LMH Health

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BOARD OF TRUSTEES MEETING MINUTES
JULY 21, 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, Russ Johnson, Sheryle D'Amico, Deb Cartwright, Jared Abel and Dr. Stuart Thomas

Other attendees via Zoom: Danae Johnson and Amy Northrop

Members excused: Dr. Jim Mandigo

Call to Order
The meeting was called to order at 8:30 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 July 21, 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, June 16, 2021
    - Utilization Management Plan (Exhibit A)
    - Medical Executive Committee Recommendations:

MEDICAL STAFF & ALLIED HEALTH PROFESSIONAL STAFF - New Appointments:
Jamesia Donato, MD (Consulting; Pediatrics/Neonatology) – Initial appointment 7/21/21 not to exceed 2 years.
Henry Quevedo Diaz, MD (Active Admitting; Internal Medicine/Cardiology) – Initial appointment 7/21/21 not to exceed 2 years.
Kevin Wu, MD (Active Admitting; Internal Medicine/Hospitalist) – Initial appointment 7/21/21 not to exceed 2 years.

Neil Anand, MD; Abbas Chamsuddin, MD; Leonard Morneau, MD & Archana Lucchesi, MD (Consulting; Teleradiology) – Initial appointment 7/21/21 not to exceed 2 years.

MEDICAL & LMH EMPLOYEE/ALLIED HEALTH PROFESSIONAL STAFF – Reappointments:
Martha Allen, MD (Active Non-Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.
Janet Amundson, MD (Consulting, Radiology) - Initial appointment 7/1/21 not to exceed 2 years.
Ashley Bloom, MD (Active Non-Admitting, Family Practice) - Initial appointment 7/1/21 not to exceed 2 years.
David Cocanower, MD (Consulting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.
Edward Hobart, MD (Consulting, Radiology) - Initial appointment 7/1/21 not to exceed 2 years.
Jared Konie, MD (Active Admitting, Surgery) - Initial appointment 7/1/21 not to exceed 2 years.
Amanda Miller, MD (Active Admitting, Family Practice) - Initial appointment 7/1/21 not to exceed 2 years.
Jennifer Schrimsher, MD (Active Admitting, Medicine) - Initial appointment 7/1/21 not to exceed 2 years.
Gregory Thalken, MD (Consulting, Radiology) - Initial appointment 7/1/21 not to exceed 2 years.
Rebecca Verhaeghe, DO (Active Admitting, Pediatrics) - Initial appointment 7/1/21 not to exceed 2 years.
Jennifer Dixon, APRN (LMH Employee, FP) - Initial appointment 7/1/21 not to exceed 2 years.
Barbara Hart, APRN (LMH Employee, LMH) - Initial appointment 7/1/21 not to exceed 2 years.

FOCUSED PRACTITIONER PRACTICE EVALUATIONS:
Elizabeth Hechler, DDS – Active Admitting/Pediatric Dentistry - Initial
Terrance Riordan, MD – Active Admitting/Pediatric Hospitalist - For privilege additions of "Attendance of Delivery/Intubation for Meconium &/or Resuscitation & Umbilical Cath."
Krista Whitney, MD – Active Admitting/Pediatrics - For privilege addition of "Circumcisions."
Toni Reynolds, MD & Kye Evans, DO – Active Admitting/LMH Vein Center - For privilege additions of "Vein Procedures."
Ali Nash, CRNA – AHP/Lawrence Anaesthesia - Initial

PRIVILEGE &/or STATUS CHANGES & RESIGNATIONS:
Charles Brooks, MD – Active Admitting/GI; Termination of Leave of Absence effective 6/24/2021.
Zachary Brown, DDS, MD – Active Admitting/Oral/Maxillofacial Surgery; Resignation effective 7/1/2021.
Patrick Christopher, DDS, MD – Active Admitting/Oral/Maxillofacial Surgery; Resignation effective 7/1/2021.
Dale Denning, MD – Active Admitting/Vein; Resignation effective 7/15/2021.
Scott Robinson, MD – Active Non-Admitting/Wound Healing Center; Requests status change to Active Admitting with privilege additions of "Hyperbaric Oxygen Therapy & Wound Care."
Barbara Schupp, DDS – Active Admitting/Pediatric Dentistry; Resignation effective 6/24/2021.
Jessica Dalton, APRN – LMH Employee/First Med LMH Health; Resignation effective 7/1/2021.
Jenna Hornbeck, PA – LMH Employee/Employee Health; Resignation effective 6/20/2021.

MOTION to approve the agenda and consent agenda.
Made by Tom Sloan,
Seconded by Pat Miller.
Motion carried.

Open Discussion
A brief discussion was held on the COVID-19 delta variants and their current impact to LMH Health.

Executive Session – Strategic Clinical Agreements
The board elected not to hold an executive session.

Adjournment

With no further business presented, a motion was made to adjourn the meeting at 8:25 a.m.

MOTION made by Beth Llewellyn,
Seconded by Tom Sloan.
Motion carried.

Respectfully submitted,

Jim Brooke, Secretary of the Board

LMH Health Board of Trustees: Exhibit A

LAWRENCE MEMORIAL HOSPITAL	**Title: Utilization Management Plan**
Document Category: Administrative	**Document Type: Policy**
Department/Committee Owner: **Care Coordination Director**	**Original Date: March 1989**
Approved By (last review): ~~Utilization Management Committee, February 2020~~ ~~Medical Executive Committee, August 2020~~ Board of Trustees~~, October 2020~~ ~~Quality Improvement Committee, February 2019~~	**Approval Date:** ~~**February 2019**~~**Not Approved Yet** (Complete history at end of document.)

Purpose

A. To assist in providing high-quality patient care through the review, analysis, and evaluation of clinical practices within the scope of hospital responsibilities, regardless of payment source.

B. To assure that patient care services provided are medically necessary, cost-effective, and at the appropriate level of care.

Authority

The Utilization Management Committee of Lawrence Memorial Hospital has been established as a standing Medical Staff committee to carry out the Utilization Management Plan. It functions in accordance with the Medical Executive Committee who has the final authority and responsibility for the maintenance of an effective hospital-wide review services program.

Organization of the Utilization Management Committee

A. Membership
   a. The Chief of Medical Staff shall designate the Chair of the Committee.
   b. Physician representatives will be appointed by the Chief of Medical Staff to serve on the Committee.
   c. Ex officio representatives of this Committee will be from Administration, Health Information Management, Case Management, Social Work, and Nursing.

B. The Committee will meet at least quarterly and as deemed necessary by the chairperson. A permanent record of all activities and proceedings shall be maintained and reported to the Medical Executive Committee.

C. Members of the UM Committee, or selected members of the Medical Staff serving as Physician Advisors, may not hold a position with financial interest in the hospital. Employed physicians are excluded from this prohibition. Physician Advisors who are directly responsible for the care of the patient will not be involved in the review.

D. All information and data will be maintained as required to assure compliance with the policies on confidentiality of Lawrence Memorial Hospital.

Committee Function

A. The utilization management functions of the committee may be carried out by the committee itself; a subcommittee; or by delegated agents, such as physician advisor and/or case managers. The Committee is responsible for ongoing review of the quality and appropriateness of services provided by all individuals with clinical privileges at the hospital. Specific duties shall include, but are not limited to, the following:

1. Conduct medical care evaluation studies on a sample of cases determined appropriate by the Committee that:
    a. Identify and analyze medical or administrative factors related to the hospital's patient care.
    b. Include analysis of at least the following:
        1) Admissions
        2) Length of Stay
        3) Ancillary services furnished, including drugs and biologicals
        4) Professional services performed in the hospital
    c. If indicated, contain beneficial recommendations for change.
2. Evaluates medical necessity for continued hospital services.
3. Determines and selects the number of Physician Advisors needed to conduct utilization management functions.
4. Recommends and/or approves screening criteria to be used by case managers for evaluating appropriate utilization.
5. Makes recommendations for improvement of utilization practices and activities and does follow-up monitoring.
6. Reviews and evaluates the Utilization Management Plan annually.
7. Integrates and coordinates review activities with Performance Improvement activities. There will be one medical care evaluation completed annually and one concurrent study in progress.
8. Reviews and evaluates observation patients for appropriate level of care, length of stay, quality of care, and discharge planning.
9. Reviews and monitors the Skilled Nursing Unit as delineated in the Utilization Management Plan.
10. Reviews outliers with a length of stay greater than 14 days and/or extraordinary high cost greater than $75,000. (If forwarded by Accounts Receivable Committee)

Review Process

All patients having Medicare, Medicaid, CHAMPUS, or other insurance with memorandums of understanding or contracts with Lawrence Memorial Hospital will be reviewed. Screening is done using InterQual, MCG, and/or Xsolis criteria. Length-of-stay recommendations are used, as required by Medicare, Medicaid and commercial insurance reviewers. These recommendations are not given priority over patient needs.

Review information on all patients will include at least the following:

a. Identification of the patient
b. Name of the patient's physician
c. Date of admission

1) Date of application for and authorization of Medicaid benefits, if known, during hospitalization

d. The plan of care as documented in the medical record by the patient's physician(s).

e. Initial and subsequent review dates, with number of days certified when applicable.

f. Date of surgery, if any.

g. Admission type (emergent, elective, direct).

h. Reasons and plan for continued stay as documented by the patient's physician(s).

i. Other supporting information that Performance Improvement and/or Utilization Management Committee believes appropriate to be included.

A. Admission/Precertification Review

Admission/Precertification review entails monitoring of elective admissions for pre-certification and/or length of stay approval. This is accomplished through collaboration between the Admissions Department and the Case Management Department. Observation patients are reviewed for appropriate level of care and criteria justification. Admission review will be performed to determine the medical necessity and appropriateness of admission.

1. Admission review is performed within one (1) working days of admission to determine appropriateness of the admission by application of Criteria to the documentation in the medical record.
   a. Medicaid patients will have an admission review within one (1) working day of admission, or notification of application for Medicaid benefits.

B. Concurrent Review

1. Continued stay review will be performed at the discretion of the Case Manager, utilizing continued stay criteria, or as requested by the insurance reviewer, to assess the patient's level of care needs and appropriateness of continued stay/utilization of services.
   a. Medicaid patients will have initial review and continued stay reviews completed within periods established for all payor sources.
2. Patient's medical records are reviewed for, but not limited to, the following:
   a. Medical necessity for admission/continued stay
   b. Appropriate level of care and timely transfer or discharge when appropriate
   c. Appropriate utilization of services
   d. Quality and risk concerns
   e. Discharge planning needs

   Referrals are made to physician advisors, department directors, and/or appropriate persons/committee for follow-up when problems are identified with any of the above.
3. Discharge review will be performed using discharge screening criteria**.** When the Case Manager questions the need for acute care

or when potential quality-of-care concerns are identified, the attending physician is contacted for additional information or notification of quality screen failure.

4. If, after conferring with the attending physician, the need for hospitalization continues to be questionable, the Case Manager will refer the case to the Physician Advisor, who will make a determination.
5. The Physician Advisor may consult with the attending physician and/or appropriate Medical Staff department chairperson, as deemed necessary, for a second opinion.
6. All efforts will be made to render a decision on referred cases within 24 hours.
7. The Physician Advisor will recommend further action in instances of inappropriate hospitalization, utilization of services, continued stay, or quality of care, in accordance with applicable policies, procedures, rules and regulations; i.e., Bylaws, KFMC, or other fiscal agencies.

Notification/Appeals Process

A. Medicare Patients

1. If an adverse decision is made on a referred case by the Physician Advisor, he, or the Case Manager, will notify the attending physician within 24 hours.
    a. The Physician Advisor**,** the Director of Case Management, the UM Committee Chair, a member of Hospital Administration or a designated representative will follow-up with the attending physician.
2. If the attending physician disagrees with the decision, then the Quality Improvement Foundation (QIO) is notified, the chart is copied and sent for their review and decision.
3. The QIO decision will be binding on the disposition of the case. The hospital will notify the patient according to protocols established by the QIO.
4. The Case Manager will discuss issues regarding notification of non-coverage conflicts with the patient or patient designee, assist as needed, and document in the Medical Record as necessary.

B. Commercial Insurance

1. The Hospital Case Manager will notify the attending physician to request they contact the insurance company Medical Director when insurance company reviewers refuse to authorize the admission or continued stay.
2. When a formal notice of non-coverage is received from a commercial insurance company, the Case Manager will discuss all options with the attending physician and patient.
3. Adverse decisions rendered from external agencies must be appealed directly to that agency.
4. Medicare HMO patients will receive notice of discharge and Medicare Appeal Rights (NODMAR's) from the Insurance Case Manager when adverse decisions are rendered. All Utilization Management policies and procedures related to Medicare patients will be followed as directed by KFMC.

C. Medicaid

1. If an adverse decision is made on a referred case by the Physician Advisor, he, or the Case Manager, will notify the attending physician within 24 hours.
    a. The Physician Advisor**,** the Director of Case Management, the UM Committee Chair, a member of Hospital Administration or a designated representative will follow-up with the attending physician.
2. Notification of adverse final decision is to be given within one (1) working day after admission, or one (1) working day after the hospital is notified of an application for Medicaid, by a person who applies while in the hospital.
3. Notice of adverse decision for admission or continued stay is sent to hospital administrator, attending physician, Medicaid agency, recipient, and next of kin or sponsor (if possible).

Discharge/Continuity of Care

Discharge planning is the coordinated effort to maximize the benefits of hospitalization by ensuring the continuity of care from the acute hospital setting to the post hospital environment. The process of planning focuses on specific problems related to the illness. It assists the patient/family by providing health care education and information on community resources as well as helping the patient/family cope with the impact of the illness and its physical, emotional, spiritual, and financial implications.

A. The discharge planning activity will be accomplished according to the policies and procedures established by the Case Management and Social Work Departments.
B. Utilization Management is a function of Case Management within the scope of the Case Management Department.
C. Patient care planning meetings and discussions occur on the patient care unit with the health care team members at least five times a week. The team members may include the clinical manager, charge nurse, Case Management, Social Work staff, clinical pharmacy, rehabilitation services, clinical dietitians, respiratory therapists, and other appropriate staff to review patients for status, care needs, and discharge goals/needs.
D. The Case Management and Social Work staff sees patients and receives referrals from nursing staff, other professionals, or patients and families; however, the attending physician approves the final discharge plan.

Reports and Records of the Utilization Management Committee

A. Records and reports to be maintained are:
    1. Minutes of each meeting.
    2. Actions taken by the committee, or its representative, regarding the admission or continued stay of any patient review.
B. Appropriate findings shall be reported to the Executive Committee of the Medical Staff and to the Governing Body.
C. The Care Coordination Specialist will be responsible for the maintenance of committee reports and records.
D. Review records will be kept for 5 years.

Confidentiality

LMH Health Board of Trustees: Exhibit A

Individual patient and physician names are excluded from case presentations at the committee level. Documented results contain only medical record case number and physician identification code. All data is displayed by patient/physician identification codes. Code interpretations are revealed only to those persons requiring the information to perform corrective action or follow-up.

Revision History

Original Date: March 1989~~mary a~~
Reviewed: October 2000
Revised: August 2001
Revised: November 2001
Revised: September 2004
Revised: December 2006
Revised: July 2008
Revised: January 2011
Revised 2012
Reviewed and Membership Revised: 2013
Reviewed and Membership Revised: 2014
Revised: December, 2015
Reviewed and Membership Revised: 2016/2017
Revised: January 2018
Revised: January 2019
Revised: Utilization Management Committee, February 2020; MEC, August 2020; Board of Trustees, October 2020
Reviewed and Membership Revised: Utilization Management Committee, February 2021; QIC May 2021; MEC June 2021

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LMH Health Board of Trustees: Exhibit A

ATTACHMENT A

MEMBERSHIP
UTILIZATION MANAGEMENT COMMITTEE
2021

Physicians
Marc Scarbrough, MD, chair
Jason Kimball, MD
~~Michael Magee, MD~~
Blake Conklin, MD
Toni Reynolds, MD
Carl Anschutz, MD
Matt Bihlmaier, MD
James Huston, MD
Adam Goodyear, MD

Ex Officio Members
Director of Care Coordination
Chief Financial Officer
Vice President of Clinical Services and CNO
Vice President of Clinical Excellence
Director of Health Information Management
Director of Data Analytics
Social Worker
Case Manager

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LMH Health Board of Trustees: Exhibit A