St. John's Health
P.O. Box 428
Jackson, Wyoming 83001
307-733-3636

Committee: Board of Trustees Regular Meeting - Public Session - via Zoom

Meeting Date: March 30th, 2023

Minutes Prepared By: Morgan Gurney, Executive Assistant

Members Present:

Katharine Conover-Keller, Chair
Pam Cutler, MD, Vice Chair
Cynthia Hogan, Secretary
Jim Hunt, Treasurer
Bruce Hayse, MD, Trustee
Brent Blue, MD Trustee
Evan Jones, Trustee

Members Absent:

Others Present:

Jeff Sollis, CEO
John Kren, COO/CFO
Morgan Gurney
Jennifer Chiappa
Joan Goldfarb
Mary Ponce
Bill Stangl
Douglas
Amanda Meekins
Laurie
Seth Robertson
Miranda De Moraes
Shari Murrell
Susan Freeze
Tom
Ted Staryk
Richelle Heldwein
Tom Lubnau
Debbie
Audra Nielsen
Jen Simon
Lee Brown
Andrea Spence
Tom Glassberg
Whitney Matson
Lindsay Hoff
Bill Stangl
Naomi Floyd
Anna Olson
Alisa Lane

Board Advisors Present:

Bob Pisano
Jane Carey Hopkins
Bob Hopkins
Dr. Jim Little Jr.

Call to Order
The public board meeting was called to order at 4:00 p.m. MST by Katharine Conover-Keller, Chair.

Approval of Agenda
Ms. Conover-Keller presented for approval the agenda of the March 30th Regular Meeting of the Board.

It was moved by Jim Hunt, seconded by Cynthia Hogan, to approve the Agenda of the Regular Meeting of the Board as presented. Members voted as follows: seven Ayes. The motion carried unanimously.

Comments from the Chair *(presented by Ms. Katharine Conover-Keller)*
Ms. Conover-Keller thanked Board Members, Advisors, and the Community for their support during the past few months in regard to the current litigation the Board of Trustee faces. Ms. Conover-Keller recapped the Board of Trustees litigation actions as follows:

The Board of Trustees voted in public meeting on the process that appointed Jim Hunt as a Board Member. The appointment process abides by all Wyoming Statutory Statutes. The Board of Trustees has encouraged Mr. Sandy Ress to obtain a licensed Wyoming attorney who can advise him per the Wyoming Statutory Statutes and Wyoming State Laws, as his current attorney is not located in the State of Wyoming. The Board of Trustees have been waiting to file a request for summary judgement until after the scheduled April 4th mediation session with Mr. Sandy Ress, in hopes of entering the request in good faith with no conditions.

Contrary, Mr. Sandy Ress filed another injunction against St. John's Health, Board of Trustees at 6:00 am on March 30th, 2023. The Board of Trustees is committed to a successful mediation session with Mr. Sandy Ress on Tuesday, April 4th, 2023.

Ms. Conover-Keller announced that there has been a claim made against the Board of Trustees in regard to using personal devices to conduct hospital business. Ms. Conover-Keller clarified that the Board of Trustees do not use personal devices to conduct hospital business. The Board of Trustees have already had a policy in place prior to this claim, which was renewed and approved during the February 2023 Public Meeting.

In April, Korn Ferry, the Search Firm St. John's Health Board of Trustees selected to conduct a search for the CEO position, will conduct a 360-evaluation led by Michelle Lee, Korn Ferry's Senior Client Partner. The 360-evaluation will include interviews with Board Members, Board Advisors, and Administrative Staff and ask questions related to their perspective on how the newly appointed CEO, Jeff Sollis, is performing. Ms. Conover-Keller announced that at the May Public Session, the Board of Trustees hopes to review the results Korn Ferry provides from the 360-evaluation.

Ms. Conover-Keller mentioned that the Board of Trustees could discuss appointing Board Advisors. **It was moved by Dr. Pam Cutler, seconded by Jim Hunt to approve a public discussion on appointing Board Advisors and the role moving forward. Members voted as follows: seven Ayes. The motion carried unanimously.** The Board of Trustees discussed and agreed to continue further discussions within the Nominating and Governance Committee on Board Advisor appointments and the role.

Approval of Minutes
Ms. Conover-Keller presented for approval the minutes of the February 28th Special and Regular Meetings of the Board and the March 6th Special Meeting of the Board.

It was moved by Cynthia Hogan, seconded by Jim Hunt to approve the minutes of the February 28th Special and Regular Meeting and the March 6th Special Meetings of the Board as presented. Members voted as follows: seven Ayes. The motion carried unanimously.

CEO Report (*presented by Jeff Sollis, CEO)*

Mr. Jeff Sollis presented the monthly CEO Report PowerPoint focusing on the following topics:

- Operations Update
- New Providers
- Quality

Richelle Heldwein, Chief Risk and Compliance Officer and Amanda Meekins, Director of Medical Staff Services presented a summary of annual education regarding hospital quality, Medical Staff credentialing, and peer review processes overseen by the Board of Trustees.

A copy of Mr. Sollis's, Ms. Heldwein's, and Ms. Meekin's presentation materials, which provides information on each of the above topics, is attached as a permanent part of these minutes.

Strategy, Development, and HR Committee *(presented by Mr. Evan Jones)*
Mr. Evan Jones reported on the Committee meeting which focused on the upcoming strategic planning process, including the 2023 and 2024 goals and executive compensation, the Hitching Post Project, including gathering data from staff to help with design decisions, and the employee engagement survey facilitated through Press Ganey. Mr. Evan announced that the Committee would like the community to be involved with the majority of these topics and the Committee is establishing a plan to help facilitate more community engagement. There will be more to come on this plan in the near future.

Finance, IT, and Facilities Committee (*presented by Mr. Jim Hunt and John Kren, CFO/COO)*
Mr. Jim Hunt reported on the Committee meeting, which focused the majority of their time on hospital priorities set by Jeff Sollis. Bank Safety and Health, SJH Investments as of February 28th, 2023, had $97.5 million in investments, 71% is held within government securities or fully insured. Bank deposits were spread across nine different banks with one CD of $3.5 million with First Republic. This interim review gave the committee confidence in SJH's financial status. The Committee then reviewed the 15 units at King and Karns, electrical has been installed, and excavation is completed. Additionally, the tunnel project between Sage Living and the Hospital is nearing completion.

Revenue is under budget for the eight months, YTD at $8.4 million with expenses down $2.6 million due to less inpatient surgery/elective surgery, more Medicare reimbursement, and less private pay. This results in a YTD gain of $3.8 million, 54% below budget. Macrotrends that Jeff Sollis commented on are looking for new growth areas for SJH and an initiative to manage labor costs more efficiently. The Hitching Post Project was a main discussion point with the Committee members, advisors, and counsel. A public-private partnership has been deemed incompatible with our SJH SPET approval for the Hitching Post Project. SJH is launching a survey to determine demand and perspective for units and to discover if there is any interest in an ownership equity program. The survey will also include unit configuration questions, the time to fill, and consideration of other public non-hospital employees. Design considerations are still a major part of the discussion on the project. A topic under evaluation is phasing the Hitching Post Project, although it is not cost-advantageous, and the next committee meeting with continue these discussions.

Kaufman Hall, a leading healthcare advisor company, gave a presentation to SJH on strategy, capital planning, and capital markets execution and is working with SJH on real estate assessments, planning, and on what could be capital market execution. The Committee recommends moving forward with a limited initial advisory contract with Kaufman Hall for the Hitching Post Project.

It was moved by Jim Hunt, seconded by Cynthia Hogan to approve the SJH Administration to move forward with engaging Kaufman Hall and negotiating a limited contract to advise on the initial advisory phase of the Hitching Post Project. Members voted as follows: seven Ayes. The motion carried unanimously.

Nominating and Governance Update *(presented by Ms. Cynthia Hogan)*
Ms. Hogan reported on the Committee focused on reviewing the ownership structure of the hospital and discussed explaining this structure to SJH staff first and the community second. The second main topic discussed was the SJH Board Bylaws. The Board reviewed two proposed amendments to the SJH Board Bylaws. The Board discussed the noted recommendations:

Amendment: Chapter II Section 3B:

"Section 3. B. Each Trustee acknowledges that, as otherwise set out in these bylaws, the day-to-day management of the Hospital has been entrusted by the Board to the CEO and that preserving the integrity of the administrative reporting structure is important to a well-run Hospital. At the same time, Trustees enjoy friendships with many of the staff. Therefore, each Trustee shall show restraint in interactions with the Hospital administration and staff during working hours."

Amendment Addition: Chapter II Section 3.C General Duties:

"The Board should receive timely information from the CEO on important projects and issues, including local and national matters affecting health care delivery. Board members, in turn, will communicate directly with the CEO on inquiries related to all Hospital matters, other than minor requests for information. In the course of business, Board members on specific committees, eg. Finance or Facilities, may also direct inquiries to C-team administrators as appropriate, but as a matter of practice, should inform the CEO as to such inquiries."

It was moved by Dr. Pam Cutler, seconded by Dr. Brent Blue, to approve the recommended amendment of the SJH Board Bylaws by the Nominating and Governance Committee. The language is attached and made a permanent part of these meeting minutes. Members voted as follows: seven Ayes. The motion carried unanimously.

Joint Compliance & Quality Committee (*presented by Dr. Pam Cutler*)
Dr. Pam Cutler reported the Committee did meet in the month of March and reviewed the January and February Quality Council data which included Federal HCAHPS Scores, Core Measures, Safety Event Review, CMS Report, Save Living Report, MEC Report, and the December 2022 Patient Experience Scorecard. Dr. Cutler hopes to bring additional quality data to Board Members in future meetings.

Dr. Cutler reported that the JCQC Committee reviewed one policy, the Medical Staff QI Program V.7 with two attachments, with one slight algorithm change to the policy and has recommended it for Board approval.

It was moved by Jim Hunt, seconded by Cynthia Hogan to approve the Medical Staff QI Program V.7 as recommended by the Medical Executive Committee (MEC). Members voted as follows: seven Ayes. The motion carried unanimously.

Dr. Cutler indicated that the JCQC Committee had credential recommendations from the Medical Executive Committee (MEC) for approval.

It was moved by Dr. Pam Cutler, seconded by Evan Jones to approve the credential recommendations as presented within the Board Packet from the MEC meeting on March 27th, 2023. Members voted as follows: seven Ayes. The motion carried unanimously.

SJH Foundation (*presented by Ms. Anna Olson)*
Ms. Katharine Conover Keller announced that there was no Foundation update this month.

Old Business - None

New Business – Ms. Cynthia Hogan motioned that Trustees and Advisors are visible while on Zoom so the public can see us. Dr. Pam Cutler seconded the motion. Dr. Bruce Hayse asked for an amendment to the motion to include "we encourage" Trustees and Advisors to be visible while on Zoom so the public and staff can see them unless there are extenuating circumstances. Cynthia Hogan and Pam Cutler accepted the amendment. Members voted as follows: six Ayes. One No by Dr. Brent Blue. The motion carried.

Public Comment - None

Next Meeting
The next regular monthly meeting is scheduled for Thursday, May 25th, 2023, via Zoom only. The Executive Session begins at 2:30 pm and the monthly Public Session begins at 4:00 pm.

Adjournment
With nothing additional to discuss, Katharine Conover-Keller adjourned the meeting at 5:38 p.m. It was moved by Dr. Pam Cutler, seconded by Jim Hunt to adjourn this Public Meeting.

Respectfully submitted,
Morgan Gurney, Senior Executive Assistant

CEO Report

Board of Trustees

March 30, 2023

St John's HEALTH

Operations Update

Teton Village Clinic

- Re-opening for Summer Season!
- Full-Service Urgent Care Clinic
- Wednesday – Sunday
- 10am – 6pm
- Opening on June 10th
- Closing on September 10th

New Providers

Pulmonology

Dr. Jonathan P. Boltax, MD

- B.A. – University of Colorado
- M.D. – Temple University School of Medicine
- Resident – University of Utah (Internal Medicine)
- Fellow – University of Utah (Pulmonary)
- Board Certified in Pulmonary Medicine and Critical Care Medicine
- Most Recent Professional Experience:
  - 2011-Present: Associate Professor of Internal Medicine (Pulmonary) – University of Utah
- Start Date: November 1st.
- Clinic Location: Specialty Clinic at St. John's Health

Internal Medicine

Dr. Christina L. Gallop, MD

- B.A. – University of Colorado
- MPH - UCLA
- M.D. – Temple University School of Medicine
- Resident – University of Utah (Internal Medicine)
- Board Certified in Internal Medicine and Addiction Medicine
- Most Recent Professional Experience:
  - 2016-Present: Clinical Director, Vulnerable Veteran Innovative Patient-Aligned Care Team (PACT) Initiative, *Primary Care Clinic for vulnerable veterans*, Physician, Primary Care, Internal Medicine, Addiction Medicine, Medical Acupuncture, Assistant Professor, University of Utah School of Medicine - Salt Lake City VA
- Start Date: November 1st.
- Clinic Location: St. John's Health Wilson Clinic

Quality

SJH Quality of Care and Patient Safety

Healthgrades Patient Experience Award

Recipient 4 years in a row (2020-2023)

Named Top 5% inf the nation for 2023

Named in Top 10% for 2023

Named in top 15% in the Nation for 4 years in a row (2020-2023)

Quality & Safety

BOARD OF TRUSTEES
Quality and Medical Staff 2023 Update

D. Richelle Heldwein, Chief Risk and Compliance
Amanda Meekins, Director Medical Staff Services

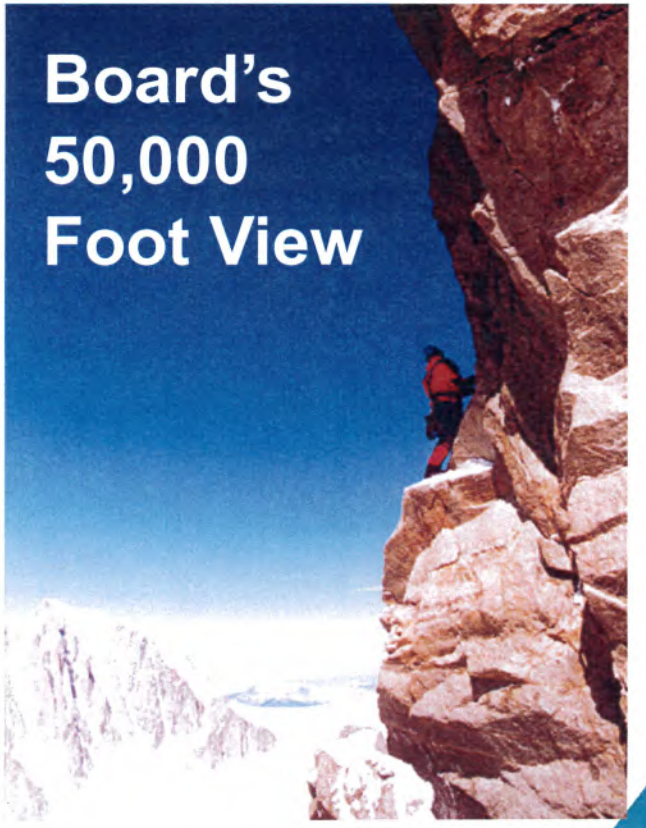
St John's HEALTH

HOSPITAL QUALITY

St John's HEALTH

Quality Structure

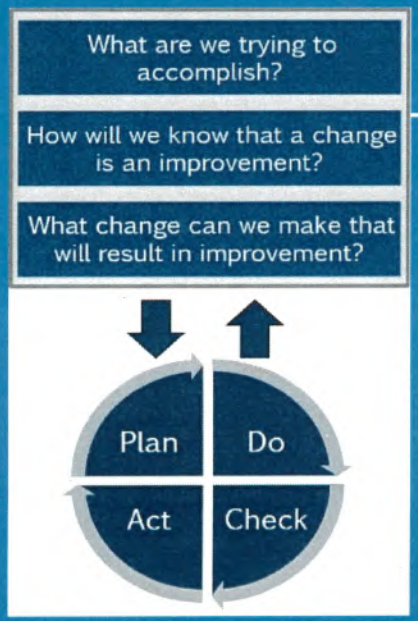
- Quality is:
  - A culture not a department
  - A leading pillar of the organizational strategy
  - Number one on the agenda for board and staff
  - Responsibility of every staff member
  - Internal dashboards and monitoring
  - External surveys and monitoring
- Facility Quality
  - Hospital
  - Living Center
  - Home Health
  - Clinics
- Physician Quality
  - Credentialing
  - Peer Review

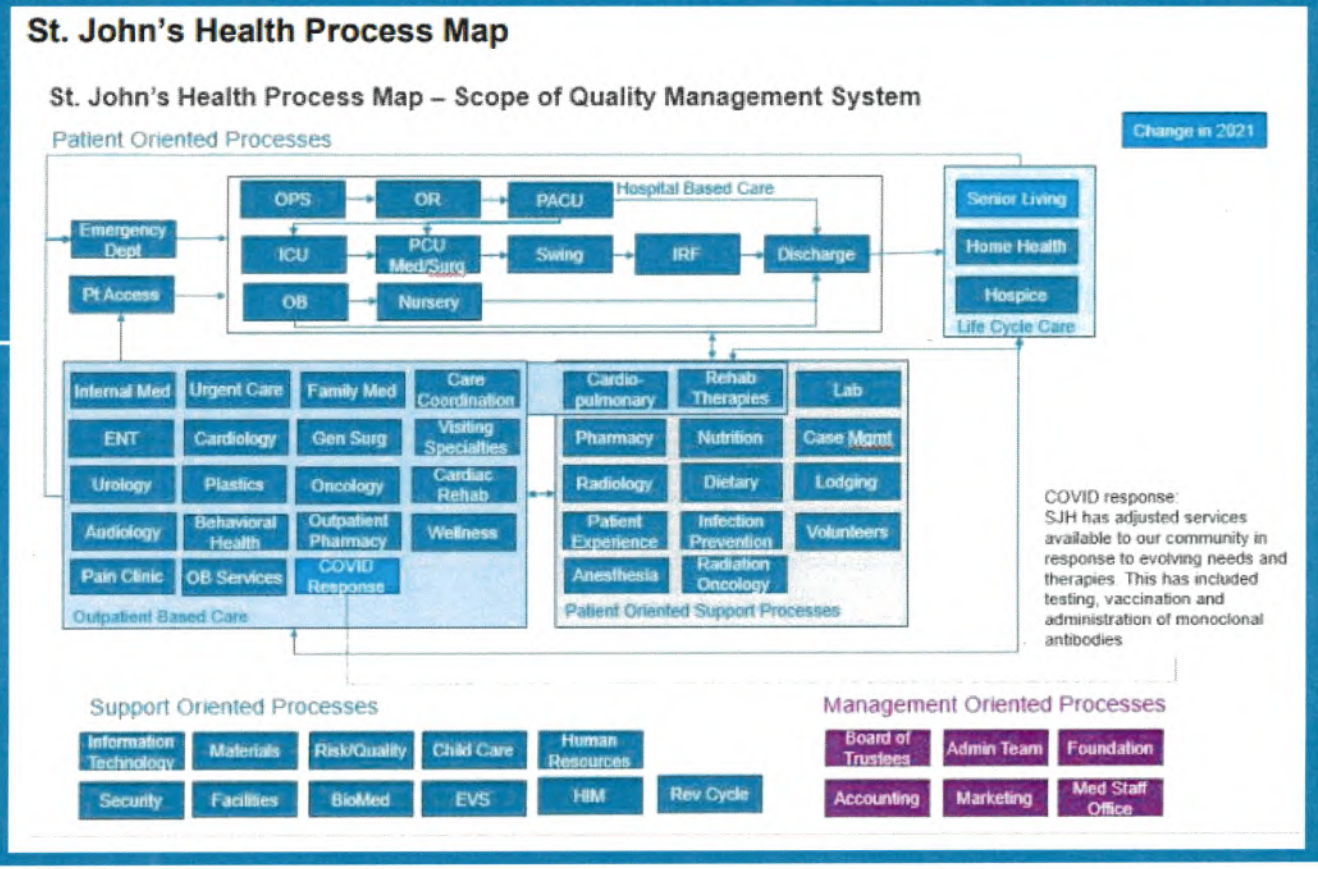


QAPI–QMS-PERFORMANCE IMPROVEMENT MODEL

St. John's Health prepares an annual Quality Assurance/Performance Improvement Plan (QAPI). As part of that we define our Quality Management System (QMS) which includes:

- Authority and Responsibility
- Quality Goals
- Performance Monitoring
- Communication of Measures
- Corrective Action





Data Gathering

EOC Rounds, Incident Reporting, Direct Report Rounding, Audits,
Internal Customer Rounding, Complication Coding, Cerner Data,
DataVision Extractions, HCAHPS, Hospital Compare, CAP Survey,
DNV Survey, CMS Survey, ISO Survey, Audit Team

Quality Committees

Patient Care Council, Credentials Committee
Medical Executive Committee, Quality Council
QRT
QPMC
JCQS

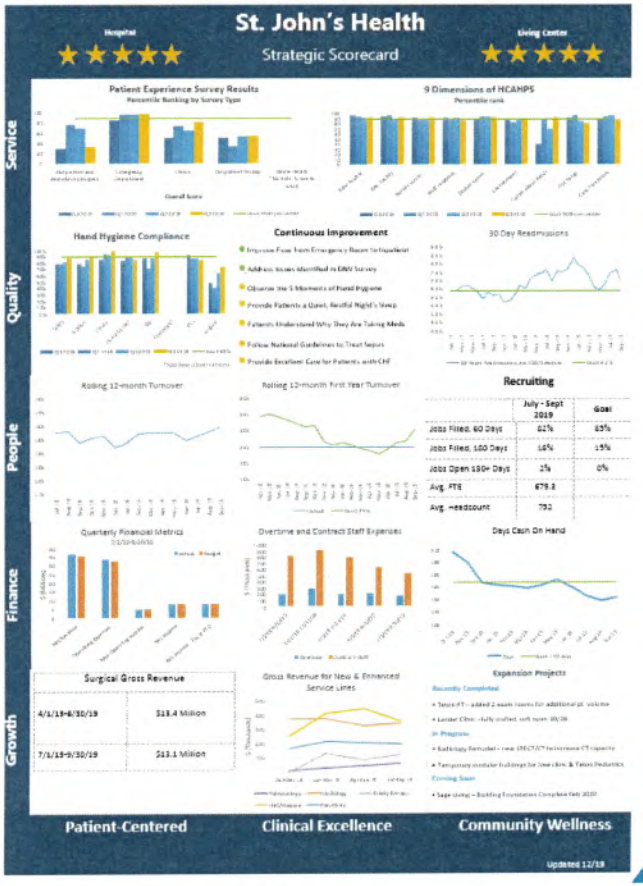
Board

QUALITY MEASUREMENT- EXTERNAL

- Clinical Quality External Measures
  - DNV Surveys
  - State Surveys
  - CAP Surveys
  - Hospital Compare
  - ISO Survey
- Patient Perception of Quality
  - HCAHPS

QUALITY MEASUREMENT- INTERNAL

- Clinical Quality Internal Measures
  - Quality Dashboard
  - Strategic Scorecard
  - Department Performance Improvement
  - Patient Safety Reports
- Physician Satisfaction Surveys
- Employee Satisfaction Surveys



QUALITY DASHBOARD

Quality Council

Most Recent Overall

Expand all | Collapse all | Sorted By: Preset O

Patient Experience

Indicator	Performance	Most Recent	Trend	Period	Last 12 Months	Start				
Overall - Percentile Rank	Target Met	95.00	Improved	Q4 2021	93.33	Apr 2021	90.00	84.00	n/a	
Willingness to Recommend - Percentile Rank	Target Met	98.00	Improved	Q4 2021	97.00	Apr 2021	90.00	84.00	n/a	
Communication with Doctors - Percentile Rank	Target Met	92.00	Deteriorated	Q4 2021	93.33	Apr 2021	90.00	84.00	n/a	
Communication with Nurses - Percentile Rank	Target Met	93.00	Deteriorated	Q4 2021	92.67	Apr 2021	90.00	84.00	n/a	
Responsiveness of Hospital Staff - Percentile Rank	Target Met	95.00	No Change	Q4 2021	95.33	Apr 2021	90.00	84.00	n/a	
Communication About Meds - Percentile Rank	Breaches	65.00		Q4 2021	82.33	Apr 2021	90.00	84.00	n/a	
Quiet at Night - Percentile Rank	Breaches Alarm	69.00	Deteriorated	Q4 2021	83.67	Apr 2021	90.00	84.00	n/a	72.22
Care Transitions - Percentile Rank	Target Met	98.00	Improved	Q4 2021	97.00	Apr 2021	90.00	84.00	n/a	91.44
Discharge Information - Percentile Rank	Target Met	92.00	Improved	Q4 2021	88.67	Apr 2021	90.00	84.00	n/a	89.44

Quality > Audits and Compliance

Indicator	Performance	Most Recent	Trend	Period	Last 12 Months	Start				
Nonviolent Restraint Documentation Error Rate	Target Met	0.50	Improved	Feb 2022	1.31	Apr 2021	1.00	1.20	n/a	1.46
Nonviolent Restraint Days	Bel. Target & Alarm	3	Improved	Feb 2022	31	Apr 2021	2	5	n/a	2
Violent Restraint Documentation Error Rate	Breaches Alarm	2.50	Improved	Feb 2022	1.74	Mar 2021	1.00	1.50	n/a	2.08
Violent Restraint Seclusion Days	Target Met	12	Improved	Feb 2022	248	Mar 2021	15	30	n/a	21

Quality > Core Measures

Indicator	Performance	Most Recent	Trend	Period	Last 12 Months	Start				
Avoiding Elective Delivery <39 Weeks	Target Met	0.0%	No Change	Jan 2022	0.0%	Mar 2021	0.0%	1.0%	n/a	0.0%
Severe Sepsis and Septic Shock Bundle	Target Met	100.0%	Improved	Q4 2021	70.6%	Mar 2021	75.0%	60.0%	n/a	69.1%
Mean Time ED Arrival to ED Departure	Target Met	116.21	Improved	Q4 2021	124.44	Mar 2021	120.00	150.00	n/a	116.50
30 Day Readmissions - Housewide, All Payer	Target Met	6%	Deteriorated	Q4 2021	5%	Mar 2021	6%	10%	n/a	6%
30 Day Readmissions - Housewide, Medicare	Bel. Target & Alarm	8%	Deteriorated	Q4 2021	6%	Mar 2021	7%	11%	n/a	8%
30 Day Readmissions - COPD, All Payer	Target Met	0%	No Change	Q4 2021	0%	Apr 2021	7%	10%	n/a	8%
30 Day Readmissions - COPD, Medicare	Target Met	0%	No Change	Q4 2021	0%	Apr 2021	8%	11%	n/a	8%
30 Day Readmissions - Heart Failure, All Payers	Target Met	0%	No Change	Q4 2021	5%	Apr 2021	11%	14%	n/a	10%
30 Day Readmissions - Heart Failure, Medicare	Target Met	0%	No Change	Q4 2021	8%	Apr 2021	12%	15%	n/a	11%
30 Day Readmissions-Hip_Knee Arthroplasty, All Payer	Target Met	0%	No Change	Q4 2021	0%	Mar 2021	2%	3%	n/a	3%
30 Day Readmissions-Hip_Knee Arthroplasty, Medicare	Target Met	0%	No Change	Q4 2021	0%	Mar 2021	2%	4%	n/a	5%
30 Day Readmissions-Pneumonia, All Payers	Target Met	0%	No Change	Q4 2021	2%	Mar 2021	6%	9%	n/a	7%
30 Day Readmissions-Pneumonia, Medicare	Target Met	0%	No Change	Q4 2021	0%	Mar 2021	7%	10%	n/a	9%

ACTION PLANS

Action Plan Progress Report for:

Report Date: February 2, 2022	
Team:	
Plan/Goals:	Risks/Barriers:
Key Accomplishments (Progress To Date):	Next Steps:

PERFORMANCE IMPROVEMENT PROCESS

MEDICAL STAFF CREDENTIALING PROCESS

St John's HEALTH

Board Medical Staff Obligations

- The Board Grants Privileges
- The Board Oversees Fair Hearings
- The Board Suspends, Revises, and Revokes Privileges

- When asked by a member of the medical staff or community to address issues of privileges, best to let them know that those concerns are first addressed by the Medical Staff process we will outline and refer them to the Chief of Staff and/or Amanda Meekins to take any concern through the proper process.

DNV Regulations

- DNV Standards
  - MS.1 Organized Medical Staff: The hospital must have an organized medical staff that operates under the bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.
    - SR.2: The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendation to the governing body on the appointment of these candidates in according with State law, including scope-of-practice laws, and the medical staff bylaws, rules and regulations.
  - MS.14 Corrective or Rehabilitation Action: The medical staff bylaws shall provide a mechanism for management of medical staff corrective or rehabilitative action. This documentation may result from unprofessional demeanor and conduct and/or this behavior is likely to be detrimental to patient safety or the delivery of quality care or is disruptive to organization operations. Any officer of the medical staff, the CEO, or any office of the board may initiative this corrective or rehabilitative action.

CMS Regulations

- CMS Condition of Participation
  - §482.12 Governing Body: There must be an effective governing body that is legally responsible for the conduct of the hospital.
  - §482.12 (a) Medical Staff: The governing body must ensure the medical staff requirements are met.
    - §482.12(a)(2) The governing body determines whether to grant, deny, continue, revise, discontinue, limit, or revoke specific privileges, including medical staff membership, for a specific practitioner after considering the recommendation of the medical staff. In all instances, the governing body's determination must be consistent with established hospital medical staff criteria, as well as with the State and Federal law regulations. ***Only the hospital's governing body has the authority to grant a practitioner privileges to provide care in the hospital.***

CMS Regulations

- CMS Condition of Participation, cont.
  - §482.12(a)(5) The governing body must ensure that the medical staff as a group is accountable to the governing body for the quality of care provided to patients. The governing body is responsible for the conduct of the hospital and this conduct includes the quality of care provided for patients.
  - §482.22(b) The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to patients.

SJH Application Process

Request for Medical Staff Application (Pre-Application)

- Information from provider to ensure he/she satisfies the "Threshold Eligibility Criteria", Bylaws Section II.B.1, for membership prior to being provided an online application
- Pre-Application deemed complete by Medical Staff Services
- Pre-Application reviewed and approved by the Chief of Staff and Chief Executive Officer.
- When all Pre-Application requirements are met the provider will be sent a full application.

SJH Credentialing Process

- Initial/Reappointment Appointment Application

  (Bylaws Section III.B. & III.C.)

  - Medical Staff Services reviews the application and conducts primary verification of all licensure, malpractice coverage, background check, education, and obtains appropriate reports.
  - Credentials Committee Review – when deemed complete the Credentials Committee reviews the application and makes positive or adverse recommendation to the MEC.
  - Medical Executive Committee – with credentials committee recommendations application reviewed and positive or adverse recommendation made to Joint Committee on Quality and Compliance to be presented to the Governing Board.
  - Governing Board – with recommendations from credentials committee and Medical Executive Committee the Governing Board accepts or rejects the application within a reasonable period of time.

Quality Review Process

- Ongoing quality review is conducted by the Quality Performance Monitoring Committee (QPMC) for all credentialed providers
- Review instituted when one of the following occur:
  - Variance from one or more Medical Staff quality indicator detected
    - Indicators developed by the Medical Staff
  - Submission of an Event Report via Midas
  - Any serious safety event
    - Deviation from generally accepted performance standards that reaches the patient and results in serious permanent harm or death
- Initial review conducted by Quality Resource Team (QRT) and forwarded to QPMC for finalization or additional review

- **QRT includes:**
  - **Medical Director of Quality Affairs**
  - **Chief Compliance Officer**
  - **Chief of Staff**
  - **Chief Executive Officer**
  - **Chief Nursing Officer**
  - **Chief Operations Officer**

Quality Review Process, cont.

- QPMC includes physicians from multiple specialties appointed by the Chief of Staff
- QPMC Review will determine
  - Additional information is needed (internal/external review)
  - Case rated and closed
  - Education or collegial intervention is needed
  - Referral to MEC for potential corrective action due to behavioral concerns and/or two or more 'care variance' or 'egregious error' findings within a twelve-month period.
- A summary of all QPMC reviews for each provider is included with each reappointment application for committee review.
- The peer review process strives to be consistent, defensible, balanced, useful, and educational.

Reference: Medical Staff QI Program Policy v.6

SJH Medical Staff Corrective Actions

- Routine Monitoring and Education (Bylaws Section VII.A)
  - The Chief of Staff and MEC monitoring and assess the quality of professional practice at St. John's and promote quality and efficient services utilizing the following processes:
    - Regular review of patient care, investigate complaints, and practice-related incidents.
    - The Chief of Staff, or designee, may provide peer coaching for medical staff
    - The MEC may issue a letter of admonition, warning or censure, should specific concerns be identified
    - MEC may also do temporary suspension of privileges if needed for patient safety.

SJH Medical Staff Corrective Actions, cont.

Investigations and Corrective Action (Bylaws Section VII.B)

- Formal Investigations: May be triggered, with a specific reference to the activity/conduct giving rise to the request, by the Chief of Staff, a Service Chief, a majority of Physicians on any Medical Staff Committee, a Board officer, or the Chief Executive Officer.
  - Investigations of this type follow the process outlined in Section VII.B.1
- Upon completion of a formal investigation, a report and any recommendations are forwarded to the Chief Executive Officer
- Adverse recommendations entitle practitioners to a hearing prior to a final decision of the Board of Trustees
  - Should a provider request a hearing, notification of such will be sent to the CEO
  - If a hearing is not requested, the providers accepts the MEC decision and recommendations move forward to the Board of Trustees

Formal Hearing Process

- If a provider requests a formal Medical Staff or Board hearing a panel of physicians/board members will be appointed.
- This panel is designed to be persons that have not been involved in the investigation or reporting.
- This is the reason the JCQC does not bring formal action to the full Board prior to due process for the provider

Questions?

Nominating & Governance Committee

Board of Trustees
March 30th 2023

St John's HEALTH

Bylaw Amendment Recommendation

Current Bylaws (approved 2/21)
Chapter II Section 3B:

Section 3. Duties and Responsibilities of the Board of Trustees.

a. Each Trustee shall be a conscientious member of the Board and shall assist the Board in fulfilling its fiduciary responsibilities for directing the organization, fulfilling the District's mission, vision and values, ensuring the provision of excellent health care, protecting and growing District assets, and remaining accountable to the community for the ethical conduct of all District affairs.

b. Each Trustee acknowledges that, as otherwise set out in these Bylaws, the day-to-day management of the Hospital has been entrusted by the Board to the CEO, and that preserving the integrity of administrative reporting structures is important to a well-run Hospital. Therefore, each Trustee shall show great restraint in communicating with the Hospital administration and staff, addressing any comments or questions between Board meetings to the CEO or a designee of the CEO, except in time-sensitive situations when the CEO is not available.

c. General Duties. Each Trustee shall:

Proposed Amendment:

RED = delete PURPLE = Revised

"**Section 3. B.** Each Trustee acknowledges that, as otherwise set out in these bylaws, the day-to-day management of the Hospital has been entrusted by the Board to the CEO and that preserving the integrity of the administrative reporting structure is important to a well-run Hospital. At the same time, Trustees enjoy friendships with many of the staff. Therefore, each Trustee shall show ~~great~~ restraint in interactions with the Hospital administration and staff during working hours. ~~Comments or questions between board meetings should be addressed to the CEO or designate.~~"

Bylaw Amendment Recommendation

Current Bylaws (approved 2/21) Chapter II Section 3C:

c. General Duties. Each Trustee shall:

1. Be diligent in executing Board responsibilities; being always prepared to make decisions that are in front of the Board, preparing for, attending and actively participating in Board and committee meetings, and participating in continuing education opportunities.
2. Support the administrative and Medical Staff leadership; defining the scope of their duties, which may include day-to-day clinical operations and long-range strategic, facilities and financial planning, providing the resources for the execution of these duties, and creating accountability mechanisms, such as periodic reporting, to ensure the proper performance of those duties.
3. Respect the confidentiality of the Board.
4. Give undivided loyalty to the Hospital District.
5. Provide appropriate leadership; support the decisions and policies of the Board unless and until they are amended by official action of the Board, participate in self-evaluation, and accept full responsibility for fair and effective governance.
6. Be accountable to the public and patients of the Hospital, including compliance with the public records act and open meetings act.
7. Manage the assets of the Hospital District, be good stewards of public money, use public assets to meet the charitable purposes of the District and uphold the laws of the State of Wyoming.
8. Strive to utilize "best governance practices."
9. Govern the District as a fiduciary.
10. The Board should receive timely information from the CEO on important projects and issues, including local and national matters affecting health care delivery. Board members, in turn, will communicate directly with the CEO on inquiries related to all Hospital matters, other than minor requests for information. In the course of business, Board members on specific committees, e.g. Finance or Facilities, may also direct inquiries to C-team administrators as appropriate, but as a matter of practice, should inform the CEO as to such inquiries.

Proposed Amendment:

Section 3. C General Duties 10. "The Board should receive timely information from the CEO on important projects and issues, including local and national matters affecting health care delivery. Board members, in turn, will communicate directly with the CEO on inquiries related to all Hospital matters, other than minor requests for information. In the course of business, Board members on specific committees, eg. Finance or Facilities, may also direct inquiries to C-team administrators as appropriate, but as a matter of practice, should inform the CEO as to such inquiries."

St John's HEALTH

Thank you