



Agenda

Mangum City Hospital Authority

August 22, 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 August 22, 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 July 25, 2023 regular meeting minutes as presented.
- [2.](#) Approve June 2023 Quality meeting minutes as presented.
- [3.](#) Approve July 2023 Medical Staff meeting minutes as presented.
- [4.](#) Approve July 2023 Claims.
- [5.](#) Approve September 2023 Estimated Claims.
- [6.](#) Approve July 2023 Quality Report.
- [7.](#) Approve July 2023 Clinic Report.
- [8.](#) Approve July 2023 CCO Report.
- [9.](#) Approve July 2023 CEO Report.

FURTHER DISCUSSION

REMARKS

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

REPORTS

10. July Financial Reports.

OTHER ITEMS

- [11.](#) Discussion and possible action to approve the DirecTV Proposal/Quote and Hewlett-Packard Business Lease Agreement.

- [12.](#) Discussion and possible action to approve the MOU with Safe Haven
- [13.](#) Discussion and possible action to approve the Cohesive Fee Sharing Agreement for eClinical Works.

EXECUTIVE SESSION

14. Discussion and possible action with regard to the upcoming settlement conference regarding the SCA v. MCHA et al, CJ-2019-04 lawsuit to set provisional settlement authority limits, discuss strategy, and otherwise prepare for the mediation with possible executive session in accordance with 25 O.S. 307(B)(4).

OPEN SESSION

15. Discussion and possible action with regard to executive session.

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, 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 9:00 a.m. on the 21st day of August 2023, by the Secretary of the Mangum City Hospital Authority.

Erma Mora Secretary



Minutes

Mangum City Hospital Authority Session

July 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 July 25th, 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 5:03pm.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Carson Vanzant
Trustee Cheryl Lively
Trustee Lisa Hopper

ABSENT

Trustee Ilka Heiskell
Trustee Ronnie Webb

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 items excluding item #2.

Motion made by Trustee Lively, Seconded by Trustee Hopper.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Hopper

1. Approve June 27, 2023 regular meeting minutes as presented.
2. Approve May 2023 Quality meeting minutes as presented.
3. Approve June 2023 Medical Staff meeting minutes as presented.
4. Approve June 2023 Claims.
5. Approve August 2023 Estimated Claims.
6. Approve June 2023 Quality Report.

7. Approve June2023 Clinic Report.
8. Approve June 2023 CCO Report.
9. Approve June 2023 CEO Report.
10. Approve the following forms, policies, appointments, and procedures previously approved through May 2023 by Corporate Management, on 06/15/2023 Quality Committee and on 4/22/2023 Medical Staff.
11. Review & Consideration of Approval of Policy & Procedure: 340B Drug Discount Purchasing Program

FURTHER DISCUSSION

Motion to approve item #2 on the consent agenda after further discussion.

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

REMARKS

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

None.

REPORTS

12. June Financial Reports

Andrea Snider goes over June 2023 financial reports.

June 2023 Financial Statement Overview Statistics

o The average daily census in June was 10.57. This is a decrease of 2.72 from the previous month. As a reminder our target remains 11 ADC. YTD 2023 (13.55) continues to reflect a material increase from the 2022 YTD average of 9.85.

o YTD Inpatient Medicare utilization percentage remains at approximately 8870. As a comparison, prior year 2022 was 89%.

o Cash receipts for the month of June totaled \$1.78M (Generally speaking, there is approximately a one two-month lag between the net revenue generated each month & the majority of the cash collected).

o Cash disbursements totaled \$1.5M for the month. Balance Sheet Highlights The operating cash balance as of June is \$627K, with the cash reserve at \$958K, totaling \$1.5M. Days cash on hand is equivalent to 12.14. Accounts Receivable has decreased \$523K primarily due to the decrease in census. Inventory decreased \$36K from the prior month primarily due to the 6/30 physical count audit adjustment. Accounts Payable has decreased \$66K from the previous month primarily due to cash disbursements. The Due to Medicare account reflects a net decrease of \$79K from the previous month due to normal monthly recoupments on ERS debt. Leases payable increased by \$23K due to recording of the lease for the new hospital server.

Income Statement Highlights

- o Net patient revenue is \$1.32M. 3408 revenues increased in June to \$25K because of increased referral captures.
- o Operating expenses for the month of June reflect \$1.48M, this is a decrease of \$100K from the previous month, primarily due to decreased labor costs reflective of lower census. Additionally, there is an above average increase to supplies expense in June due to the 6/30 physical count audit adjustment.
- o June resulted in a net loss of \$(169) K. a Clinic (Estimated) Income Statement Highlights
- o YTD visits per day - 6.56
- o Estimated operating revenues - \$182K.
- o Estimated operating expenses - \$426K
- o Estimated YTD operating loss - \$(244)K.

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. The 2023 first interim rate ratio (4/30/23) by Novitas dated 7 / L9/23 has calculated a payable owed back to the program of \$456,211. This amount will be pulled from the current cash reserve to offset and no ERS loan will be required.

OTHER ITEMS

13. Discussion and possible action to approve the CPSI and Bamboo Health- Performance Interface

Motion to approve.

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

14. Discussion and possible action to approve the CPSI and Labcorp Performance Interface.

Motion to approve.

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

15. Discussion and possible action to approve the MRMC and Labcorp Interface System Agreement

Motion to approve.

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

16. Discussion and possible action to approve the Port53 Technologies – Quote (for Pentesting services)

Motion to approve with the amendment made to it that Mangum Regional Trust will pay \$480.00 one time.

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

17. Discussion and possible action to approve the Central States Recovery-Services Agreement.

Motion to approve.

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

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 – Jeffrey Brand – PA**

Motion to approve. No executive needed.

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

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, Hospital 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 at 6:03pm.

Motion made by Trustee Vanzant, Seconded by Trustee Lively.
Voting Yea: Trustee Vanzant, Trustee Lively, 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: 07/13/2023	T 1303 i m e :	Recorder: D. Jackson	Reporting Period: June 2023
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Members Present

Chairperson: Dr. C		CEO: Kelly Martinez		Medical Representative:	
Name	Title	Name	Title	Name	Title
Daniel	CNO	Danielle	Bus Office		Lab
	HR	Kaye via Teams	Credentialing		IT
Jennifer	HIM		Maintenace/EOC	Marla	Dietary
	PT		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 07/13/2023 by Josey Kenmore/Kelly Martinez	
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II. REVIEW OF MINUTES

A. Quality Council Committee	06/15/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Kelly Martinez 2nd by Chelsea Church Minutes A-F approved. Present a copy of the MeetingMinutes at the next Medical Executive Committee and Governing Board meeting.	
B. EOC/ Patient Safety Committee	05/09/2023		
C. Infection Control Committee	05/08/2023		
D. Pharmacy & Therapeutics Committee	03/30/2023		
E. HIM/Credentialing Committee	05/04/2023		

Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Item 2.

F. Utilization Review Committee	05/08/2023		
III. REVIEW OF COMMITTEE MEETINGS			
A. EOC/Patient Safety	06/13/2023		
B. Infection Control	06/07/2023		
C. Pharmacy & Therapeutics	06/15/2023 - Next meeting 09/2023		
D. HIM-Credentials	06/13/2023		
E. Utilization Review	06/07/2023		
F. Compliance	07/12/2023		
IV. OLD BUSINESS			
A. Old Business	Employee Health Standing Orders Employee Occupational Illness and Injury Policy Employee Health Manuel TOC Signing of a Death Certificate Policy Mortality Review Tool Scanning Documents into the EHR Policy OBS Audit Sheet Access Maintenance EHR Policy Swing Bed Audit Sheet Discharge Summary Discharge Content Management Policy DC Record Reconciliation and Scanning Policy Incomplete Records Policy Clinical Records Requirement, Standard and Content Policy Location Security Maintenance and Destruction of Medical Records Policy INP Audit Sheet Employee/VIP Discount Policy HIPPA Security Officer Appointment – Jared Ballard HIPPA Privacy Officer Appointment – Jennifer Dreyer	All Approved June 2023 by Quality/Med Staff/Board	
V. NEW BUSINESS			
A. New Business	340B Drug Policy (updated) First Quarter 2023 Compliance Committee Meeting Minutes	First Approval – Kelly Second Approval – Chelsea	
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			

Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Item 2.

A. Volume & Utilization			
1. Hospital Activity	Total ER – 130 Total OBS pt - 1 Total Acute pt - 12 Total SWB - 7 Total Hospital Admits (Acute/SWB) - 19 Total Hospital DC (Acute/SWB) - 24 Total pt days - 317 Average Daily Census - 11		
2. Blood Utilization	4 total units administered without reaction		
B. Care Management			
1. CAH Readmissions	1 for the reporting period - 1.) admitted with primary dx, d/c and returned with continuing issues and readmitted with different dx		
2. IDT Meeting Documentation	10/10 (100%)		
3. Insurance Denials	0 for the reporting period		
4. IMM Notice	18/18 (100%)		
C. Risk Management			

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Quality Assurance & Performance Improvement Committee Meeting

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1. Incidents	<p>AMA 4 - 1.) er pt in for c/o, pt was agreeable to transfer to higher level of care however pt would only transport via private vehicle. Risks/benefits explained, pt signed AMA. 2.) ER pt in for c/o, advised there would be a wait time for testing due to high volume at the time of the visit. pt did not want to wait and left AMA, did not sign AMA form. 1.) In pt admitted for wound care, pt became upset and did not want to have to wait on wound eval/treatment. Wanted to leave facility, risks/benefits discussed, pt signed AMA. 2.) inpt admitted for resp dx, pt decided that there were things at home to deal with and could no longer remain in patient for treatment, risks/benefits discussed. pt signed AMA</p>		
2. Reported Complaints	None for reporting period		
3. Reported Grievances	None for reporting period		
4. Patient Falls without Injury	0 for the reporting period		
5. Patient Falls with Minor Injury	<p>1 for reporting period – 1 inpt fall with minor injury. Precautions in place prior to fall per fall risk assessment. Pt attempted to transfer self from restroom without assist, pt had fall with abrasion noted post fall. Nursing provided BSC for restroom use to allow better supervision, pt educated on calling for assist with transfers and</p>		

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Quality Assurance & Performance Improvement Committee Meeting

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	use of BSC		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	1 completed for the reporting period		
8. Mortality Rate	1 SWB- pt for the reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	1 for the reporting period, no tissue donations for the month		
D. Nursing			
1. Critical Tests/Labs	25 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	None for reporting period		
4. Acute Transfers	1 for reporting period – neuro/ICU		
5. Inpatient Transfer Forms	1 for the reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		
2. ED Readmissions	2 for the reporting period - 1.) pt to the ED for primary c/o, returned for continued symptoms d/t non-compliance and additional tx w/i 72 hrs. 2.) pt to the ED for primary c/o returned with-in 72 hrs for different c/o and dx		
3. ER Log & Visits	130 (100%)		
4. MSE	20/20 (100%)		
5. EMTALA Transfer Form	9/9 (100%)		
6. Triage	19/20 (100%)		

Mangum Regional Medical Center

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7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	<p>9 for the reporting period - Patients transferred to Higher Level of Care for:</p> <ol style="list-style-type: none"> 1.) GI Bleed – ICU 2.) Trauma/FXs – Trauma/ER/ICU 3.) SH – in-pt psych 4.) 2nd-3rd degree Burns – Burn Unit 5.) Appendicitis – Gen. Surgery 6.) NSTEMI – Cardiology 7.) Trauma – Trauma/Poss Surgical Services 8.) Trauma/FXs – Trauma/Neuro 9.) Bowel Obstruction – Surgical Services/Specialty Unit 	All ER transfers for the reporting period appropriate for higher level of care	
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	pt presented with no cardiac symptoms, complete work up resulted in NSTEMI dx. Accepting hospital secured, however there was delay in transportation due to transports unavailable due to weather/staff shortage		
13. Chest Pain	2/6 EKG (33%) 4/6 Xray (67%) - 1 ekg complete in 7 min, 1 complete in 9 min, 2 ekg preformed on old machine with time stamp cut off. 2 xrays completed in greater than 30 min - met with RT director about issues noted in the month of June. CEO/QM have identified outlier, addressed issue individually.		
14. ED Departure - (OP-18)	83 min		

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F. Pharmacy & Medication Safety			
1. After Hours Access	67 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	1: Nurse failed to document administered dose of antibiotic. CCO allowed team members to review the variance then reeducated nurse regarding six rights of medication administration.		
4. Medication Overrides	50 for the reporting period		
5. Controlled Drug Discrepancies	10 for the reporting period		
G. Respiratory Care Services			
1. Ventilator Days	0 for the reporting period		
2. Ventilator Wean	0 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		
4. Respiratory Care Equipment	20 nebs and mask changes for the reporting period, 0 HME, 0 inner cannula, 0 trach collars/tubing, 0 closed suction kit, 0 suction set ups, 0 vent circuit, 0 trach		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	7 for the reporting period		
3. Wound Care Documentation	100%		
I. Radiology			

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1. Radiology Films	1 film repeated due to technical error – 120 total for the reporting period		
2. Imaging	28 for the reporting period		
3. Radiation Dosimeter Report	5		
J. Laboratory			
1. Lab Reports	20 repeated /1802 total for the reporting period		
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	1 for the reporting period, picc incidentally removed with patient care. No adverse outcome noted.		
2. CAUTI's	0 for the reporting period		
3. CLABSI's	None for the reporting period		
4. Hospital Acquired MDRO's	0 for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	0 for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	100%		
8. Patient Vaccinations	0 received influenza vaccine / 0 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	2 employee event/injury, 75 employee health encounters (vaccines/testing) 6 reports of		

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	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	7/7 (100%)		
5. E-prescribing System	102/102 (100%)		
6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 5/5 (100%)		
8. Discharge Instructions	20/20 (100%)		
9. Transfer Forms	10/10 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	50/50 (100%)		

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2. Daily Cleaning Schedules	390/390 (100%)		
3. Wash Temperature	90/90 (100%)		
4. Rinse Temperature	90/90 (100%)		
N. Therapy			
1. Discharge Documentation	24/24 (100%)		
2. Equipment Needs	12/12 (100%)		
3. Therapy Visits	PT 149 – OT 142– ST 0		
4. Supervisory Log	1 completed for June		
5. Functional Improvement Outcomes	PT 10/10 (100%) – OT 10/10 (100%) – ST 0/0 (100%)		
O. Human Resources			
1. Compliance	100 %		
2. Staffing	Hired – 2, Termed - 2		
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	8 – Back orders, 0 – Late orders, 2 – Recalls, 725 items checked out properly		
S. Life Safety			

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Item 2.

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	2/2 (100%)		
U. Information Technology			
A. IT Incidents	76 events for the reporting period		
V. Outpatient			
1. Therapy Visits	56/72 (78%) 3 no show/no call missed visits, 4 missed visits due to patient illness, 9 visits which patients called and cancelled.		
2. Discharge Documentation	5/5 (100%)		
3. Functional Improvement Outcomes	5/4 (80%) 1 patient d/c for surgical intervention		
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

Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Item 2.

1. Review and Retire	None for this reporting period		
2. Review and Approve	340B Drug Policy (updated) First Quarter 2023 Compliance Committee Meeting Minutes	First Approval – Kelly Second Approval – Chelsea	
VIII. CONTRACT EVALUATIONS			
1. 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</p>		

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Quality Assurance & Performance Improvement Committee Meeting

Item 2.

	2023.		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	None		
XII. EDUCATION/TRAINING			
A. Education/ Training	Sepsis Care & Management for the Adult Patient Dynamic Access PICC education ACLS/PALS Electronic Device Policy (read & Sign) Lunch and Learn: UTI and Treatment with Dr Rumsey		
XIII. ADMINISTRATOR REPORT			
A. Administrator Report			
XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	Approved 04/2023		
B. Annual Appointment of Infection Preventionist	Approved 02/2023	Approved 02/2023	
C. Annual Appointment of Risk Manager	Approved 02/2023	Approved 02/2023	
D. Annual Appointment of Security Officer	Approved 04/2023	Approved 04/2023	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	
F. Annual Review of Infection Control Risk Assessment (ICRA)	Approved 02/2023	Approved 02/2023	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	N/A		
Department Reports			
A. Department reports			
Other			

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Item 2.

A. Other	None		
Adjournment			
A. Adjournment	There being no further business, meeting adjourned by Chasity seconded by Josey at 13:38.	The next QAPI meeting will be – tentatively scheduled for 8/10/2023	

Mangum Regional Medical Center
 Medical Staff Meeting
 Thursday
 July 20, 2023

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
 Greg Morgan, MD
 Absent:
 Guest:

ALLIED HEALTH PROVIDER PRESENT:

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

NON-MEMBERS PRESENT:

Chelsea Church, PhD
 Kelley Martinez, RN, CEO
 Cindy Tillman, MHA/VP of Operations, Cohesive Management & Consulting
 Daniel Coffin, RN, CCO
 Chasity Howell, RN, Utilization Review Director
 Denise Jackson, RN, Quality
 Lynda James, LPN, Pharmacy Tech
 Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 12:05 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the June 22, 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. Patient care continues to be outstanding. We have received multiple positive patient surveys from Press Ganey.

- b. No active COVID patients in the hospital
- Hospital Staff and Operations Overview
 - We are seeing an increase in outpatient physical therapy numbers.
 - We were in search of a new CCO and have hired one they will start in July.
 - We have quotes out for the hospital for our staff to be able to place PICC lines.
 - We are getting ready to start training nurses in midlines.
 - We have started doing mock codes. Only one has been done so far but we are going to try for 2 per month varying shifts and days.
 - We are looking to get more active in the community. We are talking with the school to possible start some educational programs with students and teachers.
 - Contracts, Agreements and Appointments for Governing Board Approval
 - Mangum – CPSI – Interface performance with Bamboo Health
 - Mangum – CPSI – Interface with LabCorp
 - Mangum – LabCorp – Interface with CPSI
 - Mangum – Port53 Technologies Quote
 - Mangum – Direct TV – Agreement and Quote
 - Mangum – Central States Recovery-Service Agreement with clinic
 - Mangum – Millipore – Service Agreement Renewal
5. Committee / Departmental Reports
- a. Medical Records
- i. Written report remains in the minutes.
- b. Nursing
- Excellent Patient Care
- MRMC Education included:
 1. Sepsis Care & Management of Adults to include standing order set and sepsis screening tool.
 2. Dynamic Access provided PICC line education.
 3. ACLS/PALS provided by Mary Barnes, APRN.
 4. Review of policy: Use of Electronic Devices (read and sign, all staff).
 5. Wound vac and application per Diane Sanders, LPN, provided to nursing.

6. Lunch n Learn with Dr. Rumsey: UTI and Treatment.

- MRMC Risk Management team reports 0 patient falls for the 317 inpatient days, as well as 0 falls for the 130 ED patients.
- MRMC Emergency Department reports zero patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports zero contaminated blood cultures.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Total patient days decreased with 317 patient days in June as compared to 412 patient days in May. This represents an average daily census of 11. In addition, MRMC Emergency Department provided care to 130 patients in June.
- MRMC Case Management reports 19 Total Admissions for the month of June 2023.
- June 2023 COVID-19 Stats at MRMC: Swabs (2 PCR & 23 Antigen) with 0 Positive.

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:
 - N/A
- Data:
 - a. N/A
- Policy & Procedures Review:
 - a. N/A
- Education/In Services
 - a. Sepsis Care & Management of Adults to include standing order set and sepsis screening tool – added to careLearning modules (written to resource nursing).
 - b. Dynamic Access provided PICC line education on 6/15.
 - c. ACLS/PALS provided by Mary Barnes 6/15.
 - d. Review of policy: Use of Electronic Devices (read and sign, all staff).
 - e. Wound vac and application per Diane Sanders, LPN provided to nursing 6/20.
 - f. Lunch n Learn with Dr Rumsey: UTI and Treatment 6/21.
- Updates: No updates at this time.
- Annual Items:
 - a. N/A

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 June meeting.
 - b. Continuing to work on the building. Flooring in Nurses break area and Med Prep room needing replaced – Tile ready for pick up.
 - c. 15 AMP Receptacles – all 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
 - d. Replace all receptacles on generator circuit at Clinic with red receptacles.
 - e. ER Provider office flooring needing replaced-Tile ready to be picked up.
 - f. Damaged ceiling tile in patient area due to electrical upgrade-will need more tile to complete.
 - g. Replace ceiling tile that do not fit properly – will need more tile to complete.
 - h. North wall in Nurses breakroom in need of repair
 - i. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER - - Possibly remove or cover unused hopper.
 - j. East wall in room 27 needing repair around the A/C unit
 - k. ISO Caddys installed in patient rooms – ordered pending delivery
 - l. Sanitizer brackets – additional brackets have arrived pending installation
 - i.i.i. New Business
 - a. Exposed wire in room 18 – this is new wire that has been pulled for additional outlet – wire is not connected to power.
 - b. Phone wire from ceiling in room 19 – needs raceway installed
 - c. Ceramic tile around toilet paper dispenser missing in rest room in Room 17.
 - d. IV pumps 72364 – 72345 – 72353 need current inspection stickers – pumps will be removed from service until inspection is completed by vendor.
- Written report remains in minutes.

e. Laboratory

- i. Tissue Report – Approved – June, 2023
- i.i. Transfusion Report – Will be presented at next meeting.

f. Radiology

- i. There was a total of – 196 X-Rays/CT/US
- i.i. Nothing up for approval

i.i.i. Updates:

- CT PM was completed this month.
- Physicists did his annual report, all equipment was compliant.

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 – Next meeting in September, 2023
- iv. 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 – 1
 - 0 - Fall with no injury
 - 1 - Fall with minor injury
 - 0 – Fall with major injury
 - Death – 2
 - AMA/LWBS – 4/0
- Quality
 - Quality Minutes from previous month included as attachment.
- HIM – H&P – Completion 20/20 = 100% - Discharge Summary 20/20 = 100%
- Med event – 14
- Afterhours access was – 167
- Compliance

Written report remains in minutes.

k. Utilization Review

- i. Total Patient days for June: 317
- i.i. Total Medicare days for June: 267
- i.i.i. Total Medicaid days for June: 0
- iv. Total Swing Bed days for June: 279
- v. Total Medicare SB days for June: 240

Written report remains in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for June, 2023.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: – MRMC – 340B Drug Discount Purchasing Program

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 340B Drug Discount Purchasing Program.

- b. Review & Consideration of Approval of Minutes: MRMC – First Quarter 2023 Compliance Committee Meeting Minutes

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC – First Quarter 2023 Compliance Committee Meeting Minutes.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:30 pm.

Medical Director/Chief of Staff

Date

Mangum Regional Medical Center
Claims List
July 2023

Check#	Ck Date	Amount	Paid To	Expense Description
19003	7/11/2023	19.00	AMBS CALL CENTER	Compliance Hotline
18988	7/7/2023	3,277.82	ARAMARK	Linens - rental
19004	7/11/2023	2,331.18	ARAMARK	Linens - rental
19030	7/18/2023	2,336.68	ARAMARK	Linens - rental
19047	7/24/2023	2,445.03	ARAMARK	Linens - rental
18989	7/7/2023	1,999.99	AT&T	Fax Lines
18990	7/7/2023	7,486.67	BANKDIRECT CAPITAL FINANCE	OHA Insurance-financed
18991	7/7/2023	4,320.00	BARRY DAVENPORT	1099 Provider
19031	7/18/2023	4,320.00	BARRY DAVENPORT	1099 Provider
19005	7/11/2023	1,547.82	BIO-RAD LABORATORIES INC	Lab supplies
18992	7/7/2023	2,475.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
18993	7/7/2023	5,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
19006	7/11/2023	5,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
19032	7/18/2023	8,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
19048	7/24/2023	10,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
19049	7/24/2023	777.20	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
18994	7/7/2023	7,158.78	CITY OF MANGUM	Utilities
19050	7/24/2023	99,181.30	COHESIVE HEALTHCARE MGMT	Note Payable
19027	7/17/2023	155,178.33	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
19051	7/24/2023	1,483.25	COHESIVE MEDIRYDE LLC	Patient Transport
19007	7/11/2023	223,769.16	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
19028	7/17/2023	129,654.26	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
19052	7/24/2023	94,174.99	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
19008	7/11/2023	3,110.00	CPSI	EHR monthly support
19053	7/24/2023	14,258.00	CPSI	EHR monthly support
19009	7/11/2023	11.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
19033	7/18/2023	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
18995	7/7/2023	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
19054	7/24/2023	92,421.94	EQUALIZERCM REVOPS	Billing Purch svcs
19010	7/11/2023	2,928.00	F1 INFORMATION TECHNOLOGIES IN	IT purch svcs
19011	7/11/2023	100.14	FEDEX	Postage
19034	7/18/2023	43.28	FEDEX	Postage
19055	7/24/2023	77.55	FEDEX	Postage
18996	7/7/2023	10,423.65	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
19035	7/18/2023	10,423.65	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
19056	7/24/2023	50.00	FLOWERS UNLIMITED	Other supplies
19012	7/11/2023	160.00	GEORGE BROS TERMITE & PEST CON	Plant Ops purch svcs
901493	7/10/2023	887.32	GLOBAL PAYMENTS INTEGRATED	CC processing
19013	7/11/2023	129.65	HAC INC	Dietary Food
19036	7/18/2023	232.31	HAC INC	Dietary Food
19057	7/24/2023	175.57	HAC INC	Dietary Food
901485	7/7/2023	3,155.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
19058	7/24/2023	577.41	JANUS SUPPLY CO	Cleaning Supplies
19014	7/11/2023	1,736.06	KCI USA	Equipment rental
19015	7/11/2023	5,860.01	LABCORP	Lab purch svcs

Check#	Ck Date	Amount	Paid To	Expense Description
19016	7/11/2023	1,275.29	LAMPTON WELDING SUPPLY	Patient Supplies
19017	7/11/2023	62.00	LG PRINT CO	Pharmacy Supplies
19046	7/19/2023	500.00	MANGUM MOUNTIES	Advertising
19018	7/11/2023	60.00	MANGUM STAR NEWS	Advertising
19037	7/18/2023	220.50	MANGUM STAR NEWS	Advertising
19059	7/24/2023	73.50	MANGUM STAR NEWS	Advertising
18997	7/7/2023	640.88	MARK CHAPMAN	Employee Reimbursement
901486	7/7/2023	0.31	MCKESSON - 340 B	Drug Costs
901492	7/6/2023	12.04	MCKESSON - 340 B	Drug Costs
901494	7/10/2023	11.49	MCKESSON - 340 B	Drug Costs
901495	7/11/2023	11.59	MCKESSON - 340 B	Drug Costs
901498	7/13/2023	11.49	MCKESSON - 340 B	Drug Costs
901502	7/20/2023	1.36	MCKESSON - 340 B	Drug Costs
901505	7/24/2023	301.39	MCKESSON - 340 B	Drug Costs
901507	7/25/2023	260.78	MCKESSON - 340 B	Drug Costs
901487	7/7/2023	7,808.45	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901499	7/14/2023	4,640.62	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901503	7/21/2023	8,386.85	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901508	7/28/2023	764.67	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
19019	7/11/2023	5,646.70	MEDLINE INDUSTRIES	Patient Care Supplies
19038	7/18/2023	3,251.95	MEDLINE INDUSTRIES	Patient Care Supplies
19060	7/24/2023	1,985.51	MEDLINE INDUSTRIES	Patient Care Supplies
901488	7/7/2023	40.00	NATIONAL DATA BANK	Credentialing
901500	7/14/2023	2.50	NATIONAL DATA BANK	Credentialing
19039	7/18/2023	2,166.65	NEXTIVA, INC.	Phones
19061	7/24/2023	456,211.00	NOVITAS SOLUTIONS-PART A	2023 IRR Payment
19040	7/18/2023	2,171.00	OKLAHOMA BLOOD INSTITUTE	Blood Bank
19020	7/11/2023	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
901489	7/7/2023	602.45	PHARMA FORCE GROUP LLC	340B Purch svcs
19062	7/24/2023	2,530.00	PHARMACY CONSULTANTS, INC.	340B Purch svcs
901497	7/12/2023	2,118.00	PHILADELPHIA INSURANCE COMPANY	Hospital Liability Insurance
901496	7/11/2023	4,821.12	PORT53 TECHNOLOGIES, INC.	Prepaid Cisco Subscription
19021	7/11/2023	710.08	PRESS GANEY ASSOCIATES, INC	Quality purch svcs
18998	7/7/2023	100.00	PURCHASE POWER	Postage
18999	7/7/2023	6,800.00	SBM MOBILE PRACTICE, INC	1099 Provider
19041	7/18/2023	2,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
19022	7/11/2023	2,476.98	SHRED-IT USA LLC	Secure Doc Disposal
19000	7/7/2023	10,600.00	SOMSS LLC	1099 Provider
19042	7/18/2023	11,000.00	SOMSS LLC	1099 Provider
19029	7/17/2023	350.00	SOUTHWEST HOT STEAM CLEANING	Dietary purch svcs
19043	7/18/2023	306.68	SPARKLIGHT BUSINESS	Cable
19023	7/11/2023	237.27	STAPLES ADVANTAGE	Office Supplies
19063	7/24/2023	298.55	STAPLES ADVANTAGE	Office Supplies
19064	7/24/2023	4,863.14	STERICYCLE INC	Waste Disposal
19002	7/7/2023	59.02	SUMMIT UTILITIES	Gas Utilities
901490	7/7/2023	903.95	SUMMIT UTILITIES	Gas Utilities
19024	7/11/2023	2,495.00	TECUMSEH OXYGEN & MEDICAL SUPP	Eq rental exp
19044	7/18/2023	559.02	TRIZETTO PROVIDER SOLUTIONS	RHC purch svcs

Check#	Ck Date	Amount	Paid To	Expense Description
19001	7/7/2023	3,400.00	TRS MANAGED SERVICES	Old agency staffing
19025	7/11/2023	7,106.25	TRS MANAGED SERVICES	Old agency staffing
19045	7/18/2023	3,594.00	TRS MANAGED SERVICES	Old agency staffing
19065	7/24/2023	3,042.00	TRS MANAGED SERVICES	Old agency staffing
901506	7/24/2023	2,720.50	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
901491	7/7/2023	2,789.74	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901501	7/14/2023	2,897.92	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901504	7/21/2023	1,982.21	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901509	7/28/2023	2,970.96	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
19026	7/11/2023	2,316.28	US MED-EQUIP LLC	Patient Eq rentals
TOTAL		<u>1,508,702.31</u>		

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

Vendor	Description	Estimated Amount
ADCRAFT	Plant Ops Supplies	300.00
ALCO SALES & SERVICE CO	Misc supplies	50.00
AMBS CALL CENTER	Hotline	50.00
AMERICAN PROFICIENCY INSTITUTE	lab supplies	4,437.00
ANESTHESIA SERVICE INC	Service	3,500.00
APEX MEDICAL GAS SYSTEMS, INC	Supplies	900.00
ARAMARK	Linens purch svcs	25,000.00
ASD HEALTHCARE	Pharmacy Supplies	5,000.00
AT&T	Fax Service	6,500.00
AVANAN, INC.	COVID Capital	16,800.00
BANKDIRECT CAPITAL FINANCE	Facility insurance	7,486.67
BARRY DAVENPORT	1099 Provider	12,000.00
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	1,000.00
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	200.00
CARDINAL 110 LLC	Pharmacy Supplies	50,000.00
careLearning	Employee education/training	500.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	10,000.00
CARRIER CORP	Repairs/maintenance	1,500.00
CDW-G LLC	Supplies	3,059.84
CITY OF MANGUM	Utilities & property taxes	13,000.00
CLIFFORD POWER SYSTEMS INC	Plant Ops Compliance	1,000.00
CliftonLarsonAllen LLP	FS Audit firm	3,000.00
COHESIVE HEALTHCARE MGMT	Mgmt and provider Fees	85,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	775,000.00
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	5,000.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	380,000.00
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	1,000.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	1,000.00
DELL FINANCIAL SERVICES LLC	Server Lease	636.00
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch svcs	2,150.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	1,818.00

Vendor	Description	Estimated Amount
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	20,000.00
DR. MORGAN	1099 Provider	4,766.00
eCLINICAL WORKS, LLC	RHC EMR	3,500.00
EMD MILLIPORE CORPORATION	Lab PM service and supply	5,831.05
EQUALIZE RCM REVOPS	Billing purch svcs	100,000.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,856.00
FEDEX	Postage	500.00
FFF ENTERPRISES	Pharmacy Supplies	2,500.00
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	300.00
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	35,000.00
FLOWERS UNLIMITED	Other	150.00
FORVIS	Finance purch svcs(Formerly BKD)	2,500.00
FOX BUILDING SUPPLY	Plant Ops Supplies	800.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	600.00
GLOBAL EQUIPMENT COMPANY INC.	Supplies	1,500.00
GRAINGER	Maintenance Supplies	3,500.00
GREER COUNTY CHAMBER OF	Advertising	900.00
HAC INC	Dietary Supplies	1,000.00
HAMILTON MEDICAL INC.	Patient Supplies	500.00
HEALTH CARE LOGISTICS	Patient Supplies	3,210.00
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	2,100.00
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.	Drug Library	1,000.00
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	500.00
INQUIREEK	RHC consulting service	225.00
INSIGHT DIRECT USA INC.	Supplies	1,007.36
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	3,500.00
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	800.00
LOWES	Supplies	300.00
MANGUM STAR NEWS	advertising	1,000.00
MCKESSON - 340 B	340B patient supplies	1,500.00
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	30,000.00
MEASUREMENT SPECIALTIES INC	supplies	175.00

Vendor	Description	Estimated Amount
MEDLINE INDUSTRIES	Patient Care Supplies	35,000.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and sup	3,500.00
MYHEALTH ACCESS NETWORK, INC	Compliance	758.92
NATIONAL RECALL ALERT CENTER	Safety recall alert svcs renewal	1,290.00
NEXTIVA, INC.	Phone utility	2,500.00
NP RESOURCES	1099 Provider	4,500.00
NUANCE COMMUNICATIONS INC	RHC purch svcs	369.00
OFFICE DEPOT	Office Equipment	500.00
OFMQ	Quality purch svcs	350.00
OK STATE BOARD	Credentialing	300.00
OKLAHOMA BLOOD INSTITUTE	Blood bank	20,000.00
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	1,203.96
PARA HEALTHCARE ANALYTICS, LLC	CDM Review service	6,827.00
PARTSSOURCE INC,	Misc Supplies	200.00
PATIENT REFUNDS	Credits due to payors	3,500.00
PHARMA FORCE GROUP LLC	340B Purch svcs	800.00
PHARMACY CONSULTANTS, INC.	340B purch svcs	3,491.43
PHILADELPHIA INSURANCE COMPANY	Property ins	2,200.00
PHILIPS HEALTHCARE	Supplies	504.88
PIPETTE COM	Lab maintenance/repair	300.00
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	360.00
PORT53 TECHNOLOGIES, INC.	Supplies	200.88
PRESS GANEY ASSOCIATES, INC	Purchased Service	1,448.44
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	700.00
PURCHASE POWER	Postage	300.00
RADIATION CONSULTANTS	Radiology Purch svcs	3,200.00
RESPIRATORY MAINTENANCE INC	Repairs/maintenance	1,330.00
REYES ELECTRIC LLC	COVID Capital/Repairs	20,670.00
RUSSELL ELECTRIC & SECURITY	Repairs/maintenance	1,000.00
SBM MOBILE PRACTICE, INC	1099 Provider	17,000.00
SCHAPEN LLC	RHC rent	1,750.00
SCRUBS AND SPORTS	Employee appreciation	200.00
SEE THE TRAINER-BELLEVUE	Patient Supplies	50.00
SHRED-IT	Secure doc disposal	5,000.00
SIEMENS HEALTHCARE DIAGNOSTICS	Lab Eq PM annual renewal	12,600.00
SIZEWISE	equipment rental	3,500.00
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	5,205.00
SOMSS LLC	JEFF BRAND 1099 Provider	25,000.00
SOUTHWEST HOT STEAM CLEANING	Quarterly PM service	350.00
SPACELABS HEALTHCARE LLC	Patient Supplies	1,300.00
SPARKLIGHT BUSINESS	Cable service	1,200.00
STANDLEY SYSTEMS LLC	Printer Lease	5,000.00
STAPLES ADVANTAGE	Office Supplies	3,000.00
STERICYCLE INC	Waste Disposal svcs	5,000.00

Vendor	Description	Estimated Amount
SUMMIT UTILITIES	Utilities	4,000.00
TECUMSEH OXYGEN & MEDICAL SUPP	Supplies	3,195.00
TELEFLEX	Supplies	500.00
TOUCHPOINT MEDICAL, INC	pharmacy purch svcs	3,285.00
TRENT ELLIOTT	1099 Provider	12,000.00
TRIZETTO PROVIDER SOLUTIONS	RHC purch svcs	600.00
TRS MANAGED SERVICES	Agency Staffing(Formerly Conexus)	40,000.00
TSYS	CC processing service	2,000.00
ULINE	Supplies	1,500.00
ULTRA-CHEM INC	housekeeping supplies	800.00
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	7,500.00
TOTAL Estimated		<u>2,051,977.43</u>

QUALITY MANAGEMENT REPORT

SUMMARY

Current Year **2023**
 Month : **07**

				Monthly				Cumulative			
ID	Group	METRICS	Unit	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	#	141.00		152.00	▲ 11.00	1852.00		1014.00	▼ -838.00
00102	Volume & Utilization	Total # of Observation Patients admitted	#	1.00		2.00	▲ 1.00	6.00		8.00	▲ 2.00
00103	Volume & Utilization	Total # of Acute Patients admitted	#	11.00		12.00	▲ 1.00	169.00		100.00	▼ -69.00
00104	Volume & Utilization	Total # of Swing Bed Patients admitted	#	6.00		10.00	▲ 4.00	111.00		77.00	▼ -34.00
00105	Volume & Utilization	Total Hospital Admissions (Acute & Swing bed)	#	17.00		22.00	▲ 5.00	280.00		177.00	▼ -103.00
00106	Volume & Utilization	Total Discharges (Acute & Swing bed)	#	18.00		22.00	▲ 4.00	263.00		175.00	▼ -88.00
00107	Volume & Utilization	Total Patient Days (Acute & Swing bed)	#	339.00		295.00	▼ -44.00	3612.00		2748.00	▼ -864.00
00108	Volume & Utilization	Average Daily Census (Acute & Swing bed)	#	11.00		9.50	▼ -1.50	10.00		90.40	▲ 80.40
00109	Volume & Utilization	Left Against Medical Advice (AMA)	#	6.00	2.00	4.00	▼ -2.00	38.00	2.00	31.00	▼ -7.00
CARE MANAGEMENT											
00201	Care Management	CAH 30 Day Readmission Rate per 100 patient discharges	%	6.00	0.05	0.05	▼ 99%	0.07	0.05	0.04	▼ 40%
RISK MANAGEMENT											
00301	Risk Management	Total Number of Events	#	141.00				79.00		2.83	▼ 96%
00302	Risk Management	Total number of complaints	#			2.00				0.29	
00304	Risk Management	Total number of complaints from ED	#								
00306	Risk Management	Total number of grievances	#	1.00			▼ 100%	1.00		0.14	▼ 86%
00308	Risk Management	Total number of grievances from ED	#							0.14	
00310	Risk Management	Inpatient falls without injury	#	22.00			▼ 100%	22.00		1.43	▼ 94%
00312	Risk Management	ED patient falls without injury	#	3.00			▼ 100%	3.00			▼ 100%
00314	Risk Management	Patient falls with minor injury	#	5.00			▼ 100%	5.00		0.57	▼ 89%
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		▼ 100%	15.00	0.10	0.00	▼ 100%
00325	Risk Management	ED Mortality Rate	%	9.00	0.10		▼ 100%	9.00	0.10	0.00	▼ 100%
00327	Risk Management	OPO Notification Compliance	%	95.00	1.00			95.00	1.00	1.00	▼ 99%
NURSING											
00408	Nursing	Total Number of Code Blues during reporting period	#	12.00		1.00	▼ 92%	12.00		1.00	▼ 92%
00409	Nursing	Total number of CAH patients transferred to tertiary facility	#	14.00			▼ 100%	14.00		1.00	▼ 93%
EMERGENCY DEPARTMENT											
00508	Emergency Department	ED Left Without Being Seen Rate	#					95.00		1.00	▼ 99%
00509	Emergency Department	Total number of ED patients transferred to a tertiary facility	#	118.00		7.00	▼ 94%	118.00		7.00	▼ 94%



Clinic Operations Report

Mangum Family Clinic

July 2023

Monthly Stats	July 22	July 23
Total Visits	158	148
Provider Prod	132	112
RHC Visits	158	138
Nurse Visits	0	2
Televisit	0	0
Swingbed	0	8

Provider Numbers	
Barnes	3
Chiaffitelli	1
Sims	138

Payor Mix	
Medicare	42
Medicaid	45
Self	15
Private	46

Visits per Geography	
Mangum	119
Granite	9
Altus	5
Willow	3

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	167	123	164	166	164	127	148						

Clinic Operations:

- Amy Sims is becoming more accustomed to the change in patient complexity.
- LPN hired and now training.
- Scheduling slots for work efficiency tweaked and working.

Quality Report:

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	0	0	10 charts audited. No deficiencies
Patient Satisfaction	13	5	12 Excellent; 1 Good
New Patients	20	10	Clinic growth!
No Show	10%	<12%	Good
Expired Medications	0	0	New measurement. More to come.

Outreach:

- As provider becomes more comfortable with scheduling and patient complexity, advertising will soon be noted.

Summary: Provider is becoming more comfortable with the complexity of patients. Tweaking of scheduling allows a smooth workflow. Increased numbers thought to reflect the “settling in”. New LPN provides the final piece of the puzzle that should complete the clinic and provide foundation for the clinic. Full steam ahead!

“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 July 2023

Patient Care

- MRMC Education included:
 1. Q2 competencies and checkoffs:
 - a. Bolus/Gravity tube feeding
 - b. Continuous/Pump tube feeding
 - c. TPN/Lipids Administration
 - d. Transmission-based Precautions (test only).
 2. PICC line displacement - what to do in the event of.
 3. IUC and CVC line necessity charting in CPSI.
- MRMC Emergency Department reports zero patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports Zero contaminated blood cultures.
- MRMC Infection Prevention reports 0 CAUTI's.
- MRMC Infection Prevention report 1 CLABSI.

Client Service

- Patients continue to rely on MRMC as their local hospital. Total Patient Days decreased with 295 patient days in July as compared to 317 patient days in June. This represents an average daily census of 10. In addition, MRMC Emergency Department provided care to 152 patients in July.
- MRMC Case Management reports 22 Total Admissions for the month of July 2023.
- July 2023 COVID-19 Stats at MRMC: Swabs (0 PCR & 20 Antigen) with 0 Positive.

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	16	19	22					22
Swing Bed	14	14	15	5	12	12	10					6
Observation	1	1	1	1	1	1	2					0
Emergency Room	159	119	168	138	148	130	152					210
Lab Completed	2542	2159	2804	1897	2191	1802	1987					2337
Rad Completed	211	185	244	204	192	196	160					214
Ventilator Days	0	0	31	30	7	0	0					0

Preserve Rural Jobs

- Recruiting efforts included interviewing regional professionals.



**Chief Clinical Officer Report
July 2023**



Chief Executive Officer Report July 2023

Operations Overview

- There have been some positive COVIDs in the community recently.
- The New CCO has started.
- We completed Tourniquet training for Mangum Public Schools.
- Several Sponsorships have been completed.
- We are looking at charges to ensure that they are being captured appropriately.
- We have the Quote in for PICC Line placement equipment. We are now completing the Pro forma to ensure that the service line will show benefit.
- We are hiring some new RNs, LPNs, and aides.
- We are currently looking for a new IT person and a maintenance technician.
- We continue to see an increase in applicants at the facility for all positions listed.
- We did have a Complaint Survey from the Oklahoma State Health Department and no deficiencies were noted.

***DIRECTV Residential Experience
PROPOSAL FOR***

Mangum Regional Medical Center

1 Wickersham St
Mangum, OK 73554

Contact: Zack Bowden



515-212-2941



Zack.Bowden@dsisystemsinc.com

DIRECTV



DRE

DIRECTV RESIDENTIAL EXPERIENCE

DRE

- Access to over 100 HD channels[^].
- In-Room Receivers.
- Interactive Program Guide.
- Similar to Home DIRECTV Experience.
- Streamlined HD user interface.
- Easy to clean remote features anti-microbial additives

[^] To access DIRECTV HD service, HD equipment req'd. Number of HD channels varies based on package selection.





Mounted Out of Sight

Small In-Room Receiver

IR Pass-Through Available

Compact/Ergonomic Design Comfortable in the Hand

Common Area Intuitive Design

Tactile Buttons Easy to Use

Simple Functions Few/ Large Buttons

Easy to Clean Remote Features Anti-Microbial Additives

Primary Controls Commonly Used, Centrally Located



SCOPE OF WORK

Pricing Valid for 30 Days

- Install DIRECTV dish on roof utilizing non-penetrating mount.
 - Property to provide a POE
 - Run backbone cabling from dish to the main distribution point
- Re-wire RG-11 to MDF to the beginning of the cable plant located in drop ceiling
- Hammer drill through block wall from maint shop to MDF
- Install (31) HD H25 receivers behind existing TV's in (31) rooms.
 - Includes 2% spare receivers and 10% spare remotes
 - Includes mounting bracket and IR target cable at each TV

TOTAL MONTHLY INSTALLATION PRICE

(FINANCED OVER 60 MONTHS):

\$309.48/MONTH

DIRECTV PROGRAMMING PRICE

ENTERTAINMENT Package (95+ channels)

See following page for package channel overview

Local Channels

\$8.15

\$1.10

MONTHLY PER-ROOM RATE

\$9.25
x 31 units

TOTAL DIRECTV PROGRAMMING PRICE

\$286.75

TOTAL MONTHLY INSTALLATION PRICE

\$309.48

(FINANCED OVER 60 MONTHS)

TOTAL MONTHLY INVOICE

\$596.23

TOTAL PRICE OF:

\$596.23 PER MONTH
\$0 UP FRONT COSTS!

PROGRAMMING PACKAGE INFO

ENTERTAINMENT

Package features over 105 channels and includes popular sports programming such as ESPN, ESPNNEWS, ESPN2 and ESPNU. Plus, over 60 channels in crystal-clear HD. Local channels available for an additional cost.

\$8.15/room
PER MONTH*

A&E HD	265	E! HD	236	ION Television (East) (HD only) HD	305	SonLife Broadcasting Network (HD only) HD	344
AccuWeather (HD only) HD	361	Enlace ²	448	i24 News.....	343	SundanceTV HD	557
AMC HD	254	ESN ²	456	JBS ¹	388	Syfy HD	244
American Heroes HD	287	ESPN HD	206	Jewelry Television.....	313	TBN Inspire (HD only) HD	371
Animal Planet HD	282	ESPN2 HD	209	Jewish Life Television ¹	325-1	TBS HD	247
Aqui ²	401	ESPNNEWS HD	207	Lifetime HD	252	TBS West (HD only) ¹ HD	247-1
AXS TV (HD only) ¹ HD	340	ESPNU HD	208	Living Faith Network.....	379	TCM HD	256
BabyFirstTV™ ¹	293	EWTN.....	370	MAVTV HD	214	TCT Network.....	377
Barvanna.....	9581	FETV.....	323	MotorTrend (HD only) ¹ HD	281	TeenNick.....	303
BBC America HD	264	Food Network HD	231	MSNBC HD	356	TheGrio (HD only) ¹ HD	342
BET HD	329	FOX Business Network HD	359	MTV HD	331	The Word Network.....	373
BET West (HD only) ¹ HD	329-1	FOX News Channel HD	360	MTV West (HD only) ¹ HD	331-1	TLC HD	280
Bloomberg TV HD	353	Free Speech TV ¹	348	MTV2 HD	332	TNT HD	245
Boomerang.....	298	Freeform HD	311	NASA TV ¹	352	TNT West (HD only) ¹ HD	245-1
Bravo HD	237	FS1 HD	219	National Geographic HD	276	Trinity Broadcasting Network (TBN) HD	372
BYUtv.....	374	FX HD	248	Newsmax HD	349	truTV HD	246
Cartoon Network (East) HD	296	FX HD	259	NHK (HD only) ¹ HD	322	TV Land HD	304
Cartoon Network (West).....	297	Galavisión HD	404	Nickelodeon/Nick at Nite (East) HD	299	TV One (HD Only).....	328
Celebrity Shopping Network.....	223	GEB America ¹	363	Nickelodeon/Nick at Nite (West).....	300	Univision (East) HD	402
Cheddar News HD	354	GEM Shopping Network.....	228	NRB.....	378	USA Network HD	242
CMT HD	327	GOD TV ¹	365	Once Mexico.....	447	VH1 HD	335
CNBC HD	355	Hallmark Channel HD	312	Ovation HD	274	VICE HD	271
CNN HD	202	Hallmark Movies & Mysteries (HD only) ¹ HD	565	Paramount Network HD	241	Victory.....	366
Comedy Central HD	249	HGTV HD	229	PBS Kids.....	288	WE tv HD	260
Comedy Central West (HD only) ¹ HD	249-1	HISTORY HD	269	Pursuit Channel.....	604	World Harvest Television (WHT).....	367
C-SPAN.....	350	HITN TV ²	461	QVC HD	317		
C-SPAN2.....	351	HLN HD	204	QVC2.....	315		
CTN.....	376	Hope Channel ¹	368	QVC3.....	318		
Daystar.....	369	HSN HD	240	ReelzChannel HD	238		
Discovery HD	278	HSN2.....	310	Revolt (HD only) ¹ HD	384		
Disney Channel (East) HD	290	IFC HD	333	RFD-TV (HD only) HD	345		
Disney Channel (West).....	291	IMPACT ¹	380	Shop LC.....	226		
Disney Junior HD	289	INSP HD	364	ShopHQ.....	316		
Disney XD HD	292	Investigation Discovery HD	285	So Yummy (HD only) ¹ HD	563		

Plus, Big Ten Network a la carte at no additional cost with ENTERTAINMENT

LOCAL CHANNELS

Local Channels Package^{HD††}

Includes all local channels available in your market

\$1.10/room
PER MONTH

DIRECTV INSTALLATION PROCESS

Certified Technician Surveys Property



System Design and Engineering



Final Proposal Sent



Customer Acceptance



Payment Received



Equipment Shipped



Installation Scheduled



Professional installation completed to customer satisfaction



CUSTOMER ACCEPTANCE

I agree to pay DIRECTV the amount listed above for my DIRECTV installation. If I elect to finance the installation cost I understand that additional documents will be required to sign and return upon completion of DIRECTV installation.

If I elect to finance the installation price, I understand that the required finance documentation is due immediately upon completion of installation. If the required documentation is not signed and submitted upon completion of installation, payment for up-front installation is due to DSI upon receipt of invoice.

If I decide to cancel my DIRECTV installation after equipment is shipped, but before installation starts, I agree to pay a 20% cancelation fee plus return shipping and restocking charges.

By signing below, I confirm I am an authorized signatory for my company and I agree to the terms above.

CUSTOMER NAME

DATE

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DIRECTV

DIRECTV Dealer Checklist for Contracts

Item 11.

This checklist must be submitted as the cover page for all contracts submitted through [SalesForce.com](https://www.salesforce.com).

Date: _____

PROPERTY INFORMATION

Property Name: _____

Property Owner/Manager Contact Name: _____

Email: _____ Phone: _____

Contact Name for Installation: _____ Installation Contact Phone: _____

Contact Email for Installation: _____ Equipment Type: ^{DRE} _____

Billing Contact Name:* _____

Billing Contact Email: _____ Billing Contact Phone: _____

*Not required if billing under third-party dealer

Who is Property's current video provider? _____

Business Type*: _____

Chain/Brand*: _____

*If incomplete or incorrect, contract will be rejected

ABS Lead Seller ATTUID (if applicable): _____

DEALER INFORMATION

Dealer: _____

Dealer ID: _____ Dealer Contact Name: _____

Dealer Email: _____ Dealer Phone: _____

By checking this box Dealer requests to add this account to the following Master Bill Account Number: _____
(applicable only to third-party billing dealers with existing Master Bills)

Please check appropriate boxes

Agreement Types:

- Hospitality Agreement
- Institutions Agreement
- University Agreement

Additional Required Information:

- Hospitality & Institutions Receiver List
(Excel format required)
- Estimated Taxes
- Print Customer's name and person signing's
name and title
- Customer signature

Additional/Optional Forms:

- To establish reoccurring bill payment,
contact the L&I Call Center
- Tax-Exempt Certificate, if applicable; required if:
 1. Property is tax-exempt
 2. Government
 3. Agencies, non-profit organizations

DEALERS ARE NOT AUTHORIZED TO SIGN ANY AGREEMENT OR FORM ON BEHALF OF A PROPERTY. ANY DEALER SIGNING AGREEMENTS OR FORMS ON BEHALF OF A PROPERTY MAY BE IMMEDIATELY TERMINATED BY DIRECTV.

Dealer Signature: _____

All contracts will be completed within 24 hours of submission, provided they are complete. You will experience delays beyond 24 hours if there is incomplete, incorrect or missing paperwork. If there are any questions, please contact 877.389.5372.

Note: All agreements can be accessed on CCKM.

DIRECTV TERMS OF SERVICE FOR INSTITUTION ESTABLISHMENTS

THESE DIRECTV TERMS OF SERVICE FOR INSTITUTION ESTABLISHMENTS, TOGETHER WITH THE H&I TERMS AND CONDITIONS, ("SERVICE TERMS") DESCRIBE THE TERMS OF CUSTOMER'S RECEIPT OF SERVICE, WHETHER PROVIDED TO CUSTOMER DIRECTLY BY DIRECTV OR INDIRECTLY THROUGH ONE OF DIRECTV'S AUTHORIZED SALES AGENTS ("AUTHORIZED RETAILER"). BY AGREEING TO THESE SERVICE TERMS, CUSTOMER IS ESTABLISHING A DIRECT RELATIONSHIP WITH DIRECTV. THIS PROVIDES CUSTOMER WITH THE ABILITY TO RECEIVE SERVICE EVEN IF CUSTOMER NO LONGER HAS A RELATIONSHIP WITH THE AUTHORIZED RETAILER AND EVEN IF DIRECTV'S RELATIONSHIP WITH THE AUTHORIZED RETAILER ENDS.

The Hospitality and Institutions General Terms and Conditions ("**H&I Terms and Conditions**") made available at <https://www.directv.com/legal/directv-tos-hospitality-institutions/>, as updated from time to time by DIRECTV, are integrated into and made a part of these Service Terms. Terms not defined herein are defined in the H&I Terms and Conditions. To the extent of any specific conflict with the H&I Terms and Conditions, these Service Terms will control.

DIRECTV, either directly or indirectly through an Authorized Retailer, provides satellite entertainment programming and services, including, for certain installations, associated DTV Receiving Equipment ("**Service**" or "**Services**") to qualifying nursing homes, assisted living facilities, long term care facilities, hospitals, medical clinics, dialysis clinics (with private rooms for overnight guests), marinas, camp grounds RV parks, prisons, correctional facilities, convents and other non-university dormitories, and other institution locations approved by DIRECTV ("**Institution Establishment**" or "**Establishment**"). As used herein, "**DIRECTV**" means DIRECTV, LLC and "**Customer**" means the entity that owns the Institution Establishment receiving the Service and/or the entity that is responsible for the payment of fees and charges for the Service. Services must be provided by Customer on a free-to-guest basis and may be provided only within the private rooms of the Institution Establishment and, if approved by DIRECTV, other non-public areas of the Institution Establishment. DIRECTV High Definition (HD) receiving hardware, remote controls and Distribution Equipment (referred to collectively as "**DTV Receiving Equipment**") are required to view the Service, which may be in addition to other hardware and software from Customer's Authorized Retailer. "**Distribution Equipment**" consists of a D2 Advantage™ distribution system, providing DIRECTV signal to the following system types: (a) COM, (b) DIRECTV Residential Experience (DRE), (c) Receiver-Less HD, (d) Receiver-Less HD Plus, or (e) H25 Stacked Headend. Access Cards (as defined in the H&I Terms and Conditions) are not included as DTV Receiving Equipment. Customer must purchase or lease, through an Authorized Retailer and/or a Hospitality & Institutions equipment distributor ("**H&I Distributor**") (the party that provides DTV Receiving Equipment shall be referred to herein as the "**Equipment Provider**"), or already in possession of, DTV Receiving Equipment that can provide the Service to its Establishment. In order to receive the Services, DIRECTV requires Customer's Establishment to have 100% HD DTV Receiving Equipment.

These Service Terms are in addition to, and are separate and apart from, any agreement between Customer and its Authorized Retailer. DIRECTV and Authorized Retailers are independent entities and DIRECTV is not responsible for any acts or omissions of Authorized Retailers.

AUTHORIZED RETAILER BILLING: IF CUSTOMER HAS MADE ARRANGEMENTS WITH ITS AUTHORIZED RETAILER TO BILL AND COLLECT FOR SERVICE, CUSTOMER UNDERSTANDS THAT THE AUTHORIZED RETAILER'S BILLING AUTHORITY IS SUBJECT TO THE APPROVAL OF DIRECTV, AND CUSTOMER FURTHER AGREES TO THE FOLLOWING ADDITIONAL BILLING TERMS:

Please use the contact information provided on Customer's bill from its Authorized Retailer for any questions about its bill. DIRECTV will bill and collect from such Authorized Retailer for the Service and Customer shall pay such Authorized Retailer directly for the Service. If, however, DIRECTV informs Customer that the Authorized Retailer is no longer authorized by DIRECTV to bill and collect for the Service, or the Authorized Retailer has ceased or failed to pay DIRECTV when due, or the Authorized Retailer is insolvent or unable to pay its debts in the ordinary course, then DIRECTV may commence billing and collection directly with Customer and Customer shall pay DIRECTV for Service in accordance with these Service Terms. If any of the foregoing occur, Customer is obligated to DIRECTV for payment of the Service from and after the earlier of (i) the date Customer learn of the Authorized Retailer's cessation or failure of payment, (ii) the date DIRECTV notifies Customer that the Authorized Retailer is no longer authorized to perform billing activities, or (iii) Authorized Retailer's insolvency or inability to pay its debts in the ordinary course.

CA Establishments Only: CA State WARNING: Products ordered can expose Customer to chemicals known to cause cancer &/or reproductive harm. See: att.com/Prop65

CUSTOMER SIGNATURE: CUSTOMER AGREES TO THESE SERVICE TERMS, INCLUDING THE H&I TERMS AND CONDITIONS. THESE SERVICE TERMS ARE NOT BINDING ON DIRECTV UNTIL ACTIVATION. **IF CUSTOMER RECEIVES A SUBSIDY AMOUNT AS PART OF ITS SUBSCRIPTION AND CUSTOMER DOES NOT COMPLETE ITS COMMITMENT PERIOD, EARLY CANCELLATION FEES MAY APPLY.**

Legal Name of Customer: _____ Name of Person Signing: _____

Operating Name: _____ Print Title: _____

Date: _____ Phone: _____ Signature: _____

AUTHORIZED RETAILER SIGNATURE: BY SIGNING, AUTHORIZED RETAILER CERTIFIES THAT IT HAS EXPLAINED THESE SERVICE TERMS TO THE CUSTOMER, INCLUDING THE BILLING AND COLLECTION OBLIGATIONS, OFFER TERMS, 100% HD DTV RECEIVING EQUIPMENT AND ADVANCED ENTERTAINMENT PLATFORM REQUIREMENTS, AND H&I TERMS AND CONDITIONS, AND THAT THE INFORMATION PROVIDED HEREIN IS, TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, COMPLETE AND ACCURATE, AND THAT THE UNDERSIGNED HAS VERIFIED THE ACCURACY OF THE INFORMATION BY PERSONALLY VISITING THE ESTABLISHMENT. AUTHORIZED RETAILER UNDERSTANDS AND AGREES THAT IF CUSTOMER RECEIVES A SUBSIDY AMOUNT BUT FAILS TO MEET THE REQUIREMENTS OF THE SUBSIDY AMOUNT, DIRECTV WILL COLLECT THE FULL SUBSIDY AMOUNT FROM AUTHORIZED RETAILER.

Legal Name of Authorized Retailer: _____ Name of Person Signing: _____

Operating Name: _____ Print Title: _____

Date: _____ Phone: _____ Signature: _____

UNIT CERTIFICATION - PLEASE COMPLETE THE BELOW UNIT SCHEDULE. BY SIGNING ABOVE, CUSTOMER AND AUTHORIZED REPRESENTATIVE EACH CERTIFY THAT, TO THE BEST OF THEIR KNOWLEDGE, THE UNIT COUNT PROVIDED BELOW IS TRUE AND ACCURATE. CHARGES ARE BASED ON 100% OF THE UNITS AT ALL TIMES. ACCORDINGLY, CUSTOMER AGREES THAT DIRECTV MAY ADJUST THE AMOUNT CHARGED FOR SERVICE IN THE EVENT DIRECTV DISCOVERS ANY DISCREPANCIES IN THE TOTAL UNITS AT THE ESTABLISHMENT WHEN COMPARED TO THE TOTAL UNITS SET FORTH BELOW. AUTHORIZED RETAILER AGREES THAT DIRECTV MAY PURSUE ANY AND ALL AVAILABLE REMEDIES FOR ANY MISREPRESENTATION OF THE TOTAL UNITS.

Total Drops/Outlets: 31	Total Rooms (if used to determine Units): 31	Total Units⁽¹⁾: 31
⁽¹⁾ Total "Units" is the total number of drops/outlets connected to the DTV Receiving Equipment, unless otherwise approved by DIRECTV. Lobbies/Fitness Centers/Private offices can each be included in the Unit count if each room has 5 or fewer TVs (Fitness Centers with Precor TV-enabled systems can have up to 10 TVs).		

ESTABLISHMENT AND AUTHORIZED RETAILER INFORMATION		
DIRECTV Account Number:	Bill to: <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Authorized Retailer Billing	
Establishment Equipment Type:DRE	Unit Count:31	
Full Legal Name of Customer:		
Establishment Name:		
Brand Affiliation (if any):		
Service Address:	Contact at Establishment:	
Contact Email:	Establishment Phone Number:	
Mailing Address (if different):	Contact at Mailing Address:	
Contact Email:	Mailing Address Phone Number:	
Legal Structure of Customer: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government <input type="checkbox"/> Other: _____		
State of organization (incorporation, principal place of business, state of principal residence): _____		
Federal Tax ID:	Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Retailer Name:	Authorized Retailer Corp ID:	Authorized Retailer Number:

DIRECTV INFORMATION

Customer may contact DIRECTV 24 hours a day by calling the DIRECTV Business Service Center at 1-800-388-2505, sending DIRECTV an e-mail at commercialcontracts@att.com or writing DIRECTV (for notices and mail - DIRECTV, LLC, Business Service Center, P.O. Box 410347, Charlotte, NC 28241 or for payments - DIRECTV, LLC, H&I Account Payments, P.O. Box 5006, Carol Stream, IL 60197-5006).

PROGRAMMING AND SERVICES SELECTION					
Select the Packages/Services Customer wishes to order by checking the appropriate boxes below. Enter the Package/Service price, if it is not already listed, for each selection using the DIRECTV Commercial Hospitality and Institutions Rate Card, as amended from time to time by DIRECTV ("Rate Card"). Use the per Unit price corresponding to the number of Units. Pricing listed below is per month.					
PACKAGE/SERVICE	UNIT PRICE	PACKAGE/SERVICE	UNIT PRICE	PACKAGE/SERVICE	UNIT PRICE
<input type="checkbox"/> XTRA™ ⁽¹⁾	\$13.65	<input type="checkbox"/> HBO® and Cinemax® Package	\$2.75	<input type="checkbox"/> Large Property Credit	(\$0.25)
<input checked="" type="checkbox"/> ENTERTAINMENT ⁽¹⁾	\$8.15	<input type="checkbox"/> STARZ® ENCORE Super Pack	\$1.75	<input type="checkbox"/> \$1 off Programming Discount Offer	(\$1.00)
<input type="checkbox"/> SELECT™ ⁽¹⁾	\$7.15	<input type="checkbox"/> STARZ® ENCORE ⁽⁴⁾	\$	<input type="checkbox"/> Renewal Discount (only available with \$1 off Programming Discount Offer)	(\$0.15)
<input type="checkbox"/> FAMILY™ ⁽¹⁾	\$4.15	<input type="checkbox"/> EPIX®	\$0.99	<input type="checkbox"/> Other:	\$
<input checked="" type="checkbox"/> Local Channels ⁽²⁾	\$1.10	<input type="checkbox"/> STAYCAST Casting Solution ⁽⁵⁾	\$2.00	<input type="checkbox"/> Other:	\$
<input type="checkbox"/> Entertainment Bridge Pack ⁽³⁾	\$0.50	<input type="checkbox"/> Advanced Entertainment Platform	\$1.99	<input type="checkbox"/> Other:	\$
<input type="checkbox"/> SHOWTIME® Package	\$2.50	<input type="checkbox"/> Wi-Fi Streaming	\$	<input type="checkbox"/> Other:	\$

Charges must be based on 100% of the Units at all times. In certain areas, Service may be unavailable or additional restrictions may apply. Blackout restrictions and other terms apply to sports programming. Programming and pricing may change.

⁽¹⁾ Package price shown includes the Technology Fee (\$0.65) but will be listed as two separate line items on Customer's bill.

⁽²⁾ Eligibility for Local Channels is based on Customer's service address.

⁽³⁾ Only available if Customer also subscribes to ENTERTAINMENT.

⁽⁴⁾ See Rate Card for price.

⁽⁵⁾ If Customer selects the STAYCAST Casting Solution, Customer must also sign and agree to the DIRECTV STAYCAST Casting Solution Addendum.

⁽⁶⁾ DRE Customers with DVR-enabled DTV Receiving Equipment will be charged a DVR Property Service Fee (\$50.00).

⁽⁷⁾ Taxes may vary from estimate. Customer is responsible for taxes. Refer to Customer's Service bill for taxes due. If Customer is tax exempt, taxes shall be subject to Customer's tax exempt status. Once approved via <https://directv.certifytax.com/custportal.aspx> or directv@certifytax.com, tax exempt will apply within 1-2 bill cycles.

Unit Price Subtotal:	\$9.25
Number of Units:	31
Monthly Unit Price Total:	\$286.75
<input type="checkbox"/> DVR Property Service Fee ⁽⁶⁾	\$0
Monthly Subtotal:	\$286.75
Estimated Taxes ⁽⁷⁾ :	\$0
MONTHLY GRAND TOTAL:	\$286.75

PROGRAMMING AND SERVICES TERMS

Advanced Entertainment Platform (AEP). If Customer selects HD COM Distribution Equipment, Customer is eligible to receive AEP, provided Customer (i) subscribes to ENTERTAINMENT or XTRA™ and Local Channels, (ii) purchases or leases an android set top box for each television in all Units from its Equipment Provider, (iii) connects the android set top box to the Establishment's broadband via its Ethernet or Wi-Fi, (iv) has a minimum WAN bandwidth into the Establishment of 25 Megabits per second per 100 Units and (v) meets any additional technological specifications required for compatibility with AEP. Customer is not required to subscribe to any additional Qualifying Premium Services (i.e. HBO® and Cinemax® Package, SHOWTIME® Package, STARZ® ENCORE Super Pack, STARZ® ENCORE or EPIX®) to receive Qualifying Premium Services available through AEP. DIRECTV may, from time to time, change, add or remove programming or features from AEP, or change the service fees related thereto.

INITIAL HERE _____ TO INDICATE THAT CUSTOMER UNDERSTANDS AND AGREES TO THE FOREGOING TERMS TO BE ELIGIBLE FOR AEP.

Wi-Fi Streaming. If Customer selects HD COM Distribution Equipment, Customer is eligible to receive Wi-Fi Streaming, provided Customer (i) purchases or leases a transcoder from its Equipment Provider; (ii) limits Wi-Fi Streaming to the Establishment's on-premise Wi-Fi network; (iii) displays programming in 480p (i.e. standard definition); and (iv) does not alter any DIRECTV branding. DIRECTV may, from time to time, change, add or remove features from Wi-Fi Streaming due to legal, contractual or other restrictions.

Large Property Credit. Customer is eligible to receive a large property credit of \$0.25 per Unit per month ("**Large Property Credit**") for a period of 36 or 60 months ("**Large Property Credit Offer Period**") if Customer: (i) subscribes to XTRA™, ENTERTAINMENT, SELECT™, or FAMILY™, (ii) takes an Offer, and (iii) has 100 or more Units. If Customer fails to meet any of these terms, Customer will no longer qualify for the Large Property Credit. The Large Property Credit Offer Period is coterminous with Customer's Commitment Period.

DIRECTV OFFER TERMS

These DIRECTV Offer Terms set forth additional terms that apply if Customer receives from DIRECTV a "**Subsidy Amount**" in connection with its purchase or lease of DTV Receiving Equipment through an Equipment Provider or a "**Programming Discount**." Customer agrees to subscribe to the "**Required Packages**" listed in the table below and pay the appropriate programming fees for a period of not less than the number of months listed below from the date of activation for the Offer Customer selects ("**Commitment Period**").

CUSTOMER MUST INITIAL ONE OF THE OFFERS LISTED BELOW. IF CUSTOMER DOES NOT WISH TO BE SUBJECT TO A COMMITMENT PERIOD, INITIAL THE "NO COMMITMENT" OFFER. IF CUSTOMER WISHES TO RECEIVE A SUBSIDY AMOUNT OR PROGRAMMING DISCOUNT, INITIAL ONE OF THE OTHER OFFERS. CUSTOMER MUST SUBSCRIBE TO THE REQUIRED PACKAGES FOR THE OFFER CUSTOMER INITIALS. IF CUSTOMER IS ELIGIBLE TO RECEIVE A SUBSIDY AMOUNT, DIRECTV WILL PAY THE SUBSIDY AMOUNT DIRECTLY TO CUSTOMER'S EQUIPMENT PROVIDER FOLLOWING ACTIVATION OF THE REQUIRED PACKAGES.

Initial One	"Offer"	Required Packages	Unit Minimum	"Required DTV Receiving Equipment"	Subsidy Amount	"Subsidy Total" ⁽¹⁾	Programming Discount	Commitment Period
	COM & AEP (at no additional cost)	•ENTERTAINMENT or above •AEP •Local Channels	50 Units	• 23-Channel HD COM & AEP android set top boxes	Cost of Required DTV Receiving Equipment	Cost of Required DTV Receiving Equipment	None	60 months
	\$80 AEP Subsidy ⁽²⁾	•ENTERTAINMENT or above •AEP •Local Channels	50 Units	• AEP android set top boxes	\$80.00 per Unit	\$80.00 x _____ = \$ _____	None	60 months
	\$80 COM & DRE Subsidy	•SELECT or above	15 Units	• DRE; • HD COM; • COM with NTSC-16; • Receiver-Less HD ⁽³⁾ ; or • Receiver-Less HD Plus ⁽³⁾	\$80.00 per Unit	\$80.00 x _____ = \$ _____	None	60 months
	\$1 off Programming Discount	•FAMILY or above	5 Units	• DRE; • HD COM; • COM with NTSC-16; • H25 Stacked Headend; • Receiver-Less HD ⁽³⁾ ; or • Receiver-Less HD Plus ⁽³⁾	None	None	\$1.00 per Unit per month ⁽⁴⁾⁽⁵⁾	36 months
	No Commitment	Any Base Package	None	Any DIRECTV approved HD DTV Receiving Equipment	None	None	None	None

⁽¹⁾ All additional DTV Receiving Equipment above the Subsidy Total (whether requested by Customer or required to complete the installation for all Units) shall be purchased by Customer from its Equipment Provider and paid for by Customer.
⁽²⁾ Only available to renewing Customers. Establishment must already have HD COM, COM with NTSC-8, or COM with NTSC-16 DTV Receiving Equipment.
⁽³⁾ If Customer selects Receiver-Less HD or Receiver-Less HD Plus, Customer may not subscribe to any of the following Qualifying Premium Services: HBO® and Cinemax® Package, SHOWTIME® Package, STARZ® ENCORE Super Pack, STARZ® ENCORE or EPIX®.
⁽⁴⁾ Renewal Customers qualify for an additional \$0.15 discount ("**Renewal Discount**") with subscription to \$1 off Programming Discount Offer.
⁽⁵⁾ Programming Discount and Renewal Discount, if applicable, will start within 2 billing cycles and end after 36 months.

RENEWAL CUSTOMERS ONLY

CUSTOMER UNDERSTANDS AND AGREES THAT IT IS ONLY ELIGIBLE TO RECEIVE THE SUBSIDY AMOUNT IF: (I) CUSTOMER PURCHASES OR LEASES THE REQUIRED DTV RECEIVING EQUIPMENT AFTER THE DATE OF THESE SERVICE TERMS AND (II) CUSTOMER UPGRADES ITS EXISTING DTV RECEIVING EQUIPMENT TO THE REQUIRED DTV RECEIVING EQUIPMENT.

INITIAL HERE _____ TO INDICATE THAT CUSTOMER UNDERSTANDS AND AGREES TO THE FOREGOING TERMS TO BE ELIGIBLE FOR A SUBSIDY AMOUNT.

If Customer subscribes to the COM & AEP (at no additional cost) Offer and fails to maintain its subscription to the Required Packages for the entire Commitment Period, pay the appropriate programming fees for the Required Packages for the entire Commitment Period, or cancels its subscription to the Service at any time during the Commitment Period, in addition to any other early cancellation fees set forth in these Service Terms, Customer will pay an early cancellation fee equal to \$15,000.00, reduced on a pro-rata basis by the number of months Customer actually paid for the Required Packages during the Commitment Period. For example, if Customer ceased paying for the Required Packages 24 months into the 60 month Commitment Period, Customer will pay DIRECTV \$9,000 ($\$15,000/60 = \$250 \times 36 = \$9,000$). Payment of the early cancellation fee is due within 30 days of receipt of a notice of failure to complete the Commitment Period from DIRECTV. If Customer fails to make payment, DIRECTV may pursue legal remedies against Customer for and receive the total amount due.

If Customer subscribes to a \$80 Subsidy Offer and fails to maintain its subscription to the Required Packages for the entire Commitment Period, pay the appropriate programming fees for the Required Packages for the entire Commitment Period, or cancels its subscription to the Service at any time during the Commitment Period, in addition to any other early cancellation fees set forth in these Service Terms, Customer will pay an early cancellation fee equal to the full Subsidy Total provided to Customer, reduced on a pro-rata basis by the number of months Customer actually paid for the Required Packages. For example, if Customer with a 100 Unit Establishment ceased paying for the Required Packages 24 months into the 60 month Commitment Period, Customer will pay DIRECTV \$4,800 ($\$80.00 \times 100 = \$8,000/60 = \$133.33 \times 36 = \$4,800$). Payment of the early cancellation fee is due within 30 days of receipt of a notice of failure to complete the Commitment Period from DIRECTV. If Customer fails to make payment, DIRECTV may pursue legal remedies against Customer for and receive the total amount due.

If Customer subscribes to the \$1 Off Programming Discount Offer but fails to maintain its subscription to the Required Package for the entire Commitment Period, pay the appropriate programming fees for the Required Package, or cancels its subscription to the Service at any time during the Commitment Period, the Programming Discount will end. No early cancellation fees apply with subscription to the \$1 Off Programming Discount Offer. If Customer continues its subscription to the Service, Customer will be charged the undiscounted per Unit rate in effect for the Package it subscribes to and will not be subject to a Commitment Period.

GENERAL TERMS

SERVICE WILL BE PROVIDED AT THE RATES SET FORTH ON THE RATE CARD, WHICH MEANS ALL PRICES CONTAINED IN THESE SERVICE TERMS ARE SUBJECT TO CHANGE EVEN THOUGH CUSTOMER IS AGREEING TO A COMMITMENT PERIOD. IN OTHER WORDS, THE ACTUAL PER UNIT RATE FOR THE CHANNELS WILL INCREASE IF THE RATE ON THE RATE CARD INCREASES.

Discounts. If Customer receives a programming discount under a separate agreement but fails to maintain the subscription level required to receive such discount, Customer will be charged the undiscounted per Unit rate in effect.

OTA. Customer agrees that it may relay broadcast programming provided "over-the-air" or "OTA" signals transmitted by local broadcast stations to, or otherwise make such OTA signals available in, private rooms, and DIRECTV is not making any secondary transmissions or retransmissions of such signals. Customer is solely responsible for ensuring its right to provide any local broadcast station programming to private rooms and for paying any royalty or licensing charges of any kind that arise from providing such programming, regardless if Customer or DIRECTV are subject to royalty or licensing charges arising therefrom.

Equipment Installation and Maintenance. Customer shall arrange with an Authorized Retailer for the timely delivery and installation of the DTV Receiving Equipment to its Establishment. As between DIRECTV and Customer, Customer shall be solely responsible for any and all costs associated with the installation and maintenance of the DTV Receiving Equipment. Customer agrees that DIRECTV is not responsible to provide the installation, maintenance or service on the DTV Receiving Equipment, and any claims about installation, maintenance, service or breach of warranty will not eliminate its obligation to complete the Commitment Period. Customer, at its own expense, shall provide and maintain for each item of DTV Receiving Equipment, insurance against loss, theft and damage in an insured amount equal to the full replacement value of such item of DTV Receiving Equipment.

Warranty Limitations and Spares. CUSTOMER UNDERSTANDS THAT ALL WARRANTY CLAIMS FOR THE DTV RECEIVING EQUIPMENT MUST BE HANDLED BETWEEN CUSTOMER AND THE EQUIPMENT PROVIDER. DIRECTV MAKES NO WARRANTY, EITHER EXPRESSED OR IMPLIED, REGARDING THE DTV RECEIVING EQUIPMENT. ALL SUCH WARRANTIES INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE EXPRESSLY EXCLUDED. DIRECTV IS NOT RESPONSIBLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES RELATING TO THE EQUIPMENT OR SUBSIDY AMOUNT. Please contact Customer's Equipment Provider for specific warranty details.

Protection and Ownership of Equipment. Customer shall have no right to sell, give away, transfer, remove or relocate the DTV Receiving Equipment at any time during the Commitment Period without DIRECTV's prior written consent. Both parties intend that these Service Terms shall inure to the benefit of their respective assigns, transferees, successors-in-interest, secured parties and collateral assignees, and that they shall continue in full force and effect after any sale of the Establishment and be binding on all subsequent owners. Customer shall provide DIRECTV with written notice of any proposed sale, transfer or conveyance of the Establishment at least 30 days prior to the scheduled closing.

CONTENT PROTECTION TERMS

(Applicable only to Receiver-Less HD Plus Distribution Equipment)

If Customer selects Receiver-Less HD Plus Distribution Equipment, Customer and Authorized Retailer agree to abide by these "Content Protection Terms." These Content Protection Terms relate to Customer's and Authorized Retailer's obligations to maintain content protection of the Service at Customer's Establishment. The Service must be protected at the Establishment using Receiver-Less HD Plus, which provides continual protection from the digital output of the DTV Receiving Equipment to the display devices where the Service is viewed. The Service may not leave the digital output of the DTV Receiving Equipment unprotected.

Covenants, Representations and Warranties. Customer and Authorized Retailer represent and warrant that (i) the Distribution Equipment and network is protected by an up-to-date and monitored, enterprise-level security solution, (ii) the Service is only distributed locally through the Distribution Equipment and network, (iii) the Service will not cross any public rights of way or leave the local network for others to view in any format, (iv) they will comply with the required DIRECTV content distribution transmission specifications and broadcast protocols, (v) they will protect against unauthorized external access to the Distribution Equipment and Service, and prevent any recording or piracy by employees or others with access to the Distribution Equipment, (vi) they will report to DIRECTV any theft, piracy, copying, rebroadcast, retransmission or any other attempt to distribute the Service in violation of these Content Protection Terms, and (vii) they will reasonably cooperate with DIRECTV and its program providers to investigate, stop, and prevent activity that violates these Content Protection Terms. DIRECTV and any programming provider may prosecute violations of these terms against Customer, Authorized Retailer, and other responsible parties, in any court of competent jurisdiction, under the and regulations of the Federal Communications Commission and other applicable laws.

Future Restrictions. DIRECTV program providers may request additional restrictions from time to time, and as these requests are made will notify Customer of such requirements. If Customer is unable or unwilling to comply, DIRECTV may terminate Customer's Service.

Inspection. In addition to the inspection rights under the H&I Terms and Conditions, if DIRECTV reasonably determines that Customer or Authorized Retailer are not complying with the obligations in these Content Protection Terms, DIRECTV may immediately deactivate the Service, terminate the Authorized Retailer's agreement with DIRECTV, or both. If Service is deactivated, Customer is responsible for payment of all outstanding balances accrued through the date of deactivation, in addition to the indemnification obligations described below.

Indemnification. IN ADDITION TO THE INDEMNIFICATION OBLIGATIONS UNDER THE H&I TERMS AND CONDITIONS, CUSTOMER AND AUTHORIZED RETAILER AGREE TO INDEMNIFY, DEFEND, AND HOLD DIRECTV, ITS OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES HARMLESS FROM AND AGAINST ANY CLAIM BY ANY PROGRAM PROVIDER FOR ANY THEFT, PIRACY, COPYING, REBROADCAST, RETRANSMISSION OR ANY OTHER ATTEMPT TO DISTRIBUTE THE SERVICE IN VIOLATION OF THESE CONTENT PROTECTION TERMS.

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract:**
- DirecTV (DSI) Proposal; and
 - Hewlett-Packard Finance Services Company Business Lease Agreement
3. **Contract Parties:**
- Mangum Regional Medical Center and DirecTV (DSI)
 - Mangum Regional Medical Center and Hewlett-Packard Finance Services Company
4. **Contract Type Services:** Television Programming Services
- a. **Impacted Hospital Departments:** Nursing, Patient Care Areas
5. **Contract Summary:**
- Agreement with DirecTV (DSI) includes TV programming, equipment and installation services in patient care areas and lobby. Equipment and installation fees may be financed over 60 months.
- | Item | Cost |
|--|---|
| Equipment & Installation: DirecTV dish, DirecTV lines, HD COM 3000 System, transcoder, 23 TVs. | \$309.48 per month
(financed over 60 months) |
| TV Programming: Local Channels and Entertainment Package for 23 TVs | \$286.75 per month |
| TOTAL | \$596.23 per month |
- Agreement with Hewlett-Packard Finance Services Company provides the financing for the Equipment & Installation costs.
 - Tax: \$0.00
 - Interest rate: 8.25% (added to monthly payment already)
 - Monthly Payment: \$509.83
6. **Cost:** \$596.23/Month
7. **Prior Cost:** \$306.68/Month
8. **Term:** Will remain effective for 60 months.
- a. **Termination Clause:** If terminated prior to end of agreement 60 months then customer will pay a prorated cancellation fee for the entire agreement.
9. **Other:** None.

LESSEE(full legal name): Mangum Regional Medical Center	VENDOR NAME: DSI Distributing, Inc.
LESSEE BILLING ADDRESS: 1 WICKERSHAM ST, MANGUM, OK, 73554, UNITED STATES	EQUIPMENT LOCATION: 1 WICKERSHAM ST, MANGUM, OKLAHOMA, 73554, UNITED STATES
CONTACT DETAILS: T: 1 580-954-7890 E: jballard@mangumregional.org Tax ID Number:	
Term: 60 Period: Monthly Payable: Arrears Down Payment, if required: \$0.00 Tax on Down Payment (if applicable) \$0.00 Periodic Lease Payment: \$307.10 Tax on Periodic Lease Payment (if applicable): \$ Documentation Fee: \$100.00 Total First Payment: \$407.10 End-of-Term Option: DOLLAR OUT	
The payment of any Down Payment reflected herein shall be a condition to Lessor's agreement to this Lease and may include either or both of the following: (a) applicable taxes, and/or (b) any other "Down Payment" (defined herein below). "Down Payment" shall mean such amount determined by Lessor required upon the execution of this Lease and shall be credited against the original cost of the Equipment leased under this Lease. (The Total First Payment shall include any Down Payment, the first Periodic Lease Payment, any applicable taxes, and the Documentation Fee.) Pricing Expiration Date: 10/31/2023	

LESSEE REPRESENTS THAT ALL ACTION REQUIRED TO AUTHORIZE EXECUTION OF THIS LEASE ON BEHALF OF LESSEE BY THE FOLLOWING SIGNATORY HAS BEEN TAKEN. THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS LEASE.

LESSEE: Mangum Regional Medical Center	ACCEPTED BY HEWLETT-PACKARD FINANCIAL SERVICES COMPANY:
By: _____ Printed Name: _____	By: _____ Printed Name: _____
Date: _____ Title: _____	Date: _____ Title: _____

Authorization Agreement for Direct Payments (ACH Debits)
 As a condition to Lessor entering into this Lease, Lessee hereby enters into this Authorization Agreement for Direct Payments. By executing this Authorization Agreement for Direct Payments, the undersigned hereby authorizes Lessor and its assignees to initiate debit entries to the account identified below ("Account") at the Depository Financial Institution identified below ("DFI") and debit the same to the Account for: (a) the Total First Payment required under the Lease Agreement; and (b) any periodic lease payments and any other applicable payments of taxes and/or other fees payable by Lessee to Lessor according to and under this Lease.
 The undersigned further represents and warrants that: (a) the undersigned is a duly authorized representative of Lessee, (b) the Account is a business account and is not an account used for personal or household purposes, and (c) if the Account is closed for any reason whatsoever, that Lessee will enter into a new Authorization Agreement for Direct Payments with respect to a replacement account within five (5) business days of the closing of the Account identified herein.

Name of DFI	DFI's Routing Number (9 digits only)
City	Account number
State	Branch

This authorization will remain in full force and effect until Lessee provides Lessor with written notification of Lessee's termination of this Authorization Agreement for Direct Payments in such time and in such manner as to afford Lessor and DFI a reasonable opportunity to act upon such termination.

Signature of Duly Authorized Representative of Lessee	Date
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Important Notification about ACH Debits: Lessor will automatically debit the Account for periodic applicable payments as set forth above. Lessor will invoice Lessee directly until the ACH debits are implemented as to this Lease Agreement. Lessee must remit all invoices received from Lessor by their respective due date. Lessee will continue to receive invoices from Lessor that will be labeled as "For Notification Purposes Only. We will automatically draft your account for the amount(s) described above once ACH debits are implemented. ****Please attach voided check to this authorization****

Equipment information See Partner Sales Quote for Detailed Equipment Description

Product Name	Unit Price	Quantity	Total Price
Equipment	\$10,000.00	1	\$10,000.00
Labor	\$4,995.00	1	\$4,995.00
Tax Amount	\$		\$0.00
Total Amount	\$		\$14,995.00

ACCEPTANCE CERTIFICATE - To: Hewlett-Packard Financial Services. Lessee hereby acknowledges that the Equipment described in this Agreement has been delivered to the Equipment Location specified above, inspected by Lessee and found to be in good operating order and condition, and has been unconditionally and irrevocably accepted by Lessee under this Lease as of the Acceptance Date set forth below.

CUSTOMER: Mangum Regional Medical Center **Signed by:** _____
Title: _____ **Printed name:** _____ **Date:** _____

1. Purpose. This lease (this "Lease") refers throughout to Lessee as "you" or "your" and to Lessor as "we", "us" or "our". In consideration of our purchase of the equipment described above (the "Equipment"), you hereby lease the Equipment from us for your business purposes only subject to all terms and conditions of this Lease. You acknowledge that you selected the vendor identified above (the "Vendor") and all the Equipment without our assistance. You warrant to us that you have received, reviewed and approved your vendor's written supply contract covering the equipment terms of sale and warranties. You hereby authorize us to purchase the equipment in reliance solely upon your statements herein. By your signature below, you shall be deemed to have irrevocably accepted the equipment 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period. However, you agree to execute and deliver to us the Acceptance Certificate above upon our request. "Acceptance Date" means the first business day following the expiration of such 10-day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of this lease shall begin on the Acceptance Date.

2. Payments. You agree that this Lease is a non-cancellable net lease so you will pay all costs, fees, taxes (e.g. property, sales and use taxes) or other charges connected with the Lease and the Equipment, as well as all costs for insurance, repairs, maintenance, shipping, and filing fees. You shall pay us (a) on the first day of each calendar month or calendar quarter (depending on whether Rent is payable monthly or quarterly as specified above) if Rent is payable in advance, or (b) on the last day of each calendar month or calendar quarter (depending on whether Rent is payable monthly or quarterly as specified above) if Rent is payable in arrears, the Rent payment specified above for the length of the Initial Term in the case of a Lease and for the length of the Term in the case of a Financing. The First Payment Date shall be the first day (if Rent is payable in advance) or the last day (if Rent is payable in arrears) of the month or quarter (as applicable) immediately following the month or quarter (as applicable) in which the Acceptance Date occurs. In addition, on the First Payment Date Lessee shall also pay Lessor (a) in the case of Leases an amount equal to the Daily Rent multiplied by (i) 15 days if Rent is payable monthly or (ii) 45 days if Rent is payable quarterly; or (b) in the case of Financings an amount equal to the Daily Rent multiplied by the number of days from and including the Funding Date up to but excluding the first day of the month or quarter (as applicable) in which the First Payment Date occurs. You agree to pay time documentation fee in the amount specified above with the first Lease payment to cover account-setup costs.

Equipment by the end of the Lease term in accordance with the terms of Section 4, or you fail to comply with your obligations arising from the election, you will continue to pay the original Lease payments for any full or partial Period that you keep the Equipment.

This Lease is intended to be a "Finance Lease" as defined in Article 2A of the Uniform Commercial Code (in effect in any applicable jurisdiction, the "UCC").

If this Lease is ever deemed by a court of competent jurisdiction or by the express intention of the parties to be a lease intended for security then to secure payment and performance of your obligations under this Lease you hereby grant us a purchase money security interest in the Equipment and in all attachments, accessories, additions, products, replacements, and proceeds (including insurance proceeds) to and of the Equipment.

You hereby authorize us to file a financing statement to give public notice of (a) our ownership of the Equipment and (b) in the case of a Lease intended for security, our security interest in the Equipment. You hereby authorize us to modify any Lease payment by up to ten percent (10%) if the actual cost of the Equipment at acceptance varies from the original estimate and to complete or modify any Equipment description above or any related document to accurately describe the Equipment actually accepted by you.

3. Equipment. EXCEPT AS TO QUIET ENJOYMENT, WE MAKE ABSOLUTELY NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING NO WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. You can only make any claim relating to the Equipment against the Vendor or manufacturer, and you waive any such claim against us. We hereby assign any Equipment warranties during the Lease term for your exercise at your expense. **WE WILL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES. YOU AGREE TO MAKE PAYMENTS TO US WHEN DUE, UNCONDITIONALLY, WITHOUT ABATEMENT OR OFFSET FOR ANY CAUSE AND REGARDLESS OF ANY PROBLEMS WITH THE EQUIPMENT, VENDOR, OR US AND YOU WAIVE ANY CLAIM OR DEFENSE TO ANY LEASE PAYMENT.** You shall indemnify us, our employees, officers, directors, agents and assignees from and against all claims, actions, costs, damages and judgments arising out of or in connection with any matter involving this Agreement and the Equipment. You agree not to move the Equipment or to transfer, sell, sublease, or encumber either the Equipment or any rights under this Lease without our prior written consent. We may freely assign our rights and interests under this Lease without notice to you or your consent. You agree that our assignee will have the same rights and remedies as we do and that our assignee's rights will not be subject to any claims or defenses you may have against us. You and any guarantor hereby authorize us to share information about you and any guarantor (including personally identifiable information) with our assignees, potential assignees, the Vendor and other third parties providing services to us. We own the Equipment and, unless you have selected a \$1.00 End of Term Purchase Option, we retain all benefits of ownership and you agree not to take any position inconsistent with our ownership. You are solely responsible for the installation, operation, and maintenance of the Equipment, will keep it in good condition, will use it in compliance with applicable law, and will not attach it to building fixtures. You bear all risk of loss or damage to or from the Equipment arising prior to its return to us and will have it duly insured against all risk of loss and damage up to the greater of its replacement value or the Stipulated Loss Value (as defined below) and against public liability for bodily injury or damage to property arising in connection with the Equipment. You will provide to us a certificate showing that you have such insurance coverages, naming us as loss payee. Upon the occurrence of any loss or irreparable damage to the Equipment ("Casualty Loss"), you agree to immediately (a) replace the affected Equipment with equipment of equivalent or better value and supplied by a manufacturer acceptable to us or (b) pay us an amount ("Stipulated Loss Value") which is the sum of (i) all arrears in Lease payments as of the date of payment of the Stipulated Loss Value, if any (ii) all Lease payments payable from the date of payment of the Stipulated Loss Value up until expiry of the term (discounted at a rate equal to the 2 year inter-bank swap rate quoted by Bloomberg L.P. or, where not available, such other 2 year inter-bank swap rate quoted by a commercially available publication reasonably designated by us (the "Discount Rate"), compounded monthly) and (iii) an amount calculated by multiplying the Equipment Total Cost with the applicable percentage specified in the next sentence. The applicable percentage will be 40% for Equipment having an initial Term of less than 24 months; 35% for Equipment having an initial Term of 24 months or greater, but less than 36 months; and 30% for Equipment having an initial Term of 36 months or greater.

You do not and will not: 1) export, re-export, or transfer any Equipment, software, source code or any direct product thereof to a prohibited destination, or to nationals of proscribed countries wherever located, without prior authorization from the United States and other applicable governments; and 2) use any Equipment, software or technology, technical data, or technical assistance related thereto or the products thereof in the design, development, or production of nuclear, missile, chemical, or biological weapons or transfer the same to a prohibited destination, or to nationals of proscribed countries, without prior authorization from the United States and other applicable governments. You are not an entity or person designated by the United States government or any other applicable government with which transacting business without the prior consent of such government is prohibited.

You are familiar with the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, and other analogous anti-corruption legislation in other jurisdictions in which you conduct business or which otherwise apply to you, and with related regulations (collectively the "Anti-Corruption Laws"). You shall not in connection with this Lease: (i) make any improper payment or transfer anything of value, offer, promise or give a financial or other advantage or request to, or agree to receive or accept a financial or other advantage from, either directly or indirectly, any government official or government employee (including employees of a government corporation or public international organization) or to any political party or candidate for public office or to any other person or entity with an intent to obtain or retain business or otherwise gain an improper business advantage; or (ii) take any action which would cause us to be in violation of any Anti-Corruption Laws. You shall promptly notify us if you become aware of any violation of the representations and covenants set forth in this paragraph.

4. End of Term Options. If you have fully complied with this Lease, you may choose one of the following options upon the expiration of the applicable term on an "all or none" basis provided you give us not less than ninety (90) days prior written notice: (i) purchase the Equipment for the Purchase Price (as defined below) on an "as-is, where-is" basis, without any representations or warranties, (ii) renew the Lease at the fair market rental value for an arm's length transaction as determined by us, or (iii) return the Equipment, at your expense, to a location designated by us on or before the last day of the Lease term. "Purchase Price" means (a) if you have selected a FMV End of Term Purchase Option, an amount equal to the fair market value of the Equipment in an arm's length transaction as determined by us (plus all applicable taxes), or (b) if you have selected a 10% End of Term

(plus all applicable taxes), or (c) if you have selected a \$1.00 End of Term Purchase Option an amount equal to one dollar (\$1.00) (plus all applicable taxes). For any End of Term Purchase Option returned to us, the Equipment must be in the same condition as when delivered, except for reasonable wear and tear excepted, and you agree to (a) remove any identifying information from the Equipment and wipe clean or permanently delete all data contained on the Equipment, including without limitation, any data contained on internal or external drives, discs, or accompanying media, and (b) pack the Equipment in accordance with the manufacturer's guidelines. All Equipment returned to us, including any memory, drives or other integrated components, parts or accessories, must be authentic manufacturer equipment configured only in compliance with that manufacturer's specifications and recommendations, and which is not counterfeit, trademark infringing, stolen, leaked, fraudulent or otherwise unlawful. You shall return to us all copies of any operating system software that you received with the Equipment. Without limiting the foregoing, all iPhones, smartphones, iPads, tablets, Apple desktops, Apple notebooks, and Apple workstations, must be returned in full working order and be without scratches, cracks or other damage to LCD screens or Digitizers, with any BIOS passwords or other locking devices removed and any "Find My iPhone/Find My iPad/Find My Mac", iCloud, FMIIP, MDM/DEP "Mobile Device Management"/"Device Enrollment Program", carrier locks, or any other locks which disable the use of the Equipment de-activated. Where any Equipment returned to us is found not to be in the condition set forth in the immediately preceding sentence, you will be responsible for, and will pay us promptly on demand for, the then fair market value (calculated assuming the Equipment is in such condition) of such Equipment.

Item 11.

5. Default. If you do not pay or perform any obligation under this Lease within 10 days of when such payment or performance is due, or you or any guarantor die, become insolvent or unable to pay debts when due, stop doing business as a going concern, merge, consolidate, transfer all or substantially all of your assets; make an assignment for the benefit of creditors, file bankruptcy, appoint a trustee or receiver or undergo a material adverse change in your financial or operating condition, we can do any or all of the following: (1) accelerate without notice all payments provided for in this Lease (discounted at the Discount Rate), (2) immediately repossess the Equipment or (absent Equipment repossession or return) claim a further amount equal to Stipulated Loss Value from you, (3) collect all costs of collection, including any bad check charges and reasonable attorneys' fees, (4) collect lost tax benefits and all unpaid amounts due hereunder, (5) sell or relet the Equipment, and (6) exercise all other remedies available to us. If we do not receive any payment when due, you will pay a one-time late charge on any overdue payment equal to the greater of \$1.00 per dollar for each late payment, or \$15 (to compensate for the cost and expense of collecting and processing the late payment), plus a charge of 1 1/2% of the late payment for every month after the first month in which the payment is late (for damages including our inability to reinvest the late amount), but in any case, never to exceed more than the maximum charge allowed by law. Your payments may be applied, as we elect, first to the oldest amount due. Our action or failure to act on any one remedy shall not constitute an election of such as our sole remedy. Any provision of this Lease is severable if unenforceable. Any action or claim by you against us shall be commenced within one year after the cause of action arises or be forever barred.

6. Miscellaneous.

6.1 You agree to sign such other documents and take such other actions as we may require to accomplish the intent and purpose of this Lease. All of your representations, warranties and obligations hereunder shall survive the termination of this Lease. All notices, demands and other communications required to be given under this Lease shall be in writing and shall be deemed to have been given if delivered personally or mailed via certified mail or a nationally recognized overnight courier service.

6.2 TIME IS OF THE ESSENCE. THIS LEASE SHALL BE DEEMED FULLY EXECUTED AND PERFORMED IN THE STATE OF NEW JERSEY AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS THEREOF. TO THE EXTENT NOT PROHIBITED BY APPLICABLE LAW, THE PARTIES HERETO EXPRESSLY WAIVE ALL RIGHTS TO A TRIAL BY JURY IN ANY JURISDICTION. YOU WAIVE ANY STATUTORY PROVISIONS WHICH CONFLICT WITH THE TERMS OF THIS LEASE, INCLUDING BUT NOT LIMITED TO UCC ARTICLE 2A SECTION 303 AND SECTIONS 508 THROUGH 522. You acknowledge that neither any Vendor nor any Equipment salesperson is an agent of ours nor are they authorized to waive or alter the terms of this Lease. Their representations in no way affect any of our rights and obligations as herein set forth.

6.3 We may accept signature to this Lease or other related agreements through DocuSign, Adobe or any other approved electronic means (any such document, an "Electronic Document") as exchanged with your electronic mail or other address that you have identified to us: If we receive and accept by signing an Electronic Document reflecting your signature then you agree that: (1) the Electronic Document will be enforceable in accordance with its terms; (2) the Electronic Document will be deemed to be (i) a "writing" or "in writing" and (ii) an "original" when printed from our electronic files or records established and maintained in the normal course of business; (3) neither party will contest the validity or enforceability of the Electronic Document; (4) the Electronic Document will be admissible as evidence in any judicial proceeding the same as if it was an ink-signed document; (5) each party will use commercially reasonable security measures to protect and record signatures to and delivery of Electronic Documents only by identifiable authorized persons; and (6) each party will be responsible for (i) any unauthorized access to or processing of Electronic Documents within its own organization and (ii) the failure of its security measures. If you do not wish to sign an Electronic Document electronically, you may notify us in writing and thereafter we will not use Electronic Documents with you as stated.

6.4 You acknowledge that certain personal information may be communicated to us in the course of the performance of the Lease and will be used by us to administer our rights and obligations under the Lease and any other agreement entered into between you and us. You confirm that you have obtained any requisite consent to the disclosure and processing of such information by us for that purpose. All such personal data will be processed in accordance with the Hewlett Packard Enterprise privacy policy in force from time to time (available at www.hpe.com). You authorize us to share information related to this Lease with our affiliates for any reason and any third party as necessary to fulfill our obligations under this Lease.

the software available for your use under this Lease, you assign to us all of your right, title and interest in the relevant software license agreement (the "License"). Such assignment is an assignment of rights only and you will remain subject to all obligations and liabilities under the License except for the obligation to pay for the License after your execution and delivery of all documentation necessary to establish your acceptance of the software. At the end of the term of this Lease and provided you are not in default we will assign all rights, title and interest in the License back to you,

electronically) and providing the deposit account information required above you are agreeing to all of the terms and conditions of this Lease, each of which are incorporated by reference into this Business Lease Agreement. This becomes effective upon our acceptance hereof but we will have no obligation to purchase the Equipment until you have accepted it as set forth above.

Item 11.

Southwest Oklahoma Community Action Group, Inc.

SAFE HAVEN

900 S. Carver Rd., Altus, Ok 73522

580-482-3800

*Memorandum of Understanding
Cooperative Service Agreement
FY 2024-2025*

This Memorandum of Understanding is entered into between **Southwest Oklahoma Community Action Group, Inc. Safe Haven** and Mangum Regional Medical for the **2024/25 STOP Violence Against Women Act Grant**. The purpose of this understanding is to set forth the agreements of operations for services to victims of domestic violence, sexual violence, and stalking in Jackson, Harmon, Greer, Tillman, and Kiowa counties.

Safe Haven shall:

1. Have a victim advocate available 24 hours per day, 365 days per year as needed to assist victims with emotional, physical, and psychological recovery needs. Support victims through the court process to obtain an emergency and/or permanent protective order.
2. For rape victims, be available to assist with the completion of a rape kit or use as evidence in prosecutorial circumstances. The advocates will explain to the victims the steps necessary to complete the exam and to prepare them for the process. The advocate will provide clothing, toiletries and information as needed. The advocate will respond within 30 minutes of the call from JCMH.
3. Make transportation available from hospitals, police departments, investigators offices, and other places to Safe Haven, if needed or desired by the victim.
4. Assist victims with obtaining appropriate identification documents, such as a birth certificate, driver's license (or state identification), and social security card.
5. Share information freely with the team only with written permission through the "release of confidential information" form properly signed by the victim with informed consent, for providing the most comprehensive services to victims, encompassing conflicting information, evidence, and resources.

Mangum Regional Medical shall:

1. Request an advocate for each case from Safe Haven providing the victim agrees. This is to support the long-term emotional stability of the victim.
2. Share information freely with Safe Haven only with the written permission through the "release of information" form for purposes of providing the most comprehensive services to victims, encompassing conflicting information, evidence, resources, etc.
3. Never disclose the location of the Safe Haven shelter.

By signing the MOU, the parties agree to uphold the terms of MOU. Any party may amend their roles and responsibilities of the MOU by the written request and mutual approval. Any party may terminate their participation in the MOU with two weeks written notice, MOU will be reviewed annually.

Ingrid Gifford, Executive Director
Southwest Oklahoma Community Action. Inc.

Lexie Turner, Program Director
Safe Haven

Agency Representative

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract:** MOU
3. **Contract Parties:**
 - Safe Haven and Mangum Regional Medical Center
4. **Contract Type Services:**
 - a. **Impacted Hospital Departments:** Patient Care
5. **Contract Summary:** MOU states that Safe Haven will have an advocate available 24 hours a day, 365 days a year. The advocate will provide clothing and toiletries as needed. The advocate will provide transportation as needed. The hospital will share information freely with Safe Haven if the patient agrees. The hospital will never disclose the location of Safe Haven.
6. **Cost:** \$0.00 per month
7. **Prior Cost:** \$0.00 per month
8. **Term:** 1 year
 - a. **Termination Clause:** May terminate at any time with two weeks written notice.
9. **Other:** None.

FEE SHARING AGREEMENT

THIS FEE SHARING AGREEMENT (this "**Agreement**") is entered into on August ____, 2023 (the "**Execution Date**") to be effective as of August ____, 2023 (the "**Effective Date**"), by and among Prague Family Clinic, Inc., an Oklahoma not-for-profit corporation ("**Prague**"), Carnegie Tri County Municipal Hospital, Inc., an Oklahoma not-for-profit corporation ("**Carnegie**"), Pawhuska Hospital, Inc., an Oklahoma not-for-profit corporation ("**Pawhuska** ") and Mangum City Hospital Authority, an Oklahoma public trust, d/b/a Mangum Family Clinic ("**Mangum**") (Prague, Carnegie, Pawhuska, and Mangum are sometimes individually referred to herein as a "**Party**" and collectively as the (the "**Parties**"), with reference to the following circumstances:

RECITAL

A. WHEREAS, Prague has arranged for a license agreement with eClinicalWorks, LLC ("**eClinicalWorks**") to provide services that allow the Parties to the license agreement to have EClinicalWorks assist with the optimization of the amount of 340b revenues that the Parties can obtain from their respective operations (the "**eClinicalWorks License Agreement**");

B. WHEREAS, eClinicalWorks requires that only on Party to this Agreement, i.e., Prague, be responsible for the fill cost of the services to be provided to the Parties, rather than bill each of the Parties separately;

C. WHEREAS, Carnegie, Pawhuska, and Mangum have agreed to enter into this Agreement to memorialize their respective agreements with Prague to reimburse Prague for their respective costs of having eClinicalWorks provide them with the services pursuant to their respective eClinicalWorks License Agreements;

NOW, THEREFORE, in consideration of the premises and the mutual covenants and obligations contained in this Agreement, the parties agree as follows:

1. Reimbursement of Prague for eClinicalWorks License Agreement Fees. Carnegie, Pawhuska, and Mangum hereby agree that each will reimburse Prague for their respective initial cost of One Thousand Five Hundred and No/100 Dollars (\$1,500.00) for the eClinicalWorks License Agreement and any individual additional costs that any of Carnegie, Pawhuska, and Mangum should incur with eClinicalWorks for the provision of services to them pursuant to their respective version of the eClinicalWorks License Agreement. Carnegie, Pawhuska, and Mangum agree to pay Prague within ten (10) days of receipt of an invoice from Prague for any such expenses associated with the eClinicalWorks License Agreement.

2. Miscellaneous.

2.1 Further Assurances. At any time and from time to time after the Effective Date, at any Party's request and without additional consideration, the other Party or Parties will execute and deliver such other instruments as the other Party may deem

reasonably necessary in order to more effectively consummate the transactions contemplated in this Agreement.

2.2 Integration; Amendment. This Agreement and any other documents and instruments described herein constitute the entire agreement of the Parties with respect to the subject matter hereof and may not be modified, amended, or terminated except by a written agreement specifically referring to this Agreement signed by the Party against whom enforcement is sought.

2.3 Waiver. No waiver of any breach or default hereunder shall be considered valid unless in writing and signed by the Party giving such waiver, and no such waiver shall be deemed a waiver of any subsequent breach or default of the same or similar nature.

2.4 Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of each Party hereto, its parent entities, successors, and assigns.

2.5 Execution in Counterparts. This Agreement may be executed in multiple counterparts (including by means of facsimile or other electronic media), all of which taken together shall be deemed one original instrument.

2.6 Confidentiality. All the Parties hereto shall, and will cause their respective officers, employees, agents, partners, beneficiaries, advisors, representatives and affiliates to, maintain in confidence, not use to the detriment or disparagement of another party hereto, or otherwise disclose (a) any provision of this Agreement or (b) any written, oral, or other information obtained in confidence from another Party or affiliate of a Party in connection with this Agreement or the transactions contemplated under this Agreement, unless (i) such information is already known to such person or such information becomes publicly available through no fault of such Party, or (ii) the furnishing or use of such information is required by or necessary or appropriate in connection with legal proceedings.

[Signature page follows this page.]

The parties have executed this Fee Sharing Agreement on August____, 2023, to be effective as of August____, 2023.

"Prague"

Prague Family Clinic, Inc., an Oklahoma not-for-profit corporation

By: _____
_____, Its _____

"Carnegie"

Carnegie Tri County Municipal Hospital, Inc., an Oklahoma not-for-profit corporation

By: _____
_____, Its _____

"Pawhuska"

Pawhuska Hospital, Inc., an Oklahoma not-for-profit corporation

By: _____
_____, Its _____

"Mangum"

Mangum City Hospital Authority, an Oklahoma public trust, d/b/a Mangum Family Clinic

By: _____
_____, Its _____