

**TAHLEQUAH HOSPITAL AUTHORITY
BOARD OF TRUSTEES**

Date: 07/10/2023

Time: 4:00 p.m.

Place: GH Memorial Boardroom

- I. CALL TO ORDER/CALLING OF THE ROLL** Dr. Gosnell
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. CONFIRMATION AND OATH OF OFFICE OF TRUSTEE APPOINTMENTS TO TAHLEQUAH HOSPITAL AUTHORITY**- Discussion and Action Dr. Gosnell
- III. BUSINESS ITEMS**
1. Election Of Tahlequah Hospital Authority Officers-Discussion and Action....Dr. Gosnell
 2. THA Board Committee Assignments-Discussion and Action.....Dr. Gosnell
 3. Conflict of Interest Statements-DiscussionDr. Gosnell
- IV. REVIEW AND APPROVAL OF MINUTES**
- A. Regular THA Board Meeting-June 12, 2023-Discussion and Action
- V. EXECUTIVE SESSION**
- 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 VIII.A Finance/Compliance Committee – O.S. 25§307.B.4
 2. Possible Discussion on Legal Issues for items in Section VIII.B Personnel/Strategic Planning Committee, and for items in Section IV.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 Actions from Executive Session:
1. Possible Action on Legal Issues for items in Section VIII.A Finance/Compliance Committee.
 2. Possible Action on Section VIII.B Personnel Matters for Personnel/Strategic Planning Committee.
 3. Possible Action on Quality Assurance Committee items:
 - a. Quality Assurance Committee Report-ActionDr. Nolan
 - 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. Brown, Jamin D.O. – Active; Emergency Medicine
 - ii. Donato, Brittney CNIM – Allied Health Professional; Intraoperative Monitoring Tech
 - iii. Khurana, Anand M.D. – Active; Nephrology

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- iv. Koduri, Vijay M.D. – Active; Hospitalist
- v. Marsh, Austin M.D. – Consulting; Diagnostic Imaging
- vi. Myers, Lana D.O. – Active; Family Medicine

- b. Re-Appointment.....Dr. Rotton
 - i. Anthony, Ryan CNIM – Allied Health Professional; Intraoperative Monitoring Tech
 - ii. Ballew, Jason M.D. – Active; Addiction Medicine
 - iii. Bledsoe, Matthew M.D. – Consulting; Diagnostic Imaging
 - iv. Cookson, Brian – APRN – Allied Health Professional; No Privileges
 - v. Gearhart, David D.O. – Active; Emergency Medicine
 - vi. Mathis, Jennifer M.D. – Active; Addiction Medicine
 - vii. Turner, Ross D.O. – Active; Hospitalist
 - viii. Willison, Frederick M.D. – Active; Oncology

- c. Change of Status/Privileges-Discussion and Action.....Dr. Rotton
 - i. Burton, Josh D.O. – Active to Inactive
 - ii. Fell, John D.O. – Active to Inactive
 - iii. McCarver, Haley – Allied Health Professional to Inactive
 - iv. Moore, Jason D.O. – Active to Inactive

VI. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

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. Actions to Take for Blood Exposure Policy
- 11. Attire for Surgical Procedure Locations Policy
- 12. Biohazardous Medical Waste Policy
- 13. Cleaning and Disinfecting Hospital-Wide Policy
- 14. COVID Management Protocol
- 15. Hand Hygiene Policy
- 16. Latex Safe Workplace Policy
- 17. Respiratory Hygiene & Cough Etiquette Policy
- 18. Ultrasound Gel Use and Storage Policy

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

VII. ADMINISTRATIVE REPORTS

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

VIII. 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. Network Switches- IT
 - b. Dell Server-IT
 - c. Infant Warmer-OB
 - d. Network Upgrade IV Pumps-IT/Biomed
 - 3. Culinary Wage Proposal-Discussion and Action Ms. Leatherman
 - 4. LAIE Capital Call-Discussion and Action Mr. Woodliff
 - 5. Letter of Intent: Nephrology-Discussion and Action..... Mr. Berry
 - 6. IM Residents Staff Agreements: PGY-1, PGY-2, PGY-3-Discussion and Action..... Mr. Berry
- B. Personnel/Strategic Planning Committee-Discussion Mr. Highers
 - 1. Personnel Committee Report-Discussion and Action Mr. Highers

IX. NEW BUSINESS-Discussion and Action

Any matter not known about and which could not have been reasonably foreseen prior to the posting of this agenda.

X. ADJOURN-Discussion and Action

TAHLEQUAH HOSPITAL AUTHORITY

By: *Wanda Burgess*
Assistant Secretary

Posted at Meeting Site on: *7/7/23* at *2:50pm*