Clinch County Hospital Authority Board
Agenda

Clinch Memorial Hospital Boardroom
08/27/2026 5:30pm

Mission Statement: Integrity and Excellence Always

I.	**Call to Order**	Presenter: Kay Hinson, Chairman
II.	**Invocation**	
III.	**Declaration of Quorum**	
IV.	**Agenda Approval**	**Action Items: Approval of Agenda**
V.	**Board Minutes Approval**	
	A. Regular Meeting, July 23, 2026	**Action Items: Approval of Minutes**
	B. Executive Session, July 23, 2026	**Action Items: Approval of Minutes**
	C. Finance Meeting, July 23, 2026	**Action Items: Approval of Minutes**

VI. Public Speaker Testimony – None.

Members of the public may submit a written testimony to be included in the official meeting record or may register to present oral testimony at the meeting. The deadline to register is the Wednesday prior to the meeting by 3:00pm. Information on how to register can be found on the CMH website at clinchmh.org.

*Limited to 3 Minutes per Person

VII.	**Old Business**	Kay Hinson, Chairman
	None.	
VIII.	**New Business**	Kay Hinson, Chairman
	A. Change November meeting date from November 26, 2026 to Monday, November 23, 2026	**Action Items: Approval of date change**
	B. Change December meeting date from December 24, 2026 to Monday, December 21, 2026	**Action Items: Approval of date change**

IX. Contracts: Angela Handley, CEO

A AmeriPro Health (Dedicated Vehicle) **Action Items: Approval of Contract**

X. Human Resources Keith Bryant, HR Director

A. Current Employee Count **Action Items: None**
B. Terminations and Resignations **Action Items: None**

XI. Compliance Karen Eastmond

A. Summary of Key Compliance Metrics **Action Items: None**
B. Disciplinary Actions and Consequences **Action Items: None**
C. Patient Grievances **Action Items: None**
D. Compliance Program Updates **Action Items: None**
E. Contract Safe Update (Rebecca Latham)
F. Policy Stat

XII. Quality Wendy Griffis, Director of Quality/RM

A. Key Accomplishments -first 60 days
B. QMS Oversight Committee
   a. DNV Survey Preparation
   b. Internal Audit Committee Progress
C. On-going Compliance Management Education
D. Grievance Management
E. DNV Accreditation

XIII. Policies Angela Handley, CEO

A. Review/Approve <u>Clinical Policy Changes</u> **Action Items: Approve Policy Changes**
1. No Change - 19
2. Minor Change - 15
3. Major Change - 8
4. New - 0

B. Review/Approve <u>Non-Clinical Policy Changes</u> **Action Items: Approve Policy Changes**
1. No Change - 4
2. Minor Change -7
3. Major Change 0
4. New - 0

XIV. Provider Credentialing Melinda Davis, Credentialing Coordinator

A. Credentials Report **Action Item: Approval of Report**

XV. Finance Madison Pope, CFO

A. July Financial Report Review **Action Items: Approval of Financial Report**

XVI. Nursing Kellie Register, CCO/CNO

A. Current Projects:
1. Credentialing Process Refinement
2. Antibiotic Stewardship Project(On-going)
3. Recruitment and Retention Projects

B. Nursing Updates

1. Ongoing education
2. DNV Preparation

C. Quality Reporting

1. Patient/Visitor Falls
2. Medication Variances
3. Swingbed Census

D. Infection Prevention/Would Care

1. CAUTI Rates
2. CLABSI/PICC associated infections.
3. C.DIFF
4. VAE
5. Compliance Reporting (PPE/Hand Hygiene)

XVII. Georgia HEART, Foundation, and Community Relations/Operations Lily Blitch, COO

A. Georgia Heart
B. Foundation
C. Community Relations –
D. Community Relations August

Operations

A. Grants

XIII. CMFP & Fargo Update Jami Lee Smith

XIX. CEO'S Report Angela Handley, CEO

XX. Executive Session Chairman

XXI. Adjournment **Action Items: Adjournment**