

**BOARD OF TRUSTEES
APRIL MEETING MINUTES
WEDNESDAY, May 27, 2015 3:00 P.M.**

MEMBERS PRESENT: David Smith, Ron Mischke, Gene Davis, Dixie See, Gary Miller via phone and Dr. Strahan

MEMBERS ABSENT: Kevin Bailey

Others Present: Mike McCafferty, Dr. Sara Smith

CALL MEETING TO ORDER

Ron Mischke filling in for 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 May Board of Trustees Meeting was available for review. David Smith made the motion to approve the May Board agenda. Gene Davis seconded the motion. Motion carried.

The minutes from the April Board Meeting, held on April 29, 2015 were reviewed. Dixie See made a motion to approve the April Board meeting minutes. Gene Davis seconded the motion. Motion carried.

OLD BUSINESS

None.

QUALITY COMMITTEE REPORT

Dr. Addlesperger reports that the committee approved restatement of current policies in the Joint Commission format. The committee also reviewed safety events; RL Solutions is up and running and there has been an increase in reporting showing great catches (events that are caught before it reaches the patient). There is a downward trend in employee injuries; some blood borne exposures; and falls are in a downward trend. There is an on-going hand hygiene project, in which a Joint Commission template is being followed. The initial focus is in the Emergency Department put will go hospital wide with baseline data being received. The group is also reviewing readmissions and how CMS monitors those.

The committee is also looking at Title 25 in context to the readmissions. This appears to be the number one reason for readmissions and needs attention. The group will continue to look at the data while the Title 25 issue is reviewed.

There is a new position on the floor called the clinical nurse liaison. This nurse rounds on the patient to assure that they understand their care and will get with the physician for any questions or

concerns. This nurse will also do follow up phone calls to the patient upon discharge. The nurse will also assure that the patient has someone to care for them and who also understands the information of the care required.

MEDICAL STAFF REPORT

Sr. Sara Smith invited everyone to the next Quarterly Medical Staff meeting on June 9th at 6:00 pm.

Dr. Smith also reported that the Medical Executive Committee met and directly amended (per Bylaws process set forth in Article XX Section 1) the Rules & Regulations to clarify Article VI. #2a (i) #3 adding “and phlebotomists” to the examples of staff authorized to take verbal and telephone orders.

The Board reviewed and discussed the files of Douglas Christensen, MD, Jane Nydam, MD, Samuel Brescia, MD, Michael Pettersen, MD and David Miller, MD to provide Tele-echocardiography and Tele-electrocardiology interpretation of event monitors and holters in Executive Session.

The Board also reviewed and discussed the privileging of Donald Nicell, MD and Thomas Stoehr, MD to be added to the list of Virtual Radiologic Radiologist who conducts interpretation of radiographs, interpretation of CT's, Interpretation of Ultrasounds, Nuclear Medline and MRI in Executive Session.

After review of credentials in Executive Session, David Smith made the motion to approve the requested teleradiology privileges to Donald Nicell, MD. Gene Davis seconded the motion. Motion carried.

After review of credentials in Executive Session, Dr. Strahan made the motion to approve the requested teleradiology privileges to Thomas Stoehr, MD. Dixie See seconded the motion. Motion carried.

After review of credentials in Executive Session, Gene Davis made the motion to approve the requested consulting staff membership and telemedicine privileges to Michael Pettersen, MD. Dr. Strahan seconded the motion. Motion carried.

After review of credentials in Executive Session, David Smith made the motion to approve the requested consulting staff membership and telemedicine privileges to Samuel Brescia, MD. Gene Davis seconded the motion. Motion carried.

After review of credentials in Executive Session, Dr. Strahan made the motion to approve the requested consulting staff membership and telemedicine privileges to Jane Nydam, MD. Dixie See seconded the motion. Motion carried.

After review of credentials in Executive Session, Dixie See made the motion to approve the requested consulting staff membership and telemedicine privileges to David Miller, MD. David Smith seconded the motion. Motion carried.

After review of credentials in Executive Session, Dixie See made the motion to approve the requested consulting staff membership and telemedicine privileges to Douglas Christensen, MD. David Smith seconded the motion. Motion carried.

ADMINISTRATION REPORT

Mike acknowledged that Frontier Asset Management, the company that provides us with our mutual fund models under the Paragon platform, has been named Strategist of the Year by Investment Advisor Magazine. Gary Miller, one of our board members is the Principal of Frontier Asset Management.

Mike also took a moment to introduced Tammy Satterthwaite as the Practice Manager for Big Horn Mountain Medicine (BHMM) and the Hospitalist program. Tammy was the Practice Manager in Cody with the Billings Clinic.

WHA Meeting – David Smith and Mike both attended the CEO/Trustee meeting in Riverton. Legislative activity updates were given and a group was brought in to talk about the future with physician alignment. Twenty, out of the State's twenty seven hospitals were represented.

Budget Process – There are work sessions scheduled in June with the Board. We had a pretty severe deficit at the start and the team is actively working on the budget and has succeeded in our FTE issue and in looking for other saving measures. We have had very low rate increases over the years and we will try to manage our expenses before we look at raising our rates.

Joint Commission Update – We expect the Joint Commission to show up any day as their due date is by June 15th for completion of their survey. Mackenzie Mudd states that the whole day of survey has been planned with locations and key players ready. Leadership will be visiting departments with specific questions to make sure employees are ready. Mackenzie was able to round with the Joint Commission surveyors when they visited Wyoming Medical Center in Casper. The facilities supervisor was able to round with the Life Safety Engineer and was able to gather information. Both found it to be very beneficial. Rob Forister states that we are better prepared for the Joint Commission visit this year than any other year they have come.

The Joint Commission sets standards for patient care across the board and helps make sure we maintain those standards.

Strategic Planning – Mike will be coming to the board with information that has been gathered over the past year to do some future planning for growth of the organization, which will impact our operations.

Cerner Optimization – Nyle Morgan reports that optimization continues to the ambulatory side and hospital side. Cerner will focus on the hardware issues, domains and response time over the next two weeks. The hospital piece is behind the ambulatory piece; due in part that it was started after the ambulatory piece and the hospital side is much larger in scope.

ICD-10 is another piece that needs to be done, but is separate from the Cerner optimization.

Dr. Addlesperger attended a course on ICD-10 last week. The clinical document improvement integrity is paramount to our reimbursements. The physician orders and documentation will need work as the clinical language and the coding language need to be brought together. CMS focuses on DRG group for reimbursement. We need to make sure we are coding things appropriately to indicate just how sick our patients are. This is a well thought out program and we will need to work with our coders, physicians and billers to work out all the specifics for optimal reimbursement.

Dialysis Update – Mike has nothing to report on dialysis at this time.

FINANCE COMMITTEE REPORT

Financial Statements – Alan Dow, interim CFO reports there is a significant improvement in our financials from April. This is the first month to show a positive operating income just from operations without anything else. YTD we are still at a \$1M loss. The ICU has been busy, as well as surgery, scopes and radiation oncology. We are still over budget in salaries and account receivables were up. The unbillables were up, but this is due in part to the dual coding that the billers are doing, which slows down the process.

Medicare Supplemental Payment Update ~ Alan found out in December 2014 that we were eligible to file for a supplemental payment claim for low volume adjustment for rural hospitals for FY2012. We have been notified that our application has been approved and that we will be receiving \$760K, with a potential of an additional \$190K. Alan states that the \$760K will not be reflected until we actually get the payment.

FOUNDATION REPORT

Ada Kirven and Mike McCafferty have been making some community presentations on the ICU project. Ada will report back to the board as they follow up with groups and individuals. It was five years ago that the Welch Cancer Center fundraising began. We are coming up to the end of the five year pledge collection. Ada distributed pledges of \$200K to the hospital and \$600K in pledges remain. Ada is working with a group in Sheridan who want to create a community that is dementia friendly. They will be looking to follow up with patients who have been discharged from our facility.

BUILDING COMMITTEE REPORT

There is no action to be brought before the board at this time.

Rob Forister reports that the ICU is moving forward; the stakeholders approved the schematic design and it will now go to design document phase. The construction documents are being worked on.

The medical office building (MOB) is on schedule. Lynn Custis will be the project manager for the Construction project. Rob will handle the ICU project but both will work together as needed.

OTHER BUSINESS

None

EXECUTIVE SESSION

With no further business, the meeting moved into closed session at 3:43 pm for discussion of personnel issues. The meeting then reconvened into public session at 3:57 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 4:02 pm.

Recorder, Patty Forister

David Smith, Secretary