

**BOARD OF TRUSTEES
APRIL MEETING MINUTES
WEDNESDAY, April 26, 2017 4:00 P.M.**

MEMBERS PRESENT: David Smith, Dixie See, Ron Mischke, Dr. Timothy Scott, Shirley Coulter and Gene Davis

MEMBERS ABSENT: Kevin Bailey

Others Present: Mike McCafferty and Dr. Ian Hunter

CALL MEETING TO ORDER

David Smith, Vice Chairman, called the meeting to order at 4:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

None.

APPROVAL OF AGENDA and MINUTES

The agenda for the April Board of Trustees meeting was available for review. Mike asked to add Planned Giving under the Foundation Report in which Laura will give specifics on the work the Foundation is doing on Estate Planning/Planned Giving. Gene Davis moved to approve the amended agenda. Ron Mischke seconded the motion. Motion carried.

The minutes from the March board meeting held on April 5, 2017 were reviewed. Dixie See moved to approve the minutes as presented. Dr. Scott seconded the motion. Motion carried.

OLD BUSINESS

None.

QUALITY COMMITTEE REPORT

Data sets and medication errors were reviewed. We rely on self-reporting for medical errors. The hospital has developed a safe culture in which staff feels comfortable in reporting. There have also been changes in system management increasing the reliability.

A list of 22 alarms causing problems was identified, and a new monitoring system has been implemented to reduce alarm fatigue. The Emergency Department is significantly safer as we readjust and turn down alarms.

A report was reviewed for billing of inpatient and outpatient DRG's, and the hospital is in compliance with CMS. The outliers addressed in the audit involve statistical anomalies; not concerns with the hospital.

MEDICAL STAFF REPORT

Dr. Hunter had no report at this time other than a credentialing matter to discuss in Executive Session.

Michael Strahan, MD has requested that his outpatient therapeutic treatment privileges be reinstated. Ron Mischke moved to approve the reinstatement of outpatient therapeutic treatment privileges for Michael Strahan, MD. Dr. Timothy Scott seconded the motion. Motion carried.

Brandon Trojan, MD is a urologist in Casper, who wants to establish a practice in Sheridan. He has applied for consulting staff urological surgical privileges at SMH. Dr. Scott moved to approve the consulting staff privileges of Brandon Trojan, MD. Gene Davis seconded the motion. Motion carried.

Kevin Mahoney, MD, a Board Certified Family Medicine physician from Thermopolis, has requested active staff privileges providing locums coverage in Urgent Care at Sheridan Memorial Hospital. Shirley Coulter moved to approve privileges for Kevin Mahoney, MD. Ron Mischke seconded the motion. Motion carried.

ADMINISTRATION REPORT

Hand Hygiene – Bridgette Baker, Quality Director reported on the history and high mortality rate due to unclean hands dating back to the mid-1800. The hospital started the internal hand hygiene campaign in October, 2016 with slogans and catch phrases. Staff members continue to reinforce hand hygiene. Hand hygiene was added to our HCAHPS survey asking if hands were being washed by staff members and physicians. The hospital is following the Joint Commission model. The hospital hopes to obtain a 90% compliance rate by the end of the month. The World Health Organization will recognize hand hygiene and antibiotic stewardship on May 5th. The Quality Department wants to create a video on proper hand hygiene technique and present it on the Intranet within a year. Hand hygiene is the most effective and basic way to prevent the spread of infection.

5 Star Initiative – This system is more user friendly than the CMS Hospital Compare system. The methodology in Hospital Compare was added to the star rating system, which went live in July 2016. The hospital is looking to drive quality measures and improve safety. There are 7 dimensions of care that are compared. Hospital star ratings in our area were reviewed. Sheridan is currently a 3 star organization. There are 60 measures in the rating system, and SMH qualifies for 43 of the measures. Multiple improvement initiatives have been launched as we strive to improve. The Hospital summary score reflects improvement from -.17 to -.10. We also continue to look at ways to prompt patients to return surveys.

Questions were asked by board members on Leap Frog, which was introduced a couple of years ago. Leap Frog does not adequately measure hospitals in Wyoming. The 5-Star rating systems is a more reliable benchmark as data is reported less subjectivity and more accurately. Leap Frog is for bigger, volume-based hospitals.

MAC Expansion Project Changes (Action) – The Building Committee, as well as the Finance Committee, has reviewed the changes to the exterior of the building, including rooflines, masonry and windows. Renderings of the original building design and recommended changes were reviewed. The improved design allows for a continuous design for the entire facility. The change in design in the BHMM interior space will improve efficiency and allow for two additional providers. The Building Committee and Mike McCafferty recommend board approval for the design changes to both the exterior and the interior. Dixie See moved to approve the outlined changes at a cost of \$837,220. Gene Davis seconded the motion. Motion carried.

HSOPS – Since 2012, the hospital has done an HSOPS (Hospital Survey on Patient Safety) every 18 months to look at the quality of patient safety and quality improvement. For 2017, a survey specific to the clinics was added. As of today, we have had 97% of the hospital staff take the survey. The hospital will continue to work on team communication, handoff and transitions, and other initiatives towards patient safety.

FINANCE COMMITTEE REPORT

The third quarter has ended and we are slightly off target in our net operating margin. There has been a positive shift in the payer mix with a gain in patients with commercial insurance and an increase in Medicare patients. The expenses are up from last year, and we will continue to do work on our pricing structure. The CFO will engage the board in some work sessions on the pricing structure as well. We had \$2M less in uncollected debt and medical assistance than what we experienced last year. There are some leadership changes in the finance department - Charles Burgess is the new Director of Finance and he will start on May 8th. Susan Novak is now the INFOR Project Manager and Deb Evans-Small has accepted the position of manager of the Accounting Department.

FOUNDATION REPORT

The Welch Cancer Center hosted the grand opening of the Breast Boutique last month, and 19 patients have reached out to get prosthetics. Renae Parker worked with breast cancer survivors in this endeavor, and it was a success.

The Foundation will have their golf tournament on July 7th. Funds raised will go to “Bridging the Gap”. Social Services and discharge planning will identify patients being discharged from the hospital that need assistance with medication, food, transportation, etc. Marketing will start sharing the stories and special projects after their care.

The Foundation will be doing a video and short video clips on planned/charitable giving. Ada Kirven will meet with Dr. Saunders to get his story as to why he made his charitable donation of the Saunders Building to the hospital. The Foundation will put donor stories together and will share them on the website. The Foundation met with a vendor to provide resources on the website for people interested in planned giving. This will be a great resource for our community. The vendor has helped brand the site to match our existing website.

Since the launch of our new website, there has been an increase in new visitor activity; an increase in traffic of people looking for physicians. People are utilizing the site to pay their bill with a credit card. The vendor we are working with has the ability to adjust the website to work on a variety of devices. This is an important feature as the majority of people use their smart phones to access information.

BUILDING COMMITTEE REPORT

The Medical Arts Complex expansion project is progressing. The contractor has started pouring concrete. The Building Committee will present an updated schedule at the next meeting.

OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith moved to adjourn into Executive Session at 5:07pm to discuss personnel after a short recess. Shirley Coulter seconded the motion. Motion carried.

The Board reconvened into open session at 5:23 pm with action taken on medical staff credentialing matters. Please see the above action taken under the Medical Staff Report.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:26 pm.

Recorder,

Patty Forister

Shirley Coulter, Secretary