

**BOARD OF TRUSTEES
DECEMBER MEETING MINUTES
Wednesday, January 8, 2014 3:00 P.M.**

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

MEMBERS ABSENT: Dr. Strahan

Others Present: Mike McCafferty and Dr. Sara Smith

CALL MEETING TO ORDER

Mr. Ron Mischke, Chairman called the meeting to order at 3:05 p.m.

PUBLIC COMMENTS, INTRODUCTIONS ~

APPROVAL OF AGENDA and MINUTES

The agenda for the December Board of Trustees Meeting was available for review. Request to move Medical Staff item VII – Bylaws, Rules & Regulations (ACTION) to the top of the agenda was made. Mr. McCafferty requested that the agenda be amended to reflect that under Section VIII, under Service Line Updates, Cardiology and Urgent Care be subsets under the Service Line Updates. Motion was made by Mr. Gene Davis to approve the **amended** December Board agenda. Mr. Kevin Bailey seconded the motion. Motion carried.

The minutes from the November Board Meeting, held on December 4, 2013 were reviewed. The minutes of the November Board meeting held on December 4, 2013 should be amended per Mr. Gene Davis, Board of Trustee member. On page 4, 2nd paragraph, the minutes state that Mr. Davis commented that we are spending \$41,000 a month in supplies. This is incorrect; let the minutes reflect that as of the 5 months YTD November, we are spending \$951,000 per month on average and the minutes should read almost a million dollars (\$1,000,000) per month is being spent on supplies. A motion was made by Mr. David Smith to approve the **amended** November Board meeting minutes. Mr. Gene Davis seconded the motion. Motion carried.

OLD BUSINESS

No old business to discuss.

QUALITY COMMITTEE REPORT

Dr. Addlesperger is working on safety event reporting processes. Dr. Addlesperger handed out recent data to the board. Dr. Addlesperger is trying to get an online format of this information, for rapid reporting and compliance issues. He is excited to roll this out to staff for follow up and feedback. The safety event data from October 2013 has been cleaned up and is easier to read. There are no concerns noted.

The December numbers look good for infection prevention; there were no hospital acquired infections in the month of December. Dr. Addlesperger gave credit to Bette Peitersen in Infection Control and the nursing staff and physicians for all of their efforts. Control charts and run charts were provided for review; Dr. Addlesperger will continue with this charting so we will be able to see when changes the hospital initiate make a difference.

Dr. Addlesperger also provided a “value based purchasing dashboard” for review. This graphing function has data for the last year, which indicates that we are not where we want to be but we can see where we are going. This is due in part to the senior leaders who have made this a priority, holding employees accountable and having processes in place that are Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) oriented. In looking at the data we are doing “ok” but we still need to get our scores up. The benchmark numbers showing on the chart represent 10% of the hospitals in the country. Sheridan Memorial Hospital is close to some of the benchmarks but we are not consistent. We will need to continue to work on improving.

There is teamwork training in progress. Dr. Addlesperger and staff will develop more patient safety measures that we can tie into training and that should improve HCAHPS scores and the culture of patient safety. We will continue to work on communication as well. We have some good data around teamwork improvement tied to surgery and the emergency department for staff and surgeon satisfaction. Dr. Addlesperger is excited to roll it out to the staff and feels that it will bring forth positive measures.

Mrs. Charlotte Mather reports that they we are teaming and networking with a federal agency on patient harm and infections. The off branch of the federal agency is known as HENS (Hospital Engagement Network), in which we can utilize resources to improve our practices. We share data with this agency and they tell us where we can improve and will work with us to implement those improvements, which is a more organized way to use resources.

Dr. Addlesperger, Mrs. Mather, and selected staff attended an Institute for Healthcare Improvement (IHI) training in Florida. This training was on process improvements and shared information on improving care. About 6,000 people attended this workshop, including CEO’s, CNO’s, CMO’s, and Board members. This institute has worked with Great Britain to improve their hospital systems. They provide on hand information and push improvements throughout hospital organizations. The team that attended came back with a “toolkit” of things to put to work right away. Mrs. Mather stated that it was exciting to see some of the nursing staff who attended encounter those “light bulb” moments when something clicked within them on what was presented. Mrs. Mather was thrilled to see the staff was engaged and excited; Dr. Addlesperger states that it was well worth attending.

Dr. Addlesperger will begin some teamwork training, starting with OR first and then leaders from other areas. We will look at “training the trainers” to keep the message consistent and touch all employees. Concepts will be reviewed every quarter with ongoing performance evaluations.

MEDICAL STAFF REPORT

Legal counsel has worked with the Medical Staff Bylaws Committee to review and amend the Medical Staff Bylaws, Rules & Regulations. They have been approved and recommended by the Medical Executive Committee and the Medical Staff. Mr. McCafferty recognized and thanked Dr. Wohl for leading the effort and recognized the amount of work and effort that went into getting the Bylaws changed for the better. This was a huge task, but was accomplished due to Dr. Wohl's diligence, leadership and attention to details. The Board of Trustees thanked Dr. Wohl for all of his efforts. Dr. Wohl stated that there is a huge improvement to the Bylaws and that they should meet everyone's needs. The updated Medical Staff Bylaws were available for review by the Board of Trustees in order to take action. Motion was made by Mr. David Smith to approve the modified Bylaws. Ms. Dixie See seconded the motion. Motion carried. Also the Medical Staff Rules and Regulations were available for review by the Board of Trustees in order to take action. Motion was made by Ms. Dixie See to approve the Rules and Regulations as modified. Mr. Gene Davis seconded the motion. Motion carried. The Board of Trustees thanked Mrs. Amy Ligocki for all of her efforts as well in assisting Dr. Wohl.

In addition, Dr. Smith presented request for membership and clinical privileges of the following provider credentials file recommended by the Medical Executive Committee for Board approval. Credentials files were discussed first in executive session before reconvening into public session for action.

Ms. Dee Schmidt's is requesting mental health professional clinical privileges in the Department of Medicine, Emergency and Pediatrics at Sheridan Memorial Hospital, specializing as a Licensed Professional Counselor from Life Strategy Center in Sheridan, WY. Mrs. Smidt will be providing consultation to Sheridan Memorial Hospital's inpatients of all ages by providing client-centered advocacy, behavior health evaluations, and assistance with discharge planning as requested by her patients. After review of credentials file in executive session, Mr. Gary Miller made a motion to approve Ms. Dee Schmidt. Mr. Kevin Bailey seconded the motion. Motion carried.

EMR REPORT

Mr. Nyle Morgan had no report on the EMR at this time.

ADMINISTRATION REPORT

Mr. McCafferty stated that the hospital has been going thru strategic planning and operational process over the last four (4) months, working on creating a culture of kindness and improving the overall patient experience. Sheridan Memorial Hospital is working with Ms. Laura Lehan on training managers and front line staff. Sheridan Memorial Hospital management provided the language that we use and she has tailored the training specifically to the hospital. This is the culture that we want to see throughout the organization to meet our service standards and how we can improve our HCAHPS scores. Again this will be channeled throughout the organization to improve the total patient experience. We will have on-going work in this regard, all tying to quality.

Mr. Nyle Morgan reported that is has now been almost one (1) year since the Cardiac Catheterization Lab opened. Initially the goal was for the lab to do one hundred (100) procedures the first year, two hundred (200) the second year with seeing a continuous increase in procedures until fully established. To date the Cath Lab has done three hundred and ninety six (396) procedures thus far. That is almost four (4) times more than expected! All indications suggest that the Cath Lab will continue to grow and has not reached a plateau. The Marketing Department has done a “word of mouth” campaign for Cardiology and the Cath Lab that seems to have made a difference. Additionally, as more patients have good experiences in the Cath Lab, they are passing the word onto others. Mr. Mischke attributes the success to the staff and to the quality of the program. Dr. Addlesperger stated Sheridan Memorial Hospital is way below the national average of ninety (90) minutes for stemi time or door to balloon which is the time it takes for the patient to get from the emergency department into the Cath Lab and for the intervention of balloon to occur. SMH time is currently at sixty (60) minutes from door to balloon. Mrs. Sharon Krueger recognized the great crew that is in place as well, plus the great utilization of space. Mrs. Krueger states that the cardiology clinic is seeing anywhere from thirty (30) to fifty (50) new patients. The facility was made possible in part due to the Hussman Family Trust, with their lead gift in financing the Cath Lab. Mrs. Ada Kirven, the Executive Director of the Foundation stated that a lot of lives have been impacted by this gracious gift. Most of the patients are Sheridan County residents, but some are from Johnson County as well.

Dr. Addlesperger reports that he has some current data on Urgent Care that has been provided by Mrs. Kelly Lieb, PA who heads up the program. January numbers are up substantially, well ahead of the last two months. The Urgent Care saw a lot of patients from out of town over the holidays. Mrs. Lieb is sending out patient satisfaction surveys and has received good feedback. The relationship between Urgent Care and the Emergency Department is going well. Urgent Care has not been able to establish a pattern for weekend patients as it has been very random over the last two months. They will modify the hours and days open once a pattern can be established and the number of patients seen is increased. The Emergency Department is happy with the Urgent Care as it has alleviated some of the non-emergent cases coming to the Emergency Department. Many patients would not have gone to the Emergency Department if there was no Urgent Care due to the cost associated with an emergency room visit. There is a huge advantage to having the Urgent Care right next to the Emergency Department.

FINANCE COMMITTEE REPORT

Mr. Gene Davis reported that the hospital’s finances are good. We currently show 8.7M for the month in revenue, with Six hundred seventy one thousand (\$671,000) in Charitable Gifts and one million two hundred thousand dollars (\$1.2 M) from the Federal Government as reimbursement for putting in the Electronic Medical Record (EMR) system. Sheridan Memorial Hospital payroll is currently around three million dollars (\$3,000,000) a month. Mr. Davis asked that Mrs. Susan Novak update the Board on the new Kronos payroll system that is being implemented.

Mrs. Novak spoke of the upgraded payroll and time system that the hospital is implementing. The process started in July of 2013 and will be implemented in January of 2014. The difficulty is getting all departments up and running at the same time. The plan is to go live on January 19, 2014. They

will run Kronos and Keen (the current payroll system) parallel for two weeks to make sure it is running correctly, before using Kronos only. The Keen system is a twenty (20) year old product and has outlived its life. The Kronos system will expand and contract as needed and will take the hospital into the future. Payroll is a huge expense for the hospital. One of the benefits to the Kronos system is an employee portal in which employees can view their paystub online, change demographics, access on weekends and evenings. Mrs. Novak stated that this is exciting for our employees and a great savings to the hospital, as we will no longer print paystubs since it can be viewed online. The Kronos system offers tools to manage resources and produce reports as employees check in and out. Mrs. Novak thanked the Board for approving the purchase and implementation of this system.

Mr. Ed Johlman, CFO, stated that November, 2013 was a disappointing month financially, as there were big contractals. There were substantial accounts receivable, but the bottom line was disappointing and November was a short month business-wise, with only nineteen (19) business days and physician time off. Mr. Johlman stated that when payment is received by the hospital 60 days or longer from the date of service, we try to retain the right level of funds in reserve. We processed eleven million one hundred thousand dollars (\$11.1M) in charges in November 2013. The hospital typically average eight million dollars (\$8M) to nine million dollars (\$9M). November saw a high volume of charges and cash was collected, which will bode well for the hospital into the future. Mr. Gary Miller stated that the hospital's income is up two million five hundred thousand dollars (\$2.5M), yet our expenses are barely up. This is a great trend for the hospital and is very encouraging. Mr. Bailey stated that money that the Foundation receives is typically already earmarked for specific projects, at the donor's request.

FOUNDATION COMMITTEE REPORT

Mrs. Ada Kirven, Sheridan Memorial Hospital Executive Director, reported that she is thankful to the community and the people who help the hospital achieve our goals. 2013 was a good year for the Foundation. The employee partners voted at the Employee Partner Breakfast that their contributions of twenty five thousand dollars (\$25,000) to go towards the Intensive Care Unit (ICU) expansion project. To date, approximately two hundred thousand dollars (\$200,000) has been collected to be put towards this project. Mrs. Kirven reported that there may be more gifts coming in as well. For example, Mrs. Kirven was contacted by an individual in Loveland, CO whose sister passed away here and would like memorial gifts to go to the Foundation.

Mrs. Kirven stated that the Foundation Board Members had an artistic painting party in December at Bubbles and Brushes. A good time was had by all. Mr. Kevin Bailey thanked Mrs. Kirven for all of her work. Mr. Gary Miller stated that Sheridan Memorial Hospital treats people well and as a result, the Foundation benefits.

BUILDING COMMITTEE REPORT

Mr. James Rader has collected costs associated with the Intensive Care Unit (ICU) expansion project; cost of equipment for eleven (11) rooms is approximately five hundred thousand dollars (\$500,000), construction cost of four million dollars (\$4,000,000) and he is still waiting on costs associated with furnishings. The timeline of starting will depend on the financing of the project.

Mr. Rader hopes that by next Board of Trustees meeting he will have a proposal to present. At this time, everything is still in the design phase.

The emergency power upgrade is in the design phase as well with ACE Engineering working on a feasibility plan. Mr. Rader will let the Board know when that is finished.

The re-roofing project is stalled for the time being due to our inclement weather. Bighorn Roofing is the contractor out of Cody, WY and will be doing the work. The equipment and materials are ready to go; the contractor is just waiting on the weather to improve. They are currently on schedule as they have until the end of March to finish the project.

The fire alarm system is being upgraded. The system was installed on the 7th of January 2014 and the contractor will be at the hospital through the week making sure everything is in working order.

OTHER BUSINESS

There was no other business discussed at this time.

EXECUTIVE SESSION

With no further business, the meeting moved into closed session at 4:00 p.m. for discussion of personnel and real estate matters. Medical staff privileges were discussed. Please see the Medical Staff report for action taken. The meeting then reconvened into public session at 4:25 p.m.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 4:26 p.m.

Recorder, Patty Forister

Michael Strahan, M.D., Secretary