

AGENDA
PAULS VALLEY HOSPITAL AUTHORITY
REGULAR MEETING
FEBRUARY 13, 2018
6:00 P.M.
PAULS VALLEY CITY HALL
100 W PAUL AVENUE
PAULS VALLEY, OK

THE PAULS VALLEY HOSPITAL AUTHORITY WILL HOLD A REGULAR MEETING AT THE TIME AND PLACE STATED ABOVE. THE FOLLOWING BUSINESS WILL BE CONDUCTED. THE AUTHORITY MAY DISCUSS, VOTE TO APPROVE, VOTE TO DISAPPROVE, VOTE TO TABLE, OR DECIDE NOT TO VOTE ON ANY ITEM ON THIS AGENDA. NEW BUSINESS WHICH WAS NOT KNOWN ABOUT OR WHICH COULD NOT HAVE BEEN REASONABLY FORESEEN PRIOR TO THE TIME OF THE POSTING OF THIS AGENDA MAY ALSO BE CONSIDERED, DISCUSSED AND ACTED UPON.

1. Call to order.
2. Roll Call
3. Approval of the consent agenda:
 - a. Approval of Regular meeting minutes of January 23, 2018.
4. Consideration of the Hospital Administrative, Operations and Financial Reports with possible action.
5. Consideration of Capital Expenditures with possible action.
6. Consideration of approving changes/modifications to Pauls Valley General Hospital's Policy & Procedure Manual with possible action.
7. Consideration of approving credentialing packets with possible action.
8. Consideration of an executive session for the purpose of:
 - a. Confidential communication between a public body and its attorney concerning a pending investigation, claim, or action as authorized by 25 Okla. Stat. § 307(4);

- b. Discussing negotiations concerning employees and representatives of employee groups as authorized by 25 Okla. Stat. § 307(2);
 - 1. Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee.
- c. Discussing the purchase or appraisal of real property as authorized by 25 Okla. Stat. § 307(3);

with the Possibility of returning to open session to take action thereon.

- 9. Vote to return to Open Session (in the event an executive session is held).
- 10. New Business.
- 11. Adjourn.

POSTED AT 3:00 P.M. FRIDAY, FEBRUARY 9, 2018
AT PAULS VALLEY CITY HALL & PAULS VALLEY GENERAL HOSPITAL

**PAULS VALLEY HOSPITAL AUTHORITY
REGULAR MEETING
JANUARY 23, 2018**

The Pauls Valley Hospital Authority met in a Regular meeting on January 23, 2018 at 6:00 p.m. in the Council Chambers at City Hall at 100 W Paul Avenue.

Chairman Gary Alfred called the meeting to order.

Trustees present: Gary Alfred, Patrick Grimmatt, Michael Parrish and Shirl Montgomery

Trustees absent: Jocelyn Rushing

Staff present: James Frizell, Jay Carlton, Don Wageman, Chaz Thompson, Mitch McGill and Mark Norman

Trustee Patrick Grimmatt, seconded by Trustee Shirl Montgomery, made a motion to approve the consent agenda:

a. Approval of Regular meeting minutes of January 9, 2018.

Yes: Grimmatt, Montgomery, Parrish and Alfred No: None Absent: Rushing

Consideration of the Hospital Administrative, Operations and Financial Reports with possible action.

None

Consideration of Capital Expenditures with possible action.

None

Consideration of approving changes/modifications to Pauls Valley General Hospital's Policy & Procedure Manual with possible action.

None

Consideration of approving credentialing packets with possible action.

None

Consideration of an executive session for the purpose of:

- a. Confidential communication between a public body and its attorney concerning a pending investigation, claim, or action as authorized by 25 Okla. Stat. § 307(4);***
- b. Discussing negotiations concerning employees and representatives of employee groups as authorized by 25 Okla. Stat. § 307(2);***
 - 1. Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any salaried public officer or employee.***

c. *Discussing the purchase or appraisal of real property as authorized by 25 Okla. Stat. § 307(3);*

With the Possibility of returning to open session to take action thereon.

Trustee Shirl Montgomery, seconded by Trustee Michael Parrish, made a motion to enter into an executive session.

Yes: Montgomery, Parrish, Grimmatt and Alfred No: None Absent: Rushing

Vote to return to open session to take action thereon.

Trustee Shirl Montgomery, seconded by Trustee Patrick Grimmatt, made a motion to acknowledge the return to open session.

Yes: Montgomery, Grimmatt, Parrish and Alfred No: None Absent: Rushing

New Business:

None

Adjourn:

Trustee Shirl Montgomery, seconded by Trustee Patrick Grimmatt, made a motion to adjourn.

Yes: Montgomery, Grimmatt, Parrish and Alfred No: None Absent: Rushing

ATTEST:

CHAIRMAN

CITY CLERK

Pauls Valley General Hospital
YTD Income Statement
FY 2018

	FY 2018										17 vs '18	
	Dec-16	YTD 2017	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD 2018	Current	YTD	% YTD
REVENUE												
INPATIENT SERVICE REVENUE	751,789	4,148,182	458,645	833,208	391,365	631,199	345,070	517,164	3,176,650	(234,626)	(971,533)	-23.4%
OUTPATIENT SERVICE REVENUE	3,256,386	16,894,396	3,147,265	5,851,534	4,879,563	5,703,747	4,204,714	3,060,931	26,847,754	(195,455)	9,953,359	58.9%
ER REVENUE	920,825	6,793,811	1,178,803	1,426,673	1,215,382	1,595,319	1,066,095	1,081,082	7,563,354	160,257	769,543	11.3%
CLINIC REVENUE	24,654	320,573	123,334	146,296	114,275	92,748	113,882	90,914	681,449	66,260	360,876	112.6%
TOTAL PATIENT REVENUE	4,953,654	28,156,962	4,908,048	8,257,710	6,600,585	8,023,013	5,729,761	4,750,091	38,269,207	(203,563)	10,112,246	35.9%
CONTRACT REVENUE	84,291	495,775	83,411	85,371	84,291	83,020	84,291	84,291	504,676	-	8,900	1.8%
OTHER REVENUE	20,210	297,380	112,058	63,582	20,410	51,638	16,467	345,847	610,001	325,637	312,621	105.1%
TOTAL REVENUE	5,058,155	28,950,117	5,103,516	8,406,663	6,705,286	8,157,672	5,830,518	5,180,229	39,383,883	122,074	10,433,767	36.0%
DEDUCTIONS FROM REVENUE	(3,806,600)	(21,579,692)	(4,000,225)	(6,790,761)	(5,362,634)	(6,477,957)	(4,524,344)	(4,062,568)	(31,218,488)	(255,968)	(9,638,796)	44.7%
NET REVENUE	1,251,555	7,370,425	1,103,291	1,615,902	1,342,652	1,679,715	1,306,174	1,117,661	8,165,395	(133,894)	794,971	10.8%
SALARIES AND WAGES	567,349	3,294,552	565,146	554,796	596,232	615,777	572,286	639,681	3,543,919	72,332	249,367	7.6%
CONTRACT LABOR	9,879	78,288	7,423	9,382	7,802	8,868	6,072	7,442	46,988	(2,437)	(31,300)	-40.0%
EMPLOYEE BENEFITS	145,784	680,822	209,032	138,118	123,617	163,618	136,259	82,378	853,020	(63,407)	172,199	25.3%
SUPPLIES	129,177	812,655	144,548	183,429	154,329	182,585	187,759	104,936	957,587	(24,240)	144,932	17.8%
PURCHASED SERVICES	178,524	1,094,909	238,068	330,842	327,676	578,998	442,894	415,943	2,334,420	237,419	1,239,511	113.2%
ANESTHESIA (CRNA) SERVICES	20,938	124,425	23,000	31,063	20,000	20,750	22,818	16,000	133,630	(4,938)	9,205	7.4%
PHYSICIAN SERVICES	115,690	620,477	92,667	110,810	116,564	100,217	86,395	89,079	595,732	(26,611)	(24,745)	-4.0%
UTILITIES	30,944	167,407	35,303	31,291	29,930	30,845	19,611	20,575	167,556	(10,369)	148	0.1%
OTHER DIRECT EXPENSE	48,202	319,109	59,615	60,205	54,077	46,701	71,595	62,222	354,415	14,020	35,305	11.1%
INSURANCE EXPENSE	11,079	92,959	12,082	29,394	10,562	20,113	20,332	19,558	112,041	8,479	19,083	20.5%
DEPRECIATION EXPENSE	85,635	485,894	82,311	82,311	82,311	82,311	80,430	81,382	491,057	(4,253)	5,163	1.1%
INTEREST EXPENSE	8,297	60,455	28,902	26,878	24,141	29,016	30,469	(37,710)	101,696	(46,007)	41,241	68.2%
TOTAL EXPENSES	1,351,497	7,831,952	1,498,098	1,588,519	1,547,241	1,879,798	1,676,919	1,501,486	9,692,061	149,988	1,860,109	23.8%
NET PROFIT (LOSS)	(99,942)	(461,527)	(394,807)	27,383	(204,589)	(200,083)	(370,745)	(383,825)	(1,526,666)	(283,883)	(1,065,138)	230.8%
CONTRIBUTIONS - LOC	-	18,000	-	-	-	-	-	-	-	-	(18,000)	-100.0%
LOSS ON DISPOSAL OF FA	-	-	-	-	-	-	-	-	-	-	5,990	0.0%
ADJUSTED NET	(99,942)	(443,527)	(389,317)	27,883	(204,589)	(200,083)	(370,745)	(383,825)	(1,520,676)	(283,883)	(1,077,148)	2

Pauls Valley General Hospital
Balance Sheet
As of 12/31/2017

	FY 2016	FY 2017	FY 2018
ASSETS			
CURRENT ASSETS			
CASH	(690,170)	(925,394)	84,914
ACCOUNTS RECEIVABLE	9,199,529	10,694,436	10,099,591
A/R DISCOUNTS AND ADJUSTMENTS	(6,103,696)	(5,896,112)	(5,933,075)
OTHER RECEIVABLES	399	399	399
INVENTORY	233,532	63,258	4,412
PREPAID EXPENSES	705,317	781,551	695,220
CURRENT ASSETS	3,344,912	4,718,137	4,951,462
LONG-TERM ASSETS			
PLANT FUND INVESTMENTS	872	872	872
REC FROM THIRD-PARTY PAYORS	(76,366)	(111,585)	(253,769)
LONG TERM RECIEVABLES	26,764	26,764	26,764
PROPERTY, PLANT AND EQUIPMENT	17,569,133	17,633,207	17,632,486
ACCUMULATED DEPRECIATION	(11,370,641)	(12,363,864)	(12,854,921)
LONG-TERM ASSETS	6,149,762	5,185,394	4,551,433
TOTAL ASSETS	9,494,674	9,903,531	9,502,895
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	5,913,451	6,799,376	7,245,282
ACCRUED WAGES AND RELATED LIAB	1,905,732	2,164,278	1,630,016
OTHER ACCRUED EXPENSES	1,121,574	993,835	1,002,618
PAYABLE TO THIRD PARTY PAYERS	75,903	75,903	75,903
CURRENT LIABILITIES	9,016,660	10,033,392	9,953,818
LONG-TERM LIABILITIES			
NOTES PAYABLE	3,939,139	4,868,145	6,067,309
CAPITALIZED LEASE PAYABLE	53,290	31,383	31,383
LONG-TERM LIABILITIES	3,992,429	4,899,528	6,098,692
FUND BALANCE	(3,090,223)	(3,514,415)	(5,028,939)
NET INCOME	(424,192)	(1,514,973)	(1,520,676)
LIABILITIES AND FUND BALANCE	9,494,674	9,903,531	9,502,895

Paul's Valley General Hospital
Cash Flow Statement
Period Ended 12/31/2017

	FY 2017		FY 2018									
	12/31/2016	YTD 2017	7/31/2017	8/31/2017	9/30/2017	10/31/2017	11/30/2017	12/31/2017	12/31/2017	12/31/2017	12/31/2017	YTD 2018
Cash provided by operations:												
Patient Revenue (Net)	982,292	10,848,532	568,252	1,131,091	1,645,582	1,454,978	1,372,998	1,604,373	1,604,373	1,604,373	1,604,373	7,777,274
Contract Revenue (Willows & Other)	84,291	999,477	83,411	85,371	84,291	83,020	84,291	84,291	84,291	84,291	84,291	504,676
Other Revenue	21,460	1,076,358	17,037	68,532	21,994	21,061	23,893	350,113	350,113	350,113	350,113	502,629
Sal, Wage, Benefits (incl contr labor)	(632,457)	(8,586,299)	(848,385)	(742,028)	(505,452)	(934,849)	(828,934)	(1,105,129)	(1,105,129)	(1,105,129)	(1,105,129)	(4,964,777)
Vendors and other expenses	(552,621)	(6,614,284)	(457,256)	(771,480)	(673,615)	(1,040,032)	(816,627)	(809,730)	(809,730)	(809,730)	(809,730)	(4,568,740)
Change in AP (Decr)/Incr	381,188	1,030,365	47,237	225,756	(165,348)	238,764	(48,166)	206,498	206,498	206,498	206,498	504,740
Total Cash from Operations	284,153	(1,245,851)	(589,704)	(2,758)	407,451	(177,058)	(212,545)	330,415	330,415	330,415	330,415	(244,198)
Cash provided by Financing												
Acquisition of PP&E	(3,963)	(65,348)	5,490	500	(0)	(0)	(0)	720	720	720	720	6,710
(Incr/Decr) LT Debt	993,012	907,098	18,476	(2,747)	5,153	140,918	(5,064)	1,042,429	1,042,429	1,042,429	1,042,429	1,199,164
Interest Expense	(8,297)	(146,638)	(28,902)	(26,878)	(24,141)	(29,016)	(30,469)	37,710	37,710	37,710	37,710	(101,696)
Total Cash from Financing	980,752	695,113	(4,937)	(29,125)	(18,988)	111,902	(35,533)	1,080,859	1,080,859	1,080,859	1,080,859	1,104,179
Cash from other Investing												
Interest income	-	-	-	-	-	-	-	-	-	-	-	-
Total cash from other Investing	-	-	-	-	-	-	-	-	-	-	-	-
Other non-operating sources of cash												
Shopp Assessment	(1,250)	339,874	95,021	(4,950)	(1,584)	30,577	(7,426)	(4,266)	(4,266)	(4,266)	(4,266)	107,372
EMS Subsidy/City LOC	-	18,000	-	-	-	-	-	-	-	-	-	-
Total other non-operating cash	(1,250)	357,874	95,021	(4,950)	(1,584)	30,577	(7,426)	(4,266)	(4,266)	(4,266)	(4,266)	107,372
Change in cash	1,263,655	(192,864)	(499,620)	(36,832)	386,879	(34,578)	(255,504)	1,407,008	1,407,008	1,407,008	1,407,008	967,353
Beginning bank balance	(1,148,773)	(689,574)	(882,439)	(1,382,058)	(1,418,891)	(1,032,012)	(1,066,590)	(1,322,094)	(1,322,094)	(1,322,094)	(1,322,094)	(882,439)
Ending cash balance	114,882	(882,439)	(1,382,058)	(1,418,891)	(1,032,012)	(1,066,590)	(1,322,094)	84,915	84,915	84,915	84,915	84,915

PVGH KEY STATISTICS
FY 2018

TYPE OF SERVICE STATISTICS	FY 2017		FY 2018							Change This yr/Ly			
	Dec-16	YTD	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD	December	% Change	YTD	% Change
Acute admits	37	237	33	35	27	37	22	30	184	(7)	-19%	(53)	-22.4%
Acute Days	185	865	131	172	93	197	105	122	820	(63)	-34%	(45)	-5.2%
Swing Admits	0	-	0	0	0	0	0	0	-	-	0%	-	0.0%
Swing Days	0	-	0	0	0	0	0	0	-	-	0%	-	0.0%
Observation Admits	38	166	32	44	25	40	30	40	211	2	5%	45	27.1%
Observation Days	32.4	141.2	20.0	25.6	19.5	28.2	22.0	28.3	143.7	(4)	(0.1)	3	1.8%
Average hours of obsv	20.4	20.4	15.0	14.0	18.8	16.9	17.6	17.0	16.3	(3)	(0.2)	(4)	-19.9%
Total admits	37	237	33	35	27	37	22	30	184	(7)	-19%	(53)	-22.4%
Total Pat Day	185	865	131	172	93	197	105	122	820	(63)	-34%	(45)	-5.2%
Total Pat Day(incl obsv)	217	1,006	151	198	113	225	127	150	964	(67)	(0)	(43)	-4.2%
Acute DC	39	223	32	32	24	36	24	32	180	(7)	-18%	(43)	-19.3%
DC Days	126	687	95	119	76	128	66	93	577	(33)	-26%	(110)	-16.0%
ALOS	3.23	3.08	2.97	3.72	3.17	3.56	2.75	2.91	3.21	-	0%	0	4.1%
SW DC	0	-	0	0	0	0	0	0	-	-	0%	-	0.0%
DC Days	0	-	0	0	0	0	0	0	-	-	0%	-	0.0%
ALOS - Swing	-	-	-	-	-	-	-	-	-	-	0%	-	0.0%
ADC	6.0	4.7	4.2	5.5	3.1	6.4	3.5	3.9	4.5	(2)	-34.1%	(0)	-4.7%
ALOS - All	3.2	3.1	3.0	3.7	3.2	3.6	2.8	2.9	3.2	(0)	-10.0%	0	4.1%
ADJ PAT DAYS	1,220	5,800	1,402	1,705	1,568	2,418	1,743	1,121	9,957	(99)	-8.1%	4,157	71.7%
ADJ ADMITS	244	1,609	353	347	455	454	365	276	2,201	32	12.9%	592	36.8%
REV PER APD	4,064	4,854	3,501	4,844	4,208	3,204	3,286	4,239	3,816	175	4.3%	(1,039)	-21.4%
SAL WAGE BEN PER APD	593	699	558	412	511	326	410	651	454	58	9.8%	(245)	-35.1%
IP REV PER PAT DAY	4,064	4,796	3,501	4,844	4,208	3,204	3,286	4,239	3,874	175	4.3%	(922)	-19.2%

PVGH KEY STATISTICS
FY 2018

TYPE OF SERVICE	FY 2017				FY 2018				Change This yr/Ly				
	Dec-16	YTD	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD	December	% Change	YTD	% Change
OTHER STATS													
ER Visits	588	3,618	732	693	605	663	599	631	3,923	43	7.3%	305	8.4%
ER Admits	20	127	26	34	24	31	19	25	159	5	25.0%	32	25.2%
ER ADMIT %	3.4%	3.5%	3.6%	4.9%	4.0%	4.7%	3.2%	4.0%	4.1%				
PT UNITS	205	1,310	406	175	125	299	300	293	1,598	88	42.9%	288	22.0%
OT UNITS	0	-	0	0	0	0	0	0	-	-	0.0%	-	0.0%
ST UNITS	0	14	1	0	0	0	1	0	2	-	#DIV/0!	(12)	-85.7%
CT SCANS	177	1,147	212	236	155	233	198	215	1,249	38	21.5%	102	8.9%
MRI STUDIES	30	57	20	31	26	28	28	28	161	(2)	0.0%	104	0.0%
ULTRASOUND	78	518	80	74	60	92	65	69	440	(9)	-11.5%	(78)	-15.1%
MAMMOGRAPHY	65	392	52	50	58	75	60	40	335	(25)	0.0%	(57)	0.0%
ECHOCARDIOGRAM	26	132	22	22	10	33	26	8	121	(18)	-69.2%	(11)	-8.3%
ROUTINE X-RAY	463	2,830	435	466	416	467	366	464	2,614	1	0.2%	(216)	-7.6%
BONE DENSITY	11	55	0	0	0	0	0	0	-	(11)	-100.0%	(55)	-100.0%
RESPIRATORY PROCEDU	484	2,079	102	5	5	1	4	2	119	(482)	-99.6%	(1,960)	-94.3%
PULMONARY FUNCTION	3	25	10	5	5	1	4	2	27	(1)	-33.3%	2	8.0%
EKG	165	1,073	192	203	122	187	189	192	1,085	27	16.4%	12	1.1%
HOLTER MONITOR	5	40	11	13	9	9	12	12	66	7	140.0%	26	65.0%
STRESS TEST	4	30	2	6	4	2	1	2	17	(2)	-50.0%	(13)	-43.3%
LAB TEST	5,851	36,038	5,863	6,309	4,872	5,568	4,767	5,112	32,491	(739)	-12.6%	(3,547)	-9.8%
OUTREACH LAB	-	-	-	16,209	18,955	16,083	9,546	5,495	66,288	5,495	0.0%	66,288	#DIV/0!
TOTAL LAB	5,851	36,038	5,863	22,518	23,827	21,651	14,313	10,607	98,779	4,756	0.0%	62,741	174.1%
SLEEP STUDIES	9	9	-	-	-	-	-	-	-	-	0.0%	(9)	-100.0%
IP SURG	1	7	1	-	-	-	-	-	1	(1)	0.0%	(6)	-85.7%
OP SURG	94	487	76	74	61	62	65	58	396	(36)	-38.3%	(91)	-18.7%
TOTAL SURGERIES	95	494	77	74	61	62	65	58	397	(37)	-38.9%	(97)	-19.6%
WOUND CARE PATIENTS	-	-	-	-	-	-	-	-	-	-	0.0%	-	0.0%
AMBULANCE RUNS	197	776	167	215	200	172	235	206	1,399	9	4.6%	623	80.3%
CLINIC (PVPC only after 7	376	2,837	649	809	658	681	791	596	4,184	220	58.5%	1,347	47.5%

PVGH KEY STATISTICS
FY 2018

TYPE OF SERVICE	FY 2017		FY 2018					Change This yr/Ly				
	Dec-16	YTD	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD	% Change	YTD	% Change
FINANCIAL INDICATORS												
IP REV	751,789	4,148,181	458,645	833,208	391,365	631,199	345,070	517,163	3,176,650	(234,626)	(971,531)	-31.2%
TOTAL REV	4,953,654	28,156,962	4,908,048	8,257,710	6,600,585	7,748,612	5,729,761	4,750,091	37,994,807	(203,563)	9,837,845	-4.1%
TOTAL SAL, WAGE & BEN	723,012	4,053,662	781,601	702,096	800,930	788,132	714,617	729,501	4,516,877	6,489	463,215	0.9%
NET PATIENT REVENUE	1,150,977	6,581,193	907,823	1,541,949	1,312,951	1,332,548	1,205,417	687,523	6,988,211	(463,454)	407,018	-40.3%
PATIENT CASH COLLECTIBLES	832,233	5,185,800	805,355	1,153,084	1,054,489	785,004	775,455	771,342	5,294,729	(110,891)	108,929	-13.3%
OUTREACH LAB RECEIPTS	-	-	6,894	45,437	360,849	352,909	407,013	242,413	1,415,515	242,413	1,415,515	0.0%
PATIENT CASH % OF NET	72%	79%	89%	78%	108%	85%	98%	140%	96%			
PATIENT AR - GROSS	10,356,215	9,228,765	10,965,408	11,888,570	10,196,530	12,072,296	12,821,010	10,099,591	12,072,296	(256,624)	2,843,531	-2.5%
RESERVES - PATIENT AR	5,134,573	5,876,151	4,358,729	6,426,624	5,216,238	7,043,182	7,769,852	5,933,075	7,043,182	798,502	1,167,031	15.6%
PATIENT AR - NET	5,221,642	4,409,056	6,606,679	5,461,946	4,980,292	5,029,114	5,051,158	4,166,516	5,029,114	(1,055,126)	620,058	-20.2%
AR DAYS - GROSS	68	61	70	56	47	54	59	49	58	(19)	(2)	-28.3%
AR DAYS - NET	158	124	191	138	122	110	119	119	132	(39)	8	-24.9%
TOTAL FTE's	161.4	148	157.0	152.0	160.0	144.0	162.0	161.0	162.0	(0)	14	-0.2%
AVERAGE DAILY REVENUE	150,365	152,200	153,079	212,351	214,852	245,727	220,648	198,135	206,494	47,770	54,294	31.8%



403(b) Plan Summary Plan Description

Introduction

You are receiving this Summary Plan Description (SPD) because your Employer offers a 403(b) Plan (the "Plan") to help employees save for retirement. This SPD summarizes the important features of the Plan, and provides a statement of your ERISA rights as required by federal law and regulations.

SECTION I. PLAN INFORMATION

Employer's Information: [See Plan Provisions Section 1]

Name of Employer: _____ Pauls Valley General Hospital _____
Employer's address: _____ 100 Valley Drive; PO Box 368 _____
Employer's telephone number: _____ 405-238-5501 _____
Employer's Employer Identification Number: _____ 73-0784195 _____

Plan Information

Plan Name: _____ Pauls Valley General Hospital 403(b) _____ [See Plan Provisions Section 2]
Plan Number: _____ VFH 169 _____

Plan Effective/Restatement date: [See Plan Provisions Section 3]

This is an amendment and restatement of a plan which was originally effective 12/17/2003. The effective date of this amendment and restatement is 2/14/18.

Contributions to the Plan are sent to the product vendors that your Employer has authorized. For more information, see Section III.

Your Plan operates on a 12-month year beginning on January 1 and ending on December 31.

This Plan is not subject to collective bargaining.

Plan Administrator's Information [See Plan Provisions Section 5]

Your Plan Administrator is responsible for the day-to-day administration and operation of the Plan. Should you have any questions about the Plan, wish to obtain a copy of the Plan document or, if your Plan is subject to collective bargaining, wish to obtain a copy of the collective bargaining agreement(s), please contact the Plan Administrator. The Plan Administrator may designate other parties to perform some duties relating to operation of the Plan. Service of legal process may be made upon the Employer. Service of legal process may also be made upon the Plan Administrator.

Plan Administrator's name: _____ Stephanie Dancer, Human Resource Manager _____
Plan Administrator's address: _____ 100 Valley Drive; PO Box 368, Pauls Valley, OK, 73075 _____
Plan Administrator's telephone number: _____ 405-238-5501 _____
Plan Administrator's email address: _____ sdancer@pvgh.net _____

SECTION II. ELIGIBILITY AND PARTICIPATION IN THE PLAN; CONTRIBUTIONS TO THE PLAN

Contributions

All employees can make the following contributions under the Plan through salary reduction contributions taken out of wages on pre-tax basis for federal income tax purposes.

Federal tax laws limit the amount you can contribute to the Plan each tax year. In general, the maximum amount you may contribute is \$18,500 (for 2018). If you make contributions to any other retirement plan, this amount may need to be adjusted.

In certain circumstances, if you have been with your Employer at least 15 years, you may be eligible for special catch-up contributions.

Also, if you are at least age 50, you may be eligible for additional catch-up contributions.

The Internal Revenue Service requires that amounts contributed in excess of the annual limit be corrected no later than April 15 following the year in which the employee made these contributions to prevent adverse income tax consequences. See your Plan Administrator for additional information.

You have a nonforfeitable right to the amounts (including any earnings) in your account that are attributable to your salary reduction contributions and, if permitted by the Plan, Roth 403(b) contributions and any rollovers made to the Plan.

Note: Employees are eligible to make salary reduction contributions (and Roth 403(b) contributions starting as of their date of hire. See your Plan Administrator for more information about how to make these contributions to the Plan.

Employer Discretionary Contributions

Your Employer may make discretionary contributions to the Plan each year for all employees who have at least 2 years of service and are at least 21 years old.

If your Employer makes discretionary contributions, the contributions will be allocated as follows:

 2 % of your compensation.

Your right to the amounts (including earnings) attributable to Employer discretionary contributions is determined under the following vesting schedule:

0-1 Years of Service	0%
2 Years of Service	25%
3 Years of Service	50%
4 Years of Service	75%
5 Years of Service	100%

All of your years of service with your Employer are counted for the purpose of determining your vested percentage.

Your Employer will make employer contributions to the Plan as long as you do not incur a break in service (which federal law defines as a consecutive 12-month period during which you fail to work more than 500 hours of service). You will not be considered to have a break in service if your absence was due to birth, pregnancy or adoption of children.

You may also move amounts in your accounts that you may have had with other employers to this Plan by rollover.

Note: If you have returned to work after military service, you may be eligible to make additional contributions [and receive any matching contributions on those contributions, if the Plan permits matching contributions] for the period during which you served in the military. See your Plan Administrator for additional information.

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SECTION III. INVESTING YOUR PARTICIPANT ACCOUNT

Your Employer has authorized Voya Retirement Insurance and Annuity Company to provide investment products for contributions made on your behalf.

The Plan Administrator will provide you with information on the investment choices available to you, the procedures for making investment elections, the frequency with which you can change your investment choices and other important information.

ERISA Section 404(c)

The Plan is intended to comply with Section 404(c) of ERISA. Fiduciaries of the Plan, including your Employer and the Plan Administrator, will be relieved of any legal liability for any losses which are the direct and necessary result of the investment directions that you give.

The Employer will provide you the opportunity to decide how your account is invested, enabling you to choose investments that fit your personal needs. The Employer is not responsible for the investment performance of your account which results from your investment instructions.]

SECTION IV. DISTRIBUTION OF BENEFITS AND VESTING

Distribution of Benefits

You must have a distributable event to access amounts in your account. The following chart indicates when you can withdraw the amounts in your account:

Distributable Events Under an Annuity Contract	Elective Deferral and Roth 403(b) Contributions	Employer Discretionary Contributions
Severance from Employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Death	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	
Attainment of age 59 1/2	<input checked="" type="checkbox"/>	N/A

In addition, federal law generally requires that you begin to take minimum distribution from the Plan by April 1 following the later of the year in which you reach 70½ or retire, whichever is later. If you have amounts in your account prior to 1/1/87, special rules may apply to that portion of your account. Contact your Plan Administrator for additional information.

If you receive a distribution before reaching age 59½, you must pay an additional IRS premature distribution penalty tax on amounts included in income, unless an exemption applies.

Financial Hardship

A hardship withdrawal is allowed from your salary reduction contributions (excluding earnings).

The money you withdraw must be needed for:

- Certain medical expenses incurred by you, your spouse, dependent or a primary beneficiary designated by you under the Plan;
- The purchase (excluding mortgage payments) of your principal residence;

- Payment of college tuition, related educational fees, and room and board expenses, for the next 12 months for you, your spouse, children, dependents or a primary beneficiary designated by you under the Plan;
- Payments necessary to prevent the eviction from your principal residence or foreclosure on the mortgage on that residence;
- Payments for burial or funeral expenses for your deceased parent, spouse, children, dependents or a primary beneficiary designated by you under the Plan; or
- Certain expenses for the repair of damage to your principal residence.

You can withdraw only up to the amount necessary to meet your financial need (which can include taxes that will be due on your withdrawal when you receive it). After you receive a hardship withdrawal, you cannot make contributions to the Plan for 6 months. In addition, you are required to obtain all distributions, including loans, available to you under the Plan before taking a hardship withdrawal. You do not have to take a distribution or loan from the Plan if the effect would be to increase the amount of the need.

Loans

Your Plan permits you to take a loan from your account, provided that loan amount does not exceed IRS limits. Loans from the Plan are repaid to your own account, with interest. The interest is repaid from after-tax dollars, is nondeductible, and will be subject to tax when finally withdrawn from the Plan. The Plan Administrator can provide you with a copy of the written loan guidelines that outlines the specific rules governing the loans under the Plan.

Forms of Distribution

If you are married, when you are eligible to receive a payout under your Plan, your Plan will pay your benefit as a Qualified Joint and Survivor Annuity (QJSA) that provides annuity payments for the life of you and your spouse, unless your spouse has consented to your receiving payment in another form. Your Plan Administrator can provide you with additional information concerning the procedure for obtaining spousal consent.

If you are not married, the type of annuity you will receive will provide you with monthly payments for as long as you live. If you do not want an annuity payout, you may choose other types of payments, as permitted by the terms of your Plan and the products that your Employer has selected for your Plan.

If you have no vested percentage in your account balance when you leave, your account balance will be forfeited. However, if you return to work for the Employer before incurring 5 consecutive 1-Year Breaks in Service, your account balance as of your termination date will be restored unadjusted for any gains or losses.

If you are partially vested in your account balance when you leave, the non-vested portion of your account balance will be forfeited on the earlier of the date:

- When you take a distribution of your entire vested account balance, or
- When you incur 5 consecutive 1-year breaks in service.

If you previously received a distribution of your entire vested account balance, and you are reemployed prior to incurring 5 consecutive 1-year breaks in service, you may repay this distribution. If you repay the entire amount of the distribution, the Plan will restore your account balance with your forfeited amount. You must repay this distribution within 5 years from your date of reemployment, or, if earlier, before you incur 5 consecutive 1-year breaks in service.

You have the ability to defer federal income taxation of certain payments from the Plan by rolling the payment to another eligible retirement plan or, if you wish to convert amounts to Roth and your plan permits Roth 403(b) contributions, as an in-plan Roth rollover. Hardship withdrawals, required minimum

distributions, and payments based on life expectancy or based on a period greater than 10 years cannot be rolled over. Your product provider will provide you with additional explanation of the rollover rules through a special tax notice at the time that you request a distribution from the Plan.

