

Township Representatives:							
<input type="checkbox"/>	George "Bud" Banker, Bear Lake	<input checked="" type="checkbox"/>	Michael Cox, Oliver	<input checked="" type="checkbox"/>	Eric Hendricks, Orange	<input checked="" type="checkbox"/>	Diana Needham, Kalkaska Village
<input type="checkbox"/>	Gregory Bradley, Clearwater	<input type="checkbox"/>	Paul Erickson, Boardman	<input type="checkbox"/>	Ray Hoffman, Coldsprings	<input checked="" type="checkbox"/>	Tracy Nichol, Blue Lake (6:52 pm)
<input checked="" type="checkbox"/>	Nelson "Jerry" Cannon, Garfield	<input type="checkbox"/>	David Gill, Springfield	<input checked="" type="checkbox"/>	Karl Klimek, Excelsior	<input checked="" type="checkbox"/>	John Rogers, Rapid River
<input type="checkbox"/>	Kalkaska Township - Vacant						
Members At Large Members:							
<input checked="" type="checkbox"/>	Robert "Bob" Barr	<input checked="" type="checkbox"/>	Dale De Korne	<input checked="" type="checkbox"/>	Kim Stephens (6:01 pm)	<input checked="" type="checkbox"/>	Bruce Zenner
<input type="checkbox"/>	Noreen Broering	<input checked="" type="checkbox"/>	Melanie Pauch	<input type="checkbox"/>	Valerie Thornburg		
Staff:							
<input checked="" type="checkbox"/>	Kim Babcock	<input checked="" type="checkbox"/>	Daniel Conklin	<input checked="" type="checkbox"/>	Andrew Raymond	<input checked="" type="checkbox"/>	Teresa Smith
<input checked="" type="checkbox"/>	Jeremy Cannon	<input checked="" type="checkbox"/>	Jeremy Holmes, DO	<input checked="" type="checkbox"/>	Kevin Rogols	<input checked="" type="checkbox"/>	Laura Zingg
<input checked="" type="checkbox"/>	Chandra Whiting						
Community:							
<input checked="" type="checkbox"/>	Mike Berendsohn	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

TOPIC	SUMMARY	ACTION ASSIGNMENT
Call to Order	Mr. Bruce Zenner called the meeting to order at 6:00 PM in Classroom(s) A & B at the Health Center.	
Consent Agenda	The Consent Agenda was reviewed. <u>Motion was made and duly supported to approve the Consent Agenda as presented. All "AYE." Motion carried.</u>	
Public Comment Regarding Agenda Topics	No Comment from those in attendance this evening.	
Moment of Excellence: Fife Lake EMS	Mr. Cannon informed the board of a recent awards presentation that he had the honor to attend at the Fife Lake Township Hall. He then introduced Mr. Mike Berendsohn, Director of EMS (Emergency Medical Services) at KMHC,	

	<p>who also attended the awards presentation and was given the privilege of presenting an award to some members of the KMHC EMS staff. This is the first-time members of the KMHC EMS staff has been presented with such an award.</p> <p>Mr. Berendsohn introduced himself to the board and shared that he has been a supervisor for KMHC EMS for four years. He also informed the board that KMHC has established a relationship with the Fife Lake area and have been providing EMS coverage to that area for the past two years.</p> <p>Mr. Berendsohn then shared with the board a story of a call that KMHC EMS received one evening in January of this year in the Fife Lake area for a patient that had collapsed in their home. As the crew was in route the family started providing CPR. When the crew arrived and took over the patient was in cardiac arrest. The patient's heart was able to be restarted after receiving only one shock and during the resuscitation the patient regained consciousness and was able to communicate with the crew during transport. This patient made a full recovery, was reunited with his family and was able to attend the awards presentation at the township hall.</p> <p>It was also shared with the Board that statistically when a cardiac event, like this, occurs outside of a hospital; the chances of survival and having a good outcome are only 3%.</p> <p>Under Mr. Berendsohn's leadership KMHC provides exceptional quality EMS service in Northern Michigan. KMHC EMS provides basic as well as critical care life support and is often called upon by Munson to assist with tertiary life support calls.</p> <p>The board applauded this uplifting story, and all agreed that this was a great way to start a meeting.</p>	
<p>Board Chair Report Munson Healthcare Update</p>	<p>Mr. Zenner did not have a Munson Healthcare update as there was not an April Meeting. The next Meeting for Munson will be on May 3rd and Mr. Zenner will bring the update to the Board at the May meeting,</p>	
<p>CEO Report Acute Care Pavilion Update Financing Update</p>	<p>Mr. Rogols shared with the Board that future board meetings will begin with a Moment of Excellence as there are some unique and special things that are happening here at KMHC. For example, the facility has been working on being</p>	

	<p>able to offer cardiac stress tests for the past 8 years and we can proudly say that KMHC has completed its first one.</p> <p>Mr. Rogols then updated the Board on the progress of the Acute Care Pavilion project. KMHC expects to receive the CON (Certificate of Need) back as early as next week.</p> <p>Mr. Raymond then provided the board with an update on the progress with the financing of the Acute Care Pavilion project. Mr. Raymond informed the board that there are several steps in the process and one of the first steps was started two months ago with the board's approval of the intent to issue revenue bonds. The next step was the TEFRA hearing that was held last month in March which allows for KMHC to be able to issue tax exempt bonds. Then the governor's signature is needed approving the issuance of the tax-exempt bonds and KMHC has received notice that the governor has completed this step. The process is now at the point that Mr. Raymond is talking with local financial institutions with which KMHC has a current relationship to discuss terms and the financing of the project.</p> <p>Discussion ensued around past bonds issued and the upcoming bonds to be issued.</p>	
<p>Request for Board Approval to Move Ahead with Site Work</p>	<p>Mr. Rogols informed the board that the Acute Care Pavilion project should be ready to be presented to the board next month for final approval to allow the project to be taken out to bid.</p> <p>KMHC would also like to start doing some of the site work for the Acute Care Pavilion in advance due to the short construction season in Northern Michigan and not being able to take the project out to bid until late May or early June.</p> <p>A request was made to the board to approve spending up to \$250,000 to do the demolition work of the old Kalkaska Family Practice building and begin some initial site work on the new Acute Care Pavilion.</p> <p>The actual demolition work will be bid to vendors interested. Discussion ensued around the request.</p> <p><u>Motion was made and duly supported to approve the request to spend up to \$250,000 to begin the site work on the Acute Care Pavilion project. A roll call vote was taken as follows: Nelson "Jerry" Cannon, yes; Michael Cox, yes; Eric Hendricks, yes; Karl Klimek, yes; John Rogers, yes; Diana Needham, yes; Melanie Pauch; yes; Robert Barr, yes;</u></p>	

	<p><u>Dale De Korne, yes; Kim Stephens, yes; Bruce Zenner, yes. 11 "AYES". 0 "NAYS". Motion Carried.</u></p>	
<p>FY '23 Capital Budget</p>	<p>The planned capital budget for fiscal year 2023 was included in the board packet for review. Mr. Raymond explained to the board the process of planning the capital budget first and then the planning the operating budget for a fiscal year.</p> <p>Historically the capital budget for KMHC has been around \$2 million dollars and due to expansion, there is a need to increase the requested capital budget for fiscal year 2023 to \$2.5 million dollars.</p> <p>Discussion ensued among the board regarding the proposed capital budget.</p>	<p>The FY '23 Capital Budget will be brought back to the board in May 2022 for Board approval.</p>
<p>Community Wellness Update Board Selection of Community Health Focus</p>	<p>Ms. Zingg updated the board on the progress of the selection of an area of focus for the Community Health Focus. Last month, the board was given a sheet with 29 items of possible areas of focus from past community needs assessments and results of county health rankings. From that list the board voted on and chose their top five areas of focus.</p> <p>The KMHC staff also was given a survey and asked to choose their top five areas of focus from the same list of 29 items. The survey also asked the staff member what role they have at KMHC; Physician/Provider, Management/Senior Leadership, or staff. The results were then tabulated by role and the results were as follows:</p> <p>KMHC Physician/Provider:</p> <ol style="list-style-type: none"> 1. Obesity (Tied with #2) 2. Access to Mental Health 3. Diabetes 4. Address basic needs of Living 5. 10 other areas with 2 votes or less <p>KMHC Management/Senior Leadership:</p> <ol style="list-style-type: none"> 1. Diabetes 2. Access to Mental Health 3. Obesity 4. Access to Exercise Opportunities 5. Heart Disease <p>KMHC Staff:</p> <ol style="list-style-type: none"> 1. Access to Mental Health 	<p>KMHC Leadership Team will develop a plan for the area of focus and bring the plan back to the board over the next few months.</p>

	<ol style="list-style-type: none"> 2. Obesity 3. Diabetes 4. Access to Comprehensive Healthcare for all 5. Access to Exercise Opportunities <p>Overall, the results were 8 areas of focus that were common among all the groups including address basic needs of living, access to exercise opportunities, access to mental health providers, cancer, diabetes, heart disease, improve access to comprehensive healthcare for all and obesity. With diabetes and obesity having significantly higher results over all the other categories.</p> <p>Mr. Cannon and Mr. Conklin shared with the board the correlation between many of the areas of focus and that when one topic is chosen it will indirectly have an impact on others. For example, the area of focus of obesity would also have an impact on exercise, sleep and access to healthy food.</p> <p>Discussion ensued among the board.</p> <p>Once the area of focus is chosen by the board the leadership team at KMHC will develop a plan and bring the plan back to the board over the next few months. The plan will include a metric to be able to show results and a baseline to start from. This plan will be implemented with KMHC staff, then will be expanded to KMHC staff's families and then to the community over the next 3-5 years.</p> <p>The board was given an additional survey with the 8 categories and asked to choose one area of focus. Ms. Zingg collected the surveys and tabulated the results for the survey while the meeting continued.</p>	
<p>Kaliseum Update</p>	<p>Mr. Rogols provided an update regarding the Kaliseum.</p> <p>Last week, the Kalkaska County Commissioners approved taking the "pool area" restoration project out to bid.</p>	<p>Board members would like to have talking points regarding the Kaliseum to be able to share with the community.</p>
<p>Credentialing Presentation</p>	<p>Dr. Holmes and Ms. Smith shared an informational presentation to the Board on Medical Staff Credentialing.</p> <p>Ms. Smith began the presentation with a definition of what Medical Staff Credentialing is: the process of establishing that medical providers have proper qualifications to perform their jobs. This requires contracting a range of</p>	

organizations to verify the information obtained from a provider. She also said that Medical Staff professionals are the "Gatekeeper to Patient Safety."

Medical staff credentialing is performed to protect patients by ensuring that only qualified providers are on staff at a facility.

Dr. Holmes provided background to the board on the Healthcare Quality Improvement Act of 1986. This law is in place for the promotion of professional review activities including providing immunity to hospitals and others in the peer review process that subject professionals to "professional review actions and extends immunity to good faith peer review of healthcare professionals. It also created the National Practitioner Data Bank.

Three examples of negligent credentialing case law were also shared with the board including Michael Swango, MD, Christopher Duntsch, MD and Kadlec Medical Center v. Lakeview Anesthesia Associates-2008.

The presentation also included a list of primary source verifications used in medical staff credentialing: State Licensure & Controlled Substances, DEA, Confirm National Practitioner Identifier (NPI), board certifications, query the National Practitioner Data Bank (NPDB), and background checks, current hospital affiliations & work history, current malpractice insurance, review competency, professional and peer references, military service, proof of identity, medical education, and social media-google searches.

The common red flags in the credentialing process were also covered.

A credentialing candidate will fall into one of three categories; category 1-no concerns, category 2-minor concerns or monitoring concerns, category 3-serious concerns, interventions made.


Dr. Holmes discussed with the board common issues that come up during the credentialing of a provider such as issues with peer references, unfavorable responses on applications, 1 or 2 malpractice claims.

As a critical access hospital must have a network agreement for the credentialing process. Ms. Smith shared how the process works partnering with Munson.

Dr. Holmes and Ms. Smith answered questions from the board regarding the credentialing process.

<p>Medical Staff Report</p>	<p>Dr. Holmes reported on the following:</p> <ul style="list-style-type: none"> • There had not been a medical staff meeting for the month of April. • KMHC is starting an Opioid task force; there are two parts to this new program. The first part involves a pain management board that is meeting on a bi-weekly basis to review cases for patients on high doses of pain medications. The second part will allow patients on high doses of opioids to achieve lower levels of use. This is achieved with the help of Behavioral Health, physical therapy and working with one of Kalkaska Medical Associates providers, Dr. Cole. The providers are using the measurement of morphine milligram equivalents to help determine if a patient may be a good fit for this new program. <p>Discussion ensued among the board and Dr. Holmes answered questions regarding the new task force.</p>	
<p>Open Dialogue From Members</p>	<p>A request was made by a board member for the administration to share their position at a future board meeting on medical marijuana. Another board member was not in support of this request. Discussion ensued among the board regarding this topic.</p> <p>A board member asked if there had been consideration given to moving the Board meetings back to the Dr. William W. Kitti Education Center. Organizationally, KMHC is not ready to re-open the Dr. William W. Kitti Education Center to meetings. At this point, for the next year, the board will continue to meet in Classroom(s) A & B.</p> <p>Results were tabulated by Ms. Zingg from the board survey to choose one area of focus for the Community Health Focus and the topic decided upon by the Board is Obesity.</p>	<p>The tables will be moved into a rectangle formation at the request of the Board for future Board meetings in Classroom(s) A & B.</p>
<p>Public Comment</p>	<p>No public in attendance at this time.</p>	
<p>Upcoming Events/Conferences</p>	<p>The next Board of Trustees meeting is being held on May 24, 2022.</p> <p>Strawberry Social to be held on June 12, 2022, from 11am-2pm.</p> <p>Opening of the new Acute Care Pavilion will coincide with KMHC's 70th Anniversary.</p>	

Adjournment	Upon proper motion the meeting was adjourned at 8:06 PM.	
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Respectfully submitted,

Chandra S. Whiting
Board Recording Secretary