

Each department will be required to report to the Quality Council on a consistent scheduled basis. Reports will include updated auditing and system changes that occur. These reports will then be presented to the Board of Trustees on minimally an annual basis. The Medical Executive Committee will also be kept in the loop, as necessary, on reports regarding physician matters.

Mr. McCafferty reported findings from the recent consultant who has visited the operating room in regards to the Laryngeal Mask Airway (LMA) sterilization process deviation. A Root Cause Analysis (RCA) was conducted to help identify issues of all processes related to the use of the LMA's. Review of all relevant internal documents, processes, and in depth staff and physician interviews was conducted. A fishbone diagram pointed out the major contributing factors regarding lack of communication, consistent processes, and leadership structure that led to the process deviation. All feedback was taken as an opportunity to improve and will be used to look into other departmental functions to identify same contributing factors in order to help prevent future process failures and to have a checks and balances system approach throughout organization. The consultant was able to provide great feedback as well as solid examples of Quality Assurance Performance Improvement (QAPI) plans that the Quality Committee will be looking at for the upcoming year.

The current QAPI policy was available for Board review and authorization. A motion was made by Dr. Strahan to approve the QAPI policy presented. Dixie See seconded the motion. Motion carried.

The Utilization Review Plan was available for member review; no action required. Based on the Medicare/Medicaid Condition of Participation (COP) per Utilization review, "The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs." (Part 482: COP for Hospitals; 482.30).

The Condition of Participation (42 CFR 482.12): Governing Body was reviewed for the Board, specific to their role in Quality Assurance Performance Improvement (QAPI), organizational-wide. The importance of the Governing Body's involvement in what systems are in place to assure quality and have authority to speak to those systems was expressed.

Mr. McCafferty announced Sheridan Memorial Hospital is the recipient of the following three outstanding AVATAR Awards: exceeding patient expectations, best performer in exemplary service and HCAHPS best performer. Goals for achieving these high recognitions are consistently being raised with neighboring hospitals and SMH continues to excel. In addition, SMH continues to achieve its mission and form a culture of kindness for its staff and patients. Congratulatory responses by the Board were made to the entire hospital, leadership and staff.

Nyle Morgan provided an update on the LMA testing completed April 30, 2012. Just over 200 patients out of the total 307 chose to be tested. An additional mailing was sent out mid-April as a friendly reminder to those who hadn't yet received testing. No known infections or adverse issues have been reported.

MEDICAL STAFF REPORT

The Medical Staff report was provided by Dr. Addlesperger. Dr. Addlesperger presented the Medical Staff membership and privilege requests for the following:

Melanie Martin, FNP-C, is requesting Affiliated Health Care Professional Staff membership in the Department of Medicine at Sheridan Memorial Hospital, specializing as an Advance Practice Registered Nurse at Big Horn Mountain Medicine and employee of Sheridan Memorial Hospital. Ms. Martin will practice under the direct supervision of Drs. Hunter and Sharp. Dr. Michael Strahan made a motion to approve requested privileges. Gene Davis seconded the motion. Motion carried.

Brenda Jacob, LAT is requesting Affiliated Health Care Professional Staff membership in the Department of Medicine and Emergency at Sheridan Memorial Hospital with behavioral health privileges. Ms. Jacob has been employed at the substance abuse office of Northern Wyoming Mental Health Center as a Licensed Addictions Therapist since December 2011. Ms. Jacob will serve Sheridan Memorial Hospital in an on-call capacity for behavioral health consults. Gene Davis made a motion to approve requested privileges. Dixie See seconded the motion. Motion carried.

David Neilsen, MD and David Letts, MD are requesting to join the Medical Staff as Consulting Staff members of Sheridan Memorial Hospital. Due to their frequency of coverage in the Emergency Department, joining the Consulting Staff category will allow these physicians to follow the re-credentialing period of once every two (2) years, rather than every 120 days that locum tenens are required to process through. This membership will not alter Drs. Letts and Neilsens' Emergency Medicine clinical privileges currently maintained. Dr. Michael Strahan made a motion to approve requested membership transfer. Kevin Bailey seconded the motion. Motion carried.

Joseph Garcia, MD is requesting additional clinical privileges in the Department of Surgery, specializing in Cardiology. Dr. Garcia has provided sufficient competency data on the following requests and will be working closely with Dr. Brennan in the OR to perform these services. Dr. Michael Strahan made a motion to approve requested privileges. Gene Davis seconded the motion. Motion carried.

ELECTRONIC MEDICAL RECORD (EMR)

Nyle Morgan, Chief Information Officer, provided an update on the Cerner EMR progress. The week of May 14, 2012, single sign on will be rolled out onto all Cerner workstations. This will allow the practitioner to sign-on using their badge, fingerprint, and/or password. Up to this point building the system has been the focal point, where now we are entering the working phase to see how things will work. The first set of integration testing will occur the week of May 21, 2012. Teams of Cerner and SMH staff will take test scripts and follow a patient from admission to discharge in the EMR system. This will identify any problems and items that need to be further addressed before a second test is then completed. This will be the first real look at the product from front to back where both unit and system tests will occur. A few selected patient rooms will be set up with workstations, mounted units and laptops in order for staff to see and practice. Training schedules are being finalized with front end training for nursing occurring first and other staff and physicians to follow. August 20, 2012 is on track as the go-live day as staff still hold committed and focused in every aspect.

ADMINISTRATION REPORT

Mr. Ron Mischke recognized Anthony Spiegelberg, previous Board Chairman, who was in attendance as a member of the public.

Mr. McCafferty noted that the Hospital expects a return visit from the State Department of Health within 30 days to conduct a follow-up validation survey. Also, The Joint Commission is expected within the next 60 days to conduct its required three (3) year accreditation survey. Mr. McCafferty thanks all managers and staff for their hard work and prioritizing to continually prepare for the surveyors as well as focus on every aspect of excellent patient care at Sheridan Memorial Hospital.

Mr. McCafferty provided an update on the continued progress of a new Medical Office Building (MOB) design plan. Strategic planning is important to look at how the MOB will accommodate current and future needs of practitioner and staff space with its cost structure. Mr. McCafferty will continue to keep the Board apprised of any updates.

Mr. McCafferty presented an administration Conflict Resolution Policy for the Board members' review and information only. This policy has been implemented in order to outline the procedure for resolving conflicts that may occur between the Board of Trustees or managers or administrators and the Medical Staff who provide patient care at Sheridan Memorial Hospital. No action is required from the Board to accept this policy.

Mr. McCafferty also presented an administration Conflict of Interest Draft Policy accompanied with disclosure statement for Board member review. The SMH compliance officer has proposed this policy for Board Members as well as one for non-board members (i.e. staff, medical staff leaders) in order to avoid any potential, perceived or actual conflicts of interest between parties. A similar annual conflict of interest form is being completed by the Board members at this time, but this establishes a more robust and specific policy that has been approved by legal counsel. Mr. McCafferty asked all members to review the policy as distributed and complete the disclosure statement as long as no questions or concerns arise. No action is required from the Board to accept this policy.

FINANCE COMMITTEE REPORT

The Finance Committee met and acknowledged that Mr. McCafferty's Master Card and vouchers had been reviewed and was sufficient.

The finance committee held a phone presentation from Bank of The West regarding the portfolio breakdown of the Wilson Trust. Current market value was provided, as well as the amount from interest that has accumulated over the years. This amount is available for distribution by the Hospital, where the Finance Committee has instructed Ed Johlman to write a letter to Bank of The West requesting these funds be removed from the investment portfolio. Further, the Bank of the West believes the Wilson Trust is strategically positioned for the future.

Ed Johlman, Chief Financial Officer, presented the financial review for March 2012. Consolidated revenue set a new record, at \$9.6M, which topped February's previous record total of \$9.5M. Outpatient revenue led the way. Inpatient revenue was strong, however, under budget by \$518K.

FOUNDATION REPORT

Ada Kirven, Foundation Executive Director, presented a brief history of the Emergency Department fundraising campaign. In April 2012 the Foundation received the Griffith Foundation's final pledge payment for the project, which completes the campaign with 100% of the gifts and pledges received. On behalf of the Sheridan Memorial Hospital Foundation and the Griffith Foundation, Hospital Foundation Chairman, Mr. Kevin Bailey presented the final payment of \$187,500 to Susan Novak, SMH Controller. Mrs. Kirven thanked Dr. John Addlesperger, Emergency Department Medical Director, Tom Ringley, former Foundation Director and community members, physicians, and hospital staff who contributed in the 10 year campaign. She noted the added space and updated facility is able to help hospital staff provide excellent patient care. Dr. Addlesperger agreed. The new area meets the needs of the Sheridan Community. He said there continues to be positive feedback from visiting physicians and locums.

On an additional note, Mr. Johlman, CFO noted that this Griffith commitment has been utilized to pay the final annual bond payment. With this distribution and bond payment in May 2012, the Hospital will be debt free for the time being.

BUILDING COMMITTEE REPORT

Rob Forister reported that the Building Committee met May 1, 2012. Mr. Forister, Facilities Manager, provided the following report:

Welch Cancer Center (WCC) Update – Move was successful into new building on Monday April 23, 2012. Atmosphere has been well received by patients. The Board of Pharmacy's inspection was approved and the Center was granted a license to mix and administer medications. Pharmacist, Lekan Ajayi and Tech, Anthony Aiello from Sheridan Memorial Hospital are now full time at the New WCC. Thanks to Kirsi Ludwig, for her support as Pharmacy manager. IT Department works to setup workstations and electronics as necessary. Today marks the last day in the old building before demolishing begins. A thanks was given to Materials for their assistance with getting all supplies necessary in a timely manner. Jennifer Pfister, WCC Manager has been documenting construction from start to finish and hopes to display a show for the Board and staff when project is completed near the end of September. Budget is very close to original and on track as scheduled. Thanks to KWN Construction for a job well done.

Cath Lab Update –Completion of construction documents precede as the engineer is ready for review phase. Stakeholders and imaging technicians in conversations to finalize details. Upcoming advertising for bids to come soon and decisions on equipment location discussed. The State Department of Health & Safety has completed one preliminary review; necessary changes will be resubmitted for 3rd party plan review. Completion date is approximately set for December 2012.

Pathology – Demolition has begun in new space where cutting of doors through original structure will allow more space in basement. Project follows very close to schedule.

Medical Office Building Update – As displayed on Gantt Chart, progression is moving around as schedule changes. Implications of planning and finance are being discussed with plans for design to be finalized soon.

Room Service Update – Construction in the nutritional services department to accommodate room service is close to completion. A fire suppression system has been installed and scheduled State survey's approved.

OTHER BUSINESS

Mr. Mischke noted since Bill Huppert's resignation from the Board the Vice-Chair position is vacant and will be filled once a new member is selected by the County Commissioners within the next month.

Mr. Mischke noted the invitation the Board received for Big Horn Ear, Nose, & Throat's open house to be held following the Board Meeting at the clinic across from the Hospital. Positive feedback on Dr. Varner and her care has been received.

EXECUTIVE SESSION

The meeting moved into closed session at 4:05pm for discussion of real estate, personnel, and legal updates. The meeting then reconvened into public session at 4:35pm. 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 4:40 p.m.

Recorder,
Amy Ligocki

Michael Strahan, M.D., Secretary