

**MINUTES OF MEETING OF BOARD OF TRUSTEES AND BOARD OF  
TRUSTEES EXECUTIVE COMMITTEE OF  
TALLAHATCHIE GENERAL HOSPITAL**

**January 26, 2016**

On this date at the hour of 11:30 a.m., the Board of Trustees and Board of Trustees Executive Committee met in regular session at the hospital boardroom with the following trustees and personnel, to wit:

David Hargett, Trustee District One  
Isaac Sayle, Trustee District Two  
Gerry Speir, Trustee District Three  
Morris Murphey, Trustee District Four  
Jim Blackwood, Administrator  
Matthew Floyd, Assistant Administrator  
Joey Brunson, Chief Financial Officer

Trustee Speir opened the meeting with prayer.

Mr. Blackwood reported to the Board that we needed to establish regular meeting times pursuant to the Public Meetings Act. A motion was made by Trustee Sayle that the regular Board meetings would be held at 11:30 a.m. on the fourth Tuesday of each month. The motion was seconded by Trustee Hargett with all Trustees voting "Aye" in favor of the motion.

Mr. Blackwood further reported that the Board needed to establish Rules of Decorum for all board meetings to be distributed to the public if anyone should appear at the meetings. A copy of these rules are attached hereto as Exhibit 1. Mr. Blackwood presented the proposed Rules of Decorum for the Board's review. After reviewing the proposed rules, a motion was made by Trustee Murphey to adopt these rules for all future meetings. The motion was seconded by Trustee Sayle with all Trustees voting "Aye" in favor of the motion.

The minutes of the December 22, 2015 meeting were presented. A motion was made by Trustee Sayle to approve the minutes from the last regular meeting. The motion was seconded by Trustee Hargett with all Trustees voting "Aye" in favor of the motion.

Mr. Brunson gave the Board copies of the statistics for the providers showing their production in the hospital and the clinic for the month of December 2015. The Board reviewed the statistics and questions were asked and answered.

Mr. Brunson presented the report of the Finance Committee for the December 2015 financials. Questions were asked and answered about the report. The Board approved the report for December 2015.

Mr. Brunson discussed with the Board providing as an employee benefit to all hospital employees a gym membership to the Wellness Center. The typical membership for an individual is \$30 per month, but the Wellness Center is agreeable to reduce the membership for hospital employees to \$15 per month. A motion was made by Trustee Sayle to extend as an employee benefit to all hospital employees a gym membership to the Wellness Center at the rate of \$15 per month. The motion was seconded by Trustee Hargett with all Trustees voting "Aye" in favor of the motion.

Mr. Blackwood circulated the Administrator's comments, a copy of which appears as Exhibit 2 hereto and is incorporated herein by reference. Questions were asked and answered concerning the Administrator's comments.

A motion was made by Trustee Hargett for the Board to enter executive session to discuss the contract of Dr. David Berry and any other outstanding legal matters. The motion was seconded by Trustee Sayle. The Board then entered executive session to discuss any outstanding legal matters and the employment contract of Dr. David Berry. Upon conclusion of that discussion, Trustee Hargett made a motion that the Board exit executive session. The motion was seconded by Trustee Sayle and the Board then adjourned executive session and resumed the general meeting.

A motion was made by Trustee Sayle authorizing Mr. Blackwood to accept the employment contract with Dr. Berry. The motion was seconded by Trustee Murphey with all Trustees voting "Aye" in favor of the motion.

Quality Assurance Director, Lisa Smiley, circulated the Quality Report and HCAHPS for December, 2015. Questions were asked and answered concerning the quality metrics for the month.

Mr. Blackwood presented the minutes of the special meeting held on December 30, 2015 and requested that the Board ratify the action taken at said meeting. A motion was made by Trustee Hargett to approve the minutes of the special meeting. The motion was seconded by Trustee Sayle with all Trustees voting "Aye" in favor of the motion.

Mr. Blackwood requested that the Board enter into executive session to discuss proposed changes to our hospital bylaws. Trustee Sayle made motion to enter into executive session to discuss the proposed changes. The motion was seconded by Trustee Hargett. The Board adjourned into executive session.

A motion was made by Trustee Murphey to adopt the changes to the hospital bylaws. The motion was seconded by Trustee Sayle with all Trustees voting "Aye" in favor of the motion to adopt the proposed changes to the hospital bylaws.

Lisa Smiley appeared before the Board and presented the Medical Equipment Management Plan policy. A copy of this policy is attached hereto as Exhibit 3. After discussion of the policy, a motion was made by Trustee Murphey to approve this policy. The motion was seconded by Trustee Sayle with all Trustees voting "Aye" in favor of the motion.

There being no further matters for discussion, the Board adjourned.

## **Rules for Open Meeting of Tallahatchie General Hospital Board of Trustees**

1. Pursuant to Mississippi's Open Meetings Law, Miss Code Ann. § 25-41-1, *et seq.* (the "Act") members of the public shall be permitted to attend all regular and special meetings of the Board of Trustees of Tallahatchie General Hospital (the "Board").
2. While the Act permits members of the public to attend "attend" the Board's meetings, the public is not permitted to "participate" in said meetings. The public is not permitted to address the Board during the meeting or interrupt the business of the Board while in session. Decorum shall be maintained at all times. Any member of the public that attempts to interrupt Board business will be asked to leave the meeting, and if circumstances require, will be escorted from the meeting by law enforcement.
3. The Board **may** under special circumstances, but is not required, to place comments or questions by members of the public on the agenda of regularly scheduled meeting of the Board. In such circumstances, any member of the public must submit its request to the Board in writing care of the office of the Administrator no later than the Tuesday preceding the regularly scheduled meeting.
4. In the event the Board grants a request to appear before the Board, the requesting person will be placed on the Agenda at the conclusion of the Board's regularly scheduled business and shall be permitted no more than five minutes to address the Board.
5. From time to time, the Board may be required to enter Executive Session to address matters not subject to the Act's public disclosure requirements. In such event, the public will be asked to leave the meeting until such time as the regular session resumes.
6. Digital recording devices are permitted during a meeting of the Board in regular session, provided that the method of recording is not distracting or causes disruption or interruption of Board business.

## **Administrator's Comments – Meeting of January 26, 2016**

**Nursing Home** – We have 97 of 98 nursing home beds occupied with one available bed on A-wing. We have one candidate for the empty bed who is being evaluated for placement next week.

**RHC Expansion of Scope Request** – The retroactive adjustment from the expanded scope request is being processed and paid. Each prior claim is being reversed and paid at the new rate, which apparently will take some time to complete. However, we are satisfied with the result of the request and the impact this will have on reimbursement going forward.

**Nurses Station Renovation** – We have accepted the lowest bid from EnviroRem for the asbestos removal component of our nurse's station renovation. This was a matter that was not part of the general contractor's bid. The quote from EnviroRem was \$12,650, approximately \$5,000 less than the next lowest quote. We expect work to begin within the next two weeks.

**DNV Accreditation Survey** – Our department heads underwent a 3-day training program with DNV as part of the DNV accreditation process. This was a very thorough training session that detailed all of the conditions of participation for participation for being a Critical Access Hospital. We have also undergone a follow-up survey for the non-conformances we received during the December survey and all were downgraded pending completion of our Plan of Correction ("POC"). Going forward, we will be having regular meetings with an enhanced Quality Assurance committee, which will be responsible for executing the POC and scrutinizing the NIAHO requirements area by area to ensure compliance in future surveys.

**Dr. David Berry** – I have entered into the contract with Dr. David Berry for his employment with our hospital. We are very pleased to have Dr. Berry as a new member of our team.

**Wellness Center** – The Grand Opening for the Wellness Center was a huge success. Thanks to all the Board members who were able to participate.

**Community Foundation Award** – On January 16, I attended the Crystal Ball, a banquet sponsored by the Community Foundation of Northwest Mississippi, where TGH was named the “Business of the Year.” We are honored to have been selected and are very pleased with the positive light in which this placed our organization.

**Public Meetings Act/Finance Meeting/New Meeting Time** – As a reminder, this will be our first meeting since the Public Meetings Act became effective. Our finance committee, which you appointed at our last meeting, will meet at 11:00. Our regular board meeting will commence at 11:30.

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016 REVISED:

**SCOPE:**

The scope of medical equipment management plan is to provide for the repair, preventive maintenance and safety inspections of equipment.

**OBJECTIVE:**

The objective of Tallahatchie General Hospital's (TGH) medical equipment management plan is designed to assess and control the physical and clinical risks of all equipment used in the diagnosis, treatment, monitoring and care of our patients.

**GOALS:**

- The goals of TGH's medical equipment management plan includes the following:
  - To minimize the clinical and physical risks of equipment through inspection, testing and regular maintenance;
  - To establish criteria for identifying, evaluating and inventorying equipment which is included in the program;
  - To provide education to personnel on the capabilities, limitations and special applications of equipment; operating, safety and emergency procedures of equipment; the procedures to follow when reporting equipment management problems, failures and user errors; and the skills and/or information to perform maintenance activities.

**RESPONSIBILITY:**

The Purchasing Director is responsible for maintaining the medical equipment management program. Each department director is responsible for orienting new staff members to the capabilities, limitations, special applications of equipment, basic operating and safety procedures, emergency procedures if failure occurs, maintenance responsibilities, if applicable, and the reporting procedures for equipment problems, failures and user errors.

**THE SELECTION AND ACQUISITION OF MEDICAL EQUIPMENT:**

A needs assessment will be completed by each department for replacement or new equipment. The needs assessment will be reviewed by the Administrator and Department Director with input from Q/A and R/M as needed. The Director of Maintenance will determine if the equipment meets

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 2
	OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016
	REVISED:

appropriate space requirements, load and phase requirements, Underwriters Laboratory requirements, minimum safety standards of 3 wire AC line cord with facility grade plug, appropriate warranties and manufacturer's reliability prior to purchase. If the equipment does not meet the above specifications, it may not be ordered and an alternate choice may be submitted for approval.

**ESTABLISHING CRITERIA FOR IDENTIFYING, EVALUATING AND TAKING INVENTORY OF MEDICAL EQUIPMENT TO BE INCLUDED IN THE EQUIPMENT MANAGEMENT PROGRAM:**

- All mechanical and electrical patient care equipment will be evaluated prior to use, based on function including diagnosis, care, treatment and monitoring; physical risks associated with use, maintenance requirements and history of equipment incidents. All incoming and existing equipment meeting the evaluation criteria are included in the equipment management program.
- All new equipment shall be inventoried and inspected prior to use for patient care or any other use. Equipment that fails electrical safety tests shall not be approved for use until the deficiencies have been corrected. There is a current inventory of all equipment included in the equipment management program.

**ASSESSING AND MINIMIZING CLINICAL AND PHYSICAL RISKS OF EQUIPMENT THROUGH INSPECTION, TESTING AND MAINTENANCE:**

- All mechanical and electrical patient care equipment will be evaluated prior to use. Semiannual preventive maintenance and safety inspections will be completed on all equipment in the program. The results of inspections and maintenance will be kept in Administration / Plant Operations and Risk Management.
- Incident history is documented and maintained in the Director of Plant Operations and Risk Manager's office. Equipment displaying unusual repair history or unusual incidence of injury to staff or patients will be evaluated for necessary changes/replacement.
- All other non-clinical electrically powered equipment will receive preventive maintenance By **Dr. Salvadore Longo & Associates** and will be reviewed annually for incidents. This equipment will include, but not be limited to lamps, typewriters, televisions, calculators, radios and computers. This equipment will also be safety inspected annually by the Engineering Department and a tag or sticker will be affixed.

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 3
	OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016
	REVISED:

- The Director of Maintenance with input from Safety Director will develop preventive maintenance procedure for all medical devices in the facility. The preventive maintenance procedures are developed using the manufacturer's preventive maintenance recommendations, NFPA standards and ANSI standards.

**HAZARD NOTICES AND RECALLS:**

- All product safety alerts, hazard notices and recalls will be directed to the Director of Maintenance. In the event the notices are not directed to the Director of Maintenance, the notices will be immediately rerouted to the Director of Maintenance. The Director of Maintenance will check the clinical equipment inventory to screen for equipment matches and will evaluate the severity of the risk. In most cases, the notices may be addressed without removing equipment from service. In the event equipment must be removed from service, the equipment is replaced with a safe effective substitute. The Maintenance Department will impound equipment removed from use due to recall notices until it can be rendered safe.
- The Risk Manager will report quarterly to the Safety Committee on any hazard notices and recalls affecting the facility and all follow up activities undertaken.

**MONITORING AND REPORTING OF MEDICAL DEVICE INCIDENTS RESULTING IN DEATH, SERIOUS INJURY OR SERIOUS ILLNESS OF ANY INDIVIDUAL AS PER SAFE MEDICAL DEVICE ACT OF 1990:**

- The Safe Medical Device Act of 1990 requires that device user facilities (including hospitals, outpatient diagnostic and treatment facilities, nursing homes, ambulatory surgical facilities) report incidents to the device manufacturer when the facility determines a device has or may have caused or contributed to the death or serious injury of an individual. The facility must also send a copy of the report to the FDA in the case of a death.
- TGH has established methods for reporting these events:
  - The appropriate personnel will be notified immediately.
  - All packaging and disposable materials will be returned.
  - The device will be inspected and control settings and any damage will be recorded. The equipment will be bagged, tagged and sequestered by Security.

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 4
	OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016
	REVISED:

- An investigation shall be conducted.
- The Risk Manager is responsible for managing the Safe Medical Device Act reporting process.

**INVESTIGATION AND REPORTING OF EQUIPMENT MANAGEMENT PROBLEMS, FAILURES AND USER ERRORS:**

All equipment failures and user errors will be investigated and reported. Included in the report will be the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. In the event the equipment problem was caused by user error, the user(s) will be inserviced on the operation and use of the equipment.

**THE MEDICAL EQUIPMENT MANAGEMENT PLAN INCLUDES A MEDICAL EQUIPMENT ORIENTATION AND EDUCATION PROGRAM:**

Thorough training will be provided regarding the capabilities, limitations, special applications of equipment, basic operating and safety procedures, emergency procedures if failure occurs, maintenance responsibilities, if applicable, and the reporting procedures for equipment problems, failures and user errors included in the program by department managers or designees in involved departments. All users/maintainers of equipment shall be tested for competency according to the components of their job specifications.

**PERFORMANCE STANDARDS:**

- There is a planned, systematic, interdisciplinary approach to process design and performance measurement, analysis and improvement related to organizationwide safety. The organizational Safety Committee will develop and establish performance measures and related outcomes, in a collaborative fashion, based on those priority issues known to be associated with the healthcare environment. Performance measures and outcomes will be prioritized based upon high-risk; high-volume, problem-prone situations and potential or actual sentinel event related occurrences. Criteria for performance improvement measurement and outcome indicator selection will be based on the following:
  - The measure can identify the events it was intended to identify:
    - The measure has a documented numerator and a denominator statement or description of the population to which the measure is applicable;
    - The measure has defined data elements and allowable values;

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 5 OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016 REVISED:

