

BOARD OF TRUSTEES
FEBRUARY MEETING MINUTES
Wednesday, March 07, 2012 3:00 P.M.

MEMBERS PRESENT: Ron Mischke, Dixie See, Kevin Bailey, Bill Huppert and Gary Miller,
 Dr. Strahan, Gene Davis

MEMBERS ABSENT: None

Others Present: Mike McCafferty and Dr. Addlesperger

CALL MEETING TO ORDER

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

PUBLIC COMMENTS

None

APPROVAL OF AGENDA and MINUTES

The minutes from the January Board Meeting, held on January 25, 2012 were reviewed. A motion was made by Dixie See to approve the January Board Minutes. Kevin Bailey seconded the motion. Motion carried.

There were no additions to the February Board Agenda dated March 7, 2012. A motion was made by Gene Davis to approve the February agenda. Gary Miller seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Mike announced that Lajune Bacon has retired from Sheridan Memorial Hospital as the Quality Services Manager, effective March 1, 2012. Leadership is reviewing the overall structure of the Quality Department at this time in order to establish the best qualified replacement as leader for the department. Quality Council will continue to meet on a monthly basis with continued leadership from Dr. Strahan and Charlotte Mather.

MEDICAL STAFF REPORT

The Medical Staff report was provided by Dr. Addlesperger. The Medical Executive Committee has recently discussed consulting guidelines regarding physician to physician consults. Recommended revisions to the Medical Staff Rules and Regulations will come before the Board at its next meeting in order to approve clarity as requested by the Medical Executive Committee. The Medical Executive Committee has also reviewed various Medical Staff policies and made minor changes and updates to ensure efficient procedure. Dr. Addlesperger concluded by inviting all Board members to the March 13th Quarterly Medical Staff Meeting at 6pm.

Ron Mischke noted he attended the prior Credentials Committee meeting and appreciates the invite by the Medical Staff as he believes privileging of practitioners is one of the most important duties granted to the Board to accomplish. He felt the meeting was very informative, where he will continue to have a consistent attendee from the Board.

ELECTRONIC MEDICAL RECORD (EMR)

Nyle Morgan, Chief Information Officer, provided an update on the Cerner EMR progress. Hardware and software is now installed in-house, where now all work on the system will be done locally within SMH walls. Currently teams continue to work on building aspects for different modules and unit testing on each module to then conduct integration testing and find any potential errors. The SMH team will travel for its last trip to Kansas City on April 9th through April 13th where continued maintenance and behind the scenes system training will proceed.

Nyle noted results from the device fair that was held at the Simulation Center on February 23rd and 24th. Staff and Physicians had an opportunity to have a hands-on visual review of all varieties of devices that could be potentially used (i.e. scanners, carts, clinical devices showing department settings, etc.). A survey was sent out to staff at the completion of the fair in order to receive staff feedback and assist in narrowing down what the hospital will utilize. In the same regard, Hospira hosted a training session on the 88 IV pumps that will be rolled out to nursing stations. These devices are loaded with the full hospital formulary (aka drug library) of any drug that may run through an IV to a patient. These devices increase safety in setting efficient flow rates and medication administration.

The single sign-on feature for all users to the EMR workstations will be rolled out onto the floors the second week of May. This feature will allow users to walk up to a workstation using their badge and/or their fingerprint to sign on and without having to log out and login again, is able to roam from one workstation to the next for a period of time. During “smooth roaming” information will be updated as entered in all workstations continuously as entered once. This will allow smooth transition of work flow for that user as they travel from one patient and/or room to the next.

Nyle reported the project is still on track with the planned timeline. The staff is expected to get busier in the next few months, where leadership is focused on sustaining high energy levels and anticipation for all staff.

In relation to physician involvement in the project, Nyle will be formulating a governance committee made up of physician champions who will establish a structured plan for physician training. These conversations will begin by the end of March where actual training will begin in late June, early July.

ADMINISTRATION REPORT

Mike discussed to members the history and future of the Hospital’s service excellence training program. This program was developed in order form a solid foundation and focus of a positive culture in defining the pillars of excellence that the Hospital lives by. Service excellence retreats have served as a consistent place for staff to be educated on why we do what we do, how we make

decisions, and how we portray ourselves to our customers as an organization. This program has ultimately helped change the culture over 8 years. The matter at hand now is how we get to the next level of culture awareness and further increase patient and staff satisfaction. Meetings with department managers have established two key simple and basic elements of kindness and patient safety initiatives that will serve as the focus of continuing culture change within the organization. Mike will continue to brief the Board on these continued efforts.

Mike proudly announced that Dr. Gregory Marino has accepted the Medical Oncology position at the Welch Cancer Center and expects to move to Sheridan late summer and begin practice in late July, beginning of August. Mike feels Dr. Marino will be a great addition to our community and healthcare facility and is extremely excited about his arrival.

Mike spoke to how the Joint Commission duties and responsibilities have been divided between efforts by Nancy Hooge, clinical nurse educator and Rob Forister, facilities/environment of care manager. Rob Forister explained to the members that a Joint Commission Steering Committee has been organized that meets once per week and is made up of individuals from each of the JC standard chapters. Those individuals have been assigned with responsibility for compliance of each element from their assigned area of expertise. Items of importance and focus are coming from this committee work. Charlotte Mather and Nancy Hooge have worked to organize teams of internal tracers and mock surveys in order to be on continuous readiness for upcoming surveys. Nancy Hooge is also establishing an educational marketing plan to keep all staff involved and updated in the process. The hospital anticipates surveys from the Joint Commission within the next three (3) months and survey from the Department of Health anytime as well.

In addition, the following building project updates were reported:

- ✓ Welch Cancer Center –Jennifer Pfister reported 80% of phase one of the project has been completed. Cabinetry has arrived and is ready to be installed as well as countertops throughout the building. Installation of flooring will begin on March 19th as well as kitchen hoods, refrigerators, and other appliances. A full functioning kitchen will be located next to the conference room, where the Welch has hired a dietician to focus on patients and designing new and health nutritional programs. With the extra space, chart rounds, support groups, and tumor board will be held at the new building. Currently the crew anticipates April 18th as the move in date.
- ✓ Cath Lab Update – Rob Forister noted the final design of the lab has been approved by all stakeholders. Two labs will serve both specialties of Radiology and Cardiology. Workflows are being discussed with physicians and managers as well as final selections on equipment are being made. The construction process will begin as soon as the State Department of Health gives the approval.

Chris Bilyeu, Radiology manager spoke further on the equipment decisions made. After four site visits to other cath labs, Siemen's company is the chosen vendor. All equipment is state-of-the art, including hemodynamic equipment that will be integrated with the EMR and functional across rooms. Equipment will allow the following procedures to be done: diagnostic and interventional radiology, insertion of pace makers, loop implants, peripheral

vascular bypasses, administer pain management procedures, epidurals, vertebroplasty, kyphoplasty, angioplasty and stent placements. Rooms will be set up so that all procedures can be done in both rooms which will allow the ability to do more procedures with combined rooms. High level functioning equipment allows for higher resolutions pictures for viewing. Any high level procedures will be transferred to cardiovascular surgeons out of the area as needed.

FINANCE COMMITTEE REPORT

Bill Huppert reported that the Finance Committee met and acknowledged that Mr. McCafferty's Master Card and vouchers had been reviewed and were sufficient.

Ed Johlman, Chief Financial Officer, presented the financial review for January 2012. A productive and busy month was reported with the highest inpatient revenue reported. Revenue was just short of nine million. Contractual write-offs were high in January due to the Accounts Receivable (A/R) build-up and an unfavorable revenue mix. Expenses were reported close to budget. Bad debt is up and charity down. In terms of net income Ed anticipates February to be even busier. Group discussed budget comparisons with revenue and how inpatient and outpatient sides compare and how the Big Horn Health Network impacts the numbers as they continue to grow.

FY2012 Capital Substitution of Capital Items -Ed Johlman explained the request to exchange one FY2012 Capital item, coal burning system, in the budget at \$100,000, with two other items. The request has been approved by the Finance Committee in order to gain support of this change. The Surgery department would like to purchase three Conmed Power Systems at a cost of \$72,166 and the Dornach system at a cost of \$13,850. Funding would come from not purchasing the Coal Burning System. The following two replacement items were described in detail to the members:

Conmed Power Systems for Operating Rooms - The purchase of this power equipment is necessary to replace our present equipment which is used daily. The failure of the current power equipment during surgical cases increases surgical time, risk of infection, and causes physician frustration. Ed explained that this equipment request is by the orthopedic doctors to purchase these units now instead of waiting for the next capital cycle. The cost for the three units is \$72,166.

Operating Rooms/Surgery & Anesthesia - This unit is used to contain fluids during surgical procedures. We currently have two machines which service three surgical rooms. This purchase would allow all three rooms to have a unit. The increased volume of surgery cases has created this need. The cost for one unit is \$13,850.

After discussion of all items, a motion was made by Dr. Strahan to approve the recommendation to substitution of these two items with the coal burning system funds. Dixie See seconded. Motion carried.

Capital Dialysis Unit - Dialysis has requested an additional dialysis unit at a cost of \$12,500. They currently have seven units. This purchase would increase the number to eight, seven working with one backup station. The extra unit will allow the nurse to support more patients at a time and decrease some future expenses. The money from this purchase will be reimbursed from the Hospital

Foundation, Bishop Endowment fund. A motion was made by Gene Davis to approve this recommendation from the Finance Committee. Dixie See seconded. Motion carried.

FOUNDATION REPORT

Ada Kirven, Foundation Executive Director, noted the Foundation Board held a strategic planning session to review the future of the Foundation's mission and ensure it is in step with the hospital's strategic plan, mission, and vision. Many opportunities and ideas were shared that will be forwarded for the Board of Trustees review in upcoming meetings. Ada also spoke to the endowment from the Bob Bishop estate to the dialysis unit. Mr. Bishop is remembered by his story of saving all of his cans and donating his coins to the dialysis unit.

BUILDING COMMITTEE REPORT

Dixie See reported that the Building Committee met March 6th. Mr. Forister, Facilities Manager, provided the following report:

Gantt Charts – Charts were available for member review with noted updates. All of these projects are in danger of schedule delays, due to the State Department of Health (the Office of Healthcare Licensure and Survey OHLS). The OHLS supervisor has resigned his position; this leaves only two engineers to work on plan reviews, and construction inspections for the entire State. Rob has contacted many stakeholders involved in this matter for a response. Rob will keep the Building Committee and Board apprised of the process.

ICU- No Change from the last update. This schedule is slipping compared to the baseline. We have moved the Cath. Lab, Pathology, and MOB design and construction to a higher priority, and asked TSP to devote their time to these projects.

MOB- No changes from last update. TSP continues to work with potential stakeholders in the project, to complete a schematic design and plan layout. TSP estimates they will present these designs to Mike McCafferty next week.

Cath. Lab - The equipment has been selected. Currently we are working on completion of the equipment layouts, and should have those documents approved by March 9th. Siemens will then provide the required engineering data to TSP, so that the construction documents can be completed.

Surgery Women's Locker Project Budget – The Surgery Woman's Locker Room project was originally budgeted for \$128,820. The project has incurred some unanticipated expenses. During the remodel additional work was needed because of the hidden building components uncovered during the construction. The Building Committee has recommended to the Board of Trustees to approve additional funding in the project for \$31,269.91. A motion was made by Dixie See to fund the additional expenses to comply with the accounting rules as discussed. Gene Davis seconded. Motion Passed.

OTHER BUSINESS

None

EXECUTIVE SESSION

The meeting moved into closed session at 4:15 for discussion of personnel, real estate matters and legal updates. The meeting then reconvened into public session at 5:22pm.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 5:23 p.m.

Recorder,
Amy Ligocki

Michael Strahan, M.D., Secretary