CALL MEETING TO ORDER
Kevin Bailey, Chairman, called the meeting to order at 4:00 p.m.

APPROVAL OF AGENDA and MINUTES
The March board meeting agenda was reviewed. Dr. Scott motioned to approve the agenda. Gene Davis seconded the motion. Motion carried.

The minutes from the February board meeting held on Wednesday, March 6, 2019 have been reviewed. The minutes are to reflect that David Smith abstained from the motion on the Interim Appointment of the Compliance and Privacy Officer designation. Andrea Mellinger moved to approve the amended minutes. Dr. Scott seconded the motion. Motion carried.

OLD BUSINESS
None.

PUBLIC COMMENTS, INTRODUCTIONS
None.

QUALITY COMMITTEE REPORT
The Quality Committee reports that there have been no pressure ulcers in the last quarter. The committee generated improvement efforts on hand hygiene, resulting in 90% compliance. Employee injuries declined; there were eighteen (18) injuries in the previous quarter and six (6) injuries this quarter. This is attributed to employees using the sand bins located throughout the parking lots and using sand as needed to address icy spots, and the use of YakTrax, and other appropriate footwear. The Utilization Review Plan will be brought before the full board for approval next month.

MEDICAL STAFF REPORT
Dr. Hunter has nothing to report other than credentialing matters held in Executive Session.

The following matters were discussed in Executive Session. Dr. Hunter, on behalf of the Medical Executive Committee and Credentials Committee, recommends the following for consideration:

In the matter of delegated privileges with Billings Clinic on:
Dr. Fernando Lopez, Pulmonary Critical Care – Tele-ICU; there are no questions or concerns.
Dr. Martin Prager, Infectious Disease – Telemedicine; there are no questions or concerns.
Shirley Coulter moved to approve the physicians listed above for delegated privileges. Dr. Scott seconded the motion. Motion carried.

Amy Davis, FNP- BC has requested full active privileges and will be providing services in the Internal Medicine practice. There are no questions or concerns. Dr. Scott moved to approve. Gene Davis seconded the motion. Motion carried.

ADMINISTRATION REPORT
Recruitment – We continue to look for two (2) Internal Medicine physicians and Advanced Practice Clinicians (APC) to meet the patient needs in Internal Medicine. We have made an offer to one physician candidate who will
be available next year and would be a good fit for the practice and our community. We have approximately six (6) candidates we are looking at. There is continuous work being done for better access for the community. Dr. Hunter reports there is a nationwide shortage of internal medicine physicians at this time.

Managing for Daily Improvement and SMESS Huddles | Phlebotomy – Lab Manager, Andrea Paulson provided information on a Lean improvement process in the lab. SMESS (acronym for Safety, Methods, Equipment, Supplies and Staffing) huddles are done on a daily basis, encompassing both inpatient and outpatient labs. The huddles address issues on SMESS and measures to be implemented if there is a problem. The Lab staff have shown great leadership, ownership and responsibility for continuous improvements and standardized processes. Anyone can run the huddle in the department, not just the manager. SMESS huddles are happening in departments throughout the hospital. Thanks to the Lean team for training staff in order to implement this initiative.

Tele-ICU – We are in the midst of implementing a program with Billings Clinic, in order to improve the care of our critically ill patients. Billings Clinic will provide daily consults on selected patients. There will be continuing education for physicians, nurses and RT techs. Physicians in Billings will be able to see the patients, labs, and x-rays and put notes into the EMR. The Billings Clinic physicians will not do any orders, but will consult with our hospital physicians. The process is taking some time with the Montana physicians obtaining a Wyoming license and going through the credentialing process. There is a call every two weeks between Sheridan Memorial Hospital staff and Billings Clinic staff defining the program and addressing issues. Billings Clinic approached us about this program with the potential of using us as an outlying hospital to send patients from Cody to help their program.

Tele-Stroke – Similar to that of the Tele-ICU program, we are working with Wyoming Medical Center and neurologists in Casper. There is a monitor in the Emergency Department that can be utilized for patients presenting with symptoms of a stroke, and they receive a virtual visit from a neurologist to determine if there is a need to transfer to a higher level of care or if the patient can remain in Sheridan for treatment. The patients that have presented so far have been able to stay in Sheridan for their care; before that, we would have transferred a patient when it may not have been needed. This is available to patients 24/7. Mike will keep the board apprised of cases and the impact it is having on the community.

Market Share Discussion – Due to a change in payer mix, surgical cases and things happening in the organization, a Lean initiative (A3) was done to determine where we are in the healthcare market; determining if we are capturing the county or are people leaving the community for their healthcare needs. An RFP has been awarded to the Stratasan Company, who will obtain data from us, other healthcare systems in the State of Wyoming and in Montana, to determine how many people are leaving our community for services and what types of services/treatments are being addressed. This may give us an opportunity to develop new service lines and strengthen care to our community. Actionable information will be received by the end of May 2019.

Mike McCafferty gave a brief overview on how the hospital’s pricing is lower for some services compared to other hospitals in the State. We have aligned our pricing model to be more in line with Billings Clinic, and St. Vincent’s. Healthcare is very expensive, but we have focused on not inflating our pricing. We do not receive any funds from a mill levy, or federal funding, as we are not a critical access hospital. Medicare pays $.80 on the $1. In order to grow our market, we need to have a sustainable model and competitive pricing.

Rheumatology Planning - Rheumatology is not a service line that we currently provide and it is hard to find, and get a physician into a rural area. One of our current internal medicine physicians expressed an interest in doing a rheumatology fellowship. Dr. Ben Widener will complete his fellowship in August/September of 2020. We continue to confer with him and to put a pro-forma together, to determine what his practice will look like, what equipment and drugs he will need, etc. He will have his practice in the Outpatient Center. We will promote this next summer and start booking appointments for him to see patients in September 2020. Currently, patients have to go to Rapid City and Billings for their appointments. We are looking forward to getting Dr. Widener back and into a practice so that patients will be able to stay in Sheridan.
FINANCE
The hospital had some improvement in February, built on the implementation of initiatives done in January. There was also an improved payer mix in February, decreased utilization of VA patients, and the write offs improved as well. Management did a good job with labor and supply costs as well. We have a strong operating margin for February and generated some cash. We now have 31 days cash on hand. We can expect another positive month for March, continuing with managing labor hours and revenues are on target.

FOUNDATION REPORT
The Foundation continues to work on relationships internally and working with the community. The Foundation spoke at the Leadership Wyoming conference and was a part of a philanthropy panel discussion. A thank you was extended to Dr. Hunter for allowing the Foundation to speak with the medical staff group at the Quarterly Medical Staff meeting. Continually being in front of this group allows for building a partnership with the physicians. The Foundation has added a new committee - the Donor and Fund Raiser Development Committee. This committee will work on cultivating donor relationships in the community. Ada will also be meeting with past Foundation board members, adding that emeritus connection. This group will meet on Wednesday, April 10 at 5:30 pm. April is also Volunteer Appreciation month, and the board members are invited to breakfast on Thursday, April 25th from 7 am – 9 am.

BUILDING COMMITTEE REPORT
Small items are being addressed in the Outpatient Center. Handrails are being installed with expected completion to be next week. The parking lots are in need of final touches as well. The OPC and parking lot landscaping will be completed with the return of good weather. The Sidewalk Café remodel continues, and the food merchandisers will be relocated once complete. The generator project is in process, which is an important safety feature for the hospital. Expected completion will be in May.

OTHER BUSINESS
None.

EXECUTIVE SESSION
Kevin Bailey moved to adjourn into Executive Session at 4:47 p.m. to discuss personnel and legal. Gene Davis seconded the motion. Motion carried.

The Board reconvened into general session at 5:12 p.m. with credentialing actions referenced above in the Medical Staff Report.

Kevin Bailey motioned to go back into Executive Session at 5:13 p.m. Andrea Mellinger seconded the motion. Motion carried.

The Board reconvened into general session at 5:37 p.m. with no action taken.

ADJOURNMENT
With no further matters to come before the board, the meeting adjourned at 5:37 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary