



**BOARD OF TRUSTEES
MAY MEETING MINUTES
WEDNESDAY MAY 27, 2020 4:00 P.M.**

MEMBERS PRESENT: David Smith, Joe Wright, Dr. Timothy Scott, Shirley Coulter, Andrea Mellinger, Gene Davis, and Kevin Bailey

MEMBERS ABSENT:

OTHERS PRESENT: Mike McCafferty, Dr. John Addlesperger, and Dr. Ian Hunter

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 is on the call as well.

APPROVAL OF AGENDA AND MINUTES

The May board meeting agenda was reviewed. Shirley Coulter moved to approve the agenda. Andrea Mellinger seconded the motion. Motion carried.

The minutes from the April board meeting held on Wednesday, April 29, 2020 were reviewed. Kevin Bailey motioned to approve the minutes as presented. Gene Davis seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

The committee reviewed and discussed ten (10) data points. Readmissions were reviewed and SMH continues to do better than the national average. Sepsis measures are good. Hand hygiene is going well and we continue to have strong data. There has been one safety event in the last six months, with a fall resulting in injury to a patient, which required surgery. The patient experience report was reviewed and the results continue to fluctuate. NRC Picker will not be providing any data for the first and second quarters. The Utilization Management Plan was reviewed and will be brought before the board next month for approval.

MEDICAL STAFF REPORT

Dr. Hunter has no report at this time other than credentialing for Executive Session.

Dr. Hunter, on behalf of the Medical Executive Committee and Credentials Committee recommend the following individuals for an initial 2 year appointment.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Sarah Coulter, PA	Advanced Practice Clinician	Emergency Medicine		Sheridan Memorial Hospital
Jarret Kuo, MD	Delegated Teleradiology	Teleradiology		Real Radiology

Dr. Kuo is recommended for delegated tele-radiology with Real Radiology, with no concerns. Gene Davis moved to approve the appointment of Dr. Kuo. Dr. Scott seconded the motion. Motion carried.

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Sarah Coulter, PA is recommended for emergency medicine with no concerns. Kevin Bailey moved to approve the appointment. Dr. Scott seconded the motion. Motion carried with Shirley Coulter abstaining.

Dr. Hunter, on behalf of the Medical Executive Committee and Credentials Committee recommend the following re-appointments for consideration, with no concerns.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date
Samuel Brescia, MD	Consulting Telemedicine	Pediatric Cardiology	12/31/2020
Loren Budge, MD	Consulting Telemedicine	Cardiology Outreach	12/31/2020
Douglas Christensen, MD	Consulting Telemedicine	Pediatric Cardiology	12/31/2020
Christopher Goulet, MD	Active	Radiation Oncology	12/31/2020
David Henley, MD	Telemedicine Delegated	Teleradiology	03/16/2022
Ian Hunter, MD	Active	Internal Medicine	12/31/2020
Barry Mangus, MD	Active	General Surgery	12/31/2020
Heather McGuire, MD	Consulting	Nephrology	12/31/2020
David Miller, MD	Consulting Telemedicine	Pediatric Cardiology	12/31/2020

Name	Category	Specialty	Renewal Date
Rene Mosada, MD	Telemedicine Delegated	Neurology	03/31/2022
Jane Nydam, MD	Consulting Telemedicine	Pediatric Cardiology	12/31/2020
Michael Pettersen, MD	Consulting Telemedicine	Pediatric Cardiology	12/31/2020
Shawn Stone, MD	Telemedicine / Delegated	Teleradiology	03/01/2020

Kevin Bailey moved to approve the appointments as presented. Dr. Scott seconded the motion. Motion carried.

ADMINISTRATION REPORT

Legislative Update – There has been a special session of the Wyoming Legislature to discuss the distribution of the \$1.25B the State of Wyoming received from the CARES Act. Senate File Bill 1001 outlined how the legislature would address the distribution and allocation of funds.

Mike McCafferty, CEO, has talked with our local delegates about the ongoing work at the hospital, relevant to COVID-19 surge capacity, and about increasing our capacity for other services that we could provide. We will pursue a grant through the SLIB board with an application for funds to expand our TCU with ongoing surge

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capacity measures, and the expansion of beds and capacity for our mental health needs. A draft of the grant will be provided to the board upon completion.

Employee Forum – There was an employee forum via ZOOM today and it went very well. The forum addressed the ongoing work relevant to COVID -19 and our current status.

COVID -19 Discussion

Testing Update – Dr. Addlesperger reported on the daily readiness testing being done. There have been no positive tests since April 2, 2020. The testing center averages about 13 people a day. We do have in-house testing available and that averages about 3 a day. This is primarily used for urgent cases or emergent surgical cases. Typically the tests are sent to the state or to the Mayo Clinic. Antibody tests are sent to the Mayo Clinic. There have been 1,037 tests completed as of today. The triage phone line averages 2-3 calls a day over the last week or two. We are looking at other ways to test asymptomatic people.

Dr. Hunter reported that the White House issued a guidance statement, outlining that all extended care residents would need to be tested within a two week time frame. Dr. Hunter felt that is not an appropriate action for Sheridan nursing home residents. A new plan was released indicating 20% of all staff and residents should be tested weekly, which makes more sense for our area. The state is responsible for the testing, supplies, and materials. The state lab is running the tests, and there are numerous false positives being received.

