psych unit services, based on Manager’s provision of services and in accordance with Medicare critical access hospital cost reporting requirements.

2. Exhibit B Fixed Management Fee. The Exhibit is amended in its entirety to read as follows:

In consideration of the performance of the Management Services to be made hereunder, the Owner will provide a Management Fee to the Manager. Beginning on March 1, 2020, the Management fee shall be \$225,000 per month, payable in advance.

3. Continuing Effect. Except as provided in this Amendment, the Agreement shall remain in full force and effect.

OWNER: MANGUM CITY HOSPITAL AUTHORITY d/b/a Mangum Regional Medical Center

By _____
Name: _____
Title: _____

MANAGER: COHESIVE HEALTHCARE MANAGEMENT & CONSULTING, LLC

By _____
Godwin Feh, President

Mangum Regional Medical Center - Quality Report Credentialing

Summary of Providers Credentialed/Re-Credentialed by Month of May, 2023

Credentialed/ Re-Credentialed Providers for Month of May, 2023

Provider Name	Credentialed	Re-Credentialed	Privileges
Suresh Chandrasekaran, MD		May 18,2023	Courtesy - Cardiology