

**TAHLEQUAH HOSPITAL AUTHORITY  
BOARD OF TRUSTEES**

**Date: 02/12/2024**

**Time: 4:00 p.m.**

**Place: GH Memorial Boardroom**

- I. CALL TO ORDER/CALLING OF THE ROLL** ..... Mr. Highers  
If there is any potentially known conflict of interest relevant to a matter requiring action by the Board, the trustee(s) shall call it to the attention of the Board at this time and said trustee(s) shall not vote on the matter.
- II. REVIEW AND APPROVAL OF MINUTES**
- A. Regular THA Board Meeting-January 8, 2024- Discussion and Action ..... Mr. Highers
- III. EXECUTIVE SESSION** ..... Mr. Highers
- A. Motion to Exit Regular Session and Enter Into Executive Session. Information gained and topics discussed are to be held in strict confidentiality. Any dissemination of information discussed in executive session without proper authorization may lead to disciplinary action.
1. Possible Discussion on Legal Issues for items in Section VII.A Finance/Compliance Committee – O.S. 25§307.B.4
  2. Possible Discussion on Legal Issues for items in Section VII.B Personnel/Strategic Planning Committee, and for items in Section III.C.3 Quality Assurance Committee – O.S. 25§307.B.1
  3. Possible Discussion on Legal Issues for Peer Review for Medical Staff and/or Medical Staff Credentialing – O.S. 25§307.B.7.
- B. Motion to Exit Executive Session and Reconvene Regular Meeting.
- C. Report and Possible Action from Executive Session.
1. Possible Action on Legal Issues for items in Section VII.A Finance/Compliance Committee.
  2. Possible Action on Section VII.B Personnel Matters for Personnel/Strategic Planning Committee.
  3. Possible Action on Quality Assurance Committee Items.
    - a. Quality Assurance Committee Report-Action ..... Ms. Davis
    - b. Medical Staff Affairs Report-Action ..... Dr. Winn
    - c. Medical Staff Committee Reports-Action ..... Dr. Rotton
  4. Possible Action on Peer Review for Medical Staff and/or Medical Staff Credentialing for:
    - a. Initial Appointments ..... Dr. Rotton
      - i. Burkart, Brooke FNP – Affiliate; Family Nurse Practitioner
      - ii. Calhoun, Shannon D.O. – Consulting; Diagnostic Imaging
      - iii. Mora, Michelle D.O. – Consulting; Intraoperative Monitoring Physician
    - b. Re-Appointments ..... Dr. Rotton
      - i. Aguilos, Hernan CRNA – Allied Health Professional; Anesthesia
      - ii. Basta, Amaya M.D. – Consulting; Diagnostic Imaging
      - iii. Clingan, Alicia CRNA – Allied Health Professional; Anesthesia
      - iv. Cummens, Matthew CRNA – Allied Health Professional; Anesthesia
      - v. Daniels, Jewell M.D. – Courtesy; Urology
      - vi. May, Andre M.D. – Active; Hospitalist
      - vii. Miller, Susan APRN-CNP – Affiliate; Nurse Practitioner
- IV. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS** ..... Mr. Highers
- A. All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items:
1. Cherokee Health Partners Financials
  2. Northeast Oklahoma Diagnostics Financials
  3. Northeast Oklahoma Heart Center Financials
  4. Northeast Oklahoma Management Services Organization Financials
  5. Northeastern Wound Management Financials
  6. Platte Dialysis, LLC Financials
  7. LifeCare Financials
  8. Tahlequah Hospital Foundation Financials
  9. Ameriprise
  10. Quality Assurance Policies
    - a. COVID Management Protocol
    - b. Medical Device and Allograft Tissue Implantation and Tracking Policy

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- c. Patient Photography Policy and Release Form Policy
- 11. Personnel Policies
  - a. Employee Lifting/Transferring Policy
  - b. Recruitment and Retention Policy
  - c. Service Award Hours Policy
  - d. Tobacco and Smoke Free Policy
- 12. 340b Compliance: Patient Eligibility/Definition Policy
- 13. Compliance: HIPAA Privacy and Security Forms and Policies
  - a. Form-42 Security Risk Analysis
  - b. Policy 3 Personal Representative
  - c. Policy 4 Identity Verification
  - d. Policy 4A Telephone Identity Verification
  - e. Policy 5 Notice of Privacy Practices
  - f. Policy 6 Individual Access to Protected Health Information and Form 6.B
  - g. Policy 7 Accounting of Disclosures Policy and Forms 7A and 7B
  - h. Policy 8 Communication by Alternate Means
  - i. Policy 9 Right to Amend Records
  - j. Policy 10 Right to Request Restriction on Disclosure
  - k. Policy 11 Privacy Official
  - l. Policy 12 Privacy Complaint Reporting and Tracking
  - m. Policy 13 Documentation
  - n. Policy 14 Non-Retaliation
  - o. Policy 15 Mitigation
  - p. Policy 16 Amendment of Privacy Practices and Policies
  - q. Policy 17 Waiver of Right
  - r. Policy 18 Training
  - s. Policy 19 Sanctions
  - t. Policy 20 Uses and Disclosures-General
  - u. Policy 21 Minimum Necessary Rule
  - v. Policy 22 Treatment, Payment and Health Care Operations
  - w. Policy 23 Authorizations
  - x. Policy 24 Mental Health Records
  - y. Policy 25 Required by Law-Abuse and Neglect Reporting
  - z. Policy 26 Required by Law-Court Orders and Subpoenas
  - aa. Policy 27 Required by Law-Law Enforcement Officials
  - bb. Policy 28 Required by Law-Avert Serious Harm or Threat
  - cc. Policy 29 Required by Law-Special Government Functions
  - dd. Policy 30 Required by Law-Public Health Reporting and Oversight Activities
  - ee. Policy 31 Uses and Disclosures for which an Authorization or Opportunity to Agree or Object is not Required
  - ff. Policy 32 Required by Law-Workers Compensation
  - gg. Policy 33 Disclosures to Family and Others Involved in Patient's Care
  - hh. Policy 34 Business Associates
  - ii. Policy 35 Marketing
  - jj. Policy 36 Fundraising
  - kk. Policy 37 Research
  - ll. Policy 38 Limited Data Sets
  - mm. Policy 39 De-Identified Information
  - nn. Policy 40 Facility Directory
  - oo. Policy 41 Breach Notification
  - pp. Policy 42 Security Rule Compliance
  - qq. Policy 43 Administrative Safeguards
  - rr. Policy 44 Physical Safeguards
  - ss. Policy 45 Technical Safeguards
  - tt. Policy 46 Disclosure of Protected Health Information During Disaster Relief Efforts

B. Possible Discussion and Possible Action on Items Removed from Consent Agenda.

**V. BUSINESS ITEMS**

A. Oklahoma Opioid Abatement Grant Resolution-Discussion and Action .....Mr. Berry

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**VI. ADMINISTRATIVE REPORTS**

- A. Health System Report-Discussion and Action.....Mr. Berry
- B. Hospital Report-Discussion and Action.....Mr. Berry

**VII. COMMITTEE REPORTS**

- A. Finance/Compliance Committee-Discussion..... Mr. Herrin
  - 1. Financial/Statistical Report-Discussion and Action ..... Ms. Leatherman
  - 2. Capital Expenditures-Discussion and Action ..... Ms. Leatherman
    - a. Dell EMC Virtualization Infrastructure
  - 3. Employment Agreement: Nurse Practitioner-Discussion and Action .....Mr. Berry
  - 4. Physician/Advanced Practice Provider Search Agreement-Discussion and Action.....Mr. Berry
- B. Personnel/Strategic Planning Committee-Discussion..... Ms. Smith
  - 1. Personnel Committee Report-Discussion and Action..... Ms. Smith

**VIII. NEW BUSINESS**-Discussion and Action ..... Mr. Highers  
Any matter not known about and which could not have been reasonably foreseen prior to the posting of this agenda.

**IX. ADJOURN**-Discussion and Action ..... Mr. Highers

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By: Jesina Ofield  
Assistant Secretary

Posted at Meeting Site on: 2/9/24 at 2:19 pm