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

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

AGENDA

Source listing: 07/22/2026 Hospital
Original source: http://agendas.clintonok.gov/2026/07222026hospital/cha072226/index.html

1. Call to Order

2. Consent Agenda(This item is placed on the agenda so the Industrial Authority Trustees, by unanimous consent, can designate those routine items they wish to be approved by one motion. If an item does not meet the approval of all members, that item will be heard in regular order.)

    A. Minutes of July 8, 2026 Special Meeting

3. Discussion, Consideration, and Possible Action Regarding

    A. OBI Contract Renewal

    B. Approval to Participate in Quality Improvement Organization Program with Provider Service Agreement

    C. New Hire Request Form

    D. Annual Employee Evaluation Form

4. Financial Report (Discussion, Consideration, and Possible Action Regarding)

5. Medical Staff (Discussion, Consideration, and Possible Action Regarding)

    A. Marshall Harris, D.O. for Diagnostic Imaging

6. Committee/Department Reporting (Discussion, Consideration, and Possible Action Regarding)

    A. Quality Assurance/Performance Program meeting minutes for June 2026

7. New Business (If any, pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

8. Trustee Comments

9. Adjourn

Filed this 20th day of July 2026, Posted on the lobby bulletin board July 20, 2026, at 11:55 a.m. by Amy Jones, Secretary.

SPECIAL MEETING OF

CLINTON HOSPITAL AUTHORITY MINUTES

TUESDAY, JULY 8, 2026, 12:00 P.M.

A regular Meeting of the Trustees of the Clinton Hospital Authority of the City of Clinton, Oklahoma was held in the Weichel Conference Room of the Clinton Regional Hospital on Wednesday, July 8, 2026, 12:00 p.m. A notice of this agenda was posted on the bulletin board in the lobby of the Clinton City Hall on July 6, 2026, 11:30 a.m. and at the Clinton Regional Hospital.

Trustees Present: Ken Baker, Chris Jones, Kelly Cornell, Ernie Dowdell *Ex Officio*

Trustees Absent: Tyler Bridges, Kevin Wolters

Chief Executive Officer: Vacant

City Manager: Robert Johnston

City Attorney: Ryan Meacham (absent)

Secretary/Clerk: Amy Jones

Others present by Zoom: None

Others: Shiann Dawson, Chasity Richardson, Brendan Price, Brenda Jennings, Fayne Sawatzky, Kyra Huckabay, Dan Tharp and others.

1. **CALL TO ORDER**

Chairman Kenneth Baker called meeting to order at 12:05 pm.

1. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

(*All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items)*

1. Approval of Minutes 06/24/2026 Special Meeting

Motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to approve the Consent Agenda Items as presented.

Chairman Kenneth Baker put the motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell and Ken Baker

Nay: None

Chairman declared the motion carried.

1. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):
2. ClaraPrice Inc., Contract for Price Transparency

Brendan Price, RN, CNO, Co-Administrator presented the ClaraPrice, Inc., Contract for Price Transparency. He stated that he had been working on the price transparency issue for about 3-weeks and this company will keep the hospital compliant with regulations. It is a $4,500 upfront cost and then $900 per month.

Motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to approve the ClaraPrice Inc., Contract for Price Transparency as presented.

Chairman Kenneth Baker put the motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell and Ken Baker

Nay: None

Chairman declared the motion carried

1. Go Daddy Website for Hospital Domain- Request to Authorize to Pay Annually with the Hospital Purchasing Credit/Debit Card

Chasity Richardson, Co-Administrator presented the Go Daddy Website for Hospital Domain- Request to Authorize to Pay Annually with the Hospital Purchasing Credit/Debit Card. The annual fee is $22.99 per year and will need a “card” attached to the payment.

Motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to approve the Go Daddy Website for Hospital Domain - Request to Authorize to Pay Annually with the Hospital Purchasing Credit/Debit Card.

Chairman Kenneth Baker put the motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell and Ken Baker

Nay: None

Chairman declared the motion carried

1. Reheat Coil Replacement Quote

The Reheat Coil Replacement Quote from Jackson Mechanical was presented to the Trustees for review and approval. The repairs to the boiler have increased the water pressure to the water pipes in the building, in turn have caused pin hole leaks in some areas. The Trustees discussed the leaks and the location of the leaks.

Motion was made by Trustee Kelly Cornell and seconded by Trustee Chris Jones to table the Jackson Mechanical Quote and investigate the issue further.

Chairman Kenneth Baker put the motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell and Ken Baker

Nay: None

Chairman declared the motion carried

1. FINANCIAL REPORT (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):
2. Accounts Payable/Invoices to be paid 07/08/26, 07/15/26, 07/22/26, and 07/29/26.

The Accounts payable/invoices to be paid for the four-week period of 07/08/26, 07/15/26, 07/22/26, and 07/29/26. The total accounts payable for the four weeks are $548,130.40. The information was presented for review and approval by the Trustees.

The motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to approve the accounts payable/invoices for the four-week budget 07/08/26, 07/15/26, 07/22/26, and 07/29/26 as recommended by consulting CFO Barbie Miller.

Chairman Kenneth Baker put the motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell, and Ken Baker

Nay: None

Chairman declared the motion carried.

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

None

1. TRUSTEE COMMENTS

None

1. ADJOURN

A motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to adjourn.

Chairman Kenneth Baker put in motion to a roll call vote:

Aye: Chris Jones, Kelly Cornell and Ken Baker

Nay: None

Chairman declared the motion carried and meeting adjourned at 12:19 pm

_____
Date Approved:

_____
Kenneth Baker, Chairman

AGREEMENT BETWEEN
Clinton Hospital Authority
AND
THE OKLAHOMA BLOOD INSTITUTE

THIS AGREEMENT is entered into as of August 1, 2026, by Clinton Hospital Authority d/b/a Clinton Regional Hospital, 100 N. 30th Street, Clinton, OK 73601 ("Facility") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

The Facility desires to utilize the services of the Blood Institute for the procurement of blood, blood components, and related services. The charges and fees payable to the Blood Institute for blood and blood components are to compensate the Blood Institute for its direct and indirect costs incurred for the administrative, medical, and technical services provided in the drawing, processing, storage, and delivery of blood or blood components; for donor recruitment; and for the maintenance of an inventory of blood and blood components (collectively, "blood services").

The Facility and the Blood Institute agree as follows:

1. Provision of Blood and Blood Components. During the term of this Agreement, the Facility will obtain from the Blood Institute all of the blood components required by the Facility in its daily operations, and the Blood Institute will supply all such blood components and services, subject to Paragraph 23 herein. These products and services are for the sole use of the Facility and will be utilized only within the Facility's facility at the address above and the Facility's affiliated facilities.

2. Processing and Services Fees. The Facility shall pay the Blood Institute the processing and services fees shown on the attached Schedule 2.0.

   2.1 Fee Increases. The Blood Institute, in its sole discretion, may increase the fees paid by the Facility during the term of this Agreement if one or more of the following should occur:

   (a) The U.S. Food and Drug Administration ("FDA") mandates, endorses, or licenses the implementation of a new test; or

   (b) Significant change occurs in the cost of compliance with blood banking industry standards, in either the technology used in product manufacturing, testing, or the offering of new products for patient use.

   2.2 Fees for Extended Term. The Blood Institute may increase the processing and services fees in each year (effective August 1) by up to five (5) percent, excluding the increased cost of any new test.

   2.3 Notice of Changes. The Blood Institute will provide the Facility with at least 30 days written notice of any changes to the fees payable under this Agreement.

3. Billing and Payment. The Blood Institute will provide an itemized monthly statement of charges to the Facility as of the last day of the month, unless the Facility has requested semi-monthly billing. Payment in full is expected no later than thirty (30) days from the date of the invoice. A prompt payment discount of 0.5% will be applied to all invoices paid within ten (10) days of the invoice date. A late penalty of 1.5% per month will be added to each invoice not paid within 30

days from the date of the invoice**.** At the Blood Institute's discretion, the late payment penalty may be suspended for a reasonable period of time in order to resolve any good faith disputes over payment.

3.1 In the event that the Facility has a previous Agreement with the Blood Institute, the Facility shall, within 15 days of the termination date of the Agreement, pay the Blood Institute any and all amounts owing for blood products and related services provided through the date of termination.

4. Sample Labeling Requirements. The Facility shall provide properly identified blood samples in sufficient volume to the Blood Institute for laboratory testing in accordance with the Blood Institute's Standard Operating Procedures (SOPs) and Association for the Advancement of Blood and Biotherapies (AABB) and FDA guidelines. The Blood Institute may refuse mislabeled samples and require the Facility to collect new, properly labeled samples. If multiple mislabeled samples are received from the Facility, the Blood Institute may suspend cross-matching services until the Facility can provide reasonably satisfactory written assurance to the Blood Institute that corrective action has been implemented.

5. Transfusion Records. A copy of the blood administration record (Bag Tag) documenting the transfusion of the product must be maintained at the facility in accordance with AABB and regulatory guidelines.

6. Delivery and Storage. It shall be the responsibility of the Facility to arrange with the Blood Institute for the pickup and delivery of blood samples and components. Once the components have left the Blood Institute's premises, it shall be the responsibility of the Facility to maintain the proper storage temperature of the components according to AABB and FDA guidelines.

6.1 The Facility shall store blood components only in a refrigerator that is approved for blood product storage. The Facility will monitor the storage unit and immediately notify the Blood Institute if any blood component has not been maintained at the appropriate temperature. The Facility will return such component in accordance with the Facility's SOPs.

6.2 If the Facility does not have a refrigerator that is approved for blood product storage, the blood components are to remain in the shipping container with the associated packing materials and the lid closed. Components are removed as they are needed. Once the need for the components is over, the Facility will return the components. The shipping container is validated to maintain temperature for 24 hours. The components must be returned within the 24 hour time window.

7. Peer Review. The Facility is responsible for the peer review of its transfusion practices. Upon request, the Blood Institute can provide transfusion related statistical data compilations for the Facility's review. If Facility is not able to perform peer review of its transfusion practices, the Blood Institute can provide this service.

8. Quality Standards and Regulatory Compliance. The Blood Institute shall maintain standards of performance consistent with its experience, research, and expertise in blood banking. Both parties shall maintain standards of performance in accordance with the applicable recommendations of the Center for Biologics Evaluation and Research (CBER) of the FDA, conform to the applicable requirements of all applicable state regulatory agencies, and comply with all other applicable laws, rules, and regulations. The Facility shall notify the Blood Institute as soon as practicable of any transfusion reactions resulting from the administration of any blood product it receives from the Blood Institute. The Facility shall maintain a record of the adverse reaction, conduct an investigation, and provide a completed Investigation of Suspected Transfusion Reaction Form (OBI-CL-FORM 255) to the Blood Institute, as required by 21 CFR

§606.170(a). Both parties shall comply with OSHA Bloodborne Pathogen Exposure Final Rule 29 CFR Part 1910.1030, effective March 2, 1996, and any subsequent revisions thereof. Compliance Statements are included in Schedule 8.0. All of the foregoing requirements are collectively referred to as the "Regulations." The Facility agrees that it will comply with the Quality Standards outlined in Exhibit B.

9. Records and Patient Information. The Facility will provide the Blood Institute with all transfusion records and patient information necessary for the provision of products and services under this Agreement. The parties will use and disclose protected health information in accordance with and as required by the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic & Clinical Health Act and the implementing regulations thereunder, as they may be amended from time to time (collectively, "HIPAA"), and will execute the Business Associate Agreement set forth in the attached Exhibit A. The Blood Institute will provide the Facility such information as may be required by the FDA for recommended guidelines about look back and product recalls.

10. OBI Medical Services.

10.1 The Blood Institute's medical directors shall have medical oversight over Blood Institute personnel who perform transfusion medicine-related activities and provide blood bank quality oversight on behalf of the Facility. The Blood Institute medical directors will provide interpretation of a suspected transfusion reaction based on laboratory evaluations as well as clinical information provided by the Facility. The Blood Institute's medical directors will not provide any direct patient care services; direct patient care duties are solely the responsibility of the clinical staff at the Facility.

10.2 Blood Institute will provide the Facility with clinician-to-clinician medical consultation services for transfusion-related issues and for recommendations regarding blood product utilization as requested and/or warranted.

10.3 The Blood Institute at its discretion will provide technical and transfusion education support under supervision of Blood Institute medical staff (web based or in person format) and maintain a section on the Blood Institute website dedicated to Transfusion services - https://ourbloodinstitute.org/hospital/. Transfusion services are strongly encouraged to participate in educational activities offered by or through the Blood Institute.

11. Indemnification.

11.1 The Blood Institute shall indemnify the Facility and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they result from or arise in connection with the negligence or willful misconduct of the Blood Institute or its officers, directors, employees, or agents in the performance of this Agreement.

11.2 The Facility shall indemnify the Blood Institute and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they may result from or arise in connection with the negligence or willful misconduct of the Facility or its officers, directors, employees, or agents in the performance of this Agreement.

12. Insurance. Each of the parties shall, at its own expense, maintain in effect a policy of professional liability insurance with coverage in the amount of not less than $1,000,000 per claim and $3,000,000 in aggregate. This coverage shall insure a party and its employees against liability for damages directly or indirectly related to the performance of any services and other respective obligations under this Agreement. Each party shall provide the other with a certificate from the insurance carrier evidencing the required coverage. With the Blood Institute's prior written consent, the Facility may opt to self-insure as to specifically identified risks. Each party shall notify the other of any adverse change in insurance coverage required by this Agreement.

13. Force Majeure. Neither party will be liable for any failure to perform its obligations (except payment obligations) for any reason beyond the party's reasonable control, including acts of terrorism, strikes, fires, explosion, flood, riot, lock out, injunction, interruption of transportation, unavoidable accidents, or a significant change in any applicable law or regulation.

14. Affirmative Action. The Blood Institute wishes to comply with the provisions of Executive Order 11246 of September 24, 1965; Executive Order 11375 of October 13, 1967; Executive Order 11758 of January 15, 1974; Section 503 of the Rehabilitation Act of 1973; the Vietnam Era Veterans Readjustment Act of 1974, as amended, 38 U.S.C. 4212 (formerly 2012); and the implementing regulations at 41 CFR Chapter 60. The Facility will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, handicap, or status as a disabled veteran or a veteran of the Vietnam Era. This policy to not discriminate in employment includes hiring, transfer, training during employment, and rates of pay.

15. Term. The term of this Agreement will begin August 1, 2026 and continue through July 31, 2031 (the "Initial Term"). After the Initial Term, the Agreement automatically renews from year to year (a "Successive Term") unless a Party provides written notice of termination at least thirty (30) days before the expiration of the Initial Term or any Successive Term. All terms and conditions of this Agreement shall remain in effect during any Successive Term. The Initial Term and any Successive Terms shall be referred to as the "Term". Processing and services fees may be adjusted each year as provided in Section 2.

16. Confidentiality. Both parties acknowledge that the terms, conditions, and fee schedules of this Agreement are confidential. This confidential information shall not be disclosed to any officer, director, employee, or agent of a party, except as necessary in carrying out the person's respective duties under this Agreement. This confidential information shall not be used other than in connection with this Agreement. Additionally, the parties shall keep confidential and not divulge to anyone else any of the proprietary, confidential information of the other party, including information relating to such matters as finances, methods of operation and competition, pricing, marketing plans and strategies, operational requirements, and information concerning personnel, referral sources, patients and suppliers.

17. Construction and Governing Law. The rule of construction that a document is to be construed most strictly against the party who drafted the document shall not be applicable because all parties participated in the preparation of this Agreement. "Includes" and "including" are not limiting. The laws of the State of Oklahoma shall govern this Agreement and the legal relations between the parties without giving effect to any conflict of law provision (whether of the State of Oklahoma or any other jurisdiction) that would cause the application of the law of any other jurisdiction.

18. No Assignment. Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other party; such consent shall not be unreasonably withheld.

19. No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to confer upon any person, firm, or corporation, other than the parties named herein, any right, remedy, or claim under or by reason of this Agreement, as third party beneficiaries or otherwise.

20. Termination. The Agreement may be terminated in the event that one or more of the following should occur: (a) by Blood Institute, without cause by providing a 60-day written notice to Facility; or (b) by reason of material breach, as provided below.

A Party may unilaterally terminate this Agreement (a) if the other Party fails to fulfill any one or more of its obligations under this Agreement ("Breach") and the Breach continues for a period of thirty (30) days after the non-breaching Party sends written notice of the Breach; (b) if any of the Regulations are amended in a way that precludes a Party from performing its obligations under this Agreement, effective upon the effective date of the amended Regulation; (c) if a Party ceases to operate or otherwise function as a business; (d) if a Party fails to maintain professional liability insurance as required herein; (e) if a Facility fails to address items documented on the Transfusion Service Remediation Request form (provided in **Exhibit C**) within the appropriate timeframe (e.g., failure to implement blood safety recommendations provided by Blood Institute medical or laboratory staff based upon onsite inspection/assessment findings); or (f) if Facility does not meet established annual blood drive collections goals provided in Section 30 or mutually agreed upon alternative Blood Donor Recruitment Standards following annual review.

The Blood Institute may unilaterally terminate this Agreement upon notice to the Facility if (x) the Facility's state license to operate as a hospital is suspended, terminated, or revoked by the State Department of Health, or (y) the Facility is excluded from participation in Medicare, Medicaid, or any other federal health care program. Termination of this Agreement pursuant to this provision shall not constitute an election of remedies, and the terminating party shall retain all rights and remedies that may be available at law or in equity with respect to the default by the other party. Upon termination, the Facility shall, within 15 days of the termination date, pay the Blood Institute any and all amounts owing for blood products and related services provided through the date of termination.

21. Entire Agreement; Amendments; Waiver. This Agreement is the final expression of the entire agreement of the parties. This Agreement supersedes all prior agreements and understandings between the parties. This Agreement may not be amended, modified, or waived except by a written agreement designated as such and signed by the party against whom it is to be enforced. The failure of a party to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment thereof with respect to subsequent defaults.

22. Counterparts. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will constitute one and the same Agreement. The exchange of copies of this Agreement and of signature pages by facsimile transmission shall constitute effective execution and delivery of this Agreement and may be used in lieu of the original Agreement for all purposes.

23. Inventory Control. If applicable, a minimum standing inventory of transfusable blood products will be agreed upon between the Blood Institute and the Facility. In keeping with accepted transfusion practice, Red Blood Cell (RBC) product inventory may include one or more O Rh-positive RBC units and/or units of other blood types. Limitations on Facility O Rh-negative inventory or supply may be applied by the Blood Institute in times of O-Rh negative RBC availability constraints. Such inventory shall be maintained at the Facility by the Blood Institute on a consistent basis, in the amount and variety of RBC unit types and blood components necessary to meet the routine needs of the Facility. The Facility will promptly notify the Blood Institute of any requests for specialized

blood products, services, or variations to the Facility's standing inventory. Such requests may be subject to the Blood Institute's medical review and approval.

24. Credit/Return Policy (if applicable). Regular communication between the Facility and the Blood Institute must occur to prevent the expiration and destruction of blood or blood components. Credit will only be issued in accordance with the guidelines stated on the attached Credit/Return Policy, Schedule 24.0. The Blood Institute may modify the Credit/Return policy during the term of this Agreement by giving 30-days written notice to the Facility.

25. Donor Source. Only blood donations from volunteer donors will be utilized in the preparation of blood products for transfusion.

26. Charges by Facility. The Facility fees provided in this Agreement are intended to defer the Blood Institute's previously described operational costs. This Agreement does not restrict the Facility's ability to add service charges as it deems reasonable and prudent to ensure proper patient service and as may be permitted by applicable law.

27. Notice. Any notice, consent, or communication required or permitted to be given under this Agreement shall be deemed to have been duly given if in writing and delivered personally, sent by electronic transmission, or sent by United States first class mail, postage prepaid, to the addresses set forth in the introduction of this Agreement.

28. Binding Effect. This Agreement shall be binding upon, and inure to the benefit of, the parties and their respective legal representatives, successors, and assigns.

29. Survivability of Terms. The terms and provisions and each party's obligations and/or agreements under Sections 9, 11, and 16 shall survive any termination or expiration of this Agreement and will be construed as agreements independent of any other provisions of this Agreement.

30. Communications and Community Relations. The Facility plays a critical role in the Blood Institute's ability to support the Facility with blood products, and the Facility desires to assist the Blood Institute in its efforts. The Facility can accomplish this objective by encouraging community support of the Blood Institute. Through the use of its public relations and communications efforts, the Facility can encourage the public to make blood donations to the Blood Institute. In communities where the Blood Institute is the new blood provider, the Facility can help to introduce the Blood Institute to the community as the blood provider. In furtherance of these goals, the Facility will issue news releases to the local media announcing the Blood Institute as the provider of blood and blood products. The news releases will advise Facility staff of the collaboration between the Facility and the Blood Institute to ensure that the Facility staff is knowledgeable and supportive of the relationship. The Facility shall allow the Blood Institute to place approved printed materials in strategic locations within the Facility (*e.g.*, in lobbies, waiting rooms, *etc.*) stating the Blood Institute is the blood provider and encouraging blood donations. From time to time, the Facility may have the appropriate persons in Facility administration send communications to community leaders (*e.g.*, business leaders, ministers, school superintendents, civic group leaders, governmental leaders, *etc.*) encouraging personal and group support of blood donations to the Blood Institute. The Facility may provide ongoing support for the Blood Institute with the media, the Facility, and the community. The Blood Institute will provide staff and resources to assist with any or all of the Facility's public relations efforts on behalf of the Blood Institute. **The Facility agrees to encourage blood donations and to assist Blood Institute personnel and the Facility's Blood Drive Coordinator in efforts to procure blood and components within the Facility's service area. Any blood drives held on the Facility's premises will be conducted by and for the Blood Institute. The Facility will host or co-sponsor a minimum of four (4) blood drives with minimum collections totaling 40 units annually, unless Parties mutually agree upon alternative Blood Donor Recruitment Standards.**

31. Review of Service Performance Indicators. The Facility is solely responsible for monitoring service provided by the Blood Institute in the following areas:

a. Laboratory Transfusion Service Turnaround Time (TAT). Transfusion Service testing turnaround time begins upon receipt of the sample into the Blood Institute Reference Lab.

STAT	2-4 hours from sample receipt (does not include transportation time)
ASAP	5-8 hours from sample receipt (does not include transportation time)
ROUTINE	8-24 hours from sample receipt (does not include transportation time)

If complex testing is required, including but not limited to multiple antibodies or warm or cold autoantibodies, the laboratory turnaround times above do not apply but testing will be completed as soon as possible. Reasonable effort will be made to communicate delays related to case/specimen complexity with the Facility.

Total Turnaround Time. The Blood Institute makes no claims to total turnaround time, from physician order to product transfusion, as total turnaround time is influenced by Facility specimen acquisition, transportation, laboratory testing time, Facility blood administration and product release to patient by Facility staff.

b. Billing Accuracy. Billing and coding of monthly invoices from the Blood Institute will be reviewed for accuracy.

c. Compliance with Standards and Regulations. The Parties will comply with accreditation standards and regulatory requirements affecting the Facility in the performance of the Agreement.

FOR: THE FACILITY

_____
Signature

_____
Date

_____
Print Name

_____
Print Title

FOR: THE BLOOD INSTITUTE

_____
John Armitage, M.D., President and CEO

_____
Date

Schedule 8.0
COMPLIANCE STATEMENTS

The Oklahoma Blood Institute (OBI) manufactures Blood and Blood Products under Food and Drug Administration (FDA) license number 0766. Each OBI facility has an FDA assigned Establishment Identification Number (FEIN) and is inspected by the FDA to evaluate current Good Manufacturing Practices (cGMP) and compliance with relevant sections of 21 CFR 200, 600, 800 and 1200.

Association for the Advancement of Blood and Biotherapies (AABB) Blood Banks and Transfusion Services accreditation is maintained by OBI. In accordance with the Social Security Act and 42 CFR Parts 422.156, 422.157, and 422.158, the Centers for Medicare and Medicaid Services (CMS) has granted AABB deemed status to provide oversight for compliance with the Clinical Laboratory Improvement Amendments (CLIA). Therefore, AABB standards have been found to meet or exceed all relevant CMS requirements for participation. AABB bi-annual assessments evaluate OBI against these standards.

Infectious Disease Testing is provided under CLIA number 37D0470358 and Immunohematology Testing is provided under CLIA number 37D2175055 in the headquarters location in Oklahoma City. Immunohematology Testing is also provided under CLIA number 37D0931105 in the Tulsa location, CLIA number 04D2096885 in the Little Rock location, and CLIA number 45D0507042 in the Coffee Memorial Blood Center location. CLIA compliance inspections and renewals are performed bi-annually by the AABB. OBI Laboratories participate in CMS approved proficiency testing programs. AABB Immunohematology Reference Laboratory Accreditation is maintained by the Clinical Laboratory in Oklahoma City.

OBI maintains a Quality Plan, Quality Manual, Emergency Preparedness and Disaster Plan, Transfusion Associated Disease Investigation Procedures, Look-Back Procedures (HCV and HIV), and Consignee Notification Procedures for Positive Test Results, Market Recalls and Market Withdrawals for non-conforming blood or blood components. Initial consignee notifications occur in accordance with federal and state statutes and regulations. Specifically, they occur within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection; within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available; and within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA. These documents can be made available for reference during relevant facility inspections.

Except for apheresis platelets treated using an FDA-approved pathogen reduction process, OBI performs bacterial detection testing on all apheresis platelet components. This test is a culture that is incubated throughout the shelf life of the product. If a unit tests positive on the BACT/ALERT VIRTUO Microbial Detection System after shipment, OBI will notify consignees of the affected product.

OBI maintains a Privacy Policy and Business Associate Agreements that include relevant requirements identified in 45 CFR 164, Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

<u>For Regulatory or Compliance Issues, Call</u>
VP, Quality Management (405) 297-5527
Compliance Officer (405) 297-5733

Schedule 24.0
BLOOD PRODUCTS CREDIT/RETURN POLICY
OKLAHOMA BLOOD INSTITUTE

The following blood products may be returned for credit or exchange to the Oklahoma Blood Institute in accordance with the following established guidelines:

Product	**Timeframe**
	Restrictions required to receive credit:
LEUKOREDUCED RED CELLS	a. Stored at 1 to 6 degrees Centigrade as documented by a continuous recording device;
	b. The blood container has neither been entered nor its closure disturbed;
	c. Product storage has met all other applicable CBER/FDA and AABB requirements;
	d. At least one crossmatch segment remains attached; and
	e. Greater than 7 days of shelf life remain before the product outdates/expires.
LEUKOREDUCED PLATELETS (Single donor) (Apheresis-derived)	Greater than 24 hours of shelf life, providing such products have been: a. Stored at 20 to 24 degrees Centigrade as documented by a continuous recording device; b. Stored with continuous agitation; and c. The blood container has neither been entered nor its closure disturbed.
	If less than 24 hours of shelf life, OBI will assist the Facility in offering the product to another facility [provided products also meet the requirements above]. If successful, credit will be issued to the Facility; if unsuccessful, credit will not be issued. *This policy provision will not apply where the product had 48 hours or less of remaining shelf life when supplied to the Facility by OBI.*
PLASMA and PLASMA PRODUCTS	Plasma and Plasma products will not be accepted for credit.
MODIFIED PRODUCTS	Products modified by the Blood Institute or the Facility will not be accepted for credit, including thawed plasma and plasma products.
AUTOLOGOUS UNITS	No returns will be accepted/credited.

The Blood Institute may request product returns for investigation of visual issues and/or clots. The Facility will tag units returned for evaluation with Quarantine tags provided by Blood Institute. If a product has been thawed at Facility, the product shall be returned thawed, as refrozen products can impede product evaluation. The Blood Institute may request that the Facility provide a photo of the unit prior to return. Units returned for investigation will be subject to the Blood Institute's review and approval for credit.

Exhibit A
BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT is entered into as of August 1, 2026, by Clinton Hospital Authority d/b/a Clinton Regional Hospital, 100 N. 30th Street, Clinton, OK 73601 ("Facility") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

A. The Blood Institute provides services for the procurement of blood and blood components and related services (the "Services") for the Facility pursuant to a written agreement between the parties (the "Services Agreement").

B. The Blood Institute and the Facility are subject to the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic & Clinical Health Act, and the implementing regulations promulgated thereunder, as amended from time to time (collectively, "HIPAA").

C. To facilitate the provision of Services by the Blood Institute, it may be necessary for the Facility to disclose protected health information concerning its patients to the Blood Institute. "Protected health information" is demographic information collected from a patient which (a) is created or received by the Facility, (b) relates to the past, present, or future physical or mental health condition, the provision of health care or the past, present, or future payment for the provision of health care of a patient, and (c) identifies the patient, or the information can be used to identify the patient. "Protected health information" includes information that is transmitted, maintained, or received electronically. Demographic information that identifies the patient or that could be used to identify a patient includes: name, street address, city, county, precinct, zip code, birth date, admission date, discharge date, date of death, telephone number, fax number, email address, social security number, medical record number, health plan beneficiary number, account number, certificate/license numbers, vehicle identifier and serial number, and full face photographic images and any comparable images.

D. The Facility wishes to obtain satisfactory assurances from the Blood Institute that the Blood Institute will safeguard protected health information from misuse and unauthorized disclosure and that the Blood Institute will assist the Facility in complying with other requirements related to protected health information.

In consideration of the covenants, terms, and conditions set forth in this Agreement, the Facility and the Blood Institute agree as follows:

1. Protected Health Information. The Blood Institute and the Facility shall appropriately safeguard from misuse and unauthorized disclosure all data that is protected health information.

2. Business Associate Standards. By virtue of this Agreement, the Blood Institute may receive protected health information on behalf of Facility and is thereby subject to the "business associate" standards set forth herein. The Blood Institute may use and disclose protected health information it receives from the Facility, in accordance with HIPAA, strictly for the following purposes, and only to the extent necessary for the Blood Institute to perform its obligations under the Services Agreement:

a. The Blood Institute may use and disclose protected health information it receives from the Facility (i) in the proper management and administration of the Blood Institute; (ii) as required by law; (iii) to carry out its legal responsibilities; (iv) to perform blood banking and transfusion services in accordance with recognized standards of care; or, (iv) to other person(s) who provide reasonable written assurances that the information will be held confidentially, under the same conditions and restrictions that apply to the Blood Institute, and used or further disclosed only as required by law or for the purpose for which it was disclosed to such person, and that such person(s) will notify the Blood Institute of any instances which it is aware or becomes aware that the confidentiality of the information has been breached;

b. The Blood Institute may use and disclose protected health information it receives from the Facility to provide data aggregation services relating to the health care operations of the Facility;

c. The Blood Institute may use and disclose protected health information it receives from the Facility for purposes related to the testing and analysis of specimens and for internal operational purposes, including: conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, or auditing functions; business planning, development, and management; implementing and conducting compliance programs; performing aggregate data analysis; research; and conducting due diligence in connection with the sale of part or all of the business.

d. With respect to information that it has received from Facility, the Blood Institute shall:

   (i) Not use or further disclose the information other than as permitted or required by this Agreement or as required by law; not copy, duplicate or otherwise reproduce any part of the information except as required to perform services under the Services Agreement; and comply with the HIPAA privacy regulations with respect to any obligations under HIPAA that the Blood Institute is performing on behalf of the Facility;

   (ii) Promptly report to the Facility if the Blood Institute becomes aware of any use or disclosure of protected health information not permitted by this Agreement or any other security incident related to the protected health information, and take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such use, disclosure, or security incident;

   (iii) Ensure that any agents, representatives, subcontractors, or others to whom the Blood Institute provides protected health information received from, or created or received by the Blood Institute on behalf of the Facility (each, a “Subcontractor”) enters into a written agreement with the Blood Institute that imposes the same obligations on the Subcontractor that are imposed on the Blood Institute under this Business Associate Agreement;

   (iv) Make available protected health information in accordance with 45 CFR 164.524;

(v) Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with 45 CFR 164.526;

(vi) Make available the information required to provide an accounting of disclosures in accordance with 45 CFR 164.528;

(vii) Make its internal practices, books, and records relating to the use and disclosure of protected health information received from, or created or received by the Blood Institute on behalf of the Facility, available to the Secretary of the Department of Health and Human Services for purposes of determining the Facility's compliance with 45 CFR 164.500 – 534; and,

(viii) At termination of this Agreement, if feasible, return, destroy, or permanently delete all protected health information received from, or created or received by the Blood Institute on behalf of the Facility that the Blood Institute still maintains in any form and retain no copies of such information, except (A) the Blood Institute may retain, use, and disclose such protected health information to meet quality standards and public health and regulatory requirements related to its blood banking and transfusion services, or (B) the Blood Institute may retain such protected health information if return or destruction is not feasible and the Blood Institute extends the protections of this Agreement to retained information and limits further uses and disclosures to the purposes that make return or destruction infeasible.

e. The Facility shall be responsible for obtaining all consents and authorizations of patients, in accordance with HIPAA.

3. Use of Safeguards. The Blood Institute shall use appropriate safeguards to prevent the use or disclosure of the protected health information other than as provided for by this Agreement. If protected health information is transmitted, maintained, or received electronically, the Blood Institute shall use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of such information, including access controls, workstation security, integrity controls, data backup, and storage and encryption.

4. Reporting. The Blood Institute shall promptly report to the Facility not later than 30 days after the Blood Institute becomes aware of (a) any acquisition, access, use, or disclosure of protected health information not permitted by this Agreement or HIPAA, or (b) any other security incident related to protected health information of which the Blood Institute becomes aware (an "Incident") whether or not the Incident qualifies as a "reportable breach" under HIPAA. With respect to a reportable breach, the Blood Institute shall provide the following information to the Facility: (a) a brief description of the Incident; (b) a description of the nature and extent of protected health information involved in the Incident; (c) the individual who impermissibly used the protected health information; (d) a description of the Blood Institute's actions to mitigate the consequences of the Incident and to prevent further Incidents; and (e) if requested by the Facility, contact procedures for individuals to contact the Blood Institute for additional information. Except as directed by the Facility, the Blood Institute shall not directly report an Incident to the Secretary, the media, or any individual, and shall keep the matter strictly confidential. The parties shall take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such Incident.

5. Independent Contractor Status. The Blood Institute is performing services for the Facility as an independent contractor. Nothing in this Agreement shall be construed as creating an agency, partnership, employment, or joint venture relationship between the Blood Institute and the Facility. Neither party may bind, or create any obligations on behalf of, the other party.

6. Obligation to Disclose Information. This Agreement does not impose any specific obligations on the Facility to disclose protected health information.

7. Binding Effect. This Agreement shall be binding upon the parties hereto and their respective legal representatives, successors, and assigns.

8. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oklahoma.

9. Assignment. This Agreement may not be assigned by the Blood Institute, nor may the Blood Institute delegate its duties hereunder, without the express prior written consent of the Facility.

10. Amendments. This Agreement may not be amended except by an instrument in writing signed by the Facility and the Blood Institute.

11. Notices. Any and all notices, consents, or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States, postpaid, to the addresses or numbers set forth below the signatures of the parties.

12. No Waiver. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed as a waiver of such breach.

13. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.

EXECUTED as of the date written above.

FOR: THE FACILITY	**FOR: THE BLOOD INSTITUTE**
_____	_____
Signature	John Armitage, M.D., President and CEO
_____	_____
Date	Date
_____	
Print Name	
_____	
Print Title	

Exhibit B
Quality Standards

The Facility, through its employees, agents or consultants, agrees to be solely responsible for performing and documenting these quality requirements. Additionally, the Facility agrees to provide the Blood Institute with documentation of compliance, when requested by the Blood Institute.

1. The Facility agrees that it will use only trained individuals to perform sample collections, patient consents, and blood transfusions. The Facility further agrees to annually assess and document the competency of these individuals as required by federal law in 42 CFR 493.1235 and 42 CFR 493.1451.

2. The Facility agrees to maintain a list of the employees, agents, or consultants, identifiers or initials used by the Facility to track those responsible for collecting samples, consenting patients, or performing transfusions. This list will contain the inclusive dates of employment.

3. The Facility agrees that blood or blood products will only be stored in a validated storage device or container, that the device will be continuously monitored and equipped with an alarm system, and to notify the Blood Institute of temperature excursions.

4. The Facility agrees to develop and administer transfusion consent forms that adequately describe risks associated with transfusions and to utilize the transfusion service physician or designee as a resource in identifying and describing the associated risks.

FOR: THE FACILITY

_____
Signature

_____
Date

_____
Print Name

_____
Print Title

FOR: THE BLOOD INSTITUTE

_____
John Armitage, M.D.
President and CEO

_____
Date

Exhibit C
Transfusion Service Remediation Request

Facility Name:	
Reason for Remediation Request:	
☐Financial - Section 3, Billing and Payment - 30 days	☐ Contractual/Other: - Section 20, Termination - 30 days

Description of Issue or Area of Concern:

_____

_____

_____

_____

Remediation Request Details:

_____

_____

_____

_____

_____

Requested remediation should be completed within the timeframe noted above.

Name/Title of Person Notified at the Transfusion Service Facility:

_____

Method of notification (Certified Mail, Email, Fax, Phone):

_____

Date and Time of Notification: _____

Form Completed by: _____

Date of Completion: _____

Attach any additional documentation to this form.

Southcentral
CMS QIN-QIO | Region 5
TMF HEALTH QUALITY INSTITUTE

Provider Service Agreement

Name of practitioner or facility: _____

Address: _____

City, State, Zip: _____

Primary contact name: _____

Primary contact title: _____

Primary contact email address: _____

Primary contact phone number: _____

Name of practitioner or facility _____ agrees to participate in the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract from 2025 to 2030. CMS has contracted with TMF Health Quality Institute to work with health care providers, organizations and facilities in Arkansas, Louisiana, New Mexico, Oklahoma and Texas. This work focuses on assisting health care providers with high-quality, hands-on technical assistance to improve the quality of care and safety goals for Medicare beneficiaries. CMS has assigned TMF to perform this work under a new name as the Southcentral CMS QIN-QIO Region 5.

Participation in the quality improvement efforts with TMF as the Southcentral CMS QIN-QIO Region 5 is confidential and may only be redisclosed in accordance with 42 USC 1320c-9. This includes protection from legal discovery or use in any litigation.

CMS QIN-QIO Program priority focus areas

- Our goal is to meet health care providers, organizations and facilities where they are with their quality improvement activities and work toward achieving measurable change in the following focus areas:
- Preventing and better managing chronic diseases, including diabetes, hypertension and chronic kidney disease, and increasing preventive services, like immunizations.
- Continuing to improve hospital and nursing home stays with reduced healthcare-acquired infections, adverse drug events and falls.
- Improving behavioral health by better managing chronic pain and screening for depression, suicide and substance use disorders.
- Enhancing care coordination across health care settings by reducing readmissions and avoidable emergency room visits.
- Developing patient and family advisory councils to improve engagement of Medicare beneficiaries and families as active partners in care and quality.
- Supporting health care providers' and practitioners' quality management structure, being attentive to emergency preparedness, cybersecurity, workforce planning and supply chains and shortages.

This work will address one or more of the focus areas listed above. By leveraging evidence-based best practices, interventions, tools and resources, we aim to drive meaningful quality improvement. A comprehensive needs assessment and analysis of data gaps impacting quality metrics will guide a tailored approach, ensuring targeted support for your improvement efforts. This work will address one or more of the focus areas listed above. By leveraging evidence-based best practices, interventions, tools and resources, we aim to drive meaningful quality improvement. A comprehensive needs assessment and analysis of data gaps impacting quality metrics will guide a tailored approach, ensuring targeted support for your improvement efforts.

Why Participate?

Each participating organization or facility will receive free, individualized technical assistance to improve quality of care and safety. Participation is completely voluntary, and full participation has the potential to help your organization or facility reach specified goals.

CONTINUED

- Receiving free, expert quality improvement technical assistance from the Southcentral CMS QIN-QIO Region 5 to guide you in assessing current systems and processes to identify underlying causes of the performance gaps that affect quality of care.
- Engaging in a comprehensive assessment of your organization's strengths and readiness to participate in topic specific quality improvement projects designed to improve the quality of patient care.
- Supporting your staff as they develop quality improvement processes and reviewing the effectiveness of those processes. Helping your staff routinely submit data to CMS about the outcomes of those new process improvements.
- Receiving one-on-one or group technical assistance that employs evidence-based best practices and quality improvement tools
- Participating in educational sessions and accessing tools and resources designed to support high-quality care and expand quality improvement project skills.
- Receiving assistance to conduct a root cause analysis (RCA) based on the core findings of the comprehensive assessment.
- Reviewing the action plan your team developed to address the RCA findings with related timelines and measurement strategies.
- Learning and becoming proficient in evidence-based interventions aimed at improving quality and safety.
- Receiving individualized data reports to help identify opportunities to improve and see those improvements implemented.

Your responsibilities include

- Maintaining Medicare Certification
- Committing to fully participate in quality improvement activities with the Southcentral CMS QIN-QIO Region 5
- Working to create an organizational culture that prioritizes safety and quality
- Providing feedback to CMS about your experience with the Southcentral CMS QIN-QIO Region 5, when requested
- Submitting data on a quarterly basis, at a minimum, to CMS to track quality improvement performance
  - ◊ Include data obtained directly from your facility or organization that is not maintained by CMS.
  - ◊ If submitting data to the Merit-based Incentive Payment System (MIPS), submit data quarterly at the practice level to monitor progress on quality improvement. Note: Accountable Care Organization-level data is not an acceptable option since it does not reflect individual practice level changes. Data reported quarterly will not be used for public reporting, pay-for-performance purposes or scoring and does not replace MIPS reporting.

Together we can make a measurable difference in the quality of health care.

We pledge to support this effort by our commitment to improving quality of health care in our organization or facility through active participation with the Southcentral CMS QIN-QIO Region 5.

_____

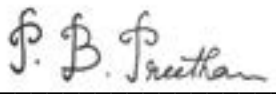
Signature of Designated Quality Improvement Lead or Point of Contact

_____

Point of Contact Title

_____

Printed Name of Designated Quality Improvement Lead or Point of Contact



Acknowledged by the QIN-QIO

_____

Date

_____

Date

This agreement complies with CMS privacy and security requirements, all applicable laws and regulations governing the storage, main-tenance, and transfer of health information, and does not involve any prohibited conflicts of interest.

Southcentral
CMS QIN-QIO | Region 5
TMF HEALTH QUALITY INSTITUTE

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

www.SouthcentralQINQIO.org

This material was prepared by TMF Health Quality Institute, the Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. This material does not necessarily reflect CMS policy. 12SOW-QINQIO-GEN-25-90 05/2025 Revised 1/2026



Hospital New Hire Request Form

Position Request Information

Department: _____

Requesting Manager/Supervisor: _____

Date of Request: _____

Position Title: _____

Employment Type:

- ☐ Full-Time
- ☐ Part-Time
- ☐ PRN/Per Diem
- ☐ Temporary
- ☐ Contract

Shift:

- ☐ Days
- ☐ Evenings
- ☐ Nights
- ☐ Rotating
- ☐ Other: _____

Number of Positions Requested: _____

Justification for Hire

Reason for Request:

- ☐ New Position
- ☐ Vacancy Replacement
- ☐ Increased Patient Volume
- ☐ Department Expansion
- ☐ Other: _____

Detailed Justification:

Position Requirements

Minimum Education Required:

Required Experience:

Special Skills/Certifications:

Approval Signatures

Department Manager: _____ Date: _____

Director: _____ Date: _____

Human Resources: _____ Date: _____

Finance (if required): _____ Date: _____

Executive Approval (if required): _____ Date: _____

HR Use Only

Request Received Date: _____

Position Number: _____

Posting Date: _____

Approved Start Date: _____

Name: Employee number:
Title: Evaluation period:
Unit: Department:
Type of Appraisal:

[ ] Probationary [ ] Annual [ ] Reappraisal

I N S T R U C T I O N S:

1. Clinical and Ancillary Department will separately conduct competency assessment (core and

ongoing) for new and existing employees.

2. Check the box that corresponds to your assessment of performance using the Job Specific Rating

Guidelines below.

3. Use previous Performance Check-In forms, Core Values Behavioral Assessment Worksheet, and

discussions held during the performance year. Make note of when those Check-Ins occurred on

the form.

4. Complete the Core Values, Essential Job Functions, Hospital-Wide Standards, Assessment of

Goals and Summary of Performance sections.

5. Review the entire evaluation and determine the staff member's overall performance using the

rating assigned to each major section and the Overall Rating Guidelines on the last page of the

form. When determining the overall rating, consider the elements of performance that are

important to success for that position.

6. Place the corresponding number (1, 2, 3,4, or 5) that best describes your assessment of overall

performance in the Evaluation Summary section.

7. Ensure that the next level of management signs the evaluation, prior to the discussion with the

employee.

8. Discuss the evaluation with the employee.

9. Allow the employee to record his/her comments. Give the employee a copy of the evaluation and

the most recent, approved copy of the job description. Ensure the employee has an opportunity

to comment and all requested signatures are included.

10. If there is a change in salary, attach a complete Staff Information Adjustment Form.

****Forward the forms to the Human Resources Department. ****

Rating Scale

5 = Outstanding / Consistently Exceeds Expectations
4 = Exceeds Expectations
3 = Meets Expectations
2 = Needs Improvement
1 = Unsatisfactory

Section 1: Clinton Regional Hospital Core Values

Below is a list of core values to be upheld by every employee at Clinton Regional Hospital. Use the Core Values Assessment Worksheet from previous Performance Check-In forms conducted earlier in the performance year.

Respect: *The employee embraces the value of each person, sensitive to each*

individual's unique and diverse needs.

Rating (1-5): _____

Comments: _____

Reliability: *The employee is passionate about the care we provide and is*

accountable to others to achieve high quality, safety, and service.

Rating (1-5): _____

Comments: _____

Teamwork: *The employee communicates and collaborates to achieve*

shared goals, recognizing the contribution of each team member.

Rating (1-5): _____

Comments: _____

Integrity: *The employee holds themselves to the highest ethical standards*

and is committed to an honest and equitable environment.

Rating (1-5): _____

Comments: _____

Stewardship: *The employee responsibly manages resources for our patients,*

their families and the communities we serve.

Rating (1-5): _____

Comments: _____

Overall Performance Rating for Section 1: Clinton Regional Hospital Core Values

Rating: [ ] Unsatisfactory [ ] Needs Improvement [ ] Meets Expectations [ ] Exceeds Expectations [ ] Outstanding / Consistently Exceeds Expectations

Section 2: Essential Job Functions and Expectations

Following are performance factors specific to the employee's job. You must include a comment stating the reason you selected either exceeds standard or does not meet standard, for that factor.

Job Knowledge and Technical Expertise: *Has significant professional expertise in their current field and overall knowledge of hospital operations, policies and procedures; improves capabilities to meet the changing requirements of the job.*

Rating (1-5): _____

Comments: _____

Collaboration and Teamwork: *Works with others to create conditions that support teamwork both internal, and across functional areas.*

Rating (1-5): _____

Comments: _____

Process and Performance Improvement: *Looks at ways to lead improvement efforts with an eye towards continuous learning.*

Rating (1-5): _____

Comments: _____

Financial Management: *Ensures budget dollars are used responsibly; introduces ways to reduce costs.*

Rating (1-5): _____

Comments: _____

Communicates Effectively: *Express self well in verbal and written communications, listen to others and fosters open communication within the team and others.*

Rating (1-5): _____

Comments: _____

Leadership: *Gains support and commitment; provides clear direction; clarifies roles and responsibilities; coaches and develops others.*

Rating (1-5): _____

Comments: _____

Judgment: *Analyzes issues and exercises sound judgment in performance of job duties; demonstrates ability to set priorities.*

Rating (1-5): _____

Comments: _____

Diversity and Inclusion: *Recruits, hires, and develops a diverse team; elicits the teams perspective and includes them in decision making, when appropriate.*

Rating (1-5): _____

Comments: _____

Overall Performance Rating for Section 2: Essential Job Functions and Expectations

Rating: [ ] Unsatisfactory [ ] Needs Improvement [ ] Meets Expectations [ ] Exceeds Expectations [ ] Outstanding / Consistently Exceeds Expectations

Section 3: Hospital-Wide Standards and Expectations

Following are the competencies and corresponding performance standards for all employees at Clinton Regional Hospital. Indicate by numbering the appropriate level.

Cultural Competence: *Considers and incorporates the culture-specific needs of others in order to work with patients/customers from a variety of racial, ethnic and socioeconomic backgrounds.*

Rating (1-5): _____

Comments: _____

Safety: *Demonstrates work habits that contribute to a safe work environment.*

Rating (1-5): _____

Comments: _____

Time and Attendance: *Maintains a level of attendance and punctuality necessary to meet the responsibilities for the job.*

Rating (1-5): _____

Comments: _____

Compliance Responsibilities: *Understands and adheres to the Hospital's compliance standards as they appear in the Compliance Policies; protects the confidentiality of all Hospital information.*

Rating (1-5): _____

Comments: _____

Professional Image: *Maintains a professional image in keeping with the job's responsibilities as stated in the Dress Code Policy.*

Rating (1-5): _____

Comments: _____

Overall Performance Rating for Section 3: Hospital-Wide Standards and Expectations

Rating: [ ] Unsatisfactory [ ] Needs Improvement [ ] Meets Expectations [ ] Exceeds Expectations [ ] Outstanding / Consistently Exceeds Expectations

Section 4: Assessment of Goals

Discuss the extent to which the staff members meet established goals for the evaluation period. List in priority order. When creating goals, use the Goal Development Tool to ensure they align with organization and department goals. For managers, look to include measures in which the employee has impact. These may include, but not limited to, Patient Experience, Patient Safety, Employee Engagement, Employee Turnover, etc.

Goal 1: _____

Results/Outcome: _____

Goal 2: _____

Results/Outcome: _____

Goal 3: _____

Results/Outcome: _____

Mandatory Training Completed: Yes / No

Skill Requirements/Competencies Completed: Yes / No

Section 5: Overall Performance

Overall Performance Summary:

Overall Rating (1-5): _____

Performance Check-In Discussions Occurred: Yes / No

Dates: _____

Signatures

Employee Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Next Level Manager: _____ Date: _____

Clinton Regional Hospital

MINUTES for the Quality Assurance/Performance Program *June* Meeting– Date July 15, 2026

Present; Brenda Jennings Quality/Infection Control/Employee Health, Chasity Richardson Administrator/HR, Devina Perez Admissions Director,

Brendan Price Administrator/CNO,

Excused: Dr. Veal Medical Director, Jaquoah Lemons Director of Radiology, Andrea Hammer Exercise Coach/Cardiopulmonary Director, Asher Reed ED Director

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
Motion to call to order	Motion to order the June Quality Assurance Performance Meeting July 15, 2026, at 1315.	Brendan Price made a motion to call to order Quality Assurance/Performance for the month of June, at 1315, second by Devina Perez, all in favor.		
Old Business				
	Quality Meeting Minutes for May 2026	Brendan Price called a motion to approve Quality Meeting Min. for May Devina Perez, all in favor.		
New Business				
	QIN-QIO CMS Quality Innovation Network-Quality Improvement Organization Works that focus on assisting health care providers with high-quality, hands-on technical assistance to improve the quality of care and safety goals for Medicare beneficiaries.	Brendan Price made a motion to send this on to legal and the Governing Board for approval, second by Devina Perez, all in favor.	Brenda	

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
Consent Items				
Dietary				
Dietitian & Kitchen Update	Department Closed	No action required		Done
Lab				
Number of Blood Cx. Contaminated	There were 0 blood contaminations for the month of June	No action required	Celia Ramirez	done
Number of transfusion reactions	No transfusion	No action required	Celia Ramirez	90 Day Reporting
Blood Utilization Monitoring	unit of blood was transfused in the ED without any complications.	Brendan Price motion to approve Blood utilization monitoring for the month of June, second by Devina Perez, all in favor.	Brendon Price Celia Ramirez	90-day reporting
Proficiency testing	2- Proficiency Testing for the month of June	Passed 100%-1st event Miscellaneous Chemistry & 2nd event Chemistry Core. Brendan Price motion to approve Proficiency testing report, second by Devina Perez, all in favor	Celia Ramirez	90-day reporting
Correlations and Calibration Verifications	6-Correlation and Calibration Verifications	Currently working on 3 crossover studies for Vitros Analyzer. 3 Method Comparisons. Brendan Price motion to approve Correlations and Calibration Verifications, second by Devina Perez, all in favor.	Celia Ramirez	90-day reporting
Cultures	Blood-25 Other-24 Resp-2 Urine-44 **Total-95**	No action required	Brenda	
Peer Review				
Physician Peer Review	2- for the month of June	Sent for eval, no action required	Dr. Veal	
Mortality Review	No deaths for the month of June	No action required	Dr. Veal	
Supply Chain Management				

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
Product Recalls/Backorders	Nothing to report	No action required	Lou Hutson	Ongoing
Equipment Management	Nothing to report	No action required	Lou Hutson	Ongoing
Medical Records				
Delinquent/Audited medical records >30 days	All the delinquent files are tracked, and data will be brought to the next meeting	Data will be brought to the next meeting. Tabled	Devina Perez	Ongoing
Radiology				
Quarterly Reporting	For the month of June X-ray- 59 CT- 14 US-9	No action required	Jaquoah Lemons	
Repeat Rates	Nothing to report	No action required	Jaquoah Lemons	Ongoing
Imaging Critical Results *Communicated* within 60 minutes or less – AVG Time	Nothing to report	No action required	Jaquoah Lemons	Ongoing
Imaging Critical Tests *Completed* within 60 minutes or less of order time – AVG Time	Nothing to report	No action required	Jaquoah Lemons	Ongoing
High level of disinfection Revital Ox Solutions	Nothing to report	No action required	Jaquoah Lemons	Ongoing
Critical Findings	Nothing to report	No action required	Jaquoah Lemons	Ongoing
Female CT Precautions	Nothing to report	No action required	Jaquoah Lemons	Ongoing
Emergency Room				
ED Quality Scorecard Data	Scorecard data for the month of June	Brendan Price motion to approve ED Scorecard Data, second by Devina Perez, all in favor.	Asher Reed	Ongoing
Minutes from arrival time to ED departure	220 min. Longest to shortest time over 120 min: Deanna Scruggs (573.86 min), Roger Hess	Brendan Price motion to approve Min. from arrival time to ED departure, second by Devina Perez, all in favor.	Asher Reed	Ongoing

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
	(306.29 min), Sean Mills (277.33min), Stefany Moore (213.70)			
			Asher Reed	
Mortality Review of ED Deaths	Nothing for the month of June	No action required.	Brendan Price Brenda Jennings	Ongoing
		No action required.		
ED Left without being seen /AMA	4- AMA for the month of June	Brendan Price motion to approve AMA report, second by Devina Perez, all in favor.	Asher Reed	Monthly reporting
Sepsis Report	For the month of June 64 charts pulled for Sepsis, 3 charts met Severe Sepsis criteria and out of the 3, 1 fell out due to no antibiotics administered.	Will send the one that fell out for peer review and report next meeting. Brendan Price motion to approve Sepsis report, second by Devina, all in favor.	Asher Reed	Done Ongoing
Stroke	3 stroke patients for the month of June, Average min. from arrival time to Orders placed was 4 min. The minutes from arrival time to time seen was 9 min. All under 10 Min.	Brendan Price motion to approve Stroke report, second by Devina Perez, all in favor.	Asher Reed	Ongoing
Chest Pain	For the month of June, 22 patients were seen for chest pain. The average minutes from arrival time to orders placed was 12.7 min.	No action required Brendan Price motion to approve Chest Pain report, second by Devina Perez, all in favor.	Asher Reed	Ongoing
Critical Lab Follow-up Report	One Lab follow-up was reported for	Lab was reported were follow-up by phone. Brendan Price motion to approve critical lab	Brenda Jennings	Done

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
	the Month of June	report, second by Devina Perez all in favor.		
Pharmacy				
Backorders/Supply Issues Recalls	Nothing to report	No actions required	Brendan Price	Ongoing
# of adverse drug reactions reported	Nothing to report	No actions required	Brendan Price	Ongoing
Adverse Drug Reaction Rate	Nothing to report	No actions required	Brendan Price	Ongoing
Pharmacy Medical Record Review	Nothing to report	No action required	Brendan Price	90 Day Reporting
Antibiotic Stewardship	Nothing to report	No action required	Brendan Price	Ongoing
Cardiac Rehab				
Cardiac Rehab	Nothing to report	No action required	Brendan Price Andrea Hammer	
Infection Prevention				
Infection Control Surveillance Report	Report throughout the hospital- multiply tiles and leaks are throughout.	Waiting for leaks to be fixed throughout. Once leaks are done then ceiling tiles will be placed. Tabled	Brenda Jennings	Ongoing
Quality				
Quality Dashboard	ED transfer HLOC – 43 \# ED return visits/72 – 7 # ED Visits – 431 # Obs. - 0 #AMA – 4 # ED deaths – 0 OP X-ray –59 OP CT scan – 14 OP Ultrasound – 9 EKG – 4 Clinic –37	A Peer Review for all 72 hr. return visits will be made each month, starting with these 7. Brendan Price motion to approve Quality Dashboard, second by Devina Perez all in favor.	Brenda Jennings	Ongoing

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
	Cardiac Rehab total sessions – 524 Average Lenth of Stay – 2 hr.			
Credential Committee				
Credential Report	Marshall Harris, DO DIA	Brendan Price motion to approve Marshall Harris, DO, second by Devina Perez, all in favor.	Deby Landis	Ongoing
Employee Health				
Employee Health new employee	Nothing to report	No action required	Brenda Jennings	
Employee Illnesses	Nothing to report	No action required	Brenda Jennings	Ongoing
Bloodborne exposures, Sharp injuries, Employee Injuries	Nothing to report	No action required	Brenda Jennings	Ongoing
Process Improvement				
Order Sets	Nothing to report	No action required	Pharmacy Director	Ongoing
Falls	2- One fall for the one of June in Cardiac Rehab Dept. One Fall in the ED	Pt. was assessed by nurse, decline care in the ED. Brendan Price motion to approve fall report, second by Devina Perez, all in favor.	Brendan Price /Asher Reed,	Ongoing
Boiler Room Review	Boiler part has been fixed. Leaks will be assessed and fixed on level of priority.	Brendan Price motion to approve boiler room review, second by Devina Perez, all in favor.	Brendan Price	Ongoing
Patient Surveys	April Results for Overall Satisfaction ranking 9-10 were 100%- ED 100%-Cardiac Rehab 5 patients responded for ED 1 patient responded to Cardiac Rehab	Brendan Price motion to approve Patient Surveys for April 2026, second by Devian Perez, all in favor.	Brenda Jennings	Done

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
	(they also fill out a survey from Pritikin)			
Discharge Follow-up Calls	Nothing to report	No action required		Ongoing
Contracted Services				
Contracts	Nothing to report	No action required	Brendan Price	
Education				
Competencies/Education material	Nothing to report	No action required	Brendan Price	Ongoing
Annual Training	Nothing to report	No action required	Brendan Price	Ongoing
Ongoing Education	Nothing to report	No action required	Brendan Price	Ongoing
New Procedures or Techniques	Nothing to report	No action required	Brendan Price	Ongoing
Disaster Preparedness				
Disaster Preparedness	Nothing to report	No action needed	Brendan Price	Ongoing
Drills	Nothing to report	No action needed	Asher Reed/ Janice Merrill	Ongoing
Environment of Care				
Temperature & Humidity Levels	Nothing to report	No action needed	Brendan Price	Ongoing
Water Management Program				
Control measures				
Applicable validation	Nothing to report	No action needed.	Brendan Price	Ongoing
Flushing lines				
Water mgmt. plan review				
Hazardous Waste/Chemical Management/	Stericyle is the new Hazardous Waste pickup for CRH.	No action needed	Brendan Price	Ongoing
Policies & Procedures/Forms				
Policies & Procedures	New Higher Request Form Evaluations	Brendan Price motion to approve New Higher Request Form, second by Devina Perez, all in favor. Brendan Price motion to approve Evaluation Form,	Brendan Price Brenda Jennings	Ongoing

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
		second by Devina Perez, all in favor.		
Environmental Services				
Environmental Services	Nothing to report	No action required		Ongoing
ICRA for Construction & Remodel				
	Nothing to report	No action required	Brenda Jennings	Ongoing
Motion to adjourn		Brendan Price Motion to adjourn Quality Meeting at 1400, second by Devina Perez, all in favor		