

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

MINUTES – March 27, 2024

BY ZOOM: Alice Howard, Richardson LaBruce, Allison Coppage, Lynsey Rini

PRESENT: Vernita Dore, Doug Folzenlogen, M.D., Stephen Larson, M.D., Bill Himmelsbach (chair), Eric Billig, M.D., William Jessee, M.D., Tommy Harmon, Russell Baxley, Karen Carroll, Kurt Gambla, D.O., Shawna Doran, Brian Hoffman, Chris Ketchie, Ken Miller, Dee Robinson, Kim Yawn, Courtney Smith, Victoria Viventi

Absent: Dan Barton, Jane Kokinakis, D.O., Carolyn Banner Ph.D.

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

Public/Open Session CALL TO ORDER: Mr. Himmelsbach called the meeting to order at 7:30 a.m. The meeting has been posted. Victoria Viventi took roll call. A quorum of the Board is confirmed.

MOTION: A motion was made by Mr. Harmon 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 Mrs. Dore and unanimously approved.

Public/Open Session MOTION: A motion was made by Dr. Billig to re-commence into Public/Open Session at 8:30 a.m. The motion was seconded by Mr. Harmon and unanimously approved.

Mr. Himmelsbach provided the mission statement.

Karen Carroll provided a patient story.

Final Audit: Mrs. Smith with FORVIS reviewed the Report to the Board final draft audit that includes the pension report. The audit is still in draft form pending the signed management representation letter which is expected to be completed today with approval from the Board. With the letter, the audit will be finalized and issued today. Mrs. Smith advised FORVIS to issue a clean or unmodified opinion on the BMH audit.

MOTION FOR THE BOARD OF TRUSTEES TO RECEIVE AND ACCEPT THE FINAL AUDIT FOR FISCAL YEAR ENDING SEPTEMBER 30, 2023 AS PRESENTED BY THE FINANCE COMMITTEE. Mr. Harmon made the Motion, which was seconded by Dr. Jessee. Unanimous approval.

Ms. Smith and Ms. Borgelt left the meeting.

CONSENT AGENDA – Approval of Minutes for February 28, 2024 Approval of Committee Reports, Patient Flow and Staff Reports – Dr. Billig made a motion, which was seconded by Dr. Kokinakis to adopt the agenda and reports as presented. Unanimous approval/no oppositions.

QUALITY IMPROVEMENT COMMITTEE: Joint commission report is at 85% compliance with tracers. The Joint Commission was onsite March 25th for a disease specific visit for the total joint program. There were 3 minor findings, including credentialing, documentation of patient education and the need for an equipment upgrade. Overall minor findings and the team did a great job with no major issues found. DHEC was onsite last week for a fire and safety review and a visit the previous week for a case review that resulted in no major findings. Dr, Billig reviewed the chest pain report and the pastoral care and patient advocate report. Hospital compare preview report is in line with state and national averages. Average is 3.43 stars and 4 stars in willingness to recommend the hospital. Multiple policies were approved during the Quality meeting and presented to the board to accept today.

COMMITTEE CHAIR ISSUE IDENTIFICATION:

Finance Committee: Mr. Harmon addressed being below target on days cash and Mr. Miller provided a brief insight into the oversight of days cash. Mr. Miller noted days cash includes the maximum amount of capital expenditure that could be spent; therefore management of days cash can be done by limiting approved capital expenditures. The hospital license tax has a new process this year and has increased dramatically due to the HAWQ program. It is not a one in one out program, cash needs to be managed diligently with the uncertainty of the program.

Governance Committee: Mr. LaBruce noted a board education opportunity recently went out to the board. The Governance Committee will continue to recruit new members to leadership positions within the hospital, any recommendations from the board are welcome.

Compliance Committee: Dr. Jessee reported attendance was low

Legislative and Community Outreach Committee: The committee has been set and the team is reaching out to legislatures to schedule the first meeting this Spring/Summer.

MEDICAL STAFF: Dr. Gambla reported no issues on the credentials report.

MEDICAL STAFF – *Credentials*: The following practitioners requested Appointment:

Burris, Marci, CRNA, Requesting Appointment: APP; Department of Anesthesia; Anesthesiology; Low Country Anesthesia; Husain, Sumair, MD, Requesting Appointment: Telemedicine; Department of Medicine; Intraoperative Neuromonitoring; Remote Neuromonitoring Physicians; Jewett, Benjamin, MD, Requesting Appointment: Telemedicine; Department of Medicine; Tele-Stroke; MUSC Telemedicine Affiliation; Mason, Tracy, CSFA, Requesting Appointment: APP; Department of Surgery; Certified Surgical First Assist; Beaufort Memorial Surgical Specialist; Navada, Madhura G., MD, Requesting Appointment: Telemedicine; Department of Medicine; Tele-Stroke; MUSC Telemedicine Affiliation; Smith, Kevin M., MD, Requesting Appointment: Active; Department of Medicine; Hospitalist;