QDRO

All or a portion of your account balance may be assigned to an alternate payee under a qualified domestic relations order (QDRO). An alternate payee is a spouse, former spouse, child, or other dependent who is recognized by a domestic relations order as having a right to receive all or a portion of your benefits payable under the Plan. You may obtain without charge, a copy of a description of the Plan's procedures governing QDRO determinations from the Plan Administrator.

You may also move your accounts to another employer's 403(b) plan by plan-to-plan transfer, provided the new 403(b) plan accepts plan-to-plan transfers.

SECTION VI: CLAIMS PROCEDURE

You or your beneficiary must file a written request with the Plan Administrator in order to start receiving benefits when you become eligible for them or when you die. If you do not receive a benefit to which you believe you are entitled, you should file a written claim with the Plan Administrator. The claim must set forth the reasons you believe you are eligible to receive benefits and authorize the Plan Administrator to conduct such examinations and take such steps as may be necessary to evaluate the claim.

Except as described below, if your claim is denied, the Plan Administrator will provide you or your beneficiary with a written notice of the denial within 90 days of the date your claim was filed. This notice will give you the specific reasons for the denial, the specific provisions of the Plan upon which the denial is based, and an explanation of the procedures for appeal.

In the case of a claim for a distribution as a result of disability, if the Plan Administrator is making a determination of whether you are disabled (as defined in the Plan), you will be notified of a denial of your claim within a reasonable amount of time, but not later than 45 days after the Plan receives your claim. The 45-day time period may be extended by the Plan for up to 30 days, if the Plan Administrator determines that an extension is necessary due to matters beyond the control of the Plan.

The Plan Administrator will notify you, before the end of the 45-day period, of the reason(s) for the extension and the date by which the Plan expects to make a decision regarding your claim. If, before the end of the 30-day extension, the Plan Administrator determines that, due to matters beyond the control of the Plan, a decision regarding your claim cannot be made within the 30-day extension, the period for making the decision may be extended for an additional 30 days. In that case, the Plan Administrator will notify you, prior to the end of the first 30-day extension, of the circumstances requiring the additional

extension and the date as of which the Plan expects to make a decision. The notice will specifically explain the standards on which the approval of your claim will be based, the unresolved issues that prevent a decision on your claim, and the additional information needed to resolve those issues. You will have at least 45 days within which to provide the specified information. The period of time within which approval or denial of your claim is required to be made generally begins at the time your claim is filed. If the period of time is extended because you fail to submit information necessary to decide your claim, the period for approving or denying your claim will not include the period of time between the date on which the notification of the extension is sent to you and the date on which you provide the additional information.

The Plan Administrator will provide you with written or electronic notification if your claim is denied. The notification will provide the following:

- The specific reason or reasons for the adverse determination.
- Reference to the specific Plan provisions on which the benefit determination is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
- In the case of disability benefits where disability is determined by a physician:
 - If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge upon request.
 - If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

You or your beneficiary will have 60 days from receipt of the notice of claim denial in which to appeal the Plan Administrator's decision. You may request that the review be in the nature of a hearing and an attorney may represent you.

However, in the case of a claim for disability benefits, if the Plan Administrator is deciding whether you are disabled under the terms of the Plan, you will have at least 180 days following receipt of notification of a claim denial within which to appeal the Plan Administrator's decision. You may submit written comments, documents, records, and other information relating to your claim. In addition, you will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information pertaining to your claim.

Your appeal will take into account all comments, documents, records, and other information submitted by you relating to the claim, even if the information was not included originally.

If the claim is for disability benefits:

- Your claim will be reviewed independent of your original claim and will be conducted by a named fiduciary of the Plan other than the individual who denied your original claim or any of his or her employees.
- In deciding an appeal of a claim denial that is based in whole or in part on a medical judgment, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment.
- The Plan Administrator will provide you with the name(s) of the health care professional(s) who was consulted in connection with your original claim, even if the claim denial was not based on his or her

advice. The health care professional consulted for purposes of your appeal will not be the same person or any of his or her employees.

- You will be notified of the outcome of your appeal no later than 45 days after receipt of your request for the appeal, unless the Plan Administrator determines that special circumstances require an extension of time for processing the claim. If the Plan Administrator determines that an extension is required, written notice of the extension will be provided to you prior to the end of the initial 45-day period. The notice will identify the special circumstances requiring an extension and the date by which the Plan expects to make a decision regarding your claim.

The Plan Administrator will provide you with written or electronic notification of the final outcome of your claim. The notification will include:

- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim;
- A statement describing any additional voluntary appeal procedures offered by the Plan, your right to obtain the information about such procedures, and a statement of your right to bring an action under Section 502(a) of ERISA;
- If a Plan Administrator used an internal rule or guideline in denying your claim, either the specific rule or guideline; or a statement that the rule or guideline was relied upon in denying your claim and that a copy will be provided free of charge to you upon request; and
- If the claim denial is based on a medical necessity, experimental treatment or similar situation, either an explanation of the scientific or clinical basis for the denial, applying the terms of the Plan to your medical circumstances, or a statement that an explanation will be provided free of charge upon request.

SECTION VII: MISCELLANEOUS

Plan Termination

The Employer expects to continue the Plan indefinitely. However, in the unlikely event the Employer must terminate the Plan, you will become 100% vested in the aggregate value of your accounts regardless of whether your vesting years of service are sufficient to make you 100% vested under the vesting schedule(s).

Administrative Expenses of the Plan

Your Plan fiduciary will provide you with a summary of all Plan-related and investment expenses in accordance with the Department of Labor rules.

Assistance with Your Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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PAULS VALLEY GENERAL HOSPITAL
EOC Committee Quarterly Report
Oct. - Dec. 2017
Douglas Frazee

The EOC committee did not meet the last quarter of 2017. This was due to the holiday conflict and the OSDH CMS Life Safety survey. All efforts and time was given to take corrective action. A revisit has not occurred as of today. In this report, I will talk about the Life Safety survey and part of the Lab survey that reflects on the environment of care and equipment failures due to the harsh weather.

In 2016, the CMS adopted the NFPA 99 2012 over the 2000 guidelines. Their stance is that no hospital will be grandfathered in and all Hospital will need to bring their facility up to NFPA 99 2012 guidelines requirements. This is what was stated to me by the OSDH surveyor.

Discrepancies are listed as K-tags and a number. All discrepancies identified at the time of the survey were not on the official report but should be resolved before the next survey. There is 15 K-tags. Ninety percent of the K-tags are minor.

.The IT office needs to be organized to provide appropriate width of Egress. Completed

.There was multiple doors that required removal of dead bolts and replaced with door handles and door closers. Completed

. At 3 exits of the building, it was identified that there were not acceptable emergency lighting at the exit discharge in the event that the building needed evacuation or other emergency. Completed

. There were several rooms that had penetrations that required patching to maintain the fire wall integrity. Completed

. In surgery, first, the humidity was recorded out of range. Surveyor wanted to know how it was handled and reported. This was only a paper work correction. Secondly, Room two was in a positive pressure and he wanted it to be negative pressure. The Standards require endoscope rooms to be negative, at the time of construction it was Discussed and agreed at that time it could be positive, because the hospital also did Other surgeries in the room which required positive pressure. We changed the room Pressure which created a high humidity in that room. This room (room 2) can now only be used for endoscopes. I am working with our environmental controls company to resolve this issue. Currently the room is measured by a hand held meter, which is accurate. Completed

.The surgery OR is set up with smoke evac. This system is required to be certified annually, this was not in compliance *Completed*

.It also is now required to have the Medical Gas system certified annually. The Hospital was out of compliance and was certified. Most repairs will be able to corrected by hospital staff. The Medical Gas Company recommended that the Hospital replace the Vacuum system to meet the new guidelines. This system is over 45 years old. I requested a quote and it is \$33,000. *In Progress*

. The Hospital is now required to have the HVAC system tested and balanced annually. The Hospital was out of compliance. *Completed*

. The Surveyor notices a few pieces of equipment without inspection stickers. *Completed*

. When the fire alarm sounds, the notification from the Hospital was not appropriate. The Hospital was set up for an analog device and it is required to use digital and a monitoring company. *Completed*

.The Hospital is also required to have sensitivity testing of all smoke and heat detectors annually. The Hospital was out of compliance. *Completed*

. The glass on the fire door for the linen room needed adjusting; we replaced it also with a wire glassed window. *Completed*

.The surveyor also cited the Hospital on the annual Sprinkler system and Fire Alarm system inspections. The corrective action was not documented appropriately and MAC system was contacted to correct the documentation and insure all corrective action required was completed. The fire alarm system strobes are out of sync and require replacement of several strobes. *In Progress*

.The surveyor also cited the Hospital for incomplete risk assessments on the Medical Gas and Electrical systems. This was completed using a risk assessment tool provided by American Society of Hospital Engineers (ASHE); it was designed with the intent to meet the NFPA 99 2012 guidelines. *Completed*

.The last K-tag is on the Hospital essential electrical system (EES). It will take \$810,000 to \$1,000,000 and a year of contract work to correct it. This is a CMS requirement, and their dead line is set to be completed by the end of October 2018, this is not possible. The Hospital is required to have 3 branches of service. The branches are identified as the life safety branch, critical branch and the equipment branch. Each is required to

have its own electrical panel and each is required to have its own automatic transfer switch for emergency power. I have contacted an Electrical Engineer whom was formalure with our system when he worked on the Surgery renovation. He has failed to provide me with a sufficient documentation to give to the HCA and surveyor. Therefore I have requested another Electrical Engineer to complete an evaluation and his cost. This one will be hire do the fact I am asking them to do more. The Engineer will be an advocate to the Health Department and has been asked not to over engineer the system and look to the least expense way to complete the project. He will also provide AIA drawings to keep us from needing an Architect and to the OSDH for their approval. I should have a contract ready to present at the HCA meeting. Once the contract is agreed upon, it will take 6 weeks to prepare documents for bid. One month for bidding. Once the bidding process it complete then there will be a lead time for the contractor to get staged and begin the work. In Progress

During the CMS survey the surveyor also stated that our oxygen system is not compliant with the new requirements and the fire doors and frame do neither match, nor labeling and will need to be replaced. On the final report he did not cite the Hospital for these.

The Laboratory Survey sited for the Hospital being out of compliance due to low humidity. There is a minimum humidity requirement for one of their analyzers, 30% is the minimum and we are at 20% or lower. To correct this, it requires a humidifier to be installed in the HVAC system for the Lab; this cost is estimated at \$4000. The goal is to purchase and have it installed by Hunter Mechanical before the first of March. They have experience completing this in other area Hospitals. In Progress

Other than the surveys, I have requested the cost of 2 chilled water coils for the HVAC systems. Two AHU's require there replacement due to the low temperatures. These two coils froze and are beyond in house repairs. During the single digit temperatures some safety devices failed and our preheat coils are also not sufficient to prevent this from happening. This is due to the many repairs that have been necessary to keep them operational over the years. I am also getting quotes for 6 preheat coils; the copper is very thin and is in need of constant repair. There are four AHU's that are original and need replacing; I have estimated that to be a minimum of \$100,000 each. These units need the coils mention above.