

**BOARD OF TRUSTEES  
FEBRUARY MEETING MINUTES  
WEDNESDAY, February 25, 2015 3:00 P.M.**

**MEMBERS PRESENT:** Kevin Bailey, David Smith, Gary Miller and Dr. Strahan

**MEMBERS ABSENT:** Ron Mischke, Gene Davis and Dixie See

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

**CALL MEETING TO ORDER**

Kevin Bailey, Chairman, called the meeting to order at 3:04 p.m.

**PUBLIC COMMENTS, INTRODUCTIONS**

None

**APPROVAL OF AGENDA and MINUTES**

The agenda for the February Board of Trustees Meeting was available for review. Dr. Strahan made the motion to approve the February Board agenda. Gary Miller seconded the motion. Motion carried.

The minutes from the January Board Meeting, held on January 27, 2015 were reviewed. Gary Miller made a motion to approve the January Board meeting minutes. Dr. Strahan seconded the motion. Motion carried.

**OLD BUSINESS**

None.

**FOUNDATION REPORT**

Ada Kirven, the Executive Director of the Foundation recognized the Sheridan Memorial Hospital Auxiliary for all of their contributions. With the gift that was given last month, the hospital auxiliary has now given \$498,000 since 1991, when we started keeping track of the gifts given. Thanks were given to Wanda Hanebrink, the Auxiliary Board President for all of her hard work. Ada mentioned some of the areas of the hospital that have benefited from the past Auxiliary gifts over the years. Wanda introduced the Auxiliary board members who were present; Maurita Meehan, Joan Kalasinsky and Vicki Washut. The Trees of Love project was a major success and the Kozy Korner Gift Shop had a record breaking year, with sales exceeding \$100,000. A sum of \$5,000 was made from Trees of Love and the proceeds from the Kozy Korner allowed for a gift of \$40,000, for a total of \$45,000 gifted to the Foundation. The Auxiliary Board voted that the \$45,000 gift will go to support clinical education this year. Nancy Hooge, Clinical Nurse Educator spoke of the High Fidelity Simulation Mannequins that will be purchased and used on site for high risk training with multi-disciplinary staff. Mike states that the volunteers are passionate about what they do and we can look to them for their support when we do big projects.

## ADMINISTRATION REPORT

**Cardiology Update** - Mike introduces the cardiology team of Jennifer Rasp-Vaughn, Sharon Krueger, Dr. Brennan, Dr. Garcia and Jennifer Graslie; also Mary Kaercher, who does Service Line developing. Our cardiology program started in 2010 and there has been a lot going on since that time. There is a definite trend upwards in the number of patients seen each year. The cardiac team presented graphs showing the increase in trends; in the last two years the office is seeing 45 new patients a month – 11% are from Buffalo, WY. Echocardiograms are now 10 to 20 a month and the pacemaker clinic went from 36 patients in 2013 to 49 in 2014 and have seen 70 in 2015 alone. The increased success is contributed to the different aspects of the marketing plan and building relationships with the other physicians. The team handed out a heart risk assessment, which will be provided to the public as well.

Jennifer Rasp-Vaughn, the manager of the cath lab, handed out a map showing that there are only 4 cath labs in the whole state of Wyoming. Having such a specialized department in Sheridan is very impressive and we cover a wide area of the state. Comparing the data from Jan 2013 to Jan 2014, the procedures performed has grown significantly. Diagnostic procedures went from 95 in 2013 to 170 in 2014. Stemi's (heart attack victims), fixing a heart with a stent or balloon has grown as well. We have exceeded (are better than) the national standard of door to balloon time of 90 minutes or less; our time is 33 to 76 minutes from door to balloon. This information is reported on a quarterly basis to a national registry. There was a cardiology awareness campaign last fall (2014) with billboards, flyers, advertising; resulting in a spike in the number of patients seen. Also provided to the board and media is the Cath Lab Digest, a national publication in with the SMH Cath Lab is the spotlight article.

Jennifer Graslie states that she has about 300 patients with pacemakers. The pacemakers are checked every 3 to 6 months.

Dr. Garcia states that he is very thankful for the community support and that the hospital supports great technology. More people want to stay in Sheridan seeing great outcomes resulting in a gain in community confidence. Dr. Garcia looks forward to growing the service line and doing good work.

Dr. Brennan thanked the board and Mike for setting the trend and having a great all around staff. He has had good results and no serious complications and people are being taken care of. Dr. Brennan feels that the cardiology department has a good reputation in the community and would like to see this successful endeavor continue.

Mike comments that the physician leadership is amazing and helps with the community confidence. The cardiology team has nailed it and the community will continue to be proud of their outstanding work.

Ada commented that with the unexpected gift in 2012 from the Husman Trust, those gifts really helps to support the cath lab. This has had a huge impact on the community.

**Legislative Activity** – There has been a lot of activity in Cheyenne last month. The Medicaid Expansion Senate File 120 failed to move forward and will come back again next year for discussion. There is a lot of work being done to make it more desirable and to share in the responsibility.

**Environment of Care (EOC) Plan** – Per the Joint Commission requirement this document is drafted by the Safety Officer and approved annually by the Board as a guideline to drive safety throughout the facility. The plan summarized the 2014 report with the 2015 goals. After review and discussion, Dr. Strahan motioned to accept the EOC as presented. Gary Miller seconded. Motion passed.

**Capital Projects and Communication** - Mike McCafferty discussed the following capital projects of which will also be presented to the employees at forums the first week in March. Priorities to projects have come by assessing the 2011-2015 strategic plan and looking at the future needs of the community.

1. **Medical Office Building (MOB)** - Mr. McCafferty recommended to the Board to move forward in the schematic design phase for the MOB and to request authorization not to exceed \$167,000 for this design phase cost. In this schematic design phase the stakeholders will be able to sit down and see how we can best support the people and community with this additional space. Further recommendation will be to take a bid and build model of construction once passing design phase so that changes are assessed through the stakeholders and building committee as they are accomplished.
2. **ICU remodel project** –Mr. McCafferty recommended to the Board to move forward into the construction design phase for the project and to request authorization not to exceed \$307,000 for this cost. In this phase we can put real live “boots on the ground” drawings to be presented for bid or for the construction manager at risk delivery model. Mr. Forister noted the construction manager at risk delivery model would most suit this project as there is a team of architects, engineers, and contractors making decisions throughout the project that can better assess things we can’t see when doing a remodel and it will limit change orders; this is the same model used at the Welch Cancer Center project. The SMH Foundation and employees have been an integral part of hearing about this project as a need for our community to support services for sicker patients.

Both projects have been well-evaluated intently by stakeholders in order to assess location to create better access for patients. The Board has been well-informed of the discussions on both projects and a recommendation from the Board Building Committee is to move forward with design phases as described. Following discussion, David Smith made the motion to accept the recommendation for authorization of up to \$167,000 for schematic design phase for the Medical Office Building and authorization of up to \$307,000 for construction design phase for the ICU project. Dr. Strahan seconded the motion. Both projects will be under TSP engineering firm. Mr. Bailey clarified that the vote will not be to promise the buildings completions, only design phase expenditures at this time. Motion passed.

In other projects, TCU and a new Hospice Residence are in the works with discussions of a strategy for communication and financing for all projects underway. We hope to have the opportunity to pursue an expansion of services (up to 15 beds) of the current in-house TCU as a rehab service rather than an acute care staff. The Hospice project, led by Ann Aksamit, will be a community

endeavor to make it a reality and involve philanthropy to make it a community investment for the future. All projects are estimated to cost over \$30 million. SMH has a great opportunity to invite philanthropy and the community as a whole to be a part of these exciting opportunities. The overall goal in this regard is to expand services for the community so that we are set up to take care of the health of our population. All of this is part of our current and future strategic plans.

**Culture of Kindness Survey Results** – SMH implemented this survey in 2013 through 2014. We are set for another one in 2015 of which results will be shared with employees. These results will attest to the value that the employees feel as we work to improve processes and relationships hospital-wide. We didn't increase scores from the 2013 and 2014 survey, but we hope to move forward and continue to work on and make an effort to improve our culture.

**Culture of Safety Survey**– Our last hospital-wide safety survey was April of 2014. Since then we have done great work to integrate new teamwork methodologies through help from an external consulting firm, Synensis, to support the strategy for patient safety. Such strategies include instituting daily safety briefs with all departments, department specific huddles, TeamSTEPPS training by nurse educators, emphasis on handoff communication, and executive walk-arounds. We have now implemented a mini survey to all employees to assess feedback in the interim of full surveys. These internal surveys will give us the perception of the employees of how safe they believe our hospital is. Reports of safety results will be available after the end of February and the next full survey will be in the next 6-8 months. Dr. Strahan states that clinical staff meets daily to review every patient in the hospital to ensure quality and continuum of care.

**Cerner Optimization** – Nyle Moran briefed the group on the continued work of Cerner onsite with the delivery of optimization goals as set by the organization. Currently they have been in the ambulatory setting (BHHN offices) assisting with requested changes. Within the next couple of months, changes will be implemented into the hospital as recommended. Physicians have been and will be an integral part to the solutions to the recommended changes within the system which will assist in workflow improvements. The medication reconciliation process was mentioned as one improvement project in the works.

**TeamSTEPPS** – Dr. A expanded on the work continuing with the employees as part of the TeamSTEPPS program. Frequent guidance from Synensis has helped in implementing consistent guidelines to continue education, develop coaching strategies, and give the staff the proper resources to communicate effectively, apply handoffs and transition patients appropriately. Leaders will continue to round in all areas to help these priorities become a part of the culture. Goals to improve the culture of safety are in the works, where leaders are anxious to get employees responses back to compare with former results and see if there have been changes that have affected culture. Other projects to increase safety include a new event reporting system that will be integrated hospital-wide within the next few months. All projects continue to be the template for the CMO's work on a daily basis.

## **QUALITY COUNCIL REPORT**

Today's meeting was well attended and followed a new agenda format and goals that have been recommended by Gail Eubank who is a consultant and acting as the interim Quality Director. Gail brings knowledge and experience, along with performance improvement and leadership. Goals for the committee include creating a better system to ensure all data flows through Quality Council and to then identify trends and concerns for the Board to be aware of. This will become a much more reliable process and help with the organizational structure and leadership to hardwire in standardization of work in all areas. With the new agenda format there will be more meaningful, focused meetings in order to dig into more information that talks more about solutions than problems. A calendar of agenda items has been created as well as an executive summary to move into PI projects.

**Utilization Review (UR) Plan** – Due to some grammatical errors identified in the plan, approval of the UR plan was agreed to be tabled until next month as requested by Dr. Addlesperger. Until then, it was a good time to introduce Liz Mahoney, Utilization Case Management Lead Coordinator who gave a summary of what the plan encompasses in regards to value and quality of organizational review standards for documentation and patient hospitalization status designations. UR is focused around being more proactive on the front end of hospital admission criteria to support physicians before decisions are made while the patients are still in the hospital rather than retroactively. This will help develop expertise for our physicians here rather than relying on costly 3<sup>rd</sup> party consultants forever. The UR Plan that will be considered next month meets CMS requirements and has the potential to affect patient care as well as the bottom line (ie tied to RAC audits and appeals).

**Performance Improvement Plan** – Clarification was made that requested approval by the board does not include the attached references, only the outline plan on the first few pages. The Plan reviews the organizational goals of performance improvement; not what we have in place yet, but what we are looking at achieving. Further clarification was made that the group should be named the Quality Council vs. Quality Committee. This will be reflected on the Board agenda as requested. A third item of clarification within the document was that the risk manager will initiate Root Cause Analysis (RCA). Currently b/c there is no hired risk manager, the role is now shared by the Chief Medical Officer and the soon appointed Quality Director, of which recruitment continues. With clarifications made, David Smith motioned to approve plan presented, deleting references listed on the table of contents. Amendments will be made to table of contents and file as such with only the first 6 pages of the document as the final approved document. Gary Miller seconded motion. Motion passed.

## **MEDICAL STAFF REPORT**

No report only to invite the Board to the March Quarterly Medical Staff meeting scheduled for Tuesday, March 10 at 6pm in the Conference Rooms A&B.

### **FINANCE COMMITTEE REPORT**

As noted in the Board report summary, net income was robust for January, due to the receipt of \$766K of EHR incentive payments from Medicare for phase two meaningful use. The two significant variances that have impacted earnings included the \$766K additional Medicare EHR incentive payments and approx. \$291K in unbudgeted Cerner expenditures. The net impact on our January net income from these two non-routine items was a positive \$475K. Therefore, without the non-routine Cerner expense we would have reported a positive consolidated net operating income of \$89K. Further discussion was held on the expenses of Cerner and how these unbudgeted events are part of the process for maintenance and improvements for the hospital. One outlier for the month was a busy urgent care that came close to breaking even. Other areas of the summary that were noted included a high inpatient volume and lower outpatient volumes in Surgery, Welch, and Cath Lab as well as a good increase in collection from 57 to 54.5 day return.

Philips Respironics V60 Ventilator – BiPAP (unbudgeted): The Finance Committee was given a presentation by Cindy Eppe from Respiratory on the requested purchase for this piece of equipment. The hospital has 3 onsite, which are all frequently being used; with one being down this hinders the ability to care for patients necessarily. As noted to all Board members by Cindy, it is no longer feasible to service the machine due to limitation of parts. The total cost of equipment is \$12,641.50. After review, Gary Miller motioned to approve the purchase of the unbudgeted BiPAP Ventilator at a price of \$12,641 as requested. David Smith seconded. Motion passed.

### **BUILDING COMMITTEE REPORT**

In addition to what has already been reported in the Administration report, further projects going on include flooring replacement in the front admissions area and onto patient care areas. Bid documents are ready in regards to the roof replacements and upgrades for WCC generator are in the works.

### **OTHER BUSINESS**

None

### **NO EXECUTIVE SESSION HELD**

### **ADJOURNMENT**

There being no further business to come before the Board, the meeting adjourned at 4:50 pm.

Recorder, Patty Forister & Amy Ligoeki

David Smith, Secretary