All items on this agenda, including but not limited to any agenda item concerning the adoption of any ordinance, resolution, contract, agreement, or any other item of business, are subject to amendment, including additions and/or deletions. This rule will apply to every individual agenda item without exception, and without providing this same amendment language with respect to each individual agenda item. Such amendments should be rationally related to the topic of the agenda item, or the governing body will be advised to continue the item.

The governing body may adopt, approve, ratify, deny, defer, recommend, amend, strike, or continue any agenda item. When more information is needed to act on an item, the governing body may refer the matter to its City/Trust Manager, staff, attorney or to the recommending board, commission, or committee.

(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)

PUBLIC NOTICE OF A SPECIAL MEETING
OF THE HOSPITAL AUTHORITY
WEDNESDAY, APRIL 22, 2026 AT 12:00 PM
CLINTON REGIONAL HOSPITAL - WEICHEL ROOM

AGENDA

Source listing: 04/22/2026 Hospital
Original source: http://agendas.clintonok.gov/2026/04222026/CHA04222026agenda.htm

1. CALL TO ORDER

2. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

    A. Approval of Minutes 03/26/2026 Special Meeting and 04/03/2026 Special Meeting

3. BUSINESS ITEMS (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Oklahoma Heart Hospital (OHH) Physicians LLC, Lease Amendment for Cleaning

    B. Code Stroke Policy/Procedure

4. FINANCIAL REPORT (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Financial Reports March 2026

    B. Accounts Payable/Invoices to be paid 04/22/26, 04/29/26, 05/06/26, and 05/20/26

5. MEDICAL STAFF (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Crystal Mahana PA ER Observation Privileges

    B. Crystal Mahana PA Addendum Privileges for Administration of Moderate Sedation By Non-Anesthesiologist

C. David Gabbert DO Tele Radiology Privileges

D. Gary Hillman DO Emergency Medicine and 24-hour Observation Privileges

E. Gary Hillman DO Addendum for Privileges administration of Moderate sedation by non-anesthesiologist

F. Michael Boger DO Emergency Medicine and 24-hour Observation Privileges

G. Michael Boger DO Addendum for Privileges administration of Moderate sedation by non-anesthesiologist

H. Maria Tucker DO Tele Radiology Privileges

I. Reappointment Stefany Moore APRN Emergency Medicine and 24-hour Observation Privileges

J. Stefany Moore APRN Addendum for Privileges administration of Moderate sedation by non-anesthesiologist

6. COMMITTEE/DEPARTMENT REPORTING (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

   A. Safety/Emergency Management Committee Meeting Minutes March 2026

   B. Quality Assurance/Performance Program Meeting Minutes March 2026

   C. Infection Control Committee Meeting Minutes March 2026

7. NEW BUSINESS (If any, Pursuant to Section 311.9 of the Oklahoma Open Meeting Act)

8. TRUSTEE COMMENTS

9. ADJOURN

File this 20 th day of April 2026 and posted on the bulletin board at Clinton City Hall and on the front door of the Clinton Regional Hospital on April 20, 2026, at 11:00 a.m.

_____

Not recorded

LEASE AMENDMENT

This Lease Amendment is entered into this _____ day of April, 2026, by and between the CLINTON HOSPITAL AUTHORITY, a municipal trust (hereinafter "Landlord"), and OHH PHYSICIANS, LLC, an Oklahoma limited liability company (hereinafter "Tenant") (collectively the "Parties").

WHEREAS, the Landlord and Tenant currently operate under a Lease Agreement dated June 1, 2023 (Original Lease);

WHEREAS, the Original Lease provides that Tenant is responsible for cleaning the leased space at their own expense;

WHEREAS, the Parties desire to amend the lease to provide that Landlord will provide cleaning services with the cost therefore included as additional rent under the Lease;

NOW THEREFORE, the Parties agree as follows:

1. Section 5.3 of the Original Lease shall be amended to read as follows:

> **5.3** The Landlord shall, provide cleaning services for the interior of the Leased Premises including the removal of trash and refuse from the Leased Premises. As additional rent, for the cleaning services provided by Landlord, Tenant shall pay $200.00 along with the base rent (Total Rent will be $1,543.00 per month). Tenant shall service and maintain the fixtures, doors, walls and appurtenances in good condition, and order and shall repair damages caused the actions of Tenant or Tenant's agents, employees and patients.

IN WITNESS WHEREOF, the parties hereto enter into this Lease Amendment as of the date first written above.

[Signature Page to Follow]

LANDLORD:

CLINTON HOSPITAL AUTHORITY

By: _____
Name: _____
Title: _____

(Seal)

Attest:

By: _____
Name: _____
Title: _____

TENANT:

OHH PHYSICIANS, LLC

By: _____
Name: _____
Title: _____

LEASE AGREEMENT

This Lease Agreement ("Lease Agreement") is made on the 1st day of June 2023, between Clinton Hospital Authority, an Oklahoma Public Trust d/b/a Clinton Regional Hospital (the "Landlord"), and OHH Physicians, LLC., an Oklahoma limited liability company (the "Tenant").

WHEREAS, Landlord is the sole owner of approximately 11,600 square feet of Physician Space and Common Areas more fully described below, including the suite of offices and exam rooms numbered Suite #3 consisting of approximately 1,343 square feet (the "Physician Office") located in the medical office building at 90 N. 30th Street, Clinton, Oklahoma 73601 (the "Building"), which it desires to lease to Tenant to conduct a medical practice on a full time basis;

WHEREAS, Tenant desires and is empowered to lease said property; and,

WHEREAS, the parties desire to enter into a lease agreement to define their respective rights, duties and liabilities concerning such a lease.

NOW, THEREFORE, for and in good consideration of the mutual covenants contained in this Lease agreement, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Leased Premises and Building Common Areas

1.1 Landlord hereby leases to Tenant the suite of offices and exam rooms identified as the Physician Office . Such lease shall include the exclusive right to use the Physician Office and the nonexclusive right to use the hallways, waiting areas and other common areas, walkways, lobbies and other parts of the Building as may be designated by the Landlord from time to time as intended for use by the public and other tenants of the Building (the "Building Common Areas"). Collectively, the Physician Office and Building Common Areas shall be referred to as the "Leased Premises".

1.2 It is expressly agreed that the Tenant will accept the Leased Premises in their AS IS condition. By taking possession of the Leased Premises, the Tenant will be deemed to have accepted the Leased Premises as suitable for the purpose for which the same are leased and to have waived any and all defects herein.

4.2 The use of certain diagnostic equipment (including x-ray, but specifically excluding magnetic resonance imaging, nuclear medicine testing and computerized tomography (CT)) and the performance of minor outpatient surgical procedures which do not require general anesthesia or intravenous sedation shall not be considered to violate the terms of this Section 4 so long as the use of such equipment and such surgical procedures are merely ancillary and incidental to the primary medical practice conducted by Tenant in the Leased Premises and do not constitute the primary medical practice or specialty of Tenant nor the predominant services rendered by Tenant to the Tenant's patients.

4.3 Landlord shall from time to time adopt and publish rules and regulations concerning the Physician Office space, the Building, or the Leased Premises (the "Medical Office Building Regulations"). The Medical Office Building Regulations, as may be amended from time to time, are made a part of this Lease Agreement; and shall be binding on Tenant. Landlord shall provide to Tenant the Medical Office Building Regulations prior to execution of this Lease Agreement and shall provide any and all amendments as available for Tenant's record. Tenant agrees, and shall cause its employees, agents, licensee and invitees to abide by the Development Regulations.

4.4 The Tenant shall at all times keep the Building Commons Areas clear and shall not take any action which would interfere with or impede the rights of any other person to use the Building Common Areas. Landlord reserves the right to change or modify the dimensions, composition and location of the Building Common Areas as it exists at the beginning of the Lease Term. Landlord's rights shall include, but not be limited to, the right to: (a) restrict the use of the Building Common Areas by unauthorized persons; (b) utilize from time-to-time any portion of the Building Common Areas for promotional, entertainment and related matters which do not unreasonably obstruct or interfere with Tenant's use of the Leased Premises; (c) place temporary or permanent kiosks, displays, carts and stands in the Building Common Areas; and (d) temporarily close any portion of the Building Common Areas for: (i) repairs, improvements or alterations, lii) to discourage non-customer use, (iii) to prevent any dedication or any acquisition easement by prescription, or (iv) for any other reason deemed sufficient in Landlord's reasonable discretion.

4.5 Tenant shall not occupy or use the Leased Premises in any manner, or cause anything to be done to the Leased Premises, which would increase the rate of premiums for insurance upon the Building or Leased Premises. In the event that the Tenant's occupancy or use of the Leased Premises causes an increase in the premiums for the Landlord's insurance, Tenant agrees, after written notice from Landlord, to promptly pay the amount of any such increase as additional rent hereunder.

4.6 **Insurance.** At all times during the term of this Agreement, Tenant shall maintain professional and general liability insurance on behalf of any Physicians at least in the amount required for Medical Staff members of the Tenant of a comparable specialty. Tenant shall cause to be issued to Landlord a certificate reflecting such insurance coverage at the request of Landlord. Landlord shall maintain all risk insurance coverage on the building, including fire and extended coverage, for no less than the

2. Term and Termination

2.1 The term of the lease shall be one year, commencing on June 1, 2023 and ending on May 31, 2024 (the "expiration date"), unless postponed, accelerated or extended as hereafter provided (the "Lease Term"). The Term of the Lease shall automatically renew for one (1) year periods unless the parties provide at least ninety (90) days written notice of their intent to not renew pursuant to Section 2.3 below.

2.2 In the event the Tenant continues to occupy the Leased Premises after the expiration or other termination of the Lease Term, such holding over will, unless otherwise agreed by the landlord in writing, constitute a tenancy at will at a monthly rental amount equal to one hundred twenty five percent (125%) the amount of the Rent payable during the last month prior to the termination of the Lease Agreement and be subject to all of the other provisions set forth herein. AT the time such holding over becomes a tenancy at will, such rent shall be payable in advance due on the first day of each month and such rent shall not be prorated.

2.3 Tenant may terminate the Lease anytime without cause upon ninety (90) days written notice. During the notice period, Landlord shall in good-faith make its best effort to relet the space to a new tenant; thereby, mitigating any damages to Landlord and Tenant.

3. Rent/Maintenance

3.1 During the Lease Term, Tenant shall pay to Landlord rent of One Thousand Three Hundred Forty Three dollars ($1,343.00) per month, payable in advance due on the first day of each month. Rent for any subsequent Renewal Term shall increase by three percent (3%) annually, to be applied for the first month of the new term. Any amount owing by the Tenant to the Landlord will bear interest at the rate of one and one quarter percent (1.25%) per month from the due date until paid.

4. Use

4.1 Tenant will not use or permit any portion of the Leased Premises to be used by Tenant's employees, agents, licensees or invitees for any purpose other than medical office space for the provision medical and health related service in accordance with the Lease Agreement without the prior, express, and written consent of Landlord. Tenant shall not use the Leased Premises for the operation of a "commercial ancillary medical care facility", which shall include without limitation: a clinical or pathological laboratory, pharmacy, ambulatory surgery center, birthing center, a diagnostic imaging facility, an acute care general hospital, a specialty hospital, a pain clinic, a rehabilitation center, and extended care facility, an inpatient clinic, an emergency center, a home health service, an health maintenance organization, or similar direct care provider for the provision of my service other than the examination and diagnosis of patients performed directly by a licensed physician or other health care professionals under the direct supervision of a licensed physician.

7. **Indemnification.**

7.1 Tenant shall indemnify, defend, and hold harmless Landlord and its employees, officers, directors, and affiliates from and against any and all claims, losses, and liabilities, including reasonable attorney's fees, that may arise in connection with the failure by Tenant to perform its obligations in accordance with this Lease Agreement or arising out of or caused by negligent or intentional acts or omissions of Tenant or any employee or agent of Tenant, so long as such liabilities do not arise because of a breach of this Lease Agreement by Landlord, or willful misconduct, bad faith, or negligence of Landlord.

7.2 To the extend allowed by the Constitution of the State of Oklahoma, Landlord shall indemnify, defend, and hold harmless Tenant and its employees, officers, directors, and affiliates from and against any and all claims, losses, and liabilities, including reasonable attorney's fees, that may arise in connection with the failure by Landlord to perform its obligations in accordance with this Lease Agreement or arising out of or caused by negligent or intentional acts or omissions of Landlord or any employee or agent of Landlord, so long as such liabilities do not arise because of a breach of this Lease Agreement by Tenant, or willful misconduct, bad faith, or negligence of Tenant.

