

**BOARD OF TRUSTEES
JANUARY MEETING MINUTES
WEDNESDAY, FEBRUARY 6, 2019 4:00 P.M.**

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

CALL MEETING TO ORDER

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

APPROVAL OF AGENDA and MINUTES

The January board meeting agenda was reviewed. Ron Mischke motioned to approve the agenda. Gene Davis seconded the motion. Motion carried.

The minutes from the December board meeting held on Wednesday, January 9, 2019 were reviewed. David Smith moved to approve the minutes as presented. Andrea Mellinger seconded the motion. Motion carried.

OLD BUSINESS

None.

PUBLIC COMMENTS, INTRODUCTIONS

None.

QUALITY COMMITTEE REPORT

The Quality Committee reviewed the strategy for reduction in falls and will continue to look at this issue with a proactive approach. Pharmacy is collecting data on antimicrobial stewardship, and this is on a positive path. Employee health reports show that we are at 89% compliance with employee flu vaccinations. The committee also reviewed the HCHAPS scores; the hospital's prior goal was to achieve an average score of >78% of the "Would Recommend" category. We have met this goal and will increase the goal to >82% ranking for the calendar year 2019. Also, the call back on our mammography patients has declined due to the success of the 3D Tomosynthesis.

MARKETING

The marketing team presented a video on a patient experience story. We are three weeks into the promo; it has been on the radio, in ads, and on social media. We have reached approximately 3900 people via Facebook, and the video has been viewed 170 times from the link.

MEDICAL STAFF REPORT

There is no medical staff report today. Dr. Alan Smith, Jr., Vice Chief of Staff, is in attendance. Dr. Smith gave a report on anesthesia and how they have changed their practice by utilizing ultrasound to aid in placing blocks. This provides additional pain control to the patient when coming out of surgery and can last for up to five days.

ADMINISTRATION REPORT

2018 Annual Compliance Report Summary – Mike let the Board of Trustees know that Compliance Officer, Collee Everett, has resigned and will be leaving by the end of the month. She has done a lot of great work for SMH, and we are going to miss her. Collee reports that she has reviewed the Conflict of Interest Statement for the Board, and there are no issues to report. In addition, Collee has provided a one-page annual summary providing the board insight as to what the compliance office has worked on for 2018. Leadership, management, and staff are committed to doing the right thing; staff and leadership are always engaged. There was a 25% increase in reporting of compliance concerns and a 35% increase in reporting of privacy issues. In the past year, the Compliance Hotline was utilized once. Staff feels safe in reporting without using the anonymous hotline. The compliance office provided education on encryption, what to report, when to report, and when to report to law enforcement agencies.

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The policies have been reviewed and revised and are in order with the departure of the Compliance Officer. Collee states that we have an amazing community and staff, and it has been an honor to have served in this capacity.

Strategy to Operations | Quality Pillar - Mike would like to have the board view the “Lean Wall” in the next couple of months and have the process owner give an overview of the work being done.

The strategic deployment was reviewed pertaining to the Quality Pillar. The four year strategic objective is to attain the CMS 5 Star Rating. In order to attain this, work will be done on the one-year objective, which is to improve the Heart Failure Mortality rate; the largest negative in the rating system. The hospital is now seeing a benefit in the rating system from the work done over the last two years. The hospital is teaming with the American College of Cardiology to improve the heart failure mortality. The group is implementing strategies for evidence based medicine for those patients with CHF (Congestive Heart Failure?), looking at improvements with patient discharges and with the physicians on best practices.

Financial Planning Update - As the healthcare industry continues to change, the hospital will continue to identify inefficiencies within the organization. Our cost structure is lower than other regional hospitals, which benefits the patient. Our reimbursements for services continues to trend downward, driving up our write-offs; currently at 54%. Instead of increasing costs, we need to decrease the cost to do business. We have the control over maximizing efficiency in the revenue cycle. With this cost shift, we have a sense of urgency to operate more efficiently in order to improve our operations and save for the future.

Outpatient Center Opening – The Wyoming State Department of Health did their inspection, with a few findings to be addressed. Work continues at Sheridan Women’s Health and should be finished soon. Exterior signage should be in place and interior finish work will be completed in the next couple of weeks. The move-in date for internal medicine is tentatively scheduled for the first weekend in March after the final approval is received from the State. If the move does not occur the first weekend in March, it will occur by the end of March. This time frame allows us to get information out to the community and to host an open house as well. The parking lots are complete, but the railings still need to be installed. Lean processes are being implemented for the move itself.

Marketing outlined the communication plan and strategies pertaining to the new logo, look, and feel – bringing all of the clinics in under the hospital brand. The branding will be implemented when the outpatient center building is open for business. An example of the branding change is Big Horn Mountain Medicine will be known as Internal Medicine. Marketing is working on an open house for the community and staff as well.

FINANCE

The finance committee reviewed positive numbers for December, showing an improved payer mix. January is holding with uninsured numbers in the normal range. There is a favorable mix of cash on hand in December as well. December showed the largest claim month against the hospital’s health plan paying out double of what we have paid in the past. There was a return to “normal” in January. The hospital had to record a liability in December because of this. The CFO is confident that we are doing what is necessary to get to breakeven.

Board Banking Resolution – we have funds deposited in multiple institutions in town. The resolution before the board, if approved, updates the authorized individuals on these accounts. We now own the Bank of the West account due to a change in the Wilson Trust. Gene Davis motioned to adopt the banking resolution as presented. David Smith seconded the motion. Motion carried with Kevin Bailey abstaining from the vote.

Statement of Investment Policy – The policy defines the parameters within which the hospital funds are to be managed. Once the hospital gets above 100 days of cash on hand, we have the opportunity to make more money in savings. Gene Davis recommends that the board adopt the investment policy. Andrea Mellinger seconded the motion. Motion carried.

FOUNDATION REPORT

The Foundation board met with the Hospital board and had a great meeting. This opportunity allowed for the

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building of relationships between the two boards and expanded our connection within the community.

Karen Stier, the newly installed Auxiliary Board President, was introduced to the Board of Trustees. Karen was a nurse with the hospital for over 40 years and has actively been a volunteer since her retirement. Jasmine Slater, Volunteer Coordinator gave an overview of the annual membership meeting of the auxiliary, the funds raised, and where the Auxiliary voted to have their gift of \$23,500 allocated. The total giving of the Auxiliary on record since 1991 is \$640,000.

BUILDING COMMITTEE REPORT

The committee is concluding their big construction projects with the completion of the Outpatient Center building. The Plan of Correction for the Outpatient Center building has been submitted to the State. The generator is on hold until we open up the parking lot for the dialysis patients. Some railings are to be installed, and landscaping and curb repair to be completed when the weather permits.

OTHER BUSINESS

None.

EXECUTIVE SESSION

Kevin Bailey moved to adjourn into Executive Session at 4:50 p.m. after a short recess, and amending the agenda to discuss personnel **and** legal. David Smith 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