

BOARD OF TRUSTEES
JULY MEETING MINUTES
Wednesday, August 1, 2012 **3:00 P.M.**

MEMBERS PRESENT: Kevin Bailey, Gene Davis, Dixie See, David Smith, Gary Miller, and Dr. Strahan

MEMBERS ABSENT: Ron Mischke

Others Present: Mike McCafferty and Dr. Addlesperger

CALL MEETING TO ORDER

Gary Miller, Vice Chairman, called the meeting to order at 3:00 p.m.

PUBLIC COMMENTS

None

APPROVAL OF AGENDA and MINUTES

The agenda for the July Board of Trustees was available for review. Motion was made by Kevin Bailey to approve the July Board agenda. Gene Davis seconded the motion. Motion carried.

The minutes from the June Board Meeting, held on June 27, 2012 were reviewed. A motion was made by Dr. Strahan to approve the June Board meeting minutes. Dixie See seconded the motion. Motion carried.

The minutes from the July Special Board Meeting, held on July 18, 2012 were reviewed. A motion was made by Dixie See to approve the July Special Board meeting minutes. Gene Davis seconded the motion. Motion carried.

OLD BUSINESS

None

QUALITY COMMITTEE REPORT

Dr. Michael Strahan presented information from the previous Quality Council meeting held on July 19, 2012.

Quality Scorecards are included in the Board packet for member review. There are no significant trends or analysis to note. Core measures should be updated next month.

A new Leapfrog scorecard was presented to the group. The Leapfrog Group aims to: (1) inform Americans about their hospital safety and quality; (2) promote full public disclosure of hospital

performance information; (3) help employers provide the best healthcare benefits to their employees; and (4) provide data in a “dashboard” format for review.

Charlotte Mather, CNO, further explained that the Leapfrog organization is a consumer advocacy group who asks hospitals multiple questions and requests quality data in order to rate and report patient safety initiatives compared to regional and national data. This information is then available on their website, <http://leapfroggroup.org>, for consumers to view. Many of the items requested from Leapfrog are not used by Sheridan Memorial Hospital such as CPOE, which will not be implemented until the electronic medical record is available. Categories of rating include: willing to report, does not apply, some progress, substantial process, and fully meets standards. Mrs. Mather also noted that the Quality Department has spent numerous hours retrieving this specific data requested. Mike McCafferty noted that Leapfrog is just one more reporting group the hospital has been encouraged by the Wyoming Business Coalition to participate in. Mr. McCafferty also noted that Sheridan Memorial Hospital is one of the last hospitals to agree to submit its data to Leapfrog after receiving multiple requests from the Wyoming Business Coalition to do so. Other groups we collect and submit data to include Health Grades, Hospital Compare, and regular reports to the State Epidemiologist. Dr. Strahan questioned the importance of reporting to yet another group, especially when much of the data is not applicable to our hospital. Dr. Strahan further requested the Board and Administration reach out to the Wyoming Business Coalition to voice the concerns regarding the time and effort any future groups’ reporting requirements take so that employees can spend their time with more valuable projects.

Dr. Strahan and Mrs. Mather further reported that audits for the CMS Plan of Correction have been completed as of July 30, 2012. Plan of Correction audits following The Joint Commission survey in June 2012 will be completed and submitted by August 6, 2012. In addition, Recovery Audit Contractor (RAC) Audits still occur where we continue to monitor this process. The auditors continue to request more audits.

Dr. Strahan commented on the exceptional job done by Quality staff in conducting a full analysis of venous thromboembolism (VTE) diagnosis when an increased trend was identified. Jane Scott, Clinical Case Manager, did a great job presenting the research and communicating her findings to the physicians and quality members. Dr. Strahan noted his appreciation to the staff for pointing out these trends and bringing them through the proper channels and leadership so that care can be improved. Gary Miller also noted reverence to the Quality Council in discussing every single patient complaint at its monthly meeting, noting all the background research and work done to assist the patient’s with their concerns.

MEDICAL STAFF REPORT

The Medical Staff report was provided by Dr. Addlesperger. Dr. Addlesperger presented the Medical Staff membership and privilege request for the following:

Gregory Marino, DO is requesting Active Staff membership in the Department of Medicine at Sheridan Memorial Hospital, specializing in Hematology/Oncology. Dr. Marino is welcomed into the Sheridan Community as a new member to the Welch Cancer Center. After review of credentials

file, Gene Davis made a motion to approve the requested privileges of Dr. Marino. Kevin Bailey seconded the motion. Motion carried.

ELECTRONIC MEDICAL RECORD (EMR)

Nyle Morgan, Chief Information Officer, provided an update on the Cerner electronic medical record (EMR) progress. This report will be the last before go-live date of August 20, 2012. Mr. Morgan introduced the following four members on the EMR project to speak to the Board on their roles and experiences: Barb Pilliod, Cerner Senior Clinical Strategist - has worked with the entire SMH team in the system building processes; Bridget Gerleman, SMH Project Manager - facilitates and ensures proper workflow in the EMR project; Katherine Daugherty, Cerner Engagement Leader - works with Mrs. Gerleman to ensure the Cerner project is on target and running smoothly; and John Johnson, SMH Physician Informatics Nurse - involved with training of physicians and nurses and has helped build the physician CPOE and ICU/ED system environments.

Mr. McCafferty noted that in addition to these members, there are several staff members who have dedicated 100% of their time to Cerner, taking out of their day-to-day patient care duties. It takes an incredible amount of work and dedication and has been impressive to watch. Dr. Strahan noted that in order to keep patient care as the priority, numerous traveling nurses have been hired to fill in as needed. These nurses are accustomed to filling in when organizations are going live with EMR and are familiar with Cerner and productivity needs. Dr. Strahan noted he and the medical staff are pleased with the professionalism and positive attitudes of the traveling nurses they have encountered.

Mrs. Gerleman explained that the paper medical records would be converted into an electronic format dated one year prior for all labs and ten years prior for all other medical records currently held. This conversion will take approximately three to six months to complete for all medical records to be completely electronic. Barb Pilliod and Katherine Daugherty, from Cerner, have been involved in many other organizational transitions to electronic systems. A few noted challenges that have occurred included printing, shift change log-ins, and staff remembering workflow commands. All system building has been finalized with all devices, such as the printers, monitors, and synced equipment items are being tested multiple times now in order to fix any glitches in the system before go-live. There will be 24-hour support on and after go-live day from Cerner, additional support contracted on-site, overstaffed nursing/physicians, and additional IT staff on hand to help workflow challenges as they arise. Also, the week of go-live, a command center will be available for staff to call into for assistance as needed.

In reference to how this transition will affect patient care, there will be an increase in patient-provider contact at the bedside. Providers will be able to focus more on the patient and worry less about documentation away from the bedside. This involves the patient more and shall decrease documentation errors and result in a much safer environment for the patient. Entries into the EMR can be done at standing computer stations, voice recognition, or with laptops on portable carts on wheels.

A new method of documentation called “dynamic documentation” was discussed. It is a physician-specific method of documentation that some physicians may choose to use within the EMR system. If implemented, Sheridan Memorial Hospital will be the first hospital in the country to implement.

ADMINISTRATION REPORT

Mr. McCafferty will provide a final printed copy of the FY 2011-2015 Strategic Plan to the Board Members once printing has been done. This document will be distributed to each Sheridan resident and helps communicate the organizational goals and culture the hospital strives for.

Mr. McCafferty noted that site planning continues with TSP for the medical office building. Mr. McCafferty has requested a cost analysis from TSP to quantify in terms of dollars the best location on campus and parking plans. These discussions will continue with the building committee for recommendation to come to the Board.

Mr. McCafferty showed the Board Members the AVATAR award presented to Sheridan Memorial Hospital in 2011 for exceeding patient expectations. This shows great accomplishments for the hospital as every year the expectations increase and are measured against a growing score.

FINANCE COMMITTEE REPORT

Gene Davis reported the Finance Committee met and acknowledged that the vouchers and Mr. McCafferty’s MasterCard had been reviewed and were sufficient.

Mr. Ed Johlman reported on the June financial analysis. Lowest inpatient revenue was recorded for the month with SMH posting its 2nd monthly loss of the year, and only the 5th monthly loss in the last five years. Outpatient and ER revenues were over budget to offset some of the fall inpatient activity. In total, June revenue was the 4th lowest of the year.

For the second year in a row SMH topped \$100M in gross revenue for a final total of \$106M, which was \$4.5M (4.4%) higher than in FY 2011. Hospital gross revenue was \$96.8M, which was \$2.3M (2.5%) higher than in the prior year. The BHHN contributed \$9.3M and showed exceptional growth -total revenues increased by \$2.1M (29.7%) over FY 2011.

Mr. Johlman presented a bond reimbursement resolution for Board review and action. Mr. Johlman explained that this resolution is not an obligation to borrow or reimburse any specific amount; it is a resolution stating “Sheridan Memorial Hospital expects to incur and pay from hospital funds certain expenditures including preliminary expenditures for planning and construction, of a Cancer Center, Cardiac Catheterization Lab, Electronic Medical Record and a Medical Office Building. Whereas, the Hospital reasonably expects to reimburse itself for the expenditures with the proceeds of tax-exempt bonds...” This bond reimbursement resolution enables the finance department to conduct business on a tax -free basis. Gene Davis made a motion to approve the resolution as reviewed. Dr. Strahan seconded the motion. Motion carried.

Additional comment was made that, as of today, the Hospital’s long-term debt is at \$0, with the exception of leases.

FOUNDATION REPORT

Ada Kirven, Foundation Executive Director, distributed a copy of Sheridan Memorial Hospital Foundation summary presented at their annual meeting held Tuesday, July 31, 2012. Mrs. Kirven noted the meeting was a success with the message of growth and how the Foundation's work is truly making a difference in the care we provide in Sheridan. The Board of Directors and staff are pleased to present the activity and accomplishments of the Foundation for the past fiscal year ending June 30, 2012. The Foundation Annual distribution to Sheridan Memorial Hospital exceeds \$3.36 million for projects and programs, 92% of that utilized for the New Welch Cancer Center Project. There have been over 750 donors and gifts contributed, many of which the Foundation staff has been able to meet and form great relationships with. Projects receiving funds this past year include the Griffith Emergency Department, the Watt Dialysis Center, Nursing Scholarships, and Clinical Education. Mrs. Kirven thanked the Board and Hospital Staff for their continued support and open communication. A note from the Board emphasized how the hospital could not do the things we do without the efforts and support of the Foundation. Shirley Yager has been elected Foundation Board Chairman, taking the place of Mr. Kevin Bailey.

BUILDING COMMITTEE REPORT

Mr. Forister, Facilities Manager, provided the following report in addition to Board packet information provided for member review.

- ✓ Room Service went live July 30, 2012. This is a project nutritional services staff have been working on for the past two years. Reports have been positive thus far. Room Service will ultimately help patient satisfaction, enabling the patient to order what they want, when they want to eat.
- ✓ Welch Cancer Center (WCC) The Cancer Center continues to be on schedule and very close to budget. The only changes have been ones requested and approved by the building committee. Phase 4 of the project is moving forward. The parking lot will be ready to be poured within the next couple of weeks. During that time, traffic on Kentucky Street will be slowed and employee staff has been asked to use alternate routes to avoid high traffic congestion.
- ✓ Cath Lab: Project is underway; demolition has started of old lab space. Meetings are being scheduled with the general contractor and subcontractors, to discuss schedules, infection control, and other issues (parking, staging materials, security). The construction schedule will be finalized the week of July 30th. We have had an initial meeting with the internal stakeholders to create a project schedule that includes equipment procurement, staffing, education, and to identify the milestones for these tasks. A very proactive and cooperative team continues to work on project. Mr. Len Gross is the Cath Lab's project leader and noted milestones for the projects timeline have been identified and reviewed. Cath Lab construction has a completion date of December 5, 2012. The project schedule Gantt chart will be available at the August BOT meeting.
- ✓ Pathology: The Pathology project is nearing completion. After final inspections, we are planning to move Pathology, Cytology and Histology into the new space the week of August 6, 2012.

Dixie See gave thanks to Rob Forister and his team for all their work on all projects. Special thanks to Jerry Maddox who has worked closely with the Welch Cancer Center project and James Rader who has ensured all compliance measures are up to standard for the Pathology project.

OTHER BUSINESS

Cecile Pattison, on behalf of Marketing, reminded the Board of Trustees of the Annual Memorial Hospital Blood Draw to be held at the hospital, August 13 – August 18, 2012. Volunteers are available to schedule appointments at 672-1196 or you may register online.

EXECUTIVE SESSION

The meeting moved into closed session at 4:05 p.m. for discussion of personnel. The meeting then reconvened into public session at 4:20 p.m. Medical staff privileges were discussed. Please see the Medical Staff report for action taken.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 4:21 p.m.

Recorder,
Amy Ligocki

Michael Strahan, M.D., Secretary