Re-Opening Phases – Nyle Morgan, COO stated that he shared the re-opening plan with the organization today via the Employee Forum. A team approach using A3 methodology was used to determine the re-opening plan in a phased approach. The three-phase approach in re-opening utilizes CDC, State and Federal guidelines, as well as the American College of Radiology and governing bodies for specialties and subspecialties. We will keep the second and third floors as is in the interim in case there is a surge in COVID-19 patients with the reopening of the community. Elective surgery and scope work are back to 100% volumes. Along with each area, patient screenings and guidelines are being followed. We still have work to do within the next three to six months to prepare for the Phase III reopening.

The Urgent Care construction at Burton Street is complete and we are awaiting needed equipment prior to moving to the new location. Estimated target date is August 1, 2020.

Community Impact – Cody Sinclair, Chief Development Officer – made the board aware of the overwhelming response we have received from the community; donations and support continue to be received. The hospital has received approximately 7K homemade masks with an additional 3K prepackaged masks being received. The Foundation is focused on recognizing our community through the E-Newsletter, signs on the window at Gould Street, letters, and phone calls to donors about the donations received. We are fortunate that our community recognizes the value of great healthcare in our community. Additionally, the clinical volunteers in our community that stepped up and trained with the hospital to assist us for a potential surge were recognized.

Patient Impact – We have implemented changes in our processes based on CDC and Department of Health guidelines as we manage through the pandemic. Visitation guidelines were changed to keep our staff, patients and visitors safe. We will continue to have three access points in order to screen anyone who comes to the hospital. With the pandemic, we discontinued all visitations; current changes will now allow for 1 visitor per patient, a support person for OB C- Sections, 1 person for end of life, both parents at pediatric patients' bedside, and chaplains/spiritual leaders allowed on site.

Employee Impact - As was discussed last month, there were no furloughed staff and over 90 people were redeployed to other areas of the hospital. A labor pool was established and employees were utilized as needed to

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move offices, EVS, screening desks, and to the off-site testing center, etc. Leadership is impressed by the employees and appreciate all they have done. We would like to see this process continue into the future as needed.

There are discussions of the return of volunteer services to the hospital with the emphasis on keeping our volunteers safe as their contributions are related to visitor interactions. There is a coordinated effort and discussions to get them engaged in the hospital once again.

Economic Impact – with the shutdown of services due to the pandemic, we anticipated that there will be a substantial impact to our finances and to businesses across the state and country. We found this to be true, especially with the closure of service lines that produced income for the hospital, keeping our staff employed as we needed everyone employed for the benefit of our community, and with decreased revenues and increased expenses. Nathan Stutte, CFO, outlined that with the impact of discontinued services, March had a 20% decline, and April finances show the full impact with a 35% decline in gross revenues. With the reopening, there will be losses in May, with the loss of revenue not as great for June. The support the hospital received from the government covered about 85% of our losses. Cash flow continues to slow down. We cannot predict what our volumes will look like over the next 12 months, and we will navigate what this means for our community.

FINANCE

Nathan Stutte, CFO shared with the board the write-up his staff provided on the federal funding and what we qualify for, what we don't qualify for, and what has been received to date.

Nathan reported that there was a positive cash flow for April related to the federal support we received. The payer mix had some volatility, and we had a high level of VA patients. Commercial payer mix showed a decline as well as a decline in the uninsured patient. We will have to wait and see how things evolve for June and July. Cost containment has been difficult as there is an increased cost to procure PPE items. There has been a significant cost increase of N95 masks (was 37 cents to now \$4+ per mask). We will focus on what the future holds and position our organization accordingly. We have seen great success with the service line at the WCC, which has a strong community support with Dr. Ratterman and Tommi Ritterbuschs' leadership.

There are two action items for the board to consider. The first consideration is the Resolution regarding the Statement of Investment Policy. The resolution amends the target on cash equivalent from 30% to 80%. The request to amend the investment policy is due in part is the need for liquidity. Gene Davis, on behalf of the Finance Committee, recommends approval for this amendment. Shirley Coulter seconded the motion. Motion carried.

Nathan asked the board to review page nine of the financial packet. This recommendation is to close the General Operating Cash Reserve account, which is an operating reserve fund. The funds would be transferred to the Capital Replacement Reserve account. This will maintain the same goal for the board, having a separate set of funds for general operations and an additional set of funds requiring board approval which will simplify accounting and reporting of these funds. Gene Davis on behalf of the Finance Committee made the motion to make this change. Andrea Mellinger seconded the motion. Motion carried.

FOUNDATION REPORT

Cody Sinclair, CDO stated that his team continues to connect with the community and donors, checking in on people. The donor and fundraising committee are reaching out to thank people for their support. The Foundation also continues to connect with the emeritus board members, which has proved to be a challenge to meet in person with the current restrictions in place. Lastly, the Foundation continues to connect with the opportunities to support the hospital with projects, such as the TCU.

The Foundation Golf Tournament will be on Friday, July 3rd at the Powder Horn. It will look a little different this year, to ensure everyone is safe, but is a great way to connect with our community and donors.

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BUILDING COMMITTEE REPORT

Kevin Bailey, Building Committee Chair reports that there was no meeting held. The Burton Street project has been completed and there are no other projects to mention at this meeting.

OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith made a motion to move into Executive Session at 4:52 pm. Kevin Bailey seconded the motion. Motion carried.

The board reconvened into general session at 5:20 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 5:25 pm to discuss a legal matter. Kevin Bailey seconded the motion. Motion carried.

The board reconvened into general session at 5:37 pm with no action taken.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:38 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary