

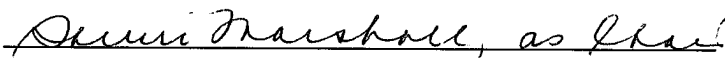
## BOARD OF TRUSTEES MEETING MINUTES RECORD

DATE:	LOCATION:	START	ADJOURN
February 6, 2017	Hospital Conference Room	5:00 pm	6:35 pm.
<b>MEMBERS PRESENT:</b> Sherri Marshall, Chair Karen Taylor, Vice Chair Joe Agovino, Secretary Jim White Dr. Robert Zukoski Melissa Hinnant Dr. Scott Starks		<b>NON MEMBERS PRESENT:</b> Tom Siemers, CEO Dan Porter, CFO Carol Northup, RN, CNO, COO Dr. Domenic Palagruto, Chair, MEC Lynda Stanley, President, Foundation Lori Smith, Clerk of the Board Terry Pope, State Port Pilot	
Special Guests:   None			

	AGENDA ITEM	DISCUSSION/CONCLUSIONS	ACTION
1.	Call To Order	Sherri Marshall, Chair called the meeting to order at 5:00 pm.	
2.	Roll Call	Joe Agovino Called Roll Roll Reflected Above A quorum was present.	
3.	Approval of Minutes	Minutes to be Approved: January 9, 2017	<b>MOTION:</b> <b>To accept the minutes of January 9, 2017</b> Motioned By: Jim White Seconded: Scott Starks All Present in Favor <b>The Motion Carried</b>
4	Special Presentation	<ul style="list-style-type: none"> <li>None</li> </ul>	
5.	Management Reports	<b>Foundation Report –Lynda Stanley, President, Doshier Foundation</b> <ul style="list-style-type: none"> <li>The Heart to Heart event was successful. Lynda Stanley shared pictures from attendees many who came from outside our area. Last year raised over \$10K and this year is coming close to double with all the sales and sponsor support.</li> </ul>	

	<p><b><u>CEO Report - Tom Siemers, CEO</u></b></p> <ul style="list-style-type: none"> <li>• Presentations from the CON hearing were recounted. The CON results are projected for some time in March.</li> </ul> <p>Tom Siemers deferred the <b><u>report on the Duke Endowment process</u></b> to Scott Starks, MD., Project Coalition Chair</p> <ul style="list-style-type: none"> <li>• There were 5 different grants given out including the grant to Doshier for \$450K.</li> <li>• The “Healthy People, Healthy Carolinas” begins tomorrow there is an exercise called “Turn the Curve”.</li> <li>• This core group will meet on Feb 7 as a preventive health consortium to work under the auspices of nutrition, exercise and relationship with chronic diseases. Duke encouraged the process to expand to number of chronic diseases.</li> <li>• Group will work over the next 3 weeks to take a presentation to Charlotte on the 28<sup>th</sup> for the kick off for the drive.</li> <li>• A coordinator is in the process of being hired.</li> <li>• Donna Alberton working with them as consultant to polish up presentation for Charlotte.</li> <li>• The Community Health Needs Assessment is rolled into this program. Rather than reinventing the wheel, the program will be directed towards the community health needs and will follow a prescriptive process to meet those needs. This grant is much more far reaching and supportive of the community health needs process.</li> <li>• Dan Porter and Tom Siemers will present a list of requirements on the Community Health Needs Assessment, IRS and CMS regulation requirements as well as dates that must be met. It will be presented at the March meeting.</li> <li>• A formal spot on the Board agenda will be made to report on the progress of the program.</li> </ul>	
	<p><b><u>CFO Report – Dan Porter, CFO</u></b></p> <p><b><u>Financial Report</u></b></p> <p>The financial reports were included in the meeting packet.</p> <p>Days Cash on Hand: 70.3 Days Revenue in A/R: 93.8</p> <ul style="list-style-type: none"> <li>➤ The payor mix in December was favorable.</li> <li>➤ Volume indicators were favorable except Swing Bed and OP charges fell short.</li> <li>➤ Expenses were at a cautionary position.</li> </ul> <p>For the month Excess from Operations &lt;\$186k&gt; Operations YTD &lt;\$311k&gt; Total Excess Over Expenses YTD \$272k.</p> <p>January is trending at \$10.9M gross revenue.</p>	

		<p><b><u>Resolution – Burrington Ave.</u></b>  A Resolution Authorizing the Conveyance for Right of Way and Acceptance of Deed for Related Property was presented in order to correct title issues on the sale of property. Doshier Hospital will convey at 60 foot right of way to the City of Southport and accept conveyance from the City of Southport of the 30 foot parcel. The Finance Committee had agreed to the conveyance.</p> <p>The sale of the property can now be offered.</p>	<p><b>MOTION:</b>  <b>To accept the Resolution on conveyances of Rights of Ways on property at Burrington Ave., Southport.</b>  Motedion By:  Joe Agovino  Seconded:  Melissa Hinnant  All Present in Favor  Passed 7 to 0.  <b>The Motion Carried</b></p>
		<p><b><u>IOP and Nursing Report</u></b> - Carol Northup, RN CNO, COO</p> <ul style="list-style-type: none"> <li>• The IOP report is in the meeting packet.</li> <li>• The telepsychiatry program is now officially underway.</li> </ul>	
	<b>OTHER BUSINESS</b>	<p><b><u>Upcoming Schedules</u></b>  The group discussed their attendance at the North Carolina Hospital Association meeting in February.  The Board Retreat will be Feb 13<sup>th</sup> starting at 8:30 am for the Open Session to be a featured speaker, Joan Lewis, from the American Hospital Association.  There will be a Legislative Update held on Feb 20 at 7:30 am.</p>	
6.	<b>CLOSED SESSION</b>	<p>MOTION: In accordance with N.C. General Statute 143-318.11(a) (1) to discuss (a) confidential credentialing and peer review information protected under N.C. General Statute 131 E-97.2 (b) confidential healthcare contracts protected under N.C. General Statute 131 E-99 and (c) confidential competitive healthcare information protected under N.C. General Statute 131 E-97.3.</p>	<p><b>MOTION:</b>  <b>To move to closed session in accordance with the indicated statutes.</b>  Motedion By:  Jim White  Seconded:  Melissa Hinnant  All in Favor  <b>The Motion Carried</b></p>
7.	<b>OPEN SESSION ADDITIONAL BUSINESS</b>	<p>The Trustees returned to Open Session</p> <p><b><u>Credentialing Addendum</u></b>  The Credentialing Addendum was approved as presented.</p>	<p><b>MOTION:</b>  <b>To accept the</b></p>

			<b>Credentialing presented as indicated on the Credentialing Addendum.</b> Motioned by: Scott Starks, M.D. Seconded by : Jim White All In Favor <b>The Motion Carried</b>
8.	<b>ADJOURN</b>	The meeting was adjourned at 6:35 pm.	<b>MOTION:</b> <b>To Adjourn the Board of Trustees</b> Motioned By: Jim White Seconded By: Melissa Hinnant All In Favor. <b>The Motion Carried</b>
	<b>Board Minutes Accepted</b>	 <u>Sherri Marshall, as Chair</u>	

**J. ARTHUR DOSHER MEMORIAL HOSPITAL**  
**STATISTICS**  
**December-16**

		(A)	(B)	(C)	(D)	(E)	(F)	
		Month	Month	Prior Month	FYTD	FYTD	Prior FYTD	
		Actual	Budget	Actual	Actual	Budget	Actual	
1	Medical Admissions	51	54	58	150	148	138	1
2	Swing Bed Admissions	4	4	3	9	11	-	2
3	Surgical Admissions	30	31	25	80	75	85	3
4	Total Admissions	85	88	86	239	234	223	4
5								5
6	Census Days	247	252	248	706	675	609	6
7	Swing Bed Census Days	23	31	26	72	93	-	7
8	Total Census Days (Includes Swing Bed)	270	283	274	778	768	609	8
9	Average Daily Census (Includes Swing Bed)	8.7	9.1	9.1	8.5	8.3	6.6	9
10	Average Daily Census (Excludes Swing Bed)	8.0	8.1	8.3	7.7	7.3	6.6	10
11	Average Length of Stay (Excludes Swing Bed)	3.0	3.0	3.1	3.0	3.0	2.7	11
12	Observation Patients	48	48	48	153	148	154	12
13	Discharges	1,322	1,429	1,387	4,417	4,443	3,529	13
14	Hours							14
15	Operating Room Procedures:							15
16	Inpatient	33	35	31	105	92	108	15
17	Outpatient	166	139	124	414	372	348	16
18	Endoscopy Procedures:							17
19	Inpatient	2	4	2	7	12	13	18
20	Outpatient	34	48	51	133	152	161	19
21	Laboratory:							20
22	Inpatient	1,203	1,078	1,114	3,310	3,031	3,012	21
23	Outpatient	10,509	9,891	10,925	32,892	30,516	26,564	22
24	Diagnostic Imaging:							23
25	Inpatient	112	98	95	303	293	296	24
26	Outpatient	2,341	2,313	2,387	7,057	6,827	6,652	25
27	Cardiopulmonary:							26
28	Inpatient	299	329	310	739	725	552	27
29	Outpatient	277	216	215	654	592	529	28
30	Sleep Studies	31	28	24	72	85	85	29
31	EKG, Stress Test,							30
32	& Holter Monitor							31
33	Procedures:							32
34	Inpatient	24	23	15	55	69	62	33
35	Outpatient	284	290	260	801	849	817	34
36	Physical Therapy:							35
37	Visits	684	695	771	2,113	1,952	1,940	36
38	Treatments	1,844	1,945	1,895	5,606	5,467	4,959	37
39	Cardiac Rehab:							38
40	Visits	432	390	466	1,363	1,150	996	39
41	Diabetic Program:							40
42	Visits	7	16	9	33	47	67	41
43	Wound Care Program:							42
44	New Patient Registrations	24	32	24	69	74	37	43
45	Visits	216	158	220	641	462	384	44
46	Meals Served:							45
47	Patients	4,647	4,901	4,500	13,575	14,461	14,461	46
48	Others	2,115	2,890	2,595	7,781	8,367	8,367	47
49	Emergency Room:							48
50	Visits	1,003	1,083	957	2,983	3,127	3,058	49
51	Admitted	52	54	60	154	152	145	50
52	Transfers	36	27	23	91	91	93	51
53	Total Outpatient Visits (EXCL ER)	4,554	4,381	4,883	13,994	12,929	12,028	52
54	Clinic Visits:							53
55	Dosher Medical 9th Street							54
56	Start 07/01/11	275	276	289	782	816	705	55
57	Dosher Medical Howe Street							56
58	Start 10/1/14	274	324	245	874	967	967	57
59	Dosher Medical Smithville Crossing							58
60	Start 10/1/14	308	311	295	895	919	874	59
61	Dosher Medical Long Beach Rd							60
62	Start 06/22/14	426	361	370	1,072	1,048	826	61
63	Dosher Medical Oak Island							62
64	Start 06/12/12	411	469	501	1,388	1,386	922	63
65	Dosher Medical Bolivia							64
66	Start 10/20/14 & Closed 01/20/17	181	-	183	527	-	530	65
67	Dosher Medical Holden Beach							66
68	Start 10/20/14 & Closed 12/22/16	151	-	180	500	-	450	67
69	Dosher Medical Wellness Center							68
70	Start 09/6/16	459	250	410	1,235	739	-	69
71	Dosher Medical Women's Health							70
72	Start 11/1/14	165	195	212	591	576	538	71
73	Dosher Medical Vaughan's							72
74	Relocated to Wellness Center	-	-	-	-	-	502	73
75	Dosher Medical Surgical							74
76	Start 02/01/15	100	97	80	276	286	277	75
77	Dosher Medical Baldhead							76
78	start 05/22/15	-	-	-	-	-	-	77
79	Total Clinic Visits	<u>2,750</u>	<u>2,283</u>	<u>2,765</u>	<u>8,140</u>	<u>6,737</u>	<u>6,591</u>	78
80	New Patient Clinic Visits:							79
81	Dosher Medical 9th Street	41		32	102		23	80
	Dosher Medical Howe Street	6		21	43		69	81
	Dosher Medical Smithville Crossing	15		27	60		18	
	Dosher Medical Long Beach Rd	171		177	486		471	
	Dosher Medical Oak Island	22		35	86		67	
	Dosher Medical Bolivia	5		6	22		21	
	Dosher Medical Holden Beach	10		14	41		16	
	Dosher Medical Wellness Center	105		90	277		86	
	Dosher Medical Women's Health	5		3	20		28	
	Dosher Medical Surgical	24		10	49		78	
	Dosher Medical Baldhead	0		0	0		0	
	Total Clinic Visits	<u>404</u>		<u>415</u>	<u>1186</u>		<u>877</u>	

**J. ARTHUR DOSHER MEMORIAL HOSPITAL**  
**OPERATING STATEMENT**  
**Month Ending December 31, 2016**

	(A)	(B)	(C)	(D)	(E)	(F)	
	Current Month			Year-to-Date			
	Actual	Budget	Prior Year	Actual	Budget	Prior Year	
<b>REVENUE:</b>							
1 Inpatient Revenue	\$ 1,685,655	\$ 1,515,610	\$ 1,689,967	\$ 5,081,472	\$ 4,264,006	\$ 4,692,390	1
2 Outpatient Revenue	7,791,554	8,249,336	7,032,474	23,521,109	24,482,499	21,474,166	2
3 Nursing Center Revenue	-	12,791	353,558	(156)	36,922	1,024,521	3
4 Clinics Revenue	556,860	445,477	460,614	1,699,899	1,314,977	1,368,041	4
5							5
6 Total Patient Service Revenue	10,034,069	10,223,215	9,536,613	30,302,324	30,098,403	28,559,118	6
7 Deductions From Revenue	(6,820,302)	(6,835,752)	(6,198,812)	(20,461,272)	(20,123,408)	(18,560,572)	7
8							8
9 Net Patient Service Revenue	3,213,767	3,387,463	3,337,801	9,841,051	9,974,996	9,998,546	9
10 Other Operating Revenue	151,232	129,773	78,511	452,066	376,867	238,709	10
11							11
12 Total Revenue	3,365,000	3,517,235	3,416,312	10,293,118	10,351,863	10,237,255	12
13							13
<b>OPERATING EXPENSES:</b>							14
15 Salaries	1,339,948	1,314,678	1,439,604	4,031,292	3,858,635	4,343,876	15
16 Employee Benefits	294,827	255,113	258,754	908,177	903,846	922,654	16
17 Professional & Purchased Services	646,645	598,070	615,628	1,827,793	1,758,895	1,928,704	17
18 Medical Supplies & Materials	623,396	641,985	699,075	1,909,766	1,889,903	1,908,435	18
19 Other General Expenses	392,485	387,827	381,396	1,163,272	1,163,453	1,055,538	19
20 Interest	25,482	25,506	8,323	76,341	75,626	24,541	20
21 Depreciation	227,861	239,747	217,183	686,983	719,241	646,112	21
22							22
23 Total Operating Expenses	3,550,644	3,462,926	3,619,962	10,603,623	10,369,600	10,829,859	23
24							24
25 Earnings Before Interest, Depreciation & Amortization (EBIDA)	67,698	319,563	21,856	452,819	777,130	78,049	25
26							26
27 Excess From Operations	(185,645)	54,309	(203,651)	(310,505)	(17,737)	(592,604)	27
28							28
29 Non-Operating Revenue	291,996	142,406	154,031	582,927	427,219	462,092	29
30							30
31 Excess Over Expenses (After Extraordinary Items)	\$ 106,351	\$ 196,716	\$ (49,620)	\$ 272,422	\$ 409,483	\$ (130,512)	31

**J. ARTHUR DOSHER MEMORIAL HOSPITAL**  
**BALANCE SHEET**  
**AS OF DECEMBER 31, 2016**

	(A)	(B)	(C)
	Current Month	Last Month	Prior Year
<b>ASSETS</b>			
Current Assets			
Cash	\$ 7,043,089	\$ 7,738,343	\$ 5,574,135
Board Designated Funds			1,256,519
Cash - Foundation	537,803	503,745	337,864
Total Cash and Investments	7,580,893	8,242,088	7,168,518
Accounts Receivable-Patients	30,880,445	29,790,175	25,756,749
Less Allowance	(15,964,515)	(15,739,030)	(15,588,716)
Net Patient Receivables	14,915,930	14,051,145	10,168,033
Other Accounts Receivable	1,354,843	2,172,771	2,183,189
Inventories	932,033	932,754	956,861
Prepaid Expenses	368,031	368,607	548,949
Total Current Assets	25,151,729	25,767,365	21,025,550
Net Property, Plant and Equipment	38,575,980	38,792,631	38,291,856
Other Assets	90,510	90,977	287,502
<b>Total Assets</b>	<b>\$ 63,818,219</b>	<b>\$ 64,650,974</b>	<b>\$ 59,604,909</b>
<b>LIABILITIES &amp; FUND BALANCE</b>			
Current Liabilities			
Accounts Payable	\$ 1,718,310	\$ 1,918,143	\$ 1,555,996
Notes Payable Current - BEMC	125,000	125,000	83,333
Notes Payable Current - USDA	336,042	313,789	
Notes Payable Current - BB&T	240,746	240,746	
Medicare/Medicaid Settlement			
Accrued Payroll and Taxes	271,330	792,480	389,655
Accrued Employees' Paid Days Off	921,012	1,184,123	986,644
Current Portion of Bonds Payable	-		390,000
Deferred Revenue - Taxes			
Other Current Liabilities	16,794	17,636	10,283
Total Current Liabilities	3,629,234	4,591,919	3,415,910
Non-Current Liabilities			
BB&T Loan	1,259,254	1,259,254	
Lease Obligations			
Bonds Payable			845,000
USDA Loans	9,152,295	9,152,295	8,118,698
BEMC Loan	760,417	770,833	916,667
Total Non-Current Liabilities	11,171,965	11,182,382	9,880,365
Total Liabilities	14,801,199	15,774,300	13,296,275
Net Assets	48,206,795	48,206,859	46,101,281
Excess Revenue over Expenses	272,422	166,070	(130,512)
Restricted Assets	537,803	503,745	337,864
Total Net Assets	49,017,020	48,876,674	46,308,634
<b>Total Liabilities &amp; Fund Balance</b>	<b>\$ 63,818,219</b>	<b>\$ 64,650,974</b>	<b>\$ 59,604,909</b>

## BOARD OF TRUSTEES MEETING MINUTES RECORD

DATE:	LOCATION:	START	ADJOURN
February 13, 2017	Hospital Conference Room	8:30 am	3:00 pm
<b>MEMBERS PRESENT:</b> Sherri Marshall, Chair Karen Taylor, Vice Chair Joe Agovino, Secretary Jim White Dr. Robert Zukoski Melissa Hinnant – (Afternoon Session) Dr. Scott Starks		<b>NON MEMBERS PRESENT:</b> Tom Siemers, CEO Dan Porter, CFO Carol Northup, RN, CNO, COO Lori Smith, Clerk of the Board Terry Pope, State Port Pilot	
Special Guests: Joan Lewis, Regional Director, American Hospital Association			

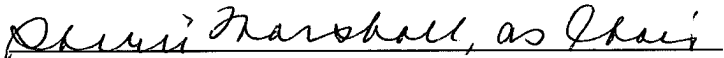
	AGENDA ITEM	DISCUSSION/CONCLUSIONS	ACTION
1.	Call To Order	Sherri Marshall, Chair called the meeting to order at 8:30 am	
2.	Roll Call	Joe Agovino Called Roll Roll Reflected Above A quorum was present.	
3.	Approval of Minutes	There were no minutes to be approved.	
4	Special Presentation	Joan Lewis of the American Hospital Association presented issues regarding healthcare following the change of Administration. A copy of her presentation was followed and the topic highlights includes but is not limited to: <ul style="list-style-type: none"> <li>• The AHA serves as a convener and unifier to advance the health of individuals and communities. It relies heavily on the input and coordination from the state organizations.</li> <li>• It is a bipartisan organization</li> <li>• How's Who So Far outlined the varied persons in positions that will influence healthcare and hospital decisions.</li> <li>• Seema Verma is going through appointment to head CMS. She successfully redesigned Medicaid programs and waivers in several states.</li> <li>• The priorities of the new Administration are:               <ul style="list-style-type: none"> <li>• Tax Reform</li> <li>• Infrastructure</li> <li>• Trade reform</li> <li>• Regulatory reform</li> </ul> </li> </ul>	



		<ul style="list-style-type: none"> <li>• Immigration</li> <li>• ACA repeal and replace.</li> </ul> <ul style="list-style-type: none"> <li>• The ACA Repeal process will be on the President's desk by April 2017.</li> </ul> <p>What could be in?</p> <ul style="list-style-type: none"> <li>- Two to three year transition period</li> <li>- Repeal of Employer mandates</li> <li>- Eliminate subsidies for exchanges</li> <li>- End increased federal funds for Medicaid expansion</li> <li>- Eliminate tax credits for small business that cover workers through exchanges</li> <li>- Allow states to scale back eligibility standards for children under 19... repeals the CHIP maintenance of effort</li> <li>- Eliminate taxes on high cost "Cadillac" plans</li> <li>- Eliminate medical device tax</li> <li>- Eliminate fees on health insurance plans</li> <li>- Eliminate fees on brand name prescription drugs</li> <li>- Eliminate provider payment reductions.</li> </ul> <p>What Can't be In?</p> <ul style="list-style-type: none"> <li>- Allow young adults to stay on parents coverage until age 26</li> <li>- Prevent insurers from declining to cover pre-existing conditions</li> <li>- Get rid of annual and lifetime coverage caps</li> <li>- Limit the amount that insurers can charge older adults premium costs that are no more than three times the cost of younger people's premiums</li> <li>- Block insurers from rescinding coverage from consumers once they get sick</li> </ul> <ul style="list-style-type: none"> <li>• Preserving coverage for 21 Million people will be a challenge</li> <li>• Executive Order Points were discussed.</li> <li>• Medicaid restructuring is possible the highest priority is protecting coverage.</li> <li>• AHA Key Messages for hospitals for ACA and Medicaid RE-examination: <ul style="list-style-type: none"> <li>• Maintain coverage for those covered</li> <li>• Replacement of coverage should be simultaneous with any repeal or limits on Medicaid</li> <li>• Any effort to repeal should restore funding reductions to hospitals (NC hospitals' loss estimated at \$8.7B)</li> <li>• Support continued efforts to transform delivery system from Fee-For-Service to Fee-For-Value emphasizing coordinated care/integrated delivery.</li> </ul> </li> <li>• Complicating the agendas: <ul style="list-style-type: none"> <li>- Cabinet member confirmations</li> </ul> </li> </ul>	
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		<ul style="list-style-type: none"> <li>- Debt limit extension</li> <li>- Funding the government</li> <li>- CHIP reauthorization</li> <li>- Supreme Court confirmation.</li> </ul> <ul style="list-style-type: none"> <li>• There is an AHA Task Force on Ensuring Access in Vulnerable Communities. This group focuses on primary care, psychiatry and substance abuse, ED/Observation, Transportation, Diagnostic Services, Home Care, Dental Care and a Strong Referral Process.</li> <li>• Pertinent to our community, the task force found the characteristics and parameters of vulnerable communities were similar for rural and urban areas: <ul style="list-style-type: none"> <li>- Lack of access to primary care</li> <li>- Poor economy/high unemployment/limited resources</li> <li>- High rates of un-insurance or under-insurance</li> <li>- Cultural differences</li> <li>- Low education or low health literacy levels</li> <li>- Environmental challenges.</li> </ul> </li> <li>• Many emerging strategies include telehealth urgent care centers, emergency centers and inpatient/outpatient transformations.</li> <li>• Rules may change, communities will have difficulty in attracting providers, and clinicians will be licensed across states and more.</li> <li>• Critical Access funding has not been on the forefront but we should remain cautious. No one can certainly determine the direction that will be taken.</li> </ul>	
5.	Management Reports		
	2016 Fiscal Audit	<p><b><u>CFO Report – Dan Porter, CFO</u></b></p> <p>The 2016 fiscal audit was sent to members for review in advance. The Finance Committee met on February 8 and reviewed in detail with independent auditors Berry Padgett and Chandler. The committee accepted the audit and passed to the Board of Trustees.</p> <p>The audit indicated that the financial statements present fairly in all materials respects, the financial position of Doshier.</p> <p>The audit identified no deficiencies.</p> <p>There were no instances in compliance and other matters.</p> <p>The practices complied in all material respects.</p> <p>The auditors indicated the sale of the Nursing Center and the pay off of the bond was an excellent economic decision.</p>	<p><b>MOTION:</b>  <b>To accept the Finance Committees recommendation and approve the results of the 2016 fiscal audit.</b>  Motioned By:  Jim White  Seconded:  Scott Starks  All Present in Favor  Passed 6 to 0.</p>

	<b>Community Needs Analysis and Duke Endowment</b>	<p><b><u>CEO Report – Tom Siemers, CEO</u></b></p> <ul style="list-style-type: none"> <li>Part of the Community Health Needs Assessment (CHNA) is to have an implementation plan and review this plan with a timeline.</li> <li>The Board approved the CHNA plan in March of 2015. Between that time and 2016 steps were taken to support the results such as: <ul style="list-style-type: none"> <li>Opening the Wound Care Center</li> <li>Increasing the diabetes training and adding the cooking kitchen</li> <li>Development of the additional Wellness Center</li> <li>Creating the coalition for the Duke Endowment in May 2016.</li> </ul> </li> </ul> <p>Timeline: (Tom Siemers presented the full timeline to the Board)</p> <ul style="list-style-type: none"> <li>The Duke Endowment released a 3-year \$450K grant opportunity focused on community wellness.</li> <li>The hospital gathered support from the community groups to pursue the grant and submitted the application including budget in June 2016.</li> <li>Work continued to form the Community Coalition in June of 2016</li> <li>Duke reviewed and provided guidance to the coalition and as a result the hospital received the first installment of the grant in December 21, 2016.</li> <li>Almost 2 dozen community representatives joined to “Turn the Curve” and provide the coalition to identify top community health needs determined by the group.</li> </ul> <ul style="list-style-type: none"> <li>This is a much larger and detailed undertaking that utilizes Evidence Based Interventions. Outcomes will be measurable.</li> <li>Tom Siemers indicated this implementation plan and process is monitored step by step and implements actual actions to support the community health needs.</li> <li>The Board will make a formal Resolution that this process be the implementation plan supporting the ideals of the CNHA. In the meantime the Board voted to support this implementation plan.</li> <li>Lynda Stanley, Tom Siemers, Scott Starks and James Goss will be attending the Kick Off in Charlotte February 28..</li> </ul>	<p><b>MOTION:</b>  <b>To accept the Healthy People, Healthy Carolinas as the implementation plan for the CHNA and support the Coalition of community members identifying and implementing programs for community health needs.</b>  Motioned By: Joe Agovino  Seconded: Melissa Hinnant  All Present in Favor  Passed 6 to 0.  <b>The Motion Carried</b></p>
<b>6.</b>	<b>CLOSED SESSION</b>	<p><b>MOTION:</b> In accordance with N.C. General Statute 143-318.11(a) (1) to discuss (a) confidential credentialing and peer review information protected under N.C. General Statute 131 E-97.2 (b) confidential healthcare contracts protected under N.C. General Statute 131 E-99 and (c) confidential competitive healthcare information protected under N.C. General Statute 131 E-97.3.</p>	<p><b>MOTION:</b>  <b>To move to closed session in accordance with the indicated statutes.</b>  Motioned By: Jim White  Seconded:</p>

			Dr. Zukoski All in Favor <b>The Motion Carried</b>
7.	<b>OPEN SESSION ADDITIONAL BUSINESS</b>	<p>The Trustees returned to Open Session</p> <ul style="list-style-type: none"> <li>• The upcoming Legislative Breakfast was discussed, although Joe Agovino had made appointment for Tom Siemers to meet with Senator Rabon while in Raleigh this week. Breakfast meeting plans may change.</li> <li>• It was noted the IOP meeting is on Jan 21.</li> </ul>	
8.	<b>ADJOURN</b>	The meeting was adjourned at 3:00 pm.	<b>MOTION:</b> <b>To Adjourn the Board of Trustees</b> Motioned By: Karen Taylor Seconded By: Joe Agovino All in Favor. <b>The Motion Carried</b>
	<b>Board Minutes Accepted</b>	 Sherri Marshall, Chair	