

**BOARD OF TRUSTEES**  
**DECEMBER MEETING MINUTES**  
**Wednesday, January 9, 2013**                      **3:00 P.M.**

**MEMBERS PRESENT:**     Ron Mischke, Kevin Bailey, Gene Davis, Dixie See, David Smith, and Gary Miller

**MEMBERS ABSENT:**     Dr. Strahan

**Others Present:**             Mike McCafferty

**CALL MEETING TO ORDER**

Ron Mischke, Chairman called the meeting to order at 3:05 p.m.

**PUBLIC COMMENTS, INTRODUCTIONS**

None

**APPROVAL OF AGENDA and MINUTES**

The agenda for the December Board of Trustees was available for review. Mr. McCafferty requested that under the Administration report only an update, no action, would be given for Urgent Care and he added Physician Needs / Market Analysis information to the agenda. Motion was made by Dixie See to approve the December Board agenda as revised. Gene Davis seconded the motion. Motion carried.

The minutes from the November Board Meeting, held on December 5, 2012 were reviewed. A motion was made by Kevin Bailey to approve the November Board meeting minutes. David Smith seconded the motion. Motion carried.

The minutes from the Special Board Meeting, held on January 2, 2013 were reviewed. A motion was made by Gene Davis to approve the Special Board meeting minutes. Dixie See seconded the motion. Motion carried.

**OLD BUSINESS**

None

**QUALITY COMMITTEE REPORT**

Mr. McCafferty reported that the Quality Council, hospital leadership and managers received a summary of the culture of safety survey that was conducted hospital-wide in November 2012. A summary presentation will be compiled for the Board members, staff and providers. The information retrieved will help improve any shortfalls identified within specific patient care departments. Overall, Mr. McCafferty feels the survey results have been a great learning tool in order to identify and improve patient care.

Mr. McCafferty also updated the Board on continued recruitment efforts for a new Quality Director. The structure of the whole Quality Department is being analyzed in order to continue with a model that parallels the healthcare industry's changes and importance in giving quality care and obtaining accurate data on quality initiatives. The Director's position has historically been an individual with a background in nursing, but changes in the industry may adjust the role of the Quality Director toward a clinical project manager position. Mr. McCafferty will keep the group apprised on the continued recruitment progress as necessary.

### **MEDICAL STAFF REPORT**

None

### **EMR REPORT**

Mr. Morgan reported that along with the daily work to ensure that all electronic systems are running smoothly, the change control committee, comprised of a group of approximately 20 staff members from all departments, meet weekly to work through a list of system issues and to work out bugs within the electronic medical record. Here, issues are prioritized and solutions discussed to ensure all necessary parties are on the same page.

Mr. Morgan also announced that Home Health and Hospice of the Big Horns have gone live with the electronic medical record in which mobile devices (laptops and tablets) are used in the field by staff. Additional software implemented within the EMR is Epiphany which is being used in the cardiology department as a streamlined way to display and see images results so they may be accessible to providers.

Staff continues to work at improving the physician component in order to streamline and make the physicians more efficient in their daily care duties. Dr. Thomas Richards, an emergency medicine physician, has volunteered time to work with Cerner staff on implementing new ipad technology in the Emergency Department. These devices may eventually replace the rolling computer devices currently on the floors.

Members of Cerner continue to be on-site for support and keep close in communication at a distance as well. Discussion was held by members on the connectivity that off campus, unaffiliated physician practices have with the Cerner EMR. Connectivity is an option for all practices and healthcare facility with certain levels of accessibility available. There is still a lot of work to do in order for all to be connected, but our Cerner system has been built with the appropriate tools to do so in the future.

### **ADMINISTRATION REPORT**

Compliance - Per request of Board at a previous meeting, Kenny Custis, SMH Compliance Officer summarized his duties in regards to ensuring hospital-wide compliance in HIPPA regulations and hospital policy. All Hospital policies are accessible through the intranet via the Sheridan Hospital website: [www.sheridanhospital.org](http://www.sheridanhospital.org). Mr. Custis will send all Board members written instructions on how to access these policies. Mr. Custis reports to the Chief Financial Officer, Ed Johlman and

communicates to the Chief Executive Officer and Board of Trustees as necessary. Mr. Custis reviewed two compliance tracking checklists: (1) Compliance Checklist for HIPPA Privacy: Mr. Custis administers walkthroughs of each department, noting any HIPPA violations that may occur. Any violations are pointed out to the staff on the spot and documented in order to provide to the compliance sub-committee for review. (2) Compliance Chart Audit form: Mr. Custis is working with department managers and the Health Information Records department in order to implement this chart audit form and process of auditing at least five (5) charts per department in order to ensure compliance within the medical record. A compliance sub-committee has been formed in order to address any trends associated with HIPPA violations in order to formulate a plan of correction for each. Mr. Custis will report to the Board of Trustees twice per year. Depending on the information discussed, the report will be in the public or executive session venue. Mr. Custis also noted that the Foundation Board members have also agreed to participate in the online HIPPA education.

Champion Group Analysis – Mr. McCafferty recommended moving forward on the opportunity to contract with the Champion Group, LLC in order to conduct both a community need physician supply/demand analysis and a regional market analysis update. The Group is led by Sandy Champion who has 20 years of experience in assisting hospitals and medical groups with strategic issues and focused on community needs. Additionally, they provide their clients with the “desktop electronic demand tool and database” where the client can update and manage demand documentation for each specialty in-house for both compliance manpower planning. Typically both analyses are conducted every three to four years. To complete both analyses, the Champion Group’s expense would be \$25,000. After discussion, Kevin Bailey made the motion to authorize Mr. McCafferty and the Hospital to enter into agreement with the Champion Group for the needs assessment as discussed. Gene Davis seconded motion. Motion passed.

Physician Recruiting – Mr. McCafferty reported on the successful recruiting efforts of eight (8) signed-on physicians: Dr. Luke Goddard and Dr. David Nickerson are expected to begin in the Emergency Medicine specialty in July 2013; Dr. Jason Ackerman, Dr. Juli Ackerman, and Dr. Hannah Hall will join Big Horn Mountain Medicine effective, August/September 2013 in the specialty of Internal Medicine; and Dr. Rebecca Franklund will join Sheridan Women’s Clinic as an OB/GYN in September 2013. In the year 2014, Dr. Elizabeth Brown will join as an additional OB/GYN and in the year 2015, Dr. Ben Widener will join Big Horn Mountain Medicine in the specialty of Internal Medicine. Dr. David Walker is coming for a recruitment visit January 19<sup>th</sup> and is a potential candidate for 2013/2014 Internal Medicine physician.

Many discussions regarding the financial impact of the Big Horn Health Network and changing model of the Hospital are expected with these additional physicians to the community. Mr. McCafferty responded that financial challenges will be there, but most importantly the confidence to ensure the community and patients have accessible, quality healthcare is our goal. Our job is going to be to find the most effective way to put systems and processes in place which effectively manage physician practices and a whole healthcare community. We are fortunate to have well-training, competent individuals, most of which are returning to the Sheridan area, to be physicians. Mr. McCafferty noted Sheridan Memorial Hospital is in great shape considering many neighboring facilities constantly struggling to recruit long-term physicians.

Urgent Care Update – Mr. McCafferty reported that lots of work in regards to the financial and business standpoint of adding an Urgent Care Clinic to the Hospital is continuing. What is the role of the hospital in organizing urgent care services? Currently the Emergency Department is being inappropriately used as a physician's office where an Urgent Care Clinic may provide a better service for these needs. The community is in great need of urgent care and the Hospital should be a part of the solution to that need. Mr. McCafferty has looked at urgent care services in the past and feels that now is the time to move forward into this service line. Mr. McCafferty plans to bring more detailed information before the Board of Trustees in the near future, with no need for any action at this time.

### **FINANCE COMMITTEE REPORT**

Gene Davis reported the Finance Committee met and discussed in length the continued changes and expansions that have occurred the past five months, which directly affect the financial statements in many areas.

Ed Johlman presented financial information for the month of November 2012. Mr. Johlman concurred with Mr. Davis that there has been a fairly aggressive expansion and it has been a tough period financially, but that we are now at a point where we will be able to see volume and revenues in the near future.

Total consolidated revenue reached \$8.6M, which was under budget. Low revenue and high write-offs produced a net operating loss of \$287K for November. Hospital expenses were under budget by (\$73K). Salaries were under budget by \$181K.

Mr. Johlman noted that as we assume more practices, we do not adjust the original budget. We continue to retrieve numbers from each practice to watch and monitor their activity and base that on future projections.

Hospital AR topped \$19.1M on November 30, which was a \$2.0M increase over October 31. Cash declined to \$3.5M. Those are all symptoms of the challenges we have encountered with our new billing and collection software. We continue to investigate and improve our internal processes which is being led by a "Super Team" of staff members to monitor the activity and identify where roadblocks are occurring within the financial system.

### **FOUNDATION REPORT**

Mrs. Ada Kirven, Foundation Executive Director, updated the Board on the recent membership drive; the month of December saw a great count with 612 members this year and 23 organizations renewed. This membership has allowed The Foundation to be able to contribute funds to both the Welch Cancer Center and Cath Lab. Mrs. Kirven continues to work with Foundation members, keeping them involved and working with Shirley Yager, Board Chairman with future projects.

Mrs. Kirven also noted she is working with Ann Aksamit, manager of the Home Care and Hospice, for an upcoming education program for staff, community, and providers on the dynamics of death and dying. Three profound speakers, to include our own Dr. Greg Marino will be presenting a morning, afternoon, and evening session on Wednesday, January 16<sup>th</sup>. So far there are over 200 registered for the event.

### **BUILDING COMMITTEE REPORT**

Mr. Rob Forister reported work on the Medical Office Building plans continues. A couple of small remodels at the Welch Cancer Center will take place. One at the nurses oncology area in order to provide more space and one near the front entrance to install a glass protective plate at the registration desk to allow for more privacy of patient information per HIPPA requirements. All remodels are within the budgeted amount for the project.

Cath Lab –Mr. Forister reported the State gave the final inspection with minimal items needing plans of correction and expects to receive license the following week. Overall, Mr. Forister thinks the project went very well considering the remodel to the original building. The Cath Lab plans to open January 22<sup>nd</sup> once the license from the city is received. Mr. McCafferty commended Rob Forister on his efforts with the State Department of Health Inspectors on changing the State approval process so that items are taken care of efficiently, running much smoother than in the past. Mr. Len Gross, project manager also mentioned all staff has completed training and equipment has been properly installed. A tour of the new facility will be offered to the Board following the meeting.

### **OTHER BUSINESS**

Marketing – Danae Brandjord, Marketing Director, reported that the Kozy Korner gift shop in the hospital has recently reported \$39,877 in profits, a substantial increase from the 2009 report of \$23,400. On behalf of the Auxiliary Volunteers, who manage the gift shop, Mrs. Brandjord thanked the Board for their approval and assistance with the cashier system and support in business.

Mr. Mischke reminded the group that the January Board Meeting will be held on Thursday, January 24, 2013.

### **EXECUTIVE SESSION**

None

### **ADJOURNMENT**

There being no further business to come before the Board, the meeting adjourned at 4:14 p.m. A tour of the new Cardiac Cath Lab was offered to all Board and staff.

Recorder, Amy Ligoeki

---

Michael Strahan, M.D., Secretary