Metropolitan
Nashville Hospital Authority

METROPOLITAN HOSPITAL AUTHORITY BOARD of TRUSTEES

JUNE 10, 2026
12:30 P.M.
Compliance Committee Meeting
AGENDA

The Hospital Authority Compliance Committee May Deliberate on any Item on the Agenda

NGH Mission Statement

To improve the health and wellness of Nashville by providing equitable access to coordinated patient-centered care, supporting tomorrow's caregivers, and translating science into clinical practice.

NGH Vision

Leader in exceptional community healthcare – "One neighbor at a time."

Board Packet

Click here to access the Board packet electronically. (The link works best if you use Microsoft Chrome or Edge. It does not seem to work well with Safari.)

AGENDA ITEM

I. Welcome and Call to Order – Dr. Raymond Martin, Committee Chairperson

II. Conflict of Interest
Opportunity for each member to disclose potential conflicts and their belief that they can be unbiased and able to participate, or that they elect to recuse themselves from the matter.

III. Mission Statement

IV. Public Comment
Each guest wishing to speak must appear in person before the meeting begins and sign the sign-up sheet. A maximum of twenty (20) minutes is allowed for public comment. The Chair will call on guests in the order listed on the sign-up sheet, provided no guest will be called after the maximum twenty (20) minute time period is reached. Each guest who is called is limited to a maximum of 3 minutes to speak regarding agenda items.

V. Minutes
HAB Compliance Committee Meeting February 25, 2026

VI. Old Business

VII. New Business

VIII. Standing Reports

a. Cybersecurity Program Update – Melanie Thomas, Senior Director of Information Systems **/** Andy Leffler, Director of Information Security, HIPAA Security Officer

1. Program & Risk Posture

a) NIST CSF–aligned cybersecurity program
b) Overall posture stable and improving
c) One serious incident – contained, no material impact

2. **Key Risk Areas**
   a) Ransomware
   b) Identity & access compromise
   c) Third-party/vendor risk

3. **Performance & KPIs**
   a) Continuous vulnerability scanning & regular patching
   b) Phishing rate slightly above benchmark, trending downward
   c) Improving detection & response capabilities
4. **Strategic Initiatives**
   a) Expanding IAM and Multi-Factor Authentication (MFA)
   b) Strengthening Disaster Recovery & Business Continuity
   c) Developing Responsible Use of AI policy
   d) Upcoming independent penetration test
5. **Risk Mitigation**
   a) Increased cybersecurity insurance coverage
   b) Ongoing governance and program maturity improvements
6. **Focus**
   a) Reduce risk
   b) Strengthen resilience
   c) Protect patient care & operations

b. Auditing and Monitoring
1. Coding Accuracy Report – Yasmin Wood, Director of Health Information Management
2. Federal Credits Monitoring – Mark Chase, Patient Access Manager
3. Excluded Vendor and Provider Checks – Angela Jefferson, Compliance Coordinator
4. Conflict of Interest – Angela Jefferson

c. General Reporting
1. Pharmacy 340(b) Compliance – Dr. Beauman Dick, Inpatient Pharmacy Manager
2. Human Resources – Delonda Payne, Director of Human Resources
3. Quality – Kristi Lewis, Chief Compliance Officer

d. Compliance – Kristi Lewis, Chief Compliance Officer
1. Compliance Charter
2. Review of Compliance Work Plan 2025-26
3. New Compliance Work Plan 2026-27
4. Hotline Cases (Incident Management Reporting)
5. Litigation Updates

IX. Next Meeting Date:
a. October 2026 with date to be determined
b. HAB Report Out Schedule: February, June, October

X. Adjournment