

BOARD OF TRUSTEES
JANUARY MEETING MINUTES
Thursday, January 24, 2013 3:00 P.M.

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

MEMBERS ABSENT: None

Others Present: Mike McCafferty and Dr. Addlesperger

CALL MEETING TO ORDER

Ron Mischke, Chairman called the meeting to order at 3:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

None

APPROVAL OF AGENDA and MINUTES

The agenda for the January Board of Trustees Meeting was available for review. Motion was made by Kevin Bailey to approve the January Board agenda. Dixie See seconded the motion. Motion carried.

The minutes from the December Board Meeting, held on January 9, 2013 were reviewed. An amendment was requested in order to fix a typographical error on page 3 of minutes to read “well-trained” instead of “well-training”. A motion was made by David Smith to approve the December Board meeting minutes as amended. Gene Davis seconded the motion. Motion carried.

OLD BUSINESS

None

QUALITY COMMITTEE REPORT

Mr. McCafferty reported that the Quality Department continues to ensure that all the basic reporting and quality data abstraction is being conducted as appropriate in moving forward. Continued discussions have been made with Leadership, Quality Council and staff, to find an appropriate leader for a Quality Director. Further discussion in this regard will take place in the Administration report by Mr. McCafferty in relation to introducing of a Chief Medical Officer position.

Mr. McCafferty reviewed handouts of the following quality information provided by Bonnie Rath, Performance Improvement Analyst, not included in the electronic board packet: 3rd Quarter 2012 Core Measure data was submitted to Truven Health Analytics (our Core Measure vendor) on Jan. 15, 2013. There is always a lag time of one quarter plus 4 to 6 weeks as the data we submit goes through a validation and approval process prior to being released. 3rd Quarter data will be available on Wednesday, January 30, 2013 and will be reported at the February Board meeting. This is

consistent with all previous reporting timelines. Scorecards that were discussed by Mrs. Charlotte Mather at the November 2012 Board meeting were reviewed again. Scorecards included Value Based Purchasing (VBP) clinical process of core measures, VBP patient experience of care dimension, FY2013 SMH safety event summary report, and a laminated safety event classification legend. Board members would like to see the legend included in the electronic quality packet each month in order to reference the reason as to how each event was classified as a serious safety event, a precursor safety event, or a near miss event. In September 2012, the hospital transitioned from AVATAR to NRC Picker for retrieving patient satisfaction data. Mr. McCafferty noted that the hospital has been with AVATAR since 2001. The decision to transition was made in order to see a new perspective when focusing on patient goals and safety. Anticipated advantages of NRC Picker is that they are cost neutral; an easier report tool for management to use vs. AVATAR; Picker has “improvement tools” available; Picker has helped CMS to develop HCHAPS – so they truly understand what is being asked and how to improve; and to “signal” to the organization a “new day”. We have been stagnant with our patient experience scores and want to improve where Picker would allow us to do so. The Patient Experience Scorecard displays reports for 4th Quarter 2012 data with HCAHPS Data Base (DB) goal rates to reach for which indicates we already exceed in. This HCAHPS data is also displayed on TV screens throughout the hospital to show our scores in comparison to other Wyoming state hospitals. Mr. McCafferty also verified that NRC Picker information will be used in the revenue gain sharing formulation that AVATAR was previously being used for.

MEDICAL STAFF REPORT

Diana Sabo-Miller, APN-C is requesting Advanced Practice Registered Nurse clinic privileges in the Department of OB/GYN at Sheridan Memorial Hospital, specializing as an Adult Nurse Practitioner (ANP-C) and employee of Big Horn Health Network / Sheridan Memorial Hospital, under the supervision of Drs. McAdoo and Gill. After review of credentials file in the executive session, Dr. Strahan made a motion to approve the requested privileges of Diana Sabo-Miller. Gene Davis seconded the motion. Motion carried.

Mr. McCafferty encouraged members to keep watch on the recent conversations at the Wyoming Legislature level regarding Medicaid expansion. The Wyoming Medical Society has voted in support of Medicaid expansion providing the Wyoming Department of Health (WDH) authority to fully expand Wyoming's Medicaid program. Expanding Wyoming Medicaid as encouraged by the federal Affordable Care Act (ACA) and could reduce the number of uninsured residents and save more than \$47 million in state budget funds over six years, according to a new WDH report. Potential negative impacts of expansion included potential healthcare provider shortages and uncertainty about the federal deficit's effect on future federal funding. Similar discussions are occurring at the Wyoming Hospital Association, where it will be interesting to see the outcomes of such discussions.

ADMINISTRATION REPORT

Mr. McCafferty requested the topic of Urgent Care be tabled at this time as Administration would like to gather more specifics and proceed to work on finite plans before a recommendation is ready for the Board's consideration. Request to table was granted.

Mr. McCafferty introduced the concept of having a Chief Medical Officer (CMO) join the Senior Leadership team and Quality Department of the hospital. A job description was distributed for member review. Mr. McCafferty further explained that CMOs are being seen in hospitals across the country and have been a vital part of administration and physician leadership, specific to quality initiatives. Regulatory agencies are putting physicians at the forefront of quality outcomes, which then makes sense to build an organizational model to reflect that as we grow. Mr. McCafferty has expressed his desire for this individual to be a current practicing physician who would maintain practice in addition to carrying out CMO duties. The CMO will be a collaborative player who actively participates in the development and execution of the organization's strategic goals, objectives and plans. The CMO will oversee the Quality Department and work hand-in-hand with the Chief of the Medical Staff in leading initiatives that enhance the quality of care, improve patient safety and drive down the cost of providing care. This new position will reflect a change in the organizational structure and needs to be a decision that is discussed upon all parties involved. Mr. McCafferty has discussed this topic with the Senior Leadership team, Medical Executive Committee and Quality Council. At this time, Mr. McCafferty has presented this information to the Board of Trustees as a heads-up and introduction to the position. He would like to come back to the Board for action after further conversations have occurred in order to solidify what the position will entail and the process in which the physicians will apply for the position.

Mr. McCafferty also mentioned Leadership continues to move forward with the plan to prioritize cardiac and critical care at Sheridan Memorial Hospital. Mrs. Ada Kirven, Foundation Executive Director, confirmed support from The Foundation in raising funds for these projects as well. These two items continue to be a big part of what the hospital sees for the future. Mr. Len Gross, Project Development Coordinator, reported the Cath Lab has seen four (4) patients thus far since its opening on Tuesday, January 22, 2013. One (1) stent was included in the four patients attended, where care went very smoothly. The Cardiologists have expressed their satisfaction with the smooth transition of the new services.

FINANCE COMMITTEE REPORT

Gene Davis reported the Finance Committee met and discussed a full half-a-year's results.

Ed Johlman presented financial information for the month of December 2012. Mr. Johlman reported low revenue, due to lower-than-expected patient activity, and higher-than-expected expenses producing a net income loss for December. Revenue was under budget; total adjustments and discounts were also under budget, due to the lower revenues. Bad debts and medical assistance were additionally under budget. Total expenses were over budget, primarily in salaries, supplies, insurance, and professional services. We are continuing to work with Cerner to ensure there are no system issues behind the revenue decline. The Super Team continues to meet and work with staff and physicians across the hospital to correct lingering implementation and process issues. Dr. Strahan requested Mr. Johlman bring any appropriate conversations and recommendations to the Hospitalist Program physicians to assist with more efficient financial changes as necessary. Discussion was held regarding patient growth of the Big Horn Health Network. An additional 2,500 patients have been added to the Network within the last year. Mr. McCafferty noted that with the expected new physicians to join this year, there needs to be strategies in place so that the physicians may see as many patients as possible. Therefore, leadership will focus on a fixed cost structure when

dealing with expenses and pay attention to payer variables and dynamics of the changing business models. These are all aspects of the continued financial challenges, which fall upon the responsibility of the hospital to ensure financial stability.

FOUNDATION REPORT

No report. The Foundation did not meet in January.

BUILDING COMMITTEE REPORT

No report. The Building Committee did not meet in January.

OTHER BUSINESS

Danae Brandjord, Marketing Director, reminded the Board that the Hospital will be hosting a Heart Health Fair on February 26, 2013 in Conference Rooms A&B from 4:30-6:00pm. There will be valuable information about the new Cath Lab (including tours), Big Horn Heart Center and its staff, eating healthy for your heart, exercise, and more. Hospital departments that will be present include: Big Horn Heart Center, Cath Lab, Nutritional Services, Cardiopulmonary Rehab, and Wyoming Rehab.

Mrs. Brandjord also noted to members that Sheridan Memorial Hospital has a Facebook page that posts all current hospital events.

EXECUTIVE SESSION

The meeting moved into closed session at 3:45 p.m. for discussion of personnel and real estate matters. The meeting then reconvened into public session at 3:55 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 4:25 p.m.

Recorder, Amy Ligocki

Michael Strahan, M.D., Secretary