

**MINUTES FROM THE REGULAR MEETING  
MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
BOARD OF TRUSTEES**

**September 2, 2020**

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on September 2, 2020, at 2:00 PM with Mr. Taylor Jones, President, presiding.

**CALL TO ORDER**

Mr. Jones called the meeting to order and announced there was a quorum. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Dr. Lawrence Lauridsen, Medical Staff President; and Mr. Jim Phillips, Legal Counsel.

**Pledge of Allegiance**

Mr. Jones led the attendees in the Pledge of Allegiance.

**Our Mission and Vision**

Mr. Mathey read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson said we received a call from the husband of a patient who called to say some very kind words about Dr. Banu Symington. The husband called to let us know that his wife is doing fantastic and how much they both love Dr. Symington and appreciate her. He said she is a “doctor” and emphasized the word doctor, said, “love her” and she has done amazing things for his wife. He said we are very lucky to have Dr. Symington here. Ms. Richardson said this story goes right along with our mission. Mr. Jones said he knows there are lots of good things going on and it is always good to hear about it.

**APPROVAL OF AGENDA**

The motion to approve the agenda as presented was made by Mr. Tardoni; second by Mr. Mathey. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the minutes of the August 5, 2020, regular meeting as presented was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve the minutes of the August 12, 2020, special meeting as presented was made by Mr. Kelsey; second by Mr. Tardoni. Dr. Sowada said Mr. Jake Blevins from ST&B Engineering was in attendance at the meeting and requested he be listed as a guest at the meeting. Mr. Kelsey amended his motion to include Mr.

Blevins as a guest at the meeting and Mr. Tardoni amended his second. Motion carried. The minutes were approved as corrected.

## **COMMUNITY COMMUNICATION**

There were no comments.

## **OLD BUSINESS**

### **COVID-19 Preparation and Recovery - Incident Command Team Update**

Ms. Kim White, Incident Command, said we have some good news. She said we have not been able to purchase any of our normal N95 masks, however we have been able to order reusable Envo masks and we have 320 in our supply. They have disposable filters and we feel good about having those. Ms. White said that so far we have performed 6,440 tests with a 4.4% positive rate. In the last two weeks, we have done 757 tests with only 16 positive. Our positive rate dropped to 2.2% in the past two weeks. She said this is great for our community especially with school starting. Ms. White gave a shout out to Dr. Cielette Karn who is working very hard with public health and school districts and that is working very well. Dr. Sowada asked if everyone saw in the Rocket-Miner last week that Ms. White and a couple of additional nurses received awards. Ms. White said the whole team received the Collaborative Practice Award. She said the brainpower on that team has been phenomenal and they have been working hard. Mr. Jones said we appreciate everything they are doing. Mr. Kelsey said he spent the last couple of weeks at Rock Springs High School. He said the students and the staff are very obedient to the requirement of mask wearing, there has been a lot of cooperation, and he thinks that bodes well for our community. Ms. White said she has kids in school and they said they don't really mind wearing the masks. She said everyone wants everything to be open so they are willing to wear the masks.

### **Employee Policy – Cultural Diversity**

Mr. Tardoni said this policy originated with the hospital staff. The Human Resources Committee voted on it and it is up for approval by the Board at this time. Motion to approve the policy was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

### **Board Policy – Attendance at Board Committee Meetings**

Dr. Sowada said this policy basically speaks to our ability to attend other committee meetings as desired and to substitute for people who are not able to attend. The substitution is at the pleasure of the President of the Board. She said she thinks the policy is straightforward and does comply with the Wyoming Meetings Act. She said this is the second reading. The motion to approve the policy as written was made by Dr. Sowada; second by Mr. Mathey. Mr. Kelsey said he thinks this is a big improvement over the way it was previously worded and thinks the changes made reflect the concerns he had so he is supportive of the new policy. Mr. Mathey noted a typo in paragraph 4 "all board and committee meetings." Dr. Sowada amended her motion to include the correction; Mr. Mathey amended his second. Motion carried. The policy was approved with the spelling correction.

## **Termination and Appeal Policy Update**

Mr. Mathey said the policy remains pretty much as it was the last time the Board looked at it. He said the Medical Staff Bylaws are in the works and have been for quite some time. He said it is down to some narrow issues and one is how to treat non-physician practitioners and whether they should be members of the Medical Staff or not. Mr. Mathey said that has ramifications for the Termination and Appeal Policy. He said the other question has to do with complaints against employed physicians and whether those complaints fall under medial executive, HR, contract rights – that is a matter for the Medical Staff to decide. Mr. Mathey said he doesn't think that particular matter will make any difference on the Termination and Appeal Policy. The part this policy plays both under Medical Staff Bylaws and under the case of employed physicians is if there is a defense inserted based on a constitutionally supported category. If a doctor has an action against his or her privileges taken, there is a hearing and appeal process but that hearing and appeal process in the Medical Staff Bylaws at no time is a constitutional defense asserted by the practitioner. Mr. Mathey said when the bylaws are finally adopted by the Board then this policy and several others (corrective action, intro period, policies regarding physician and np contracting, physician contract form) all of these things will have to be coordinated ultimately with the Medical Staff Bylaws. He said the alternative is to take action on these now and then, not wanting to send the wrong message to the Medical Staff, amend them to comply with the Medical Staff Bylaws down the road. Mr. Mathey said we don't want to look like we are making decisions now that dictate to them how to amend the Medical Staff Bylaws. Mr. Mathey said this same report is going to serve as his report in the Joint Conference Committee section in the committee reports section. Mr. Tardoni said he agreed and if we can get the language coordinated, these things can move very quickly. Mr. Kelsey said he agrees with Mr. Mathey, as well. Mr. Mathey said he will keep everyone advised.

## **NEW BUSINESS**

### **Board Policy – Contracts Requiring Board Approval Policy**

Dr. Sowada said this is the second or third time the policy has come before the Governance Committee. She said the changes are highlighted in yellow. The motion to approve the policy as presented was made by Dr. Sowada; second by Mr. Mathey. Mr. Jones asked in paragraph four and five why would all consultant and management contracts from Ms. Richardson come to the Board when all along we have been saying in paragraph 2 that anything over \$25,000 would come to the Board. Mr. Mathey said the policy was amended from how it appeared last month based on Mr. Kelsey's questioning whether the \$25,000 limit applied to some of these classes of contracts. Mr. Mathey said it was tested out in Governance and he was not the only one confused therefore the "all's" were added. He said the hospital consultant contracts and hospital management contracts were inserted in this policy in direct response to the previous CEO's behavior. Mr. Mathey said perhaps that is no longer appropriate. He said we have a new CEO and we don't have the same issues as we did with the previous one. He said it was the intent to say what it says when enacted. Whether we want to continue with that, that is open to debate. Mr. Jones said he would say no because it's conflicting to him in his mind. He said one of the things we have to remember

is Ms. Richardson is our CEO, she runs things, steers the ship, is in charge of it, and has to have some flexibility. Mr. Jones said she is running a business and needs to have some flexibility and needs to react and if it's for the good of the Hospital, we are hindering her ability to do her job. He said the flipside is we have already said we trust her to spend up to \$25,000 on her own and we should do that. Dr. Sowada said she agrees with what Mr. Jones has put forward. Mr. Mathey asked for an example of a management contract. Ms. Richardson said previously we did have contracts to manage the clinic and that would be an example. For her, an example of a potential agreement would be in April of this year when Covid hit and our volume had decreased. We talked with CliftonLarsonAllen and they had a model and met with us quite regularly to discuss projections and their model helped us make plans to how we were going to move into the future financially. Ms. Richardson said she thought she had the authority to enter into that agreement. Mr. Jones said that is her job and what the Board hired her for. Mr. Tardoni said our procedures are already set up. Anything under \$25,000 that Ms. Richardson approves is what she shares with the Board at meetings. He said he would support removing that language from the policy. Dr. Sowada said "all" is a new addition. Those that are highlighted are new language. In the original document with the exception of real estate "all" was not included. Mr. Kelsey said in the spirit of compromise here he would like to make a motion roman numerals four and five be eliminated from the policy and suggested the other items remain. He said he thinks the Board ought to be aware of those and approve those other items. Dr. Sowada rescinded her motion that we approve the policy as written. Mr. Mathey rescinded his second to Dr. Sowada's motion and provided the second to Mr. Kelsey's motion. Mr. Mathey said what it will say to him with those two items deleted is that hospital consultant contracts and employment contracts in excess of \$25,000 will be brought to the Board. Motion carried.

### **Letters of Appointment**

Mr. Jones said these items are new and did not come through the typical process of two readings.

**Antimicrobial Stewardship Program (ASP):** Ms. Kari Quickenden, Chief Clinical Officer, said we recently had a quality program review. A consultant reviewed our program and accreditation standards. The applicable standard is included on the bottom of the letter. The Joint Commission (TJC) standard says the governing body must appoint the ASP. Ms. Quickenden said we are asking the Board to join us in appointing Ms. Sarah Romero as the ASP. She heads our committee, has obtained training, and communicates well with staff. We were reached out to from TJC on the Covid outreach call list. We responded to TJC earlier in the day and we expect they will be coming for survey anytime from the next couple of weeks to the next month. Ms. Quickenden said we are asking the Board to take action at this time. The motion to approve the ASP Letter of Appointment as presented was made by Dr. Sowada; second by Mr. Mathey. Motion carried.

**Infection Prevention Program (IP):** Dr. Kristy Nielson, Chief Nursing Officer, said we have a similar request for formal appointment of Ms. Noreen Hove as the professional preventionist. The motion to approve the IP Letter of Appointment as presented was made by Dr. Sowada; second by Mr. Mathey. Motion carried

### **Utilization Management Plan**

Dr. Nielson said the Plan is up for annual review. She said it is a Centers for Medicare and Medicaid Services (CMS) regulation. She said we use Utilization Management and the Plan as the way to evaluate the appropriateness, necessity, and effectiveness of medical care. Dr. Nielson said we have a committee which is actually not required by CMS. She said the Plan is something the Board will see every year and it has been reviewed by everyone else in need of review. Mr. Kelsey reported the Plan was discussed at the Quality Committee meeting in August. The motion to approve the Utilization Management Plan as presented was made by Mr. Kelsey; second by Mr. Mathey. Motion carried.

### **Performance Improvement and Patient Safety (PIPS) Plan Priorities**

Ms. Kara Jackson, Director of Quality, Accreditation, and Patient Safety, said the PIPS Committee is tasked with the role of evaluating opportunities for improvement and trying to prioritize those opportunities for improvement. The group ran through the matrix and looked at trends in data. They looked at the strategic plan, as well as CMS and TJC standards. The Committee talked about several different topics for improvement. We are recommending three distinct priorities: HCAHPs, culture of safety action plans, and high-level sterilization. Ms. Jackson said the methods and goal setting are in development. She said if data is trending in the wrong way or if something is identified as higher priority, we can run through the matrix during the year. This will help suffice TJC standard. The Hospital chooses a distinct number of improvement projects for the year. Our consultant recommended that for our organization size we stick with two or three. The plan priorities have been approved by PIPS, the Quality Committee of the Board, and the Medical Executive Committee. Ms. Jackson said it is a requirement that it be approved by the Board. She said just because something was not identified as a priority does not mean that work on efforts stops. The motion to approve the PIPS Plan Priorities as presented was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

### **CARES Act Lab Project, Construction Manager at Risk, and Contract from the Architect Approval**

Ms. Richardson said she wanted to talk a little bit about the CARES Act funding we received. We have received CARES Act funds. The money must be used and spent by July 31, 2021. Ms. Richardson said we have done a lot of research and met frequently to come up with a good project. The criteria with CARES is similar to the State Loan and Investment Board (SLIB) process. Our current lab waiting area does not allow for much social distancing so when Covid first hit we needed to offer outpatient lab services in an area where proper social distancing could occur. We identified the Foundation as that area and it is only a temporary solution. Ms. Richardson said patients like that location. We serve 250-300 lab patients per day. We like the idea of patients being able to receive their services in an area that would allow for social distancing and be convenient. We worked with Plan 1 for plans to give the Foundation space back to them and look at new lab space. We looked at a SLIB grant but the deadline to use those funds is December 30, 2020. Ms. Richardson said we could not have the project complete by then. We asked Plan 1 to send us a lab remodel project within a certain range. It is projected to take 8-12 months to complete. We feel time is of the essence. Ms. Richardson asked the Board for their approval to use the CARES act money to move forward with this project. She said we hope for approval for a

Construction Manager at Risk (CMAR) and receive approval for the contract with the architect so we can start the project as soon as possible. Alternatively, when we did receive the contract from Plan 1 we would have to come back to the Board for approval. Ms. Richardson said we are asking for approval now so we can start moving forward. She said that leaves us with some funds in the CARES Act money. We don't know what our volume will look like. Our rebound was good for July but August was not as much as July. Ms. Richardson said we want to keep some funds available just in case we have to off-set expenses. She said she would like the authority to move forward with the project for \$4M-4.5M for a lab remodel and to use CARES Act money for that project. She requested the authority to approve a CMAR and the authority to approve the contract with the architect to move forward with the project. She said the approval would be to not exceed \$4.5M. She said if it does then she would bring it back to the Board for further review. Mr. Tardoni noted the drive-thru vaccination area in the plans. Mr. Kelsey asked if we will have somewhat of a contingency in case we need funds for the SLIB projects. Ms. Richardson said he is absolutely right and we do have a contingency for that as well. She said we talked about the potential that may be \$1.2M that we may have to fund. Ms. Richardson said she knows Mr. Blevins is trying very hard to expedite that project so we can have finished by December 30 but if not we do have that built in. She said she can bring architect plans to the October meeting for review. The motion to approve Ms. Richardson's procurement of a CMAR was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried. The motion to approve a budget for this lab renovation and addition to fall between \$4-\$4.5M of CARES Act funds knowing there are contingency plans in the background was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried. The motion to give Ms. Richardson the authority to contract with Plan 1 Architects regarding plans for the lab renovation was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

Mr. Jones said the whole new business section was a little unorthodox of how we do things but he appreciates everyone's flexibility to get things done.

### **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson thanked the Board for approval of the project and said we will work very hard to get it going as soon as possible. She reported 452 staff, trustees, and physicians have attended the Person-Centered Care (PCC) training workshops. We are trying to accommodate staff, physicians and trustees by offering Friday afternoons and Saturdays. She said our goal is to have everyone trained by June 2021. Ms. Richardson said as soon as everyone is trained we can move forward with other modules of the PCC training and we are excited about that. In Quality & Safety, we are preparing for TJC to be here anytime. Ms. Richardson commended leaders and staff in preparing for the survey. We have been rounding on staff. Several of our grants have been approved by SLIB and they are projects that will help us tremendously with the treatment of Covid and we are very grateful. Our projects have all been separate and specific. Ms. Tiffany Marshall, Foundation Director, has done a great job with organizing everything. SLIB is looking at a better process to get this money out to different groups. They have passed the allocation model for some of the remainder of the \$2.5B received. We calculated our allocation was going to be \$5.8M. We have received \$5.5 in grants. The stipulation is nothing previously approved would be taken back. We are moving forward with the \$5.5 approved. Ms. Richardson said this is kind of a wait-and-see-what-happens with how this process goes. People continue to apply for grants. We do not have any grants we will be requesting at their next meeting on September 17. We may submit some requests in October based on how things go with the allocation process. One project is for some

IT equipment, one for vents in Respiratory Therapy, and one is for new furniture that would be easier to maintain through a pandemic. At that point, we would probably move away from the grants and focus on CARES Act monies. Ms. Ann Clevenger will be joining us as Chief Nursing Officer on September 14. Dr. Nielson is staying on until September 30 and we are trying to see if she will be available to us depending on when TJC comes to help us with that transition. Dr. Lex Auguiste, OB/GYN, started yesterday. We welcome him to our hospital family. He is so excited to be here and said he already has patients scheduled. Ms. Richardson said we have an annual quality workshop scheduled Thursday, October 29 pending a couple of responses back from the Board to confirm an acceptable date and time. This workshop will be in lieu of the November regular board meeting. Ms. Richardson thanked the Board for all of their support. She said she really appreciates the Board being available to us at a moment's notice and available to us for board meetings to help us move forward with projects. She thanked them for their help and guidance. She gave a shout out to staff, physicians, and everyone helping to keep our patients and staff safe. Mr. Jones said Ms. Richardson always keeps the Board informed and that is appreciated.

