

**BOARD OF TRUSTEES
OCTOBER MEETING MINUTES
WEDNESDAY, NOVEMBER 7, 2018 4:00 P.M.**

MEMBERS PRESENT: Kevin Bailey, Shirley Coulter, Andrea Mellinger, Dr. Timothy Scott, and David Smith
MEMBERS ABSENT: Gene Davis and Ron Mischke
Others Present: Dr. Ian Hunter and Mike McCafferty

CALL MEETING TO ORDER

Kevin Bailey, Chairman, called the meeting to order at 4:01 p.m.

APPROVAL OF AGENDA and MINUTES

The October board meeting agenda was reviewed. Mike McCafferty requested that “Most Wired” be added to the agenda under the Administration report. Andrea Mellinger motioned to approve the amended agenda. Dr. Scott seconded the motion. Motion carried.

The minutes from the September board meeting held on Wednesday, October 3, 2018 were reviewed. Andrea Mellinger moved to approve the minutes as presented. Dr. Scott seconded the motion. Motion carried.

OLD BUSINESS

None.

PUBLIC COMMENTS, INTRODUCTIONS

Lacey Johnson, Director of Nursing, introduced Marni Siebke as the new Medical/Surgical/Transitional Care Unit Manager and Lynn Grady as the new Intensive Care Unit Manager. In addition, Cassidy Camino, who was not present has accepted the position as the Emergency Department Manager. Marni and Lynn are excited about the opportunities at the hospital. A warm welcome was extended by the board.

QUALITY COMMITTEE REPORT

The Quality Committee reviewed core measures, and we are doing well. There is intensive work on sepsis to improve measures; re-admission rates are below the national average so we are providing the right care. Several measures have done well and we will start to surveil them less.

Behavioral health patients were discussed. Patients boarded in the ED can put themselves and other patients at risk and cause backups and delays to wait times. There were 281 behavioral health patient in the ED from May, 2018 to August, 2018; 33 of those patients were boarded longer than 3 hours due to limited space on the medical floor. Mike is actively working with local authorities to find solutions. Our staff attorney is doing work behind the scenes as well, engaging law enforcement and the county attorney in an effective way. The hospital does not have the infrastructure, professional man power, or clinical expertise in the care and treatment of mental health patients. This is the biggest issue we have in healthcare in the State of Wyoming and the community of Sheridan.

MEDICAL STAFF REPORT

After review and discussion in Executive Session, Dr. Hunter, on behalf of the Credentials Committee and Medical Executive Committee recommend the following physicians be approved for re-credentialing with the following action taken in general session:

David Smith motioned to approve all of those active staff physicians who have applied as listed in the board packet. Dr. Scott seconded the motion. Motion carried.

David Smith motioned to approve consulting staff for those physicians who have applied, EXCEPT for Drs. Budge, Cobb, Gee, Jourbran, Katz, McGuire, Robinson, Thometz, Trojan and Trostel (anyone listed who has attached documentation to their name in the additional notes field). Andrea Mellinger seconded the motion. Motion carried.

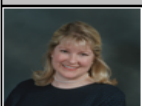


There are 3 active staff changes of privileges. David Smith moved to approve Dr. Bennet, Dr. Fehir and Dr. Stamato to Honorary Medical Staff as requested. Shirley Coulter seconded the motion. Motion carried.

The consulting staff privileges of Dr. Ronald Oswald will be tabled until next month.

Board of Trustees
 November 7, 2018

The following physicians are requesting to transition their Active Staff membership to Honorary Staff. The Medical Executive Committee has recommended these requests without reservation. The Board of Trustees is asked to make the formal approval of these status changes based on this recommendation.

HONORARY MEDICAL STAFF

	First Name	Last Name	Title	Specialty	Department(s)
	Michelle	Bennett	MD	Family Medicine Original Appointment: 3-22-2000	MEDICINE, PEDIATRICS
	Kim	Fehir	MD	Hematology/Oncology Original Appointment: 11-30-1999	MEDICINE
	John	Stamato	MD	Radiation Oncologist Original Appointment: 6-26-1996	RADIOLOGY

According to the Medical Staff Bylaws: Article V; Section 4:

"The Honorary Medical Staff shall consist of practitioners who are not active in the hospital, that are recognized for their outstanding reputation, their noteworthy contributions to the health and medical sciences and/or their previous service to the hospital."

The members of the Medical Staff feel that you have contributed greatly to the health and medical community of Sheridan. They would like to recognize you for this outstanding reputation by including you on the Honorary Staff of Sheridan Memorial Hospital. With this staff status you:

"Shall not be eligible to admit patients to the hospital, vote, or to hold office in this Medical Staff organization. However, you may attend staff and departmental meetings and any Staff or hospital education meeting(s)."(SMH Bylaws Article V; Section 4(b))."

ADMINISTRATION REPORT

Dr. Paul DeChant Visit - Dr. DeChant is a thought leader and an expert on physician burnout and bringing joy to work the work place. He is familiar with Lean in healthcare and gaining control of work environments. Dr. DeChant has experienced both sides as a former physician and CEO and was well received by our physicians. Dr. DeChant was invited as part of ongoing training and transforming our culture.

Board Governance Education – Thomas Anthony in conjunction with the Greeley Company was in Sheridan on November 3rd to provide board governance training. The board members that attended provided positive feedback indicating the training was interesting and provided helpful tools to do their job. Board members that have attended other board trainings indicated that this was the best training thus far. Mr. Anthony has an impressive resume and provides governance training coast to coast. Bringing him to Sheridan is cost effective as more board members can attend. The hospital will explore and expand on this education to make it an annual event.

October Board of Trustee Meeting
November 7, 2018

Master Plan Discussion - Leadership will come to the board within the next month to share the master plan information on what the future looks like and what services may be offered in the future.

Most Wired – In the last 3 years, Sheridan Memorial Hospital has been named in the top 100 hospitals receiving recognition from the Most Wired publication. Receiving this accolade is indicative of the work done and the infrastructure in place to achieve this recognition. To be considered, a 75 page survey was completed with 150 objective questions pertaining to very discreet data on infrastructure including how we manage IT, funding, vision for digitalization of data, as well as clinical, quality, safety and integration. There were 2,200 hospital that applied; of those, there were 100 hospitals that were chosen and the size of the hospital is not a deciding factor. This year, 2018, Sheridan Memorial Hospital was in the top 10 in the nation, obtaining the #7 spot in recognition due to being first in the nation for Infusion Management and smart pump technology. We were also leaders in implementing Smart Room Technology and CareAware Connect. Recognition is extended to the board for making the decision from the very beginning to get the correct infrastructure in place with a \$10M investment in the hospital.

People Pillar – Our people are our most valuable resource. Cody shared the Strategic Deployment Framework with the board for review. Employee engagement is a priority to make sure staff is involved and enthusiastic about their work; utilizing their talents and achieving positive outcomes. We measure engagement with the Gallup Q12 survey. The hospital would like to see an increase in scores from last year, and there is still work to be done. There are 4 ways to provide feedback – verbal, written, stay interview, and professional development. Through our Lean Transformation Plan, there is an A3 development and process improvement in place to increase engagement. The next engagement survey will be May, 2019. Leadership will have the board members do a hallway walk to view our strategic deployment plan. The tools and management system now in place to drive performance in the pillars is through Lean with the A3.

FINANCE

Audit Report - James Mann with CliftonLarsonAllen joined the meeting via phone to discuss the audit. The audit went well and an unmodified opinion will be issued, which is the highest level an organization can achieve. There were many things going on with capital projects including a GL conversion, and staff worked hard to make sure things were in order. Mr. Mann is very pleased with the results and no issues were identified. Managing to do the audit on the same time line as last year with a system conversion was a result of the hard work and efforts of the staff.

A management letter is a requirement of the audit. This letter references the internal controls of the organization, looking at revenue cycle, journal entries, and testing of controls. No material weakness or flaws were noted, resulting in a clean management letter. Controls are operating at their design. Mr. Mann is very happy with the support the team received from the organization.

CliftonLarsonAllen is the 8th largest accounting firm in the country, having a strong presence in the Rocky Mountain region. They perform audits for the hospitals in Cody, Casper, Laramie, and Gillette, allowing them to look at industry trends in Wyoming and in the Rocky Mountain region. They share best practices from one organization to the next.

Dr. Scott motioned to accept the audit as presented from CliftonLarsonAllen. David Smith seconded the motion. Motion carried

Finance Report – The first quarter shows an increase in volume and revenue for gross charges. In August, the hospital experienced an all-time high of uninsured patients at 10%. This percentage declined in September. Write offs were at 54% which is above budget and have put a financial strain on the hospital. Nathan has provided the board with new projections for the next quarter. Second quarter is expected to be normal as insured patients get procedures done before the end of year as they meet their deductibles. Expenditures are on track. There has been an increase in Title 25 patients being seen. Nathan is working on how to mitigate and work through management and strategies implemented January 1st for cost savings and to sustain cash levels.

October Board of Trustee Meeting
November 7, 2018

FOUNDATION REPORT

The Link – Partners in Pink was a great event, and we had wonderful attendance. The committee has grown, and we have expanded corporate sponsorships. There were approximately 600 people registered in addition to family and friends joining in to enjoy the day. There were about 100 volunteers as well including school groups, churches, and hospital employees. No final numbers are available yet to provide the board, but are estimated to be around \$60K; these funds can be used for cancer screenings.

December 2nd is the Trees of Love celebration in the waiting room by the fireplace. The Kozy Korner will be open as well. Plan on attending the employee partner breakfast on December 13th. The Foundation has about 500 partner participants.

The Foundation is working on their annual report and will be sent out soon.

BUILDING COMMITTEE REPORT

We are narrowing down the delivery specifications for the new generator with the company. We hope to get it ordered within the next couple of weeks.

The hospital should receive the Certificate of Occupancy from the City for the MAC expansion this week. We will not occupy the space until the parking lots are completed. The Building Committee discussed the contingency funds and that the funds have been utilized at this time. There are anticipated additional expenditures for the project. The Building Committee and the Finance Committee proposed an increase to the amount of funding needed in the amount of \$395K. There are reserve funds in the Wilson Trust Fund account to cover this request in order to finish the MAC expansion project. David Smith motioned to approve the expenditure in order to complete the expansion project. Andrea Mellinger seconded the motion. Motion carried. A big part of the shortfall was due to the IT server room in the expansion; we thought we had covered those expenses in the bid with the contractor, but they were not. Some additional items included in this amount may not be coming from us as there are design issues that the architect missed – negotiations pending.

Additionally, we have expressed our concerns to the contractor, regarding the parking lot for the emergency department and in front of the dialysis unit. It needs to be done as soon as possible, and weather is not an excuse as the time line has to be met; we will continue to monitor.

OTHER BUSINESS

None.

EXECUTIVE SESSION

Kevin Bailey moved to adjourn into Executive Session at 5:04 p.m. after a short recess to discuss personnel. Dr. Scott seconded the motion. Motion carried.

The Board reconvened into general session at 5:43 p.m. Please see above for action taken on Medical Staff Credentialing in general session.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:48 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary