



**BOARD OF TRUSTEES
AUGUST MEETING MINUTES
WEDNESDAY, AUGUST 25, 2021 4:00 P.M.**

MEMBERS PRESENT: Andrea Mellinger, Shirley Coulter, Joe Wright, Jenifer Shassetz (via phone), Gene Davis, Ron Mischke, and David Smith (via phone)

MEMBERS ABSENT:

OTHERS PRESENT: Mike McCafferty, Dr. John Addlesperger, Dr. Shaun Gonda, Barb Hespen (via phone), Holly Zajic, Nyle Morgan, Cathy Bealer, Amy Ligocki, Cody Sinclair, Ada Kirven (via phone), Liz Mahoney (via phone), Rob Forister, and Tom Ringley (via phone), County Commissioner

CALL MEETING TO ORDER

Shirley Coulter, Chairwoman, 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.

PUBLIC COMMENTS, INTRODUCTIONS

There are no introductions and no one from the media made their presence known.

APPROVAL OF AGENDA AND MINUTES

The August board meeting agenda was presented. Ron Mischke moved to approve the agenda. Joe Wright seconded the motion. Motion carried.

The July board meeting minutes from Wednesday, July 28, 2021 were presented and Andrea Mellinger motioned to approve the minutes. Gene Davis seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Cathy Bealer on behalf of the Quality Committee states that the committee reviewed:

Inpatient falls, noting five inpatient falls without injury- three assisted falls in June and two falls in July. There is improved reporting and staff debriefs, in which barriers and gaps are identified.

Review of medication adverse events and mitigation; insulin monitoring with supported data noting there are no trends to address.

Medication errors reviewed for the previous three months with no patient harm. Correctable issues addressed and education provided to those involved. There are no trends reported.

The Antimicrobial Stewardship program is a multidisciplinary and collaborative program, using evidence-informed practice and education to affect the appropriate use of antibiotics, improving patient care and outcomes. Tracking and reporting done on an annual basis, with data from 2020 reviewed and discussed.

Home Care Catheter Associated Urinary Tract Infections (CAUTIs) is 0.9, well below national average of eight per month.

Vascular Access Device Infections were at zero infections. The national average is seven per month.

Patient Experience data reviewed. A Patient Experience Council at the board level will be developed, with staff presenting to this board sub-committee. Goals and a charter to be presented. Minutes will be kept and made available to the full board upon implementation.

MEDICAL STAFF REPORT

Credentialing to be done in Executive Session.

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Dr. Gonda, on behalf of the Medical Executive Committee and the Credentials Committee recommend the approval of the Medical Staff Initial Staff Appointments and the Medical Staff Renewals as presented.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization	Cred Cmte.	MEC	Board	Comments
Christian Balcescu, MD	Active Staff	Orthopedic Surgery		Sheridan Orthopedic Associates	8/10/21	8/19/21	8/25/21	Start date Sept 1, 2021
Tyler Dickey, MD	Locums (Privileges Only, No Membership)	Emergency Medicine		SMH Emergency Department	8/10/21	8/19/21	n/a	Pending malpractice claim on 5/14/21. Reviewed by Dr. Goddard.
Laura Bainbridge, FNP-BC	Advance Practice Clinician-Nurse Practitioner PRN	Urgent Care		SMH Urgent Care	8/10/21	8/19/21	8/25/21	Will renew ACLS/BLS once she is an active employee- education is assisting with this. Will also need PALS cert. Pending one employment verification. Approve pending above certifications complete.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization	Cred Cmte.	MEC	Board	Comments
Steven Bischoff, PAC	Advanced Practice Clinician, Physician Assistant PRN	Emergency Medicine	10/19/21	SMH Emergency Department	8/10/21	8/19/21	8/25/21	Covering shifts in ED August 22, 23 and September 10, 11
Diana Charlson, FNP-BC, DNP	Advanced Practice Clinician, Nurse Practitioner	Medicine	9/28/21	SMH Internal Medicine	8/10/21	8/19/21	8/25/21	New Privilege Request: Urgent Care. Meets all requirements
Mohammed Quraishi, MD	Teleradiology/Delegated	Radiology	9/28/21	Real Radiology	8/10/21	8/19/21	8/25/21	

Gene Davis moved to approve the Medical Staff Initial Appointments, with the appropriate certifications needed by Laura Bainbridge be obtained prior to her start date. Andrea Mellinger seconded the motion. Motion carried. Employment verification has been obtained for Laura Bainbridge.

David Smith moved to approve the Medical Staff Renewals as presented. Andrea Mellinger seconded the motion. Motion carried.

ADMINISTRATION REPORT

Growth Planning – Mike will be meeting with the Board for dinner on Wednesday, September 1 to discuss future concepts and strategic planning for the hospital. No action items will be presented.

Governance Training – Mike reminded the board of two options for board education / governance training. The Wyoming Hospital Association annual meeting is September 8 and 9 in Casper. The Governance Institute offers another opportunity in October in Colorado Springs. Mike encourages the board to attend either as it offers a good foundation in board healthcare governance.

COVID and Immunization Update – Active cases of COVID continues to rise in our community. Six months ago we had 15 total active cases; today we have 180 active cases in our community, with an increase in hospitalization, which is concerning to us. This increase affects our resources and staffing. We are working on contingency plans to address staffing, resource allocation and facilities to help determine where our resources are at and provide services to our community.

Dr. Addlesperger states that we have patients that are sicker, and more ICU beds are needed. Again, we have identified staffing concerns, and will redeploy people from other units to help with the acute COVID patients. We have the opportunity to cut back some service lines, and are not using resources for wellness labs. The surgery

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schedule will be reviewed, with the potential to postpone some elective surgeries if able. The COVID hospital bed plan is being reviewed. COVID testing has increased, doubling in the last two weeks. Process improvements relevant to patient flow have been implemented. An infusion center for high-risk patients aged 65 and over, to receive monoclonal antibodies has been established. This has been shown to keep high-risk patients out of the hospital who have mild to moderate COVID. We are seeing 12 infusion patients a day to meet the demands of the community. Our ability to transfer patients to a higher level of care is tight in the area, as regional hospitals are in the same boat with staffing and high volumes of COVID patients.

Booster vaccinations are being discussed. A person would need to get the same brand (Moderna, Pfizer, J&J) as what they initially received. The CDC recommendation at this time is to get the booster eight months after the individual's second shot. It would be up to the individual to make the contact to get the booster. Booster shots would be available from various pharmacies in town. There is conflicting pieces of information and we want to make sure we have the right information before we get anything out to the public. We are in communication with Dr. Hunter as the Public Health Officer, who is in turn in communication with Dr. Alexia Harrist at the State.

With the start of the new school year, we are sure to see more cases. Dr. Hunter will recommend mask usage in the schools, but will need support. The Public Health Officer cannot sustain a decision without State support. Nyle Morgan states that we have the potential for 76 beds on the first floor of the hospital, but this is dependent on the closure of all services. The limiting factor is our staffing ability.

Scope of Services

Sheridan Memorial Hospital has a deemed status with The Joint Commission. A requirement of the Joint commission is to report on the services offered to the community and to have those services reviewed and approved by the Board of Trustees on an annual basis. A "red-line" version showing any changes to what is offered has been presented to the board. There are no questions from the board at this time. Ron Mischke moved to approve the Scope of Services presented. Gene Davis seconded the motion. Motion carried.

FINANCE

Gene Davis reports that we are at 54 days of cash on hand. Last year at this time, we had 35 days of cash on hand, so we have made some progress. Additionally, last year we received a bridge loan from Medicare for \$10.6M, which we have now paid back in full. The month of July saw some growth with more services utilized, but we had 57% in write off activity. The payer mix continues to be a problem, and Medicare and Medicaid are slow with reimbursements. The Welch Cancer Center continues to do well, serving over 400 patients in July. The Cardiac Cath Lab and IR saw some growth. COVID continues to burden our community and there are no CARES money to obtain. The support that existed a year ago does not exist today.

FOUNDATION REPORT

Cody Sinclair thanked the trustees that were able to attend the gathering at Richard and Elaine Garber's home. The connection with donors for the Transitional Care Unit (TCU) expansion project is appreciated. Tommi Ritterbusch, will be the manager of the new TCU and gave a presentation on the work done in preparation for the new space.

BUILDING COMMITTEE REPORT

Rob Forister gave a brief overview of the three active projects at the hospital. All are proceeding nicely. The Physician Women's Locker room completion could be delayed due to a shower enclosure that has not arrived.

OTHER BUSINESS

None.

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EXECUTIVE SESSION

Shirley Coulter asked for a motion to move into Executive Session at 4:27 p.m. to address credentialing matters. Gene Davis motioned to move into Executive Session. Ron Mischke seconded the motion. Motion carried.

General session reconvened at 4:35 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

The board moved back into Executive Session to discuss real estate and further personnel matters.

General session reconvened at 5:06 p.m. with no action needed.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:06 p.m.

Patty Forister, Recorder

Andrea Mellinger, Secretary