# BOARD OF TRUSTEES APRIL MEETING MINUTES WEDNESDAY, July 29, 2015 4:00 P.M.

**MEMBERS PRESENT:** Kevin Bailey, David Smith, Gene Davis, Dixie See, Shirley Coulter

and Ron Mischke

**MEMBERS ABSENT:** Gary Miller

Others Present: Mike McCafferty, Dr. Jeremy Zebroski

### **CALL MEETING TO ORDER**

Kevin Bailey, Chairman, called the meeting to order at 4:00 p.m.

## **PUBLIC COMMENTS, INTRODUCTIONS**

Kevin Bailey introduced Dr. Widener, who has joined our internal medicine team at Big Horn Mountain Medicine, our new Board Trustee, Mrs. Shirley Coulter and Dr. Jeremy Zebroski filling in for Dr. Sara Smith, Chief of Staff.

#### APPROVAL OF AGENDA and MINUTES

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

The minutes from the June Board Meeting, held on June 24, 2015 were reviewed. David Smith made a motion to approve the June Board meeting minutes. Dixie See seconded the motion. Motion carried.

## **OLD BUSINESS**

None.

## **QUALITY COMMITTEE REPORT**

There was a lot of information reviewed in the Quality meeting. Juliette Stancil, the Compliance Officer is reviewing policy and procedure manuals. A patient panel is being developed to provide feedback and to guide us to a higher level of quality care and to make the hospital better. Data sets were reviewed, restraint and seclusion policy questions by the Joint Commission were addressed, and questions on medication errors were clarified. Quality will determine how the information is reviewed and utilized from the patient input forums and patient feedback information to guide improvement projects, prioritize work and improve our scores.

The Joint Commission surveyor visited last week to check on the conditional level findings and is satisfied with the corrections, the thoroughness of the information provided and the education set forth to the staff. The hospital has been taken off condition level status at this time. We will submit direct level finding next week and indirect findings a couple of weeks after that.

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### MEDICAL STAFF REPORT

Dr. Zebroski made a recommendation from the Medical Executive Committee for granting Dr. Shaun Gonda, MD Active Staff membership with Diagnostic and Interventional Radiology privileges. Dr. Gonda has joined the Department of Radiology as an employee of Sheridan Memorial Hospital as second Radiologist with Dr. Taylor. After review of credentials in Executive Session, Ron Mischke made the motion to approve the requested membership transfer from Consulting to Active staff of Dr. Shaun Gonda with privileges in Diagnostic and Interventional Radiology. Shirley Coulter seconded the motion. David Smith abstained from vote. Motion carried by majority vote.

A second recommendation was made from the Medical Executive Committee to grant Dr. Kristopher Schamber, MD Active Staff membership with Internal Medicine privileges. Dr. Schamber will join the Big Horn Mountain Medicine practice September 1<sup>st</sup>, 2015. After review of credentials in Executive Session, David Smith made the motion to approve the requested Active staff membership and Internal Medicine privileges of Dr. Kristopher Schamber. Gene Davis seconded the motion. Ron Mischke has abstained from voting. Motion carried by majority vote.

### **ADMINISTRATION REPORT**

Joint Commission Update ~ The Joint Commission (TJC) is an accrediting body that comes to our facility every 3 years at our invitation. TJC verifies processes are in place, our systems are sustainable, and that we are compliant with national standards set forth by TJC. There are three levels of findings ~ a condition level finding (is a top priority to remedy), a direct finding and an indirect finding. Leadership validates and audits our processes and standards of compliance to make sure that they are consistent and are of second nature to the staff throughout the organization. For the condition level findings, we provide evidence of compliance to TJC. There is a level of staff engagement in standards of compliance within the hospital as we continue to improve our processes and continue to learn from the audit process.

ICU Project Discussion – the Board can anticipate a formal request and recommendation next month to move forward with the ICU project. We anticipate an amount of \$6.5 million dollars for this project. TSP to complete to construction documents by Aug 14<sup>th</sup>. O'Dell Construction is the contractor chosen to do the work on the project as the construction manager at risk and will provide a guaranteed maximum price (price not to exceed that amount). Construction docs are 80% complete at this time and will be 100% complete by August 14<sup>th</sup>. The Building Committee will have a guaranteed maximum price by the next board meeting, which will include construction cost and owner supplied equipment costs. There is an anticipated \$1M in owner supplied costs and \$5M in estimated construction costs. GMP will come within those parameters. The average number of ICU patients per day has increased from 2.5 patients per day to 6.5 patients per day. The employees have contributed \$200K over the years for this project.

MOB Project Discussion - in order to grow and support the physician practices, they need to be in one location, on campus, and physicians working closely together for a good model for healthcare delivery. The medical office building project is still in the schematic design. A traditional model

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design will be used for this project in which it will go out for bid. We are currently working with all potential tenants to make sure needs are being met with space requirements. The building will be 50K square feet (the current medical arts building is 32.5K square feet). The design is for a 2 story building, but we could go with a 3 story design, depending on space needs. There are challenges in coordination with the ICU project, staging of contactors, and parking needs to make sure the flow and customer access is not impeded. We are looking at a cost of \$20M dollars. The funding of the project is good moving forward by utilizing capital reserves and incurring some debt. Estimated start date would be in the spring of 2016. We currently do not have any debt right now so we have debt capacity; we will not go to the community for help in the funding of a new MOB. For the ICU project, we will look for philanthropy within our community to help pay for the ICU.

Medical Staff Leadership and Board Training – A speaker with the Greeley Company will be coming to Sheridan to provide leadership training to the medical community on November 21<sup>st</sup>. This will be one day training and the Board of Trustees is invited to attend as well.

Scope of Services (Action) ~ this is a requirement of TJC. This outlines the services offered to the community in each department. Needs to be reviewed annually and approved by the Board. David Smith made the motion to approve the Scope of Services. Ron Mischke seconded the motion. Motion carried.

### **FINANCE COMMITTEE REPORT**

Financial Statements – Total gross revenues went up 11% last year. We still have bad debt and charity care and large overhead. June was very busy in patient volume; larger revenue and larger expenses in supplies. Budget various in professional fees and supply costs. The hospital had a good year overall. The audit is scheduled for Sept 14<sup>th</sup> – 18<sup>th</sup> and we can anticipate the audited financials at the Oct 28<sup>th</sup> board meeting.

Board Resolution – The resolution that is being asked for consideration is for temporary use of reserves to support anticipated ICD-10 cash flow slowdown. The new ICD-10 has considerably more diagnostic codes, which will slow down our reimbursements. This resolution allows us to use our cash flow as needed because of delay in payments; this is an internal loan and was restricted on how it can be used and how it is to be repaid. Ron Mischke made a motion to approve the resolution. Dixie See seconded the motion. Motion carried.

## **FOUNDATION REPORT –**

The Foundation's annual meeting was held on Tuesday, July 28<sup>th</sup>. There has been 70 Foundation Board Directors since the Foundation started. We can be proud of the good work that has been done this past year. There was \$718K which flowed through to the hospital last year and many programs have received funding from the Foundation. The Foundation is looking forward to the next year and will give funding from their investment income to the ICU project, which is very important to the community. Ada states that the Foundation is looking forward to working with donors as well. The new Foundation President is Dave Nicolarsen. Dr. Walt Gould is going off the Foundation Board after serving 6 years and Shirley Coulter has been appointed to the Hospital's Board of Trustees, so will go off the Foundation's Board as well. New Foundation Board members are Joe Wright, the CEO of Kennon Products and Tina Rohrbaugh, a community member who is a

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retired banker from Las Vegas. Kristi Von Krosigk came on the board about 4 months ago. The Foundation's golf tournament will be help on September 11<sup>th</sup>.

### **BUILDING COMMITTEE REPORT**

The Building Committee discussed the ICU and MOB in their meeting. There is nothing to present to the Board at this time. There will be a new generator for WCC and the façade repair is scheduled in August.

### **OTHER BUSINESS**

Officer Nominations (Action) – this is the start of a new fiscal year for the Board. The Board Nominating Committee recommends the slate of officers for 2015-2016 as Kevin Bailey as Chairman, Ron Mischke as Vice Chairman, Gene Davis as Treasurer and David Smith as Secretary. David Smith made the motion to accept the slate of officers presented. Dixie See seconded the motion. Motion carried.

Committee Assignments (Information) – The new assignments have been outlined and presented for review. The assignments were based on new board members combined with the existing member's experience. The committee assignments will stand as outlined.

## **EXECUTIVE SESSION**

With no further business, the meeting moved into closed session at 4:55 pm for discussion of personnel. The meeting then reconvened into public session at 5:09 pm. Please see above Medical Staff report for privileging actions.

## **ADJOURNMENT**

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

Recorder, Patty Forister

David Smith, Secretary