



**BOARD OF TRUSTEES  
JANUARY MEETING MINUTES  
WEDNESDAY, FEBRUARY 3, 2021 4:00 P.M.**

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

**MEMBERS ABSENT:**

**OTHERS PRESENT:** Mike McCafferty, Dr. John Addlesperger, and Dr. Shaun Gonda

**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 from Sheridan Media made it known that she is on the call this afternoon.

**APPROVAL OF AGENDA AND MINUTES**

The January board meeting agenda was reviewed. Kevin Bailey moved to approve the agenda as presented. Shirley Coulter seconded the motion. Motion carried.

The minutes from the December board meeting held on Wednesday, January 6, 2021 were reviewed. Dr. Scott motioned to approve the minutes as presented. Gene Davis seconded the motion. Motion carried.

**QUALITY COMMITTEE REPORT**

The Quality Committee reviewed quarterly patient satisfaction scores. The patient satisfaction goal of 82% for “likely to recommend” for inpatient HCAHPS was not achieved, as we scored in the 75<sup>th</sup> percentile. Scores for patient satisfaction in the outpatient clinic setting were significantly improved.

There were no catheter line infections for Home Care reported.

The flu vaccination rate is still at 70%. We would like to see 90% compliance. Staff and volunteers have until March 31 to receive the vaccination.

Critical results in radiology were reviewed. The period to call a primary provider with critical results at Sheridan Memorial Hospital is anywhere from four to 23 minutes, well below the national average. Also reviewed were call back to patients relevant to mammography screenings. The national rate is 10% and SMH is 5.5%. The 3D Tomosynthesis machine has clearer readings resulting in fewer callbacks.

**MEDICAL STAFF REPORT**

Dr. Gonda presented the flow chart algorithm that is used in the privileging / credentialing process of a provider. Amy Ligocki, Medical Staff Manager offered that this process is reviewed every three years. Andrea Mellinger, new to the credentialing committee, recommended sharing the process with the board to show the thoroughness of the process before the recommendation for privileging and/or credentialing is presented to the board for approval.

Credentialing matters to be discussed in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and Credentials Committee, recommends approval of the medical staff renewals as presented.

January Board Meeting  
Board of Trustee Meeting Minutes  
February 3, 2021

<b>MEDICAL STAFF RENEWALS (ACTION)</b>				
<b>Name</b>	<b>Category</b>	<b>Specialty</b>	<b>Renewal Date</b>	<b>Affiliated Organization</b>
Patrick Cobb, MD	Delegated Consulting	Hematology/Oncology	12/06/2022	Billings Clinic
Robin Horsley, AGACNP-BC	Active	Acute Care Gerontology Nurse Practitioner	1/29/2023	SMH Hospitalist
Tracy Jons, PAC	Active	Women's Health Physician Assistant	1/2/2023	SMH Woman's Clinic
Angela Knutson, PAC	Active	Emergency Medicine Physician Assistant	1/29/2023	SMH Emergency Department
Jessica Neau, PAC	Active	Medicine Physician Assistant	1/22/2023	SMH Internal Medicine
Brianna Rick, MD	Delegated Telemedicine	Psychiatry	1/31/2023	Avera
Deiadra Smidt, LPC	Non-Member LIP	Mental Health Clinician	1/08/2023	Life Strategy Center
Clay Smith, MD	Active	Emergency Medicine	1/9/2023	SMH Emergency Department

Joe Wright moves to approve the medical staff renewals as presented. Shirley Coulter seconded the motion. Motion carried.

### **ADMINISTRATION REPORT**

Mike McCafferty, CEO wanted to let the board know about the tremendous job our clinical and support staff are doing in caring for our patients and supporting one another; we have the right people in the right place, doing the right things. Everyone has been very committed and professional, and we are very proud of everyone. Dr. Addlesperger and Lekan Ajayi played an integral role to get processes in place for patient scheduling, admissions, vaccinations, and follow up relevant to the COVID-19 immunization clinic.

COVID-19 Update – the community has been stable over the last couple of weeks and our hospitalization rate is manageable. The vaccination center has some great employees who remain flexible, adaptable, and are doing extra work as needed. To date 2,435 vaccinations have been administered; 450 employees or 63% of eligible staff have received a vaccine; 37% of staff are not vaccinated due to various reasons – some have had COVID and are waiting the recommended three months before receiving the vaccine; some employees are pregnant, and there is insufficient data relevant to its safety in pregnant women; and some employees are taking the “wait and see” approach. The hospital has addressed this by hosting an employee forum to educate staff with physicians discussing what is known about the vaccine, answering questions, and sharing experiences.

Immunization Protocol / Plan – Dr. Addlesperger reviewed data with the board:

Community Members vaccinated – 1,708  
First Dose Received – 2,100  
Second Dose Received – 273  
Pfizer Administered – 1,120  
Moderna Administered - 1,216

Dr. Addlesperger would like to congratulate the crew for not wasting any vaccines. Calls are being made and working with the schedulers to ensure there is no waste. People are happy to have received their vaccination with an easy and efficient process in place.

We are following the priority list set by the CDC, but there may be a few exceptions that would allow us to deviate. A panel of physicians will review all exception requests, such as a serious medical problem or condition that would warrant prompt vaccination.

The Department of Health has released a new priority list. We are still working through the 70+ year old age group. If we get everyone scheduled in this age group, we will open the next level for 65+ year olds and essential workers in that age bracket. We have a significant list of 65+ year olds and expect to have the vaccines utilized by Friday. We

January Board Meeting  
Board of Trustee Meeting Minutes  
February 3, 2021

are trying to get to as many people as possible and are coordinating with Debra Haar at Public Health.

Sheridan Memorial Hospital is open to participating in surveillance testing upon request. The question is how to get samples with the current outbreak in the nursing homes to test if the variant is in our community. The State would need to coordinate with the nursing homes.

**Level III Trauma Center Resolution** – Barb Hespen presents this resolution to the board as an action item. This resolution is brought before the board every three years as a requirement of the State Trauma Review Group and the American College of Surgeons, acknowledging our commitment to maintain a Level III Trauma Center. The surgeons have also acknowledged their commitment, and the resolution is attached for the board's review. Joe Wright motioned to approve the resolution. Andrea Mellinger seconded the motion. Motion carried.

**2020 Annual Compliance Report** – Lynn Smith, Compliance Officer, gave a brief overview of what the compliance committee has reviewed this past year. It was a very busy year with both compliance and privacy concerns addressed. HIPAA was a big concern with 100 investigations done with 75 unsubstantiated claims. There were 26 breaches due to the lack of email encryption. Lynn implemented a system, which is up and running and appears to no longer be an issue. Another big project is with the revision and implementation of the fraud and abuse policy; 13 compliance policy revisions were addressed. More policies will be reviewed and revised in the next year with amendments relevant to HIPAA and the Cares Act.

### **FINANCE**

The Finance Committee reviewed information on an estimating tool that can be used to determine cost of services, out of pocket deductible, and total procedure costs. The tool is complex and is best utilized in conjunction with our patient advocates due to the complexity of health care and different insurance plans, or no insurance coverage at all. This tool is available on our website and is the beginning steps for financial transparency for those seeking our services. CMS mandated that there is pricing transparency, but the implementation methods that CMS is pushing is not of any help at the patient level.

Nathan Stutte, CFO gave a brief overview of the second quarter. The hospital experienced some rough months due to COVID-19. We had some business levels increase, however, after Thanksgiving; Women's Health was busy with a 25% increase for the quarter; 55% of the increase was from C-section deliveries. Revenue increased 50% on the medical surgical unit with a high census in pneumonia patients, and surgical volumes picked up as well. The Welch Cancer Center continues to grow.

The cost of treatment and drug inflation is up by 24%. We are still awaiting reimbursement from the SLIB on our projects. It may be a while as SLIB is reviewing 700 requests for reimbursement at this time.

### **FOUNDATION REPORT**

The Foundation is happy to report the Wendy Smith will be joining the board. Wendy currently serves as the Associate Vice President for Strategic Communication and Public Relations at Sheridan College and is a leader and connector in the community. She is also a past president with Leadership Wyoming.

Ada Kirven, Director of Donor Relations, reports on the community portion of the TCU campaign. Over 20 individuals have toured the site and learned what the benefits are for our community. Foundation membership has increased after release of the Gratitude Report with some very wonderful responses and gifts received. The Foundation is at 450 members. The TCU project has received 100 individual gifts. Thanks extended to the Trustees and the leadership for their early gifts. The employee partners voted to select the TCU to receive the employee partner gift of \$48K. Ada is looking forward for the opportunity to talk to the community relevant to this project.

January Board Meeting  
Board of Trustee Meeting Minutes  
February 3, 2021

### **BUILDING COMMITTEE REPORT**

There was no need for a meeting this month. Rob Forister gave a brief overview of current projects. We are still moving from concept to construction document phase to build the TCU. The design has been determined and approved by the stakeholders, and is currently in the hands of the architects and engineers for the construction document phase.

### **OTHER BUSINESS**

None.

### **EXECUTIVE SESSION**

David Smith motioned to move into Executive Session at 4:46 p.m. to address credentialing matters. Kevin Bailey seconded the motion. Motion Carried.

General session reconvened at 4:53 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

David Smith motioned once again to reconvene in Executive Session for the CEO review at 4:54 p.m.

General session reconvened at 5:05 p.m. Kevin Bailey made the motion to proceed as discussed in Executive Session. Joe Wright seconded the motion. Motion carried.

### **ADJOURNMENT**

With no further matters to come before the board, the meeting adjourned at 5:05 p.m.

Patty Forister, Recorder

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Shirley Coulter, Secretary