- The measure can detect changes in performance over time;
  - The measure allows for comparison over time within the organization or between the organization and other entities;
  - The data intended for collection are available;
  - Results can be reported in a way that is useful to the organization and other interested stakeholders.
- The Safety Committee on an ongoing basis monitors performance regarding actual or potential risk related to one or more of the following:
  - Staff knowledge and skills
  - Level of staff participation
  - Monitoring and inspection activities
  - Emergency and incident reporting
  - Inspection, preventive maintenance and testing of safety equipment
- Other performance measures and outcomes will be established by the Safety Committee, based on the criterion listed above. Data sources, frequency of data collection, individual(s) responsible for data collection, aggregation and reporting will be determined by the Safety Committee.
- To identify opportunities for improvement, the Safety Committee will follow the organization's improvement methodology, the **A.P.I.E. model**. The basic steps to this model will consistently be followed and include planning, designing, measuring, analyzing/assessing, improving and evaluating effectiveness.
- Should the Safety Committee feel a team approach (other than the Safety Committee) is necessary for performance and process improvement to occur, the Safety Committee will follow the organization's performance improvement guidelines for improvement team member selection. Determination of team necessity will be based on those priority issues listed (high-risk, volume and problem-prone situations and sentinel event occurrence). The Safety Committee will review the necessity of team development, requesting team

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 6 OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016 REVISED:

participation only in those instances where it is felt the Safety Committee's contributions toward improvement would be limited (due to specialty, limited scope and/or knowledge of the subject matter). Should team development be deemed necessary, primarily, team members will be selected on the basis of their knowledge of the subject identified for improvement, and those individuals who are "closest" to the subject identified. The team will be interdisciplinary, as appropriate to the subject to be improved.

- Performance improvement monitoring and outcome activities will be presented to the Safety Committee by the Safety Director and/ or Plant Operations Director on a quarterly basis, with a report of performance outcome forwarded to the Organizational Performance Improvement Committee, Medical Executive Committee and Governing Body quarterly.
- The following performance measures are recommended:
  - Percent of staff able to demonstrate their knowledge and skill of their role and expected participation in the medical equipment management plan
  - Percent of performance assessments/evaluations reflecting competence to provide service
  - Number of equipment incidents reported
  - Percent of PMs completed on time

**EMERGENCY PROCEDURES:**

- Equipment, which meets TGH's criteria for critical to patient safety, shall have emergency procedures in the event a malfunction or failure occurs. Equipment considered critical to patient safety includes life support, life sustaining or other critical equipment whose malfunction or failure may result in an adverse patient outcome.
- Each department will develop and follow specific clinical response procedures in the event of an equipment failure:
  - Equipment will be removed from service and tagged immediately.
  - Institute clinical emergency procedures required ensuring patient care is not compromised.

Tallahatchie General Hospital

SUBJECT: MEDICAL EQUIPMENT MANAGEMENT PLAN	REFERENCE #2207
DEPARTMENT: HOSPITALWIDE	PAGE: 7 OF: 7
APPROVED BY: Administration	EFFECTIVE: 1/2016 REVISED:

- If replacement equipment is necessary, **Mainetnance Director / Safety Director / Purchasing Director** (depending on the kind of equipment) will be notified to obtain a replacement.
- The Biomedical Engineering Department, Risk Manager and Performance Improvement will be notified of the failure.
- An incident report will be completed describing the failure.

**ANNUAL EVALUATION OF THE MEDICAL EQUIPMENT MANAGEMENT PLAN:**

- The annual evaluation of the medical equipment management program will include a review of standards and the current risk assessment of the facility. A comparison of the expectations and actual results of the program will be evaluated to determine if the goals and objectives of the program were met. The overall performance of the program will be reviewed by evaluating the results of performance improvement outcomes. The overall effectiveness of the program will be evaluated by determining the degree that expectations where met.
- The performance and effectiveness of the medical equipment management program shall be reviewed by the Safety Committee, the Performance Improvement Committee and Administration.