

**BOARD OF TRUSTEES
DECEMBER MEETING MINUTES
WEDNESDAY, JANUARY 9, 2019 4:00 P.M.**

MEMBERS PRESENT: Kevin Bailey, Shirley Coulter, Andrea Mellinger, Gene Davis, Ron Mischke, and David Smith
MEMBERS ABSENT: Dr. Timothy Scott
Others Present: Dr. Ian Hunter and Mike McCafferty

CALL MEETING TO ORDER

Kevin Bailey, Chairman, called the meeting to order at 4:04 p.m.

APPROVAL OF AGENDA and MINUTES

The December board meeting agenda was reviewed. David Smith motioned to approve the agenda. Gene Davis seconded the motion. Motion carried.

The minutes from the November board meeting held on Wednesday, December 5, 2018 were reviewed. David Smith moved to approve the minutes as presented. Shirley Coulter seconded the motion. Motion carried.

The minutes from the special board meeting held on October 25, 2018 were reviewed. Andrea Mellinger moved to approve the minutes as presented. Ron Mischke seconded the motion. Motion carried.

OLD BUSINESS

None.

PUBLIC COMMENTS, INTRODUCTIONS

None.

QUALITY COMMITTEE REPORT

The Quality Committee reviewed readmission rates in their meeting. Sheridan Memorial Hospital's current readmission rate is 8.8%; the national average at 13%. Follow up phone calls to a patient after discharge appears to have a positive impact in keeping our readmission rates down. The readmission rate impacts the CMS Star Rating as well.

The committee reviewed operative procedures and patient feedback files. There has been zero pressure ulcers in the last three months. Ann Aksamit, the Home Care and Hospice Manager, presented their department's annual summary report. Ann also reported that Home Care and Hospice has received positive results and a 5 Star CMS Rating.

MEDICAL STAFF REPORT

The Medical Executive Committee will meet next week on Thursday, January 17th. BHMM is involved in another Lean event this week working on processes for moving a patient through the new clinic area and addressing inefficiencies.

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:

Irene Lohkamp, MD – requests Geriatrics and Supportive / Palliative Care tele-medicine privileges; delegated privileges through Billings Clinic. David Smith motioned to approve. Gene Davis seconded the motion. Motion carried.

David Wheeler, MD, Oliver Jeffery, MD, and Rene Mosada, MD – all three have requested Neurology / Telemedicine privileges for the tele-stroke program; delegated privileges through Wyoming Medical Center.

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Andrea Mellinger motioned to approve. David Smith seconded the motion. Motion carried.

Clay Smith, MD – Emergency Medicine physician requests full active medical staff privileges. Shirley Coulter motioned to approve. Gene Davis seconded the motion. Motion carried.

ADMINISTRATION REPORT

Financial Planning Update - The hospital is looking at high level metrics, days of cash on hand, and the cost of doing business on a daily basis. SMH continues to have an ever changing payer mix and issues in receiving payments for services provided. The hospital has experienced a dramatic change in the payer mix in the last 18 months. SMH is treating the same patient volume with less resources to do so resulting in approximately 54% in write offs. How we use labor resources and expenditures on non-patient related items are being viewed weekly. We need to reduce our losses in order to break even and eventually rebuild our savings to generate a 1.5% operating margin.

Recruitment – The hospital is recruiting internal medicine physicians to better serve the people in our community. Mike will attend a meeting on Friday morning with a company to review data needs and a demand analysis. We need to make sure the formula that is used is correct for what we are doing. We have a hybrid model of doing business, which most operations do not have. Our internal medicine physicians work 3 weeks in clinic and 1 week in the hospital as a hospitalist. The typical or “normal” model is either in the clinic solely, or as a hospitalist only. Our hybrid model has some inefficiencies and is specific to the physicians that are here. The hybrid model helps in the recruitment process as it offers variety.

Air Service - Medical Air Rescue Company (MARC) has officially started operations in Sheridan. The helicopter will be in Sheridan sometime in April or May. In the interim, MARC has a King Air fixed wing at Sheridan County Airport to be used as needed. MARC is a shared service and not exclusive to the hospital so there is no cost to us. Once the helicopter is on site, the fixed wing will be redeployed to Rapid City, but can still be utilized as needed. The MARC pilots and crew have met with our Emergency Department staff as well. The helicopter will have a higher service ceiling as it is bigger than the helicopter that was here before; it can be dispatched for mountain extractions and can provide service to Cody, Worland, Powell, etc.

OutPatient Center – What has been referred to as the Medical Arts Complex Expansion project, will now be called the Outpatient Center and will encompass the existing MAC and the expansion. The State will do a Lab inspection, and the “punch” list should be finalized by mid-January. The parking lots should be finished by the end of month with the exception of the sealing process which will be done in the spring. There is a section of a parking lot on the north side of the building that needs to be redone as the contractor did the original pour in undesirable conditions with unfavorable results. The exterior and interior signage will be in place by February 1st; the estimate to move everyone into the new building is mid-February. The internal medicine staff are in the process of creating processes for standard work in the new space.

The ED area has reopened; we are awaiting railings, and the parking lot sealant will be done in the spring. Marketing will put a communication out for our organization and the community identifying name changes that will occur as part of a re-branding strategy to create consistency with SMH; BHMM will be *Sheridan Memorial Hospital Internal Medicine*.

Strategy to Operations | Safety Pillar - The strategic deployment was reviewed. The four year strategic objective is zero harm to patients and the one year objective will focus on zero falls in the inpatient areas. Standard work is being developed on a fall protection program with real time audits.

FINANCE

There was upward movement for days of cash on hand in November. Money was transferred from the Wilson Trust fund to pay for parking. November also showed a more favorable payer mix; higher proportions in endoscopy and surgery with commercial patients. There is a surge in Medicare patients using our services. December is showing a positive trend as well, with self-pay services in decline. We continue to look at costs and

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evaluate how to move forward following large write-offs. Expenses are well controlled with the exception of higher drug cost due to increased chemo treatments. Included for review is the investment policy statement and banking resolution. Finance is asking the board to review prior to the next meeting; the Finance Committee will review changes for consideration prior to coming to the full board for action.

There are questions asked on the ACA enrollment – the hospital had a really good response and averaged 5-10 people a day. We were able to successfully enroll 40 people and found a better plan for a WCC patient that offered a high level of coverage for chemo treatments. The hospital will continue to work with our uninsured population and to point them to resources and plans that will qualify them for coverage.

FOUNDATION REPORT

The annual donor impact report and membership appeal letter was sent out in December. 130 gifts totaling \$100K have been received from our very generous community. We will continue to update the board as time goes on. The annual partner breakfast served about 350 people including a few community members. The partners voted on line and their funds will be allocated to refurbishing a room in the medical surgical unit for family support. The construction process will begin soon.

The annual Auxiliary luncheon will be held on February 1st at the hospital. The Auxiliary board will report on accomplishments in 2018 and will make their annual gift to the Foundation along with where they would like to see the gift utilized. The board members will receive an invitation to this event as well.

BUILDING COMMITTEE REPORT

The generator has been ordered and is estimated to be here in February. Construction for placement of the generator will begin as soon as the parking situation for dialysis is determined; we don't want to negatively impact patient care.

The Wyoming State Department of Health was on sight to inspect the lab and complete a life safety survey on the new building. There is a short list of items of concern. The official report should be received next week, and a plan of correction will be submitted.

The helipad will be replaced at some point this summer. The location will remain the same.

OTHER BUSINESS

None.

EXECUTIVE SESSION

Kevin Bailey moved to adjourn into Executive Session at 4:47 p.m. after a short recess to discuss personnel. Gene Davis seconded the motion. Motion carried.

The Board reconvened into general session at 5:00 p.m. Please see above for action taken in general session on Medical Staff Credentialing.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:01 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary