



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

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

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

No one from the media outlets have identified themselves as being on the call.

APPROVAL OF AGENDA AND MINUTES

The June board meeting agenda was reviewed and amended to reflect the need for the approval of the minutes from the Special Board of Trustee meeting held on July 15, 2020. Kevin Bailey moved to approve the revised agenda. Dr. Timothy Scott seconded the motion. Motion carried.

The minutes from the June board meeting held on Wednesday, June 24, 2020 were reviewed. Gene Davis motioned to approve the minutes as presented. Andrea Mellinger seconded the motion. Motion carried.

The minutes from the Special Board of Trustee meeting held on Wednesday, July 15, 2020 were reviewed. Joe Wright motioned to approve the minutes as presented. Kevin Bailey seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

The committee reviewed and discussed very few items. There are low incidences of pressure ulcers, which indicate we are providing good care. There was a review of temperature levels in surgery to make sure the levels are not too low. Employee injuries were reviewed with six employee injuries logged in the last quarter. One was a reportable injury to OSHA. Blood transfusions and reactions to blood transfusions continue to be monitored. There are some technology problems and reporting to the EMR. There is improvement in data, but will continue to report monthly.

MEDICAL STAFF REPORT

Dr. Hunter has a conflict and is unable to attend the board of trustee meeting. Dr. Addlesperger, CMO and Amy Ligocki, Medical Staff Manager will present the appointments and reappointments to the board and answer any questions.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jolene Karls, PA-C	Delegated Telemedicine	Medicine	8/18/2022	Billings Clinic
Elise Sylar, MD	Active	Internal Medicine		SMH Internal Medicine

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Amy Ligocki, on behalf of the Credentials Committee and Medical Executive Committee recommend the initial medical staff appoints as presented. Kevin Bailey moved to approve the appointments. Dr. Timothy Scott seconded the motion. Motion carried.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Juli Ackerman, MD	Active	Internal Medicine	7/31/2022	SMH Internal Medicine
Michael Brennan, MD	Active	Cardiology	6/28/2022	SMH Heart Center
James Ferries, MD	Active	Orthopedic Surgery	7/24/2022	Sheridan Orthopedic Associates
Hannah Hall, MD	Active	Internal Medicine	7/31/2022	SMH Internal Medicine
Brian Laman, MD	Active	Orthopedic Surgery	7/30/2022	Sheridan Orthopedic Associates
Sara Maguire, MD	Active	General Surgeon	12/02/2022	Big Horn Surgical
Gregg McAdoo, MD	Active	OBGYN	6/25/2022	SMH Women's Clinic
Brian Menkhaus, MD	Active	Pathology	6/29/2022	Sheridan Pathology Associates
Brenton Milner, MD	Active	Orthopedic Surgery	7/29/2022	Sheridan Orthopedic Associates
Amber Robbins, MD	Consulting	Dermatology	7/1/2022	Robbins Dermatology
Erik Smith, MD	Active	Emergency	8/2/2022	SMH Emergency Medicine
William Taylor, MD	Active	Radiology	6/26/2022	SMH Radiology

Amy Ligocki, on behalf of the Credentials Committee and the Medical Executive Committee, recommends approval of the medical staff renewals. Gene Davis moved to approve as presented, except for those discussed in Executive Session, which require additional information for approval. Dr. Timothy Scott seconded the motion. Motion carried.

ADMINISTRATION REPORT

Scope of Services – Sheridan Memorial Hospital has a deemed status with the Joint Commission. A condition of that deemed status requires the Board of Trustees review and approve the services that the hospital provides to the community. Joe Wright moved to approve the scope of services as presented. Andrea Mellinger seconded the motion. Motion carried.

COVID-19 Update – the readiness report dashboard for Covid-19 was reviewed. There are high level markers, testing, positive new cases, and admissions to the hospital. We have tested 2,880 patients. The turnaround time for a test is 5 days, but is fluctuating due to the higher number of tests being completed and an influx to the labs. This lag affects elective cases of Covid-19 testing prior to surgery or a procedure. We want to do tests in advance so as not to deplete our rapid test kits, which supplies have dwindled and we have been receiving our full allotment. Additionally, we have had a number of potential positive patients, which the staff treat as if positive until the tests come back. This requires the use of PPE in these cases. There is a new algorithm and modeling of the Covid-19 virus, to better understand the trajectory or resources given the number of variables. Thanks extended to Nathan Stutte, CFO and Charles Burgess, Director of Finance and Supply Chain for their work on this helpful tool. The current numbers are such:

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There has been 2,880 patients tested
Turnaround time for results is 5-7 days
There have been 41 tests a day within the last seven days.
The triage phone line has received 32 calls a day
There have been 42 positive patients
There has been 4 admissions of Covid-19 positive patients to the hospital

Dr. Addlesperger expanded on the implications of burning through our PPE and not enough rapid testing supplies. We are trying to modify our strategy of doing testing 7 days in advance of a procedure; we are then faced with a 7 day window in which someone could still contract the disease. We currently have 7 to 8 days' worth of test kits available in house, but feel there is a possibility of a surge of Covid-19 and/or influenza patients in September and October. In house testing takes approximately one and one half hours. Sending a test kit off depends on where the test sits in the queue at the lab it's sent to.

State Loan and Investment Board Update (SLIB) and Grant Resolution – We made our first grant application to the SLIB board for funding to update the infrastructure of the electrical and HVAC system on the second and third floors, but have not had a response back. The SLIB board will meet on August 6th and we will make a presentation to them at that time.

We were encouraged to keep our requests separate to the SLIB board, and with that being said we are proposing a second application and resolution to the board for their review and approval, relevant to updating the infrastructure of the hospital to create a permanent location for displaced essential hospital staff while maintain an ongoing surge area for Covid-19 patients. The budget number has changed from what has been made available in the board packet. The second grant funding request will be \$1,270,000 vs \$1,193,700 as indicated in the packet. The funding would update the HVAC, electrical systems, and demolition to support placement of personnel under the pediatric wing and Med-Surg north wing of the hospital.

The resolution reads as such:

A Resolution authorizing submission of a Coronavirus Relief Grant Application to the State Loan and Investment Board on behalf of the Governing body for Sheridan Memorial Hospital

For the Purpose of:

Updating the infrastructure of Sheridan Memorial Hospital to create a permanent location for essential hospital staff while maintaining an ongoing surge area for Covid-19 patients. This will: (1) Simplify surge planning by not having to displace staff or certain patient populations; (2) allow for the creation of permanent areas to segregate infectious and non-infectious patients; and (3) provide maximum number of surge beds within existing hospital space.

To recap, the first grant pertained to updating the infrastructure to create negative pressure spaces in the hospital. The second grant is relevant to expanding space for displaced hospital staff, due to staff vacating the 2nd and 3rd floors in preparation for a surge of Covid-19 patients.

Dr. Timothy Scott moved to approve the second grant resolution and grant funding request for \$1,270,000 to submit to the SLIB board. Shirley Coulter seconded the motion. Motion carried.

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FINANCE

Gene Davis, Finance Committee Chairman, acknowledged Charles Burgess. Chuck will be leaving the organization mid-August and he played an invaluable role to financial planning during Covid-19.

The June results show we have an increase in cash on hand, due to a mix of funds from the CARES Act and Medicare Advance payments. We will need to start repayment in August and September unless it is determined repayment is not required. We have a positive cash flow, a strong operational month, and the payer mix shows sign of improvement with a decline in the uninsured base. Data trends shows improved access in Internal Medicine. We have seen increased activity from the VA utilizing Chemotherapy, Med-Surg, Cath Lab, and CT's. The quarter ended with a decline in revenues due to the shutdown of services in March and April. Costs are well controlled and we have a slightly positive operating margin. The finance department is prepping for the auditors, with pre-audit information being submitted at this time.

Investment Policy Resolution – the Finance Committee had a prior amendment, but would like to change it to reflect the minimum approved government issued fixed income Securities and FDIC backed CD's from 50% to 20% so that the board can better accommodate any future extreme short-term liquidity needs. David Smith states that he would like to amend the verbiage on the resolution and recommends the change to the board when approving the Investment Policy Statement. Kevin Bailey seconded the motion with the proposed amendment change. Motion carried.

FY2021 Budget - Nathan Stutte, CFO and the Finance Committee members reviewed the FY2021 budget forecast on June 11th. We will end the year with 50 days of cash on hand, we took a hit on earnings and there is \$7M in appreciation on non-cash items. We are unable to predict volumes, but have set a base level and have built a cost structure to support that. We are forecasting an operational loss, but are making changes to move forward to address items. There are big projects coming up to stay on track with capital spending. We are utilizing labor across the organization to be productive and move forward. Costs will be our biggest struggle; supply chain and the ability to get supplies and the cost associated with supplies. An example was given of a mask used to cost SMH 30 cents and now the same mask costs the hospital a couple of dollars. The WCC continues to be an area of strong growth with Dr. Ratterman.

Gene Davis, on behalf of the Finance Committee recommends adoption of the capital budget, operational budget and discretionary capital spending budget as outlined for FY2021. Andrea Mellinger seconded the motion. Motion carried.

FOUNDATION REPORT

Cody Sinclair outlined the annual meeting of the Foundation, which was held in person and via Zoom. There was an update on the hospital, Liz Mahoney provided information on the Gap Program in patient care, and Ada Kirven gave a review on Foundation business. The Foundation approved new leadership, with Richard Garber as president, Rob Johnson, VP, Rita Rohrbaugh, Secretary and Matt Ebzery as Treasurer. Thanks were extended to Kristi Von Krosigk and Kirby Taylor for their commitment and years of work as they leave the Foundation board. Andrea Mellinger went off the board as well. Welcome was extended to Dr. Timothy Scott who will now serve as the board liaison.

Cody also reported that the golf tournament was a huge success. \$15K was raised for the greatest needs identified.

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.



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OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith made a motion to move into Executive Session at 4:47 pm. Gene Davis seconded the motion. Motion carried.

The board reconvened into general session at 5:03 pm, with action taken under the Medical Staff Report.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:08 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary