

**BOARD OF TRUSTEES MEETING MINUTES  
MARCH 17, 2021**

**Members present via Zoom:** Bob Moody (Chair), Beth Llewellyn (Vice-Chair), Tom Sloan (Treasurer), Jim Brooke (Secretary), Larry McElwain, Pat Miller, Dr. Shari Quick, Dr. Beth Roselyn, Dr. Jim Mandigo, 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, Korianne Kaleikini and Chad Lawhorn (LJ World)

**Call to Order**

The meeting was called to order at 8:32 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.”

**Approval of Agenda and Consent Agenda**

The agenda for the March 17, 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, Feb. 17, 2021
  - Finance Committee meeting minutes, Mar. 15, 2021
  - Medical Executive Committee Bylaw Changes:

**LMH HEALTH**

**General Medical Staff Recommendations to the Board of Trustees  
March 17, 2021**

**To MEC: 2/9/2021**

**To GMS: 3/2/2021**

#### Changes related to Title for Secretary Position

- Position is listed in Bylaws as “**Secretary**”
- Proposed change to “**Secretary/Treasurer**”
- Located in following places in bylaws:
  - 7.1.1 (c)
  - 7.3
  - 7.4.1
  - 7.4.2
  - 7.5.3
  - 7.6.3
  - 8.6.3 (n)
  - 9.1
  - 9.5
  - 10.2

#### Changes for Other Title/Position Changes

- MEC Membership 9.1.1 (a)

The MEC will consist of these voting members: the Chief of Staff, Vice Chief of Staff, Secretary/Treasurer, immediate past Chief of Staff, three (3) at-large members of the Active Staff with one (1) designee to be filled by the Hospitalist Service, the Chair of the Medical Staff Quality Improvement Committee (“MSQIC”), the Chiefs of the Departments, all of whom will be elected at the annual Staff meeting. The President/CEO of the Hospital, ~~Vice President of Medical Affairs~~ VP Clinical Care/CNO, ~~and~~ VP Clinical Excellence, and a designated member of the Board of Trustees shall attend regular meetings of the MEC as non-voting members.

#### Change for MEC Meeting Functions

It shall perform the functions, responsibilities and reporting assigned to the Committee in the ~~Hospital Medical Staff Policy and Procedure Manual~~ Medical Staff Bylaws.

#### Removal of one MEC Responsibility

- 9.1.5 - The MEC shall regularly address each of the following areas of responsibility. It shall make timely recommendations to the Board of Trustees and the President/CEO in each of these areas:
- (c) Professional Activities
    - ~~iii. Approve forms and format of the medical record.~~

#### ARTICLE FIVE In Appendix A: Location and Access to Credential Files

**5.3** The Medical Staff and Allied Health Professionals credentials files shall be kept in a secured cabinet in the Medical Staff Office or scanned into the Medical Staff Office software and shall be maintained by the Medical Staff Coordinator. Access to a member’s credentials file shall be limited to the Chief of the member’s Department, the Chief(s) of other involved Departments, the Officers of the Medical Staff, members of the Medical Staff and ~~Allied Health Professionals Advanced Practice Providers~~ Credentials Committees, the ~~Chief Operating Officer~~ VP – Clinical Excellence, Medical Staff Office personnel, and the President/CEO of the Hospital when there is a need for a review approved by the Medical Staff Office Coordinator.

**To MEC: 2/11/2020**

**To GMS: 4/18/2020**

## TEMPORARY PRIVILEGES

### 6.6.1 CONDITIONS

#### (b) Privileges in Process

When a licensed independent practitioner in good standing submits a request for new privileges that demonstrates the practitioner's education and training related to those privileges and raises no concerns is pending approval of the MEC and the Board of Trustees....

- o Medical Executive Committee Recommendations:

#### **MEDICAL STAFF & ALLIED HEALTH PROFESSIONAL STAFF - New Appointments:**

**Michael Klein, MD** (Consulting; Tele-radiology) – Initial appointment 3/17/21 not to exceed 2 years.

**Paulraj Samuel, MD** (Active Admitting; Internal Medicine/Cardiology) – Initial appointment 3/17/21 not to exceed 2 years.

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

**Brendan Bell, DDS** (Active Admitting; Surgery) – Initial appointment 4/1/21 not to exceed 2 years.

**Matthew Bihlmaier, DO** (Active Non-Admitting; Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Elaine Demetroulis, MD** (Active Admitting; Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Kerwin Dunham, DPM** (Active Admitting; Surgery) – Initial appointment 4/1/21 not to exceed 2 years.

**Jason Foster, MD** (Active Non-Admitting; Family Practice) – Initial appointment 4/1/21 not to exceed 2 years.

**Patrick Harper, MD** (Active Admitting; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

**Logan Kracht, MD** (Active Admitting; OBGYN) – Initial appointment 4/1/21 not to exceed 2 years.

**Taylor Neff, MD** (Active Admitting; Emergency Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Sharon Soule, MD** (Active Admitting; Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Axel Thors, DO** (Active Non-Admitting; Surgery) – Initial appointment 4/1/21 not to exceed 2 years.

**Jeffrey Whitacre, MD** (Active Admitting; Emergency Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Paul Loney, MD** (Active Admitting; Emergency Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Bryce Benton, CRNA** (Allied Health; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

**Adrian Cade, APRN** (LMH Employee; Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Jessica Hemming, CRNA** (Allied Health; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

**Melissa Hoffman, DNP, APRN** (LMH Employee; OBGYN) – Initial appointment 4/1/21 not to exceed 2 years.

**Dustin Huff, PA** (Allied Health; Emergency Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Leighton Miller, APRN** (LMH Employee; Surgery) – Initial appointment 4/1/21 not to exceed 2 years.

**Sarah Muller, APRN** (Allied Health; Emergency Medicine) – Initial appointment 4/1/21 not to exceed 2 years.

**Krista Ruvalcaba, CRNA** (Allied Health; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

**Nancy Whitson, CRNA** (Allied Health; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

**Rebekah Wiebelhaus, CRNA** (Allied Health; Anesthesia) – Initial appointment 4/1/21 not to exceed 2 years.

#### **PRIVILEGE &/or STATUS CHANGES & RESIGNATIONS:**

**Dale Denning, MD** (Lawrence Vein Center) – Requests privilege deletion of "Conscious Sedation."

**Kye Evans, DO & Toni Pittman, MD** (Active Admitting/Emergency Medicine & Vein) – Requests privilege additions of "Vein Procedures."

**Gerald Pees, MD** (Active Admitting; Family Practice) – Resignation/Retirement effective 1/31/2021.

**Richard Wendt, MD** (Active Admitting; Surgery/Orthopedics) – Requests privilege deletion of “MAKO Total & Partial Knee.”

MOTION to approve the agenda and consent agenda.

Made by Tom Sloan,

Seconded by Pat Miller.

Motion carried.

### **Chairperson of the Board Report**

Bob Moody, Chair, shared his thoughts on the future of LMH Health. As an organization, LMH Health wants to be in charge of our destiny and the Board’s desire is to retain the hospital’s position of strength.

### **Chief of Staff Report**

No report.

### **CEO Report**

- Russ Johnson, President and CEO, reported on the recent Joint Commission survey and resulting accreditation for Total Hip and Knee Replacements. OrthoKansas has earned The Joint Commission’s Gold Seal of Approval® for Advanced Total Hip and Knee Replacement Certification. The certification, in collaboration with the American Academy of Orthopaedic Surgeons, recognizes the advanced standards of care during a total hip and total knee replacement, from pre-surgical orthopedic consultation to the interoperative and post-surgical follow-up care.
- Mr. Johnson announced that The LMH Health Oncology and Hematology Center, which has grown as a regional destination for integrated cancer care, will be transitioning to a new name for this program: The LMH Health Cancer Center. This new name more accurately represents the comprehensive and progressive cancer care offered at the hospital, as the center is home to physicians trained at NCI-designated cancer centers, multidisciplinary care teams, and strong regional healthcare provider partnerships. Mr. Johnson relayed the organization’s excitement for this name change, which will bring increased awareness to the exceptional quality of care available to patients, in the Lawrence community.
- Mr. Johnson gave a brief financial update. LMH Health ended 2020 on a strong financial note. Despite unexpected operational disruptions related to the pandemic, revenues exceeded expenses by more than \$4.06 million. While revenue was lower than expected in January, due to lower volumes and a continuing drop in Emergency Department visits – as is true across the country, February showed improvement. LMH saw a strong volume in care for higher acuity patients with longer stays and had good flexibility for staffing. March is looking very strong and it is anticipated that this trend will continue into the second quarter.

### **Strategic Clinical Relationship**

Mr. Johnson and Jared Abel, AVP – Strategy & Service, reported on the work being done to explore a Strategic Clinical Relationship (SCR) and service line enhancements:

- Over the past 18 months, a steering group made up of clinicians, administration and Board of Trustee members have been discussing a possible SCR and how it could benefit the patients and communities LMH Health serves.
- As defined by the steering group, an SCR is a collaborative commitment to shared success between LMH Health and another organization(s) with whom we will develop a committed relationship focused on clinical, strategic and operational improvements. LMH will align clinical programs wherever it is in the best interest of our patients and explore models that expand our scope and yield higher value to patients/consumers. Respect, trust, innovation and commitment to mutual success will be vital.
- A Strategic Clinical Relationship is about:

- Growing and improving LMH's services for the people in our community so our patients can get the care they need, close to home
- Being intentional around what LMH wants to improve through an SCR with another health system
- A long-term commitment to keeping and growing the local, independent healthcare system our community wants
- A Strategic Clinical Relationship is not about:
  - Telling LMH clinicians where they must send patients for service. LMH's Providers won't lose the ability to choose the best course of treatment for a patient.
  - Selecting the provider or system that already does things the way LMH wants them to.
  - Selling the hospital or changing LMH's ownership, governance or management to another entity or health system. LMH is not for sale.
- LMH's guardrails for an SCR:
  - LMH will not relinquish independent ownership or governance.
  - No relationship will impede the Medical Staff from making referrals to the most appropriate and best place for a patient's care.
  - LMH is always the final authority for healthcare decisions in our service area.
  - No relationship will inhibit LMH's purpose or conflict with LMH's strategy.
- This is a long-term strategic process, one that will support LMH's mission as a tax-exempt charitable trust providing millions in charitable funds care each year. Providing exceptional healthcare for all is at the heart of all we do. It's the beginning of a conversation to explore a long-lasting relationship, not yet a commitment.
- Discussion followed amongst Trustees about the Board's commitment to transparency throughout this process.

### **COVID and Unified Command Update**

- Brian Bradfield, Associate Vice President – Ancillary Services, updated the Board on Phase 3 and 4 vaccination plans. LMH Health will continue to work with Lawrence Douglas County Public Health to administer as many vaccinations as possible.

### **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 10:20 a.m.
  - MOTION made by Tom Sloan,
  - Seconded by Pat Miller.
  - Motion carried.
- Motion was made to extend executive session with the open meeting reconvening at 10:35 am.
  - MOTION made by Larry McElwain,
  - Seconded by Jim Brooke.
  - Motion carried.
- Motion was made to extend executive session with the open meeting reconvening at 10:45 am.
  - MOTION made by Tom Sloan,
  - Seconded by Dr. Shari Quick.
  - Motion carried.

- Motion was made to extend executive session with the open meeting reconvening at 11:00 am.  
MOTION made by Tom Sloan,  
Seconded by Jim Brooke.  
Motion carried.

**Open Discussion**

No topics were presented for open discussion.

**Adjournment**

With no further business presented, a motion was made to adjourn the meeting at 11:01 a.m.

MOTION made by Tom Sloan,  
Seconded by Pat Miller.  
Motion carried.

Respectfully submitted,

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

Jim Brooke, Secretary of the Board