8. **Condemnation/Casualty.** If the Building is taken or condemned in whole or in part for any public use or purpose by right of eminent domain (with or without litigation) or is transferred by agreement in connection with or in lieu of or under threat of condemnation, the Term of the Lease Agreement and the leasehold estate created hereby will, at the option of the Landlord, terminate as of the date title vests in the condemning entity or the transferee. The Landlord will receive the entire award from such taking (or the entire compensation paid on account of any transfer by agreement), and the Tenant will have no claim thereto. If the Leased Premises are damaged by fire or other casualty, the damage shall be repaired by and at the expense of the Landlord, excluding any equipment owned by Tenant, provided that such repairs can be repaired within ninety (90) days (as estimated by the Landlord as soon as reasonably practicable after the occurrence of such damage). Landlord shall notify Tenant within fifteen (15) days of the event of casualty of its determination. Until such repairs are completed, the rent shall be abated in proportion to the part of the Leased Premises rendered unusable, but there shall be no abatement of rent for a period equal to one (1) day or less. If such repairs cannot, in the Landlord's opinion, be made within ninety (90) days and Landlord nonetheless chooses to repair, then Tenant may, at its option, continue as Tenant under this Lease until such repairs are completed, during which time all rent shall abate, or Tenant may terminate this Lease. Should such repairs not be repairable within the ninety (90) day estimated time by Landlord, the Lease Agreement will terminate as of the date on which such damage occurred, and Tenant will surrender the Leased Premises to the Landlord. A total destruction of the Building in which the Leased Premises are located shall automatically terminate this Lease. Total destruction of the Building shall be defined as damage greater than fifty percent (50%) of the then replacement value thereof.

9. **Abandoned Property.** All personal property not removed by the Tenant from the Leased Premises within ten (10) days after expiration of the Lease Term or any earlier termination of the Lease Agreement will be conclusively presumed to have been

replacement value of the Building. Landlord agrees to furnish Tenant evidence of such insurance coverage promptly upon request.

5. Utilities/Alterations/Repairs/Maintenance

5.1 Landlord shall provide water and wastewater services. Tenant shall be responsible for all other utilities servicing the Leased Premises, including but not limited to electricity and gas.

5.2 The Tenant will make no alterations or additions to the Leased Premises without the prior written consent of the Landlord. Tenant will not permit any utility, phone, internet or other services to be installed in the Leased Premises without first obtaining written authorization from Landlord. In the event Landlord authorizes any such installations, Tenant agrees to notify Landlord in writing of the time and place of any such installation and shall not permit service providers to perform any such installations unless Landlord is present. The Tenant will, at the Tenant's expense, repair or replace any damage done to the Building or the Leased Premises by the Tenant or the Tenant's agents, employees or invitees. The Tenant will promptly notify Landlord of any damage or malfunction of the Leased Premises of which Tenant has knowledge. Any repairs to the Leased Premises made necessary by the act, neglect. fault or omission of Tenant or Tenant's agents, employees or invitees shall be made by Landlord at Tenant's expense, and Tenant promptly shall remit such cost to Landlord upon written demand. The Tenant will not commit or allow any waste or damage to be committed on any portion of the Leased Premises and on the termination of the Lease Agreement, the Tenant will deliver up the Leased Premises and the leasehold improvements to the Landlord in the condition which existed on the first date of the Lease Term, ordinary wear and tear and insured casualty loss excepted.

5.3 The Tenant shall, at its own expense, keep the interior of the Leased Premises clean and maintain suitable receptacles for trash and refuse and remove from the Leased Premises all trash and refuse. Additionally, Tenant shall service and maintain the interior, including fixtures, doors, interior walls and appurtenances in good condition, repair and working order and shall repair any damages caused by the actions of Tenant or Tenant's agents, employees and patients.

5.4 Landlord shall be responsible for the maintenance, and any necessary repair or replacement of all exterior walls and other features of the exterior including but not limited to the roof and all mechanical systems, including but not limited to air conditioning, heating, plumbing, wiring and piping.

6. Assignment/Subletting. The Tenant will not assign or encumber the Lease Agreement or any interest herein or sublet the Leased Premises in whole or in part or suffer any other person to occupy the Leased Premises or any portion thereof without the prior written consent of the Landlord, and any such assignment, encumbrance, subletting or occupancy without such consent with be void. No consent granted by the Landlord will constitute a waiver of the provisions of the Lease Agreement except as to the specific instance covered thereby.

11. **Remedies.** No action by the Landlord during the Lease Term will be deemed an acceptance of an attempted surrender of the Leased Premises and no agreement to accept a surrender of the Leased Premises will be valid unless made in writing and signed by the Landlord. No re-entry or taking possession of the Leased Premises by the Landlord will be construed as an election by the Landlord to terminate the Lease Agreement, unless a written notice of termination is given to the Tenant. No provision of the Lease Agreement will be deemed to have been waived by the Landlord unless such waiver is in writing signed by the Landlord. No waiver by the Landlord of any default by the Tenant will be deemed to constitute a waiver of any other or future default hereunder. Forbearance by the Landlord to enforce one or more of the remedies herein provided will not be deemed to constitute a waiver of any default. The rights granted to the Landlord in the Lease Agreement are cumulative of every other right or remedy which the Landlord might otherwise have at law or in equity and the exercise of one or more rights or remedies will not prejudice the concurrent or subsequent exercise of other rights or remedies.

12. **Landlord's Transfer.** In the event the Landlord transfers the Landlord's interest in the Leased Premises, the Landlord will thereby be released from any further obligation under the Lease Agreement and the Tenant agrees to attorn and look solely to the transferee for the performance of such obligations arising after the date of the transfer. Should such transfer arise, Landlord shall provide written notice to Tenant within ten (10) days of said transfer. The agreement of the Tenant to attorn to the designee of the Landlord will survive any termination of the rights of the Landlord in the Medical Office Building or the Leased Premises and the Tenant agrees to execute and deliver to the designee of the Landlord from time to time within ten (10) days after written request therefore all instruments which might not be required by the Landlord to confirm such attornment.

13. **Tenant Transfer.** Where relocation of Tenant's office space as described in this Lease Agreement is necessary in order to allow for space planning for additional tenants, the Landlord may relocate Tenant to another space within the Medical Office Building. New locations shall be of comparable size and shall be subject to the terms and conditions agreed to in this Lease Agreement. Landlord will give Tenant ninety (90) days minimum notice prior to the proposed move date. Upon such notice to Tenant, Tenant may terminate in accordance with this Lease Agreement. Should Tenant agree to move office space pursuant to the appropriate notice from Landlord, all reasonable costs associated with such a move, including moving expense, stationery/business card printing, phone relocation shall be reimbursed to Tenant by Landlord. Tenant shall present Landlord an itemized expense report and receipts to Landlord for reimbursement. In the event Tenant declines to move, Tenant may give written notice of intent to terminate pursuant to this Lease Agreement.. Under this scenario, Tenant will be reimbursed to touchup/cleanup deposit.

14. **Miscellaneous**

14.1 **Notices.** Any notice to be given hereunder will be deemed to be given when hand delivered or deposited with overnight courier or the United States Postal Service, certified or registered mail, return receipt requested, with sufficient postage

abandoned by the Tenant and the Landlord may, at the Landlord's option, thereafter, take possession of such property and either declare the same to be the property of the Landlord or, at the expense of the Tenant, dispose of such property in any manner and for whatever consideration the Landlord in the Landlord's sole discretion deems advisable.

10. Default. The following events will be deemed to be events of default by the Tenant under the Lease Agreement: (a) failure to pay any Rent or other sums payable by the Tenant hereunder when such sums become due; (b) failure to comply with any material term of the Lease Agreement or Medical Office Building Regulations; or (c) vacation or abandonment of any portion of the Leased Premises. In the event of default hereunder, the Landlord will notify the Tenant of such default in writing. In the event the Tenant, to the reasonable satisfaction of the Landlord, cures a default arising from the events specified above within thirty (30) days after receipt of such notice the Tenant will be restored to their respective rights and obligations under the Lease Agreement as if no default within the time provided, or on the occurrence of any event of default, the Landlord will have the option to do any one or more of the following without any notice or demand, in addition to and not in limitation of any other remedy permitted by law or by the Lease Agreement:

10.1 Termination Upon Default. The Landlord may terminate the Lease Agreement, in which event the Tenant will immediately surrender the Leased Premises to the Landlord, but if the Tenant fails to do so, the Landlord may enter and take possession of the Leased Premises and remove the Tenant and the Tenant's property therefrom.

10.2 Acceleration Upon Default. The Landlord may declare the entire amount of the Rent to become payable during the remainder of the Lease Term to be due immediately, in which event the Tenant agrees to pay payment of such Rent will not constitute a waiver of any default then existing or thereafter occurring hereunder.

10.3 Reletting Upon Default. The Landlord may enter and take possession of the Leased Premises as the agent of the Tenant without terminating the Lease Agreement, and the Landlord may relet the Leased Premises as the agent of the Tenant and receive the rent therefore, in which event the Tenant will pay to the Landlord, on demand, any deficiency that might arise by reason of such reletting; provided, however, that the Landlord will have no duty to relet the Leased Premises and the failure of the Landlord to relet the Leased Premises will not release or affect the Tenant's liability for Rent or for damages.

10.4 Option to Perform Upon Default. The Landlord may perform or cause to be performed the obligations of the Tenant under the Lease Agreement and may enter the Leased Premises to accomplish such purpose. The Tenant agrees to reimburse the Landlord on demand for any expense which the Landlord might incur in effecting compliance with the Lease Agreement on behalf of the Tenant.

IN WITNESS WHEREOF, the parties hereto have caused this Lease Agreement to be executed by their duly authorized representatives as of the Effective Date.

TENANT:	**LANDLORD:**
OHH Physicians, LLC.	Clinton Regional Hospital
Signature: _____	Signature: Len Lacefield, MBA MHA
Printed Name: TRACY ENLOE	Printed Name: Len Lacefield, MBA MHA
Date: 10/16/2023	Date: 10/16/2023

prepaid, addressed as indicated below. Either party may at any time designate any other address by giving written notice to the other party.

If to Landlord:

Clinton Regional Hospital
ATTN: _____
PO Box 1177
Clinton, OK 73601

If to Tenant:

OHH Business Office
ATTN: Legal Department
7800 NW 85th Terrace
Oklahoma City, OK 73132-3385

14.2 Joint and Several Liability. If the Tenant comprises more than one person, the Tenant's obligations hereunder are joint and several. If there is a guarantor, the Tenant's obligations hereunder are joint and several obligations of the Tenant and the guarantor and the release, forbearance or discharge of any guarantor will not relieve the Tenant from the performance of the Tenant's obligations hereunder.

14.3 Entire Agreement. The Tenant agrees that there are no representations, understandings, stipulations, agreements or promises pertaining to the Lease Agreement or the Leased Premises which are not incorporated herein. The Lease Agreement will not be altered, waived, amended or extended, except by a written agreement signed by the Landlord and the Tenant.

14.4 Severability. If any clause or provision of the Lease Agreement is illegal, invalid, or unenforceable under any present or future law, the remainder of the Lease Agreement will not be affected thereby. It is the intention of the parties that if any provision is held to be illegal, invalid or unenforceable, there will be added in lieu thereof a provision as similar in terms to such provision as is possible and be legal, valid and enforceable.

14.5 Governing Law. The Lease Agreement will be construed and enforced according to the internal laws of the State of Oklahoma. All claims, disputes and other matters in question arising out of or relating to the Lease Agreement, or the breach thereof, will be decided by proceedings instituted and litigated in the District Court of Custer County, Oklahoma.

14.6 Confidentiality. The Tenant acknowledges and agrees that the terms and conditions of the Lease Agreement are nonpublic, confidential and proprietary in nature. The Tenant agrees to maintain the confidence of the terms of the Lease Agreement and not to disclose the terms or use any of the information set forth therein to any other party without the Landlord's express written consent, including, without implied limitation, other tenants of the Medical Office Building.

14.7 Binding Effect. The provisions of the Lease Agreement will be binding on and inure to the benefit of the Landlord and the Tenant and their respective heirs, personal representatives, successors and permitted assigns.

Clinton Regional Hospital	**Policy and Procedures** **Code Stroke Policy/Procedure**	NUMBER
	MANUAL: Internal and Hospital Team	EFFECTIVE DATE 06/05/2025
	SUBJECT: Stroke	REVISED 04/09/2026 REVIEWED

I. Policy Statement

This policy aims to provide a standardized approach to the identification, assessment, treatment, and rehabilitation of stroke patients, ensuring the highest quality of care and patient safety.

II. Scope

This policy applies to all healthcare personnel involved in the care of patients presented with stroke symptoms in the hospital.

III. Definitions

- Stroke: A medical condition where the blood supply to the brain is interrupted or reduced.
- Ischemic Stroke: Caused by a blockage in a blood vessel supplying the brain.
- Hemorrhagic Stroke: Caused by bleeding in or around the brain.
- Transient Ischemic Attack (TIA): A temporary period of symptoms similar to those of a stroke.

IV. Responsibilities

- All clinical staff must be trained to recognize stroke symptoms and activate stroke protocols immediately.
- Specific roles defined for emergency department staff, radiologists, nursing staff, lab and respiratory services.

V. Protocols

- Signs and Symptoms: Use the FAST method for recognition (Face drooping, Arm weakness, Speech difficulties, Time to call emergency services).
- Activation of Code Stroke Alert: Immediate alerting of the stroke team upon recognition of symptoms.
    - If patient is a walk in with sudden change in neurological status and positive FAST use STROKE button on facility phones in Emergency Room to notify lab, radiology,

and provider of code stroke by tapping STROKE button and stating, "Code Stroke" two times.

- If patient is brought in by ambulance with an arrival time greater than 5 minutes from time Emergency Room (ER) staff is notified then ER staff may use STROKE button OR call departments individually for notification of incoming critical patient.

- Initial Evaluation: Conduct a rapid assessment using the NIH Stroke Scale upon patient arrival.
- Imaging and Diagnostic Procedures
  - Orders for Stroke to be placed by ER staff or Provider within 10 minutes of patient arrival.
    - See CRH Stroke Order Set for applicable orders.
    - Order for CT scan **MUST** have STROKE in the comment section.
  - If patient is brought in by ambulance with positive stroke symptoms, ambulance staff is to take pt directly to CT upon arrival.
  - If patient is a walk in or begins to have stroke symptoms while in ER, patient is to be taken to radiology immediately for emergent CT scan.
- Treatment Protocols for Ischemic Stroke and Hemorrhagic Stroke
- Post-Acute Management
- Education and Communication with patients and families on strokes.

I. Rapid Recognition and Activation:

- Public education on stroke symptoms (like FAST) and the importance of calling emergency services is vital.
- Emergency Medical Services (EMS) should notify the ED and activate the stroke alert protocol before arrival.
- Upon arrival, within 10 minutes, ED staff should:
    - Assess for stroke symptoms, especially with recent onset, and inform the ED provider.
    - Activate a "Stroke Alert" or "Code Stroke" if stroke is suspected.
    - Perform a rapid assessment of ABCs and vital signs.
    - Check point-of-care glucose and treat hypoglycemia.
    - Determine and record the last known normal time.
    - Conduct a rapid neurological exam using a validated scale (e.g., NIHSS).
    - Obtain IV access and order an emergent non-contrast CT to rule out hemorrhage.
    - Order baseline blood work (CBC, INR, aPTT, creatinine) and a 12-lead EKG.
- Within 15 minutes of arrival, the stroke team should be notified and respond to review history, timeline, and perform a detailed neurological exam.

II. Diagnostic Imaging (within 25-45 minutes of arrival):

- Perform a non-contrast head CT to rule out hemorrhage and stroke mimics.
- Perform CT angiography (CTA) to assess for large vessel occlusion and determine treatment eligibility.
- Within 45 minutes of arrival, a physician with expertise in neuroimaging should interpret the scans. If hemorrhage is present, consult neurology or neurosurgery. If not, consider fibrinolytic therapy eligibility.

III. Treatment Decisions and Administration (Door-to-Needle Time ≤ 60 minutes):

- For fibrinolytic therapy (IV alteplase), administer as soon as possible, ideally within 4.5 hours of symptom onset. Screen for contraindications and ensure blood pressure is

≤185/110 mm Hg. Administer according to protocol and monitor blood pressure closely. Keep the patient NPO

- Consider mechanical thrombectomy (EVT) for eligible patients with large vessel occlusion up to 24 hours after symptom onset, using validated tools like ASPECTS. If your facility doesn't perform EVT, have protocols for rapid transfer to a comprehensive stroke center.
- Administer aspirin to patients with ischemic stroke not receiving rtPA.
- IV. Ongoing Care and Monitoring:
- Admit patients to a stroke unit for close monitoring, including frequent neurological assessments and vital signs.
- Optimize physiological parameters such as blood pressure, glucose, temperature, and fluids.
- Complete a swallowing screen as soon as possible, ideally within 24 hours.
- Implement measures to prevent complications like aspiration pneumonia, DVT, and UTIs.
- Provide ongoing stroke education for staff.
- V. Virtual Acute Stroke Care (Telestroke): (If available)
- Utilize telestroke networks for access to stroke expertise when needed.
- Ensure real-time, two-way audiovisual communication and access to images during virtual consultations.
- Have standardized protocols for virtual consultations and patient transfer.