



**BOARD OF TRUSTEES
AUGUST MEETING MINUTES
WEDNESDAY, AUGUST 26, 2020 4:00 P.M.**

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

CALL MEETING TO ORDER

David Smith, Chairman, called the meeting to order at 4:02 p.m. Due to the COVID-19 pandemic, this meeting is being held via conference call. Shirley Coulter joined the meeting via phone at 4:06 pm.

PUBLIC COMMENTS, INTRODUCTIONS

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

APPROVAL OF AGENDA AND MINUTES

The August board meeting agenda was reviewed. Gene Davis moved to approve the agenda as presented. Dr. Timothy Scott seconded the motion. Motion carried.

The minutes from the July board meeting held on Wednesday, July 29, 2020 were reviewed. Dr. Scott motioned to approve the minutes as presented. Andrea Mellinger seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

The committee reviewed and discussed the following: core measures, adverse drug reactions and medication adverse events, reported medication errors, hand hygiene, antimicrobial stewardship, Catheter Associated Urinary Tract Infections (CAUTI) & Central Line Acquired Blood Stream Infections (CLABSI), patient feedback, radiology reports, alarm fatigue and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). There are low incidences of pressure ulcers, which indicate we are providing good care. The committee approved Marissa Mendez as the infection prevention specialist.

Sheridan Memorial Hospital is being recognized in a press release by Cerner, our electronic medical records vendor, relevant to our efforts on sepsis care. The improved measures and compliance with the corresponding decreased mortality is huge and we have made great strides with this endeavor. Sepsis is difficult to measure and improve on as well.

We electronically report our core measures to the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission (IJC). CMS will continue to collect this data, but announced they will not publicly report data for the 1st and 2nd quarters. There has been no information on how this will impact the calculation and reporting of the Star rating system.

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.

Amy Ligocki invited the board to the Quarterly Medical Staff meeting on Tuesday, September 15th. Officer elections will take place with the term effective January 1, 2021. Dr. Hunter has been chief of staff since 2017 and will remain chief of staff until the term expiration January 1st.

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Amy Ligocki, on behalf of the Credentials Committee and Medical Executive Committee recommends the initial medical staff appointment as presented. Shirley Coulter moved to approve the appointment, pending receipt of the WY License, CSR, WY DEA and insurance. Gene Davis seconded the motion. Motion carried.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Wyatt Gardner, PA-C, MPAS	Active	Emergency Department		SMH Emergency Department

Amy Ligocki, on behalf of the Credentials Committee and the Medical Executive Committee, recommends approval of the medical staff renewals. Dr. Scott moved to approve the renewals as presented. Andrea Mellinger seconded the motion. Motion carried.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Lindsay Capron, MD	Active	OBGYN	10/01/2022	SMH Women's Clinic
William Dressen III, MD	Delegated	Cardiology	8/28/2022	Billings Clinic
Laura Ferries, MD	Active	Internal Medicine	8/23/2022	SMH Internal Medicine
Jason Grennan, MD	Delegated	Radiology	10/01/2022	Real Radiology
Lawrence Gill, MD	Active	OBGYN	9/16/2022	SMH Women's Clinic
Jonathan Jaksha, MD	Delegated	Radiology	10/01/2022	Real Radiology
Kent Katz, MD	Active	Gastroenterology	5/24/2022	Gastroenterology Associates
Brian Laman, MD	Active	Orthopedic Surgery	7/30/2022	Sheridan Orthopedic Associates
Matthew Mendlick, MD	Delegated	Radiology	11/2/2022	Real Radiology
Brenton Milner, MD	Active	Orthopedic Surgery	7/29/2022	Sheridan Orthopedic Associates
Matthew Moog, MD	Active	Anesthesiology	10/01/2022	Big Horn Anesthesia
Suzanne Oss, MD	Active	Pediatrics	12/28/2022	NE WY Pediatrics
Anthony Quinn, MD	Active	Orthopedic Surgery	7/26/2022	Sheridan Orthopedic Associates
Megan Ratterman, DO	Active	Hematology/Oncology	8/02/2022	Welch Cancer Center

Name	Category	Specialty	Renewal Date	Affiliated Organization
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Blaine Ruby, MD	Consulting	General Surgery	2/28/2022	Johnson County Health Center
John Schallenkamp, MD	Active	Radiology/Oncology	5/02/2022	Welch Cancer Center
Barry Wohl, MD	Active	Pediatrics	7/19/2022	NE WY Pediatrics

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ADMINISTRATION REPORT

Compliance Update – Lynn Smith, Compliance Officer reports that she has received the completed conflict of interest forms from the board, and upon review there is no conflict identified requiring mitigation or action at this time.

COVID-19 Update | Face Mask Usage Memo Ratification – in our efforts to reduce the transmission of the virus and for source control, Sheridan Memorial Hospital has a policy in place that we wear face masks in the hospital, and require it of anyone coming in for services or to visit. This has gone well, but for a few patients/visitors who are not interested in complying, which puts our staff in an uncomfortable position to enforce our policy. We have a memo showing joint support from the board of trustees, the county commissioners and medical staff letting people know that we believe with the increased numbers and spread of the virus, we need to do all we can to decrease transmission by source control. We are doing our best to keep our staff safe and healthy as well so we can continue to care for the people in our community. The memo was released to our front line staff to communicate the whys of wearing a mask and the prevention of the transmission of the disease and implementing the standards of the CDC. Mike McCafferty is asking for ratification from our board in support of the memo. David Smith, board chairman feels that this is the appropriate action to take and requested a motion for approval. Joe Wright motioned to approve the memo. Gene Davis seconded the motion. Motion carried.

Sheridan Memorial Hospital has some work to do with the community relevant to communication around the virus and disease process and what we are seeing happen in our community. SMH will work with the County PIO with information that tells our story to the community. We don't have the spike in cases like many of the "hot spots" across the county, but there is activity going on which has created anxiety in our staff.

SLIB Grant Application and Update – Mike reminded the board that SMH has been awarded a \$2,068,500 grant through the Cares Funding Act through the State of Wyoming, and we have begun the project of HVAC infrastructure and electrical upgrades on the 2nd and 3rd floor in earnest. We will join the SLIB board meeting tomorrow, Thursday, August 27, 2020, to present on the second grant application in the amount of \$1,270,000. This request is to upgrade the HVAC and demolition of the lower level space under the Medical-Surgical North unit and Women's Health unit to house essential staff that were displaced as a result of vacating the 2nd and 3rd floors. Mike will keep the board posted as he knows more.

Joint Commission Lab Survey – The Joint Commission (JC) had a surveyor on sight for five days for a lab survey, as the lab is surveyed every two years to keep their deemed status. The survey went extremely well, and the surveyor was very complimentary of the lab. The JC changed the way they rank their findings. The lab had eleven findings; nine were ranked low or moderate and in a limited category. Two were ranked as high infractions. The surveyor indicated that facilities typically average forty infractions, so the lab did really well. The preliminary report will be reviewed at the Joint Commission where some of the infractions may be removed. Overall, Cathy Bealer, Andrea Paulson, and the lab team did a great job and should be commended.

Wyoming Department of Health Survey – The Wyoming Department of Health visited our facility to do a survey as a result of an EMTALA complaint. EMTALA is an acronym for Emergency Medical Treatment and Labor Act; a federal law requires anyone coming to an emergency department including those in active labor to be stabilized and treated with a standard level of care. The surveyor interviewed physicians and nursing staff in the emergency department and did a chart review. The surveyor made an offline comment that there was no evidence that we didn't meet the standard of care. The review will be sent to the Denver CMS office, where a determination will be made; this should take about 4-6 weeks before we receive a final report.

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FINANCE

The finance committee met and reviewed the first month of the fiscal year. SMH ended the fiscal year with positive earning; our gross patient revenue is 2% less than a year ago, which is an indication that we are meeting community needs despite the interruption of services with Covid-19.

Days of cash on hand and our operating loss moved downward. We are doing better than forecasted with a robust return in revenues. The Welch Cancer Center continues to see growth in the area of chemotherapy and infusions, with an increase in patients from Buffalo. There was an improvement in the payer mix in July, with a decline in governmental and uninsured patients. We will continue to monitor activity and the guidance and rules on the Cares funding. The auditors will be on site in a couple of weeks and we will spend some time with them around this matter. We would like the auditors to share what they are seeing other facilities do with the funds they received. We continue to utilize the funds for the testing center, screening stations, and locating PPE across the country. Nathan reminded the board that \$2.7M received from CMS was a loan and will be paid back starting in September and October. The hospital is still experiencing volatility in operations, and retuning of funds will have an impact.

FOUNDATION REPORT

Cody Sinclair took this opportunity to thank Dr. Scott for attending the Foundation meeting and to reiterate how happy the Foundation is to have him. The Foundation has been meeting with Kari Anderson with Incite Consulting. Ms. Anderson has been working on fundraising development and doing a community assessment for the Foundation. She is back on site to work with staff on her recommendations and to initiate some training. Dr. Scott indicated that he feels the Foundation is in good hands with the leadership in place.

BUILDING COMMITTEE REPORT

The committee did not meet as there is nothing to discuss and no action to take at this time.

OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith made a motion to move into Executive Session at 4:34 pm. Dr. Scott seconded the motion. Motion carried.

The board reconvened into general session at 4:42 pm, with action taken under the Medical Staff Report.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 4:46 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary