

Dr. Strahan shared that the Quality Council has discussed the future of the Committee to focus on more relevant department projects. All data is necessary for review, but the Committee will be taking a few steps back to ensure consistency and efficiency in their overall goals.

MEDICAL STAFF REPORT

The Medical Staff report was provided by Chief of Staff, Dr. Addlesperger. The Medical Executive Committee did not meet in March due to the Quarterly Medical Staff meeting. Ron Mischke commented he appreciated the invitation and was welcomed at the Quarterly Medical Staff meeting. Mr. Mischke also reiterated his appreciation of the Medical Staff to invite a non-voting Board member to the Credentials Committee meetings. The Board plans to appoint a consistent member to be the liaison in upcoming meetings.

Recommended revisions to the Medical Staff Rules and Regulations has come before the Board as requested by the Medical Executive Committee and recommended by the Medical Staff at its quarterly medical staff meeting held on March 13, 2012. Dr. Addlesperger explained the revision was suggested in order to clarify the responsibilities of physicians to consult one another in matters of urgent or emergent patient care situations. The following noted revisions, from the Medical Records section of the Rules and Regulations, have been recommended:

MS Rules and Regulations -Medical Records

“Consultations shall show evidence of review of the patient's record, pertinent findings on examination, the consultant's opinion and recommendation. The report shall be made part of the patient's record. ~~Consultations felt to be emergent shall be initiated by the requesting physician and the timeliness of the consultation discussed.~~ Urgent or emergent consultations shall be initiated by the requesting physician by personally contacting the consultant.”

Dr. Addlesperger explained it is the physician's responsibility to distinguish what is “urgent or emergent” and to consult one-on-one with the physician appropriately. A motion was made by Kevin Bailey to approve the noted recommendations. Gene Davis seconded the motion. Motion carried.

ELECTRONIC MEDICAL RECORD (EMR)

Nyle Morgan, Chief Information Officer, provided an update on the Cerner EMR progress. Complete system testing is what the EMR team is focusing on at this time. Integration testing is taking place, which is the process of following a patient through admission to discharge, capturing all elements of recording within the medical record, billing, etc. These scripts cover the full scope of integration testing and are conducted twice in order to identify any issues, repair them, and test again to ensure efficiency.

The SMH Cerner team will take their last trip to Kansas City the week of April 9, 2012 where maintenance training will occur. Appropriate members will be trained to conduct builds and use the tools that Cerner is familiar with to fix and ensure proper maintenance to the system after implementation. Charlotte Mather, CNO, plans to attend this site visit to get a good feel on the nursing end.

Bridget Gerleman, IT Manager, is focusing on checking in with the staff to ensure all are functioning on the same page and understanding their duties.

ADMINISTRATION REPORT

2012 Safety and Security Officer - The Hospital Board of Trustees must annually appoint a Safety and Security Officer to carry out the following duties: ensure the hospital is in compliance with current JCAHO, NFPA and OSHA standards and provisions for patient/employee safety and security; manage the departmental safety liaisons; coordinate activities with the infection control coordinator; provide the Safety Committee and Governing Board with periodic reports and findings; ensure that relevant activities are routed through the hospital's Risk Manager and guarantee that all potential issues of liability are reported and properly addressed with the Hospital's insurance carrier (s). Additionally, the Safety Officer has the authority to take corrective action as necessary in situations that pose an immediate threat to life, health, and/or property. The Safety Officer will immediately contact the Administrator or his/her designee to explain the situation. If the condition in any way affects the direct care of the patients, the attending physician(s) will be made aware of the situation.

Mr. McCafferty recognized Rob Forister as the current Facilities, Environment of Care, and Safety Officer of Sheridan Memorial Hospital. Mr. McCafferty then recommended the Board to designate Mr. Forister as the 2012 Safety and Security Officer. Kevin Bailey motioned to approve the recommendation. With no further discussion, Bill Huppert seconded the motion. Motion carried.

Rob Forister accepted this appointment and will have this delegation of authority as the facility's Safety and Security Officer for the period of January 31, 2012 to January 31, 2013.

2012 Environment of Care plans - Members were given completed annual evaluation of the 2012 Environment of Care plans for review: Safety Management; Medical Equipment Management; Security Management; Life/Fire Safety Management; Utilities Systems Management; Hazardous Materials and Waste Management and Emergency Management.

Mike McCafferty explained that each evaluation is conducted in order to assess how the program is functioning and determine its goals and improvements as needed. Each plan outlines its individual program scope, performance of program, and effectiveness of program/recommendations for improvement and has been reviewed and recommended by the Safety and Environment of Care Committees for approval by the Board for the year 2012. Rob Forister noted no substantial changes to the plans have been made from the previous year's evaluation. Gary Miller motioned to approve the seven program evaluations as presented. Bill Huppert seconded the motion. Motion carried.

Laryngeal Mask Airway (LMA) discussion— Mr. McCafferty introduced the discussion by showing a display of a LMA and explaining its use. A LMA is used as an artificial airway device for patients who are under anesthesia during a surgical procedure. It never enters a sterile field and is only placed within the mouth and throat only. Mr. McCafferty continued to explain the process by which the hospital cleans these devices after use. Hospital policy and manufacturers recommend a process of autoclaving or high pressured steamed sterilization be conducted to clean the device. Between June 2011 and November 2011 the cleaning process was changed without notice to the department

leaders. Cleaning was still being completed, but not up to the manufacturers or policy of sterile reprocessing standards. This discrepancy was discovered by the State Department of Health on their visit during a survey on November 8, 2011, where an “immediate jeopardy (IJ)” situation was called by the State. The Hospital immediately fixed the cleaning process back to the autoclaving cleaning process as recommended.

The week of March 19, 2012 the Wyoming Department of Health returned to the hospital for a full Federal and State survey. When surveying in the Surgical Services department, surveyors found that the reusable LMA’s had created micro fracturing or crazing to occur after being processed through the autoclaving sterilization process. This was subject to an “immediate jeopardy” situation as identified by the State as a patient safety issue, not an infection control concern. The Hospital again followed State recommendations and immediately fixed the issue by removing all reusable LMA’s from the hospital service and materials department and supplying the hospital with single-use LMA’s; thereafter abating the IJ situation. Mr. McCafferty explained that reusable LMA’s were the chosen device due to the cost savings of about \$60 per device. Every device is documented and tracked within surgical services and consistently monitored for any safety of infection control risks to the patients.

Mr. McCafferty has made many connections with the local media in order to educate and communicate the facts about the situation and the proactive measures that the Hospital is taking to ensure patient safety. Press releases will continue to be sent via the Hospital Marketing department as the need arises. An outside consultant will be conducting a root cause analysis of the situation to ensure the proper actions were taken and to identify improvements as necessary for future compliance and safety measures.

After speaking with the State Department of Health epidemiologist and reaching out to the Center for Disease Control and Prevention (CDC), it has been determined that there is a very low risk of infection to patients due to the different cleaning methods used on the LMAs. In taking extreme precaution, the Hospital will be notifying all 1140 patients who had a procedure in surgical services between June and November of 2011. 307 of those patients had an LMA used in their procedure; 833 did not. For those 307 patients who had an LMA used, the hospital will give the patient the option to receive a free blood screening, by a third party lab, in order to determine if they test positive for Hepatitis B, Hepatitis C, or HIV.

A fact sheet on LMA’s will also be provided to all patients as well as the option of the blood test results to be sent to Sheridan Memorial Hospital for review or their own private primary care provider. All local physicians will receive a letter notifying them that they may be receiving their patients’ results for interpretation. Drs. Sharp and Hunter have agreed to be available for follow-up consults with any concerned patients and/or those who come back with positive results.

Mr. McCafferty shared the data he has obtained from the State Department of Health epidemiologist and CDC relating to the percentages of people in Wyoming who have Hepatitis B (.39% extrapolated by national %), Hepatitis C (1.13% extrapolated by national %), and HIV (.0069%) in Wyoming. In attempting to find quantifiable data on the risk of infection for this particular instance, the State and CDC are unable to provide any clear quantifiable data and only able to specify the risk is “extremely low”.

Mr. McCafferty explained that there could be a low number of results that come back positive due to those who are not aware of pre-existing infections before their SMH procedures. Each situation

will be handled as it arises and dealt with appropriately. Per Board inquiry, Mr. McCafferty confirmed that the Hospital's insurance carrier has been notified appropriately for any potential claims occurrences. Also, Mr. McCafferty noted that personnel responsible for infection control and safety monitoring have been heavily involved in the situation.

Comments from Dr. Brad Hanebrink noted that the Anesthesiologists support the Hospital and how they are handling the matter. Dr. Hanebrink shared his belief that there is a very low risk for infection, but it is good to be as transparent and open to the public about the situation as possible. Mr. McCafferty concluded by stating that other than the focus within the Surgical Services department, the State has requested improvement measures be conducted within the areas of quality assurance performance improvement and governance. The Hospital uses any conditions/deficiencies that were found as improvement opportunities. The Hospital will submit a plan of correction that will be reviewed by the State and Regional offices. The State will then return within 45 days of the survey to assess the developments based on the LMA condition and other performance improvements recommended. In the meantime, the Hospital stays in continued readiness for The Joint Commission to come for its three-year survey by June 2012.

