

**BEAUFORT MEMORIAL HOSPITAL BOARD OF TRUSTEES
BOARD MEETING– OPEN SESSION**

MINUTES – May 24, 2023

BY ZOOM: William Himmelsbach (Vice-Chair); Richardson LaBruce, Jane Kokinakis, D.O.; Allison Coppage; Ken Miller; Courtney Smith; Lynsey Rini

PRESENT: Stephen Larson, M.D.; Eric Billig, M.D; Alice Howard; Kurt Ellenberger, M.D; William Jessee, MD; Dan Barton; Carolyn Banner, Ph.D.; Russell Baxley; Karen Carroll; Brian Hoffman; Kurt Gambla, D.O.; Dee Robinson; Shawna Doran; Kim Yawn and Victoria Vivent

Absent: Dave House (Chair), Vernita Dore

Guests: Anne Rivers Borgelt (FORVIS), Kelly Smith (FORVIS)

Public/Open Session CALL TO ORDER: Mr. Himmelsbach called the meeting to order at 7:31 a.m. The meeting has been posted. Victoria Vivent took roll call. A quorum of the Board is confirmed.

MOTION: A motion was made by Mr. LaBruce for Board Members to go into Executive Session for the following purpose: Discussion of Medical Staff recruitment and contracting, strategic matters related to facility expansion and contractual arrangements with related partners. The motion was seconded by Dr. Billig and unanimously approved.

Public/Open Session MOTION: A motion was made by Dr. Billig to re-commence into Public/Open Session at 8:58 a.m. The motion was seconded by Ms. Howard and unanimously approved.

Mr. Himmelsbach provided the mission statement.

Karen Carroll provided a patient story.

CONSENT AGENDA – Approval of Minutes for April 26, 2023 Approval of Committee Reports, Patient Flow and Staff Reports – Dr. Billig made a motion, which was seconded by Mr. LaBruce to adopt the agenda and reports as presented. Unanimous approval/no oppositions.

QUALITY IMPROVEMENT COMMITTEE: Dr. Billig noted from credentials Dr. Mullins (Oncology) will start in July. There are Locums coverage for vascular and critical care. The departmental monthly TJC compliance checklist completion is at 81%. Sustained compliance from previous findings related to consent in the same language is at 65%, there are action plans in place. The spring Leapfrog grade was a C. This drop was related to increased infections during the end of Delta COVID wave and beginning of Omicron wave. The numbers graded were older and anticipate an increase in the grade in the fall. Dr. Billig provided an update on the Stroke Program. One measure below goal was due to not using the stroke order set. The other measure is related to the nursing documentation not being completed in a timely manner on bed-waited patients in the Emergency Department. BMH currently has a 3-star HCAHPS rating, and very close to hitting 4. Results are at or better when compared to state and national data. The Quality

Improvement Committee had one medical staff policy, Medical Records Delinquencies, which they reviewed and recommend to the board for approval.

COMMITTEE CHAIR ISSUE IDENTIFICATION:

Governance Committee: May meeting has been postponed to June due to scheduling conflicts. Discussion will include potential new trustee appointments, number of trustees, committee chair identification and board education.

BMH FOUNDATION: Mr. Barton provided an update on the Beaufort Memorial Foundation. The foundation is currently tracking ahead of target and exceeding previous year numbers. Of the \$2M target, about half of these funds are expected to come from grants. Mr. Barton indicated the BMH Foundation has recently received 3 new grants in the amount of, \$200K from the Beaufort County Drug and Alcohol Opioid Abatement Grant, \$150K from the Community Foundation of the Lowcountry and \$23K from Women in Philanthropy. The Foundation has received \$472K in grants so far this year. Mr. Barton introduced the Partners in Care Program for those who participate in hospital giving. An external firm is currently reviewing RFPs for the brokerage relationship intended to manage the Beaufort Memorial Foundation Endowment. A feasibility study is underway for a potential Capital Campaign.

Finance Committee: Mr. Miller introduced Ms. Anne Rivers Borgelt and Ms. Kelly Smith from the accounting firm, FORVIS, to present the final audit for approval. The issued audit was presented to the finance committee early in the week. Ms. Smith reviewed the Report to the Board issued May 17, 2023. The report outlines any changes year over year. Notable to the report is the audit was issued in a clean opinion. Regarding the opinion over the audited financial statements, they were found to be appropriately stated in all material respects. The opinion of the Single Audit over the federal grant programs, were found to be in compliance and found no significant deficiencies or material weakness in internal controls over the federal programs. There were no new accounting policies adopted and the existence of previously applied accounting policies were not changed in 2022 with one caveat being the GASB Statement No. 87 policy and its impact on the financial statements. Ms. Smith reported there were no difficulties in completing the 2022 audit. There were also no corrected or uncorrected mis statements identified and no disagreements with management. Ms. Smith also gave an update on an upcoming accounting change through GASB Statement No. 96 and certain IT requirements.

MEDICAL STAFF: Dr. Ellenberger indicated that there were no issues on the incoming appointments.

MEDICAL STAFF – Credentials: The following practitioners requested Appointment: Fogartie, James, MD, Requesting Appointment: Locum Tenens; Department of Surgery; Vascular; BMH Surgical Specialists-TEMPS; Hassan, Sohaib, MD, Requesting Appointment: Locum Tenens; Department of Medicine; Gastroenterology; Locumtenens.com Locum Tenens Staffing; Mullins, Darren, MD, Requesting Appointment: Active; Department of Medicine; Oncology; BMH Oncology Specialists-EMPLOYED; Schilling, Amie, AA, Requesting Appointment: APP; Department of Anesthesia; Anesthesiology; Low Country Anesthesia; Sharp, John, DO, Requesting Appointment: Locum Tenens; Department of Medicine; Pulmonary Critical Care; BMH Pulmonary Critical Care-TEMPS.

Reappointment:

Bazemore, James, MD, Reappointment: Consulting; Department of Medicine; Nephrology; Nephrology and Hypertension; Bean, Kimberly, NP, Reappointment: APP; Department of Medicine; Primary Care; Beaufort Memorial Bluffton Primary Care; Garcia Salas, Alejandro, MD, Reappointment: Community Active; Department of Medicine; Internal Medicine; Beaufort Memorial Primary Care; Greenberg, Harvey, MD, Reappointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Laffitte, Lucius, MD, Reappointment: Community Active; Department of Medicine; Concierge; Concierge Practice; Newman, Nikki, PA-C, Reappointment: APP; Department of Medicine; Primary Care; BMH Express Care and Occupational Health, Bluffton; Norton, Julien, MD, Reappointment: Active; Department of Surgery; Otolaryngology; Charleston ENT and Allergy; Price, Erica, NP, Reappointment: APP; Department of Medicine; Infectious Disease; Low Country Infectious Disease; Sentman, Rebecca, MD, Reappointment: Active; Department of Medicine; Nephrology; Nephrology and Hypertension. Sonners, Adina, MD, Reappointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Stockstill, Kimberly, FNP, Reappointment: APP; Department of Medicine; Gastroenterology; Low Country Medical Group, Gastroenterology; Vyge, Robert, MD, Reappointment: Community Active; Department of Medicine; Internal Medicine; Beaufort Memorials Lady's Island Internal Medicine.

Resignations: Elisabeth Chapaton-Rivard, MD, Resignation Pulmonary Critical Care 4/11/2023; Alshehri, Wael, MD, Reflex Resignation VRAD; McBrayer, Molly, NP, Reflex Resignation Infectious Disease.

After review and the recommendation by MEC and then QIC, Dr. Larson made a motion, which was seconded by Dr. Jessee to accept the Credentials Committee recommendations as presented. Unanimous approval.

CMO Report: Dr. Gambla provided an update on the GME initiative. The Pharmacy team is working on antimicrobial stewardship for TJC and looking into a Congestive Heart Failure pharmacy program. The MAT clinic received 2 grants from the Beaufort County Drug and Alcohol Opioid Abatement funds. Dr. Gambla indicated BMH is still on track to receive about \$734K from the Coastal Blood Foundation liquidation. The infection prevention team is revisiting policies post PHE.

MANAGEMENT REPORT:

Mr. Baxley provided an update on workforce housing and the Okatie Crossings site, BMH continues to work closely with the City of Hardeeville and the Developer. There was discussion around a possible project North of the Broad for a similar workforce housing development off of 170 in Beaufort.

Update on the Nursing School with USCB: BMH and USCB continue to work through processes and requirements for the nursing school and the project is on track and moving forward. The nursing school will support multiple functions, such as the USCB nursing students, BMH PATH students, PearsonVue testing for standardized testing and potential GME support.

Mr. Baxley provided a construction update:

- Evaluation & Assessment Crisis Stabilization Unit – the grant has been submitted to the State.
- MRI Replacement – the project experienced some unexpected delays and is now underway with an expected completion date the end of September.
- The Cath lab renovation has begun with the mobile Cath lab in operation, the expected completion date is also the end of September.
- The tower refresh project is underway and projected to be completed the end of the year.
- OR renovations are expected to begin in September.
- Learning Center – the module unit is complete although the project continues to see permit delays.

The 2023 Balance and Growth scorecards were provided to the Board as an informational update.

Discussion ensued around the request to amend the FY 2023 budget to increase operating expense specifically related to salaries & wages by \$1M. Mr. Baxley noted BMH currently sits \$5.5M ahead of budget for the year.

ACTION ITEMS, POLICIES, DISCUSSION OR SUPPLEMENTAL INFORMATION:

MOTION TO APPROVE THE FOLLOWING POLICY AS PRESENTED BY THE QI COMMITTEE: Medical Staff Medical Records Delinquencies, MS 62.00. Mr. LaBruce made the Motion, which was seconded by Dr. Larson. Unanimous approval.

MOTION FOR THE BOARD OF TRUSTEES TO RECEIVE AND ACCEPT THE FINAL AUDIT FOR FISCAL YEAR ENDING SEPTEMBER 30, 2022 AS PRESENTED BY THE FINANCE COMMITTEE. Dr. Billig made the Motion, which was seconded by Dr. Jessee. Unanimous approval.

MOTION TO AMEND THE FY 2023 BUDGET AS PREVIOUSLY APPROVED ON SEPTEMBER 29, 2022 TO INCREASE OPERATING EXPENSE, SPECIFICALLY SALARIES & WAGES, BY \$1 MILLION. Dr. Jessee made the motion, which was seconded by Dr. Banner. Unanimous approval.

Supplemental Information: The annual conflict of interest statements were provided to the Board to complete for 2023.

ADJOURN – A motion was made by Dr. Banner, and was seconded by Dr. Billig, to adjourn the meeting. Unanimous approval. The meeting adjourned at 10:09 a.m.

Respectfully submitted,

Stephen Larson, M.D.