## **COMMITTEE REPORTS**

### **Quality Committee**

Mr. Kelsey said the chair report and minutes are in the packet. He said he and Mr. Mathey will soon be receiving a briefing on the consultant, Ms. Mella Grainger's, report. Mr. Kelsey said Ms. Jackson is doing a great job.

### **Human Resources Committee**

Mr. Tardoni said everything is in the packet. After he submitted his chair report, staff asked that the communication system policy be removed from the packet at this time so staff could re-examine the policy.

### **Finance and Audit Committee**

Mr. Mathey said he deferred to the packet and draft minutes.

***Cerner Electronic Medical Record:*** Ms. Tami Love, Chief Financial Officer, reviewed a short presentation. She said members of the Electronic Medical Record (EMR) Steering Committee are on the call to help answer questions. Dr. Lauridsen said he is so excited for this new EMR. Ms. Megan Gilbert from Informatics said she cannot stress enough about the importance of data collection. She said we cannot improve the care we are giving until we know where we have been and this will be a huge improvement. Mr. Tardoni said our current system will not be supported in the future. Dr. Brianne Crofts, Surgery, said we spent a lot of time looking at systems and did a very good job of making a very good decision. She thinks Cerner will give what we need as physicians, patients, and staff, and said she thinks we have longevity. Dr. Crofts said we know it's a lot of money but thinks it will make everybody's experience better here from the patient to the provider to the billing provider and said she thinks it's very important. She thanked the Board for their time and consideration. Ms. Bethany Bettolo from Informatics added the EMR Steering Committee wanted to focus on end users. She said staff have had input on this. It was a facility-wide decision. She said it is exciting that adoption is from the floor all the way up. Dr. Nielson

said the nursing and clinical staff cannot thank the Board enough. Mr. Jones thanked everyone for their comments. The motion to approve the capital request for the Cerner EMR was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Jones thanked everyone for their work and endless hours.

**Capital Expenditure Requests:** Mr. Mathey reviewed capital expenditure request FY21-2 from Dr. Cody Christensen, Urologist. The motion to approve FY21-2 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Mathey reviewed capital expenditure request FY21-3 from Dr. Prachi Pawar, Neurologist. Ms. Richardson said she joins us at the end of October or early November. The motion to approve FY21-3 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Mathey reviewed capital expenditure request FY21-4 from Facilities. The motion to approve FY21-3 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Mathey reviewed capital expenditure request FY21-10 from Medical Imaging. The motion to approve FY21-10 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Mathey reviewed capital expenditure request FY21-14 from Surgical Services. The motion to approve FY21-14 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

**Bad Debt:** The motion to approve the net potential bad debt of \$1,042,680.09 as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Ron Cheese, Director of Patient Financial Services, said we expect to see self-pay grow in the month of November or December. Mr. Tardoni said he is wondering if our Walk-In Clinic will have any impact on the amount showing from the Emergency Department (ED). Mr. Cheese said it will really curb our losses if we can push patients through the Walk-In Clinic instead of the ED. He said we, as a team, need to work on this together and focus on this. Mr. Tardoni said it is probably more convenient for patients as well. Ms. Leslie Taylor, Clinic Director, said we have seen an increase in the Walk-In Clinic and she thinks it will increase in October and November.

### **Building & Grounds Committee**

Mr. Kelsey said he did not have anything to add. He said he thinks everything that needs to be brought forward is in the chair report or minutes in the packet. He offered to answer any questions.

### **Foundation Board**

Ms. Marshall said the Foundation Board has two new board members and we are excited to have them. The Board met and will move forward with the Red Tie Gala. Ms. Marshall said we will make adjustments as needed to do whatever we can to have a Gala next year. The Board is brainstorming ideas for the Christmas event. Ms. Marshall lost the connection to the call and the report ended.

### **Compliance Committee**

Mr. Tardoni said he did not file a chair report because the information in the packet is pretty self-explanatory.

### **Governance Committee**

Dr. Sowada said she did not have anything to add.

### **Executive Oversight and Compensation Committee**

Mr. Jones said the Board would handle in executive session.

### **Joint Conference Committee**

Mr. Mathey said his report previously given is the Committee report as well as the Governance report. He said the Medical Staff Bylaws as drafted do include non-physician practitioners included in the Medical Staff and is contrary to the Board of Trustees Bylaws. He said we will deal with that when it comes up.

## **CONTRACT REVIEW**

Mr. Jones said Ms. Suzan Campbell, Legal Counsel, was unable to attend the meeting and asked Ms. Richardson to review. The motion to approve the contracts on the consent agenda and authorize the CEO to sign the contracts was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

## **MEDICAL STAFF REPORT**

Dr. Lauridsen said most of what he was going to say has already been said. The Medical Executive Committee met and discussion was mostly regulatory. He said one of our doctors was published in the Journal of Clinical Oncology. Dr. Lauridsen said it is exciting to see our doctors' names out there. He welcomed Dr. Lex Auguiste and Dr. Prachi Pawar.

## **GOOD OF THE ORDER**

Mr. Tardoni said he is the rep to the State Miners Board. They have been meeting by Zoom. They have a new Director, Ms. Angela Oakley. Mr. Tardoni said Gillette has remained the main office for the time. They still have a Rock Springs office. He said there are over 8,000 miners in the state part of this insurance program. They spent about \$7M in payments last year. He said they are looking at some advertisements to make sure the community understands this insurance program so those who qualify can take advantage.

Dr. Sowada acknowledged Ms. White for the Collaborative Practice Award, Ms. Alisha Mackie, Director of Surgical Services, and the staff in Surgery for their award, and Ms. Rachel Harris in the operating room for receiving a Faces of Our Future nursing award. Dr. Sowada said there was a really wonderful article about Ms. Tamara Walker and her COPE program for stress management for kids 6-18. Dr. Sowada said in this day of multiple stresses and Covid, it sounds like Ms. Walker has a waiting list for this program. She said "hats off" to all of them.

Ms. Richardson said Dr. Auguiste was on the call, welcomed him, thanked him for joining us, and said we are excited he is here. She said Ms. Stacey Nutt has accepted the Interim IT Director position and we welcome her, as well.

Mr. Jones said Ms. Marshall texted the rest of her report to him. The Foundation Board is starting to plan Christmas with something in the Healing Garden with Santa so they can drive through and get a gift. We are still trying to have some events and social distance. The Annual Gifts Committee has built their structure. We are working on building our donor wall. We want to recognize hospital staff so we will be doing something for staff in the next month or so.

### **EXECUTIVE SESSION**

Mr. Jones said there would be an executive session for personnel. He said the Board would jump off the current call and be on their executive session call. The motion to go into executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried. Mr. Jones said the Board would take a seven- minute break and convene at 4:00 PM.

### **RECONVENE INTO REGULAR SESSION**

At 5:53 PM, the Board came out of executive session and the motion to go back in to regular session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

### **ACTION FOLLOWING EXECUTIVE SESSION**

#### **Approval of Privileges**

The motion to approve privileges for healthcare professionals as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada.

#### **Credentials Committee Recommendations from August 11, 2020**

1. Initial Appointment to Associate Staff (1 year)
  - Dr. Lex Auguiste, OB/GYN
2. Initial Appointment to Locum Tenens Staff (1 year)
  - Dr. David Crockett, Emergency Medicine (U of U)
3. Reappointment to Active Staff (2 years)
  - Dr. Joseph Oliver, Orthopaedic Surgery
  - Dr. Sigsbee Duck, Otolaryngology
  - Dr. Israel Stewart, Internal Medicine
  - Dr. Jean Stachon, Public Health/Family Medicine
4. Reappointment to Consulting Staff (2 years)
  - Dr. Anna Catino, Cardiovascular Disease (U of U)
  - Dr. Gavin Arnett, Tele Radiology (VRC)
5. Reappointment to Locum Tenens Staff (1 years)
  - Dr. Kamran Khan, Pulmonary Medicine
  - Dr. Astrid Haaland, Emergency Medicine (U of U)

The motion to approve the CEO to execute doctor contracts and doctor contract extensions as discussed in executive session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

The motion for Board approval of the yet unnamed steering committee as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

### **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 5:55 PM.

*Mr. Taylor Jones, President*

Attest:

*Mr. Marty Kelsey, Secretary*