



**BOARD OF TRUSTEES
JUNE MEETING MINUTES
WEDNESDAY JUNE 24, 2020 4:00 P.M.**

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

CALL MEETING TO ORDER

David Smith, Chairman, called the meeting to order at 4:00 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 June board meeting agenda was reviewed. Kevin Bailey moved to approve the agenda. Andrea Mellinger seconded the motion. Motion carried.

The minutes from the May board meeting held on Wednesday, May 27, 2020 were reviewed. Gene Davis motioned to approve the minutes as presented. Dr. Scott seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

The committee reviewed and discussed thirteen (13) data points, which included the following:
Safety events with no serious safety events reported. There was one fall resulting in an injury on the medical surgical unit and nursing is implementing a post fall debrief. Medical record delinquency rates are below national average. Pain assessment and re-assessments were reviewed and there are some changes being implemented. There is quite a bit of work happening on the blood transfusion audits, which is reviewed monthly by Dr. Rebecca Thompson in pathology, lab personnel, and nursing.

Utilization Management Plan – The Quality Committee reviewed the plan last month. The plan remains the same from the previous year, except for updating some of the references. Dr. Scott, on behalf of the Quality Committee, recommends the approval of the Utilization Management Plan as presented. Kevin Bailey seconded the motion. Motion carried.

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 recommended the following individuals for an initial 2-year appointment.

June Board Meeting
Board of Trustee Meeting Minutes
June 24, 2020

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Abhay Divekar, MD	Consulting	Pediatric Cardiology	06/24/2022	Rocky Mountain Pediatric Cardiology
Elizabeth Scalva, MD	Active	OBGYN	06/24/2022	Sheridan Memorial Hospital Women's Clinic
Kristen Butz, MD	Consulting Delegated	Tele-Psych	10/8/2020	Avera eCare Behavioral Health
Benjamin Widener, MD	Active	Rheumatology	06/24/2022	Sheridan Memorial Hospital Rheumatology *New Specialty Aug 2020*

Kevin Bailey moved to approve the medical staff initial appointments as presented. Gene Davis seconded the motion. Motion carried.

Dr. Hunter, on behalf of the Medical executive Committee and Credentials Committee recommends the following for renewal of privileges.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jason Ackerman, MD	Active	Internal Medicine	7/31/2022	SMH Internal Medicine
Scott Bateman, MD	Active	ENT	6/28/2022	Sheridan ENT
Rebecca Franklund, MD	Active	OBGYN	6/26/2022	SMH Women's Clinic
Luke Goddard, MD	Active	Emergency	6/26/2022	SMH Emergency Medicine
Thomas Mayer, MD	Active	Internal Medicine	7/7/2022	Sheridan Neurology
David Nickerson, MD	Active	Urgent Care	6/26/2022	SMH Urgent Care
Kristen Schaefer, MD	Active	Anesthesiology	6/26/2022	Big Horn Anesthesiology Associates
Kristopher Schamber, MD	Active	Internal Medicine	7/29/2022	SMH Internal Medicine
Alan Smith Jr., MD	Active	Anesthesiology	4/28/2022	Alan E. Smith Jr. MD, PC
Brandon Trojan, MD	Consulting	Urology	4/26/2022	Central Wyoming Urological Associates (Casper)
James Ulibarri, MD	Consulting	Orthopedic Surgery	3/29/2022	Powder River Orthopedics & Spine

Name	Category	Specialty	Renewal Date	Affiliated Organization
Roger Wallace, MD	Consulting	OBGYN/Peds	5/1/2022	SVP Maternal Fetal Medicine Clinic

Dr. Timothy Scott moved to approve the medical staff renewals as presented. Andrea Mellinger seconded the motion. Motion carried.

June Board Meeting
Board of Trustee Meeting Minutes
June 24, 2020

ADMINISTRATION REPORT

Slate of Officers – The Nominating Committee met and recommends the following members to serve as officers on the Sheridan Memorial Hospital Board of Trustees for the coming fiscal year. The committee recommends the officers remain the same with David Smith as Chairman, Timothy Scott, MD as Vice Chairman, Gene Davis as Treasurer, and Shirley Coulter as Secretary. The term of office will run from July 1, 2020 to June 30, 2021. Kevin Bailey motioned to approve the slate of officers as presented. Andrea Mellinger seconded the motion. Motion carried.

Testing Update – Dr. Addlesperger updated the board on the offsite testing, with over 20 tests being done a day. We have adequate supplies at this time; in house testing is limited, but adequate. The medical providers are cooperating with appropriate usage. The receipt of our allotment of testing supplies has been slow and we are watching it closely. The uptick of positive test results does not represent community spread. There is a high demand coming in from out of the country and there has been challenges in communication and language barriers, but we are working through the challenges and things are going well.

Tier III Huddle Process – Brittany Goodvin with Lean, reviewed the Lean Engagement Model slide deck provided to the board members via email. The first slide presents a picture of lean engagement, which the Tiered Huddle System showing as part of the infrastructure of the engagement. On a daily basis, this communication structure is utilized and allows the deployment of strategy through every day conversations with front line staff up to the officer level. This operational stability to evaluate process improvement at the ground level is very successful and is making an impact.

Tier I Huddle is at the unit/department level. This identifies and solves any problems occurring with daily work, and we can determine if we are making an impact. This structure offers a great platform for staff to identify barriers and problem solve at the appropriate level and provides a timely investigation and resolution to a problem. If there are any barriers identified in the unit that cannot be resolved, it can then be escalated to Tier II.

Tier II Huddle occurs at the Director level. The department manager reports to his/her director any safety events in the unit, any reoccurring problems or trends, and receives assistance in removing those barriers to the daily work done at the unit level. If any problems cannot be resolved at this level, it is then escalated to Tier III.

Tier III Huddle occurs at the Officer level and is the last step in the huddle system. This high level huddle focuses on safety, which the hospital has been focused on for many years, formally known as the Daily Safety Brief, with the change being that this meeting is not open to the whole organization. The SMESS huddle with the officers and directors (leadership) meet to discuss any safety events that have reached a patient and has caused harm, review any organizational operational issues, and remove barriers that hadn't been resolved at the Tier I or Tier II levels.

In this huddle, leadership continues to take steps to be COVID ready in case of a surge. There is a better connection with the front line staff and doing GEMBA walks to look at problems. The process allows for communication at all levels of the organization in an effective manner, along with the Management for Daily Improvement; taking a strategic plan and using it daily to focus on the drivers of safety, service, and quality.

A review of the huddle boards that are displayed and utilized throughout the organization are discussed. The huddle board is a critical visual management tool for the managers, as it outlines the issue, who owns the action item and the status of the item to show progression, and when it has been resolved. Daily Metric - we can evaluate the success of a specific project for strategic alignment. If an issue is not resolved, it proceeds to the Pareto Chart to determine why it is unsuccessful, and countermeasures are deployed to identify gaps and strategy.

Embracing this lean concept and those doing the work, really helps the processes and understanding the barriers

June Board Meeting
Board of Trustee Meeting Minutes
June 24, 2020

being encountered.

In closing Brittany reviewed the Stat Sheet that is used to facilitate huddles with the managers and is built around the SMESS structure, with specific questions relevant to the business of the department and setting priorities. The Daily Status of Business sheet for a department identifies what the issues are, what needs to be done to correct an issue, and what should be escalated.

Lacey Johnson, Director of Nursing and interim manager on the medical surgical unit, states that there is a huge growth and engagement with staff and an improvement in processes at the front line.

Re-Opening Phase Update – Nyle Morgan updated the board on the Phase III opening plan for the organization, which is now implemented. There was a set of criteria at the forefront that has carried through Phase I, Phase II, and Phase III. The Phase III plan outlines return to normal operations for the hospital and the clinics with limited access points to the hospital to ensure screening of staff, visitors, and patients.

The board inquired about the status of Internal Medicine and wait times. Nyle Morgan, COO was happy to report that there are plenty of appointments available on a daily basis. If a specific provider is requested, there may be a wait time, as the physician may be working as a hospitalist and not in clinic. The system is designed to get a patient in to see one of the physician team members immediately. Mike indicated that Internal Medicine saw 116 patients the other day, which included telemedicine for some higher risk patients. Most patients are physically coming in to the clinic.

The board also inquired about the screening of asymptomatic personnel. Dr. Hunter states from a public health standpoint, it is more prevalent in the nursing homes and approximately 20% of residents and staff are being screened. Next will be health care facilities, but the percentage to be done weekly of employees and patients has not been defined, but needs to be so as not to overwhelm the system. Additionally, the question is, who supplies the test kits and who's paying for the screening. More information to come as these determinations are made.

SLIB Grant Update - the distribution plan of the \$1.25B Cares Act in the State of Wyoming is being discussed. There is work happening with the Governors authority on guidelines to access the funds. We have put together a plan to potentially access some of the funds, however the guidelines are getting narrower in their allocation. We are determining if the HVAC and electrical upgrade on the 2nd and 3rd floors in the event of a surge would meet the guidelines. We will get the final proposal to the SLIB board for review and consideration.

FINANCE

Nathan Stutte, CFO has the FY2021 forecast in the board packet for board review and consideration. Nathan Stutte, Gene Davis, Finance Committee Chairman, and Mike McCafferty met with the County Commissioners to review the budget. The commissioners expressed concerns about the hospital surviving the next year, with the closure of services due to the global pandemic. After review and consideration by the full board, Gene will bring this back next month for formal approval.

Nathan reviewed the May results with the board, highlighting the reopening of services, with an 85% increase in volumes in some areas and a 100% increase in volumes in surgery. Internal Medicine and Endoscopy continue to double in volume. There is a strong performance at the Welch Cancer Center, whose services seem to have been unaffected by the virus and continues to grow. The payer mix continues to be monitored, and we have seen some interesting shifts. We have had 3 months of sustained decrease in uninsured patients and higher utilization from the VA center. We are looking for reimbursement from costs to get PPE in the door as there was an increased cost to obtain the PPE. The May outcome was better than forecasted. Moving into FY 2021 is very unpredictable. The CFO is not planning on the volumes to come back as they were pre-pandemic, and a conservative approach to

June Board Meeting
Board of Trustee Meeting Minutes
June 24, 2020

revenues is being taken. We are predicting a loss in the first quarter of the fiscal year with projections of 12-16 days cash on hand.

We are currently evaluating our group purchasing organization for the supply chain. We are supposed to be receiving a savings by being part of this group's purchasing group through Vizient and have been disappointed in their lack of support during COVID -19 pandemic. We will look at other group purchasing groups to get the savings and receive better support.

FY2021 recommendation for board approval next month will be for equipment, software and minor construction for a dedicated women's locker room. There are continued discussions with Billings Clinic radiation oncology and the need for a new machine by 2022, at a cost of \$4M. There will be a \$400K discretionary fund on top of the \$2M for the board to approve. The hospital has received partial funding of the Medicare advance money and the funds have been set aside at this time. We will have to pay back these funds in 120 days, unless the fund repayment is forgiven. There are rules around how the funds are to be treated. We are working on this with our audit firm so we can pass an OIG or governmental audit.

FOUNDATION REPORT

Cody Sinclair, CDO stated that the Foundation board met this week and the Foundation continues to see community support. The golf tournament is full and there are great plans for a fun day. The Foundation will be the recipient from the Black Powder Shootout, benefiting the Welch Cancer Center and the Foundation's COVID relief fund. Cody would also like to remind everyone, the July 28, 2020 annual meeting. There will be a Zoom option for members to utilize to attend as well. Also Kari Anderson, the consultant with Incite, may be reaching out to you pertaining to fundraising and communication strategies on behalf of the Foundation.

BUILDING COMMITTEE REPORT

Kevin Bailey, Building Committee Chair reports that there was no meeting as there was nothing to bring to the committee at this time.

OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith made a motion to move into Executive Session at 5:01 pm. Kevin Bailey seconded the motion. Motion carried.

The board reconvened into general session at 5:18 pm, with action taken at 5:20 pm as we were waiting to see if the media came back on the line after notification sent that we were back in general session. Please see the action taken under the Medical Staff Report.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:22 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary