



# Agenda

## Mangum City Hospital Authority

### August 24, 2021 at 5:00 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on August 24, 2021, 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 7-27-21 MCHA minutes.
2. Approve 7-15-21 QAPI minutes.
3. Approve 7-22-21 Medical Staff minutes.
4. Approve Claims for July 2021 and Estimated Claims for September 2021.
5. Approve MRMC Quality Report.
6. Approve Mangum Family Clinic Operations Report.
7. Approve CCO Report.
8. Approve CEO Report.
9. Approve the following policy revisions.
  - Approval of Policy & Procedure: 301 Generator
  - Approval of Policy & Procedure: 302 HVAC Revised
  - Approval of Policy & Procedure: 303 Medical Gases
  - Approval of Policy & Procedure: Type 1 EES2
  - Approval of Policy & Procedure: Transmission Based Precautions Preventing Transmission of Infectious Agents
  - Approval of Policy & Procedure: FMIC -039 Enhanced-barrier precautions sign - English

Approval of Policy & Procedure: FMIC -040 Enhanced-barrier precautions sign - Spanish

Approval of Policy & Procedure: Infection Control & Prevention Police Manual TOC

## **FURTHER DISCUSSION**

### **REMARKS**

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

### **REPORTS**

- [10.](#) Financial Report

### **OTHER ITEMS**

- 11. Discussion and possible action regarding a Strategic Planning Process for the Mangum Regional Medical Center and Mangum Family Clinic.
- [12.](#) Discussion of Practical Guidance for Health Care Governing Boards on Compliance Oversight.
- [13.](#) Discussion and possible action on approval of dishwasher repair up to \$8,000.
- 14. Discussion and possible action regarding a lease of the David Caley Annex with the City of Mangum.

### **EXECUTIVE SESSION**

- 15. Discussion and possible action regarding the review and approval of medical staff privileges/credentials/contracts of the following providers with possible executive session in accordance with 25 O.S. § 307(B) (1):

Brian Bluth, MD, Supervisory Agreements of Jeff Brand and Julian Lowell

Jeff Brand, PA – Courtesy Privileges

Julian Lowell, APRN-CNP – Courtesy Privileges

Brett Tyler Grobman, DO – Temporary Courtesy Privileges

### **OPEN SESSION**

- 16. Discussion and possible action with regard to executive session, if necessary.

### **EXECUTIVE SESSION**

- 17. Discussion and possible action regarding a disputed accounts payable claim with Jackson County Memorial Hospital and potential litigation with possible executive session in accordance with 25 O.S. 307(B)(4).

### **OPEN SESSION**

- 18. Discussion and possible action with regard to executive session, if necessary.

**STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, City Manager, City Attorney or City 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**

Duly filed and posted at 10:30 a.m. on the 20th day of August 2021, by the Secretary of the Mangum City Hospital Authority.

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*Billie Chilson, Secretary*



# Minutes

## Mangum City Hospital Authority – AMENDED Session

### July 27, 2021 at 5:00 PM

City Administration Building 130 N Oklahoma Ave

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on Tuesday, July 27, 2021, at 5:00 PM, in the Mangum 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 5:07 pm

#### ROLL CALL AND DECLARATION OF A QUORUM

##### PRESENT

Trustee Carson Vanzant  
Trustee Ilka Heiskell  
Trustee LaRetha Vincent

##### ABSENT

Trustee Cheryl Lively

##### ALSO PRESENT

Billie Chilson, City Clerk/Secretary  
Corry Kendall, Attorney

#### 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 the items 1, 3, 4, 6, 7, 8 of the consent agenda as presented and remove items 2,5 and 9 for further discussion.

Motion made by Trustee Heiskell, Seconded by Trustee Vincent.

Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

1. Approve June 22, 2021 regular meeting minutes.
2. Approve 6-10-21 QAPI minutes.

This item was moved to Further Discussion.



3. Approve 6-17-21 Medical Staff minutes.
4. Approve Claims for July 2021 and Estimated Claims for August 2021
5. Approve renewal of our agreement with the Oklahoma Blood Institute.

This item was removed from the consent agenda for further discussion.

6. Approve Clinic Operations Report.
7. Approve CCO Report.
8. Approve CEO Report.
9. Approve the following policy revisions and updated formularies.
  - Approval of Policy & Procedure: LS-400 Security Management Plan
  - Approval of Policy & Procedure: LS-500 Fire Management Plan
  - Approval of Policy & Procedure: LS-600 Equipment Management Plan
  - Approval of Policy & Procedure: LS-700 Hazardous Materials Management Plan
  - Approval of Policy & Procedure: LS-300 Utility Management
  - Approval of Policy & Procedure: LS-305 Electrical Wiring
  - Approval of Policy & Procedure: LS-306 Elevator
  - Approval of Policy & Procedure: GEN – 026A Consent for Photography/Multimedia and Authorization for Use or Disclosure
  - Approval of Policy & Procedure: GEN-026 Photography and Multimedia Imaging
  - Approval of Policy & Procedure: Emergency Department Policies - Table of Contents
  - Approval of Policy & Procedure: EMD-017A Pediatric Sepsis Screen
  - Approval of Policy & Procedure: EMD-017B Pediatric Sepsis Standing Orders
  - Approval of Policy & Procedure: EMD-017C Pediatric Sepsis Guidelines
  - Approval of Policy & Procedure: Nursing Services Policies - Table of Contents
  - Approval of Policy & Procedure: Nursing - 026B Adult Sepsis Standing Orders
  - Approval of Policy & Procedure: Nursing – 026 Sepsis - Care and Management Guidelines for the Adult Patient
  - Approval of Policy & Procedure: Nursing – 026A Adult Sepsis Screen
  - Approval of Updated Formulary: Casirivimab/Imdevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders
  - Approval of Fact Sheet for Patients, Parents and Caregivers – Emergency Use Authorization (EUA) of Regen-COVtm (casirivimab and imdevimab) for Coronavirus Disease 2019 (COVID-19)
  - Approval of Updated Formulary: Bamlanivimab/Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders
  - Approval of Fact Sheet for Patients, Parents and Caregivers: Emergency Use Authorization (EUA) of Bamlanivimab and Etesevimab for Coronavirus Disease 2019 (COVID-19)

Removed from the consent agenda for further discussion.

## FURTHER DISCUSSION

2. Approve 6-10-21 QAPI minutes.

Trustee Heiskell asked about the QAPI minutes as there is several pages that are blank and are not necessary. She also stated that the Hospitals name is not some of the documents. She stated that these items have been brought up before. She stated that Cohesive has been the Management Company for more than 2 years now and feels like should be taken care of by now.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

5. Approve renewal of our agreement with the Oklahoma Blood Institute.

No action.

Approve the following policy revisions and updated formularies.

Approval of Policy & Procedure: LS-400 Security Management Plan

Approval of Policy & Procedure: LS-500 Fire Management Plan

Approval of Policy & Procedure: LS-600 Equipment Management Plan

Approval of Policy & Procedure: LS-700 Hazardous Materials Management Plan

Approval of Policy & Procedure: LS-300 Utility Management

Approval of Policy & Procedure: LS-305 Electrical Wiring

Approval of Policy & Procedure: LS-306 Elevator

Approval of Policy & Procedure: GEN – 026A Consent for Photography/Multimedia and Authorization for Use or Disclosure

Approval of Policy & Procedure: GEN-026 Photography and Multimedia Imaging

Approval of Policy & Procedure: Emergency Department Policies - Table of Contents

Approval of Policy & Procedure: EMD-017A Pediatric Sepsis Screen

Approval of Policy & Procedure: EMD-017B Pediatric Sepsis Standing Orders

Approval of Policy & Procedure: EMD-017C Pediatric Sepsis Guidelines

Approval of Policy & Procedure: Nursing Services Policies - Table of Contents

Approval of Policy & Procedure: Nursing - 026B Adult Sepsis Standing Orders

Approval of Policy & Procedure: Nursing – 026 Sepsis - Care and Management Guidelines for the Adult Patient

Approval of Policy & Procedure: Nursing – 026A Adult Sepsis Screen

Approval of Updated Formulary: Casirivimab/Imdevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders

Approval of Fact Sheet for Patients, Parents and Caregivers – Emergency Use Authorization (EUA) of Regen-COVtm (casirivimab and imdevimab) for Coronavirus Disease 2019 (COVID-19)

Approval of Updated Formulary: Bamlanivimab/Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders

Approval of Fact Sheet for Patients, Parents and Caregivers: Emergency Use Authorization (EUA) of Bamlanivimab and Etesevimab for Coronavirus Disease 2019 (COVID-19)

Heiskell wanted to mention again that the Hospital name should be listed on the documents.

Motion to approve the policy revisions and updated formularies listed in the Agenda Item.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

## REMARKS

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

The CEO stated that they transformed one of the wings in the hospital for a COVID Wing and does not think it will ever go back to a regular wing.

In doing this they had to move the business offices to the Dr Caley Memorial Medical Center.

Discussion about the rental contract. The board asked if they could get a copy of the old contract that the other management company was using it and bring it back for further discussion.

The building can be used for not only the business offices but the Strong Mind Program and even for therapy rooms.

## REPORTS

### 10. Financial Report

Andrea Snider gave the financial report with the following highlights for May 2021.

#### Statistics

- The average daily census (ADC) for May 2021 was 11.13. This exceeded our target of 11.0 and resulted in a continued increase over April (9.33) & March (7.84). As a reminder, the 2021 year began with a 2-year ADC low of only 5.90 in January. YTD the ADC for Mangum has now rebounded to 9.11.
- FY21 YTD Medicare swing bed patient days through May were 1,033 as compared to the PY total of 1,471 (approximately -30%). Accordingly, this is an area of focus.
- We experienced an increase in collections in May (\$817K) over April (\$743K) due to the ADC increase in April over March (generally speaking there is approximately a one-month lag between the net revenue generated each month & the majority of the cash collected.) Accordingly, the cash collections in June should result in a material increase over May and a very material increase over April.

#### Balance Sheet Highlights

- The operating cash balance as of May 31<sup>st</sup> was \$185K. The decrease of \$100K from the April 2021 balance was primarily due to material payments made toward vendors combined with the YTD impact of an ADC still materially lower than our target of 11.0.
- AR increased \$185k from April. This was primarily volume-driven as the facility continued its rebounding trend to an ADC of 11.13.
- The facility paid down approximately \$273K in AP and cash receipts were approximately \$74k greater than in April. The hospital also continues to make payments on MCR ERS loans of approximately \$90K per month.

## Income Statement Highlights

- Current month gross patient revenue is higher compared to PY primary due to OP volumes (COVID had a much higher impact on OP CAH & clinic volumes in FY20).
- Current month total operating revenue is \$176K higher than the prior year – primarily due to the increase in gross revenue & the recognition of COVID grant revenue (\$610K). These increases, however, were materially offset by a MCR receivable (\$792K) estimate recorded in May of FY20. \*\*\*The recognition of the \$610K grant revenue is the driver of May.
- Operating expenses remain very consistent with the prior year overall. Interest expenses has materially decreased due to the cost report settlement applied to 2016-2017 Medicare ERS loans.
- For the current month of May 2021, operating expenses were \$80K over the April YTD monthly average. This appears to be exclusively related to salary & benefits & is being investigated further at this time.

## OTHER ITEMS

11. Discussion and possible action regarding our engagement of BKD CPAs & Advisors to prepare the Medicare cost report for Mangum Regional Medical Center for the year ended December 31, 2020.

Same fees as it has been \$13,000.00.

Motion to approve the engagement of BKD CPAs & Advisors to prepare the Medicare cost report for Mangum Regional Medical Center for the year ended December 31, 2020.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.  
Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

12. Discussion and possible action regarding our Respiratory Protection Program Evaluation Summary for 2021.

No action.

13. Discussion and possible action regarding the appointment of Karli Bowles, RN, Respiratory Program Administrator.

No action.

14. Discussion and possible action regarding a Hospital debit card for the payment of specific board approved services such as a currently needed Language Line service.

Motion to table until next month meeting and get more information.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.  
Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

## EXECUTIVE SESSION

15. Discussion and possible action regarding the review and approval of medical staff privileges/credentials/contracts of the following providers with possible executive session in accordance with 25 O.S 307(B) (1):

- a. Cody Griffin, DO, Contract Renewal
- b. Kenna Wenthold, APRN, Contract Renewal
- c. Jeff Phillips, PA, Contract Renewal
- d. Brian Bluth, MD, Supervisory Agreement

No executive session needed.

Motion to approve Cody Griffin, DO, Contract Renewal, Kenna Wenthold, APRN, Contract Renewal, Jeff Phillips, PA, Contract Renewal, Brian Bluth, MD, Supervisory Agreement.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.  
Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

## OPEN SESSION

All taken care of in previous item.

16. Discussion and possible action with regard to executive session, if necessary.

No executive session was needed.

## STAFF AND BOARD REMARKS

*Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees*

Corry asked about the yearly audits. We are required to have a yearly audit but have not seen any.

Denis said that they are still working on the 2016.

Chairman Vanzant wanted to give a special thank you to the hospital and employees for all the hard work. Have heard nothing but good comments from the citizens about the hospital.

Jamal. Thank you for the support.

## 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 at 6:29 pm

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.  
Voting Yea: Trustee Vanzant, Trustee Heiskell, Trustee Vincent

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Carson Vanzant, Chairman

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Billie Chilson, City Clerk

**Mangum Regional Medical Center  
Quality Committee 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: 7/15/2021 Time: 11: 56 Recorder: Denise Jackson

Reporting Period Discussed: June 2021

Members Present via Teams Meeting									
Chairperson:		CEO: Dale Clayton				Medical Representative: Dr. Chiaffrelli			
Name	Title	Name	Title	Name	Title	Name	Title	Name	Title
Jennifer Waxell	Respiratory	Josey Kenmore	Materials Management	Chasity Howell	Case Manager				Lab Manager
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Kari Bowles	Infection		
Linda James	Pharmacy			Jennifer Dreyer	HIM	Kasi Hille	Business/RCM Director		
Matt Moran	IT								
TOPIC	FINDINGS/CONCLUSIONS				ACTIONS/RECOMMENDATIONS				FOLLOW-UP
Call to Order	Sarah Dillahunt/Chasity Howell								
Review of Minutes	June QAPI minutes				approved - Daniel Coffin/Kari Bowles				
Review of Committee Meetings									
A. EOC/Patient Safety Committee	policies to board this month - ceiling tiles and flooring repaired, nurse/med room flooring rescheduled, outlets in hall scheduled for this month, waiting on head wall 02, glass fro pegboards. Started on replacing receptacles throughout the hospital, needing to work on ceiling in ultrasound/or2/lab, cafeteria walls								
B. Infection Control Committee	3 positive covid in June, follow up call to covid patients this week for 14 day quarantine, updated tx for covid discussed, no in house infections.				limited visitation due to rising number, n95 use in direct patient care areas				
C. Pharmacy & Therapeutics Committee	numbers discussed per qapi entries, T&P scheduled for 7/22/21								
D. HIM/Credentials Committee	100%, working on credentialing for the board approval this month for Jeff Brand PA and Jillian Lowell APRN								
E. Utilization Review Committee	167 er visits/11 admissions/27 discharges, 0 re-admits, 1 acute transfer to higher level of care								
F. Compliance Committee	stroke policy time discussed with patient cases reported								
Old Business	none								



Business	OBI contract renewal/Policies revised: sepsis, hourly rounding, ED TOC, Nursing TOC, photo/multimedia policy, fire management plan, equipment management plan, electric wiring, elevator, hazardous materials management, security management, utility systems,		
Quality Assurance/Performance Improvement			
Volume & Utilization			
A. Hospital Activity	167 cr visits/11 admissions/27 discharges		
B. Blood Utilization	5 units - Product was administered without problems	Will continue to monitor	
Care Management			
A. CAH/ER Re-Admits	0		
B. Acute Transfers	1		
C. Transition of Care			
D. Discharge Follow-Up Phone Calls	12		
E. Patient Discharge Safety Checklist	12 (12)		
Risk Management			
A. Incidents	1 pt fall w/o injury, 3 ama	no f/u required for fall, provider education on documentation to be provided	
B. Reported Complaints	1 complaint	resolved at bedside	no further f/u required
C. Reported Grievances	no grievances		
D. Patient Falls Without Injury	1 fall w/o injury	no f/u required for fall	
E. Patient Falls With Minor Injury	no reported falls		
F. Patient Falls With Major Injury	no reported falls		
G. Mortality Rate	1 in-pt / 3 ER deaths - in-pt expected due to age/condition, 2 pt to er with cpr in progress/unsuccessful/family declined further tx, 1 to er/family declined aggressive tx	no f/u required	
H. Deaths Within 24 Hours of Admit	0	0	
I. OPO Notification/Tissue Donation	Lifeshare was called within the 60 minute time frame.	Lifeshare declined	

<b>Emergency Department</b>			
<b>A. Critical Tests/Labs</b>	160(160)		
<b>B. Restraints</b>	0		
<b>C. RN Assessments</b>	20		
<b>D. Code Blue</b>	2		
<b>E. Acute Transfers</b>	ACUTE/SWING 2 Transfers - 2 patients for reporting period transferred to tertiary facilities. 1. one patient to higher level of care for respiratory distress 2. one patient to tertiary facility for urology placement of indwelling urinary catheter		
<b>A. ER Log &amp; Visits</b>	167		
<b>B. MSE</b>			
<b>C. Provider ER Response Time</b>	w/i 20 minutes		
<b>D. ED RN Assessment (Initial)</b>	20		
<b>E. ED Readmissions</b>			
<b>F. EMTALA Transfer Form</b>	7		
<b>G. ED Transfers</b>	7 - were transferred due to higher level of care needed.	no f/u required	
<b>H. Stroke Care</b>	2	education on transfer time/stroke policy	
<b>I. Suicide Management</b>	3	no f/u needed	
<b>J. Triage</b>	167		



Intensive Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	100%		
Pharmacy & Medication Safety			
A. Pharmacy Utilization	52,117		
B. After Hours Access	107	med dispensing machine to be purchased next month	
C. Adverse Drug Reactions	0		
D. Medication Errors	0		
Respiratory Care Services			
A. Ventilator Days	7		
B. Ventilator Wean Rate	0		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	100%		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	9		
C. Wound Care Documentation	8		
D. Debridement/Wound Care Procedures	4		

E. Ind Vac Application	0		
<b>Radiology</b>			
A. Radiology Films	113		
B. Imaging	20		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	n/a	Due in July 2021	
<b>Lab</b>			
A. Lab Reports	0		
B. Blood Culture Contaminants	0		
<b>Infection Control &amp; Employee Health</b>			
A. CAUTI's	0		
B. CLABSI's	0		
C. HA MDROs	0		
D. HA C. diff	0		
E. Hospital Acquired Infections By Source	0		
F. Hand Hygiene/PPE Surveillance	100%		
G. Public Health Reporting	3	3 positive COVID	
H. Patient Vaccinations	1		
I. Ventilator Associated Events	0		

<b>Plant Services</b>			
A. Terminal Room Cleans	8		
<b>Materials Management</b>			
A. Materials Management Indicators	100%		
<b>Plant Operations</b>			
A. Fire Safety Management	100%		
<b>Information Technology</b>			
A. IT Indicators	1 power outage/1 server outage	plan routine updates/reboot checks	
<b>Outpatient Services</b>			
A. Outpatient Orders and Assessments	2		
B. Outpatient Therapy Services	8 evaluations		
C. Outpatient Wound Services	20 debridments		
<b>Contract Services</b>			
Contract Services	OBI contract renewal, BKD engagement for this months approval	approved in quality	to Med Staff and Board
<b>A. OSDH &amp; CMS Updates</b>			
B. Surveys			
C. Product Recalls	none		
D. FMEA			
E. RCA			
<b>Policy &amp; Procedure Review</b>			
Policy & Procedure	Policy Revisions: 1. Critical Lab policy update 2. Alcohol policy update 3. Suicide policy update		
<b>Standing Agenda</b>			



<b>Employee Health Summary</b>	1. 1 light duty case continued untill 6/15/2021 2. 6 TB screenings on new employees 3. 7 Lost Work days due to illness 4. 1 reported fall during working hours with no missed work days 5. employee illness 4 GI, 2 Migrated, 1 URI		
<b>HIM</b>			
<b>A. H&amp;P's</b>	33		
<b>B. Discharge Summaries</b>	97% - 1 acute H&P missing		
<b>C. Progress Notes (Swing bed &amp; Acute)</b>	43		
<b>D. Consent to Treat</b>	99%		
<b>E. Swing bed Indicators</b>			
<b>F. E-prescribing System</b>	843		
<b>G. Legibility of Records</b>	100%		
<b>Dietary</b>			
<b>A. Food Test Tray Eval</b>	100%		
<b>B. Dietary Checklist Audit</b>	100%		
<b>Therapy</b>			
<b>A. Therapy Indicators</b>	9		
<b>B. Therapy Visits</b>	157		
<b>C. Standardized Assessment Outcomes</b>	100%		
<b>Human Resources</b>			
<b>A. Compliance</b>	100%		
<b>Registration Services</b>			
<b>Registration Services</b>	100%		

Annual Approval of Strategic Quality Plan	Approved 06/22/21		
B. Annual Appointment of Infection Preventionist	n/a		
C. Annual Appointment of Risk Manager	Denise Jackson	Approved 06/22/21	
D. Annual Appointment of Safety Officer			
E. Annual Appointment of Security Officer	Matt Moran	Approved 06/22/21	
F. Annual Appointment of Compliance Officer	Denise Jackson	Approved 06/22/21	
G. Annual Review of Infection Control Risk Assessment (ICRA)	n/a		
H. Annual Review of Hazard Vulnerability Analysis (HVA)	n/a		
<b>Credentiaing/New Appointments</b>			
A. Credentiaing/New Appointment Updates	1.) Randy Benish PA 2.) Surech Chandrasekaran MD	re-credentialing approved by board on 06/22/2021	
<b>Education &amp; Training</b>			
A. Education & Training	BLS/ACLS/PALS		
<b>Performance Improvement Projects</b>			
A. Performance Improvement Projects	Stroke door to transfer time decrease. ROADL.		

Department Reports			
A. Department			
Other	Karli Bowles - Respiratory Prevention Program administrator	approved in quality	to Med staff and board
Adjournment			
A. Adjournment	12:07 - Daniel Coffin/Sarah Dillahunty		

Mangum Regional Medical Center  
Medical Staff Meeting  
July 22, 2021

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director  
William Gregory Morgan, III, MD  
Absent:  
Guest:

ALLIED HEALTH PROVIDER PRESENT:

David Arles, APRN  
Mary Barnes, APRN  
Randy Benish, PA

NON-MEMBERS PRESENT:

Chelsea Church, PhD  
Dale Clayton, CEO  
Daniel Coffin, CCO  
Denise Jackson, Quality Director  
Lynda James, LPN, Drug Room Tech.  
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
  - a. The meeting was called to order at 12:50 am by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the June 17, 2021, 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. CEO report – Dale Clayton, CEO  
 We continue to participate in daily Region 3 Merc briefings.
    - Cohesive and hospital leadership continue to ensure the staff and providers are kept up to date regarding any changes or new policies pertaining to COVID-19.
 Hospital Staff and Operations Overview:
    - Open positions include RN, LPN, RT, MT, Part time Dietary Aide, Rehab Director and Lab Director.

- Newly filled positions include Finance Director; AP Clerk; RN, Case Manager; RN, Quality Manager; LPN; MLT, Lab and Dietary Aide.
  - Covid Project/Cares Act equipment purchases are proceeding as planned.
  - Our census has continued to be strong with an average daily census of 11.
  - The 4H members along with their sponsors Glenadee Edwards, Carol Toole and Cheryl Lively planted flowers in the flower beds around the hospital.
- Written report remains in the minutes.

## 5. Committee / Departmental Reports

- a. Medical Records
  - i. No report was given.

### b. Nursing

#### Excellent Patient Care

- Monthly Education topics included: American Heart Association's Basic Life Support, Advanced Cardiopulmonary Life Support and Pediatric Advances Life Support.
- Non-Clinical staff participated in and received certification in American Heart Basic Life Support class.
- Emergency Department provided rapid diagnostics and appropriate transfer of an ischemic stroke patient.

#### Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 345 in May to 316 in June. This represents an average daily census of 11. In addition, MRMC Emergency Department provided care to 167 patients in June.
- June COVID-19 Stats at MRMC: Swabs (33-PCR & 49 -Antigen) 3 Positives & 79 Negatives.
- Greer County June COVID-19 Statistics: 591 Positive Cases and 22 Deaths (3.72% death rate).

#### Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN and CNA.
- Open Director positions include Rehabilitation and Laboratory Manager.
- For the clinical team MRMC has hired a Core RN and LPN.
- Recruiting efforts included positing of positions on mangumregional.net and Facebook.

Written report remains in minutes.



c. Infection Control

- New Business:
  - a. Increasing COVID-19 numbers in Community.
  - b. New Visitor/mask hospital policy
- Data:
  - a. 0 CAUTI
  - b. 0 CLABSI
  - c. 0 HAI
  - d. 3 positive COVID-19 in June
- Policy & Procedures:
  - a. New COVID-19 Visitor/mask policy.
  - b. Respiratory Protection Program
- Education/In Services
  - a. Continuing N95 Fit Testing
  - b. Implementation of catheter securement devices on MAR.
- Updates:
  - a. Department goals improving. Tracking of Pneumonia vaccines increasing with blue sheets.
  - b. Policies updated in office.
  - c. COVID-19 and Respiratory protection program complete.
- Annual Items:
  - a. None at this time.
- Any additional recommendations from committee:
  - a. None currently.

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 July meeting.  
Continuing to work on the building. Working on flooring in Nurses break room and Med Prep room, installing additional outlets, new oxygen/suction headwall in ER1, new covered pegboard needed, approved/cabinet construction started. Ceiling in SW Room of Lab needing repaired and Cafeteria has cracks that need addressed.
  - b. 15 AMP Receptacles – all 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
  - c. Started repairs on the shower in Providers Room.
  - d. Stretcher in ER1 needs supports under replaced.
- i.i.i. New Business

- a. Replace stained ceiling tile in Ultrasound Room
  - b. Ceiling in OR2 needs repair
  - c. Replace all receptacles on generator circuit at Clinic with red receptacles
- Written report remains in minutes.

- e. Laboratory
  - i. Tissue Report – Approved – June, 2021
  - i.i. Transfusion Report – Approved – June, 2021
- f. Radiology
  - i. There was a total of – 213 X-Rays/CT/US
  - i.i. Nothing up for approval
  - i.i.i. Updates: There are no updates to report at this time.

Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by Pharmacist.
  - i.i. There are no backordered medications at this time.
  - i.i.i. P & T Meeting will be held today after Medical Staff Meeting.
- h. Physical Therapy
  - i. No report.
- i. Emergency Department
  - i. No report
- j. Quality Assessment Performance Improvement
  - Risk
    - Risk Management
      - 1. Complaints – One - Resolved at bedside
      - 2. One fall without injury
      - 3. 4 Death – 1 In-patient and 3 ER
      - 4. AMA - 3
    - Quality
      - Quality Minutes from previous month included as attachment.
      - Policy Revisions:
        - 1. Sepsis, Hourly Rounding, ED TOC, Nursing TOC, Photo/Multimedia Policy, Fire Management Plan, Equipment Management Plan, Electric Wiring, Elevator, Hazardous Materials Management, Utility Systems

- HIM – Discharge summaries are at 89% they weren't done in a 24-hour time frame. Consent to treat at 99%
  - Med event – 0
  - Afterhours access down for month of June.
  - Compliance
    - Contracts that were approved in Quality on 7/15/2021
      - 1. OBI Contract Renewal
- Written report remains in minutes.

k. Utilization Review

- i. Total Patient days for June: 344
  - i.i. Total Medicare days for June: 304
  - i.i.i. Total Medicaid days for June: 0
  - i.v. Total Swing Bed days for June: 310
  - v. Total Medicare SB days for June: 278
- Written reports remain in minutes.

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

6.New Business

- a. Review & Consideration of Approval of Policy: LS-400 Security Management Plan  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy LS-400 Security Management Plan.
- b. Review & Consideration of Approval of Policy: LS-500 Fire Management Plan  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy - LS-500 Fire Management Plan.
- c. Review & Consideration of Approval of Policy: LS-600 Equipment Management Plan  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy - LS-600 Equipment Management Plan.
- d. Review & Consideration of Approval of Policy: LS-700 Hazardous Materials Management Plan  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-LS-700 Hazardous Materials Management Plan.
- e. Review & Consideration of Approval of Policy: LS-300 Utility Management  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy – LS-300 Utility Management
- f. Review & Consideration of Approval of Policy: LS-305 Electrical Wiring  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-LS-305 Electrical Wiring.
- g. Review & Consideration of Approval of Policy: LS-306 Elevator  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-LS-306 Elevator
- h. Review & Consideration of Approval of Policy: GEN-026A Consent for Photography/Multimedia and Authorization for Use or Disclosure  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy – GEN-026A Consent for Photography/Multimedia and Authorization for Use or Disclosure
- i. Review & Consideration of Approval of Policy: GEN-026 Photography and Multimedia Imaging  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-GEN-026 Photography and

Multimedia Imaging.

- j. Review & Consideration of Approval of Policy: Emergency Department Policies – Table of Contents  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy – Emergency Department Policies – Table of Contents.
- k. Review & Consideration of Approval of Policy: EMD-017A Pediatric Sepsis Screen  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-EMD-017A Pediatric Sepsis Screen
- l. Review & Consideration of Approval of Policy: EMD-017B Pediatric Sepsis Standing Orders  
**i.Motion:** made by Dr. Chiaffitelli to approve EMD-017B Pediatric Sepsis Standing Orders.
- m. Review & Consideration of Approval of Policy: EMD-017C Pediatric Sepsis Guidelines  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-EMD-017C Pediatric Sepsis Guidelines.
- n. Review & Consideration of Approval of Policy: Nursing Services Policies – Table of Contents  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy-Nursing Services Policies - Table of Contents
- o. Review & Consideration of Approval of Policy: Nursing – 026B Adult Sepsis Standing Orders  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy – Nursing-026B Adult Sepsis Standing Orders.
- p. Review & Consideration of Approval of Policy: Nursing-026 Sepsis – Care and Management Guidelines for the Adult Patient  
**i.Motion:** made be Dr. Chiaffitelli to approve Policy – Nursing-026 Sepsis-Care and Management 26Guidelines for the Adult Patient.
- q. Review & Consideration of Approval of Policy – Nursing-026A Adult Sepsis Screen  
**i.Motion:** made by Dr. Chiaffitelli to approve Policy – Nursing-026A Adult Sepsis
- r. Review & Consideration of Approval of Updated Formulary: Casirivimab /Imdevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders and Fact Sheet for Patients, Parents and Caregivers- Emergency Use Authorization (EUA) of Regen-COVtm (casirivimab andimdevimab) for Coronavirus Disease 2019 (COVID-19)  
**i.Motion:** made by Dr. Chiaffitelli to approve Updated Formulary Casirivimab/ Imdevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders and Fact Sheet for Patients, Parents and Caregivers – Emergency Use Authorization (EUA) of Regen-COVtm (casirivimab andimdevimab) for Coronavirus Disease 2019 (COVID-19).
- s. Review & Consideration of Approval of Updated Formulary: Bamlanivimab/ Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders and Fact Sheet for Patients, Parents and Caregivers: Emergency Use Authorization (EUA) of Bamianivimab and Etesevimab for Coronavirus Disease 2019 (COVID-19)  
**i.Motion:** made by Dr. Chiaffitelli to approve Updated Formulary Bamlanivimab/Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders and Fact Sheet for Patients, ParentsA And Caregivers: Emergency Use Authorization (EUA) of Bamianivimab and

Etesevimab for Coronavirus Disease 2019 (COVID-19)

- t. Review & Consideration of Karli Bowles, RN, BSN as the Respiratory Program Administrator for Mangum Regional Medical Center  
**i.Motion:** made by Dr. Chiaffitelli to approve Karli Bowles, RN, BSN as the Respiratory Program Administrator for Mangum Regional Medical Center.
- u. Review & Consideration of Approval of Mangum Regional Center Respiratory Protection Program Evaluation Summary for 2021.  
**i.Motion:** made by Dr. Chiaffitelli to approve the Mangum Regional Center Respiratory Protection Program Evaluation Summary for 2021.
- v. Review & Consideration of Approval of Updated Agreement and Fee Schedule between Mangum City Hospital Authority DBA: Mangum Regional Medical Center and The Oklahoma Blood Institute  
**i.Motion:** made by Dr. Chiaffitelli to approve Updated Agreement and Fee Schedule between Mangum City Hospital Authority DBA: Mangum Regional Medical Center and The Oklahoma Blood Institute.
- w. Approval of Hospital Vendor Contract-Summary Sheet between The Oklahoma Blood Institute (OBI) and Mangum Regional Medical Center (MRMC)  
**i.Motion:** made by Dr. Chiaffitelli to approve Hospital Vendor Contract-Summary Sheet between The Oklahoma Blood Institute (OBI) and Mangum Regional Medical Center (MRMC)
- x. Review & Consideration of Approval of BKD (CPAs & Advisors) – Engagement to prepare Medicare Cost Report of Mangum Regional Hospital – Year ended December 31, 2020  
**i.Motion:** made by Dr. Chiaffitelli to approve BKD (CPAs & Advisors) - Engagement to prepare Medicare Cost Report of Mangum Regional Hospital – Year ended December 31, 2020.
- y. Review & Consideration of Approval of Renewal of Provider Contracts: Cody Griffin, DO, Jeff Phillips, PA and Kenna Wenthold, APRN  
**i.Motion:** made by Dr. Chiaffitelli to approve the Renewal of Contracts for Cody, Griffin, DO, Jeff Phillips, PA and Kenna Wenthold, APRN.
- z. Review & Consideration of Approval of Supervision Contract for Brian Bluth, MD, supervising Kenna Wenthold, APRN  
**i.Motion:** made by Dr. Chiaffitelli to approve the Supervision Contract for Brian Bluth, MD, supervising Kenna Wenthold, APRN.

## 7. Adjourn

- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 1:10 pm

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Medical Director/Chief of Staff

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Date



**Mangum Regional Medical Center**  
**Claims List**  
**July 2021**

Check#	Ck Date	Amount	Paid To	Expense Description
15935	7/15/2021	19.00	AMBS CALL CENTER	Hotline
15936	7/15/2021	1,036.44	ANESTHESIA SERVICE INC	Telemetry sensors
15937	7/15/2021	900.00	APEX MEDICAL GAS SYSTEMS, INC	plant ops purch svcs
15938	7/15/2021	1,838.22	ARAMARK	Linens - purch svcs
15969	7/23/2021	1,732.65	ARAMARK	Linens - purch svcs
15985	7/29/2021	1,732.65	ARAMARK	Linens - purch svcs
15986	7/29/2021	2,368.88	BIO-RAD LABORATORIES INC	Lab supplies
15940	7/15/2021	15,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
15941	7/15/2021	94.36	CENTERPOINT ENERGY ARKLA	Gas
15942	7/15/2021	3,587.75	CINTAS CORPORATION #628	Linen Service
15970	7/23/2021	1,755.50	CINTAS CORPORATION #628	Linen Service
15987	7/29/2021	1,700.50	CINTAS CORPORATION #628	Linen Service
15943	7/15/2021	7,158.56	CITY OF MANGUM	Utilities
15988	7/29/2021	40,614.58	COHESIVE HEALTHCARE MGMT	Mgmt and Provider Services
15929	7/7/2021	173,770.16	COHESIVE HEALTHCARE RESOURCES	Payroll Staffing
15971	7/23/2021	178,726.14	COHESIVE HEALTHCARE RESOURCES	Payroll Staffing
15989	7/29/2021	224,675.91	COHESIVE HEALTHCARE RESOURCES	Payroll Staffing
15984	7/23/2021	51,045.49	COHESIVE REVOPS INTEGRATION	Billing purch svcs
15930	7/7/2021	9,050.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
15972	7/23/2021	12,100.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
15944	7/15/2021	31,900.40	CPSI	EHR monthly support
15990	7/29/2021	31,916.50	CPSI	EHR monthly support
15945	7/15/2021	160,132.00	CRITICAL ALERT	COVID Capital
15991	7/29/2021	12.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
16006	7/29/2021	2,357.53	DAN'S HEATING & AIR CONDITIONI	Repair/maintenance
15946	7/15/2021	18,155.86	DELL INC	COVID Capital
15947	7/15/2021	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
15993	7/29/2021	5,000.00	DOERNER SAUNDERS DANIEL ANDERS	Legal Fees
15931	7/7/2021	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
15932	7/7/2021	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
15973	7/23/2021	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
15974	7/23/2021	110.06	FEDEX	Postage
15948	7/15/2021	7,543.00	FIRST HEALTHCARE PRODUCTS INC	COVID Capital
15994	7/29/2021	155.00	GEORGE BROS TERMITE & PEST CON	plant ops purch svcs
901071	7/12/2021	956.74	GLOBAL PAYMENTS INTEGRATED	CC processing
15949	7/15/2021	463.18	GRAINGER	Supplies
15995	7/29/2021	651.57	HEALTH CARE LOGISTICS	Patient Supplies
15975	7/23/2021	841.75	HEALTHSTREAM	Employee Education
15950	7/15/2021	3,059.69	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
15996	7/29/2021	4,466.01	HENRY SCHEIN	Lab supplies
901066	7/1/2021	9,805.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
15951	7/15/2021	167.70	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
15952	7/15/2021	26,284.05	INSIGHT DIRECT USA INC.	COVID Capital

15953	7/15/2021	593.88	JANUS SUPPLY CO	Cleaning Supplies
15997	7/29/2021	557.50	JANUS SUPPLY CO	Cleaning Supplies
15954	7/15/2021	11,938.20	KNOWBE4	COVID Capital
15955	7/15/2021	3,285.65	LAMPTON WELDING SUPPLY	Patient Supplies
15998	7/29/2021	516.63	LOCKE SUPPLY	Supplies
15956	7/15/2021	948.09	MARY BARNES, APRN	Training clinical
15976	7/23/2021	240.00	MARY BARNES, APRN	Training clinical
15926	7/2/2021	850.00	MATT MONROE	House rent
16007	7/30/2021	850.00	MATT MONROE	House rent
901072	7/26/2021	6,869.83	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901077	7/9/2021	13,492.96	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
15933	7/7/2021	5,884.66	MEDLINE INDUSTRIES	Patient Care Supplies
15977	7/23/2021	4,017.54	MEDLINE INDUSTRIES	Patient Care Supplies
15999	7/29/2021	2,432.07	MEDLINE INDUSTRIES	Patient Care Supplies
15957	7/15/2021	33.47	MELISSA TUNSTALL	Employee Reimbursement
901067	7/2/2021	26.00	NATIONAL DATA BANK	Credentialing
16000	7/29/2021	1,898.99	NEXTIVA, INC.	Phone svcs
15958	7/15/2021	40.00	OK STATE BOARD OF PHARMACY	Licensure
15959	7/15/2021	11,870.00	OKLAHOMA ELECTRICAL SUPPLY CO	COVID Capital
15960	7/15/2021	46,443.60	PAGE CONCEPTS, INC.	COVID Capital
15978	7/23/2021	2,250.00	PARA HEALTHCARE ANALYTICS, LLC	CDM Review svcs
16001	7/29/2021	4,125.00	PARA HEALTHCARE ANALYTICS, LLC	CDM Review svcs
901074	7/30/2021	3,125.84	PHILADELPHIA INSURANCE COMPANY	Property Insurance
16002	7/29/2021	347.00	PITNEY BOWES GLOBAL FINANCIAL	Postage rental
15961	7/15/2021	45,456.00	PORT53 TECHNOLOGIES, INC.	COVID Capital
15962	7/15/2021	262.50	RUSSELL ELECTRIC & SECURITY	Repair/maintenance
15934	7/7/2021	8,400.00	SBM MOBILE PRACTICE, INC	1099 Provider
15979	7/23/2021	8,000.00	SBM MOBILE PRACTICE, INC	1099 Provider
16003	7/29/2021	1,750.00	SCHAPEN LLC	RHC Rent
15927	7/2/2021	1,750.00	SCHAPEN LLC	RHC Rent
15963	7/15/2021	620.64	SHRED-IT USA LLC	Secure Doc disposal svcs
15964	7/15/2021	319,546.15	SPACELABS HEALTHCARE LLC	COVID Capital
15980	7/23/2021	184.15	STANDLEY	Printer Rental
15981	7/23/2021	156.69	STAPLES ADVANTAGE	Office Supplies
16004	7/29/2021	281.04	STAPLES ADVANTAGE	Office Supplies
15965	7/15/2021	3,241.58	STERICYCLE INC	Waste Disposal Service
15966	7/15/2021	10,806.07	TOTAL MEDICAL PERSONNEL STAFF.	Nurse staffing agency
15982	7/23/2021	2,606.12	TOTAL MEDICAL PERSONNEL STAFF.	Nurse staffing agency
16005	7/29/2021	6,340.75	TOTAL MEDICAL PERSONNEL STAFF.	Nurse staffing agency
15967	7/15/2021	69,537.00	TOUCHPOINT MEDICAL, INC	COVID Capital
15968	7/15/2021	91,569.32	TYTOCARE INC.	COVID Capital
901075	7/30/2021	4,722.39	UMPQUA BANK VENDOR FINANCE	Note Payable Lab Equipment
901070	7/9/2021	8,733.28	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901073	7/26/2021	2,537.33	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
15983	7/23/2021	7,102.92	WESTERN COMMERCE BANK (OHA INS	OHA Insurance
<b>TOTAL</b>		<b>1,774,932.10</b>		



**Mangum Regional Medical Center  
September 2021 Estimated Claims**

<b>Vendor</b>	<b>Description</b>	<b>Estimated Amount</b>
ABC BIOMEDICAL	IV Pump rental	7,000.00
AMERISOURCE BERGEN	Pharmacy Supplies	50,000.00
ANESTHESIA SERVICE INC	Service	2,700.00
ARAMARK	Linens purch svcs	12,000.00
AT&T	Fax Service	6,000.00
BAXTER HEALTHCARE	Pharmacy Supplies	5,000.00
BENISH AND ASSOCIATES	1099 Provider	32,000.00
BLUTH FAMILY MEDICINE	1099 Provider	5,000.00
CARDINAL 110 LLC	Pharmacy Supplies	100,000.00
CENTERPOINT ENERGY ARKLA	Utilities	3,500.00
CITY OF MANGUM	Utilities	10,000.00
COHESIVE HEALTHCARE MGMT	Mgmt and provider Fees	400,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	600,000.00
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	20,000.00
COHESIVE REVOPS	Billing purch svcs	75,000.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	200,000.00
COMPLIANCE CONSULTANTS	Lab Consultant	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing	450,000.00
CONTROL SOLUTIONS	Supplies	500.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	5,000.00
CPSI	EHR software	60,000.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	3,700.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	25,000.00
DR RYAN MAJOR, MD	1099 Provider	5,000.00
DR. JOHN CHIAFFIETELLI	1099 Provider	28,848.00
DR. MORGAN	1099 Provider	9,532.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	7,500.00
FEDEX	Postage	300.00
FOX BUILDING SUPPLY	Plant Ops Supplies	5,000.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	750.00
GERAINT HARRIS	1099 Provider	5,000.00
GLOBAL EQUIPMENT COMPANY INC.	Supplies	3,500.00
GRAINGER	Maintenance Supplies	3,500.00
HAC INC	Dietary Supplies	500.00
HAMILTON MEDICAL INC.	Ventilator supplies	3,500.00
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	2,000.00
HENGST PRINTING	Pharmacy Supplies	500.00
HENRY SCHEIN	Lab Supplies	15,000.00
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	9,805.00
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	500.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,500.00

Vendor	Description	Estimated Amount
KCI USA	Supplies	1,000.00
LABCORP	Lab purch svcs	25,000.00
LAMPTON WELDING SUPPLY	Patient Supplies	4,000.00
LOCKE SUPPLY	Plant Ops Supplies	2,500.00
MATT MONROE	Rent	850.00
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	45,000.00
MEDLINE INDUSTRIES	Patient Care Supplies	45,000.00
MEDTOX DIAGNOSTICS, INC	Lab supplies	1,500.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and sup	5,000.00
NUANCE COMMUNICATIONS INC	Supplies	600.00
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	1,000.00
PATIENT REFUNDS	Credits due to payors	15,000.00
PHILIPS HEALTHCARE	Supplies	500.00
PIPETTE COM	Supplies	500.00
PRESS GANEY ASSOCIATES, INC	Purchased Service	2,048.00
RAMSEY AND GRAY, PC	Legal Fees	10,000.00
SMB MOBILE PRACTICE INC.	1099 Provider	40,000.00
SCHAPEN LLC	RHC rent	1,750.00
SHRED-IT	Secure doc disposal	2,500.00
SIZEWISE	equipment rental	7,500.00
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	3,500.00
SOUTHWEST HOT STEAM CLEANING	Dietary Puch svcs	300.00
SPARKLIGHT BUSINESS	Cable service	1,000.00
STANDLEY	Printer Lease	500.00
STANDLEY SYSTEMS LLC	Printer Lease	5,000.00
STAPLES ADVANTAGE	Office Supplies	3,000.00
STERICYCLE INC	Waste Disposal svcs	6,500.00
STRYKER INSTRUMENTS	Surgery Supplies	5,000.00
TECUMSEH OXYGEN & MEDICAL SUPP	Supplies	5,000.00
THE COMPLIANCE TEAM	RHC Consultant	2,190.00
TOTAL MEDICAL PERSONNEL STAFF.	agency staffing	15,000.00
TOUCHPOINT MEDICAL, INC	pharmacy purch svcs	3,500.00
TSYS	CC processing service	3,000.00
UMPQUA	Lab Eq Note	5,000.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	13,000.00
US MED-EQUIP LLC	Swing bed eq rental	8,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	7,500.00
WETERN COMMERCE BANK	Insurance	7,500.00
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	40,000.00
TELEFLEX	Supplies	2,500.00
OK STATE BOARD	Credentialing	500.00
CINTAS CORPORATION #628	Supplies	8,500.00
BIO-RAD LABORATORIES INC	Supplies	3,500.00
AMBS CALL CENTER	Hotline	200.00

Vendor	Description	Estimated Amount
APEX	COVID Capital	180,000.00
LINET	COVID Capital	15,500.00
GE HEALTHCARE	COVID Capital	1,170,000.00
Reyes Electric	COVID Capital	75,000.00
Avanan, INC	COVID Capital	16,800.00
ALIMED	Misc supplies	1,500.00
JNP MEDICAL SERVICES	1099 Provider	12,000.00
NP RESOURCES	1099 Provider	5,000.00
ADCRAFT	Plant Ops Supplies	500.00
ALCO SALES & SERVICE CO	Non-patient supplies	500.00
ALPHACARD	Non-patient supplies	500.00
BKD, LLP	Cost Report prep	8,000.00
COMMERCIAL MEDICAL ELECTRONICS	Quarterly PM service	2,450.00
LOWES	ER other supplies	500.00
OKLAHOMA BLOOD INSTITUTE	Blood bank	500.00
PARA HEALTHCARE	CDM Review service	5,000.00
TOPJET SALES, INC	Annual fridge monitor svcs	100.00
ULTRA-CHEM INC	housekeeping supplies	500.00
<b>TOTAL Estimate</b>		<b><u>4,031,923.00</u></b>

# MANGUM REGIONAL MEDICAL CENTER QUALITY REPORT TO THE MED STAFF & GOVERNING BOARDS

DATE OF MEETING: 08/24/2021

REPORTING PERIOD: JULY 2021

The Hospital Quality Assurance and Performance Improvement Committee is the central coordinating body for all performance improvement and patient safety activities within the hospital. The Quality Committee meets on a routine scheduled basis. The Quality Committee coordinates the performance improvement process by establishing a planned, systematic, organization-wide approach to performance measurement, analysis, and improvement. Membership includes representation from both leadership and staff levels.

**CONFIDENTIALITY STATEMENT:** This meeting contains privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

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**X. Additional Information .....Error! Bookmark not defined.**

## I. Executive Summary

### Mangum Regional Medical Center Quality Program

The Quality Assurance and Performance Improvement Department is pleased to share the February 2021 quality data with you.

Our medical staff and employees are committed to providing safe, high-quality care and exceptional service for every patient, every time. We look for ways to improve the patient care experience from beginning to end.

We use data to help us optimize outcomes of care and make improvements as needed to ensure the quality of care rendered to our patients is exceptional. The Quality Committee meets on a routine basis to review and analyze the service and performance of the hospital and its day-to-day operations. The annual quality and performance program plan will strive to set clearly defined goals to achieve optimal outcomes. The Quality department utilizes a system of indicators and benchmarks to measure and evaluate the effectiveness of our outcomes. This allows us to rapidly adjust, analyze, plan, and continuously improve our performance.

The governance work is accomplished through a series of committees that interact. The hospital has established department level committees including: Utilization Review, Infection Control, Health Information Management, Pharmacy and Therapeutics, Environment of Care and Safety, and Compliance. These formally report up through the facility's Quality Committee (QC) which in turn reports through the Medical Staff Committee (MS) and the Governing Board (GB).

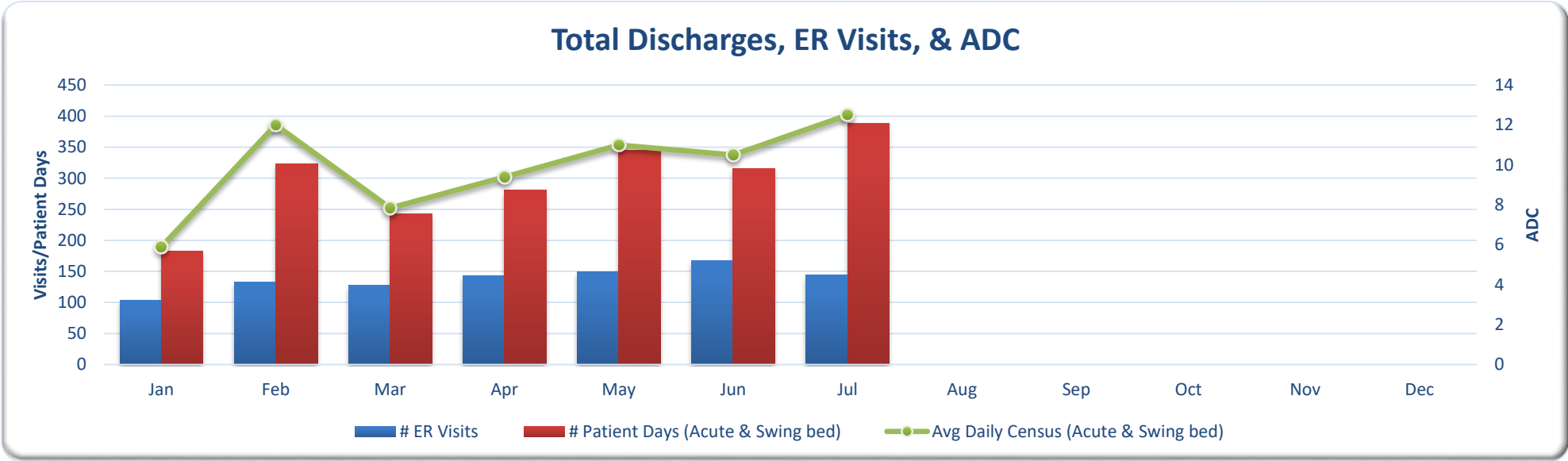
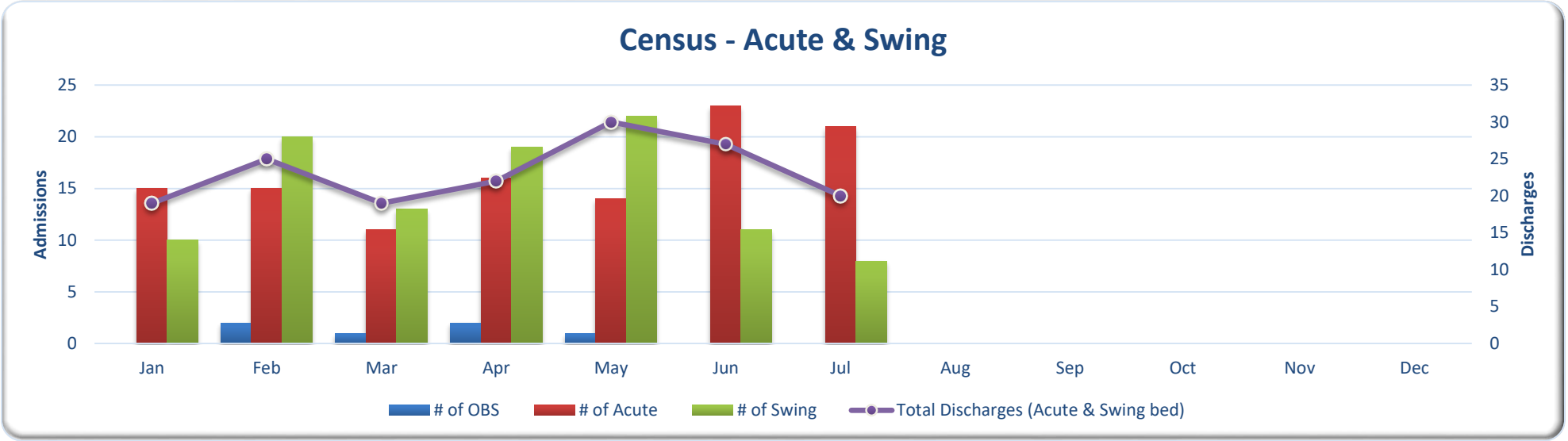
The hospital has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies and programs governing the hospital's total operation and for ensuring that those policies and programs are administered so as to provide quality health care in a safe environment. The governing body assumes responsibility for the hospital's day-to-day operations and is fully responsible for its operations.

## II. Scope

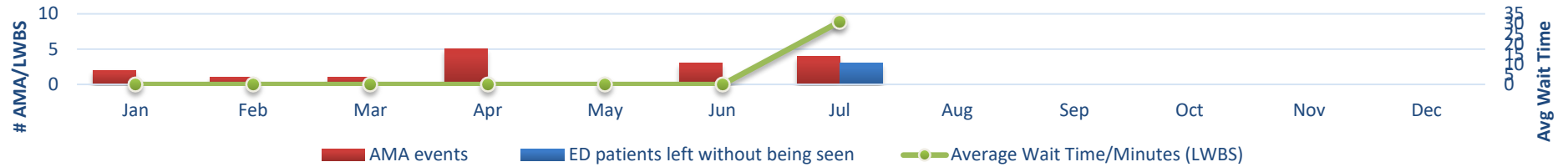
The Quality Assurance and Performance Improvement Program will apply facility-wide and to any contract provided services. It is the responsibility of every leader and every person providing and supporting care in our facility to ensure an environment where care is safe, effective and centered on patient's needs. Leaders foster performance improvement through planning, educating, setting priorities, and providing time and resources. Leaders play a major role in creating an environment where staff feel safe and free to engage in performance improvement and understand it is their responsibility to not only report quality and safety issues and concerns, but to participate in developing solutions and to ensure the right thing gets done.

The hospital strives to meet the needs of the community and surrounding areas. Mangum Regional Medical Center is an 18 bed hospital that provides emergency care, observation, acute, and swing bed services.

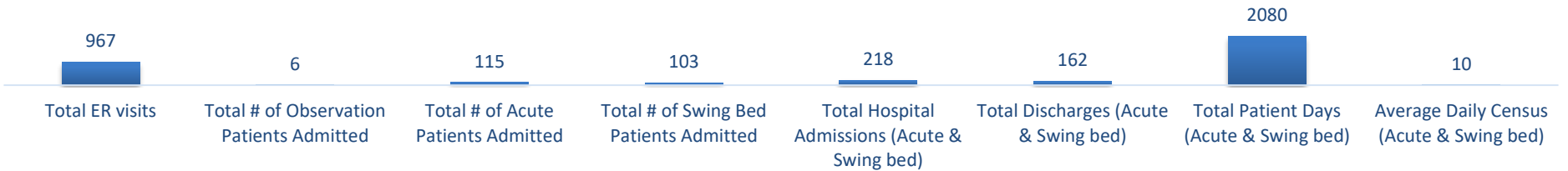
III. Hospital Activity



### Hospital Activity AMA/LWBS



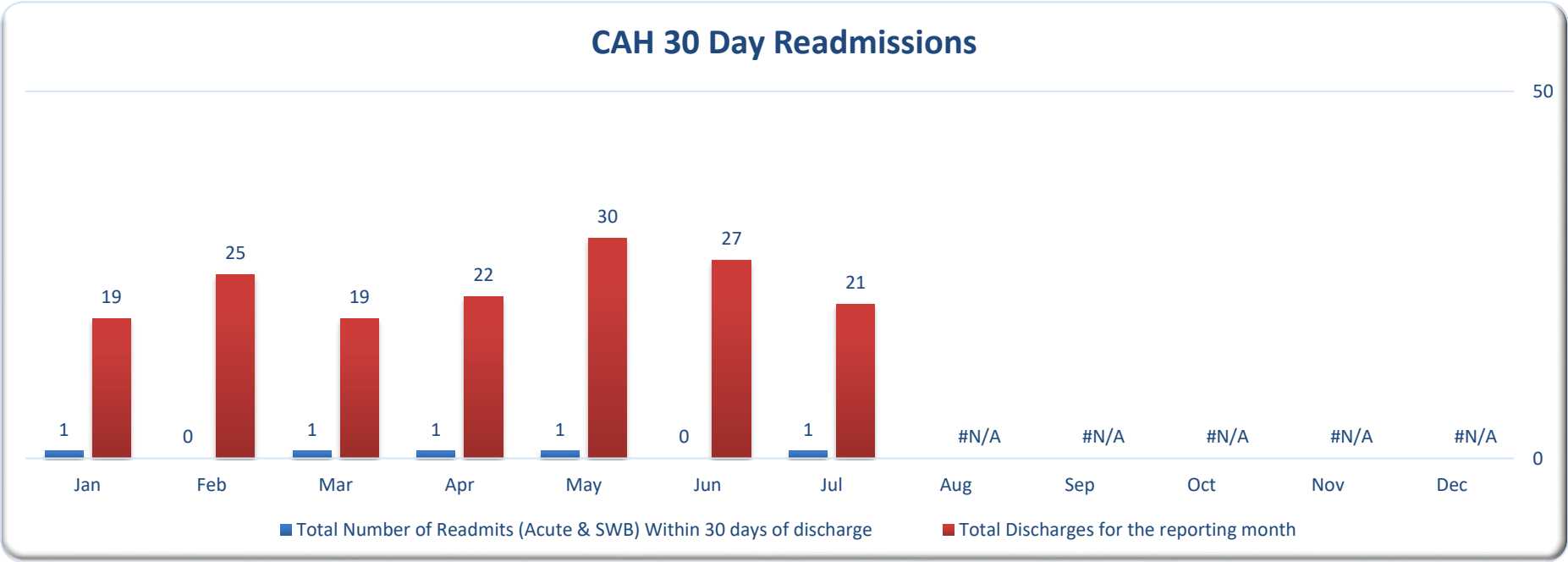
### Hospital Activity YTD



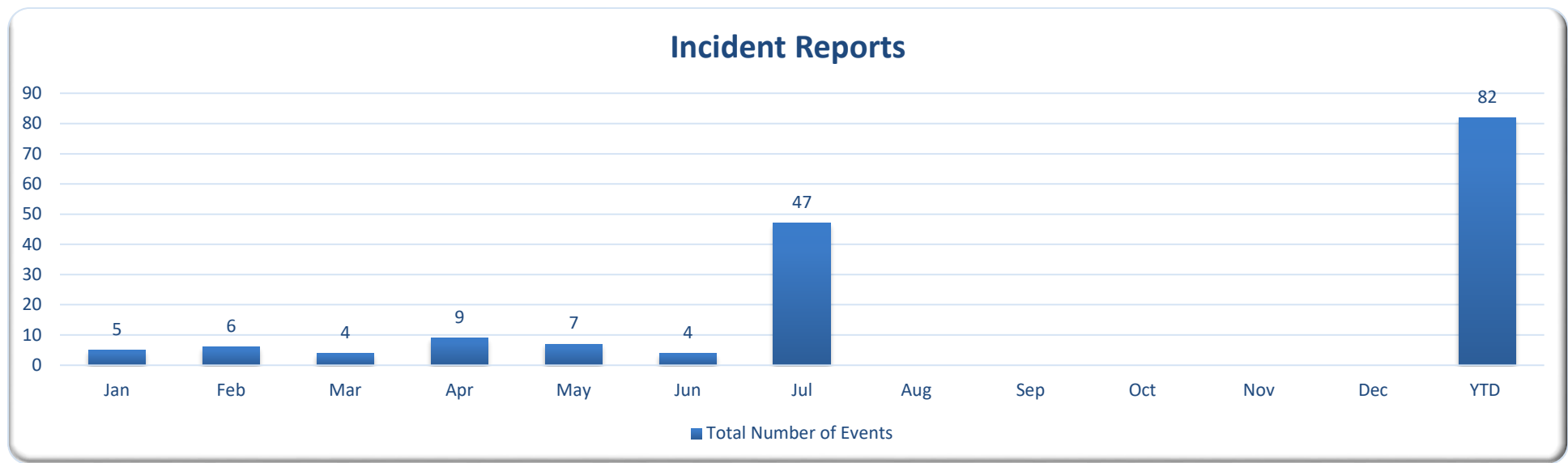
Type of Event (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	4	4 AMA – 1) 1 patient was seen in the ed, 2 separate times/pt declined admit both times 2) 1 pt to the ed, however became concern with ability to pay/signed out ama 3) 1 pt to ed per family request/concerns, pt declined admit for further testing and signed out ama	Staff did explain to patient the risks of leaving and the benefits of staying to the 4 patients that signed AMA



IV. Care Management



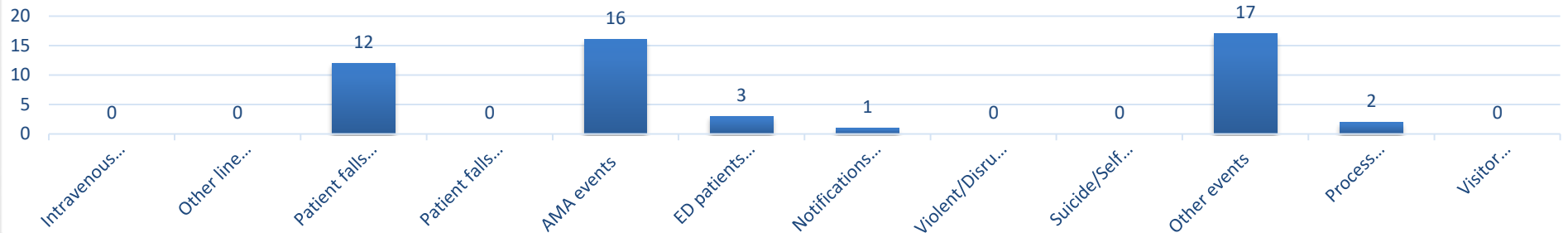
Event	Count	Comments	Actions
Re-admit	1	1 re-admit for the month of July, pt was d/c per request however due to unsafe environment and inability to care for self, pt returned to hospital	Case management/physician working on assist and discharge plan to fit patient's needs



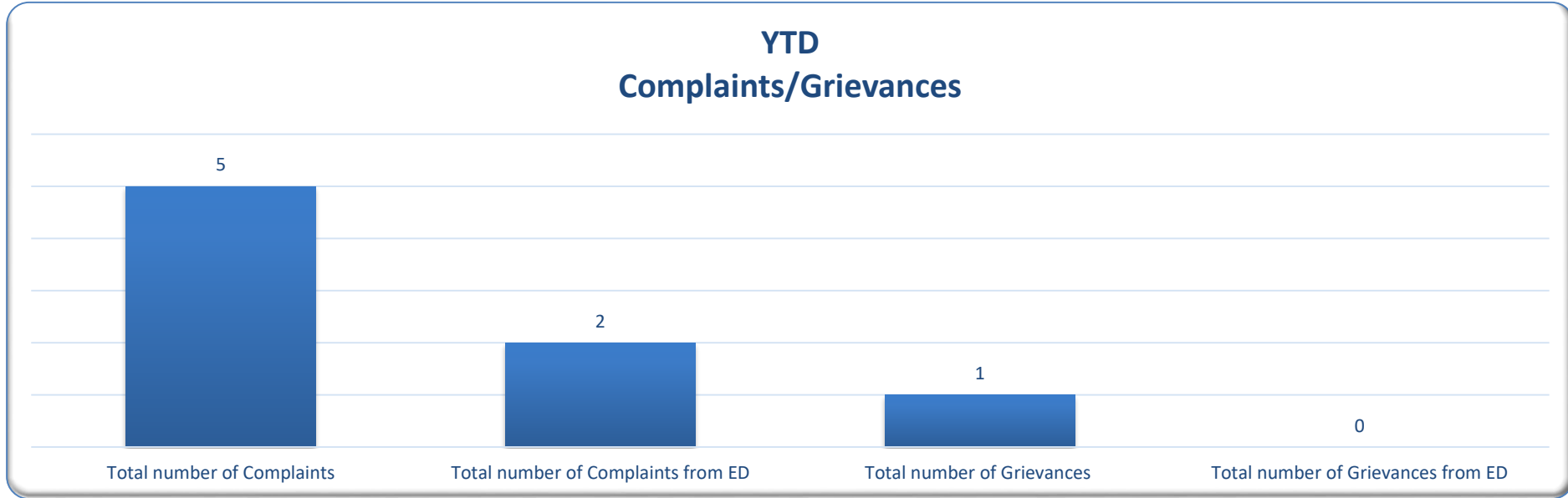
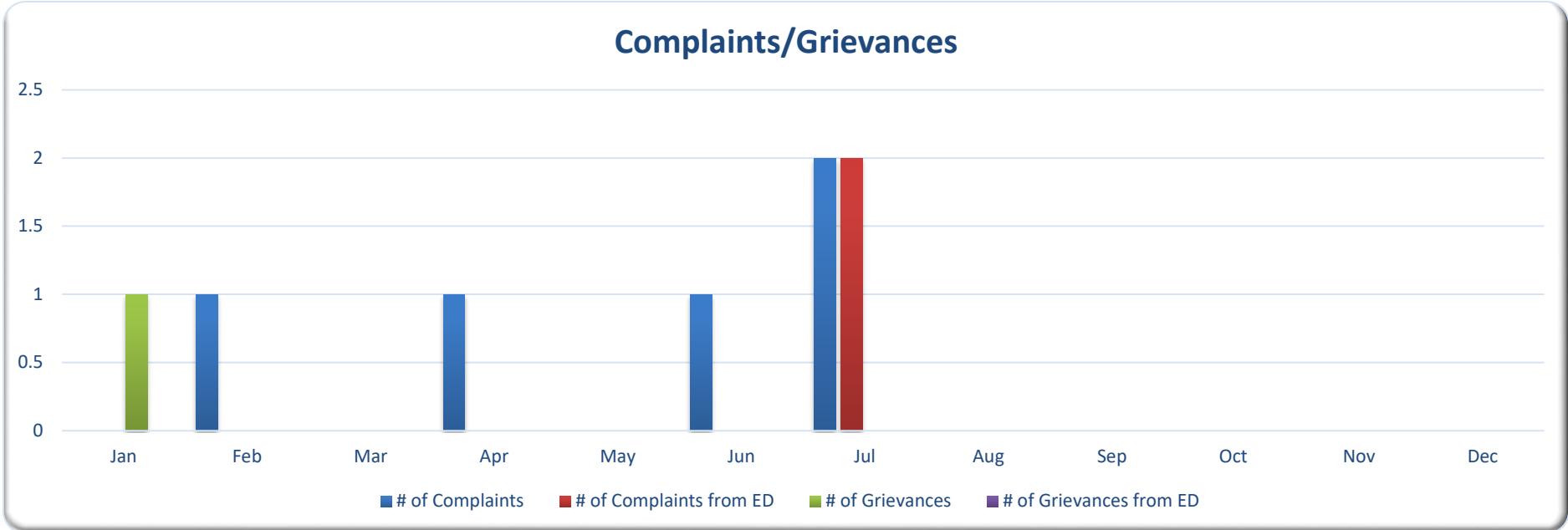
### YTD Incident by Department



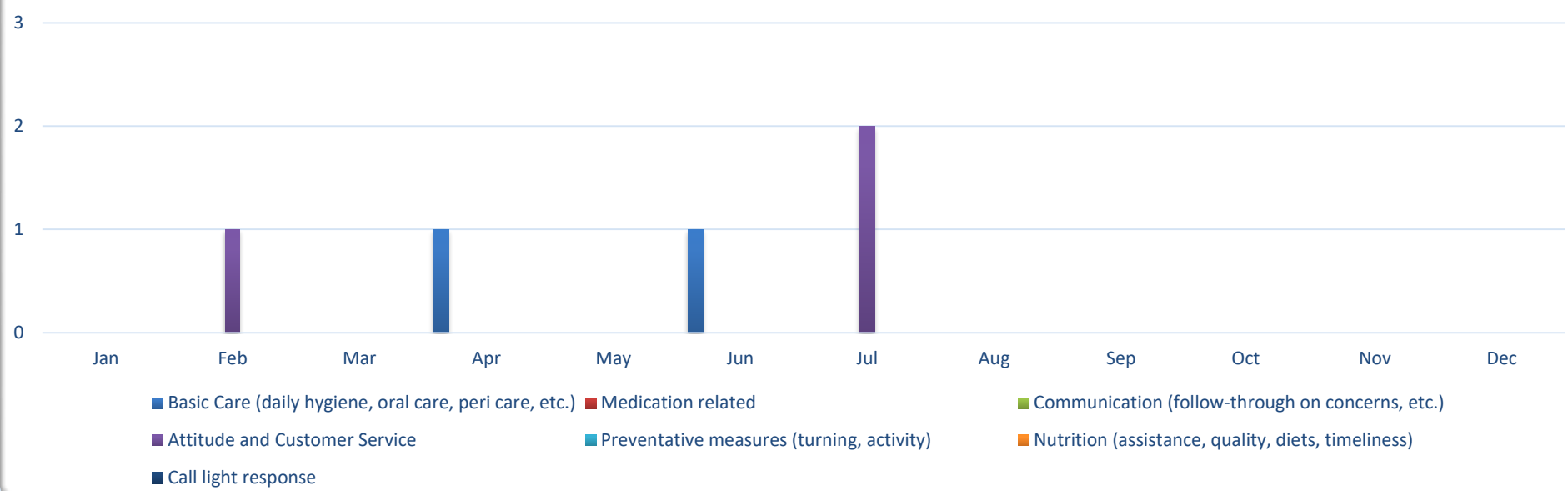
### YTD Incident Report Categories



Incident Type	Count	Brief Description of Event & Outcome	Actions
Other	3	1 pt d/c prior to orders written, orders written. 1 pt left w/o iv removal, returned for removal w/o issue 1 pt left w/o staff notification, returned with orders to decrease blood sugar checks per pt request	Education provided to staff on complete visual checks on pt prior to d/c, verification of written orders and education to pt on communication with staff of questions and concerns

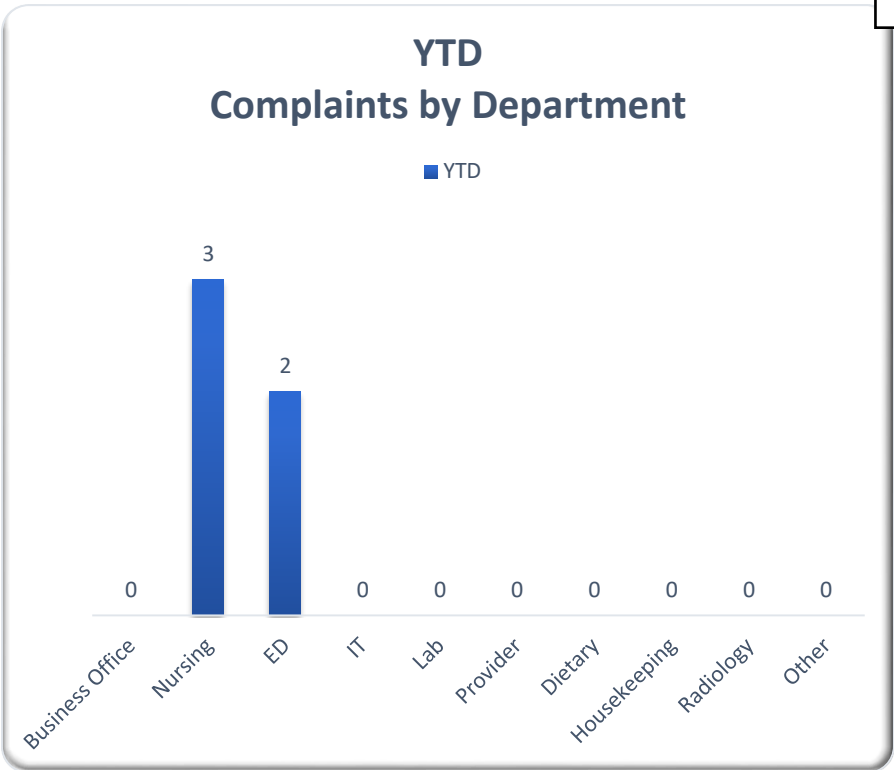
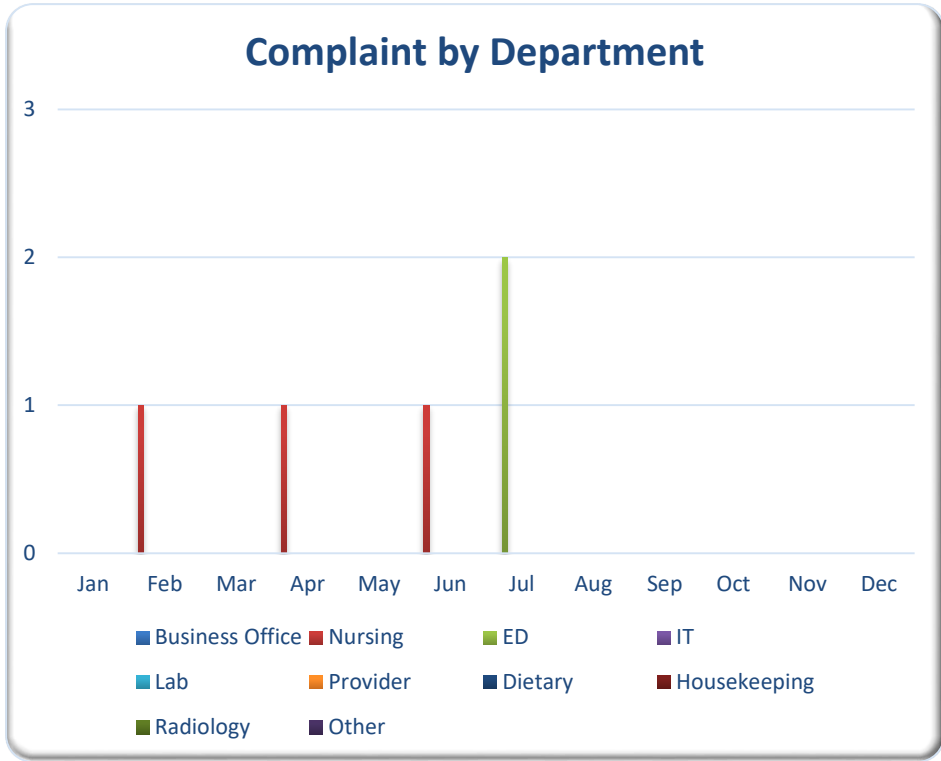


### Complaint Type



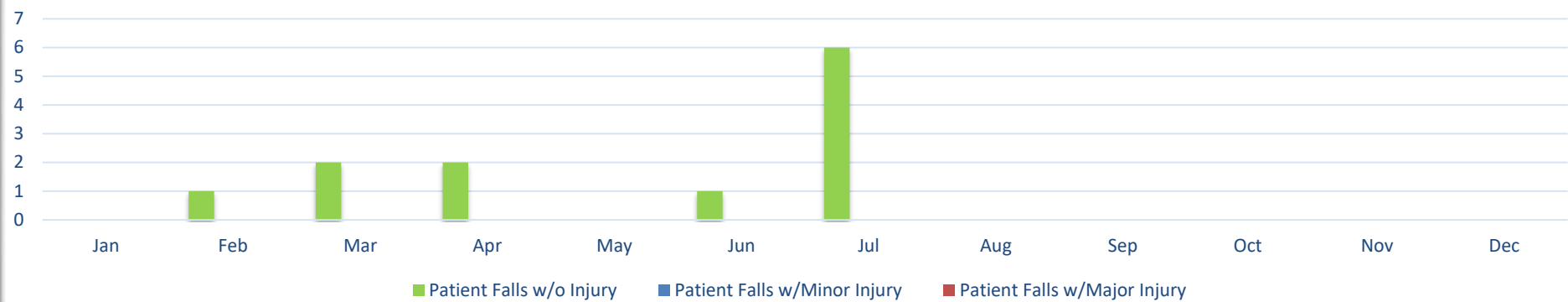
### YTD Complaint Type



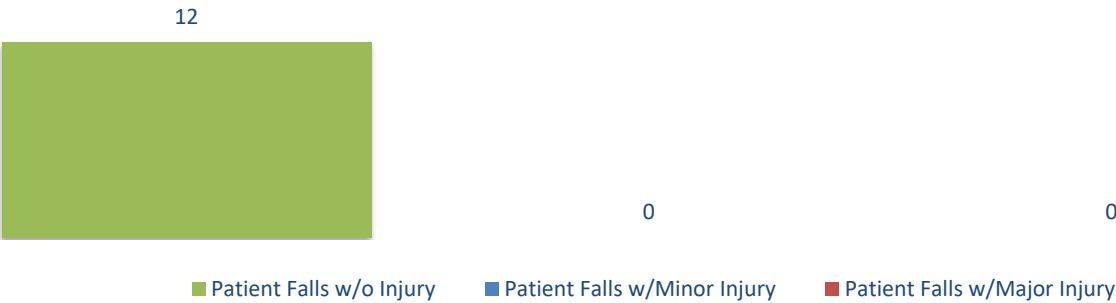


Brief Description of Complaint & Outcome	Actions
2 patient complaints; 1 of staff being “rude” during visit, 1 c/o long wait time	Education provided to staff regarding communication with patients, unable to verify wait time due to technical issues with surveillance system, will continue to monitor for any other wait time concerns

Patient Falls

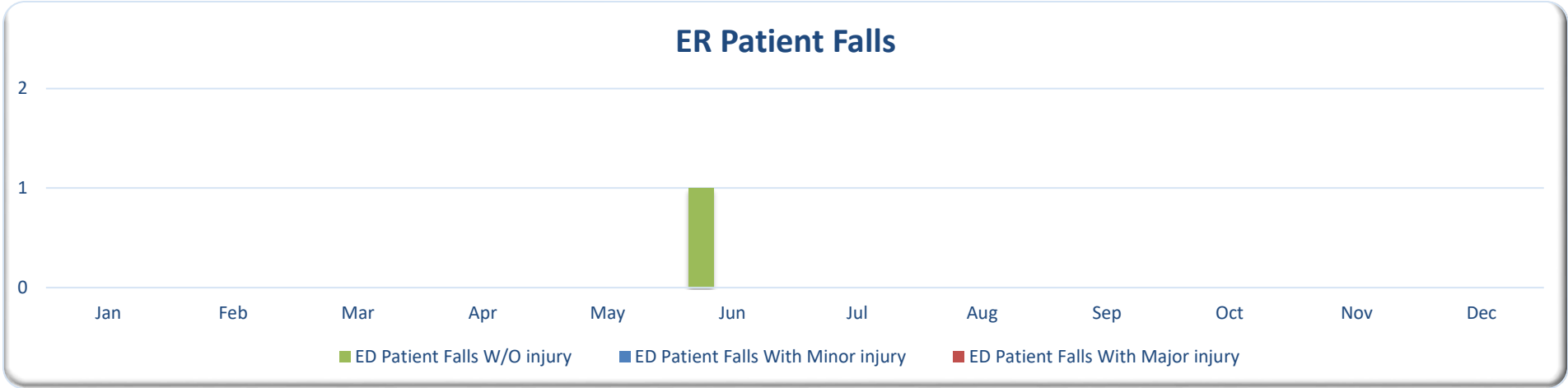


YTD  
Patient Falls

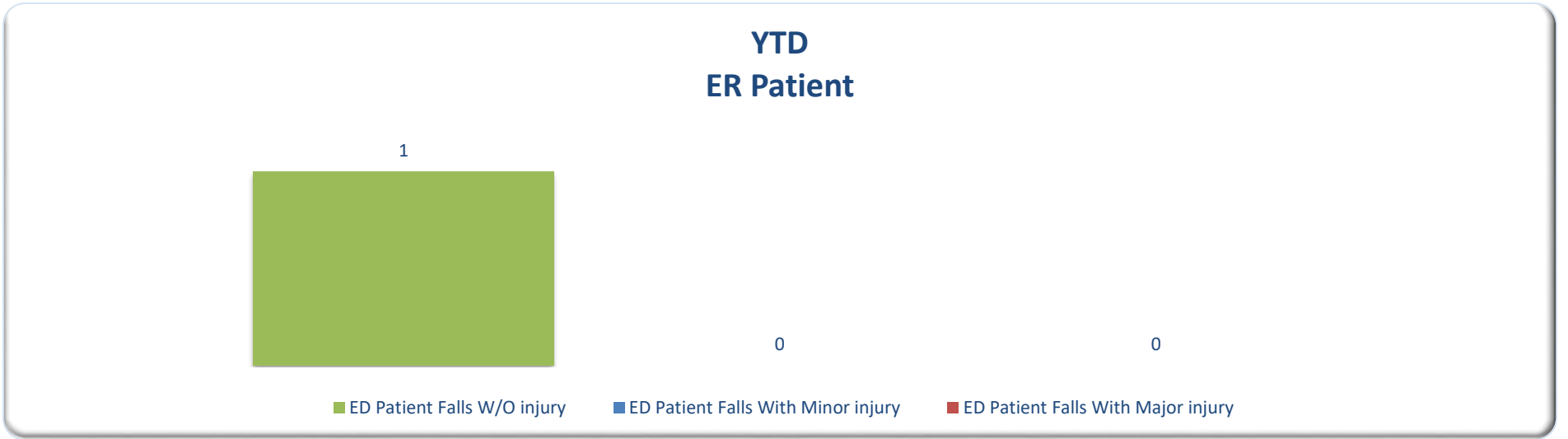


Count	Brief Description of Event & Outcome	Actions
6	6 in-pt falls for the month of July – 4 pt had falls while transferring independently, 1 pt was ambulating with therapy, became weak and was assisted to the floor, 1 pt reported	continue to educate on safe transfers, encourage all patients to call for assistance with transfers

ER Patient Falls



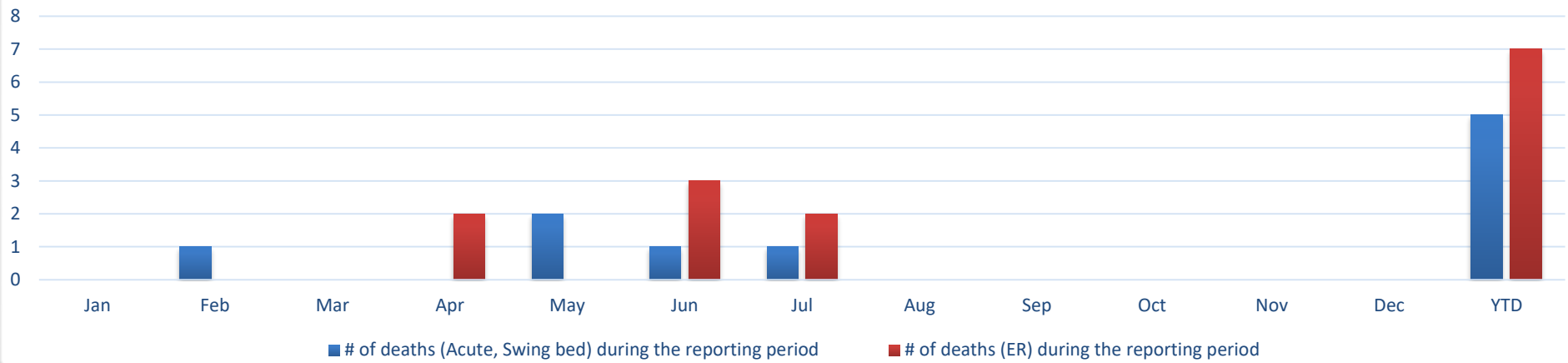
YTD  
ER Patient



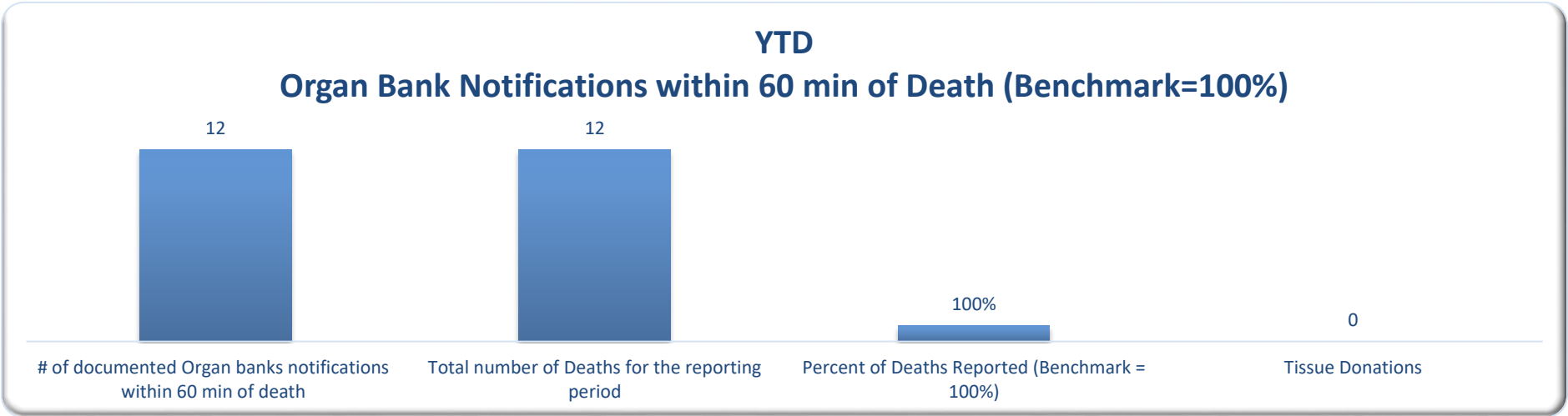
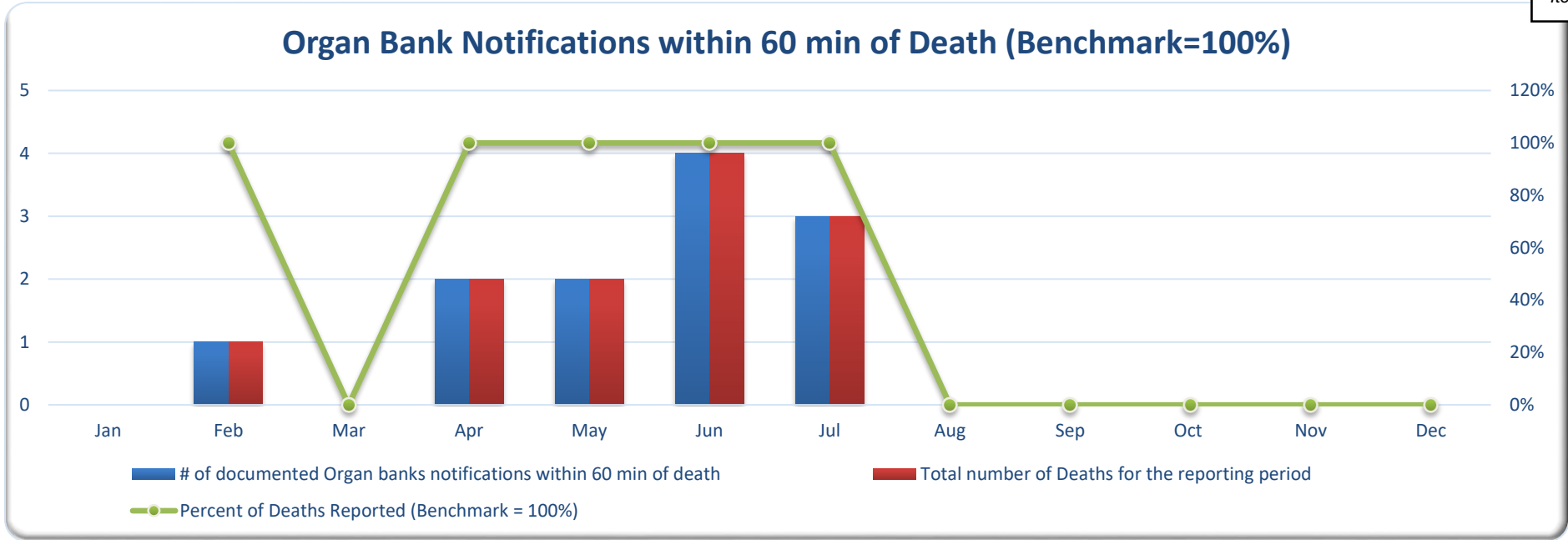
Count	Brief Description of Event & Outcome	Actions
0	None reported for the month of July	Will continue to monitor



## Mortality Rate

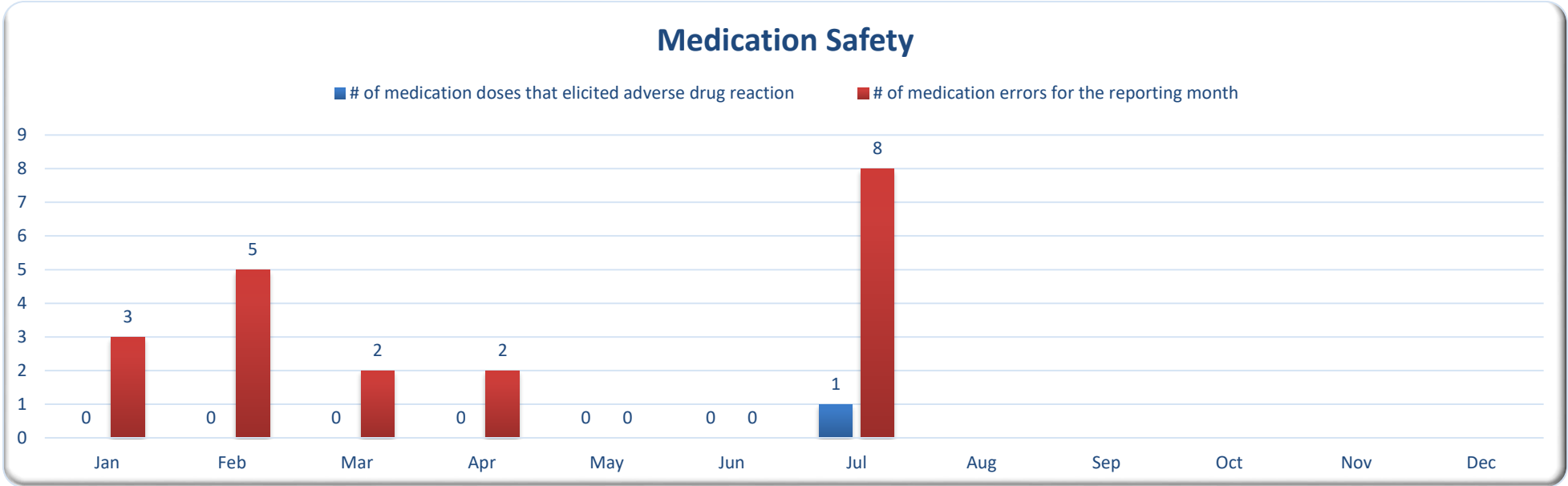


Count	Brief Description of Event & Outcome	Actions
3	1 in-pt; pt in ed x 2, declined admit on initial visit, returned and was admitted. Admitted and had decline in respiratory status, pt coded, cpr attempts were unsuccessful. 2 er; 1 pt to the er for decreased loc, falls and resp failure upon arrival, arrangements made for higher level of care, prior to transfer pt declined and coded, cpr attempts were unsuccessful. 1 pt to the ed with cpr in progress, attempts were unsuccessful/family reports pt is dnr	Will monitor



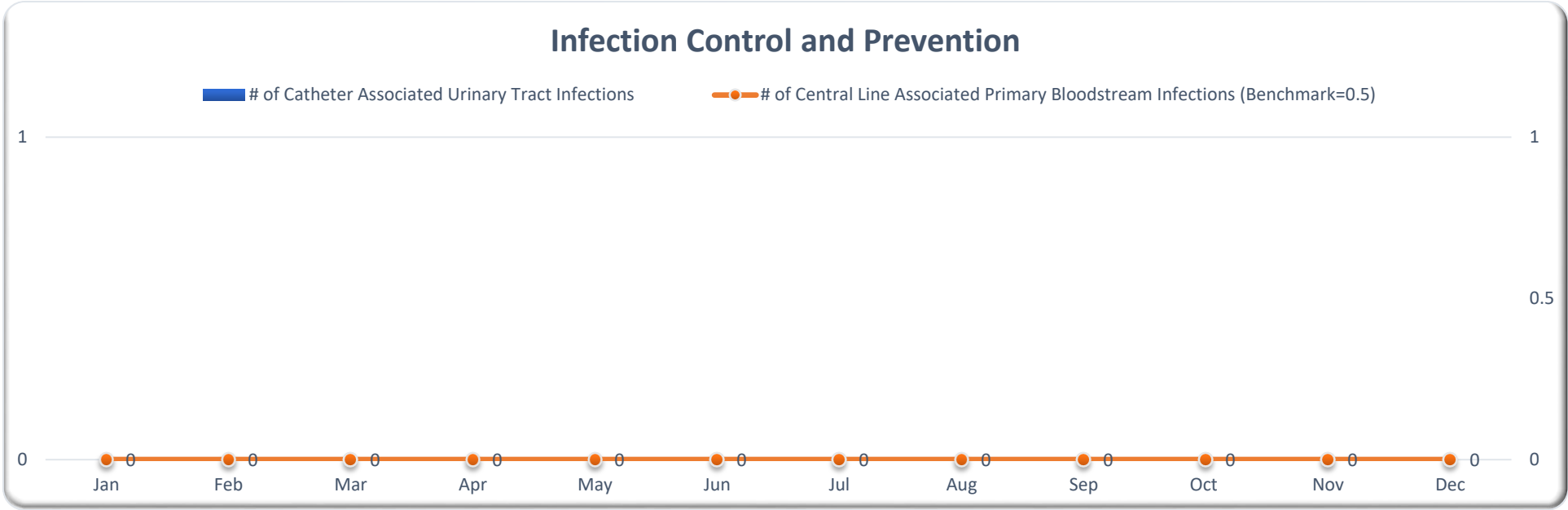
Count	Compliance	Action
3	Compliant	No action needed

VI. Medication Report



Type of Event (Med Error/ADR)	Count	Brief Description of Event & Outcome	Actions
Med Error	8	4) med was documented as given, med was not given, 1 wrong dose filled, 1 wrong time entered, 1 lab not obtained prior to medication administration	Education provided to staff on the medications rights/med administration policies

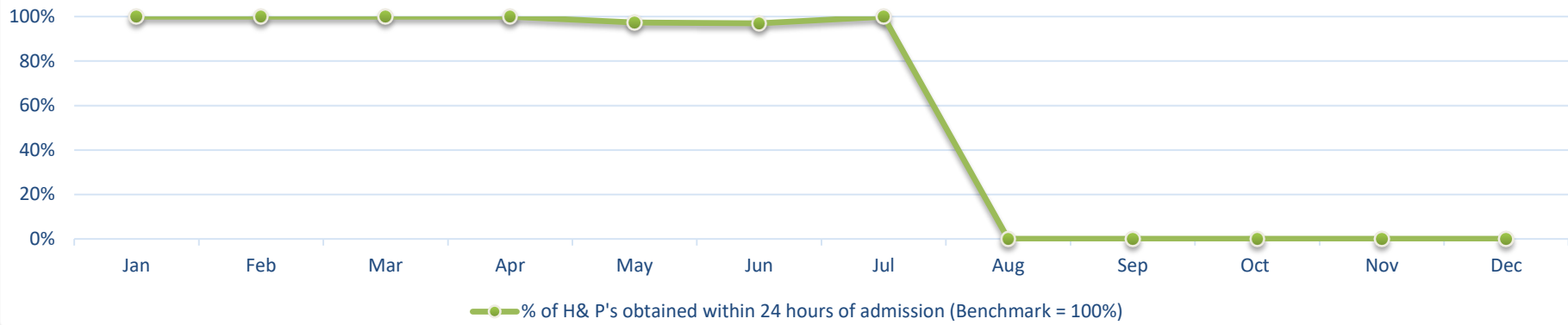
VII. Infection Control



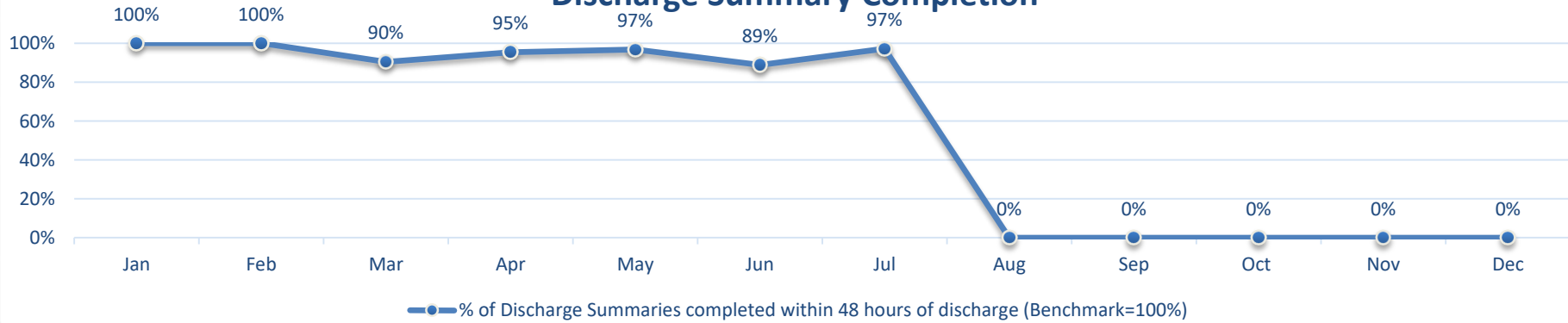
Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
CLABSI/CAUTI	0	None for June	Will continue to monitor

## VIII. Health Information Management

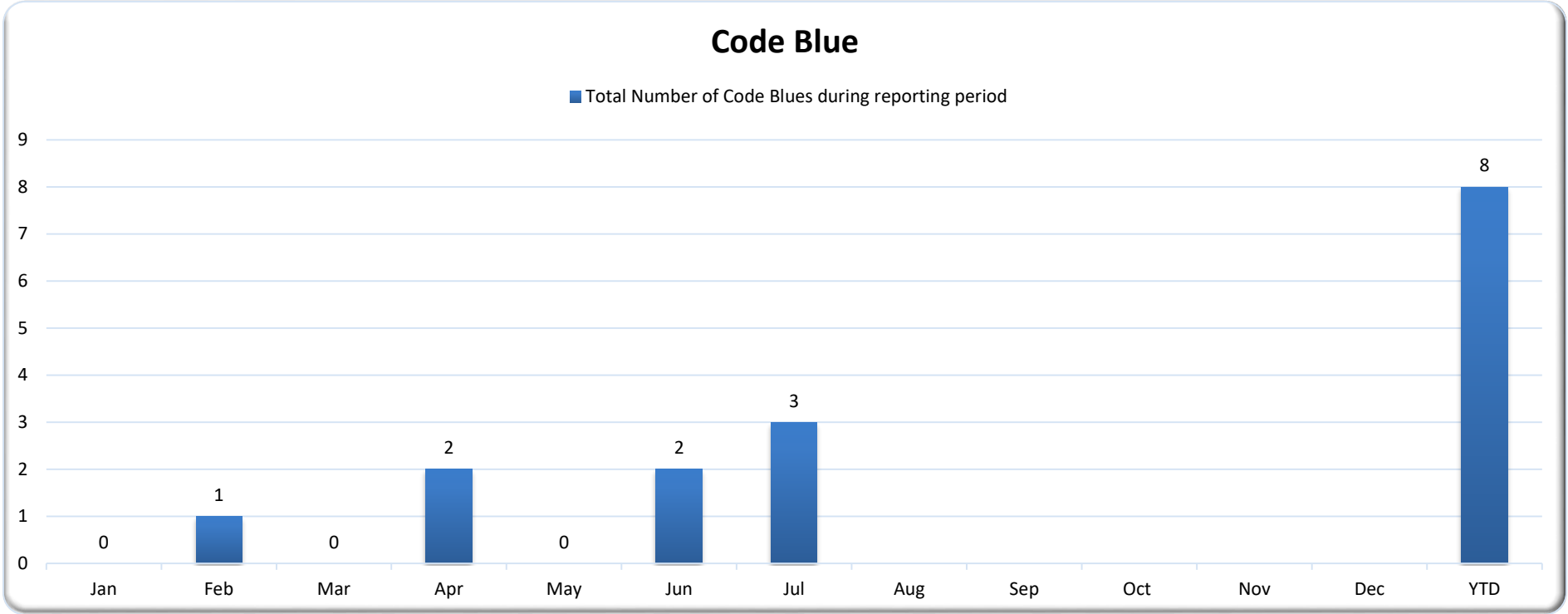
### History and Physicals Completion



### Discharge Summary Completion

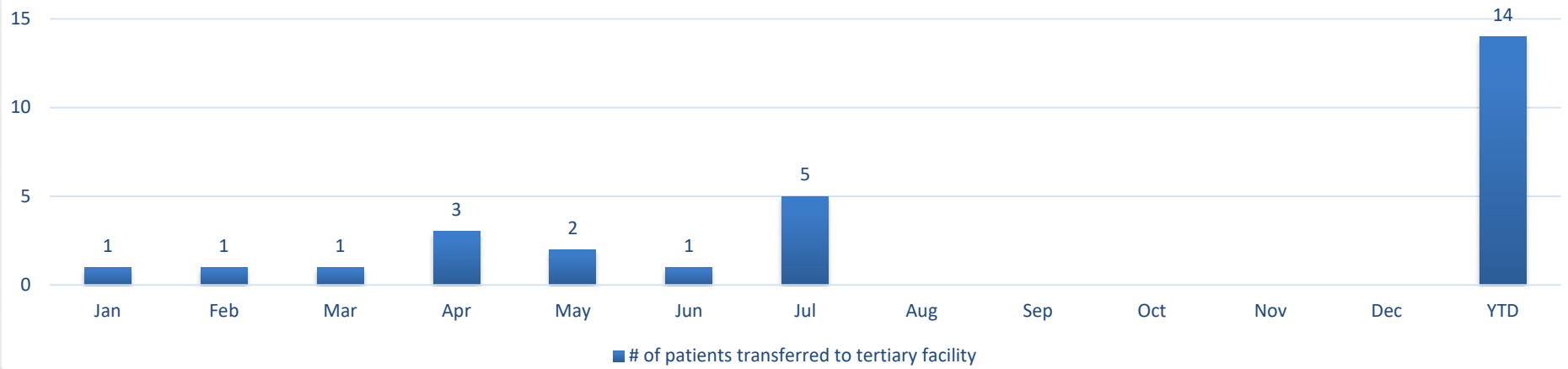


Type of Documentation (H&P/Discharge)	Count	Actions
Consent to treat	98%	Business Office Director, is trying to work on a better process so these are not missed
Discharge Summary	97%	1 summary completed after pt d/c



Count	Brief Description of Event & Outcome	Actions
3	3 patients in reporting period. 2 ER and 1 in-pt in the reporting period, Code Blue attempts/CPR were unsuccessful	Continue operations at capacity for this CAH

## Transfers



Event	Count	Comments	Actions
Ip Transfer	5	ACUTE/SWING Transfers – patient was transferred to high level of care as patient required higher level of care and 1 behavioral health care	Higher level of care was needed
ER Transfer	7	7 er patients required higher level of care for the following areas: cardiac, pediatric, pulmonology	No action needed. Will continue to monitor



# Clinic Operations Report

Mangum Medical Clinic

July 2021

## Clinic Operations

- Process Improvement to reinforce survey readiness-Referral Project.

## Quality Improvement Focus

- Patient Satisfaction Survey Completion-increase number of surveys returned by offering multiple platforms: QR Code, Email address, or onsite paper copy.

## Community Outreach

- Clinic received the Rural Clinic Vaccine Confidence Grant award of \$49,529
  - HRSA initiative to improve vaccine confidence and counter vaccine hesitancy by offering support and resources to medically underserved rural communities.
  - Period of Performance 7-1-21 to 6-30-22.

Visits per Productive Hour=Goal 2.00 (Swingbed visits and time reflected beginning in March)

Mangum Clinic	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
Visits	235.00	185.00	213.00	218.00	202.00	286.00	261.00	212.00	261.00	242.00	192.00	202.00
Provider hours	154.2	156.5	168.0	144.0	136.6	175.0	155.0	119.5	157.0	168.9	127.0	131.0
Vists per Productive Hr	1.52	1.18	1.27	1.51	1.48	1.63	1.68	1.77	1.66	1.43	1.51	1.54
2020 Visits per Productive Hr Same Month							1.52					
2020/2021 Variance Visits per Productive Hr							0.16					





## Chief Clinical Officer Report July 2021

### Excellent Patient Care

- Monthly Education topics included: Basic Arrhythmia interpretation to Monitor Staff.
- Emergency Department provided rapid diagnostics and appropriate transfer of an ischemic stroke patient as well as multiple behavioral health transfers.

### Excellent Client Service

- Patients continue to rely on MRMCMC as their local hospital. Patient days increased from 316 days in June to 388 days in July. This represents an average daily census of 12.5. In addition, MRMCMC Emergency Department provided care to 146 patients in July.
- June COVID-19 Stats at MRMCMC: Swabs (47-PCR & 71-Antigen) 3 Positive PCR, 3 Positive Antigen & 112 Negatives.
- Greer County July COVID-19 Statistics: 598 Positive Cases and 22 Deaths (3.68% death rate).

### Preserve Rural Healthcare

Mangum Regional Medical Center												
2021 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient	15	15	11	16	36	34	21					
Swing Bed	10	20	13	19	22	11	8					
Observation	0	2	1	2	1	0	0					
Emergency Room	104	133	127	143	149	167	146					
Lab Completed/ Rad completed	2140/ 180	2286/ 246	2387/ 223	1984/ 222	1964 /200	2134/ 213	2681/ 232					

### Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN, and CNA.
- Open Director positions include Rehabilitation and Laboratory Manager.
- For the clinical team MRMCMC continues to pursue core staff members from the area.
- Recruiting efforts included positing of positions on mangumregional.net and Facebook.



## Chief Executive Officer Report July 2021

### COVID - 19 Activity and Overview

- ✓ Patient care continues to be outstanding at Mangum Regional Medical Center.
- ✓ We continue to participate in weekly Region 3 MERC briefings.
- ✓ Cohesive and hospital leadership continue to ensure the staff and providers are kept up to date regarding any changes or new policies pertaining to Covid-19.
- ✓ Covid cases have been on the rise especially in other areas.
- ✓ Three additional negative pressure rooms on the Covid wing have been equipped. This brings the total number to five.
- ✓ COVID cases are on the rise that we are taking all precautions to protect our patients and staff.
- ✓ Leadership attends weekly calls with Cohesive COVID Task Force for all updates and new protocols relating to COVID.

### Hospital Staff and Operations Overview

- ✓ Current open positions include RN, LPN, CNA, Rehab Director and Lab Director.
- ✓ Newly filled positions include RT Manager, RN, LPN, CNA.
- ✓ Covid Project/Cares Act equipment purchases and installation are ongoing. GE Ultrasound, GE Portable X-Ray, Telemetry Cabling, Electrical Upgrades plus several smaller items have been received.
- ✓ Our census has continued to be strong with a July average daily census of 13.
- ✓ The free meal program for employees has been resumed due to Covid's resurgence.

### Contracts, Agreements and Appointments to be presented to the Governing Board

- ✓ Julian Lowell, APRN-CNP – Courtesy Privileges
- ✓ Jeff Brand, PA – Courtesy Privileges
- ✓ Brett Grobman, DO – Temporary Privileges
- ✓ Brian Bluth, MD, Supervisory Agreements of Jeff Brand and Julian Lowell

## Mangum Board Meeting Financial Reports

	REPORT TITLE
1	Financial Update (page 1)
2	Financial Update (page 2)
3	Stats
4	Balance Sheet Trend
5	Cash Collections
6	Medicare Payables (Receivables)
7	Income Statement
8	Income Statement Trend
9	Financial Summary
10	AP Aging Summary





August 24, 2021

**Board of Directors**  
**Mangum Regional Medical Center**

July 2021 Financial Statement Overview

- **Statistics**
  - The average daily census (ADC) for July 2021 was 12.52. This was a 1.52 increase above our target of 11.0 and continues our annual upward trend of YTD ADC at 9.81.
  - FY21 YTD Medicare swing bed patient days through July were 1,587 as compared to the PY total of 2,007 (approximately -20%). Accordingly, this continues to be an area of focus.
  - We experienced an increase in collections in July (\$1M) over June (\$939K) due to the ADC increase in May over April (reminder, there is approximately a one to two-month lag between the net revenue generated each month & the majority of the cash collected). Additionally, we anticipate cash collections in August to approximate \$1M as well from the increase in July over June.
- **Balance Sheet Highlights**
  - The operating cash balance as of July 31st was \$212K. This increase of \$102K from the June 2021 balance was primarily due to an increase in cash collections.
  - AR decreased \$325K from June. This was primarily due to an increase in collections.
  - AP decreased \$759K from June. This is reflective of \$812K in payments made towards COVID capital items, as well as a YTD correction of accrued payroll in the amount of (\$318K).
  - The 2020 filed cost report currently reflects a receivable of \$1.3M. This has been recorded as of 12/31/20, lowering the total Medicare liability to \$4.2M. \*We have not yet received confirmation of acceptance of the filed cost report from Novitas.



- Income Statement Highlights
  - Current month gross patient revenue is higher compared to PY primary due to OP volumes (COVID had a much higher impact on OP CAH & clinic volumes in FY20).
  - Current month net patient revenue of \$827K is lower than prior year comparison. This is primarily due to a YTD true up of the AR reserve to reflect estimated cash collections.
  - Operating expenses were \$278K lower than the monthly average in July due to a \$318K credit to salary and benefit expense from the true up of YTD overstatement of accrued payroll expenses.
- Other
  - Other attached reports include an income statement trend, CY financial statement comparisons to FY17-FY20, Accounts Payable Aging and estimated claims lists – updated estimated June claims list showing payments made MTD and the July 2021 estimated claims list.



**Mangum Regional Medical Center**  
**Admissions, Discharges & Days of Care**  
**Fiscal Year 2021**

								12/31/2021	12/31/2020 PY Comparison
	January	February	March	April	May	June	July	YTD	
<b>Admissions</b>									
Inpatient	15	15	11	16	14	23	21	115	100
Swingbed	10	20	13	19	22	11	8	103	141
Observation	0	0	0	0	0	0	0	0	4
	25	35	24	35	36	34	29	218	245
<b>Discharges</b>									
Inpatient	14	15	11	14	16	19	13	102	91
Swingbed	5	10	8	8	14	8	8	61	74
Observation	0	0	0	0	0	0	0	0	4
	19	25	19	22	30	27	21	163	169
<b>Days of Care</b>									
Inpatient-Medicare	23	31	10	30	24	51	36	205	188
Inpatient-Other	27	15	14	13	21	11	31	132	93
Swingbed-Medicare	133	243	171	217	269	254	310	1,597	2,007
Swingbed-Other	0	35	48	20	31	0	11	145	141
Observation	0	0	0	0	0	0	0	0	5
	183	324	243	280	345	316	388	2,079	2,434
Calendar days	31	28	31	30	31	30	31	212	213
ADC - (incl OBS)	5.90	11.57	7.84	9.33	11.13	10.53	12.52	9.81	11.43
ADC	5.90	11.57	7.84	9.33	11.13	10.53	12.52	9.81	11.40
<b>Ratio Analysis</b>									
Days cash on hand	1/31/21 32.21	2/28/21 13.81	3/31/21 18.12	4/30/21 6.71	5/31/21 4.32	6/30/21 2.53	7/31/21 2.97		12/31/20 27.75

**Mangum Regional Medical Center**  
**Comparative Balance Sheet - Unaudited**  
**Fiscal Year 2021**

Item 10.

	January	February	March	April	May	June	July	Prior Month Variance
Cash And Cash Equivalents	1,384,085	578,873	498,072	285,068	184,660	109,864	212,334	102,469
Reserved Funds	3,542,241	3,484,190	3,533,651	3,489,308	2,878,664	2,483,182	1,670,922	(812,260)
Patient Accounts Receivable, Net	1,636,678	1,816,370	2,014,423	2,292,323	2,477,836	2,641,397	2,316,284	(325,113)
Inventory	73,030	73,065	83,960	80,891	74,566	65,951	71,843	5,892
Prepays And Other Assets	1,015,985	993,575	1,008,028	1,054,977	934,267	1,000,084	989,948	(10,135)
Capital Assets, Net	1,204,113	1,179,030	1,153,947	1,128,864	1,118,781	3,377,016	3,352,043	(24,974)
Total Assets	8,856,131	8,125,103	8,292,081	8,331,430	7,668,773	9,677,494	8,613,373	(1,064,120)
Accounts Payable	13,246,847	12,882,642	13,332,697	13,701,892	13,429,015	15,737,863	14,978,998	(758,865)
Due To Medicare	4,681,671	4,576,469	4,469,666	4,347,517	4,362,141	4,285,668	4,208,454	(77,214)
Covid Grant Funds	3,542,241	3,484,190	3,484,190	3,489,308	2,878,664	-	-	-
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-
Notes Payable - Cohesive	242,500	242,500	242,500	242,500	242,500	242,500	242,500	-
Notes Payable - Other	435,254	412,382	389,510	389,510	343,766	320,894	298,022	(22,872)
Alliantz Line Of Credit	-	-	-	-	-	-	-	-
Leases Payable	362,765	359,258	359,258	355,732	348,013	345,038	341,434	(3,604)
Total Liabilities	22,511,278	21,957,441	22,277,821	22,526,459	21,604,099	20,931,963	20,069,408	(862,555)
Net Assets	(13,655,147)	(13,832,338)	(13,985,739)	(14,195,029)	(13,935,326)	(11,254,470)	(11,456,035)	(201,565)
Total Liabilities and Net Assets	8,856,131	8,125,103	8,292,081	8,331,430	7,668,773	9,677,494	8,613,373	(1,064,120)

**Mangum Regional Medical Center**  
**Cash Receipts & Disbursements by Month**  
**August 24, 2021 Board Meeting**

2018		2019		2020			2021			
Month	Amount	Month	Amount	Month	Amount	Stimulus Funds	Month	Amount	Stimulus Funds	Disbursements
January-18	165,685	January-19	417,231	January-20	1,183,307		January-21	830,598		695,473
February-18	752,169	February-19	242,680	February-20	750,899		February-21	609,151		1,472,312
March-18	1,098,956	March-19	1,357,203	March-20	843,213		March-21	960,085	49,461	866,387
April-18	1,449,073	April-19	1,299,323	April-20	617,307	778,925	April-21	742,500		999,127
May-18	1,429,917	May-19	1,289,344	May-20	605,061	3,405,872	May-21	816,551		1,528,534
June-18	999,979	June-19	559,288	June-20	562,725		June-21	939,092		1,455,892
July-18	4,525,796	July-19	1,576,072	July-20	521,080	78,499	July-21	1,009,037		1,774,932
August-18	924,838	August-19	346,302	August-20	611,529		August-21			
September-18	1,228,910	September-19	876,966	September-20	785,446		September-21			
October-18	1,101,494	October-19	1,148,666	October-20	1,168,624	11,577	October-21			
November-18	1,140,874	November-19	957,993	November-20	836,014		November-21			
December-18	458,871	December-19	1,500,316	December-20	1,940,134		December-21			
					10,425,338	4,274,873		5,907,013	49,461	8,792,656
Subtotal FY 2018	<u>15,276,562</u>	Subtotal FY 2019	<u>11,571,384</u>	Subtotal FY 2020	<u>14,700,211</u>		Subtotal FY 2021	<u>5,956,474</u>		



**Mangum Regional Medical Center  
Medicare Payables by Year  
August 24, 2021 Board Meeting**

<b>Year</b>	<b>Original Loan Balance</b>	<b>Balance as of 07/31/21</b>	<b>Total Interest Paid as of 07/31/2021</b>
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement <i>Estimate</i>	1,614,760.00	1,614,760.00	-
2017 12/31/17-C/R Settlement <i>Estimate</i>	(535,974.00)	(535,974.00)	-
2017 C/R Settlement Overpayment <i>Estimate</i>	3,539,982.21	3,539,982.21	-
2018 C/R Settlement	1,870,870.00	276,098.29	227,815.36
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	810,632.06	221,698.63
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement <i>per 7/31/21 filed cost report</i>	(3,145,438.00)	(1,329,679.00)	-
<i>FY21 MCR pay (rec) estimate</i>		(167,365.63)	
<b>Total</b>	<b>6,746,549.21</b>	<b>4,208,453.93</b>	<b>830,325.45</b>

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended Jul 31, 2021**  
**Unaudited**

Item 10.

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
246,806	138,076	108,730	Inpatient revenue	1,593,544	1,096,752	496,792
928,868	742,570	186,297	Swing Bed revenue	6,196,515	7,239,055	(1,042,540)
817,270	525,246	292,023	Outpatient revenue	5,091,902	3,652,164	1,439,738
30,692	135,786	(105,094)	Professional revenue	208,005	1,003,183	(795,178)
2,023,636	1,541,679	481,956	Total patient revenue	13,089,966	12,991,153	98,812
1,020,654	381,849	638,804	Contractual adjustments	4,894,833	5,777,224	(882,391)
-	-	-	Contractual adjustments: MCR Settlement	(167,366)	(791,984)	624,618
179,443	289,329	(109,886)	Bad debts	1,188,207	1,623,454	(435,247)
1,200,096	671,178	528,918	Total deductions from revenue	5,915,675	6,608,694	(693,019)
823,539	870,501	(46,962)	Net patient revenue	7,174,291	6,382,459	791,832
3,479	195,079	(191,600)	Other operating revenue	3,660,454	215,647	3,444,806
827,019	1,065,580	(238,561)	Total operating revenue	10,834,745	6,598,107	4,236,638
			Expenses			
94,986	365,517	(270,532)	Salaries and benefits	2,572,355	2,652,168	(79,813)
161,152	144,358	16,794	Professional Fees	911,456	1,080,952	(169,497)
244,683	183,794	60,888	Contract labor	1,687,021	1,401,327	285,694
124,304	40,414	83,890	Purchased/Contract services	549,090	502,357	46,734
225,000	225,000	-	Management expense	1,575,000	1,707,132	(132,132)
74,370	106,055	(31,685)	Supplies expense	705,607	613,456	92,151
22,164	24,872	(2,708)	Rental expense	133,511	161,442	(27,931)
6,770	14,672	(7,903)	Utilities	87,092	98,260	(11,168)
33	455	(421)	Travel & Meals	1,364	2,983	(1,619)
1,149	1,749	(600)	Repairs and Maintenance	27,926	24,736	3,190
14,171	11,039	3,132	Insurance expense	82,901	75,900	7,001
24,442	10,923	13,519	Other Expense	286,784	303,872	(17,088)
993,225	1,128,849	(135,624)	Total expense	8,620,105	8,624,583	(4,478)
(166,206)	(63,269)	(102,937)	EBIDA	2,214,640	(2,026,477)	4,241,116
-20.1%	-5.9%	-14.2%	EBIDA as percent of net revenue	20.4%	-30.7%	51.2%
10,276	33,714	(23,438)	Interest	88,279	261,611	(173,332)
25,083	24,748	335	Depreciation	175,580	173,235	2,345
(201,565)	(121,730)	(79,835)	Operating margin	1,950,781	(2,461,322)	4,412,103
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
(201,565)	(121,730)	(79,835)	Excess (Deficiency) of Revenue Over Expenses	1,950,781	(2,461,322)	4,412,103
-24.37%	-11.42%	-12.95%	Operating Margin %	18.00%	-37.30%	55.31%

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense Trend - Unaudited**  
**Fiscal Year 2021**

Item 10.

	January	February	March	April	May	June	July	YTD
Inpatient revenue	257,967	260,085	107,948	212,813	243,574	264,350	246,806	1,593,544
Swing Bed revenue	448,245	990,856	910,210	1,051,745	1,086,859	779,732	928,868	6,196,515
Outpatient revenue	478,855	662,455	779,486	785,365	665,431	903,041	817,270	5,091,902
Professional revenue	110,525	20,140	2,828	14,261	14,946	14,614	30,692	208,005
Total patient revenue	1,295,592	1,933,535	1,800,472	2,064,184	2,010,810	1,961,737	2,023,636	13,089,966
Contractual adjustments	204,983	908,030	589,844	905,284	509,376	756,661	1,020,654	4,894,833
Contractual adjustments: MCR Settlement	(150,000)	-	-	-	-	(17,366)	-	(167,366)
Bad debts	211,971	121,036	100,979	2,665	502,293	69,820	179,443	1,188,207
Total deductions from revenue	266,954	1,029,066	690,823	907,950	1,011,669	809,116	1,200,096	5,915,675
Net patient revenue	1,028,638	904,469	1,109,649	1,156,234	999,141	1,152,621	823,539	7,174,291
Other operating revenue	55,095	59,867	342	(4,132)	612,043	2,933,760	3,479	3,660,454
Total operating revenue	1,083,732	964,336	1,109,991	1,152,102	1,611,183	4,086,381	827,019	10,834,745
	77.2%	79.2%	87.8%	84.9%	73.9%	82.0%	80.1%	80.8%
Expenses								
Salaries and benefits	368,755	344,011	414,777	476,597	493,043	380,185	94,986	2,572,355
Professional Fees	112,344	140,725	100,926	127,933	116,608	151,768	161,152	911,456
Contract labor	274,135	192,165	197,257	246,672	232,105	300,005	244,683	1,687,021
Purchased/Contract services	102,240	62,920	41,721	52,265	54,853	110,787	124,304	549,090
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	1,575,000
Supplies expense	137,287	62,321	122,172	103,022	103,061	103,373	74,370	705,607
Rental expense	16,781	19,756	21,845	19,441	16,519	17,004	22,164	133,511
Utilities	12,796	9,506	16,688	13,033	7,273	21,026	6,770	87,092
Travel & Meals	335	353	325	318	300	(300)	33	1,364
Repairs and Maintenance	4,529	2,278	2,965	1,034	10,383	5,587	1,149	27,926
Insurance expense	11,660	11,660	11,660	11,660	11,290	10,798	14,171	82,901
Other	22,501	32,969	70,971	47,424	45,385	43,092	24,442	286,784
Total expense	1,288,365	1,103,665	1,226,308	1,324,400	1,315,819	1,368,324	993,225	8,620,105
EBIDA	\$ (204,632)	\$ (139,329)	\$ (116,316)	\$ (172,298)	\$ 295,364	\$ 2,718,057	\$ (166,206)	\$ 2,214,640
EBIDA as percent of net revenue	-18.9%	-14.4%	-10.5%	-15.0%	18.3%	66.5%	-20.1%	20.4%
Interest	18,617	12,779	12,002	11,909	10,578	12,118	10,276	88,279
Depreciation	25,083	25,083	25,083	25,083	25,083	25,083	25,083	175,580
Operating margin	\$ (248,332)	\$ (177,191)	\$ (153,401)	\$ (209,290)	\$ 259,703	\$ 2,680,856	\$ (201,565)	\$ 1,950,781
Other	-	-	-	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(248,332)	(177,191)	(153,401)	(209,290)	259,703	2,680,856	(201,565)	1,950,781
Operating Margin % (excluding other misc. revenue)	-22.91%	-18.37%	-13.82%	-18.17%	16.12%	65.60%	-24.37%	18.00%



**MANGUM REGIONAL MEDICAL CENTER  
BALANCE SHEET**

	7/31/21	6/30/21	5/31/21	4/30/21	3/31/21	2/28/21	1/31/21	12/31/20
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited
CASH AND CASH EQUIVALENTS	212,333.62	109,864.25	184,659.89	285,067.57	498,072.47	578,873.27	1,384,085.42	1,193,977.29
RESERVED FUNDS	1,670,921.98	2,483,182.16	2,878,663.72	3,489,308.23	3,533,651.15	3,484,189.73	3,542,240.97	3,597,082.63
PATIENT ACCOUNTS RECEIVABLE, N	2,316,283.66	2,641,396.70	2,477,835.66	2,292,322.54	2,014,423.05	1,816,369.66	1,636,677.73	1,704,448.97
INVENTORY	71,843.09	65,950.94	74,565.82	80,891.02	83,959.77	73,065.29	73,029.52	69,909.34
PREPAIDS AND OTHER ASSETS	989,948.29	1,000,083.50	934,266.55	1,054,976.63	1,008,028.04	993,574.83	1,015,984.57	1,034,287.86
CAPITAL ASSETS, NET	3,352,042.57	3,377,016.14	1,118,781.23	1,128,864.08	1,153,946.93	1,179,029.78	1,204,112.63	1,229,195.48
<b>Total Assets</b>	<b>8,613,373.21</b>	<b>9,677,493.69</b>	<b>7,668,772.87</b>	<b>8,331,430.07</b>	<b>8,292,081.41</b>	<b>8,125,102.56</b>	<b>8,856,130.84</b>	<b>8,828,901.57</b>
ACCOUNTS PAYABLE	14,978,997.82	15,737,863.31	13,429,014.92	13,701,892.06	13,332,696.81	12,882,642.44	13,246,846.97	12,627,653.51
DUE TO MEDICARE	4,208,453.93	4,285,668.03	4,362,140.93	4,347,516.90	4,469,666.33	4,576,468.58	4,681,671.38	4,931,196.37
COVID GRANT FUNDS	-	-	2,878,663.72	3,489,308.23	3,484,189.73	3,484,189.73	3,542,240.97	3,597,082.63
DUE TO COHESIVE - PPP LOANS	-	-	-	-	-	-	-	-
NOTES PAYABLE - COHESIVE	242,500.00	242,500.00	242,500.00	242,500.00	242,500.00	242,500.00	242,500.00	242,500.00
NOTES PAYABLE - OTHER	298,021.77	320,893.77	343,765.77	389,509.77	389,509.77	412,381.77	435,253.77	471,032.37
ALLIANTZ LINE OF CREDIT	-	-	-	-	-	-	-	-
LEASES PAYABLE	341,434.34	345,038.22	348,013.32	355,732.26	359,258.09	359,258.09	362,764.67	366,252.10
<b>Total Liabilities</b>	<b>20,069,407.86</b>	<b>20,931,963.33</b>	<b>21,604,098.66</b>	<b>22,526,459.22</b>	<b>22,277,820.73</b>	<b>21,957,440.61</b>	<b>22,511,277.76</b>	<b>22,235,716.98</b>
<b>NET ASSETS</b>	<b>(11,456,034.65)</b>	<b>(11,254,469.64)</b>	<b>(13,935,325.79)</b>	<b>(14,195,029.15)</b>	<b>(13,985,739.32)</b>	<b>(13,832,338.05)</b>	<b>(13,655,146.92)</b>	<b>(13,406,815.41)</b>
<b>Total Liabilities and Net Ass</b>	<b>8,613,373.21</b>	<b>9,677,493.69</b>	<b>7,668,772.87</b>	<b>8,331,430.07</b>	<b>8,292,081.41</b>	<b>8,125,102.56</b>	<b>8,856,130.84</b>	<b>8,828,901.57</b>
	-	-	-	0.00	0.00	-	-	-

**MANGUM REGIONAL MEDICAL CENTER  
OPERATING STATEMENT**

	7/31/21	6/30/21	5/31/21	4/30/21	3/31/21	2/28/21	1/31/21	12/31/20
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited
Inpatient revenue	1,593,543.76	1,346,737.49	1,082,387.62	838,813.41	626,000.22	518,051.97	257,967.41	2,230,761.99
Swing Bed revenue	6,196,514.87	5,267,647.12	4,487,914.74	3,401,056.19	2,349,311.15	1,439,100.88	448,244.89	11,519,484.90
Outpatient revenue	5,091,901.94	4,274,632.44	3,371,591.87	2,706,160.67	1,920,795.96	1,141,309.97	478,855.29	6,754,385.45
Professional revenue	208,005.18	177,313.07	162,698.60	147,753.00	133,492.37	130,664.42	110,524.58	1,708,155.05
Contractual adjustments	(4,894,832.96)	(3,874,179.37)	(3,117,517.89)	(2,608,141.89)	(1,702,857.47)	(1,113,013.70)	(204,983.25)	(9,181,056.04)
Contractual adjustments: MCR Sett	167,365.63	167,365.63	150,000.00	150,000.00	150,000.00	150,000.00	150,000.00	3,141,630.00
Bad debts	(1,188,207.39)	(1,008,764.69)	(938,944.37)	(436,651.42)	(433,986.34)	(333,007.11)	(211,971.13)	(2,714,251.14)
Net patient revenue	7,174,291.02	6,350,751.68	5,198,130.57	4,198,989.96	3,042,755.89	1,933,106.43	1,028,637.79	13,459,110.21
	80.76%	80.85%	80.59%	82.36%	81.42%	78.15%	77.22%	85.70%
Other operating revenue	3,660,453.59	3,656,974.30	723,214.50	111,171.99	115,303.69	114,961.72	55,094.66	718,289.40
Salaries and benefits	2,572,354.55	2,477,369.03	2,097,184.13	1,604,141.46	1,127,544.00	712,766.60	368,755.41	4,530,484.70
Professional Fees	911,455.67	750,303.62	598,536.10	481,927.86	353,995.13	253,069.49	112,344.12	1,794,618.71
Contract labor	1,687,020.91	1,442,338.34	1,142,333.82	910,228.91	663,557.02	466,299.67	274,134.56	2,517,076.33
Purchased/Contract services	549,090.28	424,786.41	313,999.80	259,146.66	206,881.52	165,160.62	102,240.34	1,035,762.12
Management expense	1,575,000.00	1,350,000.00	1,125,000.00	900,000.00	675,000.00	450,000.00	225,000.00	2,832,132.00
Supplies expense	705,606.54	631,236.17	527,863.04	424,802.38	321,780.12	199,608.24	137,287.44	1,154,108.08
Rental expense	133,510.91	111,346.55	94,342.37	77,823.50	58,382.11	36,537.14	16,781.32	294,967.40
Utilities	87,091.77	80,321.98	59,296.44	52,023.04	38,989.82	22,302.09	12,796.14	170,793.30
Travel & Meals	1,363.72	1,330.25	1,630.25	1,330.25	1,012.68	687.28	334.71	3,976.25
Repairs and Maintenance	27,925.83	26,776.41	21,189.27	10,806.51	9,772.51	6,807.31	4,528.92	38,981.08
Insurance expense	82,901.02	68,730.09	57,931.64	46,641.84	34,981.38	23,320.92	11,660.46	131,981.68
Other Expense	286,783.73	262,341.38	219,249.56	173,864.95	126,440.71	55,469.99	22,501.08	492,975.99
Interest	88,278.97	78,002.88	65,884.78	55,306.93	43,397.94	31,395.74	18,616.61	408,329.87
Depreciation	175,579.95	150,497.10	125,414.25	100,331.40	75,248.55	50,165.70	25,082.85	298,043.62
<b>TOTAL EXPENSES</b>	<b>8,883,963.85</b>	<b>7,855,380.21</b>	<b>6,449,855.45</b>	<b>5,098,375.69</b>	<b>3,736,983.49</b>	<b>2,473,590.79</b>	<b>1,332,063.96</b>	<b>15,704,231.13</b>
<b>Change in Net Assets</b>	<b>1,950,780.76</b>	<b>2,152,345.77</b>	<b>(528,510.38)</b>	<b>(788,213.74)</b>	<b>(578,923.91)</b>	<b>(425,522.64)</b>	<b>(248,331.51)</b>	<b>(1,526,831.52)</b>
<b>Net Assets, Beginning of Yr</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(13,406,815.41)</b>	<b>(11,879,983.89)</b>
<b>Net Assets, End of Period</b>	<b>(11,456,034.65)</b>	<b>(11,254,469.64)</b>	<b>(13,935,325.79)</b>	<b>(14,195,029.15)</b>	<b>(13,985,739.32)</b>	<b>(13,832,338.05)</b>	<b>(13,655,146.92)</b>	<b>(13,406,815.41)</b>
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**MRMC AP AGING SUMMARY**  
**For Month Ending**  
**7/31/2021**

<b>VENDOR - Under Litagation</b>	<b>Description</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>Over 90</b>	<b>7/31/2021</b>	<b>6/30/2021</b>	<b>5/31/2021</b>
ADP INC	QMI Payroll Service Provider				4,276.42	4,276.42	4,276.42	4,276.42
ADP SCREENING AND SELECTION	QMI Payroll Service Provider				1,120.00	1,120.00	1,120.00	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	Old Mgmt Fees				698,000.00	698,000.00	698,000.00	698,000.00
ELISE ALDUINO	1099 consultant				12,000.00	12,000.00	12,000.00	12,000.00
HEADRICK OUTDOOR MEDIA INC	Advertising				25,650.00	25,650.00	25,650.00	25,650.00
MEDSURG CONSULTING LLC	Equipment Rental Agreement				98,670.36	98,670.36	98,670.36	98,670.36
QUARTZ MOUNTAIN RESORT	Alliance Travel				9,514.95	9,514.95	9,514.95	9,514.95
<b>SUBTOTAL-Vendor Under Litagation</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>849,231.73</b>	<b>849,231.73</b>	<b>849,231.73</b>	<b>849,231.73</b>
<b>VENDOR</b>	<b>Description</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>Over 90</b>	<b>7/31/2021</b>	<b>6/30/2021</b>	<b>5/31/2021</b>
ABBOTT	COVID Capital	12,288.46				12,288.46	-	-
ABC BIOMEDICAL	IV Pump rental		-			-	-	2,025.00
ADCRAFT SIGNS OF MANGUM	Plant Ops supplies		108.90			108.90	108.90	-
ADVANCE ALARMS INC	Monitor system	-				-	-	3,089.00
ALCO SALES & SERVICE CO	Supplies	181.07				181.07	181.07	-
AMERICAN HEALTH TECH	Rental Equipment-Old				22,025.36	22,025.36	22,025.36	22,025.36
ANESTHESIA SERVICE INC	COVID Capital	2,093.76				2,093.76	3,081.44	776.19
APEX MEDICAL GAS SYSTEMS, INC	COVID Capital		176,716.80			176,716.80	177,616.80	-
ARAMARK	Linen Services	3,465.30	3,520.01			6,985.31	7,036.17	5,361.34
AT&T	Fax Service	-				-	-	-
AVANAN, INC.	COVID Capital		16,800.00			16,800.00	16,800.00	-
BAXTER HEALTHCARE	Pharmacy Supplies	1,438.32				1,438.32	-	-
BENISH AND ASSOCIATES	1099 Provider	16,000.00				16,000.00	-	-
BIO-RAD LABORATORIES INC	Lab Supplies	-				-	-	1,102.35
BLUESTREAM HEALTH, INC.	COVID Capital	12,000.00				12,000.00	12,000.00	-
BLUTH FAMILY MEDICINE, LLC	1099 Provider	6,750.00				6,750.00	-	-
C.R. BARD INC.	Surgery Supplies-Old				3,338.95	3,338.95	3,338.95	3,338.95
CARDINAL HEALTH 110, LLC	Pharmacy Supplies	-				-	-	(72,749.41)
CENTERPOINT ENERGY ARKLA	Utilities	-				-	94.36	-
CINTAS CORPORATION #628	Linen Services	2,550.75				2,550.75	7,043.75	3,481.15
CITY OF MANGUM	Utilities	7,045.51				7,045.51	7,158.56	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	5,820.00	242,475.53	10,549.49	3,646,462.41	3,905,307.43	3,940,102.01	3,767,425.10
COHESIVE HEALTHCARE RESOURCES	Payroll		154,860.86	359,630.75	4,634,669.30	5,149,160.91	5,726,333.12	5,796,091.00
COHESIVE MEDIIRYDE LLC	Mgmt Transportation Service	349.75				349.75	-	-
COHESIVE REVOPS INTEGRATION	Billing Purch svcs				51,081.09	51,081.09	-	-
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	15,489.59	51,233.54	6,927.32	1,402,049.75	1,475,700.20	1,460,210.61	1,496,549.91
COMPLIANCE CONSULTANTS	Lab Consultant				1,000.00	1,000.00	1,000.00	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing	146,285.57	287,916.49	20,393.95	28,976.24	483,572.25	194,570.34	49,361.58



VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2021	6/30/2021	5/31/2021
CONTEMPORARY HEALTHCARE SVCS	1099 Provider				9,400.00	9,400.00	-	-
CPSI	EHR Software			-		-	31,900.40	-
CRITICAL ALERT	COVID Capital	-				-	160,132.00	-
CULLIGAN WATER CONDITIONING	Clinic Purchased Service	-				-	12.00	-
DAN'S HEATING & AIR CONDITIONI	COVID Capital		10,968.00			10,968.00	13,325.53	-
DELL INC	COVID Capital	-				-	18,155.86	-
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees		13,598.30	3,749.87	294,277.26	311,625.43	316,625.43	279,837.74
DR W. GREGORY MORGAN III	1099 Provider	-				-	4,766.67	-
DR. JOHN CHIAFFIETELLI	1099 Provider				9,615.38	9,615.38	-	-
F1 INFORMATION TECHNOLOGIES IN	IT Support Services				2,928.00	2,928.00	-	2,928.00
FEDEX	Postage service		-			-	24.86	-
FIRST HEALTHCARE PRODUCTS INC	COVID Capital	-				-	7,543.00	-
GE PRECISION HEALTHCARE LLC	COVID Capital		971,647.76			971,647.76	971,647.76	-
GLOBAL PAYMENTS INTEGRATED	CC processing svcs	-				-	956.74	-
GRAINGER	Maintenance Supplies	-	-			-	463.18	-
HAC INC	Dietary Supplies				-	-	-	329.25
HEALTH CARE LOGISTICS	Pharmacy Supplies	-	-			-	651.57	-
HEALTHSTREAM	Employee Training Purchased Service	-				-	841.75	-
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	1,000.00	-		-	1,000.00	4,059.69	-
HENRY SCHEIN	Lab Supplies	-				-	4,466.01	-
HERC RENTALS INC	Old Rental Service				7,653.03	7,653.03	7,653.03	7,653.03
HOBART SERVICE	Repair/Maintenance	709.00				709.00	-	-
ICU MEDICAL SALES INC.	COVID Capital		70,983.93			70,983.93	70,983.93	-
IMEDICAL INC	Supplies				1,008.29	1,008.29	1,008.29	1,008.29
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	111.80	111.80			223.60	279.50	83.85
INSIGHT DIRECT USA INC.	COVID Capital	-				-	26,284.05	-
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	514.66				514.66	1,666.04	657.56
JNP MEDICAL SERVICES LLC	1099 Provider				2,400.00	2,400.00	-	-
KCI USA	Supplies				1,273.50	1,273.50	9,184.67	9,184.67
KNOWBE4	COVID Capital	-				-	11,938.20	-
LABCORP	Lab purch svcs				-	-	-	9,684.55
LAMPTON WELDING SUPPLY	Supplies	-				-	3,285.65	-
LINET AMERICAS, INC.	COVID Capital		15,066.00			15,066.00	15,066.00	-
LOCKE SUPPLY	Plant Ops supplies	1,066.27				1,066.27	516.63	94.73
LOWES	Supplies	1,279.11				1,279.11	1,279.11	-
LYNDA JAMES	Employee Reimbursement				-	-	-	67.84
MARK CHAPMAN	Employee Reimbursement	385.05				385.05	-	940.38
MATT MONROE	Rent	-				-	850.00	-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	4,213.07				4,213.07	5,791.34	21,865.27
MEDLINE INDUSTRIES	Patient Care Supplies	4,004.32	6,100.79			10,105.11	16,447.15	19,518.43
MICROSURGICAL MST	Surgery Supplies				2,233.80	2,233.80	2,233.80	2,233.80

VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2021	6/30/2021	5/31/2021
MID-AMERICA SURGICAL SYSTEMS	Surgery Supplies				3,607.60	3,607.60	3,607.60	3,607.60
NASCO EDUCATION LLC	COVID Capital	5,098.00				5,098.00	5,098.00	-
NATIONAL RECALL ALERT CENTER	Materials Purch svcs		-			-	-	1,190.00
NEXTIVA, INC.	Phones	-			-	-	3,781.18	-
NINJA RMM	IT Service				2,625.00	2,625.00	2,625.00	2,625.00
NP RESOURCES	1099 Provider	2,450.00				2,450.00	-	-
NUSTEP LLC	COVID Capital		4,439.00			4,439.00	4,439.00	-
OK STATE BOARD OF PHARMACY	Licensure	-				-	40.00	-
OKLAHOMA BLOOD INSTITUTE	Lab Supplies	505.20				505.20	505.20	3,955.80
OKLAHOMA ELECTRICAL SUPPLY CO	COVID Capital	-				-	11,870.00	-
PAGE CONCEPTS, INC.	COVID Capital		-			-	46,443.60	-
PARA HEALTHCARE ANALYTICS, LLC	CMD Review		1,959.00	584.00	3,700.00	6,243.00	12,618.00	-
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	-				-	347.00	-
PORT53 TECHNOLOGIES, INC.	COVID Capital	-				-	45,456.00	-
PRESS GANEY ASSOCIATES, INC	Purchased Service				-	-	-	2,048.28
RAMSEY AND GRAY, PC	Legal Fees				14,280.00	14,280.00	14,280.00	26,700.00
REYES ELECTRIC LLC	Repairs/maintenance		75,000.00			75,000.00	75,000.00	8,750.00
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-				-	262.50	-
SBM MOBILE PRACTICE, INC	1099 Provider				7,400.00	7,400.00	-	-
SCHAPEN LLC	Clinic Rent	-				-	1,750.00	-
SCRUBS AND SPORTS	Employee Appreciation				62.77	62.77	62.77	-
SHRED-IT USA LLC	Secure Doc disposal service	-	-	-		-	497.43	436.14
SIZEWISE	Swing bed purch service		210.24			210.24	210.24	735.84
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00				1,735.00	-	1,735.00
SOUTHWEST HOT STEAM CLEANING	Dietary Purchased Service	-				-	-	300.00
SPACELABS HEALTHCARE LLC	COVID Capital		-			-	319,546.15	-
SPARKLIGHT BUSINESS	Cable service	98.34			-	98.34	50.87	329.50
STANDLEY	Printer lease	-				-	36.12	-
STAPLES ADVANTAGE	Office Supplies	205.96				205.96	437.73	706.90
STERICYCLE INC	Waste Disposal Service	2,322.01				2,322.01	3,241.58	4,534.94
STRYKER INSTRUMENTS	Surgery Supplies				31,845.65	31,845.65	31,845.65	31,845.65
STRYKER SALES CORPORATION	COVID Capital	15,723.68				15,723.68	15,723.68	-
SUNBELT RENTALS	Air Scrubber Rental - COVID				196.93	196.93	196.93	196.93
TELEFLEX	Supplies	1,445.50				1,445.50	-	-
THE COMPLIANCE TEAM	Clinic Survey				2,190.00	2,190.00	2,190.00	2,190.00
TOTAL MEDICAL PERSONNEL STAFF.	Agency Staffing	-	-			-	13,412.19	2,898.39
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support	-				-	69,537.00	-
TSYS	CC processing svcs	-	-		-	-	-	1,402.38
TYTOCARE INC.	COVID Capital	-				-	91,569.32	-
ULTRA-CHEM INC	Housekeeping Supplies	240.17				240.17	240.17	-
UNIVERSAL MEDICAL	COVID equipment	1,040.09				1,040.09	-	-

VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2021	6/30/2021	5/31/2021
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	2,956.32				2,956.32	11,031.01	7,277.17
US MED-EQUIP LLC	Swing bed eq rental	8,058.94				8,058.94	8,823.14	-
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	1,710.00			1,710.00	3,420.00	1,710.00	10,260.00
WELCH ALLYN, INC.	Supplies				(628.66)	(628.66)	(628.66)	(628.66)
WOLTERS KLUWER HEALTH	Clinical Education				-	-	-	4,866.00
<b>Vendor Subtotal</b>		<b>288,630.57</b>	<b>2,103,716.95</b>	<b>401,835.38</b>	<b>10,187,381.65</b>	<b>12,981,564.55</b>	<b>14,086,597.68</b>	<b>11,552,927.77</b>
<b>Grand Total</b>		<b>288,630.57</b>	<b>2,103,716.95</b>	<b>401,835.38</b>	<b>11,036,613.38</b>	<b>13,830,796.28</b>	<b>14,935,829.41</b>	<b>12,402,159.50</b>
Conversion Variance						(13,918.73)	(13,340.32)	(13,340.32)
AP Control						13,816,877.55	14,922,489.09	12,388,819.18
Accrued AP						1,162,120.27	815,374.22	1,040,195.74
<b>TOTAL AP</b>						<b>14,978,997.82</b>	<b>15,737,863.31</b>	<b>13,429,014.92</b>





# Practical Guidance for Health Care Governing Boards on Compliance Oversight

Office of Inspector General,  
U.S. Department of Health and Human Services  
Association of Healthcare Internal Auditors  
American Health Lawyers Association  
Health Care Compliance Association

# About the Organizations

This educational resource was developed in collaboration between the Association of Healthcare Internal Auditors (AHIA), the American Health Lawyers Association (AHLA), the Health Care Compliance Association (HCCA), and the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS).

AHIA is an international organization dedicated to the advancement of the health care internal auditing profession. The AHLA is the Nation's largest nonpartisan, educational organization devoted to legal issues in the health care field. HCCA is a member-based, nonprofit organization serving compliance professionals throughout the health care field. OIG's mission is to protect the integrity of more than 100 HHS programs, including Medicare and Medicaid, as well as the health and welfare of program beneficiaries.

The following individuals, representing these organizations, served on the drafting task force for this document:

**Katherine Matos**, Senior Counsel, OIG, HHS

**Felicia E. Heimer**, Senior Counsel, OIG, HHS

**Catherine A. Martin**, Principal, Ober | Kaler (AHLA)

**Robert R. Michalski**, Chief Compliance Officer,  
Baylor Scott & White Health (AHIA)

**Daniel Roach**, General Counsel and Chief  
Compliance Officer, Optum360 (HCCA)

**Sanford V. Teplitzky**, Principal, Ober | Kaler (AHLA)

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*This document is intended to assist governing boards of health care organizations (Boards) to responsibly carry out their compliance plan oversight obligations under applicable laws. This document is intended as guidance and should not be interpreted as setting any particular standards of conduct. The authors recognize that each health care entity can, and should, take the necessary steps to ensure compliance with applicable Federal, State, and local law. At the same time, the authors also recognize that there is no uniform approach to compliance. No part of this document should be taken as the opinion of, or as legal or professional advice from, any of the authors or their respective agencies or organizations.*

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# Introduction

Previous guidance<sup>1</sup> has consistently emphasized the need for Boards to be fully engaged in their oversight responsibility. A critical element of effective oversight is the process of asking the right questions of management to determine the adequacy and effectiveness of the organization's compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management. Given heightened industry and professional interest in governance and transparency issues, this document seeks to provide practical tips for Boards as they work to effectuate their oversight role of their organizations' compliance with State and Federal laws that regulate the health care industry. Specifically, this document addresses issues relating to a Board's oversight and review of compliance program functions, including the: (1) roles of, and relationships between, the organization's audit, compliance, and legal departments; (2) mechanism and process for issue-reporting within an organization; (3) approach to identifying regulatory risk; and (4) methods of encouraging enterprise-wide accountability for achievement of compliance goals and objectives.

**A critical element of effective oversight is the process of asking the right questions....**

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1   OIG and AHHA, *Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards of Directors* (2003); OIG and AHHA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors* (2004); and OIG and AHHA, *Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors* (2007).

# Expectations for Board Oversight of Compliance Program Functions

A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.<sup>2</sup> The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

Boards are encouraged to use widely recognized public compliance resources as benchmarks for their organizations. The Federal Sentencing Guidelines (Guidelines),<sup>3</sup> OIG's voluntary compliance program guidance documents,<sup>4</sup> and OIG Corporate Integrity Agreements (CIAs) can be used as baseline assessment tools for Boards and management in determining what specific functions may be necessary to meet the requirements of an effective compliance program. The Guidelines "offer incentives to organizations to reduce and ultimately eliminate criminal conduct by providing a structural foundation from which an organization may self-police its own conduct through an effective compliance and ethics program."<sup>5</sup> The compliance program guidance documents were developed by OIG to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements. CIAs impose specific structural and reporting requirements to

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2 *In re Caremark Int'l, Inc. Derivative Litig.*, 698 A.2d 959 (Del. Ch. 1996).

3 U.S. Sentencing Commission, *Guidelines Manual* (Nov. 2013) (USSG), [http://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2013/manual-pdf/2013\\_Guidelines\\_Manual\\_Full.pdf](http://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2013/manual-pdf/2013_Guidelines_Manual_Full.pdf).

4 OIG, *Compliance Guidance*, <http://oig.hhs.gov/compliance/compliance-guidance/index.asp>.

5 USSG Ch. 8, Intro. Comment.

promote compliance with Federal health care program standards at entities that have resolved fraud allegations.

Basic CIA elements mirror those in the Guidelines, but a CIA also includes obligations tailored to the organization and its compliance risks. Existing CIAs may be helpful resources for Boards seeking to evaluate their organizations' compliance programs. OIG has required some settling entities, such as health systems and hospitals, to agree to

Board-level requirements, including annual resolutions. These resolutions are signed by each member of the Board, or the designated Board committee, and detail the activities that have been undertaken to review and oversee the organization's compliance with Federal health care program and CIA requirements. OIG has not

required this level of Board involvement in every case, but these provisions demonstrate the importance placed on Board oversight in cases OIG believes reflect serious compliance failures.

**Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort....**

Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. Ensuring that management is aware of the Guidelines, compliance program guidance, and relevant CIAs is a good first step.

One area of inquiry for Board members of health care organizations should be the scope and adequacy of the compliance program in light of the size and complexity of their organizations. The Guidelines allow for variation according to “the size of the organization.”<sup>6</sup> In accordance with the Guidelines,

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6 USSG § 8B2.1, comment. (n. 2).

OIG recognizes that the design of a compliance program will depend on the size and resources of the organization.<sup>7</sup> Additionally, the complexity of the organization will likely dictate the nature and magnitude of regulatory impact and thereby the nature and skill set of resources needed to manage and monitor compliance.

While smaller or less complex organizations must demonstrate the same degree of commitment to ethical conduct and compliance as larger organizations, the Government recognizes that they may meet the Guidelines requirements with less formality and fewer resources than would be expected of larger and more complex organizations.<sup>8</sup> Smaller organizations may meet their compliance responsibility by “using available personnel, rather than employing separate staff, to carry out the compliance and ethics program.” Board members of such organizations may wish to evaluate whether the organization is “modeling its own compliance and ethics programs on existing, well-regarded compliance and ethics programs and best practices of other similar organizations.”<sup>9</sup> The Guidelines also foresee that Boards of smaller organizations may need to become more involved in the organizations’ compliance and ethics efforts than their larger counterparts.<sup>10</sup>

Boards should develop a formal plan to stay abreast of the ever-changing regulatory landscape and operating environment. The plan may involve periodic updates from informed staff or review of regulatory resources made available to them by staff. With an understanding of the dynamic regulatory environment, Boards will be in a position to ask more pertinent questions of management

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<sup>7</sup> Compliance Program for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434, 59436 (Oct. 5, 2000) (“The extent of implementation [of the seven components of a voluntary compliance program] will depend on the size and resources of the practice. Smaller physician practices may incorporate each of the components in a manner that best suits the practice. By contrast, larger physician practices often have the means to incorporate the components in a more systematic manner.”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289 (Mar. 16, 2000) (recognizing that smaller providers may not be able to outsource their screening process or afford to maintain a telephone hotline).

<sup>8</sup> USSG § 8B2.1, comment. (n. 2).

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

and make informed strategic decisions regarding the organizations' compliance programs, including matters that relate to funding and resource allocation. For instance, new standards and reporting requirements, as required by law, may, but do not necessarily, result in increased compliance costs for an organization. Board members may also wish to take advantage of outside educational programs that provide them with opportunities to develop a better understanding of industry risks, regulatory requirements, and how effective compliance and ethics programs operate. In addition, Boards may want management to create a formal education calendar that ensures that Board members are periodically educated on the organizations' highest risks.

Finally, a Board can raise its level of substantive expertise with respect to regulatory and compliance matters by adding to the Board, or periodically consulting with, an experienced regulatory, compliance, or legal professional. The presence of a professional with health care compliance expertise on the Board sends a strong message about the organization's commitment to compliance, provides a valuable resource to other Board members, and helps the Board better fulfill its oversight obligations. Board members are generally entitled to rely on the advice of experts in fulfilling their duties.<sup>11</sup> OIG sometimes requires entities under a CIA to retain an expert in compliance or governance issues to assist the Board in fulfilling its responsibilities under the CIA.<sup>12</sup> Experts can assist Boards and management in a variety of ways, including the identification of risk areas, provision of insight into best practices in governance, or consultation on other substantive or investigative matters.

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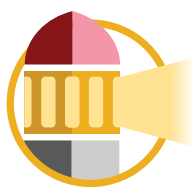
11 See Del Code Ann. tit. 8, § 141(e) (2010); ABA Revised Model Business Corporation Act, §§ 8.30(e), (f)(2) Standards of Conduct for Directors.

12 See Corporate Integrity Agreements between OIG and Halifax Hospital Medical Center and Halifax Staffing, Inc. (2014, compliance and governance); Johnson & Johnson (2013); Dallas County Hospital District d/b/a Parkland Health and Hospital System (2013, compliance and governance); Forest Laboratories, Inc. (2010); Novartis Pharmaceuticals Corporation (2010); Ortho-McNeil-Janssen Pharmaceuticals, Inc. (2010); Synthes, Inc. (2010, compliance expert retained by Audit Committee); The University of Medicine and Dentistry of New Jersey (2009, compliance expert retained by Audit Committee); Quest Diagnostics Incorporated (2009); Amerigroup Corporation (2008); Bayer HealthCare LLC (2008); and Tenet Healthcare Corporation (2006; retained by the Quality, Compliance, and Ethics Committee of the Board).



# Roles and Relationships

Organizations should define the interrelationship of the audit, compliance, and legal functions in charters or other organizational documents. The structure, reporting relationships, and interaction of these and other functions (e.g., quality, risk management, and human resources) should be included as departmental roles and responsibilities are defined. One approach is for the charters to draw functional boundaries while also setting an expectation of cooperation and collaboration among those functions. One illustration is the following, recognizing that not all entities may possess sufficient resources to support this structure:



**The compliance function** promotes the prevention, detection, and resolution of actions that do not conform to legal, policy, or business standards. This responsibility includes the obligation to develop policies and procedures that provide employees guidance, the creation of incentives to promote employee compliance, the development of plans to improve or sustain compliance, the development of metrics to measure execution (particularly by management) of the program and implementation of corrective actions, and the development of reports and dashboards that help management and the Board evaluate the effectiveness of the program.

**The legal function** advises the organization on the legal and regulatory risks of its business strategies, providing advice and counsel to management and the Board about relevant laws and regulations that govern, relate to, or impact the organization. The function also defends the organization in legal proceedings and initiates legal proceedings against other parties if such action is warranted.

**The internal audit function** provides an objective evaluation of the existing risk and internal control systems and framework within an organization. Internal audits ensure monitoring functions are working as intended and identify where management monitoring and/or additional

Board oversight may be required. Internal audit helps management (and the compliance function) develop actions to enhance internal controls, reduce risk to the organization, and promote more effective and efficient use of resources. Internal audit can fulfill the auditing requirements of the Guidelines.

**The human resources function** manages the recruiting, screening, and hiring of employees; coordinates employee benefits; and provides employee training and development opportunities.

**The quality improvement function** promotes consistent, safe, and high quality practices within health care organizations. This function improves efficiency and health outcomes by measuring and reporting on quality outcomes and recommends necessary changes to clinical processes to management and the Board. Quality improvement is critical to maintaining patient-centered care and helping the organization minimize risk of patient harm.

Boards should be aware of, and evaluate, the adequacy, independence,<sup>13</sup> and performance of different functions within an organization on a periodic basis. OIG believes an organization's Compliance Officer should neither be counsel for the provider, nor be subordinate in function or position to counsel or the legal department, in any manner.<sup>14</sup> While independent, an organization's counsel and compliance officer should collaborate to further the interests of the organization. OIG's position on separate compliance and legal functions reflects the independent roles and professional obligations of each function;<sup>15</sup>

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13 Evaluation of independence typically includes assessing whether the function has uninhibited access to the relevant Board committees, is free from organizational bias through an appropriate administrative reporting relationship, and receives fair compensation adjustments based on input from any relevant Board committee.

14 See OIG and AHHA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors*, 3 (2004) (citing Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998)).

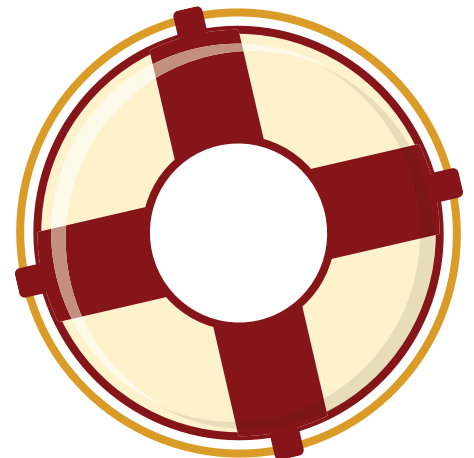
15 See, generally, *id.*

the same is true for internal audit.<sup>16</sup> To operate effectively, the compliance, legal, and internal audit functions should have access to appropriate and relevant corporate information and resources. As part of this effort, organizations will need to balance any existing attorney-client privilege with the goal of providing such access to key individuals who are charged with the responsibility for ensuring compliance, as well as properly reporting and remediating any violations of civil, criminal, or administrative law.

The Board should have a process to ensure appropriate access to information; this process may be set forth in a formal charter document approved by the Audit Committee of the Board or in other appropriate documents. Organizations that do not separate these functions (and some organizations may not have the resources to make this complete separation) should recognize the potential risks of such an arrangement. To partially mitigate these potential risks, organizations should provide individuals serving in multiple roles the capability to execute each function in an independent manner when necessary, including through reporting opportunities with the Board and executive management.

Boards should also evaluate and discuss how management works together to address risk, including the role of each in:

- 1.** identifying compliance risks,
- 2.** investigating compliance risks and avoiding duplication of effort,
- 3.** identifying and implementing appropriate corrective actions and decision-making, and
- 4.** communicating between the various functions throughout the process.



<sup>16</sup> Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998) (auditing and monitoring function should “[b]e independent of physicians and line management”); Compliance Program Guidance for Home Health Agencies, 63 Fed. Reg. 42,410, 42,424 (Aug. 7, 1998) (auditing and monitoring function should “[b]e objective and independent of line management to the extent reasonably possible”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,302 (Mar. 16, 2000).

Boards should understand how management approaches conflicts or disagreements with respect to the resolution of compliance issues and how it decides on the appropriate course of action. The audit, compliance, and legal functions should speak a common language, at least to the Board and management, with respect to governance concepts, such as accountability, risk, compliance, auditing, and monitoring. Agreeing on the adoption of certain frameworks and definitions can help to develop such a common language.

## Reporting to the Board

The Board should set and enforce expectations for receiving particular types of compliance-related information from various members of management. The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts—separately and independently—from a variety of key players, including those responsible for audit, compliance, human resources, legal, quality, and information technology. By engaging the leadership team and others deeper in the organization, the Board can identify who can provide relevant

**The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts....**

information about operations and operational risks. It may be helpful and productive for the Board to establish clear expectations for members of the management team and to hold them accountable for performing and informing the Board in accordance with those expectations. The Board may request the development of objective scorecards that measure how well management is executing the compliance program, mitigating risks, and implementing corrective action plans. Expectations could also include reporting information on internal and external investigations, serious issues raised in internal and external audits, hotline call activity, all allegations of material fraud or senior management misconduct, and all management exceptions to the organization's

code of conduct and/or expense reimbursement policy. In addition, the Board should expect that management will address significant regulatory changes and enforcement events relevant to the organization's business.

Boards of health care organizations should receive compliance and risk-related information in a format sufficient to satisfy the interests or concerns of their members and to fit their capacity to review that information. Some Boards use tools such as dashboards—containing key financial, operational and compliance indicators to assess risk, performance against budgets, strategic plans, policies and procedures, or other goals and objectives—in order to strike a balance between too much and too little information. For instance, Board quality committees can work with management to create the content of the dashboards with a goal of identifying and responding to risks and improving quality of care. Boards should also consider establishing a risk-based reporting system, in which those responsible for the compliance function provide reports to the Board when certain risk-based criteria are met. The Board should be assured that there are mechanisms in place to ensure timely reporting of suspected violations and to evaluate and implement remedial measures. These tools may also be used to track and identify trends in organizational performance against corrective action plans developed in response to compliance concerns. Regular internal reviews that provide a Board with a snapshot of where the organization is, and where it may be going, in terms of compliance and quality improvement, should produce better compliance results and higher quality services.

As part of its oversight responsibilities, the Board may want to consider conducting regular “executive sessions” (i.e., excluding senior management) with leadership from the compliance, legal, internal audit, and quality functions to encourage more open communication. Scheduling regular executive sessions creates a continuous expectation of open dialogue, rather than calling such a session only when a problem arises, and is helpful to avoid suspicion among management about why a special executive session is being called.

## Identifying and Auditing Potential Risk Areas

Some regulatory risk areas are common to all health care providers. Compliance in health care requires monitoring of activities that are highly vulnerable to fraud or other violations. Areas of particular interest include referral relationships and arrangements, billing problems (e.g., upcoding, submitting claims for services not rendered and/or medically unnecessary services), privacy breaches, and quality-related events.

The Board should ensure that management and the Board have strong processes for identifying risk areas. Risk areas may be identified from internal or external information sources. For instance, Boards and management may identify regulatory risks from internal sources, such as employee reports to an internal compliance hotline or internal audits. External sources that may be used to identify regulatory risks might include professional organization publications, OIG-issued guidance, consultants, competitors, or news media. When failures or problems in similar organizations are publicized, Board members should ask their own management teams whether there are controls and processes in place to reduce the risk of, and to identify, similar misconduct or issues within their organizations.



The Board should ensure that management consistently reviews and audits risk areas, as well as develops, implements, and monitors corrective action plans. One of the reasonable steps an organization is expected to take

under the Guidelines is “monitoring and auditing to detect criminal conduct.”<sup>17</sup> Audits can pinpoint potential risk factors, identify regulatory or compliance problems, or confirm the effectiveness of compliance controls. Audit results that reflect compliance issues or control deficiencies should be accompanied by corrective action plans.<sup>18</sup>

Recent industry trends should also be considered when designing risk assessment plans. Compliance functions tasked with monitoring new areas of risk should take into account the increasing emphasis on quality, industry consolidation, and changes in insurance coverage and reimbursement. New forms of reimbursement (e.g., value-based purchasing, bundling of services for a single payment, and global payments for maintaining and improving the health of individual patients and even entire populations) lead to new incentives and compliance risks. Payment policies that align payment with quality care have placed increasing pressure to conform to recommended quality guidelines and improve quality outcomes. New payment models have also incentivized consolidation among health care providers and more employment and contractual relationships (e.g., between hospitals and physicians). In light of the fact that statutes applicable to provider-physician relationships are very broad, Boards of entities that have financial relationships with referral sources or recipients should ask how their organizations are reviewing these arrangements for compliance with the physician self-referral (Stark) and anti-kickback laws. There should also be a clear understanding between the Board and management as to how the entity will approach and implement those relationships and what level of risk is acceptable in such arrangements.

Emerging trends in the health care industry to increase transparency can present health care organizations with opportunities and risks. For example, the Government is collecting and publishing data on health outcomes and quality measures (e.g., Centers for Medicare & Medicaid Services (CMS) Quality Compare Measures), Medicare payment data are now publicly available (e.g.,

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<sup>17</sup> See USSG § 8B2.1(b)(5).

<sup>18</sup> See USSG § 8B2.1(c).

CMS physician payment data), and the Sunshine Rule<sup>19</sup> offers public access to data on payments from the pharmaceutical and device industries to physicians. Boards should consider all beneficial use of this newly available information. For example, Boards may choose to compare accessible data against organizational peers and incorporate national benchmarks when assessing organizational risk and compliance. Also, Boards of organizations that employ physicians should be cognizant of the relationships that exist between their employees and other health care entities and whether those relationships could have an impact on such matters as clinical and research decision-making. Because so much more information is becoming public, Boards may be asked significant compliance-oriented questions by various stakeholders, including patients, employees, government officials, donors, the media, and whistleblowers.

## Encouraging Accountability and Compliance

Compliance is an enterprise-wide responsibility. While audit, compliance, and legal functions serve as advisors, evaluators, identifiers, and monitors of risk and compliance, it is the responsibility of the entire organization to execute the compliance program.

In an effort to support the concept that compliance is “a way of life,” a Board may assess employee performance in promoting and adhering to compliance.<sup>20</sup> An organization may assess individual, department, or facility-level performance or consistency in executing the compliance program. These assessments can then be used to either withhold incentives or to provide bonuses

**Compliance is an enterprise-wide responsibility.**

19 See Sunshine Rule, 42 C.F.R. § 403.904, and CMS *Open Payments*, <http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html>.

20 Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,298-14,299 (Mar. 16, 2000).



based on compliance and quality outcomes. Some companies have made participation in annual incentive programs contingent on satisfactorily meeting annual compliance goals. Others have instituted employee and executive compensation claw-back/recoupment provisions if compliance metrics are not met. Such approaches mirror Government trends. For example, OIG is increasingly requiring certifications of compliance from managers outside the compliance department. Through a system of defined compliance goals and objectives against which performance may be measured and incentivized, organizations can effectively communicate the message that everyone is ultimately responsible for compliance.

Governing Boards have multiple incentives to build compliance programs that encourage self-identification of compliance failures and to voluntarily disclose such failures to the Government. For instance, providers enrolled in Medicare or Medicaid are required by statute to report and refund any overpayments under what is called the 60 Day Rule.<sup>21</sup> The 60-Day Rule requires all Medicare and Medicaid participating providers and suppliers to report and refund known overpayments within 60 days from the date the overpayment is “identified” or within 60 days of the date when any corresponding cost report is due. Failure to follow the 60-Day Rule can result in False Claims Act or civil monetary penalty liability. The final regulations, when released, should provide additional guidance and clarity as to what it means to “identify” an overpayment.<sup>22</sup> However, as an example, a Board would be well served by asking management about its efforts to develop policies for identifying and returning overpayments. Such an inquiry would inform the Board about how proactive the organization’s compliance program may be in correcting and remediating compliance issues.

21 42 U.S.C. § 1320a-7k.

22 Medicare Program; Reporting and Returning of Overpayments, 77 Fed. Reg. 9179, 9182 (Feb. 16, 2012) (Under the proposed regulations interpreting this statutory requirement, an overpayment is “identified” when a person “has actual knowledge of the existence of the overpayment or acts in reckless disregard or deliberate ignorance of the overpayment.”) disregard or deliberate ignorance of the overpayment.”); Medicare Program; Reporting and Returning of Overpayments; Extensions of Timeline for Publication of the Final Rule, 80 Fed. Reg. 8247 (Feb. 17, 2015).

Organizations that discover a violation of law often engage in an internal analysis of the benefits and costs of disclosing—and risks of failing to disclose—such violation to OIG and/or another governmental agency. Organizations that are proactive in self-disclosing issues under OIG’s Self-Disclosure Protocol realize certain benefits, such as (1) faster resolution of the case—the average OIG self-disclosure is resolved in less than one year; (2) lower payment—OIG settles most self-disclosure cases for 1.5 times damages rather than for double or treble damages and penalties available under the False Claims Act; and (3) exclusion release as part of settlement with no CIA or other compliance obligations.<sup>23</sup> OIG believes that providers have legal and ethical obligations to disclose known violations of law occurring within their organizations.<sup>24</sup> Boards should ask management how it handles the identification of probable violations of law, including voluntary self-disclosure of such issues to the Government.

As an extension of their oversight of reporting mechanisms and structures, Boards would also be well served by evaluating whether compliance systems and processes encourage effective communication across the organizations and whether employees feel confident that raising compliance concerns, questions, or complaints will result in meaningful inquiry without retaliation or retribution. Further, the Board should request and receive sufficient information to evaluate the appropriateness of management’s responses to identified violations of the organization’s policies or Federal or State laws.

## Conclusion

A health care governing Board should make efforts to increase its knowledge of relevant and emerging regulatory risks, the role and functioning of the organization’s compliance program in the face of those risks, and the flow and elevation of reporting of potential issues and problems to

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<sup>23</sup> See OIG, *Self-Disclosure Information*, <http://oig.hhs.gov/compliance/self-disclosure-info>.

<sup>24</sup> See *id.*, at 2 (“we believe that using the [Self-Disclosure Protocol] may mitigate potential exposure under section 1128J(d) of the Act, 42 U.S.C. 1320a-7k(d).”)

senior management. A Board should also encourage a level of compliance accountability across the organization. A Board may find that not every measure addressed in this document is appropriate for its organization, but every Board is responsible for ensuring that its organization complies with relevant Federal, State, and local laws. The recommendations presented in this document are intended to assist Boards with the performance of those activities that are key to their compliance program oversight responsibilities. Ultimately, compliance efforts are necessary to protect patients and public funds, but the form and manner of such efforts will always be dependent on the organization's individual situation.

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# Dishwasher Repair

<b>Motor</b>	<b>\$2,922.42</b>
<b>Impeller</b>	<b>\$469.60</b>
<b>Pump Shell</b>	<b>\$366.00</b>
<b>Pump Seal</b>	<b>\$26.12</b>
<b>Heating Element</b>	<b>\$194.82</b>
<b>Hot Water Booster</b>	<b>\$2,317.26</b>
<b>Misc Items</b>	<b>\$200.00</b>
<b>TOTAL</b>	<b>\$6,496.22</b>

**This is minimum price for parts and does not include any taxes or shipping charges**