

**McDonough District Hospital  
Board of Directors Meeting  
November 20, 2017**

The Board of Directors of McDonough District Hospital (MDH) met on Monday, November 20, 2017 at 5:30 p.m. in the Board Room. The meeting was called to order by Kent Slater, Chairman, Board of Directors. The following Board members were present: Chuck Butterfield, Dr. Richard Iverson, Rita Moore, Noel Oliver, Matt Reynolds, Kent Slater

Excused: Andy Baker, Crystal Bedwell, Dr. K.T. Wright

Also present: Kenny Boyd, President/CEO  
Dr. Ed Card, President Medical Staff  
Dr. Tim Biagini  
Linda Dace, VP Finance  
Wanda Foster, VP Nursing  
Maggie Goettsche, Administrative Leader/Quality & Innovation  
Sue Dexter, Administrative Leader/Human Resources  
Chris Dace, MMG Chief Operating Officer  
Harlan Baker, Chief Information Officer  
Patrick Osterman, Department Leader/Public Relations/Marketing  
Ronda Baker, Executive Secretary

Also present was Michelle Langhout, McDonough County Voice.

**Consent Agenda**

The board meeting minutes from October 16, 2017 were included in the packet.

**A motion was made by Dr. Richard Iverson and seconded by Chuck Butterfield to approve the board meeting minutes from October 16, 2017. Motion carried.**

**Public Comment**

There was none at this time.

**President/CEO's Report/Senior Leadership Team**

Kenny Boyd shared a patient focus, discussed provider recruitment, the change in the pain management clinic provider, provider searches, an offer extended to a hospitalist candidate, provider renewals, continued work with a potential partner on feasibility of services at the Carthage building, the notification received from the Department of Health and Human Services Rural Hospital demonstration project, operational efficiency reviews, the improvements in the non-labor items and the change with the positron emission tomography-computed tomography (PET/CT) vendor.

Harlan Baker discussed training for the OB department change out, the installation of the equipment used for fetal monitoring, the work being done with nursing and lab to move the bedside glucose testing and Cerner staff on site to review the optimization for ER registration.

Kenny Boyd discussed the Emergency Medical Services (EMS) partnership with Lifeguard, the EMS transition planned for February 5, finalizing the language in the contract with Lifeguard, non-emergent patient transfer issues, presenting an overview of operational impact items to this group in the future, board education on the changing environment in the healthcare industry, the American Hospital Association (AHA) Rural Leadership Conference, the guaranteed maximum price (GMP) for the

Women's Center design, the Capital Campaign nearing \$4.7 million, the Festival of Trees Jingle 'n Mingle event, continued work on the draft of the Medicaid Assessment Program and district hospital regulations.

### **Finance Committee Report**

The Finance Committee meeting minutes from November 17, 2017 were distributed.

**A motion was made by Rita Moore and seconded by Chuck Butterfield to approve the November 17, 2017 Finance Committee meeting minutes. Motion carried.**

### **Medical Staff Report**

Dr. Ed Card discussed the proposed MDH Medical Staff Bylaws amendment - 4.8 Telemedicine Medical Staff, 4.8.1 and 4.8.2, which has been reviewed by legal counsel, the Credentials Committee and the MDH Medical Executive Committee.

**A motion was made by Noel Oliver and seconded by Dr. Richard Iverson to approve the MDH Medical Staff Bylaws amendment – 4.8 Telemedicine Medical Staff, 4.8.1 Qualifications and 4.8.2 Prerogatives. Motion carried.**

Dr. Ed Card discussed the Rules & Regulations amendment - J. Contracts for Physician Services which was approved by the Credentials Committee and the MDH Medical Executive Committee.

Dr. Ed Card reviewed the medical staff applications to include: Contract Staff: Stephen Holley, MD– Internal Medicine / Hospitalist and Allied Health Professional Staff: Lisa Kamm, CRNA – Allied Health Professional Staff. These applications have been reviewed by the Credentials Committee as well as the Executive Committee of the medical staff and we would request that the board grant privileges as requested for contract medical staff.

**A motion was made by Dr. Richard Iverson and seconded by Rita Moore that Contract Staff: Stephen Holley, MD– Internal Medicine / Hospitalist and Allied Health Professional Staff: Lisa Kamm, CRNA – Allied Health Professional Staff be placed on the provisional staff with privileges as requested. Motion carried.**

### **Quality Focus**

Maggie Goettsche discussed the A grade from The Leapfrog survey. Maggie Goettsche thanked public relations for their help in pulling the announcement together. This marks the third national award MDH has received this year. MDH also received recognition from Illinois State Senator Jill Tracy in honor of obtaining an A ranking as an Illinois hospital.

### **Old Business**

There was none at this time.

### **New Business**

Review and Approve the Reappointment of Kenny Boyd to the Physician Hospital Organization (PHO) Kenny Boyd and Linda Dace discussed the role of the PHO board and the four MDH representatives that sit on the board.

**A motion was made by Matt Reynolds and seconded by Dr. Richard Iverson to approve the reappointment of Kenny Boyd to the PHO board. Motion carried.**

Review and Approve the MDH Board Bylaws

The MDH board bylaws were included in the board packet. Rita Moore discussed reviewing items for consideration to include: the meetings of the board of directors, article IV, section 1, annual meeting and possibly adding to the bylaws participation remotely and the Illinois Open Meetings Act. Sections 5 ILCS 120/2.01 and 5 ILCS 120/7 of the Illinois Open Meetings Act were distributed to each board member. Connection to meetings in the past via phone, Webex, other technological tools, legal counsel review of the bylaws, remote participation and remote participation not counting as part of the quorum but their vote counting if a quorum is physically present was discussed. Article VIII of the bylaws, Committees of the Board of Directors of the McDonough County Hospital District, section 3, the Finance Committee having no mention of audit and an outsourced audit being discussed in executive session was discussed. Rita Moore also made a suggestion of listing technology under long range planning (plant and programs). Kenny Boyd mentioned a verbiage change in Article I, Section 1, G and clarification in the section that lists the presiding of the board. Dr. Richard Iverson discussed Rita Moore offering to explore the technical details of remote participation and bringing it back to this group. Kenny Boyd can have legal counsel make the noted changes to the MDH Board Bylaws and drafted for the board's review for consideration in December before there is a vote. The group discussed the board of directors meeting on holidays, the options of meeting on holidays with adopting the language out of the district law, the board of director terms being in the district law governed by the county and information of confirmation of director terms for the nominating committee.

Noel Oliver asked about Morrison Healthcare, what is going on with the restaurant business here, knowing only what he sees in the Voice and Community News Brief, asking if it was discussed and he missed it, mentioning the restaurant in our facilities, Morrison advertising/competing with local restaurant café food services, full meals, asking if he was reading it correctly, asking if anyone else was concerned about it, noting the ads mentioning Morrison's weekly specials, his opinion that they are competing with local businesses that can't compete because their businesses don't have a place to live, a place to work, the equipment to use like this one does, mentioning he thinks this is totally not within MDH's mission, not within MDH's objective, not within MDH's business to be running a restaurant open to the public, promoting to the public, advertising, competing with local enterprise, using our facility, pricing not the issue but the fact that they are being supplemented by the hospital, if the food is catered in or if the food is cooked here, if they are using the staff that we are paying to cook it, that we all know that we are paying that staff, we are paying for the facility, we are paying for the facility, we are paying for the equipment, they are using it to run a commercial enterprise, that being his concern but if no one else is concerned the meeting can move on, the local restaurant businesses think it is wrong, they are seeing an unfair competitive advantage given to Morrison Healthcare competing for that evening meal, competing for the lunches of the people in this area with the facility being provided for them and the daily specials being advertised.

Kenny Boyd discussed Morrison Healthcare being the entity MDH contracted with three years ago for providing dietary services for the organization, the cafeteria being renamed to Café 525, Morrison providing meal options, MDH not running that but Morrison running it, past offerings/prices of meals in the cafeteria, MDH supplementing people to come here to eat in the past, competing with local businesses in the past, paying people not to eat at other places, MDH losing money in the process in the past, stopping that with partnering with Morrison, MDH paying Morrison to feed our patients, MDH not supplementing Morrison for food sales inside the cafeteria, that Morrison pays their staff, the event advertised being one Thursday a month, the daily special options in the cafeteria for our employees/visitors/patients, this being a balancing act with revenue Morrison receives from cafeteria sales lowering the impact on the organization's contracted fee.

Noel Oliver mentioned that he couldn't accept that would ever happen, that he believes the line was crossed based on some of the complaints he has heard with the full scale advertising campaign to promote it, the visitors/normal clientele in the café probably not hurting business, the ads that ran

recently starting to get into their territory, the BBQ events, the turn out, hearing complaints that this food service here in the hospital has an unfair advantage over the local restaurants, that they have set up a competition now where before they were doing it and it wasn't a big deal, now they are openly competing with pricing, advertisements for the evening meal, for that afternoon lunch for all the people in the city/county and not just those that have some affiliation with the hospital or business here.

Kenny Boyd discussed the balancing act between the cost of running that business, where the revenue comes from, the baseline of feeding our patients/feeding visitors, when MDH was doing it our costs not being covered as MDH was supplementing them at a higher degree than what we currently are and still maintaining the option for individuals to eat, not hearing the restaurants complaining when MDH was paying people to come here and eat, in the past restaurants selling a breakfast for \$7 to cover their costs but MDH selling it for \$2 with MDH paying the other \$5, that being more of an unfair advantage that the breakfast now costing \$7 here, the public being upset with MDH because MDH was unable to feed them for free like a food pantry, being upset now because there is the same number of choices but at a market competitive price, the option of not offering food options to our employees/guests, only running a food line for our patients.

Kent Slater mentioned Morrison dropping a substantial amount in the kitchen.

Chuck Butterfield mentioned that he is not sure that it is not a concern, how it is viewed, maybe that it does need to be looked at further, not being sure if it is right or wrong, the complaints from some local people when the prices went up in the cafeteria, that it might be interesting to know how many people use that service that aren't connected with the hospital, that don't have a patient here.

**At 6:24 p.m. a motion was made by Dr. Richard Iverson and seconded by Matt Reynolds to move into executive session for the purposes of open meetings act exception 17 (5 ILCS §120/2(c)(17)). The recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body and executive session for the purposes of open meetings act exception: 2(c)(21) semi- annual review of minutes. A roll call vote was taken.**

	<u>Yea</u>	<u>Nay</u>
Butterfield	x	
Iverson	x	
Moore	x	
Oliver	x	
Reynolds	x	
Slater	x	

**Motion carried.**

At 6:25 p.m. The meeting returned to regular session with the six board members present along with Kenny Boyd and Ronda Baker.

**A motion was made by Dr. Richard Iverson and seconded by Matt Reynolds to not release any of the executive session minutes from May 2017 to October 2017. Motion carried.**

#### Discussion

Matt Reynolds discussed agreeing with Noel Oliver as advertising seems like they have gotten an inch and taken a mile with it, knowing they want to be profitable, referring back to his own experiences in examples of a seemingly unfair playing field, seeing county dollars that are allowing Morrison to sit that

building and operate it, not being in the restaurant business, allowing advertising, thinking he does have a slight problem with it, not sure of what results to happen, not being sure if we have the right to tell Morrison not to advertise.

Kent Slater discussed not disagreeing with what anyone has said but disagreeing with it needing to be on the front page of the newspaper tomorrow.

Noel Oliver asked how it could have been handled.

Kent Slater discussed talking to the CEO, asking him what is going on and if a person doesn't get satisfaction out of that conversation then bringing it here, not seeing any reason to put the hospital in a light that is disadvantageous to the perception that we have in the public and his belief that this is what Noel Oliver has done.

Kenny Boyd discussed no county dollars, no tax dollars going to support that entity,

Matt Reynolds discussed realizing that MDH is not on the tax bill, the perception of the public that MDH was on the tax bill paying for the building Morrison is operating out of, not currently paying anything, until the mid-80's the county was paying for this or got this building here, agreeing MDH is not on the tax dollar but in a round-about way tax dollars did pay for this building, if he were a business owner he would be upset if someone was profiting off of somewhere that he paid taxes on it forever and now they are operating out of there beating him up with it at his own game.

Kenny Boyd mentioned that he can appreciate that, thinking at some point MDH as an institution has to say the county residents have paid taxes less than they have not paid taxes, citizens going seven years longer not paying taxes for this organization than they paid taxes for, citizens paying taxes for approximately 26 years and not paying taxes 33 years, at some point in time a return on investment ends, 120% being a good return on investment, at some point there has not been maintenance performed on the building, the 33 years the county was supposed to buy an ambulance every year but never did, people being fine with the free ride until a business decision has to be made, not being sure with Morrison if MDH has the right to tell them they can't as they are an independent contractor, not being sure with the line being an independent contracting agency, the State's view of controls on an entity, on the surface not disagreeing with the thought process, MDH competing with them a long time, the knowledge of MDH specials in the past, MDH competing with the restaurants in the past, the need for Morrison to make a margin, Morrison not making money on our account since they have been here, Morrison making up the difference by more than the employees eating here, the situation where the per meal cost for our patients increases, someone having to pay for the cost of feeding patients, the cafeteria supplementing this to a point while MDH pays Morrison to feed the patients a per meal costs, MDH paying for catering/special events or things that MDH directs Morrison to do, situations where MDH does not supplement Morrison, situations where Morrison continues to invest in themselves, MDH being happy to take Morrison's \$250,000 to invest in our dining area to improve our food service piece, the BBQ piece from last week being a benefit to employee morale, Morrison not being able to afford to do an event like the BBQ day only for MDH employees due to the costs being too high, the balancing act, being willing to take a look at it, never not being willing to consider something that has been brought to him by the board, understanding that he works at the will of the board, also being his job to give his professional opinion, understanding that it is not as simple as don't compete with A, B or C, he can speak with Jason, leader of food services about the format or how the information is communicated but remembering the line how one entity dictates to another entity how it works, his concern of would it drag MDH into the grey area to be considered the employer versus the contractor, not disagreeing with the theory behind it but it being nothing different really than what we were doing five years ago except it is costing MDH less money.

Rita Moore mentioned she doesn't have a feeling either way, understanding both sides of it, asking if it is any different from Sodexo at Western Illinois University (WIU) as they provide catering services to anyone in town and anyone can pay cash at a dorm to eat.

Kent Slater mentioned that this is a good analogy.

Dr. Richard Iverson mentioned that he can understand why this would bother people in the community as it is more of an appearance problem than a reality problem and knowing sometimes appearances are more important than reality.

Noel Oliver mentioned that this is an example of how we can do some of these issues if we wait until after an executive session to discuss these issues, that this will be recorded and show up in the minutes, he is not sure that this is legitimate, his opinion being that this group can discuss things that are not on the agenda but not taking action.

Kent Slater mentioned that this is beyond the agenda, possibly being in violation of the open meetings act, being concerned about what our public perception is, bringing this up tonight, being critical of Noel Oliver as it seems to him that nobody knew this was coming up, that Noel Oliver wanted to get it in the news, now Noel Oliver has the front headline of the newspaper, congratulations, believing Noel Oliver is not doing his job as a responsible board member when he does that, a responsible board member trying to do the best for the organization and thinking this in anyway is best for the organization, this being his criticism of Noel Oliver, thinking also the only reason MDH had the big problem with the ambulance service which Noel Oliver disagrees with, still wants to argue it, being wrong in that, was because of Noel Oliver, believing Noel Oliver has done nothing but bring the hospital into disrepute over the calendar year of 2017 in his opinion, believing Noel Oliver is not a responsible board member,

Chuck Butterfield mentioned that this group needs to pull together.

Rita Moore mentioned that things need to be vetted.

Matt Reynolds mentioned that he doesn't think anything that Noel Oliver is saying is out of line, the last board meeting there was some big item, not believing Noel Oliver was out in left field on it, agreeing this group needs to discuss things, the board having information a couple of days before the meeting, having the information earlier what would he have done different to prove in his mind EMS was a good way to go or not, trusting and having faith in senior leadership team (SLT), the respect he has for Dr. Richard Iverson and his input, respect for Linda and everyone else that he asks questions of, all of them thinking it is the right move, not trusting people in the public that we shouldn't have the EMS versus SLT, thinking a lot of the points Noel Oliver brings up are good ones as he is thinking them as well, sometimes being reserved to say somethings as should these thoughts be on the front page news or not, being in both camps.

Kent Slater mentioned discussing the EMS issue all that had to be done by Noel Oliver was to suggest a public meeting, what Noel Oliver did was demand that no one was paying attention to it at this meeting, Noel Oliver stormed out of here, Noel Oliver met with a group of people who decided they were going to have their own meeting, demanding that the board show up, complying with the open meetings act the board had to declare their meeting, his believing the board would have done that if Noel Oliver had suggested at the meeting having a public forum, not thinking that anyone on the board would have said no.

Noel Oliver mentioned that Kent Slater is making assumptions, accusing him of that a couple of times, resenting this, trying to tell Kent Slater what he did do and what he didn't do, Kent Slater continuing to say that he is on a mission to destroy the hospital, there being no sense in the two of them getting into this as Kent Slater having his mind made up on what he had done and what he has done not being the same thing.

Kenny Boyd mentioned that he has never refused to answer a question when he is asked, he can be asked any question but the person needs to make sure they want to know the answer, his job not to tell them what they want to hear, his job with the board to give them his professional opinion, being in healthcare leadership 18 years, 13 of those as a CEO in small rural community hospitals, understanding it, mistakes made, presenting information that fits within the confines of our operating structure which is a detriment to us, thinking that the structure prohibits some conversations, sometimes the structure causing some of the problems, the presentation of information to the board, sometimes the board not liking what he tells them, the difficulty for a community hospital that is a successful entity that had a rough year like the last one, the reasons for presenting the culmination of some of the things next month, things no pay raise received from Medicare in the last seven years, entering our eighth fiscal year without a pay raise from Medicare, the IHA doing an independent evaluation, the volume of Medicare patients in fiscal year 2016 through fiscal year 2011, the \$5 million less dollars we were paid for Medicare alone to treat the same patients versus before the enactment of the Affordable Care Act (ACA), the two percent sequestration that we are under, the three percent Medicaid reduction in 2012, the impacts of WIU over the past two years, the Medicaid population going from under 8% in 2011 to 20.4 % this past fiscal year, making the difficult decisions not being fun but needing to find a partner for EMS as the county is getting a free ride, being the punching bag, the truck the county was supposed to buy MDH each year and didn't for thirty four years, the present value of this being \$4.1 million, getting to the point of trying to balance with the senior leadership team how to keep moving forward and invest in facilities, not having the authority to build the addition, the needed addition to modernize or not being competitive, that perception matters, a handful of people that want to talk about the addition and say that is why we had a bad year, that not being true as it is a culmination of all the items just mentioned, looking at our finances over the past with the independent audit trends graph every year since he has been here until last year having a growing bottom line and an 8% margin in 2016, the challenge to talk to independent rural community hospital boards across the country to find more than two dozen that are operating at an 8% margin in a population size similar to ours, last year being a bad year, the conversations we had about it for a year and a half, the caution given to the board to not be surprised, this being a frustrating situation, the tensions in the room being palpable, needing to figure out how to get through it, not having to like all the decisions, the authority to say things aren't going to happen, the board's responsibility to remember the decisions made, asking for improved operations and beating up the SLT publicly for bringing this group solutions, this not being appreciated by him or the team, having a good SLT, having one of the best rural hospital Chief Financial Officers (CFO) in the country, replacing her with someone of the same caliber being near impossible, talking with other CEO's that are giving up this field due to what is occurring in the healthcare environment, asking him questions if you have them, having him look into an issue and report back, asking that when we do communicate issues in the board room for everyone involved like physicians/SLT, the negative impact on them when we have these conversations, spending more time talking about Morrison Healthcare, a couple of restaurant owners being upset that they are providing a service to our patients/families/employees/public than we did the fact that MDH was one of 832 hospitals in the United States to get an A grade of patient safety, which one of these issues matters, the safety of our patients and the fact that for two years this board has asked/beat us up publicly about the C grade, staff work hard to get the A grade and there is no comment after it, they were quick, not spending any time on it, no congratulations to the team, no thank you to the team, this getting to the team, things getting harder from this point forward, the days of even 10 years ago not

happening again, the days of 12% operating margins not coming back anywhere and the reason to do the education sessions.

Rita Moore mentioned that there were a few comments of congratulations and that the article Kenny Boyd sent regarding national information with graphs was informative.

Kenny Boyd mentioned that if the group wants to beat someone up over operations to come to him, armchair quarterbacking being the easiest job in town, learning from those issues, requesting that we don't beat up the staff in public in the future, this being degrading and that we may lose some good people if we aren't careful.

Noel Oliver asked what Kenny Boyd means by beating up the staff in public as he doesn't want to do that but not understanding what he considers as that.

Kenny Boyd mentioned phrasing of comments, the SLT as they should be, being proud to be here, spending time on negative issues in the board meetings, the time Linda Dace spent on expenses for the emergency department for the EMS information as ER and EMS were intertwined, the estimate lost on EMS operations being \$50,000 a year and the estimate lost on EMS capital expenses being \$150,000 a year, when we say publicly say is it \$50,000 or \$150,000 and that we never clarified that, that being a 100% false statement, we always said operations of \$50,000 plus capital expenditure of \$150,000, not covering our operations, the combined negative impact of \$200,000, after four months of tedious work Linda Dace producing the detailed spreadsheet breakdown, the work she put into that, making it sound like someone is making things up, guessing Linda Dace spent 100 hours at least digging through seven years of finances to find those numbers, never blind siding the board with a major announcement at a board meeting as that is not the right way to do it, blind siding the leadership of the organization being bad, making sure the mood is congenial, the relationship with the SLT, the SLT telling him what they truly believe professionally instead of what they think he wants to hear, the SLT being worn out as the past six months have drained them, not being able to continue this as a group and this discussion being therapeutic.

Matt Reynolds mentioned that he doesn't pick on people to try to beat them down, not dwelling on things that worked out well, spending time on things that aren't good, not trying to put his thumb on anybody and pressing down on them, his nature, the norm wanting to see good margins and seeing them creeping down not saying they are doing something wrong but what is going on.

Kenny Boyd mentioned the Finance Committee format, feedback from this group, presenting the information differently, major impacts, the balance between board responsibilities and CEO responsibilities and this group not wanting to spend their days trying to figure out how to run this place with the hundreds of decisions that go on every day to keep moving forward.

Dr. Richard Iverson mentioned his philosophy about being a board member as subscribing to the military way of doing things, his job publicly to support our leader, that Kenny Boyd knows when he is unhappy with something, Kenny Boyd always addressing it, sometimes coming away thinking he was wrong, not ever wanting to ever embarrass any board members or Kenny Boyd during a board meeting when the reporter is here, taking sensitive items to Kenny Boyd separately, warning him that he is going to bring something up so he can be prepared for it, believing that this is the way this board should work, the public depending on the board to know if this place is working the way it should, everyone knowing it is not perfect, if it is the point of needing new leadership/addressing that, being open to take calls from this group anytime if there are concerns about what is going on, having no desire to be the CEO but having the desire to see this board work the way a board should work, the open meetings act handicapping the board's ability to communicate with each other, the burden this is,



being on a board in the past where it was painful, being electing a board to work together, having great respect for all of this group, this job being tough, being in medicine since 1967, this being the worst time financially of that 50 years by far, the changes being mind boggling/terrifying, no way wanting Kenny Boyd's job, the 33,000 new regulations a year ago in one year, the job these people here have, having a good public in this area, the education the public requires at times, the public being responsive when things are explained, quite often things need to be explained as it isn't obvious.

Rita Moore mentioned the perspective that some have not seen outside of this area what is going on in the world, moving away from this community in the past, learning a lot, a part of that is where we are at today and where we have been, the hospitals she worked with in 2000 were doing some of these things years ago, outsourcing being the standard practice for 17 years, that it doesn't mean it always works, living and learning but some are measures that at times have to be taken, the decisions not always being popular, moving forward with the changing regulations, legislation, not knowing what the impacts will be, agreeing with Kenny Boyd that we do have great staff, Linda Dace being phenomenal, working with other CFO's, Linda Dace being terrific and that we don't tell them enough when they do good things.

Dr. Richard Iverson mentioned Chuck Butterfield asking him about a couple of ER complaints from a couple of years ago, sitting on the Grievance Committee for two and a half years, being proud of the way MDH deals with complaints, the thorough evaluation of complaints, when the hospital is in error trying to correct things, that he is glad to see the positive comments at the beginning of the meeting as it is easy to get bogged down in the negative and any organization wanting to be the best it can be has to be able to process feedback appropriately even if it is negative.

Kenny Boyd mentioned the information that he will give the group next month does coming from feedback received, recruitment issues, the physicians that would be here now if the board wouldn't have recruited the physicians they did over the past seven years, the number of patients we are treating now, the impact if those physicians weren't here and the general surgeon situation with specialization.

Dr. Iverson mentioned the new surgeons not wanting to be general surgeons.

Kenny Boyd mentioned the information he will be presenting helping with some of the board questions/inner concerns, the forums where he shares information and the ability to bring the picture together.

Noel Oliver mentioned the list of in depth questions submitted to Kenny Boyd a couple of weeks ago regarding the bylaws, Kenny Boyd answering those questions for him and not bringing every issue here.

Kenny Boyd mentioned covering the Board Self-Assessment next month and discussing areas for opportunity for improvement from board feedback.

The annual board/medical staff/leadership reception is scheduled for Wednesday, December 13, 2017, 6 p.m. at Magnolias.

Kenny Boyd will confirm with Scott Schwerer, County Board Chair on appointments of board members.

Kent Slater mentioned participating remotely at meetings and considering the number of occurrences allowed.

Kent Slater asked if Dr. Richard Iverson, Rita Moore and Matt Reynolds would be willing to serve another term on the board. Dr. Richard Iverson agreed to serve another term. Rita Moore mentioned that it depended on her participating remotely in some situations. Matt Reynolds mentioned that he is not willing to serve a full term but willing to serve a couple of years. Kenny Boyd mentioned that Matt Reynolds serving the two years would be to the best interest of the organization as it takes time to figure this out.

Kent Slater thanked the group for speaking candidly and for their participation.

**At 7:17 p.m. a motion was made by Dr. Richard Iverson and seconded by Rita Moore to adjourn. Motion carried.**

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Dr. Richard Iverson  
Secretary/Treasurer of the Board