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 February 2012. Strong patient activity in both inpatient and outpatient produced the largest revenue month in SMH's history. Consolidated expenses were \$1.1M over budget. Those consolidated record high revenues also produced record high expenses. Our continued growth continues to impact the expenses negatively. In the BHHN practices, the patient volumes have not yet fully developed. Members discussed salaries, supplies, and bad debt from the consolidated financials. Mr. Johlman further explained that the revenues will be impacted by how well we are able to keep expenses in check. Mr. Johlman expects the consolidated expenses to end near budget at fiscal year-end.

Capital Equipment-Chris Bilyeu, Radiology Manager, presented the request to purchase a replacement GE Healthcare Prodigy Pro DXA Scanner (refurbished) for a cost of \$26,000 plus engineer training of \$5,000 – total request of \$31,000. This is a non-budgeted item as the present machine is 12 years old and is non-functioning. The cost to repair/upgrade the existing machine would be between \$10,000 to \$15,000. After discussion, a motion was made by Gene Davis to approve the recommended purchase. Bill Huppert seconded. Motion carried.

FOUNDATION REPORT

Mrs. Ada Kirven, Foundation Executive Director, introduced Shirley Yager, Foundation Vice President and new Foundation Director, Dr. Brad Hanebrink.

Mrs. Kirven reported initial plans are underway for a Fall 2012 grand opening of the New Welch Cancer. Plans include a community open house and donor celebration for the same weekend. Mrs. Kirven presented a check to Sheridan Memorial Hospital from the Auxiliary for funds totaling \$10,556.00. Those monies will be utilized by the Women's Health Department. Mr. Mischke asked

Ada to thank the Auxiliary on the Board's behalf for its tremendous donations and consistent involvement and support.

A well-attended recent strategic planning session was held by the Foundation Board where many great ideas and valuable feedback was discussed. The foundation continues to unite with the Hospital's mission and vision in a culture of excellence, excited about future plans with the SMH Board of Trustees projects and community involvement.

Also, Mrs. Kirven reminded the group of the Annual Foundation Golf Tournament that will commence on Friday, July 27, 2012. The Board is invited to participate and attend the event.

BOARD MEMBER UPDATE

Chairman, Ron Mischke read a letter of resignation, written by Bill Huppert. Mr. Huppert has accepted a promotion as the Wyoming State President with First Interstate Bank and will relocate to Casper to commence in the new position. On behalf of the Board, Ron Mischke thanked Mr. Huppert for his active participation on the Board and years of service. Mr. Huppert noted his reluctance to leave the Board and community and thanked the group for the honor and privilege to serve on the Sheridan Memorial Hospital Board of Trustees.

BUILDING COMMITTEE REPORT

Rob Forister reported that the Building Committee met March 27, 2012. Mr. Forister, Facilities Manager, provided the following report:

Welch Cancer Center –Finishing touches such as flooring, painting and final inspections are on time for completion within the next month. After verification from the State inspection, the move from the old building will occur.

Cath Lab Update –Rob noted the project is in the construction building phase ready to go to bid. Thereafter, construction will begin.

Medical Office Building – Nothing further to report from Gantt chart. Future meetings and work sessions with architects are scheduled to nail down timelines.

Room Service – Construction projects to implement the room service plan to be done on time within the next 3 weeks on its revised budget.

Ear, Nose, & Throat– Completion of remodeling the building is under budget and in its finishing stages. In follow-up from the previous meeting in regard to contacting the State Department of Health and its availability of staff for timely site visits, the State has prioritized projects in order to fast track approval. Mr. Forister noted this method of prioritization will help in meeting timelines of SMH projects.

OTHER BUSINESS

Ron Mischke shared that he attended the Wyoming Hospital Association annual meeting on March 12, 2012. He is a participant in a new venture to establish an educational program for new and current Board members to assist in reduction of the steep learning curve of position. Currently

the group is in the process of choosing a vendor in order to assist them in organizing the education curriculum.

Mike McCafferty and Danae Brandjord, Marketing Manager, invited the Board to the upcoming Doctors Day Breakfast to be held on Friday, March 30, 2012 from 7 to 9am in Conference Rooms A&B.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 4:19 p.m.

Recorder,
Amy Ligocki

Michael Strahan, M.D., Secretary