



**BOARD OF TRUSTEES  
APRIL MEETING MINUTES  
WEDNESDAY, APRIL 28, 2021 4:00 P.M.**

**MEMBERS PRESENT:** David Smith, Kevin Bailey, Shirley Coulter, Joe Wright, Dr. Timothy Scott, and Gene Davis  
**MEMBERS ABSENT:** Andrea Mellinger  
**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. The board is meeting in person, practicing social distancing and mask usage. The conference line is open for all others to attend via phone due to COVID-19.

**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 April board meeting agenda was reviewed. Kevin Bailey moved to approve the agenda as presented. Joe Wright seconded the motion. Motion carried.

The minutes from the March board meeting held on Wednesday, March 31, 2021 were reviewed. Dr. Tim Scott motioned to approve the minutes as presented. Gene Davis seconded the motion. Motion carried.

**QUALITY COMMITTEE REPORT**

The Quality Committee met this afternoon and Barb Hesper, Chief Nursing Officer reports that the committee reviewed the following: Restraints and Seclusion data show 100% compliance with the restraint standard of performance being obtained. Pain Management is showing a gain; this requires continued monitoring and an improvement plan for a higher level of compliance. Blood transfusions are 80% -100% compliant throughout the nursing departments after the go-live education 2 months ago. We will continue to conduct 100% review of all blood transfusions to report to senior leadership and the quality committee monthly. Since November 2020, inpatient fall activity has increased with eight falls; one resulting in a minor injury. An action plan has been put into place and nursing will do a Value Stream Analysis. Rob Forister presented on the updated Security Risk Assessment for the hospital.

**MEDICAL STAFF REPORT**

Dr. Gonda reports there is work being done for a new women's physician locker room with room to make a physician lounge for the future. This will be a great space for all physicians. We will have the board take a tour in a month or so.

With nothing else to report, credentialing matters will be addressed in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and the Credentials Committee, presents the following Medical Staff Renewals for consideration. There are no concerns noted.

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### **MEDICAL STAFF RENEWALS (ACTION)**

Name	Category	Specialty	Renewal Date	Affiliated Organization
Bridgette Baker, RNC, WHNP	Active	Nurse Practitioner	05/28/2023	Sheridan's Woman's Clinic
Shannon Calhoun, DO	Delegated Telemedicine	Radiology	5/29/2023	Real Radiology
Rebekah Montgomery, FNP-C, DNP	Active	Nurse Practitioner	5/29/2023	Internal Medicine

Kevin Bailey motioned to approve the renewals as presented. Gene Davis seconded the motion. Motion carried.

### **ADMINISTRATION REPORT**

COVID-19 and Immunization Update – Dr. Addlesperger reports that we are keeping the curve “flat” in the community. There are eight confirmed active cases; zero cases reported in the last 24 hours. This number has fluctuated over the last six to 12 months. There have had four unique hospitalizations, but never more than one patient at a time. Testing continues, with a reduction in the number of people being tested. This has leveled off to 25 people a day getting tested. The hospital continues to test prior to a surgery. Immunizations have also decreased. The hospital administered 89 “2<sup>nd</sup> dose” vaccinations a couple of days ago. We encourage people to get vaccinated and are looking for an end date of May 31. The transfer of immunizations will go to Internal Medicine, similar to that of the flu and pneumonia vaccines. This has not been announced to the public yet. Internal Medicine providers are asking patients who come in for routine care if they would like to receive an immunization. Hospital employees are still required to wear a mask, and we are taking precautions until data is obtained showing evidence that health care workers do not need to wear a mask.

The shelf life of the vaccines vary between brands, so there is concern about wasting a dose if there are not enough people to receive it in the time frame allowed. There are no issues in the hospital receiving the vaccine; the issue is getting community members and patients willing to be immunized. The vaccine clinic has an on-line option to schedule an appointment to receive a dose. Once the vaccinations move to the clinic setting, this option will be reviewed to see if it useful for the clinic as they try to batch people together so there is no waste of doses. There are no controls in place on the self-sign-up/online option. The board asked Dr. Addlesperger how many people county wide have been vaccinated. This is a question that we are unable to answer as the data we have does not match what is published by the State of Wyoming’s website; Public Health, the VA and local pharmacies are also giving vaccines. Booster shots may be required as new variants show up across the country, and there is the unknown of how many people are immune from the virus.

CMS Five-Star Rating – We are pleased to announce that Sheridan Memorial Hospital has been distinguished with the Quality 5-Star rating by the Centers for Medicare and Medicaid Services (CMS) as published on the Hospital Compare website. Dr. Addlesperger, CMO, Barb Hespens, CNO, and Liz Mahoney, Quality Director went through the measures on how hospitals are grouped, to get us to the 5-Star rating. The five measures are:

- Mortality
- Safety of Care
- Readmission
- Patient Experience
- Timely and Effective Care

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There is still work to be done as the patient survey is at a three star rating. Mike states that we started this endeavor in 2015-2016 with process improvements and have met the grade to be at a 5-Star rating. We have set the bar for the standards we meet, and Sheridan Memorial Hospital is one of two hospitals in the state with the 5-Star rating. This is a testament to our physicians and staff to make this happen.

Strategic Plan – Mike presents to the board a draft of the Strategic Framework for 2021, noting that our patients are at the top of everything we do and why we exist. The focus is on the achievement of our mission *to serve our community with excellent patient-centered care*. This is based on our guiding principles that Mike shared with the board a couple of months ago. With leadership focused on putting the principles into action with consistent problem solving, process improvements, and interacting with people to solve problems across the organization is the foundation to our success. Embracing these principals, continuous improvement, values and cultural enterprise alignment and communication will result in being successful with our patients. SMH used to have seven strategic pillars; we have now narrowed those down to four:

- Patient Experience
- Quality
- Safety
- Sustainability

With these four strategic areas, the focus will not only be on the hospital, but on the ambulatory side as our service lines in the outpatient clinics has grown considerably. The way we will measure each pillar, both on the hospital side and ambulatory side, was reviewed as we look to sustain our 5-Star rating. Mike states that, unless we lead this and take our principals into the organization and execute this for the patients, we will not be effective. The journey of the patient from the time of admission to discharge, people working together for the patient when going through the process, and providing consistency in the care provided will make us successful.

Dr. Addlesperger presented on the structures and processes to get the work done with Lean tools and management. Different value streams will be done looking for opportunities for improvement and executing on those improvements. The value streams for the hospital may not align with what is being done on the ambulatory side; this will be a work in progress as we look for continuous improvements. Visual management tools with keep what is important in front of us and in developing standard work. The goal is to get value streams going throughout the organization.

## **FINANCE**

Nathan Stutte, Chief Financial Officer reports that the third quarter closed with a strong performance. Cash on hand is above where we began the quarter. The Welch Cancer Center (WCC) remains strong, with 397 unique visits in chemotherapy. This is the highest activity in three years by 20%. The payer mix has improved from the third quarter of 2019. The ability to compare quarter to quarter from March of 2020 is not feasible due to the pandemic shut down effective March, 2020. There was an increase in the commercial payer mix and a decline in the uninsured payer mix. The third party government payer mix dropped as well. Business levels increased in the clinics in March with growth in Internal Medicine. We are seeing some positive trends. Cardiology and the cath lab has been sporadic. Capital activity projects have ramped up with the Care Aware project, transitional care design, Women's Health, and the women's locker room project. Nathan stated that this was a stronger quarter than expected.

## **FOUNDATION REPORT**

Ada Kirven reports that to date, gifts and pledges received total \$3.6 million to the Transitional Care expansion project. We are at 81% of the \$4.4 million goal which is within reach of the campaign completion of June 20, 2021. Ada thanked everyone for their philanthropy and gifts for this project.

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The Foundation board also approved capital funds to support the cath lab with new EKG carts and also approved funds for a cancer detection project in surgery. The Foundation will work with Nathan Stutte, CFO to transfer the money to the hospital.

#### **BUILDING COMMITTEE REPORT**

There was no need for a meeting this month and nothing to report to the board at this time.

#### **OTHER BUSINESS**

Mike McCafferty took this opportunity to welcome and introduce Cathy Bealer in her new role as Chief Clinical Officer. Cathy states that she is excited for this opportunity as she transitions into her new duties.

#### **EXECUTIVE SESSION**

David Smith motioned to move into Executive Session at 4:42 p.m. to address credentialing matters. Gene Davis seconded the motion. Motion Carried.

General session reconvened at 4:50 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

#### **ADJOURNMENT**

With no further matters to come before the board, the meeting adjourned at 4:53 p.m.

Patty Forister, Recorder

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Shirley Coulter, Secretary