

**MORROW COUNTY HOSPITAL  
BOARD OF TRUSTEES  
REGULAR MEETING  
April 28, 2015**

<b>Members Present:</b> Dennis Leader, Chair Patrick Drouhard, Vice Chair Carolyn Beal, Secretary Patricia Anthony Paul Hinkle Joyce Ray Brent Winand Brad Wood	<b>Absent:</b>	<b>Others Present:</b> CJ Miller, President & CEO Jonathan Kelly, VP Finance Lorelei Heineman, VP Patient Care Services Matthew Hintz, MD, Medical Staff Past President Cheryl Herbert, Senior Vice President, Regional Operations Sandie Fisher, Executive Secretary Zac Morris, Rea & Associates
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AGENDA ITEM	DISCUSSION / CONCLUSION	RECOMMENDATION / ACTION	OUTCOME	RESPONSIBLE PARTY
<b>Call to Order:</b>	Mr. Leader called the meeting to order at 6:01 p.m. in Assembly Room C on the lower level of the Hospital.			
<b>Approval of Minutes:</b>	The minutes of the regular March 24 meeting were reviewed.	A motion was made by Mr. Winand and seconded by Ms. Anthony to approve the minutes as written.	The motion was approved unanimously.	
<b>2015 Audit Presentation</b>	<p>Mr. Morris presented the draft 2014 audit report and indicated according to the Government Auditing Standards issued by the Comptroller General of the United States, that there was a deficiency in internal controls. The deficiency relates to the monthly close process to record IBNR. The claims liability estimation did not take into account claims made after the year ended.</p> <p>Recommendations were made to management to alleviate this type of issue in the future. Management will be implementing the changes by the end of June.</p>	A motion was made by Mr. Drouhard and seconded by Mr. Wood to approve the 2014 Audit Report as presented.	The motion was approved unanimously.	

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	<p>Mr. Morris stated the management letter indicated an opportunity for improvement exists with the third party services organization that processes physician billing from information provided by the hospital. A Service Organization Controls (SOC) report from the vendors would be valuable in that the hospital needs to assess and address the risks associated with the outsourced services.</p> <p>In addition, there was an Ohio Revised Code Noncompliance Citation in that the hospital did not obtain an actuarial report for the self-funded insurance plan for 2014, A recommendation was made that the hospital considers obtaining a report to certify that the amounts are fairly stated in accordance with sound loss reserving principles.</p>			
<b>Hospital Reports:</b>	<p><b>Financial Reports</b></p> <p><b>Combined March 2015 Financials</b>  Mr. Kelly reported the combined reports reflect the first quarter budget was met.</p> <p>MCH was able to book a \$150,000 cost report gain as a result of finalizing the 2014 cost report. This gain was the primary driver in the quarter that led to the favorable budgeted net operating income.</p> <p>Mr. Kelly went through the financial packet explaining that new informational pages have been developed to make the packet more comprehensive. He also shared there are more enhancements forthcoming.</p> <p><b>Finance Committee Minutes:</b></p> <ul style="list-style-type: none"> <li>• March 23</li> <li>• April 22</li> </ul>	<p>A motion was made by Ms. Anthony and seconded by Ms. Ray to approve the combined March financial report as presented.</p> <p>A motion was made by Mr. Drouhard and seconded by Ms. Ray to approve the</p>	<p>The motion was approved unanimously.</p> <p>The motion was approved unanimously.</p>	

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	<p><b>Glidepath</b> Mr. Miller presented the Glidepath development by Administrative Council. The three main categories of the Glidepath are volume management, revenue management and expense management. Initiatives for each category are listed with brief descriptions for each, the net operating income impact, (positive or negative) and the status of the progress of each initiative.</p> <p>Amy Imm from OhioHealth completed an evaluation on our observation to admission status and indicated with appropriate physician education the observation to admission can be improved.</p> <p>The first bills have been released under the new RHC increased payment rate.</p> <p>OhioHealth is assisting MCH with a benefit analysis and assisting in development of an RFP.</p> <p>Mr. Leader distributed some comparisons on previous financial projections and actual results. He emphasized the importance for the Board to receive accurate projections in order to make appropriate decisions.</p> <p><b>Medical Staff Report</b> In Dr. Trago's absence Dr. Hintz presented the following credential recommendations approved by the Medical Executive Committee which are being forwarded to the Board for approval:</p> <p>From the February 25 Credentials Committee:</p>	<p>March 23 and April 22 Finance Committee Minutes as presented.</p> <p>A motion was made by Mr. Wood and seconded by Ms. Anthony to approve the Medical Staff credentialing</p>	<p>The motion was approved unanimously.</p>	

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	<p><u>Appointments</u></p> <ul style="list-style-type: none"> <li>• Vasantha Kumar, MD – Courtesy Medical Staff – Pain Medicine</li> <li>• Jayanta T. Mukherjee, MD – Consulting Medical Staff – Cardiology/Nuclear Cardiology</li> <li>• Julie Cimino, CNP – Allied Health Professional – Pediatric Primary Care (Dr. Quach) – No privileges</li> </ul> <p><u>Reappointments</u></p> <ul style="list-style-type: none"> <li>• James Bazzoli, MD – Courtesy Medical Staff – Gynecology</li> <li>• Michael Jolly, MD – Consulting Medical Staff – Cardiology and Interpretation of Noninvasive Testing</li> <li>• Satish Joshi, MD – Consulting Medical Staff – Anesthesia</li> </ul> <p><u>Voluntary Withdrawal</u></p> <ul style="list-style-type: none"> <li>• Mary Beth Breckenridge, MD – Consulting Medical Staff - Cardiology</li> </ul> <p><u>Ongoing Professional Practice Evaluation (OPPE)</u></p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Allergy/Immunology. The Committee determined practitioner 156 is performing well or within desired expectations and no further action is required.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Anesthesia. The Committee determined practitioners 722, 723, 724, 725, 726, 733, 736, 739, 740, 741 and 743 are performing well or within</p>	<p>recommendations.</p>		

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	<p>desired expectations and no further action is required. The Committee determined practitioners 186, 702, and 717 have had no patient contact for over 24 months and Focused Professional Practice Evaluation (FPPE) will be initiated should the practitioner utilize privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Dermatology. The Committee determined practitioners 200 and 247 are performing well or within desired expectations and no further action is required.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in General Surgery. The Committee determined practitioner 238, 239 and 246 are performing well or within desired expectations and no further action is required.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Gynecology. The Committee determined practitioner 233 and 234 are performing well or within desired expectations and no further action is required. Practitioners 90177 and 182 are no volume practitioners and FPPE will need to be initiated should the practitioner utilize privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Ophthalmology. The Committee determined practitioner 009 is performing well or within desired expectations and no further action is required.</p>			

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	<p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Ambulatory Care. The Committee determined practitioners 003, 048, 050 and 30001 are performing well or within desired expectations and no further action is required.</p> <p>From the March 25 Credentials Committee:</p> <p><u>Appointments</u></p> <ul style="list-style-type: none"> <li>• Sunil S. Akkina, MD – Consulting Medical Staff – Nephrology</li> <li>• Hannah Chadwick, PA-C- Allied Health Professional Staff – Physician Assistant Urgent Care and Physician Assistant – Ambulatory Care</li> </ul> <p><u>Reappointments</u></p> <ul style="list-style-type: none"> <li>• Julie Colella, DO – Active Medical Staff – Internal Medicine (Hospitalist)</li> <li>• Y Charley Imamura, MD – Active Medical Staff – Internal Medicine (Hospitalist)</li> <li>• Anne R. Albers, MD – Consulting Medical Staff – Interpretation of Noninvasive Vascular Testing</li> <li>• A Zachary Place, MD – Emergency Medical Staff – Emergency Medicine.</li> </ul> <p><u>Ongoing Professional Practice Evaluation (OPPE)</u></p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Emergency Medicine. The Committee determined practitioners 936, 937, 938, 942, 945, 946, 947 and 997 are performing well or within desired expectations and no further action is required.</p>			



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	<p>The Committee determined practitioner 940 has had no patient contact for over 24 months and FPPE will need to be initiated should the practitioner utilize privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Orthopedics. The Committee determined practitioner 243 is performing well or within desired expectations and no further action is required.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Otolaryngology. The Committee determined practitioner 131 has had no surgical patient contact for 20 months and FPPE will need to be initiated should the practitioner utilize surgical privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Pain Medicine. The Committee determined practitioner 190 has had no patient contact for 12 months and FPPE will need to be initiated should the practitioner utilize privileges.</p> <p>The Committee determined practitioner 193 has had no patient contact for over 24 months and FPPE will need to be initiated should the practitioner utilize surgical privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Podiatry. The Committee determined practitioner 240 is performing well or within desired expectations and no further action is required.</p>			

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	<p>Practitioner 102 has had no surgical patient contact for over 24 months and FPPE will need to be initiated should the practitioner utilize privileges.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Pulmonology. The Committee determined practitioner 698 is performing well or within desired expectations and no further action is required.</p> <p>The Credentials Committee reviewed the clinical privileges by means of the OPPE for practitioners with clinical privileges in Urology. The Committee determined practitioner 244 is performing well or within desired expectations and no further action is required.</p> <p><u>Focused Professional Practice Evaluation (FPPE)</u></p> <p>Aaron Weber, MD – Ophthalmology – Initial Privileges – the Committee reviewed the initial FPPE documentation and concluded Aaron Weber, MD competently performed the privileges granted in Ophthalmology and successfully completed FPPE.</p> <p>Delbert Hoppes, DO – Initial Privileges – the Committee reviewed the initial FPPE documentation and concluded Delbert Hoppes, DO competently performed the privileges granted in family medicine and successfully completed FPPE.</p> <p><u>Medical Staff Bylaw Revision</u>  The Medical Executive Committee approved the attached Medical Staff Bylaw revisions and is now requesting Board Approval:</p>	<p>A motion was made by Ms. Ray and seconded by Ms. Beal to approve the Medical</p>	<p>The motion was approved unanimously.</p>	



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	<p>It was also mentioned that the Medical Executive meetings now have some excellent Medical Directors that report at each meeting which is quite informative such as Dr. Galbraith for Primary Care, Dr. Forsthoefel for Lab and Dr. Trago for Radiology.</p> <p><b>Administrative Report</b>  Ms. Heineman reviewed the Administrative Council Report.</p> <p><b>First Quarter 2015 Balanced Scorecard Results</b>  Mr. Miller presented the first quarter 2015 Balanced Scorecard results. He indicated the financial section of the Scorecard was revised to reflect the changes in the revised budget.</p> <p>Personnel from OhioHealth will visit to complete an evaluation to identify opportunities for improvement in the customer service quadrant.</p>	<p>Staff Bylaw Revisions as presented.</p>		
<p><b>Other Business</b></p>	<p><b>Annual 2014 Board Self-Assessments</b>  The self-assessment discussion was tabled to next month pending receipt of all the assessments.</p> <p><b>Ethics Advisory Minutes – March 16</b>  Ms. Heineman presented the March 16 Ethics Advisory Committee meeting minutes. She indicated the Committee is still searching for a Chair.</p> <p><b>Information Management Steering Committee Minutes – March 3</b></p>	<p>A motion was made by Ms. Ray and seconded by Ms. Anthony to approve the minutes of the March 16 Ethics Advisory Committee as presented.</p> <p>A motion was made by Mr.</p>	<p>The motion was approved unanimously.</p>	

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	<p>Mr. Miller presented the minutes of the March 3 Information Management Steering Committee.</p> <p>He indicated the OhioHealth EMR, CareConnect, is being implemented across their system which requires some changes for our clinics where OhioHealth physicians see patients.</p> <p><b>Review of Bylaws, Code of Organization and Mission/Vision/Cardinal Value.</b>  Mr. Miller led a discussion regarding some recommended changes to the Bylaws. These changes will be redlined and brought back to the Board at the May meeting for final approval.</p> <p><b>Board Committees</b>  Mr. Leader distributed current Board Committee assignments to the Board. Members were asked if they have any changes they would like to make on their assignments.</p>	<p>Hinkle and seconded by Mr. Winand to approve the minutes of the Information Management Steering Committee as presented.</p> <p>Ms. Ray asked to step down from the IS Steering Committee due to the time of the meetings.</p> <p>Mr. Hinkle has agreed to serve as chair on the Ethics Advisory Committee.</p>	<p>The motion was approved unanimously.</p>	
<b>OhioHealth</b>	<p>Ms. Herbert reported Riverside Methodist will be converting to CareConnect this week.</p> <p>Copies of the CEO and VP Finance job descriptions will be e-mailed to the Board following this meeting as requested.</p>			
<b>Recess for Executive Session.</b>	<p>As defined by Ohio Revised Code, Section 121.22(G)(7) the Board will recess for executive session to discuss hospital trade secrets as defined in 121.22(G)(7).</p>	<p>At 8:24 p.m. a motion was made by Ms. Anthony and seconded by Ms. Beal to recess the regular session to</p>	<p>The motion was approved unanimously by roll call vote.</p>	

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		<p>go into executive session for the reason stated.</p> <p>Mr. Miller, Ms. Heineman, Mr. Kelly, Dr. Hintz, Ms. Herbert and Ms. Fisher were excused from the meeting.</p> <p>At 8:48 Mr. Miller, Ms. Heineman, Mr. Kelly, Ms. Herbert and Ms. Fisher returned to the meeting.</p> <p>At 8:49 p.m. A motion was made by Ms. Ray and seconded by Ms. Beal to adjourn the executive session and return to the regular session.</p>	The motion was approved unanimously.	
	<b>Discussion /Action of Executive Session Discussion</b> None			
<b>Adjournment:</b>		Being no further business, the meeting was adjourned at 8:49 p.m.		
<div> <div>Minutes submitted by:</div> <div>   Carolyn Beal, Secretary </div> </div> <div> <div>Minutes approved by:</div> <div>   Dennis Leader, Chair </div> </div>				