BMH Team Health Hospitalist; Subei, Mhd Omar, MD, Requesting Appointment: Telemedicine; Department of Medicine; Intraoperative Neuromonitoring; Remote Neuromonitoring Physicians

Reappointment:

Alvi, Fozail, MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Ardakani, Navid, MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Arehart, Eric, MD, Requesting Reappointment: Telemedicine; Department of Medicine; Intraoperative Neuromonitoring; Remote Neuromonitoring Physicians; Benson, Christopher B., MD, Requesting Reappointment: Active; Department of Obstetrics; Obstetrics; Beaufort Memorial Obstetrics and Gynecology; Specialists; Conley, Diane H., MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Crosby, Christina D., CRNA, Requesting Reappointment: APP; Department of Anesthesia; Anesthesiology; Low Country Anesthesia; Del Gaizo, Daniel J., MD, Requesting Reappointment: Active; Department of Orthopedics; Orthopedics; BOSS Orthopedic Spine Specialists; Dellinger, Michael T., DO, requesting Reappointment: Active; Department of Anesthesia; Anesthesiology; Low Country Anesthesia; Fox, Stephen G., MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Griffith, Sally, CRNA, Requesting Reappointment: APP; Department of Anesthesia; Anesthesiology; Low Country Anesthesia; Lozier, Jessica W., MD, Requesting Reappointment: Active/Locums; Department of Medicine; Pulmonary Critical Care; Beaufort Memorial Pulmonary Specialist; Medbery, Robena E., MD, Requesting Reappointment: Active/Locums; Department of Medicine; Radiation Oncology; Beaufort Memorial Radiation Oncology; Miller, Gregory A., MD, Requesting Reappointment: Community Active; Department of Obstetrics; Obstetrics; Beaufort Memorial Obstetrics and Gynecology Specialists; Okeke, Okechukwu J., MD, Requesting Reappointment: Active/Locums; Department of Pediatrics; Pediatric Hospitalist; BMH Pediatric Hospitalist; Opella, Christopher, MD, Requesting Reappointment: Community Active; Department of Ambulatory Primary Care; Family Medicine; Beaufort Memorial May River Primary Care; Rose, Matthew, MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Ruef, Robert, MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Somrov, Serge, MD, Requesting Appointment: Consulting; Department of Radiology; Virtual Radiologist; vRad; Thompson, Soldrea L, MD, Requesting Reappointment: Active; Department of Obstetrics; Obstetrics; Beaufort Memorial Obstetrics and Gynecology Specialists; Tober, James C., MD, Requesting Reappointment: Active; Department of Surgery; Vascular Surgery; MUSC Health Vascular Surgery Beaufort; Ulrich, Roger, MD, Requesting Reappointment: Community Active; Department of Ambulatory Primary Care; Family Medicine; Beaufort Memorial Bluffton Primary Care.

Resignations:

Ackley, Lauren, PA-C, Resignation; Surgical Specialists; Fiore, Marissa, MD, Vrad; Resignation; Flynn, Anne, MD, Pathology; Retired; Harper, Lyndsey CRNA, Anesthesiology; Resignation; Head, Barbara, MD, MUSC Tele-Obstetrics; Resignation; Higley, Meghan, MD, Vrad; Resignation; Mears, Margaret AA, Anesthesiology; Resignation.

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

CMO Report: Dr. Gambla noted there is still discussion with Beaufort Jasper Hampton Comprehensive Health Services discussing partnership on a GME program. Medical Staff Policy library review and overhaul is in progress. Medical staff is revisiting resuscitation policy standards. OPPE/FPPE is in a process upgrade as well. Pharmacy has been proactive with education and Get with Guidelines for Heart Failure and posed to apply for Bronze recognition (highest level). Pharmacy is also developing antimicrobial stewardship competency modules for providers for TJC standards. Lastly, pharmacy is collaborating with the PERT committee on a literature review, standardizing of perioperative VTE prophylaxis. There was a summit meeting with BCADAD and BJHCHS in order to understand and collaborate on a coordinated strategy.. Palliative Care is exploring opportunities for collaboration with both Amedysis and Hospice Care of the Lowcountry on future state partnerships. A new sickle cell provider was onboarded as an additional supervising physician, the clinic is expanding to absorb some benign hematology/blood conservation. Infection prevention is reviewing data on MRSA prevention trial and opportunities to scale up on pre-op. Radiation Oncology is adding the Space Oar for treatment of Prostate cancer. Dr. Gambla gave an overview of the recent leadership meeting he attended with the SCHA regional leadership meeting discussing topics such as advocacy, workforce licensure, state agency structure, workplace violence, mental health, healthcare disparities, HAWQ/QAP.

MARKETING REPORT: Ms. Robinson gave a Marketing and Communications update. To note, there was a recent seminar held with Dr. Sardana, Orthopedic Surgeon, that was very well attended and received positive community feedback. A new initiative was implemented sending information out to Community Leaders to keep them up to date on hospital news.

HR REPORT: Mr. Hoffman provided a quarterly HR update. BMH hired 114 employees 18 of which were RNs. Turnover this quarter for RNs was a little under 14% all other staff was under 10%. The hospital currently has 51 agency staff members and 42 of which are RNs and 9 surgical techs, 5 respiratory therapists. Vacancy rates are at 13.5% for the nursing units, the whole house has a 10.68% vacancy rate.

BMH FOUNDATION: Ms. Yawn reported on behalf of the foundation. Fundraising for the fiscal year is just shy of \$1.8M or 54% ahead of prior year, thanks to a strong annual appeal, valentines ball and second round of grant funding. Ms. Yawn provided a February update on the investment portfolio, which is performing strongly. The Foundation received a \$500,000 gift for the angiography suite renovation. Grant application approval rate is 67%.

MANAGEMENT REPORT:

Mr. Baxley reviewed the PATH scorecard. He provided an update on the nursing school construction that is ahead of schedule, although do not expect to accept the first round of students until the Spring semester of 2025. This build out will also meet the requirements of a GME program if BJHCHS chooses to proceed with a program. The PATH team continues to target local high schools for the PCT/CNA programs to even provide the education during their

senior year with faculty provided by BMH. The next graduation is in April. The SCHA consulting team was onsite to discuss the Crisis Stabilization Unit in the ED and had a good visit. The project is on track and heading into permitting. The OR renovations are also on track, running into a bit more abatement than expected. Still a 2-3 year projected timeline. There have been minor interruptions to OR staff. The Learning Center has broken ground on schedule to finish before the fall. MRI on Hilton Head is approved and underway, the MRI is in production and the room is being prepped for installment with a September target date. The Angiography suite had its first kickoff call and will be submitting the PO to put the equipment into production in the next month. The balanced and growth scorecard were provided for review.

ACTION ITEMS:

MOTION TO APPROVE THE ANNUAL ENVIRONMENT OF CARE AS PRESENTED BY THE QI COMMITTEE. Dr. Billig made the motion, which was seconded by Dr. Jessee. Unanimous approval.

MOTION TO APPROVE THE UTILIZATION MANAGEMENT PLAN AS PRESENTED BY THE QI COMMITTEE. Dr. Billig made the motion, which was seconded by Mr. Harmon. Unanimous approval.

MOTION TO APPROVE THE BMH QUALITY AND PATIENT SAFETY PLAN 2024-2025 AS PRESENTED BY THE QI COMMITTEE. Mr. Harmon made the motion, which was seconded by Dr. Jessee. Unanimous approval.

MOTION TO APPROVE THE FOLLOWING POLICIES AS PRESENTED BY THE QI COMMITTEE:

- Medical Staff Services Advanced Practice Professionals Credentialing and Privileging
- Medical Staff Request to Perform New Procedures
- Medical Staff Services Time Limits for Processing Applications for Appointments and Reappointment
- Medical Staff Services Statement of Responsibility
- Honoring a Provider's Order for Services
- Computerized Physician Order Entry (CPOE) Utilization, MS 59
- MUSC Affiliate Staff
- Clinical Nutrition Protocols, MS 53
- Medical Staff Policy on Physical Assessment of Providers Ages of 70 and Above
- Medical Staff Services Background Checks
- Credentialing Providers in the Event of a Disaster, MS.12
- Staff Leave of Absence, MS.07
- Management of Requests for Change in Medical Staff Categories, MS.22
- Positive Identification of Medical Staff Applicants, MS.32
- Late Reappointment Applications, MS.30
- Temporary Privileges, MS.11
- Impaired Provider Committee, MS.15
- Medical Record Completion Upon Voluntary Resignation from the Medical Staff, MS.29
- Legibility of Documentation Policy, MS.34
- Patient's Choice of Provider, MS.19

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- Providers Consult Notification, MS.43
 - Medical Staff Appointment and Reappointment Process

Mr. Himmelsbach noted the policies are approved through multiple sources before presented to the Board for approval to include: Medical Staff, Medical Executive Committee, Quality Improvement Committee to the Board of Trustees.

Mr. LaBruce made the Motion, which was seconded by Dr. Billig. Unanimous approval.

DISCUSSION OR SUPPLEMENTAL INFORMATION:

ADJOURN – A motion was made by Mrs. Dore and was seconded by Dr. Larson, to adjourn the meeting. Unanimous approval. The meeting adjourned 9:35 a.m.

Respectfully submitted,

Vernita Dore, Secretary