

**BOARD OF TRUSTEES  
DECEMBER MEETING MINUTES  
Tuesday, December 30, 2014 3:00 P.M.**

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

**MEMBERS ABSENT:** Dr. Strahan

**Others Present:** Mike McCafferty and Dr. Sara Smith

**CALL MEETING TO ORDER**

Kevin Bailey, Chairman, called the meeting to order at 3:00 p.m.

**PUBLIC COMMENTS, INTRODUCTIONS**

None

**APPROVAL OF AGENDA and MINUTES**

The agenda for the December Board of Trustees Meeting was available for review. Gene Davis made the motion to approve the December Board agenda. Ron Mischke seconded the motion. Motion carried.

The minutes from the November Board Meeting, held on December 3, 2014 were reviewed. Gary Miller made a motion to approve the November Board meeting minutes. Dixie See seconded the motion. Motion carried.

**OLD BUSINESS**

None

**QUALITY COMMITTEE REPORT**

The committee continues to review the data for specific areas, including Home Care, Hospice and Infection Prevention, to name a few. We have had a quality expert come in to help us through a transitional period until a new Quality Director is hired. This expert will outline organizational roles for members of the Quality Department to help with regulatory improvement. An in-depth recommendation will be forth-coming. This expert will also finish our quality plan and a draft of this plan is expected within the next week. This will be presented at the next Quality meeting in January, 2015. This plan will help to develop goals and set a metric.

The TeamSTEPPS training is coming along with patient hand off and transitions being made the focus. We are still working on educating everyone in TeamSTEPPS and following up with continued coaching. There are issues, and will continue to be issues, when you change the culture of an organization. The Leadership team is doing well and they have restructured their walk around of different areas. The Med/Surg nurses have reduced the numbers of falls and increasing patient satisfaction, by doing hourly rounding of patients. They have also implemented a “No Pass Zone”, in which everyone is to respond to a call light; no one is to pass by without seeing if they are able to

assist a patient. If unable to assist, the person will let the patient know that they will get the right staff member to help with their needs. A link will be provided to the Board to watch the video that was produced for the “No Pass Zone” rule.

The Home Care and Hospice team have been going into homes to analyze fall hazards. This service is available to anyone if prescribed by a physician. This is a wonderful service to the community.

The Quality Committee will continue to identify ways to enhance the quality of our organization.

**MEDICAL STAFF REPORT**

Dr. Sara Smith reported on the Active and Consulting staff physicians requesting renewal of clinical privileges for the January 2015 through December 2016 term. The provider information was available for member review. The Board members reviewed in Executive Session the applications, the supporting documentation, the Department’s recommendations, Medical Executive Committee’s recommendations, and information received during the re-credentialing and privileging processes. Based on this review, it is the Board’s opinion that the following applicants meet the requirements for Medical Staff renewal of clinical privileges as recommended. It was moved, seconded, and carried to approve of the following appointments and clinical privileges by order of category:

Dixie See moved to approve the following **Active Staff** physicians for renewal of current privileges as requested. Gene Davis seconded motion. Motion carried.

<b>Jason</b>	<b>Ackerman</b>	MD	Internal Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>Juli</b>	<b>Ackerman</b>	MD	Internal Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>John</b>	<b>Addlesperger</b>	DO	Emergency Medicine Family Medicine	MEDICINE / EMERGENCY/ URGENT CARE	ACTIVE STAFF
<b>Daniel</b>	<b>Alzheimer</b>	MD	Diagnostic Vascular Interventional Radiology	RADIOLOGY	ACTIVE STAFF
<b>Scott</b>	<b>Bateman</b>	MD	Otolaryngology ENT	SURGERY	ACTIVE STAFF
<b>Michele</b>	<b>Bennett</b>	MD	Family Medicine	MEDICINE / PEDIATRICS	ACTIVE STAFF
<b>Mary</b>	<b>Bowers</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>Michael</b>	<b>Brennan</b>	MD	Internal Medicine Interventional Cardiology	MEDICINE / SURGERY	ACTIVE STAFF
<b>Elizabeth</b>	<b>Brown</b>	MD	Obstetrics Gynecologist	OB/SURGERY	ACTIVE STAFF
<b>William</b>	<b>Doughty</b>	MD	Pathology	MEDICINE / SURGERY	ACTIVE STAFF
<b>James</b>	<b>Ferries</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Rebecca</b>	<b>Franklund</b>	MD	Obstetrics Gynecologist	OB/SURGERY	ACTIVE STAFF

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<b>Joseph</b>	<b>Garcia</b>	MD	Internal Medicine Interventional Cardiology	MEDICINE / SURGERY	ACTIVE STAFF
<b>Derek</b>	<b>Gilbert</b>	MD	Family Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>Lawrence</b>	<b>Gill</b>	MD	Obstetrics Gynecology	OB/GYN SURGERY	ACTIVE STAFF
<b>Luke</b>	<b>Goddard</b>	MD	Emergency Medicine	EMERGENCY	ACTIVE STAFF
<b>Walter</b>	<b>Gould</b>	MD	General Surgery	SURGERY	ACTIVE STAFF
<b>Christopher</b>	<b>Goulet</b>	MD	Radiation Oncology	RADIOLOGY	ACTIVE STAFF
<b>Hannah</b>	<b>Hall</b>	MD	Internal Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>Andrew</b>	<b>Hall</b>	MD	Ophthalmology	SURGERY	ACTIVE STAFF
<b>Bradley</b>	<b>Hanebrink</b>	DO	Anesthesiology	SURGERY	ACTIVE STAFF
<b>Stephen</b>	<b>Holst</b>	MD	Urology	SURGERY	ACTIVE STAFF
<b>Ian</b>	<b>Hunter</b>	MD	Internal Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>Corey</b>	<b>Jost</b>	MD	General Vascular Endovascular Surgery	SURGERY / RADIOLOGY	ACTIVE STAFF
<b>Brian</b>	<b>Laman</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Jacob</b>	<b>Lieb</b>	MD	Emergency Medicine	EMERGENCY	ACTIVE STAFF
<b>Barry</b>	<b>Mangus</b>	MD	General Surgery	SURGERY	ACTIVE STAFF
<b>Gregory</b>	<b>Marino</b>	DO	Hematology Oncology	MEDICINE	ACTIVE STAFF
<b>Thomas</b>	<b>Mayer</b>	MD	Neurology	MEDICINE	ACTIVE STAFF
<b>Teresa</b>	<b>Mazur</b>	MD	Emergency Medicine	EMERGENCY	ACTIVE STAFF
<b>Gregg</b>	<b>McAdoo</b>	MD	Obstetrics Gynecologist	OB/GYN, SURGERY	ACTIVE STAFF
<b>Brenton</b>	<b>Milner</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>David</b>	<b>Nickerson</b>	MD	Emergency Medicine	EMERGENCY	ACTIVE STAFF
<b>Suzanne</b>	<b>Oss</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>Anthony</b>	<b>Quinn</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Garry</b>	<b>Rains</b>	MD	Anesthesiology	SURGERY	ACTIVE STAFF
<b>John</b>	<b>Ritterbusch</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Irving</b>	<b>Robinson</b>	MD	Emergency Medicine Family Medicine	MEDICINE / EMERGENCY	ACTIVE STAFF

<b>John</b>	<b>Schallenkamp</b>	MD	Radiation Oncology	RADIOLOGY	ACTIVE STAFF
<b>Dennis</b>	<b>Schreffler</b>	MD	Pathology	MEDICINE / SURGERY	ACTIVE STAFF
<b>David</b>	<b>Schultz</b>	MD	Anesthesiology	SURGERY	ACTIVE STAFF
<b>Timothy</b>	<b>Scott</b>	MD	Obstetrics Gynecology	OB/GYN, SURGERY	ACTIVE STAFF
<b>Sara</b>	<b>Smith</b>	MD	General Surgery	SURGERY	ACTIVE STAFF
<b>Alan</b>	<b>Smith</b>	MD	Anesthesiology	SURGERY	ACTIVE STAFF
<b>Michael</b>	<b>Strahan</b>	MD	Family Medicine Hospitalist	MEDICINE	ACTIVE STAFF
<b>William</b>	<b>Taylor</b>	MD	Diagnostic Vascular Interventional Radiology	RADIOLOGY	ACTIVE STAFF
<b>Patricia</b>	<b>Tobi</b>	MD	Anesthesiology	SURGERY	ACTIVE STAFF
<b>James</b>	<b>Ulibarri</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Cheryl</b>	<b>Varner</b>	MD	Otolaryngology ENT	SURGERY	ACTIVE STAFF
<b>David</b>	<b>Walker</b>	DO	Internal Medicine Hospitalist Gastroendoscopy	MEDICINE / SURGERY	ACTIVE STAFF
<b>Barry</b>	<b>Wohl</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>Jeremy</b>	<b>Zebroski</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF

Gary Miller moved to approve the following **Consulting Staff** physicians for renewal of current privileges as requested. Dixie See seconded motion. Motion carried.

<b>Hugh</b>	<b>Batty</b>	MD	Internal Medicine	MEDICINE	CONSULTING STAFF
<b>Loren</b>	<b>Budge</b>	MD	Cardiology	MEDICINE	CONSULTING STAFF
<b>Jeffrey</b>	<b>Cloud</b>	MD	Gastroenterology	MEDICINE	CONSULTING STAFF
<b>Patrick</b>	<b>Cobb</b>	MD	Hematology Oncology	MEDICINE	CONSULTING STAFF
<b>Kim</b>	<b>Fehir</b>	MD	Hematology Oncology	MEDICINE	CONSULTING STAFF
<b>Laura</b>	<b>Ferries</b>	MD	Endocrinology	MEDICINE	CONSULTING STAFF
<b>Allen</b>	<b>Gee</b>	MD	Neurology	MEDICINE	CONSULTING STAFF
<b>Raoul</b>	<b>Joubran</b>	MD	Gastroenterology	MEDICINE / SURGERY	CONSULTING STAFF

<b>Kent</b>	<b>Katz</b>	MD	Gastroenterology	MEDICINE, PEDIATRICS (emergency only), SURGERY	CONSULTING STAFF
<b>Grace</b>	<b>Kim</b>	MD	Nephrology	MEDICINE	CONSULTING STAFF
<b>Heather</b>	<b>McGuire</b>	MD	Nephrology	MEDICINE	CONSULTING STAFF
<b>Craig</b>	<b>McLaws</b>	DPM	Podiatry	SURGERY	CONSULTING STAFF
<b>Amber</b>	<b>Robbins</b>	MD	Dermatology	MEDICINE	CONSULTING STAFF
<b>Blaine</b>	<b>Ruby</b>	MD	General Surgery	SURGERY	CONSULTING STAFF
<b>Michel</b>	<b>Skaf</b>	MD	Cardiology	MEDICINE	CONSULTING STAFF
<b>John</b>	<b>Stamato</b>	MD	Radiation Oncology	RADIOLOGY	CONSULTING STAFF
<b>Robert</b>	<b>Stears</b>	MD	Diagnostic Radiology	RADIOLOGY	CONSULTING STAFF
<b>Alan</b>	<b>Thometz</b>	MD	Cardiology	MEDICINE	CONSULTING STAFF
<b>Kendrick "Kim"</b>	<b>Trostel</b>	MD	Nephrology	MEDICINE	CONSULTING STAFF

The following physicians **voluntarily relinquished full membership and clinical privileges**; there is no action needed by the Board, this is for informational purposes only:

RELINQUISHED 12/31/2012 Relocated	<b>Christopher</b>	<b>Brown</b>	MD	Internal Medicine Infectious Disease	MEDICINE	ACTIVE STAFF
RELINQUISHED 12/31/2014 coverage no longer needed	<b>David</b>	<b>Letts</b>	MD	Emergency Medicine	EMERGENCY	CONSULTING STAFF
RELINQUISHED 10/29/2014 coverage no longer needed	<b>Martin</b>	<b>Lucas</b>	MD	Hematology Oncology	MEDICINE	CONSULTING STAFF
RELINQUISHED 10/2/2014 coverage no longer needed	<b>Benjamin</b>	<b>Marchello</b>	MD	Hematology Oncology	MEDICINE	CONSULTING STAFF
RELINQUISHED 12/31/2014 coverage no longer needed	<b>David</b>	<b>Neilsen</b>	MD	Emergency Medicine	EMERGENCY	CONSULTING STAFF
RELINQUISHED 9/30/2014 Relocated	<b>Thomas</b>	<b>Richards</b>	MD	Emergency Medicine	EMERGENCY	ACTIVE STAFF
RELINQUISHED 06/30/2014 Relocated	<b>Scott</b>	<b>Sample</b>	DO	Cardiology	MEDICINE	CONSULTING STAFF
RELINQUISHED 9/30/2013 Relocated	<b>Cindy</b>	<b>Sharp</b>	MD	Internal Medicine Nephrology	MEDICINE	ACTIVE STAFF
RELINQUISHED 10/30/2014 Relocated	<b>Anup</b>	<b>Sidhu</b>	MD	Psychiatry Pediatrics	MEDICINE / PEDIATRICS	CONSULTING STAFF
RELINQUISHED 09/30/2014 Relocated	<b>Mark</b>	<b>Walter</b>	MD	Psychiatry	MEDICINE	CONSULTING STAFF
RELINQUISHED 3/2014 Relocated	<b>Jason</b>	<b>White</b>	MD	Diagnostic Radiology	RADIOLOGY	ACTIVE STAFF
RELINQUISHED 9/30/2014 Retired	<b>William</b>	<b>Williams</b>	MD	Internal Medicine	MEDICINE	ACTIVE STAFF

The following individuals **voluntarily relinquished moderate sedation clinical privileges**; there is no action needed by the Board, this is for informational purposes only:

<b>Hugh</b>	<b>Batty</b>	MD	Internal Medicine	MEDICINE	CONSULTING STAFF
<b>Mary</b>	<b>Bowers</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>James</b>	<b>Ferries</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Lawrence</b>	<b>Gill</b>	MD	Obstetrics / Gynecology	OB/GYN SURGERY	ACTIVE STAFF
<b>Walter</b>	<b>Gould</b>	MD	General Surgery	SURGERY	ACTIVE STAFF
<b>Stephen</b>	<b>Holst</b>	MD	Urology	SURGERY	ACTIVE STAFF
<b>Brenton</b>	<b>Milner</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Suzanne</b>	<b>Oss</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>Anthony</b>	<b>Quinn</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>John</b>	<b>Ritterbusch</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Timothy</b>	<b>Scott</b>	MD	Obstetrics / Gynecology	OB/GYN, SURGERY	ACTIVE STAFF
<b>John</b>	<b>Stamato</b>	MD	Radiation Oncology	RADIOLOGY	CONSULTING STAFF
<b>Michael</b>	<b>Strahan</b>	MD	Family Medicine / Hospitalist	MEDICINE	ACTIVE STAFF
<b>James</b>	<b>Ulibarri</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF
<b>Barry</b>	<b>Wohl</b>	MD	Pediatrics	PEDIATRICS	ACTIVE STAFF
<b>Jeremy</b>	<b>Zebroski</b>	MD	Orthopaedic Surgery	SURGERY	ACTIVE STAFF

Elizabeth (Beth) Kelsey is a Licensed Professional Counselor requesting mental health professional clinical privileges in the Departments of Medicine, Pediatrics and Emergency at Sheridan Memorial Hospital. Ms. Kelsey has been employed by Northern Wyoming Mental Health Center (NWMHC) of Sheridan since September 2014. She has experience with children and family counseling and an understanding of rural hospital consulting needs. Ms. Kelsey will be an additional clinician participating in the on-call emergency response system for the hospital for mental/behavioral health consults and Title 25. After review of credentials in Executive Session, David Smith moved to approve the requested membership and privileges of Beth Kelsey. Ron Mischke seconded the motion. Motion carried.

Dr. Breanne Terakedis has been a Radiation Oncology Staff Physician at Billings Clinic Cancer Center since September 2014. She is requesting Active Staff membership and Radiation Oncology privileges at Sheridan Memorial Hospital to assist the Welch Cancer Center staff with radiation oncology comprehensive evaluations and treatment planning for patients. These services will be provided on-site at Sheridan Memorial Hospital twice per week. She will be sharing on-site rotation with Dr. Schallenkamp and Dr. Goulet as well as offsite consultation for the Welch Cancer Center staff and patients. After review of credentials in Executive Session, David Smith moved to approve the requested membership and privileges of Dr. Terakedis. Ron Mischke seconded the motion. Motion carried.

Dr. Aisha Hines is requesting adult psychiatry privileges w/ no membership at Sheridan Memorial Hospital which includes the diagnosis and treatment of psychiatric disorders using telepsychiatry venue, as delineated by HealthLinkNow, Inc. in its physician credentialing and privileging agreement between HLN and Sheridan Memorial Hospital. After review of credentials in Executive Session, Gene Davis moved to approve the requested membership and privileges of Dr. Hines. Gary Miller seconded the motion. Motion carried.

It is the recommendation of the Department of Radiology Chair and Medical Executive Committee that Dr. William Taylor and Dr. Dan Alzheimer are granted additional Radiology pain management privileges, specific to transnasal sphenopalatine neuroganglion blockage. Drs. Alzheimer and Taylor have produced adequate documentation from the American Society of Interventional Pain Physicians to show the efficacy, safety, and competency of this minimally invasive procedure for the treatment of headache's and facial pain. After review of credentials in Executive Session, David Smith moved to approve the request to create the transnasal sphenopalatine neuroganglion blockage procedure as a new service into the Radiology pain management privileges. Gene Davis seconded the motion. Motion carried. Further, David Smith motioned to grant the newly created privilege to both Drs. Alzheimer and Taylor as requested. Dixie See seconded motion. Motion passed.

It is the recommendation of the Department of Surgery and Medicine Chairmen along with the Medical Executive Committee that Dr. David Walker, Internal Medicine Physician is granted additional Medicine and Surgical gastrointestinal endoscopy privileges. Dr. Walker has produced adequate documentation based on the MEC approved privilege criteria for Gastroenterology privileges to show current competency in this regard. After review of credentials in Executive Session, Gene Davis moved to approve the requested additional endoscopy privileges to Dr. Walker. Ron Mischke seconded the motion. Motion carried.

## **ADMINISTRATION REPORT**

Institute for Healthcare Initiatives (IHI) Meeting ~ Dr. Addlesperger and Ron Mischke went to this conference and attended several sessions. IHI attendees are from organizations from around the world; and all are interested in quality service. Approximately 6,000 people attended this conference. The quality of the meetings is incredible with an outstanding group of presenters. It appears that everyone is facing the same challenges. In the last couple of years we have seen changes in quality and can reap the benefits from learning what others are doing. Working with the physicians through these changes is invaluable as we need physician engagement and professionalism.

Cerner Optimization ~ preliminary work for the optimization was completed in December. We will be ready to put our resources forth to start changing the program after the first of the year. We now have a metric that we can work on. Now that SMH has worked with the system for a couple of years, we have been able to identify what needs improvement and what needs to be fixed. We need to see measureable data to make sure we are getting our investment out of the product.

The ICD-10 training is continuing on, with two components of education and software upgrades being the focus. The query system is being worked on as well.

Intensive Care Unit ~ Mike introduced members of staff who play a role in the ICU and had them speak about the ICU. They stated that an updated ICU plays a crucial role to our critically ill patients needing quality care close to home, supports the future of the community with its continued growth, attracts new physicians, nurses and mid-levels that provide the care. The biggest reason to send someone elsewhere is the need for a specialist, such as a pulmonologist. The ICU has changed with the age of our population. The ICU typically saw 2.5 patients a day. This has increased to an average of 4 per day due to our rural location and increased cardiac services. As we expand our services, the number will continue to climb.

Staff offered to give the Board of Trustees a tour of the ICU, so they can see for themselves the need for more space and room to take care of our patients. Staff is very flexible and willing to look at different opportunities for an ICU expansion. There is a need, and a want to keep the patient here for best outcomes.

Our current ICU rooms do not have showers and do not meet the size requirement associated with new standards. It was stated that we already provide excellent care, we just need more space. Staff also invited the County Commissioners to take a tour as well as the Board of Trustees, to have a clearer picture and better understanding of what is needed.

Medical Office Building ~ the conversation about needing an updated ICU and a medical office building has been going on for a while. The medical office building has been looked at from many different perspectives. We have looked at the scope of projects; with a 50,000 square foot medical office building and the ICU project estimated at \$4M - \$5M or more if we add equipment; we are looking at multi-million dollar projects at hand. With these very substantial projects, we will need to look at the financial modeling of these projects, so that we can make recommendations to bring before the Board. Currently, there are low interest rates and the hospital does not have any debt, putting us in a good position. There is still uncertainty with our reimbursements, but there is a need to proceed and Mike would like to do so with a working committee, starting in January. The TCU and Hospice project will need to be looked at as well. We will need to prioritize the projects and look at how to approach these substantial investments. The working committee will comprise of Dixie See, Gene Davis and Ron Mischke.

Rob Forister of the Building Committee stated that we have done a really good job in vetting out the projects and we have the information to make good decisions, with estimated costs and locations.

Air Methods – Physicians and staff have been in discussions on how to take care of the community and have been exploring options on how to accomplish this. We have relied on outside sources for helicopter or fixed wing services to help in various circumstances. Air Methods or WY Life Flight



have given us an opportunity to have a base in Sheridan. We are exploring this option and we will continue to explore the relationship, while looking at the pros and cons of such an arrangement. We have not made any commitment to this project yet and if we do, we will come to the Board of Trustees to outline the benefits of such an arrangement.

### **FINANCE COMMITTEE REPORT**

It was reported by the CFO that November was a slow month and patient volume dropped across the board. The hospital still has fixed supply expenses and with less revenue, we took a hit to our bottom line. The positive factors are revenue deductions are favorably below budget. We recognized \$300K from the Foundations, which included monies from the Helmsley Charitable Trust Foundation as well as the Hospital Foundation, which was booked in November. We have two favorable expectations going forward. We made application for supplemental Medicare funding for a low volume adjustment payment. There are specific criteria to meet, which it appears we have met for 2012. Though it appears we qualify, the program is really selective; we may not get the money or may not get the full amount. If everything works out and we receive the full amount, it could be anywhere from \$800K to \$1M in supplemental income that we can recognize this year. The adjustments to revenue have been steady and there is some predictability to it. With the predictability, this tends to mean a sustained change. Whether this is due to service line growth that pays better, a change of payer mix or the Affordable Care Act, it's hard to tell.

We have the second phase payment from the federal government to look forward to as well. We should find out in a couple of months when to receive the payment and the amount. It should be around \$1M or perhaps a little less.

### **FOUNDATION REPORT**

Gary Miller reported that at the Foundation breakfast, the employee partners chose the ICU expansion project to be the recipient for the partner contributions. The amount this year totaled \$25,000. The employee partners have chosen the ICU expansion project for a 4<sup>th</sup> year in a row. The funds now total a little over \$111,000 for the ICU.

### **BUILDING COMMITTEE REPORT**

Nothing to report

### **OTHER BUSINESS**

None

### **EXECUTIVE SESSION**

With no further business, the meeting moved into closed session at 4:01 pm for discussion of real estate, legal and personnel.

The meeting then reconvened into public session at 4:50 pm for action to be taken on the privileging and credentialing of physicians. Please see above Medical Staff Report.

**ADJOURNMENT**

There being no further business to come before the Board, the meeting adjourned at 5:10 pm.

Recorder, Patty Forister

David Smith, Secretary