

**BOARD OF TRUSTEES MEETING MINUTES
JUNE 16, 2021**

Members present via Zoom: Beth Llewellyn (Vice-Chair), Tom Sloan (Treasurer), Jim Brooke (Secretary), Larry McElwain, Pat Miller, Dr. Shari Quick, Dr. Beth Roselyn, Russ Johnson, Sheryle D’Amico, Traci Hoopingarner, Janette Kirkpatrick, Deb Cartwright, Brian Bradfield, Colleen Browne, Jared Abel, Michael Williams, Rebecca Smith and Andy Ramirez (Hospital Counsel)

Other attendees via Zoom: Danae Johnson, Christine Reed, Amy Northrop, Autumn Bishop and Chad Lawhorn (LJ World)

Members excused: Bob Moody (Chair), Dr. Jim Mandigo

Call to Order

The meeting was called to order at 8:34 a.m.

Opening Statement

The following opening statement was read by Danae Johnson, Director – Executive Administration:

“Good morning. Thank you for joining the LMH Health Board of Trustees meeting. Before we get started, we’d like to outline a few important procedural details for this meeting:

- LMH Health Board of Trustees welcomes community feedback on policies and issues affecting its clinics and the hospital. In order to ensure time is used efficiently, we will not take public comments during the meeting. However, comments may be shared with board members in a number of different ways, including the comments section of our webpage, by emailing trustees@lmh.org, by calling 785-505-6138, or by contacting individual trustees with the contact information listed on our website at lmh.org.
- During the meeting, each meeting participant will identify themselves using their first and last name prior to commenting.
- Roll call will be taken for voting on each item requiring board action.
- We will be having an executive session at this meeting. At the appointed time, the Board Chair will call for a motion to enter into executive session. This motion will include the time that the open session of the meeting will resume. Executive session is reserved for Trustees only. Everyone else will be asked to leave the meeting during executive session and is welcome to return to the meeting when open session resumes.
- If members of the public wish to obtain meeting materials, please contact email trustees@lmh.org or call 785-505-6138.”

Introduction of Summer Leadership Academy Students

Erica Hill, Director - Equity, Inclusion and Diversity, refreshed the Board on the Summer Leadership Academy Program and introduced the student members of the Class of 2021.

Approval of Agenda and Consent Agenda

The agenda for the June 16, 2021 meeting and consent agenda (see below) were presented for review with approval requested.

- The following were presented for approval as part of the consent agenda:
 - Board of Trustees Meeting Minutes, May 19, 2021
 - Finance Committee meeting minutes, June 14, 2021
 - General Medical Staff Bylaw Amendments:

ARTICLE ONE: PREAMBLE

THE PHYSICIANS, ~~ADVANCED PRACTICE PROVIDERS~~, DENTISTS, AND PODIATRISTS PRACTICING IN LAWRENCE MEMORIAL HOSPITAL HEREBY ADOPT THE FOLLOWING BYLAWS TO ESTABLISH A FRAMEWORK FOR GOVERNANCE OF MEDICAL STAFF ACTIVITIES AND ACCOUNTABILITY TO THE BOARD OF TRUSTEES.

3.2 BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP AND OF PRACTITIONER'S HOLDING PRIVILEGES

- 3.2.6 Assume responsibility for, and be accountable for the conduct of any Allied Health Professional for whom the Staff member serves as a supervising physician.
- 3.2.7 Assume responsibility for, and be accountable for the conduct of any clinical employee of the Staff member (or the Staff member's private practice) whom the Staff member utilizes for assistance during a defined patient care episode. All such employees of Staff member must be approved by Hospital's human resources department prior to providing assistance to the Staff member.
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- 3.2.9 Every person who shall apply for or accept ~~the privilege of~~ Medical Staff ~~privileges membership at the Hospital~~ shall be deemed to have given the person's consent to a mental or physical examination, including appropriate diagnostic studies, whenever the person's physical and/or mental health is called into question. This may include specimen collection for alcohol testing, toxicology studies, or other tests deemed necessary by the examining Physician. If such person fails at any time to submit to such an examination when requested to do so by the President/CEO, the Chief of Staff, the applicable Department Chief, or the MEC, the person's Medical Staff membership and privileges may be terminated by the Board of Trustees after recommendation by the MEC. Such Practitioner shall thereupon have access to the hearing and appellate review procedures set forth in Articles Ten and Eleven of these Bylaws. Failure to satisfy any of these basic obligations may be grounds, based upon the circumstances, for corrective action pursuant to Article Ten of these Bylaws
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ARTICLE FIVE: INDEPENDENT & DEPENDENT ALLIED HEALTH PROFESSIONALS

Definitions

- 5.1.1 "Allied Health Professional" collectively refers to Dependent Allied Health Professionals and Independent Allied Health Professionals.

"Dependent Allied Health Professionals" are those who provide patient care services only at the direction and under the supervision of Medical Staff Members. ~~The Allied Health Professional may pursue only those privileges granted by the Board of Trustees following consideration of recommendations by the Medical Staff.~~

~~The employer or sponsor of an Allied Health Professional is responsible for the Allied Health Professional's clinical activities.~~

“Independent Allied Health Professionals” are those other than a physician or dentist who are permitted by law and the Hospital to independently provide patient care services in the Hospital. ~~Independent Allied Health professionals may exercise only those privileges granted by the Board of Trustees following consideration of recommendations by the Medical Staff.~~

The following positions may also be referred to as advanced practice providers (APPs): Nurse Practitioners, Certified Nurse Specialists, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Physician Assistants.

Prerogatives and Obligations

5.2.1 Allied Health Professionals are members of the Allied Health Professional Staff and are not members of the Medical Staff and are not eligible to vote. They shall, upon request, attend relevant meetings of the Medical Staff.

The Dependent Allied Health Professional may pursue only those privileges granted by the Board of Trustees following consideration of recommendations by the Medical Staff. The employer or sponsor of a Dependent Allied Health Professional is responsible for the Allied Health Professional's clinical activities.

Independent Allied Health professionals may exercise only those privileges granted by the Board of Trustees following consideration of recommendations by the Medical Staff.

All Allied Health Professionals shall be further subject to the relevant provisions of these Bylaws, the Rules and Regulations of the Medical Staff, found at Appendix C of these Bylaws, and to such supplementary or amended Rules and Regulations approved by the Board of Trustees, including Policies of the ~~Allied Health Professionals~~ Advanced Practice Providers Credentials Committee (APPC).

The ~~Allied Health Professionals~~ Advanced Practice Providers Credentials Committee will be responsible for recommending to the Medical Staff Credentials Committee on the initial applications and reapplications, the scope and extent of clinical privileges and procedures for the various Allied Health Professionals.

Allied Health Professionals are subject to the same quality assessment process as are members of the Medical Staff.

Independent Allied Health Professionals ~~are not members of the Medical Staff, but~~ who are not employed by the Hospital shall be accorded the hearing and appeal rights as are provided to members of the Medical Staff under Article Eleven of the Medical Staff Bylaws in connection with the denial of any requested clinical privileges, and the revocation, suspension or reduction of any clinical privileges. If the Allied Health Professional is employed by the Hospital, ~~the Allied Health~~

~~Professional is considered an employee, not an Allied Health Professional Staff member, and the usual Hospital personnel practices or the Independent Allied Health Professional's employment agreement, if any, shall govern.~~

~~Allied Health Professionals are subject to the same quality assessment process as are members of the Medical Staff.~~

The following types of Allied Health Professionals have been authorized by the Board of Trustees to provide patient care at Hospital. Subsequent types must be approved by the Board of Trustees. “(D)” designates Dependent Allied Health Professional and “(I)” designates Independent Allied Health Professional

Audiologists (I)
~~Clinical Psychologists~~
Nurse Practitioners (I)
Certified Nurse Specialists (I)
Certified Nurse Midwives (I)
Certified Registered Nurse Anesthetists (I)
Certified Registered Nurse (D)
~~Social Workers~~
Physician Assistants (D)
Surgical Assistants (D)
Certified Surgical Technician (D)
~~Emergency Medical Technician (EMT)~~

6.3 BASES FOR PRIVILEGE DETERMINATIONS

6.3.1 GENERAL FACTORS

9.2 CREDENTIALS COMMITTEE

9.2.4 The ~~Allied Health Professionals~~ Advanced Practice Providers Credentials Committee shall be a subcommittee of the Credentials Committee. This subcommittee will make recommendations to the Medical Staff Credentials Committee regarding appointment/reappointment and clinical duties of Allied Health Professional personnel.

9.8 PEER REVIEW ACTIVITIES AND RECORDS

It is recognized that the MEC, the Credentials Committee, the MSQIC, the ~~Allied Health Professional Committee~~ Advanced Practice Providers Credentials Committee, the Joint Conference Committee, the clinical Department committees, other appointed committees of the Medical Staff, Medical Staff Officers, Department Chiefs, and other persons employed, designated or appointed by the Hospital or the MEC will from time to time become engaged in the following functions:

1.5.5 CREDENTIALS COMMITTEE (CREDENTIALING PROCEDURES - APPENDIX A)

The Credentials Committee also receives and acts on reports of the ~~Allied Health Professionals~~ **Advanced Practice Providers Credentials** Committee's recommendations on applications from Allied Health Professionals.

Proposed Bylaw Change regarding History and Physical by APPs

To Credentials Committee: 3/30/2021

To MEC: 4/13/2021

To GMS: 6/1/2021

To BOT: 6/16/2021

ARTICLE FOUR: HISTORY AND PHYSICAL

- 4.5 Qualified Practitioners capable of performing and signing a comprehensive history and physical are designated by the Medical Staff as:
- 4.5.1 Physician members of the Medical Staff
 - 4.5.2 Dentists who are oral or maxillofacial surgeons or anesthesiologists who are credentialed to do so.
 - 4.5.3 ~~Physician assistants and nurse Practitioners~~ Advanced Practice Providers who are credentialed to do so in accordance with Section 5.7 of the Medical Staff Bylaws.
- 4.6 Other Dentists, Podiatrists, and appropriately privileged Allied Health Professionals are responsible for the specialty specific portion of the history and physical examination. A Physician member of the Medical Staff assumes responsibility for overall aspects of patient care, including the comprehensive history and physical.
- 4.7 ~~Physician assistants and nurse Practitioners~~ Advanced Practice Providers may be credentialed to perform history and physical examinations under supervision by a qualified Practitioner who is responsible for Practitioner's clinical activities. Residents/Fellows may perform histories and physicals as allowed by job description. History and physical examinations performed by appropriately privileged licensed independent Practitioners need not be co-signed by the supervising Physician at the time of chart completion unless state defined scope of practice requires such signature.

Note: 5.7 that is referenced above provides a list of the Allied Health Professionals that have been authorized by the Board of Trustees to provide patient care at the Hospital.

- Medical Executive Committee Recommendations:

MEDICAL STAFF & ALLIED HEALTH PROFESSIONAL STAFF - New Appointments:

Howard Heller, MD (Consulting; Tele-radiology) – Initial appointment 6/16/21 not to exceed 2 years.

Margaret “Maggie” Jorgenson, APRN (AHP; Sponsors: Dr. Shari Quick/Partners in Rehab Medicine) - Initial appointment 6/16/2021 not to exceed 2 years.

MEDICAL & LMH EMPLOYEE/ALLIED HEALTH PROFESSIONAL STAFF – Reappointments:

Eeman Akhtar, MD (Active Non-Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

Blake Conklin, DO (Active Admitting, Surgery) - Initial appointment 7/1/21 not to exceed 2 years.

Spencer Harrison, MD (Active Non-Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

J. Philip Hoffmann, MD (Active Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

Lynley Holman, MD (Active Admitting, OBGYN) - Initial appointment 7/1/21 not to exceed 2 years.

Eric Huerter, MD (Active Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

Robert Knight, MD (Active Admitting, Radiology) - Initial appointment 7/1/21 not to exceed 2 years.

Michael Lange, MD (Active Admitting, Anesthesia) - Initial appointment 7/1/21 not to exceed 2 years.

Michael Neilson, DMD (Consulting, Surgery) - Initial appointment 7/1/21 not to exceed 2 years.

Stephanie Schmidt, MD (Active Admitting, Anesthesia) - Initial appointment 7/1/21 not to exceed 2 years.

Scott Solcher, MD (Active Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

Mitchell Tener, MD (Active Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.

Matthew Thomson, MD (Consulting, Radiology) - Initial appointment 7/1/21 not to exceed 2 years.

Michael Feighny, CRNA (AHP, Lawrence Anesthesia) - Initial appointment 7/1/21 not to exceed 2 years.

Diane Knapic, APRN (LMH Employee, LMH) - Initial appointment 7/1/21 not to exceed 2 years.

Cheryl Myers, APRN (AHP, CSL) - Initial appointment 7/1/21 not to exceed 2 years.

David Thomas, APRN (LMH Employee, Hospitalists) - Initial appointment 7/1/21 not to exceed 2 years.

FOCUSED PRACTITIONER PRACTICE EVALUATIONS:

Thomas Grillot, MD (LMH Radiology) - Initial

PRIVILEGE &/or STATUS CHANGES & RESIGNATIONS:

Susan Newman, MD (Consulting/MindCare Solutions) – Resignation effective 6/12/2021.

Michele Siegele, MD (Consulting/MindCare Solutions) – Resignation effective 4/30/2021.

MOTION to approve the agenda and consent agenda.

Made by Tom Sloan,

Seconded by Rob Chestnut.

Motion carried.

Chairperson of the Board Report

Beth Llewellyn, Vice Chair, reported for Bob Moody, Chair. Ms. Llewellyn and Mr. Moody commended staff for the recent recognition they received by the Best of Lawrence program.

Chief of Staff Report

No report.

CEO Report and Executive Team Report

- **CEO Report:** Russ Johnson, President and CEO, shared news that Lawrence Family Medicine will be joining the LMH family later this year. The clinic is expected to begin working under the LMH umbrella on September 1.
- **Workforce Update:** Colleen Browne, VP and Chief People Officer, shared an update on workforce and how a shift in factors, including technology advances and the COVID-19 pandemic, created the ability for a

hybrid workforce. Ms. Browne shared that the healthcare/social assistance sector includes six of the top ten fastest growing jobs in the workforce. Healthcare will need 200,000 new RNs annually to fill positions vacated due to retirement, not accounting for retirements for baby boomers. While turnover at LMH is 18.19%, less than the rate seen in the greater Kansas City metro (21.3%) and in the north central region of Kansas (23.7%), vacancy rates continue to increase to the highest levels they've ever been. Ms. Browne said that filling positions will continue to be a challenge, but the LMH team is actively working on it.

Open Discussion

No topics were presented for open discussion.

Executive Session – Strategic Clinical Agreements

- Motion was made to recess into executive session to discuss preliminary issues regarding strategic clinical agreements with legal counsel as authorized by Sections 75-4319(b)(2) of the Kansas Open Meetings Act which authorizes consultation with the hospital's attorney on matters deemed privileged by the attorney-client privilege with the open meeting reconvening at 10:30 a.m.

MOTION made by Tom Sloan,

Seconded by Rob Chestnut.

Motion carried.

Adjournment

With no further business presented, a motion was made to adjourn the meeting at 10:30 a.m.

MOTION made by Rob Chestnut,

Seconded by Pat Miller.

Motion carried.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Brooke".

Jim Brooke, Secretary of the Board