

**SHERIDAN MEMORIAL HOSPITAL
BOARD OF TRUSTEES
APRIL MEETING MINUTES
WEDNESDAY, April 27, 2011** **3:00 P.M.**

MEMBERS PRESENT: Ron Mischke, Bill Huppert, Dixie See, Gary Miller, Harlan Rasmussen and Michael Strahan, M.D.

MEMBERS ABSENT: Gene Davis

Others Present: Mike McCafferty and Brad Hanebrink, D.O.

CALL MEETING TO ORDER

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

Carrie Haderlie, new reporter from The Sheridan Press, was introduced.

APPROVAL OF AGENDA and MINUTES

The minutes from the March Board Meeting, held on March 23, 2011 were reviewed. Dr. Strahan moved, Dixie See seconded and the motion passed to approve the meeting minutes as written.

There were no additions to the April 27, 2011 agenda. Dr. Strahan moved, Bill Huppert seconded and the motion passed to approve the April Board Meeting agenda.

PUBLIC COMMENTS

None

QUALITY COMMITTEE REPORT

Lajune Bacon, Quality Services Manager, reported that the Quality Committee meeting time had been changed to noon on the third Thursday of every month. Meetings are well represented by committee members and the Patient Advocate. Ms. Bacon provided a review of scorecards and noted that the Service scores will be reported on next month due to lag time involved in receiving figures. The AVATAR annual overall score, running year total, is 91.10. Overall HCAHPS percentile ranking showed a slight decrease.

For comparison purposes, the Patient Family Issues scorecard reflects areas of concern for both 2010 and 2011. It was noted in the clinical care area, the number had dropped in half. This decrease was attributed to service excellence training, staff attitude and the one-on-one time spent in conversations between nursing staff and patients. Ms. Bacon explained the graph regarding Patient Family Issues and areas of focus. Danae Brandjord, Marketing Manager, explained that Service Excellence retreats were held for all SMH employees over the last 18 months. During that time, almost every staff member attended a retreat with activities focused on patient needs, employees' needs and areas of needed improvement.

This proved to be a positive way to engage employees and to get feedback on areas of concerns or input for ideas to implement for patient care. Steps have been taken to implement several of those ideas received at the retreats. Implementation of other feasible ideas is being reviewed. Staff is provided with feedback so they can see what has been implemented and that their ideas are valued and being acted upon. Mrs. Brandjord explained that starting in May 2011 all new employees that complete their 90-day requirement will attend half-day Service Excellence training.

Dr. Strahan noted that while the Quality scorecard looks good, they continue to focus on complete plan of patient care and documentation, which is important for both Joint Commission and CMS. Ms. Bacon has provided staff care planning education regarding the following issues: how to document goals; write plan reviews with patient/family to set individualized patient goals; and re-evaluated with discharge goals, which are included with discharge instructions. The staff is working on improving multi-disciplinary care plans by implementing protocols for care providers to obtain these specific goals with patients and family members. This will improve the provider-to-patient relationship and care.

National Patient Safety Goals were included in the packet. Ms. Bacon noted that National Patient Safety Goal, medication reconciliation, was reinstated and goes into effect July 1, 2011.

MEDICAL STAFF REPORT

Dr. Hanebrink, Chief of Staff, presented his medical staff report by noting that the new Hospitalist Program process is going well. Dr. Hanebrink stated he is getting positive feedback from the Medical Staff. Dr. Hanebrink reported that the Bylaws Committee noted a specific Joint Commission standard had been revised (MS.01.01.01). The standard provides a framework for the Medical Staff Bylaws that describes the organizational responsibilities and how the medical staff and governing body work together to achieve collaboration and conflict resolution. Based on this information, the Bylaws Committee feels that it is time for a review of the Bylaws and is considering an outside source. The committee will obtain a cost proposal from The Greeley Corporation. The Board will be kept informed on the status.

Dr. Hanebrink explained that per Medical Staff Bylaws, affiliated healthcare professionals can have more than one supervising physician. The following Physicians Assistants (PA) (listed below) are currently on staff but are requesting to add the Hospitalist physicians as additional supervisors. Dr. Hanebrink explained the type of formal training a PA receives. The Hospitalist Program will use the PAs when a Hospitalist physician has over 20 inpatients. The PAs will assist the Hospitalist physician with rounds, write notes, retrieving labs, etc. The Hospitalist physician will see the patient every day. The PA will be an assistant to the Hospitalist physician.

Dr. Hanebrink recommended the following Physician Assistants, who are requesting additional supervisory coverage under the Sheridan Memorial Hospitalist group specializing in Family and Internal Medicine. All Physician Assistants have current, unrestricted

Wyoming licensure and have already established at least one primary supervising physician in Sheridan, Wyoming. They are approved by the Wyoming Board of Medicine.

✓ Stephanie Sander, PA-C Certified Physician Assistant. NCCPA* Certified Specialty: Cancer Care (Hematology/Oncology); employed (6/2010-present) at Welch Cancer Center at Sheridan Memorial Hospital. Current supervising physician(s): Dr. John Stamato & Dr. Kim Fehir; requesting to add Drs. Strahan, Gilbert and Hunter.

✓ Jason Otto, PA-C Certified Physician Assistant. NCCPA* Certified Specialty: Internal Medicine; employed (12/09-present) at Big Horn Mountain Medicine at Sheridan Memorial Hospital. Current supervising physician(s): Dr. Ian Hunter & Dr. Cindy Sharp, requesting to add Drs. Strahan and Gilbert.

✓ Jennifer Graslje, PA-C Certified Physician Assistant. NCCPA* Certified Specialty: Cardiology; employed (10/10-present) at Big Horn Heart Center at Sheridan Memorial Hospital. Current supervising physician(s): Dr. Michael Brennan & Dr. Ian Hunter, requesting to add Drs. Strahan, and Gilbert.

✓ Scott Morey, PA-C Certified Physician Assistant. NCCPA* Certified Specialty: Orthopedics; employed (6/07-present) at Sheridan Orthopaedic Associates, P.C. Current supervising physician(s): Dr. Brenton Milner, Dr. Anthony Quinn, Dr. James Ferries, Dr. John Ritterbusch & Dr. John Finley, requesting to add Drs. Strahan, Gilbert and Hunter.

After discussion, Dixie See made a motion to recommend and Bill Huppert seconded all requests for the above listed Physician Assistants with additional supervising physicians, as requested. Motion carried.

ADMINISTRATION REPORT

Cancer Center: Rob Forister, Facilities Manager, discussed a letter that he had received on 4/21/2011 from KWN Construction and CTA Architects Engineers, the design-build team in charge of the Welch Cancer Center project. The letter outlined the Geotechnical Engineering report for the Welch Cancer Center addition prepared by Terracon and dated April 15, 2011. Mr. Forister summarized the Geotech report, which stated the existing soils found on the project site are weak, compressible and potentially expansive. Mr. Forister explained that this report differs significantly and was unanticipated going into this project because the assumptions made to this point, were based on a Geotech report that wasn't prepared for that exact location. Ground breaking was scheduled for the month of May. The additional time and expense that is involved to properly support the building pad prior to commencement of construction was discussed as well as why soil testing wasn't completed before the process had gotten to this point. The committee has met with Brian Bolton, KWN, to share their displeasure with this development. Mr. McCafferty explained the process that was used for the current Medical Arts Complex and Emergency Department to take care of anticipated and identified soil problems. Mr. Forister concluded by stating that another meeting will be scheduled next week with the Building Committee to discuss available options after the engineering firm has had an opportunity to complete an in-depth investigation to determine the best choice. Mr. Forister explained that additional costs, time needed and possible recommendations to solve this problem will be provided to the Board as soon as it is received from the engineering firm. The GMP still is expected to be received

by the committee by May 20, 2011. This will include any additional costs to fix the soil. Mr. Forister stated that the staff continues to work on interior design elements and have been awesome in all they are doing with the project.

Electronic Medical Record (EMR): Mr. McCafferty stated that he would like to add EMR as a regular monthly agenda item for Mr. Morgan to provide updates. With the implementation of the electronic health record, it is important for Information Systems (IS) to keep the Board informed on the status and timelines of the project. Mr. Morgan stated that hardware is arriving and being set up. There has been work done to develop teams consisting of select key players from around the hospital to assist with the build and design phase, which will begin in July. Discussion was held on public comments about the cost of the project. Mr. McCafferty explained that we need to recognize that people are aware and questioning the expenses involved. Mr. Morgan agreed that \$9.7M is very expensive and it is our responsibility to inform the public about the federal requirements and the financial consequences of the lack of reimbursement from the Medicare program of not meeting those requirements. It is also our responsibility to do the best we can for patients and to support our physicians, which is a balance that can be a challenge. Mr. Morgan explained that we are purchasing a product and our return on investment is for a product that the physician will use to bring better healthcare to our community. Our final outcome will be measured by what we put into it and it must be a tool that physicians will use to get where we need to be. Our community population makes it more of a necessity for us to meet this requirement.

Strategic Plan: Mr. McCafferty stated that along with the budget, he will bring a four-year Strategic Plan with the final items identified from all information gathered from the Board, staff and the public. The document will then be published and will include five (5) areas of growth; five (5) Service Excellence pillars and items within the pillars for operational goals for the next two (2) years. It will also include SMH Mission and Vision and what we are trying to accomplish for the future of our hospital. This plan will be presented at the June meeting.

Hospitalist: Mr. McCafferty reported that we have had a lot of positive feedback about the Hospitalist Program that started just one month ago. Mr. McCafferty reviewed what we are doing and trying to accomplish with the program. We have had a lot of questions and people were anxious before using the program. Mr. McCafferty explained that we have worked through circumstances on an individual basis, to make sure patients have had a positive experience. Dr. Strahan reported that he also feels the program is going well. The Hospitalists are: Drs. Strahan, Hunter, Sharp, and Gilbert of Sheridan. Dr. Neuwirth and Dr. Barnett of Gillette will provide coverage on an as needed basis. The Hospitalists will work in three and four-day rotations and will see all admitted patients who do not have a primary care physician, or who use Big Horn Mountain Medicine. If a patient doesn't have a physician, with admitting privileges, they fall into the category of "unassigned and admitted in the Hospitalist Program and will be seen by the physician that is on duty for that day. Patients who see Drs. Batty, Strahan, Bennett, Brown, and Williams will continue to see their primary care physician if admitted to the hospital.

Dr. Hanebrink stated the transition between physicians has gone smoothly and they are working well as they communicate with one another and write documentation notes to ensure continuity of care for patients and structure for meeting legal obligations. Nurses and ED physicians have worked well with the transition to admit patients. This has resulted in less stress for doctors, nurses, patients and family members. Staff, patients and family members like having the physician available for most of the day. Other benefits include continuity of care in hospital for those 4-5 doctors that provide same protocols, similar medications, systems being in place for what works the best to increase patient quality care and for cost savings. Another large benefit of the program is that it will provide help with recruitment purposes as students have the opportunities to be hired as a Hospitalist or outpatient physicians. This will help to replace community physicians as they retire in the future. SMH held out 3-5 years compared to other regional hospitals who have implemented the Hospitalist program. Linda St. Clair, Hospitalist Coordinator, has been instrumental in scheduling physicians and assisting patients.

Construction Gantt Chart: Mr. McCafferty reported that in the future Mr. Forister will include the Construction Gantt Chart in his Building Committee Report. The chart will include name, timelines, and status of projects. This one-page document will be included in the Board packet starting in July, 2011.

Service Line Project Chart: Mr. McCafferty asked Lynn Custis and Misty Taylor to put together a three-year financial Proforma with white paper under Big Horn Health Network (BHHN) for all services provided including the Cath Lab. This service-line information will be provided and reviewed with the Board on a monthly basis to measure success and outlook for services. This one-page summary chart will include project service line information with progress (dash board) that will be included in the monthly Board Packet beginning July, 2011.

FINANCE COMMITTEE REPORT

Mr. Miller reported that the Finance Committee met and approved the vouchers and credit card statement for the month.

Mr. Johlman presented the financial information and stated that March 2011 showed a stronger patient activity to earn a consolidate Net Income of \$493K. Inpatient activity in the current year has been much lower than anticipated. Contractual write-offs were down by \$443K and expenses were only \$60K over budget. No capital requests were presented this month. BHHN patient volumes continue to increase. Sheridan Radiology and other businesses are doing well. Cash remained strong at \$7.0M but was down nearly \$1.0M from February due to first payment made to Cerner for \$850K under our new EMR contract. The older-than-180-day category declined to \$386K. Mr. Johlman stated that the YTD statement shows a good year for the hospital. The main indication that net revenue is up is due to increase for Medicare. The managers are more conscientious in controlling expenses.

Budget for the next FY was discussed and Mr. Miller asked if board members would be willing to attend a future budget workshop. This session will be set up before the May Board meeting.

FOUNDATION REPORT

Ada Kirven, Foundation Director, discussed the Griffith Foundation involvement in all hospital capital campaigns over the years. Sheridan Memorial Hospital has received over \$7M to date from the Griffith Foundation and gave special thanks for its continued support. The SMH Foundation recently held an employee Partner breakfast, which was attended by over 250 partners. Mrs. Kirven announced the Annual Foundation Benefit which will be held on May 15, 2011 at the Wyo Theatre. Mrs. Kirven acknowledged the tremendous sponsorship response and stated she had over 60 sponsors and listed major sponsors: First Federal Savings Bank, First Interstate Bank, Sheridan Media and Top Office Products.

The Welch Cancer Center Campaign Oversight Committee has held weekly meetings and is working on a campaign case for support. The Foundation and community donor presentations are going well. Initial campaign donations and lead donors will be announced at the May Board meeting. Kevin Bailey, SMH Foundation Chair, announced the Foundation's 2nd annual golf tournament which will be held on Friday, August 26, 2011. Mr. Bailey then presented the traveling trophy to last year's title winner, Mr. Bill Huppert. Mr. Mischke thanked the Foundation Board members for all of their efforts. Mr. Mischke also acknowledged the great support from organizations such as The Griffith Foundation and how fortunate and blessed we are to be in Sheridan.

BUILDING COMMITTEE REPORT

Dixie See reported that the kitchen hood project is complete and came in \$70,000 under budget. Rob Forister discussed potential interior projects that need Board approval. The three projects identified will be presented at the May meeting and include the following:

- ✓ Women's Surgery Locker Room, which currently is not useful for functions in Surgery. The renovated design will fix the issues and accommodate staff - \$116,820
- ✓ A newly created IS computer training room is urgent with the volume of staff that will be training for the new EMR. The current computer lab can only accommodate 4 staff. This is a definite need and the space will be located near the IS department – construction cost less than \$100,000
- ✓ Room Service: the kitchen hood project was approved and is completed. This is an additional project to be done in Nutritional Services to complete a cooking area for inpatient room service - \$180,000

Those are the three (3) projects to be presented at the next meeting. The first two projects were place holders as potential items and room service was not a budgeted item. Mr. McCafferty stated that we haven't approved the \$1M projects for capital renovations. These items will be taken for discussion with managers and leadership to share the information and to prioritize the needs. These projects would start this fiscal year.

OTHER BUSINESS

Tom Ringley, County Commissioner, reported that the Commissioners were involved with legislative session this year. Discussion was held on interest in recent Bills on public meetings. Mr. Ringley stated that the County Commissioners are also in the middle of their budget process and stated that they are very appreciative of Sheridan Memorial Hospital's efforts with the County budget.

Len Gross recognized Roxanne Araas for Administrative Professionals Day.

EXECUTIVE SESSION

The meeting moved into closed session at 4:15 p.m. for the discussion of personnel matters. The meeting then reconvened into public session at 4:30 p.m. Medical staff privileges were discussed, see the Medical Staff report section for motions made.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 4:35 p.m.

Recorder,
Roxanne Araas

Michael Strahan, M.D., Secretary