



**BOARD OF TRUSTEES
APRIL MEETING MINUTES
WEDNESDAY, APRIL 29, 2020 4:00 P.M.**

MEMBERS PRESENT: David Smith, Joe Wright, Dr. Timothy Scott, Shirley Coulter, and Andrea Mellinger; Gene Davis and Kevin Bailey
MEMBERS ABSENT: Dr. Ian Hunter
OTHERS PRESENT: Mike McCafferty

CALL MEETING TO ORDER

David Smith, Chairman, called the meeting to order at 4:02 p.m. Due to the COVID-19 pandemic, this meeting is being held via conference call.

PUBLIC COMMENTS, INTRODUCTIONS

Pat Blair with Sheridan Media and Allayana Darrow with The Sheridan Press are on the call as well.

APPROVAL OF AGENDA AND MINUTES

The April board meeting agenda was reviewed and amended to add Legal as an Executive Session item. Andrea Mellinger moved to approve the amended agenda. Dr. Tim Scott seconded the motion. Motion carried.

The minutes from the March board meeting held on Wednesday, April 1, 2020 were reviewed. Dr. Tim Scott motioned to approve the minutes as presented. Gene Davis seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT – The Quality Committee reviewed multiple items such as patient falls, restraints, and pressures ulcers. Out of the nine dimensions reviewed, there are four that can be improved upon. Plans for improvement were discussed. Five Environment of Care (EOC) management plans were presented to the quality committee. Discussion on the plans occurred, and the committee approved the plans as presented.

MEDICAL STAFF REPORT

Credentialing files will be reviewed and discussed in executive session. There is nothing else to report at this time.

Amy Ligocki, Medical Staff Manager on behalf of Dr. Ian Hunter and the medical staff, recommends the following initial staff appointments as discussed.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Heather Berney, MD	Delegated Telemedicine	Telemedicine	05/31/2021	Avera eCare Telepsych in ED
LaNora Dixon, FNP	Delegated Telemedicine	Telemedicine Nurse Practitioner	02/03/2022	Billings Clinic / Sleep Studies
Kamran Janjau, MD	Delegated Teleradiology	Teleradiology	07/31/2020	Real Radiology
Mary Widener, PA	Locums	Emergency Medicine	08/15/2020	Sheridan Memorial Hospital

Kevin Bailey motioned to approve the initial appointments as presented. Dr. Tim Scott seconded the motion. Motion carried.

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Amy Ligocki, Medical Staff Manager on behalf of Dr. Ian Hunter and the medical staff, recommends the following renewals and memberships for a 2 year appointment.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Stephen Holst, MD	Active	Urology	03/16/2022	SMH – Urology
Jacob Lieb, MD	Active	Emergency	05/26/2022	Sheridan Memorial Hospital
Robert Pueringer, MD	Delegated	Pulmonology	06/26/2022	Billings Clinic
Jeremy Zebroski, MD	Active	Orthopedic Surgery	04/22/2022	Sheridan Orthopedic Associates
Allen Gee, MD	Consulting	Neurology	01/01/2022	Frontier Neurology (Cody, WY)

Dr. Tim Scott moved to approve the above referenced renewals. Gene Davis seconded the motion. Motion carried.

ADMINISTRATION REPORT

The COVID-19 virus continues to be the focus in the hospital. Mike McCafferty provided the board with a high-level view of the work done in the last six weeks with data and statistics, and a look forward as to what the plans are for the hospital to re-open with guidance from the CDC, Wyoming Department of Health, and County health officials.

Mike took this opportunity to address the medical staff and the leadership that has been exhibited. The work that Dr. Addlesperger and others have done in anticipation of what a surge could look like for our community has been outstanding. The work done by our medical staff in the first early stages of the disease, being the first hospital in the state to cease elective surgery and ancillary services, has played a vital role in this endeavor. We accomplished big “first steps” that were presented to us. On behalf of everyone, Mike expressed his appreciation for the leadership of the medical staff in this process.

Mike acknowledged his appreciation to the healthcare teams in all of the areas of the hospital providing direct patient care and other support roles; their willingness to do whatever it takes to support our efforts in taking care of our community. We have an amazing team who do great work. The culture around the work being done continues to improve, and Mike is impressed with all of the staff’s endeavors.

The community has made an amazing effort to help flatten the curve on the disease process; yet there are still uncertainties and work to be done until the spread is curtailed.

Mike also extends his thanks to the Incident Command team led by Cody Sinclair and those involved in putting together great plans in Emergency Management with testing, surge planning, preservation and procurement of PPE and the ongoing analysis of data around the wellness of the community. All of those things have positioned us to do the best we can for the community. The community should continue to be vigilant as plans to re-open move forward.

Mike gave the board a statistical update:

- ... To date there has been zero COVID -19 admissions in the hospital.
- ... There have been thirty (30) “rule outs” admitted to the hospital. A rule out is when a patient comes in with symptoms of a COVID related illness and they are treated as a “COVID positive” patient while awaiting test results.

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- ... Masks donated total 6,073 to date
- ... 700 COVID-19 tests have been administered
- ... 330 consecutive negative tests has been received since April 1, 2020
- ... 90 employees have been redeployed
- ... 383 employees have been trained relative to donning and doffing procedures
- ... 79 members of the community applied to volunteer with 17 having gone through an orientation process
- ... 1,500 meals have been donated to front line staff from the community
- ... 600 boxes of Girl Scout cookies have been donated
- ... Ten (10) gallons of Koltiska Distillery hand sanitizer received
- ... 2,000 pieces of Personal Protective Equipment (PPE) received through local manufacturing such as Kennon and Sheridan College.
- ... 150 pairs of scrubs received
- ... Zero (0) employees furloughed

There are national conversations around the data and the number of positive patients around the country, and with that, we are looking at the CDC guidelines, Wyoming Department of Health, and the county health officials for guidance on re-opening to the community. It may be time to see if there is a way to begin re-opening our business to meet the needs of the community. We have good data points and metrics to help guide us. There are people in the community that continue to have health issues not related to COVID-19. We will look at what we can reasonably do to provide services that make sense and to evaluate what that looks like in the disease process that continues to affect the community and country at large.

Dr. John Addlesperger, Chief Medical Officer reminded the board that Sheridan Memorial Hospital shut down elective surgery and ancillary services in order to preserve PPE in case of a surge, and to protect the patients and staff from exposure. The healthcare needs of the community are still out there, and there is a backlog of care to be delivered. Under guidance from many sources, such as the CDC, State of Wyoming, the American Hospital Association, and the American College of Surgeons to name a few, we have decided to move forward and cautiously to re-open services to patients. In viewing the data points in our community, we are not seeing the volumes as in other areas of the country, where they continue to have higher numbers of COVID-19 related patients. We continue to test our community members, and all have come back negative. We are not sure ~~that~~ there are no cases of COVID in our community, and there is still a risk, but feel that it is reasonably safe to re-open services. Dr. Addlesperger and the Lean team utilized A3 methodology and processes to determine re-opening. Phase I will include allowing elective surgeries, which would include surgeries to address undiagnosed health issues causing pain or worsening existing conditions. Our current volume of surgical procedures pertaining to emergent cases is approximately 30%. Effective Friday, May 1st, elective procedures will be scheduled to allow up to 50% of normal patient volume and avoid large groups of patients in any one part of the hospital.

The Transitional Care Unit would slowly be opened for those patients requiring care after surgeries. Physical therapy with Wyoming Rehabilitation would be available on a case by case basis. The women's clinic will begin seeing non-urgent patients, and diagnostic services, like mammography, will resume with limitations. All patients will be screened before coming to the hospital and entering the clinic. The Heart Center will begin seeing patients and offering testing services for ongoing care and evaluation of surgical needs. ENT would again offer allergy shots and other outpatient services. We will continue to have COVID free areas in the hospital with patients being evaluated in Urgent Care or the Emergency Department for symptoms.

We will continue to watch for signs of community spread, ICU bed availability, and our stock pile of PPE in reserve in case of a surge, so that we can meet patient needs and protect our staff. If we see a trend forward, we will expand capability of testing. We can now do a limited number of in house testing, in which we screen high risk patients or

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patients prior to a procedure. Those that are not high risk and have a scheduled procedure will be sent to the Mayo Clinic or to the State for processing. We are looking at the availability to test asymptomatic patients. People with COVID symptoms should call into our testing center for screening.

Mike mentioned that the Sheridan Surgery Center has mirrored our shutdown of elective procedures. They have also donated PPE and staff for redeployment to assist within the hospital. They will also mirror our re-opening plan in the days to come. They are a great partner to the hospital.

FINANCE

Nathan Stutte, Chief Financial Officer announced that any certificate of deposits that have matured have been put in our operational account to enhance our current cash position. This is outside our cash parameter, and the current situation warrants this flexibility. This is for informational purposes only and no action needs to be taken.

The hospital's operating loss for March approached 37%, largely driven by a substantial decline in revenue from the shutdown of operations. Expenses increased due to supply costs. Days of cash on hand improved by 2.3 days prior to federal funding, but there is a 30% loss for April. There is strong performance with revenue cycle, and accounts receivable balance declined by 20%. With the reopening plan, we expect to see revenue improve slightly in May with an estimated 22% loss. Nathan states that he has a team watching the federal legislation and manage the funding applications.

The hospital received the following funding to date: CMS Advance Payment of \$6.1 million; this is a loan and we will need to start repayment in 120 days. The CARES act payment of \$2.25 million is a grant. There are additional funds through HHS, taking into account what a provider may have initially received in the first allocation based on 2018 net patient revenues. We will have paperwork to work through and are unsure of how the funds will be distributed. Funds were set aside for "rural" hospitals; however Medicare and HHS use different specifications for what is considered rural. The hospital does not qualify for the paycheck protection program due to the number of employees, even though we are a non-profit.

FOUNDATION REPORT

Cody Sinclair, Chief Development Officer reported on the community outreach and support, with the Foundation having received all sorts of gifts related to COVID-19. The Foundation Board voted to approve \$165K in funds to distribute to the hospital. Ada Kirven, Director of Donor Relations, reports an anonymous donor provided funds in which 2 refurbished ventilators have been purchased. Additionally, the Helmsley Trust purchased and donated 2 Lucas Devices for CPR. The Foundation has created a COVID-19 Care Fund to provide and track essential resources to support the hospital in the preparation and planning for the community.

Jasmine Slater, Development Coordinator has been coordinating the community donations such as homemade and prepackaged masks; indicating that over 150 people have contributed in this endeavor alone. Additionally, over 80 organizations have reached out asking how they can support the hospital. The hospital has received donations for meals, doughnuts, cookies, and equipment. Jasmine stated how humbling it is to have so many reach out and want to help in some way. Volunteer services within the hospital are suspended through the end of May.

BUILDING COMMITTEE REPORT

The Building Committee did not meet and information was sent via email relevant to the Urgent Care and Occupational Health move to the Burton Street building. Exterior construction is ongoing with the addition of a canopy, ramp, and sidewalk. The interior construction is completed. Cathy Bealer is coordinating the move and equipment needs for this space. There was a delay in obtaining the permit for signage due to a right-of-way and an easement issue which is now resolved. Signage will be arriving in June.

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OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith made a motion to move into Executive Session at 4:51 pm. Kevin Bailey seconded the motion. Motion carried.

The board reconvened into general session at 5:01 pm with action taken on medical staff credentialing. Please see the action taken under the Medical Staff Report.

David Smith made the motion to move back into Executive Session at 5:08 pm to discuss a legal matter. Kevin Bailey seconded the motion. Motion carried.

The board reconvened into general session at 5:47 pm with no action taken.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:47 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary